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2009

Zambia

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
FINAL FY09 Executive Summary Zambia 11 Nov 2008.doc	application/msword	11/11/2008	Zambia COP 2009 Executive Summary	JCormier

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 [X] No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
FINAL Zambia COP09 Amb Letter 14 Nov 2008.pdf	application/pdf	11/12/2008		JCormier

Country Contacts

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USAID In-Country Contact	Rene	Berger	HIV/AIDS Team Leader	rberger@usaid.gov
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Global Fund In-Country Representative	Randy	Kolstad	Population, Health, & Nutrition Director	rkolstad@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal	398,500			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	327,600	19,000	346,600
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	55,650	4,580	60,230

Care (1)	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		723,361	1,176,639	1,900,000
End of Plan Goal	600,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	331,218	768,782	1,100,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	30,975	4,325	35,300
8.1 - Number of OVC served by OVC programs	0	392,143	407,857	800,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	423,504	876,496	1,300,000

Treatment	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		228,450	21,550	250,000
End of Plan Goal	120,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	228,450	21,550	250,000

Human Resources for Health	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		22	0	22
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	22	0	22

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	381,000	19,000	400,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	56,050	14,109	70,159

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	950,982	1,049,288	2,000,270
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	366,239	733,761	1,100,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	24,212	0	24,212
8.1 - Number of OVC served by OVC programs	584,743	315,527	900,270
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	638,456	361,544	1,000,000

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	277,678	72,322	350,000
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	277,678	72,322	350,000

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	22	0	22
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	22	0	22

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New CHANGES II Type Procurement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11141.09
System ID: 11141
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: New Communications Procurement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11101.09
System ID: 11101
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: New MARP/Other Sexual Prevention Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11109.09
System ID: 11109
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: New QUESTT II Type Procurement

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11187.09
System ID: 11187
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New Social Marketing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11105.09
System ID: 11105
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: new USAID health systems strengthening activity

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11080.09
System ID: 11080
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Nutrition RFA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11667.09
System ID: 11667
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Partnership Framework

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12220.09
System ID: 12220
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: RAPIDS-SUCCESS follow on

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6843.09
System ID: 10958
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7997.09
System ID: 10964
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11020.09
System ID: 11020
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12224.09
System ID: 12224
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: The Leadership Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11393.09
System ID: 11393
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: The Partnership Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11394.09
System ID: 11394
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: ZPCT FOLLOW ON

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6842.09
System ID: 10957
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Health Services and Systems Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1022.09
System ID: 11067
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Mechanism Name: EQUIP II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 600.09
System ID: 10960
Planned Funding($): $1,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $250,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVCT - Prevention: Counseling and Testing

Sub-Partner: Society for Family Health - Zambia
Planned Funding: $150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVCT - Prevention: Counseling and Testing

Sub-Partner: SESTUZ
Planned Funding: $8,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Zambia National Union of Teachers
Planned Funding: $8,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: BETUZ
Planned Funding: $8,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Anti-AIDS Teachers' Association of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Grassroots Soccer
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Copperbelt Health Education Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Luapula Families In Distress
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Livingstone Contact Trust Youth Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Sepo Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Thandizani Community Based HIV/AIDS Prevention and Care Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Action for Positive Change
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Youth Cultural and Information Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Local Partner Capacity Building

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5242.09
System ID: 11077
Planned Funding($): $5,664,428
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Management Systems International
Planned Funding: $1,100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Twinning Center

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3043.09
System ID: 10961
Planned Funding($): $635,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: African Palliative Care Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Centre for International Health
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Mechanism Name: APHL – U74/CCU323096-05

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11081.09
System ID: 11081
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Boston University

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12218.09
System ID: 12218
Planned Funding($): $2,750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Boston University
New Partner: No

Mechanism Name: CARE International - U10/CCU424885

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2933.09
System ID: 10965
Planned Funding($): $1,217,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: CARE International
New Partner: No

Mechanism Name: Men Taking Action

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7555.09
System ID: 10962
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Medical Mission Board
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5249.09
System ID: 11000
Planned Funding($): $4,355,513
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
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: 293.09
System ID: 10963
Planned Funding($): $1,044,171
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Solwezi Catholic Diocese
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mongu Catholic Diocese
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: AIDSRelief- Catholic Relief Services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3007.09
System ID: 11001
Planned Funding($): $10,855,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Mtendere Mission Hospital
Planned Funding: $262,931
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: St. Theresa Hospital
Planned Funding: $240,755
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Wusakile Private Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Sichili Mission Hospital
Planned Funding: $164,633
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Chikuni Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Katondwe Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Mukinge Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Chilonga Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: St. Francis Hospital
Planned Funding: $627,645
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Sub-Partner: The Futures Group International
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Kamoto Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Mwandi UCZ Mission Hospital
Planned Funding: $327,983
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Malcolm Watson Mine Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Churches Health Association of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Zambian Catholic University
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Constella Futures Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Children's AIDS Fund
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CRS-CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11946.09
System ID: 11946
Planned Funding($): $1,225,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: SUCCESS II

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 527.09
System ID: 11022
Planned Funding($): $1,365,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Archdiocese of Kasama
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Chipata Diocese
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Our Lady's Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Jon Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Ranchod Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Martin Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: St. Francis Community
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Cicetekelo Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Diocese of Mansa
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mongu Catholic Diocese
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mpika Catholic Diocese
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Solwezi Catholic Diocese
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mother Marie Therese Linssen Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mother of Mercy Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Missionaries of Charity
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Sichili Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: St Francis Home Care Program
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Diocese of Chipata Hospices - Lumezi Hospice
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Diocese of Chipata Hospices -Minga Hospices
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Human Service Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3083.09
System ID: 11023
Planned Funding($): $600,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Central Contraceptive Procurement
New Partner: No

Mechanism Name: CSO SI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3023.09
System ID: 10966
Planned Funding($): $600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Central Statistics Office
New Partner: No

Mechanism Name: Injection Safety

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1025.09
System ID: 11024
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Chemonics International
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Manoff Group, Inc
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDL - U62/CCU023190

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3010.09
System ID: 10967
Planned Funding($): $300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Chest Diseases Laboratory
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3042.09
System ID: 11031
Planned Funding($): $753,041
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Christian Aid
New Partner: No

Sub-Partner: Family Health Trust
Planned Funding: $130,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Catholic Archdioceses of Lusaka
Planned Funding: $150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Copperbelt Health Education Project
Planned Funding: $150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Ndola Catholic Diocese
Planned Funding: $150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CHAZ - U62/CCU25157

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2976.09
System ID: 10968
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Churches Health Association of Zambia
New Partner: No

Sub-Partner: Mwami Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Nyamphande Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Kafue Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Chikankata Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Mtendere Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Macha Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Monze Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Zimba Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Chaanga Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Chabobboma Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Riverside Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Chikuni Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Chivuna Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Masuku Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Njase Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Namwianga Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Simwatachela Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Siachitema Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Jembo Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Chilala Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Sinde Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Yuka Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Mangango Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Mwandi Mission Hospital

Table 3.1: Funding Mechanisms and Source

Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Luampa Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Sioma Mission Rural Health Clinic
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Sichili Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Coptic Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Mpanshya Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Katondwe Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: St Francis Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Minga Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Nyanje Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Kamoto Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: PrivaServe Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kanyanga Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: St Lukes (Msoro) Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Sikalongo Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Lumezi Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Liumba Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mankunka Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Sub-Partner: Sitoti Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVTB - Care: TB/HIV

Mechanism Name: Columbia University

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12222.09
System ID: 12222
Planned Funding($): $2,050,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University
New Partner: No

Mechanism Name: Columbia Pediatric Center - U62/CCU222407

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3001.09
System ID: 10969
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No

Mechanism Name: Comforce

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3011.09
System ID: 10970
Planned Funding($): $1,085,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Comforce
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Community Empowerment Through Self Alliance (COMETS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11091.09
System ID: 11091
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Comprehensive HIV/AIDS Management Program
New Partner: No

Mechanism Name: PROFIT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2314.09
System ID: 11014
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Cooperative League of the USA
New Partner: No

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: DAPP - 1 U2G PS000588

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2994.09
System ID: 10971
Planned Funding($): $650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Development Aid People to People Zambia
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MATEP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2315.09
System ID: 11015
Planned Funding($): $430,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Development Alternatives, Inc
New Partner: No

Sub-Partner: Michigan State University
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Export Growers Assocoiation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Hotel and Catering Association of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Ministry of Labour and Social Security
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Central Statistical Office
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mazabuka District Business Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Chipata District Business Association
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5250.09
System ID: 10972
Planned Funding($): $15,764,509
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: EGPAF - U62/CCU123541

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2998.09
System ID: 10973
Planned Funding($): $16,539,334
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: Centre for Infectious Disease Research in Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support

Sub-Partner: Africa Directions
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 OVC: Community FABRIC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3032.09
System ID: 11032
Planned Funding($): $1,032,938
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Expanded Church Response
Planned Funding: $385,154
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: Track 1 OVC: ANCHOR

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2970.09
System ID: 11033
Planned Funding($): $285,814
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2914.09
System ID: 11016
Planned Funding($): $557,413
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: International Youth Foundation
New Partner: No

Sub-Partner: Zambia Red Cross Society
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Young Women's Christian Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Sub-Partner: Zambia Girl Guides Associaton
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Young Men's Christian Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Scouts Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Mobile VCT Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7161.09
System ID: 10974
Planned Funding($): $660,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name: DoD-JHPIEGO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2987.09
System ID: 10573
Planned Funding($): $3,200,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: SHARE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 630.09
System ID: 11017
Planned Funding($): $4,780,909
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow Research and Training Institute
New Partner: No

Sub-Partner: Zambia Health Education Communication Trust
Planned Funding: $140,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Afya Mzuri
Planned Funding: $140,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: ZamAction
Planned Funding: $140,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Latkings Outreach Programme
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Initiatives, Inc.
Planned Funding: $1,013,930
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Abt Associates

Table 3.1: Funding Mechanisms and Source

Planned Funding: $889,455
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Pact, Inc.
Planned Funding: $250,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding: ■
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: To Be Determined
Planned Funding: ■
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: DELIVER II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5074.09
System ID: 11025
Planned Funding($): $6,400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Jhpiego

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12219.09
System ID: 12219
Planned Funding($): $4,040,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Communication Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1031.09
System ID: 11078
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: Comprehensive HIV/AIDS Management Program
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Save the Children US
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: University of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: National Arts Council of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Copperbelt University
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Interfaith-based Network Group on HIV/AIDS
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Center for Communication Programs
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Family Based Response

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7459.09
System ID: 11034
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Kara Counseling Centre
New Partner: No

Sub-Partner: Foundation for Development of Children
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Umphawi Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Moliswa Development Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mthuzi Development Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Action for Positive Change
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Iluka Community Support Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Ndekeleni Development Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Happy Children Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mwelebi Keembe Ranch Home Bases Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kalucha Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mututa Memorial Day Care Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Group Focused Consultation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Northern Health Education Programme
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Community Health Education Program

Table 3.1: Funding Mechanisms and Source

Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Luapula Foundation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7070.09
System ID: 11035
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Luapula Foundation
New Partner: No

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5252.09
System ID: 10976
Planned Funding($): $580,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Lusaka Provincial Health Office
New Partner: No

Mechanism Name: Media Support Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11042.09
System ID: 11042
Planned Funding($): $1,650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Media Support Partnership
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MOH - U62/CCU023412

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3019.09
System ID: 10977
Planned Funding($): $2,685,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Zambia
New Partner: No

Mechanism Name: Ministry of Health -4U41HA02521

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11089.09
System ID: 11089
Planned Funding($): $150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Zambia
New Partner: No

Mechanism Name: Mothers 2 Mothers

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7616.09
System ID: 11036
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mothers 2 Mothers
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11924.09
System ID: 11924
Planned Funding($): $0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: NAC - U62/CCU023413

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3022.09
System ID: 10978
Planned Funding($): $630,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National AIDS Council, Zambia
New Partner: No

Mechanism Name: NAC-USG Zambia Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5224.09
System ID: 11399
Planned Funding($): $200,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: National AIDS Council, Zambia
New Partner: No

Mechanism Name: Nazarene Compassionate Ministries

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7535.09
System ID: 11037
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Nazarene Compassionate Ministries
New Partner: No

Sub-Partner: World Hope International
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: OGHA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8702.09
System ID: 11049
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: Office of the Secretary
New Partner: No

Mechanism Name: OGHA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11510.09
System ID: 11510
Planned Funding($): $163,558
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: Office of the Secretary
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3040.09
System ID: 11038
Planned Funding($): $15,574
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Opportunity International
New Partner: No

Sub-Partner: Christian Enterprise Trust of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Habitat for Humanity Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Y-Choices

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1409.09
System ID: 11018
Planned Funding($): $480,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: Zambia Interfaith Non Governmental Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kawambwa Anti AIDS Club
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Maveve Orphans and Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Henwood Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Choma Youth Development Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Seventh Day Adventist Church
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: KAYS ARTS Promotion
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Luapula Families In Distress
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambezi Development Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kabwe Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kilela Balanda
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mumena Rural Development Trust
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Adolescent Reproductive Health Advocates
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: United Church of Zambia Youth Group on HIV/AIDS
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Anti-AIDS Teachers' Association of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mwandi Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Youth Alive Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Nchelenge Interfaith Sharing & Learning Initiative Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Young Women Christian Association (Mongu)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4139.09
System ID: 11026
Planned Funding($): $42,414,913
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 OVC: Breaking Barriers

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3038.09
System ID: 11027
Planned Funding($): $805,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: PLAN International
New Partner: No

Mechanism Name: BELONG

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2975.09
System ID: 11039
Planned Funding($): $963,169
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: Messiah Ministries
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Jesus Cares Ministries
Planned Funding: $18,395
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Forum for Community Action Against Poverty, HIV/AIDS, Destitution and Exploitation (FLAME)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Pact, Inc.
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: St. Anthony Bwafano
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Open Community Schools
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Community Based TB/HIV/AIDS Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: CHAINDA Child and Family Helper Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Chitamalesa Family Helper Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Rufunsa Child and Family Helper Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Sepo Center
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kalinomute HBC Oragnization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Shuko HBC Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Matero Reference HBC Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kuomboka HBC Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Kampekete CBO
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Chimusansha CBO
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mutamina CBO
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mumpashya CBO
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: BELONG bilateral

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5073.09
System ID: 11686
Planned Funding($): $550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Africa KidSAFE Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6188.09
System ID: 11171
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: New Horizon Ministries
Planned Funding: $34,074
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Child Transformation Trust
Planned Funding: $25,337
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CETZAM
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Lazarous Project
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Mthunzi
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: St Lawrence Home of Hope
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Association of Pope John 23rd Rainbow
Planned Funding: $38,850
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: MAPODE
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Lupwa Lwabumi Trust
Planned Funding: $10,770
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sables Drop in Center for Children
Planned Funding: $23,254
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Chisomo
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Regional Psychosocial Support Initiative - Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Friends Of the Street Child
Planned Funding: $18,505
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Barefeet
Planned Funding: $23,845
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Cicetekelo Hospice
Planned Funding: $10,908
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: DoD-PCI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3041.09
System ID: 10574
Planned Funding($): $2,405,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: EPHO - 1 U2G PS000641

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2988.09
System ID: 10979
Planned Funding($): $1,710,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Provincial Health Office - Eastern Province
New Partner: No

Mechanism Name: SPHO - U62/CCU025149

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2973.09
System ID: 10980
Planned Funding($): $2,095,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 3082.09
System ID: 10981
Planned Funding($): $1,925,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Provincial Health Office - Western Province
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 – Blood Safety - Sanquin

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5460.09
System ID: 10983
Planned Funding($): $500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Sanquin Consulting Services
New Partner: No

Mechanism Name: Zambia Partners Reporting System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11090.09
System ID: 11090
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Social and Scientific Systems
New Partner: No

Mechanism Name: ASM - U62/CCU325119

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5280.09
System ID: 10984
Planned Funding($): $130,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name: TDRC - U62/CCU023151

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3009.09
System ID: 10985
Planned Funding($): $1,470,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tropical Diseases Research Centre
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UNICEF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5264.09
System ID: 10988
Planned Funding($): $350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: United Nations High Commissioner for Refugees/PRM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11144.09
System ID: 11144
Planned Funding($): $250,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Sub-Partner: Afrika Aktion Hilfe
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Red Cross Society
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: HODI Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Ministry of Community Development and Social Services
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UAB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8701.09
System ID: 10989
Planned Funding($): $3,134,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Alabama, Birmingham
New Partner: No

Mechanism Name: UAB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12223.09
System ID: 12223
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Alabama, Birmingham
New Partner: No

Mechanism Name: Viral Load PHE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12072.09
System ID: 12072
Planned Funding($): $986,872
Procurement/Assistance Instrument: Grant
Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)
Prime Partner: University of Alabama, Birmingham
New Partner: No

Mechanism Name: NIH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11138.09
System ID: 11138
Planned Funding($): $280,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)
Prime Partner: University of Nebraska
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MEASURE Evaluation III

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6853.09
System ID: 10959
Planned Funding($): $1,250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of North Carolina
New Partner: No

Mechanism Name: UNZA M&E

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11665.09
System ID: 11665
Planned Funding($): $100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Zambia
New Partner: No

Mechanism Name: UNZA/SOM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7921.09
System ID: 10990
Planned Funding($): $1,330,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Zambia School of Medicine
New Partner: No

Mechanism Name: University Teaching Hospital

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 576.09
System ID: 10991
Planned Funding($): $3,935,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University Teaching Hospital
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID/Zambia IRM Tax

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5669.09
System ID: 11069
Planned Funding($): $234,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
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: 3079.09
System ID: 11071
Planned Funding($): $4,721,537
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID/Zambia ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5670.09
System ID: 11070
Planned Funding($): $174,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC (Base)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3104.09
System ID: 10993
Planned Funding($): $2,914,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3013.09
System ID: 10992
Planned Funding($): $2,707,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC/CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5676.09
System ID: 10995
Planned Funding($): $100,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 5675.09
System ID: 10994
Planned Funding($): $850,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC/ITSO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8140.09
System ID: 11099
Planned Funding($): $366,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC/M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8139.09
System ID: 10996
Planned Funding($): $620,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: DoD - Defense Attache Office Lusaka

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3050.09
System ID: 10575
Planned Funding($): $605,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DoD/LabInfrastructure

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3051.09
System ID: 10576
Planned Funding($): $1,600,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
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: 5681.09
System ID: 10577
Planned Funding($): $45,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: State ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11950.09
System ID: 11950
Planned Funding($): $80,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1174.09
System ID: 10820
Planned Funding($): $1,203,489
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11139.09
System ID: 11139
Planned Funding($): $300,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11163.09
System ID: 11163
Planned Funding($): $810,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3028.09
System ID: 10927
Planned Funding($): $3,388,100
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: VU-UAB AITRP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5263.09
System ID: 11095
Planned Funding($): $240,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)
Prime Partner: Vanderbilt University
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3044.09
System ID: 11028
Planned Funding($): $925,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Concern
New Partner: No

Sub-Partner: World Hope International
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Operation Blessing International
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: RAPIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 412.09
System ID: 11019
Planned Funding($): $2,990,011
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Vision International
New Partner: No

Sub-Partner: Africare
Planned Funding: $653,770
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Catholic Relief Services
Planned Funding: $1,079,651
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Expanded Church Response
Planned Funding: $156,176
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Salvation Army
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: CARE International
Planned Funding: $382,455
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7163.09
System ID: 10997
Planned Funding($): $660,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Zambia Emory HIV Research Project
New Partner: No

Mechanism Name: ZNBTS - Track 1 - U62/CCU023687

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 578.09
System ID: 10998
Planned Funding($): $3,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Zambia National Blood Transfusion Service
New Partner: No

Mechanism Name: ZNBTS - U62/CCU023687

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5251.09
System ID: 10999
Planned Funding($): $100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Zambia National Blood Transfusion Service
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1022.09	11067	Abt Associates	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	$0
5242.09	11077	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Management Systems International	N	$1,100,000
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Action for Positive Change	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Anti-AIDS Teachers' Association of Zambia	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	BETUZ	N	$8,000
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$250,000
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Copperbelt Health Education Project	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Grassroots Soccer	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Livingstone Contact Trust Youth Association	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Luapula Families In Distress	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Sepo Center	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	SESTUZ	N	$8,000
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Society for Family Health - Zambia	N	$150,000
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Thandizani Community Based HIV/AIDS Prevention and Care Project	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Youth Cultural and Information Centre	N	$0
600.09	10960	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Zambia National Union of Teachers	N	$8,000
3043.09	10961	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	African Palliative Care Association	N	$0
3043.09	10961	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Centre for International Health	N	$0
293.09	10963	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Mongu Catholic Diocese	N	$0
293.09	10963	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Solwezi Catholic Diocese	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Chikuni Mission Hospital	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Children's AIDS Fund	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Chilonga Mission Hospital	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Churches Health Association of Zambia	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures Group	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Kamoto Mission Hospital	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Katondwe Mission Hospital	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Malcolm Watson Mine Hospital	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mtendere Mission Hospital	N	$262,931

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mukinge Mission Hospital	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mwandi UCZ Mission Hospital	N	$327,983
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sichili Mission Hospital	N	$164,633
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Francis Hospital	N	$627,645
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Theresa Hospital	N	$240,755
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	The Futures Group International	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Wusakile Private Hospital	N	$0
3007.09	11001	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Zambian Catholic University	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Kasama	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Chipata Diocese	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Cicetekelo Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Diocese of Chipata Hospices - Lumezi Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Diocese of Chipata Hospices -Minga Hospices	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Diocese of Mansa	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Human Service Trust	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Jon Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Martin Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Missionaries of Charity	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mongu Catholic Diocese	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mother Marie Therese Linssen Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mother of Mercy Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mpika Catholic Diocese	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Our Lady's Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Ranchod Hospice	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Sichili Mission Hospital	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Solwezi Catholic Diocese	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St Francis Home Care Program	N	$0
527.09	11022	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Francis Community	N	$0
1025.09	11024	Chemonics International	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	$0
1025.09	11024	Chemonics International	U.S. Agency for International Development	GHCS (State)	Manoff Group, Inc	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3042.09	11031	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Catholic Archdioceses of Lusaka	N	$150,000
3042.09	11031	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Copperbelt Health Education Project	N	$150,000
3042.09	11031	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Family Health Trust	N	$130,000
3042.09	11031	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Ndola Catholic Diocese	N	$150,000
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chaanga Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chabobboma Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chikankata Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chikuni Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chilala Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chivuna Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Coptic Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Jembo Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kafue Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kamoto Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kanyanga Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Katondwe Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Liumba Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Luampa Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lumezi Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Macha Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mangango Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mankunka Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Masuku Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Minga Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Monze Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mpanshya Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mtendere Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mwami Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mwandi Mission Hospital	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Namwianga Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Njase Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyamphande Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyanje Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	PrivaServe Foundation	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Riverside Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Siachitema Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sichili Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sikalongo Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Simwatachela Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinde Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sioma Mission Rural Health Clinic	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sitoti Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Francis Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Lukes (Msoro) Rural Helath Centre	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Yuka Mission Hospital	N	$0
2976.09	10968	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Zimba Mission Hospital	N	$0
2314.09	11014	Cooperative League of the USA	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$0
2315.09	11015	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Chipata District Business Association	N	$0
2315.09	11015	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Hotel and Catering Association of Zambia	N	$0
2315.09	11015	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Mazabuka District Business Association	N	$0
2315.09	11015	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Michigan State University	N	$0
2315.09	11015	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Ministry of Labour and Social Security	N	$0
2315.09	11015	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Zambia Central Statistical Office	N	$0
2315.09	11015	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Zambia Export Growers Assocoiation	N	$0
2998.09	10973	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Africa Directions	N	$0
2998.09	10973	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Infectious Disease Research in Zambia	N	$0
3032.09	11032	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Expanded Church Response	N	$385,154
2914.09	11016	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Girl Guides Associaton	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2914.09	11016	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Red Cross Society	N	$0
2914.09	11016	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Scouts Association	N	$0
2914.09	11016	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Young Men's Christian Association	N	$0
2914.09	11016	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Young Women's Christian Association	N	$0
2987.09	10573	JHPIEGO	Department of Defense	GHCS (State)	John Snow, Inc.	N	$0
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	■
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	■
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Abt Associates	N	$889,455
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Afya Mzuri	N	$140,000
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$0
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Initiatives, Inc.	N	$1,013,930
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Latkings Outreach Programme	N	$100,000
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Pact, Inc.	N	$250,000
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	ZamAction	N	$140,000
630.09	11017	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Zambia Health Education Communication Trust	N	$140,000
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$0
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Copperbelt University	N	$0
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	International HIV/AIDS Alliance	N	$0
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	National Arts Council of Zambia	N	$0
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Save the Children US	N	$0
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of Zambia	N	$0
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Zambia Center for Communication Programs	N	$0
1031.09	11078	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Zambia Interfaith-based Network Group on HIV/AIDS	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Action for Positive Change	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Community Health Education Program	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Foundation for Development of Children	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Group Focused Consultation	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Happy Children Foundation	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Iluka Community Support Group	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Kalucha Home Based Care	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Moliswa Development Foundation	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Mthuzi Development Foundation	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Mututa Memorial Day Care Center	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Mwelebi Keembe Ranch Home Bases Care	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Ndekeleni Development Foundation	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Northern Health Education Programme	N	$0
7459.09	11034	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Umphawi Organization	N	$0
7535.09	11037	Nazarene Compassionate Ministries	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	N	$0
7535.09	11037	Nazarene Compassionate Ministries	U.S. Agency for International Development	Central GHCS (State)	World Hope International	N	$0
3040.09	11038	Opportunity International	U.S. Agency for International Development	Central GHCS (State)	Christian Enterprise Trust of Zambia	N	$0
3040.09	11038	Opportunity International	U.S. Agency for International Development	Central GHCS (State)	Habitat for Humanity Zambia	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Adolescent Reproductive Health Advocates	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Anti-AIDS Teachers' Association of Zambia	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Choma Youth Development Organization	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Henwood Foundation	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kabwe Home Based Care	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kawambwa Anti AIDS Club	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	KAYS ARTS Promotion	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kilela Balanda	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Luapula Families In Distress	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Maveve Orphans and Home Based Care	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Mumena Rural Development Trust	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Mwandi Mission Hospital	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Nchelenge Interfaith Sharing & Learning Initiative Group	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Seventh Day Adventist Church	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	United Church of Zambia Youth Group on HIV/AIDS	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Young Women Christian Association (Mongu)	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Youth Alive Zambia	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Zambezi Development Trust	N	$0
1409.09	11018	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Zambia Interfaith Non Governmental Organization	N	$0
4139.09	11026	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	John Snow, Inc.	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	CHAINDA Child and Family Helper Project	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Chimusansha CBO	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Chitamalesa Family Helper Project	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Community Based TB/HIV/AIDS Organization	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Forum for Community Action Against Poverty, HIV/AIDS, Destitution and Exploitation (FLAME)	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Jesus Cares Ministries	N	$18,395
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Kalinomute HBC Oragnization	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Kampekete CBO	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Kuomboka HBC Organization	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Matero Reference HBC Organization	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Messiah Ministries	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Mumpashya CBO	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Mutamina CBO	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Pact, Inc.	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Rufunsa Child and Family Helper Project	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Sepo Center	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Shuko HBC Organization	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	St. Anthony Bwafano	N	$0
2975.09	11039	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Zambia Open Community Schools	N	$0
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Association of Pope John 23rd Rainbow	N	$38,850
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Barefeet	N	$23,845
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	CETZAM	N	$0
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Child Transformation Trust	N	$25,337
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Chisomo	N	$0
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Cicetekelo Hospice	N	$10,908
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Friends Of the Street Child	N	$18,505
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Lazarous Project	N	$0
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Lupwa Lwabumi Trust	N	$10,770
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	MAPODE	N	$0
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Mthunzi	N	$0
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	New Horizon Ministries	N	$34,074
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Regional Psychosocial Support Initiative - Zambia	N	$0
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	Sables Drop in Center for Children	N	$23,254
6188.09	11171	Project Concern International	U.S. Agency for International Development	GHCS (State)	St Lawrence Home of Hope	N	$0
11144.09	11144	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Afrika Aktion Hilfe	N	$0
11144.09	11144	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	HODI Zambia	N	$0
11144.09	11144	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Ministry of Community Development and Social Services	N	$0
11144.09	11144	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Zambia Red Cross Society	N	$0
3044.09	11028	World Concern	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3044.09	11028	World Concern	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	N	$0
3044.09	11028	World Concern	U.S. Agency for International Development	Central GHCS (State)	Operation Blessing International	N	$0
3044.09	11028	World Concern	U.S. Agency for International Development	Central GHCS (State)	World Hope International	N	$0
412.09	11019	World Vision International	U.S. Agency for International Development	GHCS (State)	Africare	N	$653,770
412.09	11019	World Vision International	U.S. Agency for International Development	GHCS (State)	CARE International	N	$382,455
412.09	11019	World Vision International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	$1,079,651
412.09	11019	World Vision International	U.S. Agency for International Development	GHCS (State)	Expanded Church Response	N	$156,176
412.09	11019	World Vision International	U.S. Agency for International Development	GHCS (State)	Salvation Army	N	$0

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $16,791,844

Program Area Narrative:

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 U.S. Mission in Zambia and the United Nations (UN), conducted pilot demonstrations and research programs in health facilities in a limited number of target districts. Current partners include the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), United Nations Children's Fund (UNICEF), World Health Organization (WHO), World Bank, U.K. Department for International Development (DFID), Japan International Cooperation Agency (JICA), Irish Aid, World Food Program (WFP), and Médecins Sans Frontières (MSF). 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 U.S./Zambia's Five-Year PEPFAR strategy, the U.S. Mission in Zambia will help ensure the implementation of the GRZ National PMTCT Strategic Framework of 2006 to 2010. The Ministry of Health (MOH)'s PMTCT program is fully developed with a national scale-up plan, standardized training curricula, and revised national PMTCT protocol guidelines including revised PMTCT data collection tools. Using PEPFAR and GRZ resources, PMTCT programs have continued to expand coverage throughout the country. PEPFAR supported sites include public, private (mining), faith-based, and military facilities.

As of May 2007, there were 533 sites providing comprehensive PMTCT services in all nine provinces and most of the 72 districts. The U.S. partners provided direct support to 372 sites. In FY 2006, an estimated 211,000 pregnant women were counseled and tested, of which 37,800 HIV positive women received antiretroviral prophylaxis for PMTCT. UNICEF estimates that 468,000 women gave birth in Zambia in 2006; therefore, PMTCT coverage was approximately 45% nationwide. The FY 2007 annual progress report reflected that a total of 259,532 pregnant women were counseled and tested and given results. Thus Zambia surpassed the FY 2007 PMTCT target of 210,000 and accordingly, at least 31,642 HIV positive women were given ARV prophylaxis. The Zambia 2006-07 Antenatal Clinic Sentinel Surveillance Report is being developed by the Ministry of Health with analytic support from the U.S. Mission in Zambia and should have been available before the end of 2007. The preliminary results released in September 2008 by MOH indicate that ANC sentinel surveillance prevalence rate has decreased from 18.6% to 16.6%. In 2006, the ratio for HIV site prevalence decreased from 24.9% to 23.3% for urban sites in comparison to the rural sites from 11.6% to 9.3% respectively. The 2004 ANC Survey showed that urban areas have a greater than 2:1 risk compared with rural areas: at 32.3%, Livingstone had the highest HIV prevalence among pregnant women and Kasaba showed the lowest at 6.0%. Mean 2004 HIV prevalence was 25% for urban and 11.8% for rural.

Beginning in FY 2007, the U.S. Mission in Zambia has provided financial support and leadership in the roll-out of the following strategies: strengthening GRZ ownership and sustainability of the PMTCT program; improving human resource capacity and motivation; providing more efficacious ARVs for PMTCT; strengthening follow-up for HIV-exposed children through the revision of the child follow-up card; and developing clear monitoring and evaluation (M&E) management, coordination, supervision, and data flow structures at national, provincial, and district levels. This data system is currently being piloted in selected districts.

In FY 2008, the U.S. Mission in Zambia provided support to 785 sites; the target was 791 out of 1281 ANC facilities in the country. Based on a population-based model, this translates into about 68% of pregnant women receiving PMTCT services in Zambia. Out of an estimated 468,000 deliveries per year in Zambia, the U.S. Mission in Zambia will provide PMTCT services to 318,500 pregnant women. Although only 43% of women deliver at health facilities, more than 92% of pregnant women will make at least one ANC visit providing a window of opportunity to reach 90% with services at PMTCT sites. In FY 2009, it is planned that the PMTCT program will reach 80% of the pregnant women under the population-based model, which translates to 67% of health centers providing PMTCT services. The focus for the roll-out of services is to ensure that there is equity of service provision between the rural and urban areas.

The core activities implemented by U.S. Zambia partners for PMTCT are: antenatal care with routine 'opt out' HIV testing; provision of ARVs for PMTCT as per updated national GRZ protocols guidelines of a more efficacious regimen comprising zidovudine, nevirapine and a lamivudine tail; couples counseling; malaria in pregnancy interventions (working with the PMI program); labor and delivery management, post-natal mother and baby follow-up with early infant HIV diagnosis; linkages to care and support for both mother and baby; family planning; infant and young child feeding counseling; community support including male involvement in PMTCT; infection prevention for health workers; and, reporting and data collection activities. In FY 2008, the U.S. implementing partners continued to: provide a more efficacious ARV regimen for prophylaxis to pregnant women; follow-up HIV exposed infants and link them to appropriate services; provide early infant HIV diagnosis; strengthen linkages and referrals with pediatric HIV services; increase male involvement in PMTCT; work with mother support groups; and some partners piloted the provision of performance-based financing directly to selected districts, as a means to increase district health office ownership of the program.

In 2009, U.S. Mission in Zambia and its partners will work intensively to link PMTCT, OVC and Palliative Care and Support activities more closely, in order to facilitate the early identification, care and treatment of HIV positive infants and children. Clinic-based programs like PMTCT will refer clients to community-based programs such as OVC and Palliative Care and Support, so that tens of thousands of trained community caregivers can follow up and screen HIV exposed infants for potential danger signs such as growth faltering, and refer them for pediatric testing. Community caregivers may also be linked directly to the pediatric testing initiative once the GRZ authorizes them to collect dried blood spots (DBS) for analysis.

Building on activities implemented in FYs 2006 - 2008, the U.S. Mission in Zambia will continue to strengthen linkages between the PMTCT program and other HIV related services such as OVC, palliative care, and care and treatment to ensure that women identified as HIV-positive are referred to comprehensive HIV care and those testing negative are supported to maintain their negative status. With support from the GRZ, U.S. 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 antiretroviral prophylaxis or combination ART for their own health, following WHO 2006 Revised Guidelines.

In FY 2009, U.S. partners will continue to support the roll-out of this model to sites that also offer ART and other HIV/AIDS services. To increase access to ART services, the U.S. Mission in Zambia will expand support to the GRZ laboratory sample referral system for transporting blood samples for CD4 testing from health facilities without CD4 machines to sites with CD4 equipment. This system began in FY 2008 and increased access to necessary laboratory services and provided timely results for PMTCT clients. In FY 2009, U.S. partners will support a feedback system between the PMTCT and ART programs to ensure that the bulk of HIV positive women are enrolled into care and treatment programs depending on their CD4 results. The PMTCT tools were revised to incorporate CD4 baseline results and referral action taken at the maternal, neonatal, and child health MNCH department as a way of strengthening the follow-up of the women. Based on the results and according to the PMTCT guidelines, all HIV positive women are given appropriate ARV prophylaxis. In addition, U.S. Mission in Zambia provides grants to private mining companies to support workplace health facilities to provide PMTCT services and to strengthen referral to off-site facilities. The workplace program will continue addressing reduction of stigma and discrimination by empowering men and women in the workplace to make informed choices about CT, PMTCT, and ART. The U.S. Mission in Zambia will also support provision of technical support to privately owned health facilities such as those for the mines to promote the provision of quality PMTCT services.

While ARV prophylaxis greatly reduces the chance of HIV transmission, the unavailability of early infant HIV diagnosis in many areas of the country limits infant care. In FY 2007, three early infant diagnosis (DNA PCR) laboratories were set up in Zambia with support from the U.S. Mission in Zambia. In close collaboration with the MOH, the Clinton Foundation, and U.S.-supported partners, these three laboratories have gradually scaled-up nationwide availability of early infant HIV diagnosis using dried blood spots (DBS). In FY 2007, more than 11,000 HIV-exposed children were tested by DNA PCR; in FY 2008, this figure doubled. The CDC, in collaboration with UTH, will continue to provide national quality assurance for early infant diagnosis. New techniques for innovative and less costly HIV testing of infants will also be evaluated.

In FY 2009, the PMTCT and Pediatric care and treatment programs will work jointly in the provision of continuity of care to both the exposed and infected infants. The new MOH guidance stipulates that all exposed infants have a PCR test done using the DBS technique at six weeks, and PMTCT partners will implement this activity in MNCH department. The U.S. partners will also roll-out the new under-five card which has integrated HIV information, cotrimoxazole prophylaxis, infant follow-up and growth monitoring into the routine immunization schedule.

The 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 2009, the U.S. Mission in Zambia will strengthen counseling and referral to family planning services and will continue to procure contraceptives (using non-PEPFAR funding).

HIV and malaria co-infection is common in Zambia. With increasing evidence of disease interaction, PMTCT and PMI program collaboration is required. In FY 2008, Zambia's PMI Malaria in Pregnancy program (MIP) began in two provinces -- Eastern and Central. In 2009, both PMTCT and MIP will continue to work together to provide technical support, training, and supplies to improve the quality of ANC services and increase uptake of PMTCT, Intermittent Preventive Treatment (IPTp), and distribution of LLINs to pregnant women as wraparound activities.

In FY 2008, the SmartCare team provided technical assistance to strengthen the data system (both electronic and paper-based) to document how many pregnant women reach the ART service. The MOH will be assisted to roll out an effective PMTCT monitoring system which will feed into the national SmartCare 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 2009.

Due to scarce and uneven allocation of human resources in the public sector, U.S. partners have continued to pilot innovative PMTCT approaches at the community level. For example, community-based traditional birth attendants will continue to be trained in the delivery of PMTCT services to serve remote, rural 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. In FY 2008, two pilots on the use of community health workers for the follow-up of mother-infant pairs and lay counselors in the provision of PMTCT services were implemented by the U.S. partners. The community health workers trained in integrated health management of childhood illnesses were utilized in the follow-up of HIV exposed infants using the Reach Every Child strategy which led to effective follow-up of infants using the community registers. Lay counselors have been trained to provide PMTCT services for sites with no trained health worker, which has seen the development of a lay counselor training manual. In FY 2009, these two pilots will be implemented at full scale and they have been adopted as part of the task shifting strategy of the MOH.

By working with GRZ facilities, the U.S. Mission in Zambia 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.

Targets

Number of Service Outlets providing the minimum package of PMTCT service according to national or international standards – 785

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results – 386,031

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting – 42,869

Number of health workers trained in the provision of PMTCT services according to national or international standards – 1,241

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	5264.09	**Mechanism:**	UNICEF
Prime Partner:	United Nations Children's Fund	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	9741.26286.09	**Planned Funds:**	$350,000
Activity System ID:	26286		

Activity Narrative: The funding level for this activity in FY 2009 is straight-lined from the FY 2008 level. Narrative changes include updates on progress made and expansion of activities.

United Nations Children's Fund (UNICEF), a co-sponsor of the Joint United Nations Program on HIV/AIDS (UNAIDS), is a lead advocate for maternal neonatal and child health (MNCH). UNICEF is currently working at all levels to improve programs addressing the prevention of mother-to-child HIV transmission (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 (GRZ) 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 the 2015 Millennium Development Goals in maternal and child health (MCH).

With the wealth of experience that UNICEF has, the United States Government (USG) in FY 2007 funded UNICEF to assist in implementing important national PMTCT activities, namely: 1) the scaling-up of routine opt-out HIV testing in PMTCT settings whereby UNICEF worked with GRZ and stakeholders to advocate for and support routine offer of HIV testing to all pregnant women; and 2) included the routine offer of HIV testing policy in national guidelines and incorporate training into all HIV training curricula.

In FY 2007, UNICEF supported GRZ and stakeholders in supporting and developing systems to identify HIV -exposed infants and refer them for treatment, care, and support. This was achieved by: 1) standardizing the documentation of mother's HIV status on Under Five cards in Zambia; 2) the training of health workers to routinely review MNCH cards for HIV status to provide clinical care accordingly and also supported institutionalization of cotrimoxazole prophylaxis for HIV exposed and infected infants; and 3) supported the institutionalization of infant dried blood spots (DBS) for early HIV diagnosis and confirmatory testing, utilizing polymerase chain reaction (PCR) capacity developed in Zambia with support from USG.

Another important achievement in FY 2008 was the support provided to the use of traditional birth attendants (TBA). Many women in Zambia use TBAs for their prenatal care and may visit antenatal care (ANC) only once during pregnancy. More than 50% of deliveries in Zambia are outside regular health care facilities, with the majority occurring at home with the assistance of a TBA. Building on previous initiatives involving TBAs, UNICEF would work with TBAs to develop their capacity to promote PMTCT in the community and to refer pregnant women for HIV testing and counseling at antenatal clinics. Traditional birth attendants will also be empowered to follow mother-infant pairs and provide referral and support. Other community providers will be engaged in the process as feasible.

In FY 2009, UNICEF will continue to support the PMTCT national program through continued strengthening and support to the activities that were initiated in FY 2008. Furthermore, UNICEF provided technical expertise in the updating of national protocols to ensure that MOH adheres to current World Health Organization's technical updates and guidelines pertaining to PMTCT and pediatric antiretroviral therapy services through the updating of the national guidelines and training curriculum.

With USG support, UNICEF in FY 2008 printed national job aids for use by all cadres implementing the PMTCT program, which included flip charts and training materials for use by lay counselors. UNICEF also printed and disseminated copies of the revised PMTCT protocol guidelines, and procured buffer supplies such as RPR kits and hemacues to strengthen the broader MCH services. The national facility health worker training PMTCT in-service curriculum was reduced from 12 days to six days. With the FY 2008 funds, UNICEF was a key USG partner that called for meetings, material development workshops and ensured that MOH rolled out the updated tools at all levels of the service delivery.

With USG support, UNICEF in FY 2009 will work with GRZ to facilitate the implementation of the PMTCT/ Pediatric ART scale-up plan through training and mentorship of community and facility health workers in implementing the PMTCT/Pediatric ART program using the revised protocols, flip charts and other job aids. The focus will be on implementation and consolidation of the HIV "opt out" counseling of pregnant mothers through the roll-out of mother-baby pair follow up using the revised under five card and male involvement. UNICEF will add on the initiated activity of supporting MOH in act ivies such as print more copies of the updated PMTCT protocol guidelines, and procure buffer supplies to strengthen the broader MNCH services. Train more health cadres at all levels in PMTCT and Pediatric HIV including early infant diagnosis with the aim of meeting the goals that have been set in the National PMTCT/pediatrics scale-up plan. With the FY 2009 funding, UNICEF will continue to be the key USG partner that calls for meetings, material development workshops and ensure that MOH rolls out the updated tools at all levels of the service delivery.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15573

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15573	9741.08	HHS/Centers for Disease Control & Prevention	United Nations Children's Fund	7188	5264.08	UNICEF	$350,000
9741	9741.07	HHS/Centers for Disease Control & Prevention	United Nations Children's Fund	5264	5264.07	UNICEF	$275,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3013.09

Mechanism: CDC Technical Assistance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3574.26301.09

Planned Funds: $275,000

Activity System ID: 26301

Activity Narrative: The funding level for this activity in FY 2009 has decreased since FY 2008. Narrative changes include updates on progress made and expansion of activities.

Centers for Disease Control and Prevention (CDC)-Zambia will continue providing technical assistance to the Ministry of Health (MOH), the National HIV/AIDS/STI/TB Council (NAC), 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, an activity that CDC will continue in FY 2009 as the area of materials development such as job aids tends to have gaps. Since FY 2007, CDC-Zambia has continuously assisted the MOH to strengthen the monitoring and data system from facility to national-level reporting using the CDC developed PMTCT monitoring system and the SmartCare.

In an effort to improve the national PMTCT program and provide HIV treatment to children before they become symptomatic, the United States Government (USG) has supported the Government of the Republic of Zambia since FY 2006 to evaluate an inexpensive and less complex approach for use in the diagnosis of infant HIV-1 infection in Zambia. Using FY 2005 funds, equipment for two different methods of infant HIV diagnosis has been installed by CDC at the National Infant Diagnosis Reference Laboratory at the University Teaching Hospital (UTH) in Lusaka. These methods include the regular Roche Amplicor 1.5 deoxyribonucleic acid (DNA) Polymerase Chain Reaction (PCR) assay and the Total nucleic assay (TNA) assay which detects both ribonucleic acid (RNA) and DNA. Both techniques have performed very well in quality assurance and quality control evaluations at the laboratory, including on dried blood spots collected from infant heel sticks at University Teaching Hospital (UTH). A third DNA-PCR lab has been established with USG support at the Arthur Davidson Pediatric Hospital in the Copperbelt Province and provides services for the northern half of the country. By June 2007, a number of PMTCT sites across the country had started sending infant dried blood spots routinely to the National Infant Diagnosis Reference Laboratory in Lusaka. Early results showed that it is feasible to provide early infant testing facilities at both rural and urban sites. In FY 2008, in collaboration with Clinton Foundation, PCR testing on infant dried blood spots was rolled-out and implemented nationwide based on the courier systems linked to the three PCR reference laboratories. In FY 2009, CDC will strengthen the linkages with the Pediatric Care and Support program to ensure that there is continuity of care of the exposed infant through the integration of dried blood spots (DBS) in routine maternal, neonatal and child health services.

In FY 2009, as in previous years, the USG will continue strengthening the national PMTCT program through the procurement of back-up (buffer) supplies in-line with the U.S. Five-Year Global HIV/AIDS Strategy. As part of this activity, the USG will procure supplies that are vital in the provision of the national minimum package of PMTCT to avoid national stock-outs that would disrupt provision of services. CDC will support the national PMTCT program with technical assistance and support for study tours and other relevant programmatic reviews.

Lack of well defined male involvement activities in PMTCT has been cited as one of the compounding factors that impact on the program significantly. Anecdotal evidence has attributed the lack of male involvement to low levels of disclosure of HIV results of pregnant women to their husbands which lead to a low uptake of both mother-infant ARV prophylaxes, few HIV positive women accessing care and treatment services and inadequate support of infant feeding choices. In FY 2009, CDC in collaboration with USG partners and the MOH will pilot a male involvement intervention that is community-based and that engages pregnant women's partners in access to antenatal clinic (ANC) services. The pilot will offer prenatal education, couple counseling and address male norms that act as barriers in male's participation in health seeking behaviors in reproductive health. The objective of this pilot is to develop new interventions that directly encourage men to participate in the birth preparedness of their children whilst challenging widely-held male norms. This activity will also be linked with work being conducted by USG partners currently working in the area of couple counseling. Secondly, CDC will partner with PMTCT implementing partners to pilot an infant feeding intervention that explores and addresses infant feeding practices in the context of HIV/AIDS. Activities that address: abrupt weaning, safe transition period during weaning, exclusive breastfeeding and complementary feeding will be explored. Based on the results of the two pilots, full public health evaluation protocols will be developed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15588

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15588	3574.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$375,000
9019	3574.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$125,000
3574	3574.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3013	3013.06	Technical Assistance	$225,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 11946.09

Mechanism: CRS-CDC

Prime Partner: Catholic Relief Services

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 26333.09

Planned Funds: $475,000

Activity System ID: 26333

Activity Narrative: This activity was formally conducted by Churches Health Association of Zambia (CHAZ), however AIDSRelief has assumed the role of continuing to implement this continuation (9734.08) at the request of CHAZ who are now unable to expend both Global Fund and PEPFAR resources. In FY 2006, CHAZ implemented this activity as a sub-partner of AIDSRelief.

AIDSRelief plans to build on year-five successes in the provision of antiretroviral therapy (ART) by ensuring that prevention of mother to child transmission of HIV (PMTCT) is a part of the comprehensive, integrated, sustainable, and family-centered care that is necessary to provide for people living with HIV. AIDSRelief has consistently provided evidence-based education and training to health workers at its local partner treatment facilities (LPTF) on effective PMTCT interventions. In order to increase the scope of influence and the number of services provided, AIDSRelief is requesting funds to implement quality, comprehensive, family-centered HIV care to pregnant women and their families. Their PMTCT strategy includes three target areas to be addressed at all 19 sites: 1) establishing community-wide identification of HIV-infected pregnant women; 2) engaging HIV-infected pregnant women into comprehensive HIV care and treatment; and 3) providing effective antiretroviral treatment and prophylaxis for pregnant HIV-infected women. AIDSRelief will support 19 LPTF to meet the needs of the communities they serve by building and strengthening their capacities for PMTCT through an integrated family-centered HIV care and treatment approach. By strengthening institutional capacity, and facilitating active community involvement, AIDSRelief will continue to move toward its target in the most effective and sustainable manner.

The first strategy of this program is to establish community-wide identification of HIV-infected pregnant women. The first step to accomplish this will be to assist the 19 LPTFs and their satellites to regularly sensitize community members (including male and female leaders, spiritual leaders, teachers and local government leaders) to the benefits of HIV testing and treatment in pregnancy. AIDSRelief will link with partner programs linking men to PMTCT care to accomplish this goal. The second intervention will be to ensure that all nurses, midwives and active Traditional Birth Attendants (TBAs) are competent at providing correct, evidence-based HIV counseling with an opt-out approach. This will be done at static antenatal clinics (ANC) and satellite/outreach ANC clinics; and, it will be offered at booking and throughout all stages of pregnancy, including during labor for women who did not receive a test during antenatal care. Thirdly, all nurses, midwives, and active TBAs will be able to perform on-site/same day rapid HIV testing with reflex CD4 testing. Fourthly, an effective outreach program will be established to reach families in the most rural areas with the same services, but in a mobile setting. This will require that the LPTFs have enough trained personnel to do regular mobile ANC and ART clinics. Funds under this component will be used to procure and distribute back-up supplies needed to meet the increased needs and for training antenatal clinic staff, TBAs and maternity ward staff in opt-out. Counseling and testing (CT) funds will also be used to mobilize the community to engage in PMTCT efforts, including male participation in ANC, community-driven stigma-reduction activities and community education about HIV.

The second strategy of this PMTCT program is to engage HIV-infected pregnant women and their families into comprehensive HIV care and treatment. To accomplish this, it will be necessary to establish at each 19 LPTFs a formal mechanism for newly-identified HIV-positive women to be immediately enrolled into a comprehensive HIV care and treatment program. This can be accomplished by bringing ART providers to the ANC so that the women can be evaluated in ANC, or a pregnant woman can be referred to the ART clinic with a referral slip. Pregnant women will be given priority in an ART clinic, in accordance with the National Guidelines, so that she can make appropriate decisions in good time. The next step will be to establish formal treatment preparation process for pregnant women that includes evidence-based infant feeding education, maternal-to child transmission prevention education and ART options, including antiretroviral drugs (ARVs) in pregnancy and adherence. All ART providers and counselors will be trained or updated on evidence-based infant feeding guidelines to ensure HIV-exposed and HIV-positive babies get the best nutrition they can with a lowest risk of HIV transmission. Local Partner Treatment Facilities will be supported to ensure these women deliver in the hospital with a trained provider. Funds will be used for training and updating staff members in the benefits of comprehensive HIV care for all pregnant women; for the technical assistance needed to educate counselors on appropriate treatment preparation for pregnant women, and for infant feeding training for health care workers (HCWs), TBAs and counselors.

The third strategy will be to provide effective ART or prophylaxis for pregnant women, nursing women and their families. This will be accomplished by training and updating all relevant health care workers (medical officers, clinical officers, and nurses) in the management of pregnant HIV-infected women, including the updated national ART and PMTCT guidelines, and evidence-based research from resource-limited settings. Special technical assistance will be provided for the ART providers so that they know how to manage the unique challenges of HIV in pregnancy. Additionally, all relevant HCWs will be trained and updated in opportunistic infection (OI) prophylaxis. Each LPTF will be supported to ensure that their laboratory can provide quality ART safety and efficacy monitoring for pregnant women with a reasonable turn around time; and that the pharmacy is also equipped to provide the ARVs and OI prophylaxis to pregnant women and their families. One of the real challenges with this strategy will be reaching the women who live in very rural areas. Each LPTF will be supported to provide mobile ART or satellite clinics for families who cannot reach the central ART clinic. Funds in this area will be used for the training/updates needed for the ART providers and the HCWs working in the ART clinic. Funds will also be used to create mobile or satellite clinics for the rural populations, and will include the transportation of ARVs, laboratory and pharmacy personnel, counselors and clinicians.

All babies born to HIV-infected mothers will be automatically enrolled into the ART program and comprehensive, quality exposed-baby care will be provided, including infant testing at six weeks of age, cotrimoxazole prophylaxis and growth and development monitoring. This is further explained in the pediatric narrative.

By this intervention, AIDSRelief will address the legislative area of gender inequality by providing yet another avenue for HIV positive women to access ART, hence improving their chances for survival and their continued ability to care for their families. Through routine opt-out counseling and testing and through community mobilization activities, stigma and discrimination will continue to be targeted as a key area to be

Activity Narrative: addressed by this program.

AIDSRelief will target 18,000 pregnant women for counseling and testing; 90% of whom will be enrolled into a comprehensive HIV care and treatment program; 3,500 women for a complete course of appropriate ARV treatment or prophylaxis; 90% of positive women to deliver in a health facility and 145 health workers will be trained or retrained in the provision of PMTCT services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2987.09

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3670.24830.09

Planned Funds: $600,000

Activity System ID: 24830

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Funding ($250,000) was added to provide support to the Ministry of Health (MOH) in the areas of mentorship and supportive supervision, institutionalization of human capacity building, and task shifting through training of lay workers.

This work is closely linked to Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO's) other work with the Zambia Defense Force (ZDF), strengthening integrated HIV prevention, care, and treatment services and systems. JHPIEGO also works with Project Concern International (PCI) supporting Counseling and Testing (CT) and Adult Care and Support, as well as JHPIEGO's work on integrating diagnostic counseling and testing DCT into tuberculosis (TB) and sexually transmitted infection (STI) services for mobile populations. This program is also closely linked with prior work conducted by JHPIEGO with Centers for Disease Control and Prevention (CDC) funding, and will expand in FY 2009 to continue providing support to the (MOH) for harmonization of approaches and programs and greater sustainability.

For greater clarity, this narrative is separated into two sections to describe activities specific to ZDF and MOH facilities, while highlighting linkages and opportunities for collaboration between the two systems.

ZDF

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 JHPIEGO's support to ZDF 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.

Development of PMTCT clinical and training capacity: JHPIEGO has supported quality integrated PMTCT services at 16 model ZDF sites, and will expand to an additional four model sites in FY 2009 that are yet to be determined. 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 Defense Force Medical Services (DFMS), as well as base commanders, to develop a system of staff rotation and on-the-job training. JHPIEGO will continue to select high performing PMTCT providers and develop them as trainers and mentors to further develop capacity to expand and support PMTCT services.

Through JHPIEGO's support to the ZDF in previous years (FY 2005 – FY 2008), in addition to training PMTCT service providers and establishing quality PMTCT services at 16 model facilities, the DFMS' training capacity was strengthened with the training of 16 PMTCT staff as trainers. These trainers worked with JHPIEGO staff to co-train at least 267 service providers in PMTCT. By the end of FY 2008, JHPIEGO was working with model sites in all nine provinces.

JHPIEGO will continue to strengthen and expand facility-based performance improvement systems, providing increasing opportunities for the trained staff from model sites to lead supervision and mentorship programs, while still mentoring and actively supporting the ZDF sites whenever necessary.

To assist in development of a sustainable quality work force, JHPIEGO worked with the ZDF to identify capable institutions in order to institutionalize the human capacity building. The Maina Soko Military Hospital and the Defense School for Health Studies (DSHS) in Lusaka were identified in FY 2008 as the future center for capacity building within Defense Forces, and will provide continued in-service training on the number of programs undertaken by JHPIEGO in the ZDF. In FY 2009, JHPIEGO will continue work with the Maina Soko Hospital and DSHS and will provide them with support and supervision to ensure quality of services and training.

Integration of PMTCT in comprehensive HIV/AIDS program: Building on the service linkages developed between PMTCT and antiretroviral treatment (ART), JHPIEGO has integrated TB and Adult Care and Support services to provide integrated support for facility-based HIV/AIDS prevention, care, and treatment. As a result of this intervention, the health care workers 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 have continued to the eight model sites, as well as the four expansion sites. JHPIEGO has also supported the DFMS to conduct workshops using the orientation package for lay workers like 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 has further enhanced advocacy efforts to secure sustained support for these services from management, community and clients perspective. Furthermore JHPIEGO has helped to build capacity at institutional level by developing a training package for lay workers/counselors who have been trained and mentored to add on to the work force both at the facility and community levels in order to address the low staffing levels.

To ensure sustainability, JHPIEGO has worked closely within the existing ZDF structures and plans. JHPIEGO facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. JHPIEGO also assisted 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.

MOH

Large numbers of service providers have been trained in PMTCT and many health facilities nationwide are providing services, but there is a need to make sure that the knowledge and skills gained in training are

Activity Narrative: being applied correctly and completely on the ground. To do so, facilities and service providers will need more focused support from supervisors as well as support through task shifting by community counselors. JHPIEGO has been approached by the MOH to provide support to their PMTCT programs in the following areas:

Mentorship and Supportive Supervision. In FY 2009, JHPIEGO will consolidate the mentorship and supervisory tools developed during FY 2006-2008 in collaboration with the MOH and DFMS, and review them to include the latest evidence on PMTCT-Plus and early infant diagnosis to enhance the provision of quality PMTCT services and encourage an integrated approach to supervision. JHPIEGO will implement these tools in the three provinces to be identified, through orientation of district maternal and child health (MCH) coordinators and development of PMTCT champions and mentorship teams. This will support the implementation of PMTCT services at sites after service providers have been trained while also addressing any gaps in knowledge and leading to routine monitoring of the quality and completeness of PMTCT services. JHPIEGO will work with MOH supervisors to conduct mentoring and supervision visits that will focus on the provision of high active antiretroviral therapy (HAART) in PMTCT and strengthening of linkages to ART.

Institutionalization of the human capacity building. To address the sustainability of quality PMTCT service provision, in FY 2009, JHPIEGO will focus on building capacity at the provincial levels to conduct quality training by identification of institutions in two provinces that could be developed to provide ongoing capacity building. Based on the individual assessments of each institution, JHPIEGO will work with the provinces and districts to holistically improve training capacity and output. Direct assistance to the institutions will be based on initial assessment, and will include educational equipment and support to establish training process. The desired result is to improve both pre-service training as well as in-service training based on national strategies and guidelines. The implementation of these activities will be coordinated at the central level with MOH.

JHPIEGO will continue to support the MOH and Provincial Health Offices (PHOs) while at the same time working closely with other implementing partners such as Boston University and Centre for Infectious Disease Research in Zambia (CIDRZ) to strengthen the district supervision, management and service provision in keeping with MOH plan for decentralization.

Task shifting: Training of lay workers. To address the critical shortage of service providers in Zambia, JHPIEGO in collaboration with the MOH, PHOs, District Health Offices (DHOs), and other partners, is promoting “task-shifting” wherever possible. Task shifting means that tasks that are commonly conducted by higher-level healthcare workers (e.g., nurses) are shifted to lower-level providers and even lay people. Lay counselors can provide high quality PMTCT services and collection of Dry Blood Spots (DBS), provided that they are properly trained and supervised, freeing up health professionals to perform the clinical skills for which they were trained.

In FY 2007 and FY 2008, JHPIEGO developed and piloted training package on PMTCT for lay workers. In FY 2009, JHPIEGO will consolidate the training package based on the results of the pilot, and will implement it in three provinces, to be identified in collaboration with the MOH. At least three lay workers at each of the PMTCT sites in these provinces will be trained, and JHPIEGO will provide mentoring and supportive supervision to these workers to ensure quality and safety of services. To support facility supervisors in their work with the lay workers, JHPIEGO will adapt the mentorship package for health professionals.

JHPIEGO’s work in PMTCT has followed a sustainable model from the start with the development of the national training package for the MOH in 2003 and has been continued by building a core group of national PMTCT trainers. These trainers have been provided both with technical knowledge on PMTCT as well as training knowledge and skills that ensure better, more effective training activities. In addition, JHPIEGO has worked jointly with the MOH to develop knowledge and skills of not only service providers, but also supervisors and managers, a group that had not been targeted in the initial national scale-up. Whenever possible, JHPIEGO will continue to increase gender equity in provision of PMTCT services by training equal proportions of males and females in all the programs. It is hoped that by training men and women in provision of PMTCT services, some gender-related constraints to accessing this service may be overcome.

JHPIEGO, as an important partner to the MOH HIV/AIDS 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. In FY 2009, JHPIEGO will facilitate further collaboration to ensure harmonization and standardization of approaches, tools and materials between the two systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14621

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14621	3670.08	Department of Defense	JHPIEGO	6889	2987.08	DoD-JHPIEGO	$350,000
9088	3670.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$262,500
3670	3670.06	Department of Defense	JHPIEGO	2987	2987.06	DoD-JHPIEGO	$350,000

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $103,369

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6842.09

Mechanism: ZPCT FOLLOW ON

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 14444.26179.09

Planned Funds: [redacted]

Activity System ID: 26179

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New United States Agency for International Development HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new procurement on prevention mother-to-child transmission (PMTCT) to follow the Zambia Prevention, Care, and Treatment Partnership (ZPCT) project is being developed. This activity will link to other project program areas including: counseling and testing (CT), antiretroviral therapy (ART), tuberculosis (TB)/HIV, Palliative Care, and Laboratory Support as well as the Government of the Republic of Zambia (GRZ) strategic plans, and other United States Government (USG) partner activities as outlined below.

The new program will provide support to GRZ to strengthen and expand PMTCT services in the current 204 sites and an additional 12 facilities in 34 districts, many very remote, in Central, Copperbelt, Luapula, Northern, and North-Western provinces, representing 80% of the population in these five provinces. The program will expand its support to the remaining 8 districts in FY 2009 and beyond. In FY 2008, the current program reached over 84,185 PMTCT clients over the 12 month target period, with 8,355 receiving ARV prophylaxis. Since FY 2005, the current program has assessed and refurbished 204 PMTCT sites.

During 2009/2010, the new program will strengthen the expansion of current activities by providing technical support, ensuring quality services, and building district capacity to manage HIV/AIDS services. The program will support provision of accurate reporting and data collection (utilizing PMTCT Smart Care where a computer and security is available), availability of basic medical equipment, and reliable supplies of ARV prophylaxis. Commodity management will be coordinated with the GRZ, the United States Agency for International Development | Deliver Project, and the Partnership for Supply Chain Management Systems (SCMS).

The project will: 1) enhancing, strengthening, and promoting PMTCT service delivery; 2) increasing access to CD4 testing services; 3) providing follow-up of HIV-infected and uninfected mothers and their children; 4) expanding the integration of PMTCT with antenatal care, family planning and malaria (IPTp); and 5) involving traditional birth attendants (TBAs) in PMTCT adherence support and follow-up at the community level; and 6) increasing program sustainability with the GRZ.

The project will promote and strengthen PMTCT service delivery, by supporting at 216 PMTCT facilities in the five provinces listed above. Approximately 85,000 women will be reached with PMTCT services, and approximately 10,000 will receive a complete course of ARV prophylaxis. The project will monitor quality of services in all facilities, and will include moderate renovations as needed. All sites will receive assistance to improve quality of PMTCT services, including linkages to CT, ARV prophylaxis for mothers and infants, and infant feeding counseling. Support will be provided to ensure accurate reporting and data collection, availability of basic medical equipment, and reliable supplies ARV prophylaxis. Commodity management will be coordinated with the GRZ, the United States Agency for International Development | Deliver Project, and the Partnership for Supply Chain Management Systems (SCMS).

The project will provide technical support and training for health care workers (HCWs), TBAs, Adherence support workers (ASWs), lay counselors, and supervisors. The project will provide training for at least 60 TBAs in PMTCT concepts, provision, and adherence support, and 300 health care workers, and will continue to strengthen quality assurance, supervisory, and monitoring systems. At national level, the project will provide technical assistance to the national 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.

The project will increase access to CD4 testing services, and strengthening links between PMTCT and ART services. In FY 2009, the project will fund transport of laboratory samples for CD4 testing from supported facilities to sites with CD4 machines to ensure PMTCT and ART services are more accessible, and support inter-facility sample referral.

The project will strengthen systems for follow–up of HIV-infected mothers and their infants after delivery. Blood samples for exposed children will be taken as part of the PMTCT care package and couriered for polymerase chain reaction (PCR) testing. Support will also include linking women with community groups that provide nutritional, legal, and psychosocial support.

The project will promote PMTCT services by implementing an intensive strategy to reach pregnant women with comprehensive PMTCT services. This approach includes strengthening universal counseling of women in antenatal (ANC) clinics, establishing and/or strengthening outreach of ANC services to reach women in more rural areas, and integration of PMTCT, counseling and testing (CT) (with emphasis on reaching discordant couples), clinical palliative care, and ART services. The project will carry out renovations were needed. The activity will support development and implementation of a USG/Zambia food and nutrition strategy, as well as consider adopting a common technical approach to food and nutrition support.

The project will identify and address gender disparities in access to PMTCT services by developing and implementing gender related activities such as scaling up male involvement in PMTCT services; scaling-up couple counseling to promote testing of men and to build their support for their female partners and efforts in targeting families; promoting participation of male and female caregivers in community based activities; promoting community participation in PMTCT services by working through community leaders including Church leaders, community based caregivers and other community key stakeholders to encourage pregnant women to access PMTCT services, and encourage partners and discordant couples to be involved in couples counseling and testing for PMTCT; and developing indicators and reporting system for gender integration activities.
The project will support community level mobilization activities that promote increased uptake of PMTCT

Activity Narrative: services. Reduction of stigma and discrimination, as well as equity of access to PMTCT and related HIV/AIDS services, will be discussed and addressed with partners within a culturally-sensitive context.

In an effort to provide continuity of care, the project will also encourage follow-up services, referrals for mothers, and integrated services. Women testing positive will be referred appropriately to malaria, family planning, and ante-natal services or vice versa. Those who test negative will be referred to comprehensive prevention activities. The program will also integrate HIV/AIDS services with Child survival related activities to enhance early diagnosis and increased uptake of pediatric ART services. Traditional Birth Attendants (TBAs) will provide PMTCT adherence support and follow-up at the community level to ensure pregnant women know how to take their PMCT medications and when to return to the clinic to have their children started on prophylaxis and undergo HIV testing.

The project will support evaluations of lessons learnt from PMTCT interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to PMTCT services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the government of Zambia and to strengthen the Health Management Information System (HMIS). The activity will also participate and share best practices at President Emergency Plan for AIDS Relief (PEPFAR) implementer's meetings, stakeholder meetings, and other fora.

The project will 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: Behavior Change and Communications, Catholic Relief Services/SUCCESS, and RAPIDS.

The project will work with GRZ facilities, to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by PHOs, DHMTs, and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines; strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. The project will gradually wean off well performing districts from project technical support over the five years of the implementation period.

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality PMTCT services, and will link these facilities to the government supply chain for provision of PMTCT ARV drugs, HIV test kits and PCR dried blood spot reagents.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14444

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14444	14444.08	U.S. Agency for International Development	To Be Determined	6842	6842.08	ZPCT FOLLOW ON	[redacted]

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	12218.09	**Mechanism:**	Boston University
Prime Partner:	Boston University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	26377.09	**Planned Funds:**	$2,350,000
Activity System ID:	26377		

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

Changes to this narrative include updates on progress made and expansion of activities. This activity is linked to Southern Provincial Health Office (SPHO) PMTCT (#9739) and Boston University (BU) prevention of mother to child transmission (PMTCT) of HIV (#3571) whose mechanism under UTAP expired in fiscal year FY 2008. A new mechanism is anticipated to be in place by January 2009.

Boston University Center for International Health and Development (CIHD), through its prime partner Tulane University and local non-governmental organization Boston University Center for International Health and Development-Zambia (BUCIHDZ), in 2006 began collaborating with the SPHO, to provide PMTCT services throughout Southern Province through the Boston University PMTCT Integration Program (BUPIP). By the end of FY 2008, BUPIP directly supported over 185 sites in eight districts, and indirectly supported sites in the remaining three districts through the provision of technical assistance.

(CIHD) has continued its commitment to building local Zambian capacity. In FY 2008, BU received funds to expand PMTCT services in Southern Province, continued building local capacity such that the program is sustainable, provided technical assistance to directly and indirectly supported sites, continued trainings on PMTCT and data management, and expanded on innovative solutions to reach extremely marginalized populations.

In FY 2008, BU continued extensive training programs for health sector personnel, providing direct technical assistance to provincial and district health staff, established inclusion and training of auxiliary health cadres such as trained traditional birth attendants (tTBAs) and community health workers (CHWs), and employed Zambian nationals for nearly all project staff positions. In FY 2008, BUPIP trained 160 health facility personnel in the national PMTCT Training package, and 107 community agents in the national lay counselor PMTCT training package developed primarily by JHPIEGO.
CIHD currently directly supports 140 of the 187 health centers (74.8%) in eight of the 11 Southern Province districts, and met our target to expand to 185 by the end of FY 2008.

From its inception, through March 2008, the CIHD program has: 1) counseled, tested, and notified 45,168 pregnant women; 2) identified 9,930 as HIV positive (22% of those tested); 3) given 6,242 women (62.9% of HIV+) ARVs in a PMTCT setting and; 4) given 4,336 (43.6% exposed) exposed infants ARVs in a PMTCT setting.

In FY 2008, we also had a successful and innovative community sensitization agenda focused on promoting general awareness of PMTCT and male involvement to increase demand and uptake of PMTCT services. Our community program is organized around the key leadership role of Chiefs and Headmen in rural communities. We worked closely with 18 chiefs, their wives, and senior headmen to build an on-going series of PMTCT informational and awareness meetings. CIHD reinforced the important endorsement of these leaders with PMTCT radio programs, drama and special events within the communities. The third part of the community sensitization package includes increasing the capacity of facilities, CHWs and tTBAs to provide outreach and accurate information, education, communication (IEC) materials.

FY 2009 activities with a new partner yet to be determined will result in 1) Increased access to quality PMTCT activities; 2) Improved quality of PMTCT services integrated into routine safe motherhood activities; 3) Increased coverage of counseling and testing services; 4) Higher use of a complete course of antiretroviral ARV prophylaxis by HIV positive women as compared with previous years based on the new Ministry of Health (MOH) protocol guidelines; 5) Improved referral and linkages to antiretroviral treatment (ART) programs as they are developed within the districts; 6) Expansion of community-based PMTCT to rural populations not ordinarily reached through facility-based PMTCT services both with tTBAs and by scaling-up the Government of the Republic of Zambia (GRZ) Sinazongwe model, and the trained TBA pilot program. The GRZ 'Sinazongwe model' refers to a mother-infant pair follow-up system using community cadres that has had success in this specific district, and is a model that CIHD is working closely with the SPHO to scale-up and implement in more districts throughout the province.

Additionally, FY 2009 activities will result in program expansion to all 11 districts in the province. The primary objective will continue to be to support efforts by the GRZ in scaling-up quality and sustainable PMTCT services within maternal neonatal and child health programs in accordance with the national PMTCT strategic objectives. Secondary essential goals are 1) to support and expand the implementation of a province-wide early infant diagnosis program (EID) (see PDCS # 12331). This wraparound activity in EID will result in the scale-up of infant HIV diagnosis in Southern Province by continued collaboration with the SPHO, University Teaching Hospital, Clinton HIV/AIDS Initiative, Center for Infectious Disease Research Zambia (CIDRZ) and other partners. Activities will focus on building and operational a stronger referral system to ART care and treatment centers. Earlier HIV diagnosis will lead to earlier referral and initiation of antiretroviral therapy at much younger ages, as well as identifying high risk exposed, but uninfected children, leading to improved long-term outcomes; 2) to provide quality palliative care to HIV-affected children (see PDCS #12331); 3) to implement and scale-up innovative approaches to reach poorly accessible rural populations through the use of community workers, TBAs and CHWs, and 4) to develop effective community networks for increasing awareness and program participation through the Supporting Healthy Exclusive Breastfeeding in Zambia (SHEBA) and Traditional Birth Attendant Prevention of Mother to Child Transmission Assessment Project (TRAP) programs; 5) to strengthen ART referral and linkages as PMTCT is a critical entry point for ART services not only for pregnant women, but their spouses and families as well. BU will also begin to strategize a clear exit strategy such that the PMTCT program is fully integrated and sustainable in the Southern Provincial Health System by the end of five years.

The new mechanism will continue to expand and continue providing leadership to the USG partners on the work piloted in FY 2007, involving TBAs in the provision of PMTCT services. This strategy has demonstrated the potential to extend 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.

Activity Narrative: Masters level students, from the Department of International Health at the BU School of Public Health, will continue to be recruited to work with the project in Southern Province.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7555.09

Mechanism: Men Taking Action

Prime Partner: Catholic Medical Mission Board

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 16828.26196.09

Planned Funds: $0

Activity System ID: 26196

Activity Narrative: The Catholic Medical Mission Board (CMMB) is working in partnership with the Church Health Institutions (CHIs) of the Church Health Association of Zambia (CHAZ) in the implementation of the Men Taking Action Project (MTA). This objective of this activity is to increase the uptake of PMTCT through male involvement. At the end of FY 2008, the MTA project will be operational at 31 CHIs as this three-year project, funded by USAID under the New Partner's Initiative is concluded.

The funding for the MTA project for FY 2008 will go towards training CHI staff, community capacity-building, and promotion of prevention of mother to child transmission (PMTCT) and counseling and testing (CT). Through outreach programs CHIs will mobilize and educate community men, promoting positive attitudes and behaviors so that men support their partners to enroll in PMTCT services and mother to child transmission-Plus (MTCT- Plus) programs available in their catchment areas.

Building upon the MTA projects previous two years of successes, the project will continue addressing two key factors to promote sustainability: integration and partnership. CMMB will promote sustainability by encouraging the CHIs to continue integrating its project activities into their local health care system. HIV/AIDS information, materials, and approaches developed under MTA will be integrated into routine trainings of professional health staff (nurses, clinical officers and physicians at all CHIs), community health workers (CHWs), network leaders, traditional healers and civic leaders. Further, it will also be integrated into the regular outreach programs involving CHI staff and CHW.

CMMB will continue working closely with CHI management teams, to select MTA site coordinators and Men Take Action Community Peer Educators (MTA- CPEs) to be trained as supervisors who will provide frequent supervision for the implementation of the two-pronged approach in the execution of the MTA program, as well as contribute significantly to monitoring and evaluation. CMMB shall gradually shift more responsibility to the coordinators and community educators as part of their routine activities. By the end of project, CHIs and MTA-CPEs will conduct a community education session with minimal CMMB support.

The MTA project will continue building and fostering strong partnerships with CHAZ, the CHIs, the District Health Management Teams (DHMTs), and others to assure commitment to project activities and building of local capacity is achieved. In addition, on a regular basis, the CMMB MTA team will continue sharing lessons learned, literature, materials, and other resources with our partners with the aim of engaging them in supporting the components of the MTA project.

With FY 2008 funding, CMMB will target ten CHI sites and respective catchment communities. Using the results from the knowledge, attitudes, and practices study (KAP) which was executed in 2007 and experience gained from implementing the MTA project in the previous two years, CMMB will train eight CHI health staff at each of the ten targeted CHIs. As in the past, this training will be a review of the latest HIV/AIDS information, the routine provision of PMTCT and general CT, and an orientation into the MTA program.

CMMB will also train ten CHWs at each site as MTA-CPEs to mobilize and educate men to change behaviors in order to increase PMTCT uptake and antenatal care (ANC) visits, testing, and counseling of men. The selection of CHW to be trained as MTA-CPEs will follow the same pattern as in the past: the CHWs to be trained will include traditional healers, chiefs, headmen, indunas, the clergy, civic leaders, and other influential members in the various targeted communities.

CMMB will support CHI staff and CHWs to mobilize and conduct education sessions focused on men in the communities and those with pregnant partners/wives attending ANC at CHIs to increase their support for PMTCT services. With CMMB's support, each of the ten CHIs will conduct ten men's education sessions to approximately 100 men per each session in the general population. In addition, each CHI will conduct ten education sessions to approximately 50 men per session who are partners to pregnant women attending ANC. Concurrently the previous 21 CHIs where the MTA program is active will conduct the MTA education sessions in the general population once per quarter and on a monthly basis to husbands of pregnant women attending ANC. At these 21 sites most of the men would already have been exposed to MTA education campaigns; it is expected that only about 25 men who are husbands to pregnant women attending ANC will be totally ignorant about MTA.

A total of 33,100 adult men will be reached in FY 2008. These activities will accomplish the following: A total of 14,080 pregnant women will test for HIV and receive their test results due to influence from their husbands, and 98% of those who will test positive will be supported by their husbands to obtain ARVs and adhere to the PMTCT package.

The CMMB MTA team will continue conducting performance assessment and providing the technical support to both old and new sites. During this fiscal year, we shall also conduct the final project evaluation, and disseminate the lessons learnt, challenges, and way forward to the stakeholders.

It is expected that $15,390 will be spent in the area of Human Capacity Development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16828

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16828	16828.08	U.S. Agency for International Development	Catholic Medical Mission Board	7555	7555.08	Men Taking Action	$0

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2933.09

Mechanism: CARE International - U10/CCU424885

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3573.26208.09

Planned Funds: $302,500

Activity System ID: 26208

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievement.

Since FY 2006, CARE International has been supporting the implementation of prevention of mother to child transmission of HIV (PMTCT) services in three districts of Eastern Province namely Chadiza, Chama, and Lundazi. PMTCT services were established and strengthened in 30 service outlets. In FY 2009, CARE will continue to strengthen the implementation of PMTCT services in these same locations. The model is 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 continue to strengthen partnerships with Center for Infectious Disease Research in Zambia (CIDRZ), JHPIEGO, and Ministry of Health (MOH), in particular the Provincial Health Office (PHO) and their respective District Health Offices (DHOs) to carry out this task.

To have a significant impact on reducing mother to child transmission of HIV, services need to be integrated in all maternal, neonatal and child health (MNCH) services. CARE International will in FY 2009 ensure that sustainable PMTCT services are integrated in all areas of MNCH and these include antenatal care, family planning, delivery, and postnatal care which will incorporate mother-infant follow-up activities. A training needs analysis (TNA) and assessment review will be undertaken of all MCH staff that were trained by the project in FY 2008 and those that were not trained to assess training gaps that will need to be addressed in FY 2009. Since there is always new information and new technologies being introduced in the prevention of new HIV infections, the project will ensure that health workers are updated regularly with new developments in PMTCT through refresher training. Some of the technical interventions that the project will strengthen include the provision of a more effective ARV prophylaxis as recommended by the MOH PMTCT protocol guidelines in pregnant mothers that test HIV positive and also link mother-infants pairs with CIDRZ for early infant diagnosis. Currently all the health facilities that the project is supporting are providing dual therapy in the PMTCT program. Some bigger health facilities have already initiated short course ARV prophylaxis with a tail which consists of Zidovudine (AZT), Nevirapine (NVP) and Lamivudine (3TC). The project will continue to co-ordinate PMTCT activities with CIDRZ and the PHO through the Provincial Maternal and Child Health Coordinator.

To date, CARE International has conducted PMTCT trainings to 122 health workers in Chama, Chadiza, and Lundazi districts of Eastern Province. Community health cadres such as Traditional Birth Attendants and Community Health Workers have also been trained in community mobilization activities, referrals for increased uptake of maternal, neonatal and child health services including, PMTCT services.

Building from FY 2008 activities, CARE International in FY 2009 will scale-up and roll-out PMTCT services to the remaining health facilities in the three project districts bringing the total number of facilities supported to 63. The target for expected deliveries in Chama is 5,305, Lundazi, 16,868 and Chadiza has 6,231. Currently, 30 health facilities in the three districts have established PMTCT services. Provider initiated counseling and testing will continue to be provided to all pregnant women to know their HIV status in the three districts. Counseling and referrals for HIV testing will be done by community volunteers at community-level so as to increase the uptake of women who access HIV testing and later benefit from other PMTCT interventions. 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 districts hospitals or neighboring districts for service referrals and linkages with antiretroviral therapy (ART) will be developed and strengthened. It is envisaged that CIDRZ will introduce ART clinics at some of the health facilities in Chama district where CARE International provides support for PMTCT services. If implemented, this will complement PMTCT programming efforts and further enhance the quality of service in PMTCT. The project will work closely with the PHO to ensure that ART services are scaled up to remote areas so that more women who are eligible are linked to the ART clinic and commenced on therapy.

Early infant diagnosis will also be emphasized and health workers will be trained on how to collect dried blood spots for polymerase chain reaction (PCR) testing at the referral laboratories in Lusaka using the network established by CIDRZ. Capacity will be built to ensure accurate entries of all the relevant patient information in the PMTCT registers, a task that has posed a challenge in some health facilities, probably due to non-availability of adequately qualified staff in the project sites. This also implies that efforts will be made in conjunction with the PHO, DHOs and other partners to identify and place staff in strategic sites.

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. Traditional Birth Attendants 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. An innovative approach of incorporating TBAs in the provision of PMTCT services was rolled out in FY 2008. A package that encompasses all aspects of the PMTCT protocols was used for training. CARE International in FY 2008 facilitated the training of active community volunteers in multiple roles (polyvalent volunteers). In FY 2009, CARE International will conduct a training analysis on the community volunteers to identify information gaps pertaining to new developments in PMTCT. A training program will be implemented to enhance the knowledge and skills of these volunteers in PMTCT service provision. This will form part of specific programs targeted at developing the capacity and skills of TBAs in PMTCT service delivery. Specifically the TBAs will continue to be updated with information and provided with skills on how to identify, counsel and refer antenatal mothers for PMTCT services and to also continue to provide on going support to women.

During the FY 2009 period, CARE International will facilitate management of the supply chain by DHOs to access, store and distribute supplies related to PMTCT. A key way of doing this will be to better link DHOs

Activity Narrative: to the PHO for supplies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15506

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15506	3573.08	HHS/Centers for Disease Control & Prevention	CARE International	7164	2933.08	CARE International - U10/CCU424885	$302,500
8818	3573.07	HHS/Centers for Disease Control & Prevention	CARE International	4948	2933.07	CARE International - U10/CCU424885	$275,000
3573	3573.06	HHS/Centers for Disease Control & Prevention	CARE International	2933	2933.06	Technical Assistance-CARE International	$150,000

Emphasis Areas

Health-related Wraparound Programs

* Family Planning
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7616.09

Mechanism: Mothers 2 Mothers

Prime Partner: Mothers 2 Mothers

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 16906.26425.09

Planned Funds: $0

Activity System ID: 26425

Activity Narrative: This activity is linked to Boston University (BU), Centre for Infectious Disease Research in Zambia (CIDRZ) and Zambia Prevention, Care and Treatment Partnership (ZPCT).

Mothers2mothers (m2m) funding through the PEPFAR New Partners Initiative (NPI) is scheduled to conclude November 30, 2009. Activities for FY2010 will be limited to the project close out and transition of clients and employees to other programs.

Throughout the life of the program, activities have focused on improving the effectiveness of prevention of mother-to-child transmission of HIV (PMTCT) services through facility and community based peer-to-peer education, psychosocial support programs for pregnant women, and new mothers and caregivers living with HIV/AIDS in Zambia. There have been four components to these activities: curriculum-based training and education programs; psychosocial support and empowerment services; programs to increase uptake for counseling and testing; and bridging services linking PMTCT treatment and care to anti-retroviral treatment (ARV) and other health services.

The primary emphases areas for these activities and their related close out are: Local Organization Capacity Development and Sustainability. Specific target populations include Pregnant Women; People Living with HIV/AIDS (PLWHA); HIV+ Pregnant Women; and HIV+ Infants.

Mothers2mothers approaches sustainability in its programs primarily through developing the organizational and technical capacity of our local partner organization and project staff. All program sustainability planning and close-out activities are coordinated with our sub-grantee and local partner, Development AID from People to People (DAPP). m2m and DAPP will negotiate the transition of clients and, where possible, project employees in collaboration with healthcare workers at m2m sites and the PEPFAR-funded PMTCT partners of: BU in Southern Province, CIDRZ in Lusaka Province, and Zambia Prevention, ZPCT in the Copperbelt Province. Program close-out and transition will be facilitated at 50 health care facilities in conjunction with central, provincial, and district Ministry of Health (MOH) authorities in the 11 m2m districts of Southern, Lusaka and Copperbelt.

Mothers2mothers will build DAPP’s capacity to implement identified sustainability and exit strategies. Specific strategies include: formalizing linkages with other projects or partners to employ the capacity and skills of Mentor Mothers in related areas of HIV education, peer support, and adherence counseling; collaborating with existing community education groups to provide ongoing support to HIV+ mothers (e.g. traditional birth attendants, adherence counselors, PMTCT volunteers); and strengthening linkages with PLWHA support groups at community level to provide ongoing support for m2m clients.

Perhaps the most important way m2m ensures that program benefits are sustained is through the partnership with, and empowerment of, mothers living with HIV. All Mentor Mothers and Site Coordinators are trained according to a rigorous multi-week curriculum and receive ongoing mentorship at work thereafter. In addition to supporting PMTCT services in health facilities, these HIV+ mothers serve as role models and contribute to a change in attitudes at community level. Even after the conclusion of their contracts as Mentor Mothers, these mothers continue to individually and collectively contribute to fighting stigma, educating their peers, facilitating critical linkages to HIV care and treatment, and expanding relevant services.

As part of the final stage of the project, m2m will provide information on the project close-out process to DAPP and offer guidance and support throughout. The m2m Program Development Manager will work alongside the DAPP project management team to implement detailed close-out action plans including the following core activities: The project management team will prepare financial and narrative reports for the institutional memory of project, facilitate the audit process and close the financial books, execute plans for project equipment and supplies, make staffing decisions, debrief project stakeholders, submit final reports, and update and store important records.

Although NPI funding is expected to come to a close in November 2009, mothers2mothers is actively exploring options to mobilize additional funds for the program in Zambia. Additional funding is being sought from a range of sources, including US Government and private foundations, to sustain the 50 Mothers2mothers sites and potentially further scale up the program where resources permit.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16906

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16906	16906.08	U.S. Agency for International Development	Mothers 2 Mothers	7616	7616.08	Mothers 2 Mothers	$0

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2998.09 **Mechanism:** EGPAF - U62/CCU123541

Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	3788.26226.09	**Planned Funds:**	$4,370,500
Activity System ID:	26226		

Activity Narrative: Narrative changes include updates on progress made and expansion of activities.

This activity links with other PMTCT programs in Western Provincial Health Office (WPHO) (#9744), Eastern Provincial Health Office (EPHO) (#9736), and CARE International (#8818).

The Center for Infectious Disease Research in Zambia (CIDRZ), under the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) mechanism, will continue to expand the prevention of mother- to- child transmission of HIV (PMTCT) implementation program in collaboration with the Ministry of Health (MOH). There are two Public Health Evaluations under this activity. In FY 2009 a particular focus will be improving quality of care for antenatal and postnatal women in the PMTCT program through the following five activities: 1) support a full package of integrated care at existing PMTCT sites in Lusaka, Eastern, and Western Provinces; 2) support the MOH plan to increase access to more effective PMTCT regimens and high active antiretroviral therapy (HAART) for women who are eligible; 3) increase district ownership of program by promoting district oversight, data monitoring, and use of data to improve services; 4) evaluate progress of the PMTCT program through selected cord blood surveillance evaluations in a random sampling of urban and rural sites; and 5) increase clinic support by peer educators and lay counselors and community outreach activities.

EGPAF will continue supporting the existing PMTCT sites and expand coverage to reach 301 available sites out of a total of 316 by February 2010 in the three provinces. They will target all women accessing antenatal and postnatal services of which 18% of sites are urban and 82% are rural. In FY 2009 EGPAF will focus on providing improved and more integrated services at PMTCT sites. A complete basic integrated care package should be provided to all women through 18 months postpartum. Two hundred health care providers will be trained in the provision of integrated care. There will be minor renovation of selected clinics to improve service delivery. The key elements of the package include: a) HIV, syphilis, malaria and CD4 testing; b) safe delivery practices; c) a continuum of PMTCT services, offering HIV testing during antenatal, labor and delivery, and postnatal visits. Labor ward PMTCT interventions have successfully been implemented in all delivery centers in Lusaka and will be scaled-up to all delivery sites in Lusaka province, Eastern and Western provinces in 2009. In FY 2009, EGPAF will focus on rural areas where women may not have the opportunity to become tested in antenatal care but present for labor and delivery; d) increase access to contraceptive services as a method of prevention of unintended pregnancies as a wrap around activity; e) follow-up of HIV-exposed infants and infant testing. The widespread rollout of a new MOH under-five card with PMTCT information, initially developed by Centre for Infectious Disease Research in Zambia (CIDRZ), should improve the identification of exposed infants and provision of cotrimoxazole prophylaxis. In FY 2009, EGPAF will continue to improve, through use of under-five cards and logs, the follow-up of exposed babies via community workers and lay counselors. We will improve turnaround time of dry blood spot test results through strengthening the 'hub model' courier and feedback system and link polymerase chain reaction (PCR) testing to infant co-trimoxazole, and f) community-based follow-up of HIV infected infants. As described in the pediatric section of the HIV/AIDS treatment narrative, we will support community peer educators to actively follow up HIV-infected infants to facilitate initiation of HAART according to national and WHO guidelines. We will work with the antiretroviral treatment (ART) program to indentify infants less than 12 months. (Please see Pediatric ART section for detail).

Secondly, EGPAF will increase access to more effective PMTCT regimens and HAART for eligible women through the following three activities:

ART and AZT in Lusaka District
Program data in Lusaka demonstrates that over 70% of HIV infected women successfully receive a "reflex" blood draw for CD4 count. However, far fewer women start more efficacious regimens or ART. In 2009, EGPAF will continue to support integration of reflex CD4 testing and tailored interventions based on CD4 cell count results. Using increased support through peer educators and lay counselors, their goal is to initiate over 70% of HIV infected pregnant women in Lusaka on the most efficacious regimens possible.

ART in MCH at Provincial Capitals
Areas outside Lusaka lag behind in trained staff, lab capacity, and systems. In the past year, pilot referral systems in Mongu, Chongwe and Kafue Districts for CD4 counts for pregnant women have been successful in allowing more eligible women to commence ART prior to delivery. Based on this success we will strengthen ART scale-up in all provinces with a goal of a minimum of three sites in total in Western and Eastern Provinces providing integrated ART in MCH model.

Improve linkages to ART clinics in all districts with a focus on district hospital offering ART and maternal and child health (MCH) services
In all 16 districts in which CIDRZ is supporting PMTCT services, we will strengthen linkages and communication between ART and MCH service providers. We will work in the different hospitals to develop systems of referral as well as support providers in the intricacies of taking care of pregnant women. In addition, we will work with other partners to strengthen awareness of accessing ART during pregnancy in the communities.

Thirdly, EGPAF will increase district ownership via the fixed cost model to ensure sustainable PMTCT services. In an effort to promote district ownership and accountability, performance-based funding through the fixed cost obligation model was successfully implemented in 2008 in all districts supported by CIDRZ. Since implementation of this model, districts have taken their own initiative in expanding PMTCT sites as well as increasing the numbers of women counseled, tested, and provided HIV prophylaxis. Districts have demonstrated nascent ability to ensure that PMTCT program activities continue without disruption and that human resources are readily available for integrated PMTCT service. With this model, PMTCT programs are beginning to be perceived as district-owned initiatives.

In FY 2009, we will adjust the fixed-cost model to assess more sophisticated performance measures. To increase the number of women receiving a more effective regimen, we will modify indicators for performance-based funding from the number of women tested for HIV and the number of maternal NVP

Activity Narrative: doses dispensed to the number of women receiving a more effective regimen, number of infants tested for HIV, and number of infants receiving cotrimoxazole prophylaxis. In FY 2009 we will roll this out in Lusaka District with the aim of increasing the percentage of women receiving more effective regimens from 40% to 70%. In addition, we will devote a considerable amount of time to training district teams in the interpretation of data collected in registers and use of data to improve quality of care.

In FY 2009 we will also establish a monitoring team which will monitor fixed cost performance, building on the successful evaluation work conducted in FY 2008. The concept of this type of support combined with ongoing technical assistance has been well appreciated by the districts. Our FY 2008 audit found a data trail at all levels and found no evidence of mismanagement of funds. Documentation of receipt of funds by health care providers was available and reviewed and tools have been developed by the team to monitor and evaluate the program on site. In FY 2009 we will conduct audits of all districts with emphasis on performance of districts implementing more sophisticated fixed cost model.

In FY 2008, through CDC funding, CIDRZ implemented a novel method of evaluating “uptake” of PMTCT services via anonymous cord blood surveillance at randomly selected sites. Preliminary results indicate a much lower than expected rate of NVP coverage among pregnant HIV-infected women. In 2009, with input from the Ministry of Health, we will select sites in which we are working to evaluate coverage of our PMTCT program and compare this with previous data.

The last objective is to increase involvement of peer educators and lay counselors.
With the scale-up of more complicated PMTCT regimens, infant testing, infant cotrimoxazole prophylaxis, and counseling for primary prevention and breastfeeding, it has become evident that health care extenders and community workers are critical to the process of providing quality antenatal and postnatal services. In FY 2009, we will evaluate two different community interventions to improve the uptake of more efficacious PMTCT regimens and prevent prenatal and postnatal HIV infections. We will pilot the use of mother baby packages (pre-packed AZT Nevirapine (NVP) maternal and infant doses) dispensed by community lay counselors in five sites in Lusaka province, five sites in eastern province, and five sites in western province. We will document the results of providing the mother baby packages. We will also work to create support groups in five centers led by peers and lay counselors to promote adherence to more effective regimens. In addition, we will support lay counselor integration of PMTCT services in all supported sites. Working through DATFs we will continue community outreach and awareness of PMTCT services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15518

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15518	3788.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$4,520,500
9002	3788.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5007	2998.07	EGPAF - U62/CCU123541	$4,484,500
3788	3788.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2998	2998.06	TA- CIDRZ	$2,500,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $641,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	3019.09	**Mechanism:**	MOH - U62/CCU023412
Prime Partner:	Ministry of Health, Zambia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	9737.26242.09	**Planned Funds:**	$225,000
Activity System ID:	26242		

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Narrative updates have been made to highlight progress and achievement.

The goal of the Ministry of Health (MOH) is to extend PMTCT and Pediatric HIV prevention, care, support and treatment services to 80% of the expectant mother population and to 80% of HIV exposed and infected children by 2010. In order to achieve this, scale-up of services to 100% of MCH sites is required with provision of quality ensured comprehensive PMTCT services which include: a) routine HIV testing of pregnant women by "opt-out" approach; b) testing of their partners and other family members with an emphasis on provision of "family-centered care"; c) screening for and management of other co-morbidities and opportunistic infections such as Anemia, Malaria, Sexually transmitted infections and Tuberculosis; d) counseling on infant feeding, safe sex practices and family planning; e) provision of family planning methods with promotion of double protection; f) provision of antiretroviral drugs (ARVs) to the mother for PMTCT prophylaxis as well as for her own health if in need; g) provision of ARVs to the baby for PMTCT prophylaxis; h) early infant diagnosis through Polymerase Chain Reaction (PCR) at 6 weeks; i) cotrimoxazole prophylaxis to all HIV exposed infants; and j) referral links to treatment, care, and support for both mother and infant.

These efforts need to be supported and enhanced by full engagement of the community. Furthermore, by ensuring that all PMTCT sites available at any one time have active provider-initiated counseling and testing in place for children from all entry points, access to dried blood spots (DBS) testing services and an effective referral system for referral of children to antiretroviral treatment (ART) services will ensure achievement of 80% of HIV infected children in need being put on ART.

A fundamental component to achieving these goals and objectives is a robust Monitoring and Evaluation (M&E) system. This provides the opportunity to track progress, identify and remedy bottlenecks.

Several milestones have been achieved in the M&E of PMTCT services with United States Government (USG) support. In FY 2008, the Ministry of Health implemented the following:

1) Formation and functioning of an M&E subcommittee of the Technical Working group for PMTCT and Pediatric HIV Prevention, Care, Support and Treatment; 2) integration of PMTCT and Pediatric HIV indicators in the newly revised Health Management System (HMIS); 3) printing and distribution of new registers in conformity with indicators included on the HMIS; 4) capacity built at provincial and district-level for population based estimation, planning and tracking of progress; 5) establishment of quarterly data audit and peer review meetings to review district performance in PMTCT and Pediatric HIV care; 6) strengthening of feedback within M&E by initiating the holding of the first technical feedback meeting for provincial technical staff; and 7) roll-out of the electronic tracking system, SmartCare.

These efforts have resulted in capacity being built at all levels to produce quality audited and validated information that is peer reviewed. In addition, the entrenching of population based planning, implementation and review is contributing to optimizing service delivery at district and facility-level, as program gaps are more easily identified. In the past year we have held the first national technical consultation in PMTCT and pediatric HIV, involving districts, provincial-level and national-level, which among other things made recommendations and resolutions that have been outlined below, to enhance M&E, strengthen linkages, and realize ownership at all levels.

The M&E of PMTCT and pediatric HIV care still requires several further actions towards its strengthening and sustainability. In FY 2009, the MOH plans to implement the following:

Integrated PMTCT and Pediatric HIV Care on the health management information system (HMIS) and revised and developed registers for primary data collection (cascade training is required from provincial to district to facility-level). This will build capacity in use of these tools in recording, reporting as well as analyzing the data to determine performance status and necessary action.

Mentorship to facilities for service delivery, recording, and reporting as a follow-up activity after PMTCT services have been established. Training has been identified to only be effective in capacity building when it is combined with mentorship. Mentorship provides an opportunity to give on-the-job guidance and support towards quality and effective service delivery. Mentorship in the area of M&E will be introduced and strengthened.

Building capacity at facility-level for population based estimation and progress tracking and sustaining this capacity at provincial and district-level. Population based estimation of targets has been identified as a critical component within the scale-up plan. This gives districts an appreciation of their burden and to what extent their interventions are successful and helps with planning for resources to be able to effectively achieve targets. Capacity has been built to this effect at provincial and district-level but still needs to be strengthened and replicated at facility-level.

Inclusion and strengthening of quality improvement approaches as a deliverable of the Monitoring and Evaluation subgroup of the Technical Working Group and Building capacity at provincial, district and facility-level for use of Quality Improvement Approaches to intervene in areas of poor performance.

A large emphasis has been placed on scale-up or expansion of services in a drive towards universal access. It is also important that these services are of quality to ensure that women and children receive holistic care towards prevention, care, and treatment of HIV. This can be achieved through the adoption and use of quality improvement approaches at all levels beginning at central level through the Monitoring and Evaluation subgroup and building capacity in this area at provincial, district and facility-levels.

Developing strong feedback mechanisms and systems from one level to the next and interdepartmentally at service implementation-level (facility) will ensure continuity to access of services and ease the health workers in the follow-up of comprehensive ART services to HIV positive women. Communication of

Activity Narrative: performance findings is frequently a neglected area in the area of M&E and this inhibits the identification of gaps and specific needs for technical support. Feedback will be enhanced through meetings and referral slips at the different levels to provide a platform for analysis of performance and defining of required actions within specific timelines.

The community is a key component of an effective PMTCT Pediatric HIV care program. Community involvement spans from mobilization of its members, advocacy, communication, and taking up skills shifted from health workers due to overwhelming workload. This immense involvement of the community entails that information systems extend to tracking of activities at community-level. This can be done through the development of simple data collecting and reporting tools that link service provision at facility-level with community-level and skills building in their use.

Strengthening of the PMTCT logistic management system at facility-level and improving communication and feedback within the PMTCT logistic management information system will ensure that there are no stock-outs to avoid service disruption. The PMTCT logistics management system has been rolled out through Partnership for Supply Chain Management Systems (SCMS); however its effectiveness has been compromised due to poor reporting at facility-level with only about 25% of PMTCT sites reporting consistently to MOH. This is likely to impact negatively on stocking levels at facility-level as well as accurate projection of national consumption. Capacity building through mentorship is therefore required at PMTCT sites and strengthening of communication and feedback of findings in the logistic management information system for timely action.

Strengthening of the tracking of infant and young child feeding components of the PMTCT program through policy updates to reflect new science in this field is needed. Nutrition is a key determinant of child survival and has a strong influence on transmission of HIV from the mother to the child. Efforts towards uptake of ARVs by mother and baby for PMTCT can be reversed if the infant and young child feeding component of the program is weak. It will therefore be a priority to track infant and young child feeding practices so as to facilitate timely intervention towards achieving prevention of mother-to-child transmission of HIV.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15535

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15535	9737.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	7175	3019.08	MOH - U62/CCU023412	$225,000
9737	9737.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	5009	3019.07	MOH - U62/CCU023412	$325,000

Emphasis Areas

Health-related Wraparound Programs

* Family Planning
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	2988.09	**Mechanism:**	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	9736.26247.09	**Planned Funds:**	$225,000
Activity System ID:	26247		

Activity Narrative: The funding level for this activity in FY 2008 will remain the same as in FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

The funding level for this activity in FY 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievement.

This activity relates to activities in mother-to-child transmission (MTCT) (#9734) Center for Infectious Disease Research Zambia, CARE International (#8818) and Catholic Relief Services (NEW).

The Eastern province has eight districts all of which have prevention of mother- to- child transmission of HIV (PMTCT) services supported by the Center for Infectious Disease Research Zambia (CIDRZ) and CARE International. Not all the sites that provide PMTCT provide antiretroviral treatment (ART), tuberculosis (TB), and palliative care services which pose challenges in referring and linking women to treatment and care services. As of March 2006, CIDRZ and CARE International had trained 40 healthcare providers in the minimum package of PMTCT services and instituted 30 PMTCT sites.

In FY 2007, in joint collaboration with CIDRZ and CARE International, Eastern Provincial Health Office (EPHO) spearheaded the scale-up of PMTCT services in Eastern province in line with the National PMTCT expansion plan. This support enabled key technical staff from EPHO to coordinate, plan and integrate services with CIDRZ, CARE international, and the Churches Health Association of Zambia (CHAZ). In addition activities included expanding and mapping of 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 the districts where they currently work but with 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 2008, this activity supplemented the PMTCT training in Chama, Mambwe, Nyimba, and Chadiza districts that had not yet initiated PMTCT, and supplemented training in the other districts with few trained providers in PMTCT service delivery. A total of 75 healthcare providers were trained through this funding. The PHO worked in collaboration with CIDRZ and CARE International and ensured that through the provision of technical assistance that more sites in the province establish the PMTCT service delivery. To avoid double counting of targets, the targets on the number of women accessing counseling and testing, and ARV prophylaxis reporting was done by the implementing partner working in each respective district. The PHO reported on the number of health workers trained from their funding. Other activities implemented included 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 EPHO involvement in the coordination of the program ensured geographical coverage and facilitated planning among the districts for the integration of PMTCT services into routine maternal, neonatal and child health units which 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 were used to strengthen the PMTCT services in the 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 EPHO was pivotal in the provision of training and supervision of PMTCT services through the integration of PMTCT services at planning meetings from facility to district-levels, integration and strengthening of PMTCT into maternal, neonatal and child health services. These funds were used to establish support systems that ensure sustainability of PMTCT scale-up such as improved PMTCT supply chain management, improving the monitoring and reporting system, and strengthening the linkage to ART.

In FY 2009, this activity will continue to supplement the efforts of the partners in working in all districts of the province. The districts will provide comprehensive PMTCT through an integrated approach with other services. The districts will be supported through integrated technical support and on-site training will be provided to the health workers. This funding will also support community activities that create awareness and solicit for support from the local and traditional leadership by holding orientation sessions of local leaders on PMTCT and focused antenatal care. All health facilities will be supported to form and establish safe motherhood action groups and support groups in PMTCT. Formation of these support groups will play a major role in drug adherence and compliance to treatment and will also strengthen the feeding options that clients will choose. These funds will contribute to conducting refresher courses for 25 health workers in PMTCT and focused ANC. Fifty program managers will be oriented in program implementation and monitoring of PMTCT services and focused antenatal care, this will ensure a minimum standard of quality of services are maintained. These managers will adopt a supervisory role at district-level to ensure effective implementation of activities which will include linkages with the EID program. The funds will also facilitate the purchase of PMTCT training material and supplies for the training program to run smoothly and to initiate the PMTCT services in the facilities. Furthermore the EPHO will ensure that the mentorship exercise for newly trained health workers in PMTCT is in place. Each team will receive two weeks of mentorship from their trainers. Ideally this will be demonstrated at a center where the PMTCT program has not yet been established.

In addition the women on PMTCT will be supported to form infant feeding and positive living groups where

Activity Narrative: experiences and sharing of information will be done. Women will support each other to choose the right type of infant feeding and support one another to adhere to treatment. This will be implemented at all centers where PMTCT program is established. Traditional birth attendants (TBAs) will be enrolled in the program to reinforce referral of pregnant women to the center for antenatal clinic (ANC) and delivery especially the positive. This activity will build on CARE International activities in the orientation of TBAs in basic PMTCT focusing on referrals, importance of PMTCT and health facility delivery.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15543

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15543	9736.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	7179	2988.08	EPHO - 1 U2G PS000641	$225,000
9736	9736.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$225,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2973.09

Mechanism: SPHO - U62/CCU025149

Prime Partner: Provincial Health Office - Southern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 9739.26254.09

Planned Funds: $350,000

Activity System ID: 26254

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievement.

This activity relates to Boston University (BU) PMTCT activities.

In support of the Zambia National HIV and AIDS Strategic Framework 2006-2010 (ZASF) as well as strengthening the capacity of the national health system to provide sustainable HIV/AIDS services, the United States Government (USG) through CDC directly supports 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 Boston University Center for International Health and Development-Zambia (BUCIHDZ) formerly the Zambia Exclusive Breastfeeding Study (ZEBS). BUCIHDZ will continue to provide PMTCT services in the 8 districts where they currently work. This will be achieved through the coordination and leadership of the SPHO to ensure uniformity and standardization of the PMTCT services in line with the minimum package of maternal, neonatal and child services. In order to create a sustainable PMTCT program, the SPHO will play a key role in ensuring that technical supportive supervision is provided to these districts and will coordinate all PMTCT services and implementing partner (BUCIHDZ) to ensure optimal resource utilization.

The Southern Province has 11 districts; all districts have scaled-up PMTCT. Out of 234 maternal and child health centers in the province, the USG in FY 2007 supported a total of 165 PMTCT sites through Boston University while the SPHO directly supported 21 sites with training of health workers. In joint partnership with Boston University (BU), the PHO ensured that all the 186 sites provided PMTCT services in these underserved districts. A total of 309 health workers and community health cadres have been trained in the provision of the services. Of the sites that provide PMTCT services, 25 also provide antiretroviral treatment (ART) services, whilst 173 provide tuberculosis (TB) treatment, counseling and testing, and other palliative care services to which the pregnant women are also referred through an established referral system. In FY 2008, this system was further strengthened to ensure that all HIV+ pregnant women had their CD4 count done, were given an efficacious regimen for ARV prophylaxis, screened for TB and further linked to ART services for initiation of comprehensive HIV care, and to orphans and vulnerable children (OVC) and palliative services.

In FY 2008, this activity continued to supplement PMTCT training in the three districts not supported by BU (Namwala, Sinazongwe and Itezhi-tezhi) with training of providers and scaling up the number of PMTCT sites in order to roll-out the services to the rural most populations. With SPHO support, these districts rolled -up PMTCT services in all their health facilities. The services provided at these sites are in line with the core PMTCT interventions as stipulated in the protocol guidance. The SPHO trained 50 health workers through this activity to cater for attrition and for newly graduated /engaged staff who may not be previously trained. The SPHO working in partnership with BU ensured that an additional 25 new PMTCT sites were established across the province to bring the coverage of PMTCT services to 90% of health facilities in the province.

In FY 2009, the SPHO will continue providing PMTCT services to the three districts it is directly supporting, will strengthen the component of technical and supportive supervision to the 11 districts, and will ensure that all PMTCT services are standardized and in line with the Ministry of Health (MOH) protocols.

In addition to the scale-up of PMTCT sites, the SPHO will collaborate with the BUCIHDZ in order to strengthen the existing PMTCT services. In this regard, apart from continued support for monitoring of services, the SPHO will work with the MOH PMTCT Technical Working Group (TWG) and Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) in developing PMTCT mentorship tools. The current team of provincial mentors will be oriented to the use of these tools, and a further team of 60 mentors consisting mainly of MNCH Coordinators will also be trained and supported to under-take monthly mentorship to PMTCT sites. The mentors will conduct onsite fresher skills development for 75 previously trained health workers in the three focus districts to provide technical updates. The SPHO will further train 50 health workers in integrated PMTCT package to cater for new recruited health workers and cushion the old ones.

One factor that hinders the PMTCT program is the lack of active male involvement. The SPHO in partnership with Men Take Action will train 250 male community based PMTCT agents/mentors as a key activity in strengthening male participation in the roll-out of this activity. Participants to this training will include men selected from work-places in the urban and peri-urban settings, apart from the typical community agents as modeled in Zimba. SPHO in collaboration with CDC will pilot a male involvement facility-based intervention that seeks to provide couple counseling and encourage men to attend ANC with their partners. The SPHO 's involvement in the coordination of the program will ensure 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 and sustainability of PMTCT services.

Support will continue to be provided to strengthen PMTCT services in the Southern province through strengthening of tracking and follow-up care services for HIV exposed infants and their families by adequately trained and mentored health workers and community health workers. This activity is linked to a wrap-around with Integrated Management of Childhood Illnesses (IMCI) and community based village registers and records (RED-C strategy for EPI), as well as Pediatric ART services. Having being successfully implemented in Sinazongwe, Namwala and Itezhi-Tezhi, SPHO will collaborate with BUCIHDZ to roll-out the concept to the remaining eight districts. The follow-up concept was initially piloted in Sinazongwe district and resulted in an increase in the follow through rate from 39% to 84% over a period of six months. Based on these results, the concept was adopted and integrated into the national training curriculum for community health worker training under MOH. Using this new curriculum, the SPHO will training 100 community health workers per district in Namwala, Itezhi-tezhi and Namwala to further strengthen the community component and infant-mother tracking system. Support will be provided for

Activity Narrative: community mobilization and leadership meetings with Village headmen, councilors and chiefs in these districts. Further support will be provided for Income Generation Activities (IGAs) for sustainability in terms of capital funds and support for three income generating activities coordinators at each district to build capacity and keep volunteers engaged in the PMTCT program.

Support for strengthening of contraception services within ART services, antenatal clinic (ANC) services, and other service areas for the prevention of pregnancies in HIV positive women and women with a high risk of being HIV positive will be scaled-up as part of wrap around with family planning services. Strengthening of linkages with Adolescent Friendly Health Services will also be an important area of focus so as to collectively begin reducing the rate of HIV positive pregnancies in general across the province.

In FY 2009, the SPHO will spearhead and provide leadership with an enhanced coordination of PMTCT supply chain management to ensure that no supply stock-outs disrupt PMTCT services; improve the monitoring and reporting system to ensure that all PMTCT sites and districts in the province are reporting and lastly, strengthen the referral systems namely for infant-mother pair follow-up, ART for HIV positive women especially for CD4 testing and link HIV positive women and their exposed infants to appropriate HIV/AIDS programs supported by the USG partners for orphans and vulnerable children and home based-care in the Southern Province.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15550

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15550	9739.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	7180	2973.08	SPHO - U62/CCU025149	$350,000
9739	9739.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	5015	2973.07	SPHO - U62/CCU025149	$350,000

Emphasis Areas

Health-related Wraparound Programs

* Family Planning
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3082.09

Mechanism: WPHO - 1 U2G PS000646

Prime Partner: Provincial Health Office - Western Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 9744.26261.09

Planned Funds: $225,000

Activity System ID: 26261

Activity Narrative: This activity relates to activities in mother-to-child transmission (MTCT) (#9002).

The activity has been modified in the following: 1) Emphasis on strengthening linkages between prevention of mother to child transmission of HIV (PMTCT)/ Postnatal services and child health services, 2) Emphasis on providing comprehensive package of PMTCT services during antenatal, labor and delivery, postnatal period and child health services, 3) Focus on quality improvement through orientation of health providers in the Ministry of Health (MOH) Integrated Reproductive Health Services (IRH) Performance Standards, and 4) Focus on maximizing access to early infant diagnosis (EID) through monitoring and strengthening of the courier system for dried blood spots (DBS), updating and training health providers in DBS specimen collection.

The population of Western Province is projected at 955,297 with an HIV prevalence of 13.1%. The expected number of pregnancies is estimated at 40,698 and expected number of deliveries is 39,076. According to institutional data (2007), 19,371 pregnant women were tested for HIV, out of these 2,280 (11. 8%) tested positive. The provincial terrain is very unfavorable making communication and women's access to maternal and neonatal health services (antenatal; labor and delivery; postpartum care; and newborn care) including PMTCT difficult. The province has 11 hospitals and 137 rural health centers (total of 148 health facilities). Further 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.

Despite all the challenges highlighted above, the Western Province Health Office (WPHO) recognizes the PMTCT program's role as a gateway to HIV/AIDS prevention, care and treatment services.

During FY 2008, the goal of the program was to increase the number of outlets providing the minimum package of PMTCT services, the number of women provided with a complete course of antiretroviral prophylaxis and the number of pregnant women who received HIV counseling and testing for PMTCT and received their test results. In order to achieve this goal, the WPHO worked in partnership with the Center for Infectious Disease Research in Zambia (CIDRZ) and Churches Health Association of Zambia (CHAZ). In FY 2009, the WPHO in collaboration with its implementing partners will focus on improving the quality of care for antenatal and postnatal women in the PMTCT program through the following activities:

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 (USG) through Centers for Disease Control and Prevention (CDC) aims to provide direct support to Western Provincial Health Office (WPHO) 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.

Up to the end of FY 2006, 132 health providers were trained under different programs. At the end of FY 2007 an additional 75 health providers were trained making a total of 207 trained providers in PMTCT. By the end of 2008, an extra 50 health workers were trained making a total of 257. In FY 2009, the WPHO will train 40 more health providers. The providers to be trained will include newly qualified trained staff and other staff without PMTCT skills.

At the end of FY 2007, 20 community based volunteers (CBV) were trained in PMTCT. During FY 2008, an additional 125 lay PMTCT counselors were trained making a total of 145. The WPHO would like to have two lay counselors in each of the 133 PMTCT sites. To this effect during FY 2009 an additional 121 lay counselors will be trained to cover both new and old sites. Due to the health worker shortages currently being faced in the province, this cadre has been identified to provide counseling and testing services. Initially this cadre was only allowed to counsel, however with the new MOH guidelines, their role has been revised to include testing.

In FY 2009, WPHO will orient health providers from all the PMTCT sites on the MOH Integrated Reproductive Health supervisory tool which is a tool with performance standards that are used to monitor the quality of services being provided as stipulated in the PMTCT module. This will assist the WPHO improve the quality of PMTCT services being offered and secondly standardize the PMTCT package in the province. The PHO will provide quarterly supervision while DHOs will conduct supportive supervision to PMTCT sites monthly.

At the end of FY 2007, the number of sites providing PMTCT services was 97. During the FY 2008, the WPHO in collaboration with CIDRZ and CHAZ continued to scale-up PMTCT services to 121 sites which translate to 81% coverage of health facilities.

During FY 2009, the WPHO and its partners would ideally have scaled up PMTCT services to all 148 (100%) health facilities, however, out of the 148 health facilities, 31 (21%) have no trained staff such as a nurse, clinical officer or an environmental health technician. In addressing the human resource constraints, the WPHO will also scale-up PMTCT services to 12 sites directly. The scaling up to 12 more health facilities will result in an increase in the number of health facilities providing a comprehensive package of PMTCT from 121 (81.7%) to 133 (90%).

The 12 sites that WPHO will scale-up to using PEPFAR resources have a total population of 290,850.The expected number of women who will be pregnant is estimated at 15,307. Given the health provider constraints the province is experiencing, it is estimated that 12,245 (80%) of pregnant women in the new site catchments population will access PMTCT services. Counseling of women will continue during antenatal care (ANC); labor and delivery and postnatal periods. Those women testing positive will be assessed and provided with appropriate HIV prophylaxis, care and these will be linked to the ART clinic for further management.

In FY 2009, the WPHO plans to provide a package of PMTCT and tuberculosis (TB) services in 114 (77%) health facilities that currently offer only PMTCT services but have no TB diagnosis facilities. This package

Activity Narrative: will include training health workers in TB screening for mothers enrolled in PMTCT and preparation of sputum smears, which will be transported to the nearest diagnostic centers for processing. This activity will be linked to the TB/HIV program and Lab infrastructure to ensure quality of services. Further, WPHO will strengthen linkages between PMTCT, TB and ART services by developing a system that will enable providers identify clients that are unable to access services that they have been referred for. WPHO also plans to establish provision of comprehensive package of TB/HIV collaborative activities (PMTCT, TB and ART services) on site in 29 (19.6%) health facilities. The facilities earmarked are Zonal health centers and hospitals.

Early infant diagnosis will be strengthened by building health provider capacity in collection of DBS specimens and putting in place an effective courier system for sample transportation from all the 133 sites providing PMTCT services to district hospitals and Lewanika general hospital. Currently, the DBS transport system needs strengthening from facility-level to the district hub. Further, WPHO will strengthen care for exposed infants through follow up activities which will also be strengthened by use of new children's clinic card. The new children's clinic card has provision for follow up and monitoring exposed children both at health facility and community.

Some of the sites earmarked for roll-out have no trained health providers and are manned by untrained personnel. The WPHO in FY 2008 recruited eight retired health providers to provide PMTCT services under this activity. During FY 2009 the WPHO will recruit 12 more retired providers to meet the critical human resource gap for the most rural health facilities.

The WPHO attaches great importance to quality of services that are provided to clients. In addition to training of health providers, the WPHO will ensure that all the inputs required for provision of quality PMTCT services are provided to all the sites. The inputs will include strengthening linkages between critical services that compliment the provision of quality PMTCT services such as malaria in pregnancy (insecticide treated nets (ITN) and IPT), Safe motherhood services (ANC, labor and delivery, postnatal care, neonatal care, and management of complications of pregnancy and delivery including newborn complications). This entails improvement of infrastructure and provision of equipment and other supplies such as Hemacules, test kits (RPR and HIV) prophylaxis ARVs. Further more the referral system between related services as well as evacuation to higher levels of care will be strengthened. Given the amount of financial resources required, these activities will be wrapped around other activities.

During FY 2009, the WPHO will focus on strengthening collaboration and coordination as in the FY 2007 and FY 2008. WPHO will work with CIDRZ who will continue to provide PMTCT services in districts as per their mandate. During FY 2009, WPHO will continue to provide leadership to ensure uniformity and standardization for PMTCT services. WPHO, CIDRZ and CHAZ will continue to collaborate in providing technical assistance to PMTCT sites. However, the WPHO will report only on the number of health workers trained for the other districts were they train and report on all the PMTCT targets for the 12 sites.

Further, WPHO will continue holding coordination meetings with other partners providing PMTCT services. The meetings will provide an opportunity to share experiences and other emerging issues to ensure effective synergies. The WPHO will also hold quarterly technical review meetings which will bring together all MCH coordinators and selected PMTCT providers to discuss progress, constraints, challenges and emerging issues pertaining to the program.

To ensure sustainability of the program, the WPHO will devolve implementation responsibilities to the respective districts and ensure that districts include PMTCT services in their annual plans. Western provincial health's role will therefore be to provide technical support, mentoring and monitoring and evaluation. With the Human Resource strategic plan of the Ministry of Health being implemented, there will be doubling of intakes and outputs from the training institutions which will ultimately improve the availability of human resource in the province.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15555

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15555	9744.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	7181	3082.08	WPHO - 1 U2G PS000646	$225,000
9744	9744.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$225,000

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $140,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	11091.09	**Mechanism:**	Community Empowerment Through Self Alliance (COMETS)
Prime Partner:	Comprehensive HIV/AIDS Management Program	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	26659.09	**Planned Funds:**	$0
Activity System ID:	26659		

Activity Narrative: The new Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY09, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA

COMETS will scale up the delivery of PMTCT services in the workplace and the community through on site and of site health facilities, the scale up of the MHU and the engagement of the HIV Resource Persons Network (HRPN). The MHU implements opt out testing in the PMTCT setting in line with the Governments guidelines and practice. The workplace and the HRPN will play an integral role in the delivery of workplace and community based PMTCT sensitisation with supportive supervision from COMETS.

Project support in PMTCT services will focus on building the capacity of HRPN (106) particularly in the rural communities. The MHUs will provide supportive supervision to the HRPN in rural communities providing PMTCT sensitisation and PMTCT CT review meetings, referral follow ups and monitoring and evaluation support. Interaction and collaboration between the RHC, HRPN and the MHU is critical to ensure forward planning and review to ensure mothers who are HIV + are monitored, reassured of the benefits of the service and receive ART at the appropriate time. PMTCT service clients often fear stigma and discrimination by their peers requiring consistent counselling during pregnancy, delivery, and treatment adherence later on.

In the workplace setting the HIV Workplace Policy and the HIV Workplace Programme are enhanced by the inclusion of PMTCT services. In CHAMP's experience it has been observed in the mining sector that sensitisation of the miner in the workplace and implementation of opt out HIV testing in antenatal clinics results in over ninety percent uptake of PMTCT CT and PMTCT ART services.

The Workplaces, RHC, MHU and HRPN will work closely with community groups and faith based organizations to identify opportunities for PMTCT sensitisation to integrate and collaborate with existing initiatives.

The implementation of COMETS PMTCT strategies will be guided by the National HIV/AIDS Strategic Plan and guidelines from the MOH and other relevant government institutions and will be integrated into local institutions and structures. Through ensuring collaboration and consultation at all levels project resources allocated will have the optimum impact and will support the continuum of care.

During FY09, the Treatment Adherence Agents (TAA) that have been trained in the existing 24 GDA rural health center catchments populations to support patients on HIV treatment, including those who have accessed PMTCT ART, will be strengthened and supported. This model will be expanded to the new rural health center sites in linkage with Zambia National AIDS Network and the Global Fund.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17258.28001.09

Planned Funds: $43,844

Activity System ID: 28001

Activity Narrative: This PHE activity, “PMTCT program effectiveness”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0185.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17258

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17258	17258.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$189,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $43,844

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17257.27949.09

Planned Funds: $0

Activity System ID: 27949

Activity Narrative: This PHE activity, “Elizabeth Glaser Pediatric AIDS Foundation Antiretroviral Pregnancy Registry, a multi-country study
”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.08.0193

New/Continuing Activity: Continuing Activity

Continuing Activity: 17257

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17257	17257.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$275,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 11667.09

Mechanism: Nutrition RFA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 20732.28539.09

Planned Funds: [redacted]

Activity System ID: 28539

Activity Narrative: United States Agency for International Development Zambia issued a new bilateral Nutrition RFA by December 2008 to establish a bilateral Nutrition activity. Following current Office of the Global AIDS Coordinator (OGAC) Food & Nutrition guidance, the bilateral mechanism funded by the RFA will provide food and nutrition support to PMTCT Clients (HIV positive pregnant and lactating women, and their children), with a special focus on moderately to severely malnourished clients who are on antiretroviral treatment (ART) or eligible to begin ART. The new activity funded by the RFA will link these new PMTCT services with other PEPFAR program areas in Zambia, including ART, Care and Support, counseling and testing (CT), and orphans and vulnerable children (OVC). The new activity will also liaise closely with the PATH IYCN activity in COP FY 2008 to ensure coordination, collaboration, and a smooth transition without gaps in services when PATH IYCN funding ends.

Emphases of this new activity in 2009 will include increased efforts to link PMTCT activities especially Nutrition support for HIV positive pregnant and lactating women, and their Infants and Young ART, OVC, home-based care (HBC), and CT services, in order to minimize HIV transmission and maximize survival time for HIV positive women and children. AWARDEE TBD will take the USG lead in Zambia on promotion of improved nutrition for HIV positive (or exposed) women and infants, including community-based promotion of exclusive breast-feeding up to six months, as well as timely introduction of appropriate weaning and complementary foods.

In addition, United States Agency for International Development has underscored that AWARDEE TBD will collaborate actively and openly with the Government of the Republic of Zambia (GRZ) and with other United States Government (USG) partners. The aim of collaboration will be to ensure optimal provision of Technical Assistance (TA) and training to USG partners and GRZ. In order to expand sites and services with the new reprogramming funds, AWARDEE TBD will embrace a partner-friendly and client-oriented approach. AWARDEE TBD will consciously minimize the demands on overstretched clinical staff and community caregivers, while empowering them with skills and materials for clinical and community nutritional care and support. AWARDEE TBD will help design and support services and referrals to simplify and facilitate client continuity of care in clinic and community settings, and in-between.

Lastly, AWARDEE TBD will work on sustainability and capacity building in the last year of PEPFAR. The most lasting gains will be in terms of organizational sustainability (organizations will continue operations after PEPFAR) and sustainability of services (organizations will continue services as resources permit). The most difficult to achieve will be financial sustainability (maintaining the same level of funding).

The objectives of this activity are to integrate nutritional assessments, counseling, and appropriate, cost-effective, targeted nutritional supplementation, into PMTCT services to reduce post-partum HIV transmission and mortality among exposed infants. This activity will provide strong community outreach to: promote six months of exclusive breastfeeding for HIV-exposed newborns (mixed feeding increases the risk of HIV transmission); integrate nutritional screening and targeted nutritional supplements into PMTCT services for HIV+ pregnant and lactating women, especially those with low CD 4 counts; and support appropriate weaning of HIV exposed and HIV+ infants through nutritional counseling, as well as timely and targeted provision of appropriate weaning and complementary foods.

This activity focuses primarily on the post-partum period and has a strong clinic-community linkage component. The community linkage will come through directly linking PMTCT clients to existing cadres of thousands of home-based care and OVC volunteer caregivers, who will be trained to support exclusive breast feeding until six months and appropriate weaning and complementary feeding practices thereafter.

This activity will build on existing and planned PMTCT services. By providing support for safer feeding practices and preventing/treating malnutrition, it will help ensure that women and children are protected against post-partum transmission. In addition, this activity will help increase PMTCT uptake by offering a more comprehensive PMTCT package to HIV positive pregnant and lactating women and their infants, including nutritional assessment, counseling, and, where needed, nutritional supplements. This, combined with expanded ART access, will constitute a very attractive PMTCT package for many eligible women.

AWARDEE TBD will work jointly with USG Zambia funded partner(s) and the GRZ, to provide technical assistance, offer training technical advice and materials and other inputs to support nutritional assessment, counseling, and supplements at various clinical locations. This will ensure that approaches recommended at the clinic level are supported thereafter by community-based caregivers. Antenatal clinics and PMTCT sites will first identify high-risk women (low CD4 counts and/or malnourished) and “prescribe” and “dispense” appropriate, cost-effective maternal nutritional supplements to support the health of the mother and reduce the risk of low birth weight infants. These same women and their infants would then benefit from the standard PMTCT services, reducing the risk of transmission.

After the birth of the child, AWARDEE TBD-supported training and TA will ensure ongoing clinical assessment and nutritional counseling at clinical sites, such as well-child/maternal-childhood health (MCH) clinics, which will advise on exclusive breastfeeding (EBF) and Acceptable, feasible, affordable, sustainable and safe (AFASS) practices up to six months and on how to introduce appropriate weaning and complementary foods thereafter. Selected clinic sites will also “prescribe” and “dispense” nutritious weaning and complimentary foods for infants who are deemed to need them, and to mothers who present with low CD4 counts and/or signs of serious malnutrition.

AWARDEE TBD will work with United States Agency for International Development and CDC PMTCT projects to select and establish as many “demonstration sites” as COP FY2008 funding will allow, based on such criteria as HIV prevalence, client load, malnutrition rates, facility-perceived need, capacity, and willingness each in the Northern and Southern half of Zambia. The catchment areas for each site will include ART and PMTCT clinical services, and community support services (HBC and/or OVC caregivers), as well as well-child/MCH/under-five clinical care. The combination of these services will allow a complete, integrated PMTCT-HBC-ART network to function.

Activity Narrative: Recent research has confirmed the value of exclusive breast-feeding for PMTCT clients and their infants. This approach will afford PMTCT partners (Zambia Prevention, Care and Treatment Partnership (ZPCT) and Zambia Exclusive Breastfeeding Services (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 would also help 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.

AWARDEE TBD will assist United States Agency for Inernational Development Zambia to adapt or adopt the United States Agency for International Development Kenya "Food by Prescription" model, as well as other experience with nutrition assessment and supplementation in Zambia (e.g., CIDRZ, SUCCESS). The models offer opportunities for replication and expansion. Based on a detailed assessment of local private sector food processing capacity, AWARDEE TBD will assist United States Agency for International Development to make best use of existing private producers to cost-effectively produce (and/or procure) and distribute appropriate food and nutrition support products. AWARDEE TBD will incorporate a private sector orientation fully into the activity from the outset, and will provide ample private sector skills and capacity for success in this area via a combination of direct staffing and/or consultancy services.

It is anticipated that through technical and training assistance, and design of materials and products, AWARDEE TBD will be able to support a full range of services including nutritional assessment and counseling and, as required, nutritional supplements to approximately 10,000 HIV positive women and infants at ten carefully selected sites. AWARDEE TBD will begin with those sites selected and supported by PATH IYCN, and expand to others as resources permit. This number of sites assumes that the women and children will benefit from food supplements on average for three-six months.

This activity has a strong capacity building aspect for both clinical sites (PMTCT, ART, and well-child/MCH clinics) and the OVC and HBC 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 attract wrap-around funding, such as income-generation, other appropriate forms of food aid for malnourished people living with HIV/AIDS (PLWHA) and their infants, or support to increase agricultural yields.

If successful, the model can be replicated/expanded to serve more sites and 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.

All FY 2008 targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 20732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20732	20732.08	U.S. Agency for International Development	To Be Determined	11947	11947.08	Nutrition RFA	

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17258.29211.09

Planned Funds: $0

Activity System ID: 29211

Activity Narrative: The PHE "Observational study of treatment effectiveness and resistance patterns among women initiating treatment with NNRTI HAART after previous single dose Nevirapine in pregnancy" has been approved for inclusion in the FY 2009 COP. Its tracking number is ZM.07.0178.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17258

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17258	17258.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$189,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $17,576,028

Program Area Narrative:

Zambia faces a generalized HIV/AIDS epidemic with about one in seven adults infected. The U.S. Mission in Zambia in Zambia takes the lead in supporting the Government of the Republic of Zambia's (GRZ)'s national strategic objective of intensifying prevention, under the Zambia National HIV and AIDS Strategic Framework (ZASF) (2006-2010), the 2006 National HIV and AIDS Policy, the Ministry of Health's National Health Strategic Plan (2005-2010), and the 2006-2010 Fifth National Development Plan. The ZASF and the U.S./Zambia Strategy under PEPFAR both prioritize: a comprehensive prevention strategy promoting abstinence, partner reduction, and mutual fidelity among young people aged 10–25 and among adult men and women; increasing the availability of condoms; addressing male norms and gender and sexual violence; improving timeliness and effectiveness of sexually transmitted infection (STI) treatment; promoting behavior change communication (BCC) and education; promoting post-exposure prophylaxis (PEP); promoting substance abuse prevention and treatment; scaling up male circumcision; and creating linkages with to other HIV/AIDS services.

The HIV prevalence rate in Zambia is 14.3% among the 15-49 year age group (2007 Zambia Demographic Health Survey). Thirty-four percent of sex workers and 11% of long distance truck drivers consume alcohol daily, heightening their exposure to risky behaviors. Only half of sex workers (51.8%) and truck drivers (59.5%) consistently use condoms. The 2005 Biologic and Behavioral Surveillance Survey (BBSS) indicated that STI prevalence among sex workers is 56.9%, excluding HIV, and 86.2% with HIV. According to the 2004 Zambia Defense Force HIV Prevalence and Impact study, 28.9% of military personnel are infected with HIV. The 2005 Zambia Sexual Behavior Survey (ZSBS) highlighted that sexual debut of young people increased from 16.5 to 18.5 years, but there is little change in the number of men and women reporting having multiple sexual partners from 2003 to 2005. Findings of these studies have been used to inform policy and program decisions in FY 2009.

In Zambia, prevalence among men who have sex with men (MSM) is not yet known. The 2004 MSM study undertaken by Zambia Association for the Prevention of HIV and Tuberculosis (ZAPHIT) indicates that although all of the respondents had knowledge about HIV/AIDS and the common modes of transmission, 70% of them were not aware that they could be infected through anal sex. MSM are becoming more aware of the need to seek HIV/AIDS and STI services.

Sexual transmission is responsible for the vast majority of new HIV infections in Zambia. The rate of sexual transmission is exacerbated by: early sexual debut; multiple and concurrent sexual partnerships (MCPs), sexually transmitted infections; low and inconsistent condom use; gender inequity and inequality; harmful practices and traditions; limited male circumcision; poor socio-economic status of women and girls and gender issues that perpetuate male dominance and infidelity (including lack of male involvement and responsibility); high levels of stigma and discrimination for people living with HIV/AIDS (PLWHAs); high levels of sex work, transactional, and intergenerational sex; and unregulated availability of cheap alcohol and widespread alcohol abuse. 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.

The U.S. Mission in Zambia collaborates closely with the GRZ, local organizations, community and religious leaders, the private sector, and donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Joint United Nations Program on HIV and AIDS (UNAIDS), United Nations Population Fund (UNFPA), and the World Health Organization (WHO). In 2008, the

U.S. Mission in Zambia supported the development and launch of the five-year National Prevention Strategy focusing on the drivers of the epidemic in Zambia as key priority areas. U.S. implementing partners in collaboration with the United Nations Agencies, and UNDP, and other cooperating partners will fund NAC activities outlined in the national strategy. The National AIDS Council Prevention Theme Group will work with partners in all of Zambia's nine provinces to provide technical assistance, to ensure that partners understand the new prevention agenda and redirect current interventions to address the key priority areas in the strategy.

FY 2008 activities targeted in and out-of-school youth, adult men and women, orphans and vulnerable children (OVC), parents/guardians, teachers, health care providers, uniformed personnel, farm workers, government/private sector employees, miners, migrant workers, discordant couples, people living with HIV/AIDS, businesses owners, and traditional leaders. The most at risk populations 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, sexually active youth, STI patients, victims of sexual violence, and uniformed civilian and military personnel.

The GRZ prevention strategy is a holistic approach to prevention, comprising: life skills training, interpersonal counseling, peer education, age-appropriate information, education and communication (IEC), community and social mobilization, abstinence programs, condom education and distribution, workplace program prevention activities, community-based HIV prevention activities, institutional capacity building, gender disparities, referral systems, behavior change and communication (BCC) activities, and promotion of responsible sexual behaviors. U.S. partners provide training, community based education, technical assistance, institutional capacity building including supervision, monitoring and evaluation, IEC materials including development, and support to resource centers. These activities are being provided in all 72 districts in Zambia's 9 provinces.

By September 2008, 1,487,343 individuals were reached with AB messages, 24,390 trained as peer educators, and 1,166,282 individuals were reached with other prevention messages. Despite the significant ABC prevention achievements, some U.S. partners continue to face challenges of limited local implementing partner capacity, high attrition of peer educators associated with voluntarism, low condom uptake, and reaching the hard-to-reach population in rural areas. In 2009, the U.S. Mission in Zambia will reach 2,865,742 and 1,124,816 individuals with AB and A only messages respectively, and 732,750 with other prevention activities. An estimated 320,000 female and 15,500,000 male condoms will be distributed through 2,641 outlets including social marketing entities, and private and public sector health facilities. The U.S. Mission in Zambia will train 5,590 and 12,039 individuals to provide other prevention and AB messages.

In FY 2009, the U.S. Mission in Zambia, in collaboration with GRZ line ministries and implementation structures such as the District AIDS Task Forces (DATFs), Community and Neighborhood Health Committees, private sector partners, faith-based organizations (FBOs), international organizations, and NGOs, will intensify and coordinate prevention of sexual transmission activities. Areas that will receive increased focus include: the coordination of training; building knowledge, skills, comfort and confidence of parents to discuss sexuality issues with their children; and expanding outreach activities aimed at encouraging responsible behavior, delayed sex/secondary abstinence, and messages that promote fidelity and partner reduction. Prevention activities will be expanded at the community level, in schools, colleges, universities, health facilities, counseling and testing (CT) centers, youth livelihood programs in public and private workplaces, in agricultural and mining businesses, in the military, in places of worship through engagement of the clergy, in home-based care programs, at border and high transit areas (including refugee camps), in prisons, night clubs and bars, truck and bus parks, hotels and guesthouses, in fishing communities, military bases, at STI and TB clinics, on farms that use seasonal labor, and through mass media. Mass media activities will reinforce community mobilization, i.e., community radio programs. U.S. partners working in high prevalence locations will extend appropriate AB education to children as young as seven years of age and their parents to prevent early sexual debut, abuse, and exploitation. Partners will also address prevention with positives and negatives at HIV care outlets.

The U.S. Mission in Zambia will promote and support routine HIV CT for STI patients and improve STI diagnoses and treatment by: assisting the GRZ with revision of 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 Zambia Defense Forces (ZDF), public health facilities, and non-governmental static and mobile services.

Partners will: accelerate AB interventions targeted at men in the general population and in workplaces to reduce multiple and concurrent sexual partners and sexual coercion; develop a national MCP campaign; and integrate alcohol messages in existing prevention messages including linkages to alcohol prevention and treatment services. U.S. partners will continue to use trained drama groups to deliver prevention messages to the Zambia Defense Forces (ZDF) using scripted stories and other target populations. Partners will address stigma and discrimination, gender issues, and strengthen negotiation skills to delay sexual debut. The programs will continue to focus on the ABC approach, identifying and addressing individual and community risk factors and risk perceptions, and involving PLWHA and their partners as leaders in HIV prevention. The U.S. Mission in Zambia will train peer educators in both private and public workplaces and within communities to deliver prevention measures and approaches. There will be increased emphasis on community engagement and participation in seeking ways to effectively address prevention that leads to locally sustainable behavior change.

In 2009, the U.S. Mission in Zambia will finalize and disseminate results of the MSM HIV prevalence and behavior study and disseminate the baseline data from the MARCH program (a behavior change program utilizing radio serial drama and other interventions) on sexual behaviors for use in the design and development of effective targeted prevention and treatment programs. In addition, the U.S. Mission in Zambia will work with partners and communities to implement prevention for positives and explore effective ways to increase condom use. The U.S. Mission in Zambia will assess the effectiveness of current BCC to determine future direction. In FY 2009, the U.S. Mission in Zambia will also conduct the next round of the BBSS.

In 2007, the U.S. Mission in Zambia purchased 15 million condoms for social marketing and received a donation of 40 million male condoms which were given to Zambia's public sector, a supply intended to last through the end of FY 2009. The U.S.-

procured condoms will be socially marketed to increase correct and consistent use while simultaneously reducing stigma, negative myths around condom use, and related taboos. Public and private health workers will be trained on condom use. The U.S. Mission in Zambia will target at least 2,641 rural and urban condom service outlets in 2009. Condom sales will be complemented by communications and behavior change interventions targeted to reduce high-risk behaviors.

In close collaboration with the NAC, U.S. partners will continue to: contribute education and training materials to the NAC resource center; contribute database and program activity reports to the NAC M&E database. U.S. prevention interventions will be linked to other HIV/AIDS services such as, PMTCT, ART, CT, support networks, and STI diagnosis and treatment and AB activities will also be linked to CT and condom provision. In addition, PEPFAR-funded Peace Corps volunteers will work with U.S. partners to enhance prevention activities at the community level. Partners associated with the New Partners Initiative (NPI) will also continue to support prevention activities in the country and build local organizational capacity.

The U.S. Mission in Zambia will continue to emphasize 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 and financial backstop sub-grantees.

To ensure the sustainability of prevention programs in Zambia, the U.S. Mission in Zambia will strengthen the capacity of local NGOs, public and private sector workplaces, high-risk communities, youth organizations, the GRZ, health facilities, BCC programs, and the ZDF to plan, monitor, and implement prevention programs and facilitate social change to reduce sexual transmission. The U.S. Mission in Zambia will prioritize implementation of graduation strategies for abstinence for youth (ABY) activities through the capacity building of local partner organizations and through development of transition plans for continuity of youth prevention programs. This will include increased capacity-building for local partners to manage programs and seek additional funding from other donors to sustain essential programs. Institutional capacity building will include sub-grant management; developing workplans, proposal narratives, organizational strategic plans, and community mobilization and advocacy strategies including integration of prevention into all aspects of care and increasing community involvement in prevention activities.

In addition, Embassy Lusaka will explore the use of “community compacts,” or agreements directly with communities that provide incentive rewards for effective prevention programs. Organizational capacity/viability and community competence will be benchmarks for success. Such measures will also be criteria for evaluations of sustainability that U.S. Mission in Zambia will use to judge the readiness of provinces and districts for “graduation” from assistance. Mission Zambia will beta-test such community-based incentives through HIV-prevention projects funded by the Ambassador’s Small Grants Program beginning in FY 2009. The 2009 COP includes a new PEPFAR Small Grants program in Sexual Prevention to test these incentives.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	11101.09	**Mechanism:**	New Communications Procurement
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	27402.09	**Planned Funds:**	
Activity System ID:	27402		

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new United States Agency for International Development (USAID) clinical activity in FY 2010. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be an overlap between the current and new project so that services continue to be provided to new and existing clients.

A new partner will be selected in 2009 to implement behavior change communication (BCC) activities focusing on abstaining or delaying the age of first sex and being faithful to a single partner. This activity links with other sexual prevention, biomedical prevention (male circumcision), counseling and testing, and pediatric and adult treatment activities. Abstinence/be faithful activities also support both Zambian and the PEPFAR goals through a comprehensive approach that promotes better health seeking behavior. The new partner will work in all nine provinces in close partnership with USG partners and the Zambian government (GRZ).

All BCC activities related to HVAB will be based on research and in support of the National Prevention Strategy (NPS). In 2008, the Ministry of Health (MOH) in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local partners developed the NPS to reverse the tide of HIV/AIDS by intensifying prevention activities nationwide. The new BCC partner will carry out community and mass media campaigns targeting young people to inform them about abstinence and being faithful as means to prevent HIV/AIDS transmission. Messages will be pre-tested for effectiveness and translated into local languages. At the same time, the new partner will engage traditional, religious, and community leaders including teachers, musicians, artists, and other role models who will assist in reaching out to youth and spread appropriate AB messages.

At the community level, activities will include dramas, music, and peer education programs for in- and out-of -school youth. Special efforts will be made to reach out-of-school youth, who are generally more likely to engage in risky behavior. All of these interventions 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.

Technical assistance will continue to be provided to the NAC in the dissemination of the NPS which focuses on scaling-up behavioral change efforts including abstinence and being faithful. The new partner will ensure that its activities are also integrated into district and provincial plans ensuring ownership and sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1031.09	**Mechanism:**	Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	3539.26637.09	**Planned Funds:**	$0
Activity System ID:	26637		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
The narrative reflects project closeout for the last three months of Health Communication Partnership's (HCP) project life. There will be no new activities in the field, only financial and logistical close out.

Activity Narrative:

This activity linked with the HCP's other activities. HCP's Abstinence/Be faithful activities also supported both Zambian and the PEPFAR goals through a comprehensive approach that promotes better health seeking behavior. HCP worked in 22 districts in nine provinces in close partnership with Peace Corps, PACT/Y-CHOICES, the International Youth Foundation (IYF), Population Services International (PSI)/Society for Family Health (SFH), RAPIDS, and the Zambian government (GRZ). HCP is also a key member of the information, education, and communication (IEC) committees of the National AIDS Council, National Malaria Control Centre and the Ministry of Health's (MOH) child health and reproductive health units.

HCP used PEPFAR and Child Survival funds to benefit more than 900 communities with wrap around behavior change communication (BCC) activities linking HIV/AIDS messages with those related to malaria, family planning, reproductive health, safe motherhood, and child survival.

In 1999, HCP designed the "Helping Each Other Act Responsibly Together" (HEART) campaign (Creative HEART and HEART Life Skills Toolkit) in collaboration with the Government of Zambia and youth. The HEART campaign informs young people about abstinence and being faithful as means to prevent HIV/AIDS transmission. HEART program activities, which continued through FY 2008, consisted of yearly drama, music, art and poetry contests in school, on themes of the HEART program and peer education through the out of school programs. Topics included 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. In FY 2008, HEART contests carried out at a zonal level in 22 districts reached 38,000 individuals with messages promoting HIV/AIDS prevention through abstinence and/or being faithful.

HCP also continued 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, problem-solving skills, and to build self-esteem. HCP continued to support Creative HEART, a community-based contest that promotes positive adult-child communication through mentoring relationships. HCP expanded its coverage of the HEART program in districts where it was already working. Communities provided in-kind contributions of food, venue, transport, and lodging for contestants. Creative HEART was run jointly with the Ministry of Education and supported by diverse stakeholders including National Association for Arts and Theatre in Zambia (NATAAZ), the Japanese International Cooperation Agency (JICA), and other international and Zambian non-governmental organizations.

HCP also worked extensively with theatre groups. HCP trained 20 theater trainers in health promotion through a three-week workshop in FY 2005, and they in turn trained 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 in regards to sexual violence and exploitation of young girls, as well as stigma reduction. In FY 2008 trained drama groups reached over 32,000 adults and 20,000 children. In FY 2008, dramas focused on peer pressure and delayed onset of sexual activity for youth, fidelity and partner reduction for adults, and alcohol use as a contributing factor for risky behavior. The drama trainers will continue to serve as a resource to other USG-funded projects such as PACT/Y-CHOICES, PSI/SFH, and IYF as well as other non-government organizations (NGOs), United Nations (UN) agencies, and government organizations.

As part of its exit strategy, HCP, in collaboration with local NGOs and relevant government departments, held refresher trainings for the 440 youth peer leaders and drama groups to equip them with updated information on HIV/AIDS, prevention strategies, skills, relevant tools and IEC materials, and to cement the linkages with local organizations. HCP also built on the comprehensive multi-media campaign initiated in FY 2008 (with Plus-Up funds) for TV, radio, and print which promotes reduction of multiple concurrent partnerships through raising risk awareness. This campaign increased self-efficacy in avoiding risk and will have reached over 1,000,000 men and women of reproductive age in HCP's 22 districts and over 3,000,000 in the rest of Zambia. HCP provided leadership to ensure that this multi-media campaign and other prevention campaigns are in full support of the national prevention strategy, which was developed in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local United States Government (USG) partners.

All HCP activities begin with formative research and are piloted with target populations before being launched. For example, the Participatory Ethnographic Evaluation and Research (PEER) qualitative data collection conducted in FY 2006 was used to design innovative, culturally appropriate "being faithful" interventions and messaging for geographically-remote, less-educated populations; these interventions and messaging were piloted in FY 2007. 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 supported the HIV Talkline through FY 2008 which is implemented by the Comprehensive HIV/AIDS Management Programme (CHAMP). HIV Talkline 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 abstinence and being faithful (AB), counseling and testing (CT), male circumcision (MC), positive living, discordant couples, and treatment adherence and options. With PEPFAR funding, HCP continued to promote HIV Talkline services through radio and television spots and outreach activities, which led to a steady increase in caller demand. In FY 2008, 42,000 individuals were reached with messages promoting HIV/AIDS prevention through

Activity Narrative: abstinence and/or being faithful and information on HIV services. Messages focused on confidential information and services offered through HIV Talkline. Outreach activities placed an emphasis on increasing the number of callers from rural areas, specifically targeting the general adult population, PLWHA, and caregivers.

HCP has been committed to building Zambian capacity and improving the sustainability of the activities implemented. For example, trainings in proposal writing, activity design, and monitoring enable organizations to find local responses to local challenges. The choice of activities that are implemented is community-driven, not imposed by HCP. In addition, the activities required community commitment through in-kind support. HCP found that these two things cause communities to value the activities more. Furthermore, youth have been trained to conduct most activities without assistance or incentives beyond the materials needed for the activity.

Government ministries have also been actively engaged in HCP activities such as the development of Creative HEART contests, and in some places, the government has institutionalized contests into their yearly programs. HCP continues to play a key role on the National HIV/AIDS/STI/TB Council (NAC) by collecting, harmonizing, and sharing national IEC materials. In FY 2006, HCP supported the development of the NAC Resource Center by compiling a database of all HIV/AIDS IEC materials available in Zambia.

Technical assistance will be provided to the National AIDS Council, Government of the Republic of Zambia in the development and dissemination of the National Prevention Strategy.

HCP continued to work in a technical advisory capacity with the Zambia Centre for Communication Programmes (ZCCP), a local health communication NGO. HCP supported ZCCP's developing their strategic approaches to AB and built their ability to design high quality BCC interventions. Supporting USG partners, HCP facilitated the adaptation and reproduction of IEC materials for partners' programs and played a key role in promoting collaboration and coordination. HCP work plans were integrated into district and provincial plans, ensuring ownership and sustainability.

HCP conducted an end-of-project survey in FY 2009, to measure the impact of activities mentioned above, as well as other HCP activities elsewhere in the COP. The Participatory Ethnographic Evaluation and Research (PEER) methodology was employed to qualitatively evaluate the project by involving the community members in the design, implementation, and execution of the evaluation exercise.

All FY 2008-funded targets will have been reached by September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14406

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14406	3539.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6823	1031.08	Health Communication Partnership	$2,937,016
8905	3539.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4979	1031.07	Health Communication Partnership	$2,672,016
3539	3539.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2911	1031.06	Health Communication Partnership	$1,080,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5242.09

Mechanism: Local Partner Capacity Building

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 14513.26635.09

Planned Funds: $2,500,000

Activity System ID: 26635

Activity Narrative: This activity also relates to activities in Other Policy/Health Systems Strengthening: (OHSS)

The Local Partner Capacity Building (LPCB) Project is designed to enhance the organizational capacity and sustainability of local non-governmental organizations (NGO) that are working to respond to the HIV and AIDS pandemic. Partner organizations (PO) will be found throughout eight districts in Zambia in both rural and urban areas, and will be comprised of a variety of types of entities including faith-based and community -based organizations. LPCB focuses on strengthening the management, financial, technical, and monitoring and evaluation (M&E) capacities of Zambian organizations so that they are better able to expand their abstinence/be-faithful (AB) activities. It will also provide a large portion of grant funding to partner organizations for scaling up and in some cases sustaining AB activities. Examples of these activities include: HIV/AIDS sensitization, AB prevention amongst at risk youth and adults, AB information,education,communication (IEC) material production and dissemination and behavior change that promotes HIV preventive behaviors. In FY 2008, LPCB will have worked with 60 partner organizations from five provinces: Lusaka Province, Southern Province, Copperbelt Province, Eastern Province and Luapula Province. In FY 2009 LPCB will expand to NorthWestern, Western and Northern Provinces.

LPCB will also support six intermediary support organization partners (ISOP) to develop their capabilities and expertise to work directly with local organizations as institutional strengthening service providers and AB technical assistance providers. This is an important design component of the project and will be LPCB's legacy as it relates to sustainability —one benefiting both the NGO sector, as well as the professional cadre of organizational development professionals in Zambia.

In FY 2009, LPCB will identify an additional 20 partner organizations through the same call for expressions of interest (EOI) that was used for cohorts one and two in FY 2008. This third cohort will follow the same course as the first two: an introductory workshop; a core training series; an individualized, facilitated organizational self-assessment; the development of an organizational strengthening plan; the pairing with an ISOP for training, guidance, and mentoring; and access to a small grant with which to purchase organizational strengthening services to meet the goals of its plan.

While these activities are being undertaken in 8 provinces, partner organizations from cohorts one and two will enter the next Grant Funding phase of the project. To begin, they will be facilitated through a second organizational self-assessment, allowing them to compare their new scores to their individual baseline score from the previous year. During this second self-assessment workshop, ISOP and LPCB facilitators will assist organizations in discussing their progress and determining their next steps in technical program expansion. Once an organization has attained a twenty-point increase in its assessment score and completed the LPCB core training series, it will apply for a grant in FY 2009 to scale up its AB technical activities. The proposal submitted by each organization will demonstrate that the organization has, and is able to apply, its new skills and strategies. LPCB will develop a proposal template that requires applicants to design a scaled-up program (justify the scale chosen, describe the approach to be used to scale, elaborate a step-by-step process), as well as to prove that their systems (financial, management, communication, M&E) are able to support such a program.

LPCB will hold a bidders conference in early FY 2009 to explain to the POs the goal of the grants and the process for applying, and to circulate the proposal template. ISOP assistance to the proposal crafting process is permitted. Proposals will be accepted on a rolling basis over the course of FY 2009, but reviewed by the TAG quarterly. LPCB staff will first vet the proposals to ensure that each has met the overall criteria and has a viable plan for scaling up and the TAG will simply provide guidance on potential partners.

The LPCB technical evaluation committee will select 20 grantees based upon pre-defined grant selection criteria. The average size of each of grant will be $150,000 however funding level per organization will vary and may be higher or lower depending on the capacity of the organizations and their technical needs. Priority for grants will be given to those organizations that have participated in the capacity building training program, however, other applicants will be considered. Once USAID has concurred, grants will be awarded and two grantee workshops held to clarify compliance and reporting requirements, and to reinforce the systems needed for sound and transparent financial management.

It is expected that the 20 selected grantees will be responsible for reaching 75,000 people through community outreach that promotes HIV/AIDS prevention through Abstinence and/or being faithful. In order to reach this number 500 people will be trained to promote HIV/AIDS Prevention. Grantees will also be expected to design interventions around National AIDS Council (NAC) led national AB campaigns that include: “Real Man, Real Woman Campaign”, “Safe from Harm”, “Heart Campaign”, the Gama Cuulu radio show and other campaigns to reduce concurrent partnerships.
Since LPCB is a new project and grantees have not yet been identified, these targets are estimates and may be revised once grantees are selected and their capacity assessed in FY 2008. In addition to the 20 selected grantees, at least 3-6 ISOP's will receive a minimum of $150,000 for the purpose of establishing granting mechanisms with local indigenous organizations. In terms of reporting, LPCB will be responsible for reporting targets directly to USAID and the M&E system will be developed to capture data from LPCB grantees.

LPCB will also work with PO grantees that are receiving grant funding for AB activities to develop context-specific approaches to HIV/AIDS prevention and provide a range of capacity-building support to increase the impact of these activities. LPCB will also integrate gender in its HIV/AIDS activities and takes into account gender determined disparities. The program recognizes that HIV and AIDS affects women and men differently and thus attempts to address specific gender issues such as: roles of males and females in mitigating the impact of HIV/AIDS and the vulnerability of males and females to HIV/AIDS. As such, five trainings will be conducted on basic prevention concepts and in the effective use of methodologies such as peer education, community mobilization and behavior change to promote HIV/AIDS risk reduction. As appropriate, the project will solicit the support of other United States Government (USG) implementing partners to provide additional technical training to grantees.

Activity Narrative: By design, LPCB's purpose is about changing the dynamic of organizational technical assistance by creating a cadre of Zambian service providers that cater to the needs of those who are on the front lines of fighting the HIV/AIDS pandemic. Over the course of the life of the project, we anticipate a network of top-notch consultants that understand the particularities of the organizations engage in this battle, both in terms of their individual characteristics and as a committed group with specific funding and reporting imperatives. We also hope to have enabled a large number and range of organizations throughout Zambia to become aware of their organizational assets and liabilities, and understand why attention to the health of their organizations is as critical as the substance of the activities they implement. These organizations will more ably identify and scale up good practices, they will better manage and report on their resources, and they will pay attention to the needs of their staff and volunteers. These entities will know how and when to find one At the heart of the design of LPCB is sustainability. As illustrated earlier, assessment, training, TA and funding activities are structured to utilize ISOP's early in and throughout implementation. The ISOP model will ensure sustainability and build a cadre of Zambian organizations able to provide the same type of Capacity Building services offered by LPCB. In addition, it is expected that some ISOP's will be strengthened to the level that they should become long term USG partners and will be able to play the same grant making role that LPCB is expected to conduct.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14513	14513.08	U.S. Agency for International Development	Academy for Educational Development	6800	5242.08	Local Partner Capacity Building	$545,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11105.09

Mechanism: New Social Marketing

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 26696.09

Planned Funds:

Activity System ID: 26696

Activity Narrative: This activity narrative aimed at promoting Abstinence/being faithful (AB) is a draft and will be revised upon award of the new United States Agency for International Development (USAID) social marketing activity in FY 2009. The activity will be implemented by a partner to be determined in close collaboration with the following HIV activities implemented by other United States Government (USG) partners HVOP, HVCT, HBHC, PDCS, PDTX, and HTXS. It is envisioned that there will be a two month overlap between the current and the new project so that services continue to be provided to new and existing clients. Targets will be adjusted based on the actual starting date of the new project.

With FY 2009 funding, the activity will train 60 counselors in HIV counseling and testing (CT) with emphasis on abstinence/being faithful (AB) and will reach 80,000 individuals with AB messages through interpersonal communication, radio and television broadcasts, drama shows, and print media.

The activity will focus on gender, addressing male norms and behaviors, male reproductive health with an emphasis on risk reduction, and gender inequities in accessing HIV/AIDS services, including CT services. The activity will fully support the Government of the Republic of Zambia (GRZ)'s National Gender Policy which requires all policies, programs, plans, projects, and national budgets to be gender-sensitive in pursuit of sustainable economic growth, job creation, better household security and poverty reduction. Approaches to address male norms and behaviors, male reproductive health, and gender inequities in accessing HIV/AIDS services will include the following activities: 1) conducting surveys on the socio-economic and cultural determinants of male norms and behaviors, male reproductive health, and gender inequities in accessing HIV/AIDS services, 2) devising context-specific interventions based on the findings from surveys, and 3) developing a monitoring and reporting plan for the interventions. The activity will also address gender mainstreaming within the implementing partner organization by introducing appropriate internal management structures and personnel processes.
To sustain the AB program (to continue to develop and disseminate appropriate messages promoting AB) and the positive health-seeking behaviors created through reaching individuals with AB messages, the new implementing will support the creation of a viable AB network of local organizations, which will continue to develop and disseminate AB messages to all Zambians, including individuals at high risk of contracting HIV disease beyond the life of the project. The program will build technical, management, and financial management competencies among local sub-partners so that they are able to develop and disseminate appropriate AB messages independently (with minimum management oversight). Approaches will include the following activities: 1) giving franchise to local organizations to develop and disseminate appropriate messages promoting AB and providing them with resource with which to operate, 2) training local organizations to improve technical, financial management, and general management skills, and 3) providing quality assurance oversight to local organizations implementing AB.

All FY 2009 COP targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11394.09

Mechanism: The Partnership Project

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 27304.09

Planned Funds:

Activity System ID: 27304

Activity Narrative: This activity narrative is a draft and will be revised upon finalization of the follow on SHARe project

This activity will be a follow on to JSI SHARe project focusing on implementing comprehensive AB programs in the workplace and outreach communities in the public, private and informal work places. This activity will link to other program areas including HVCT, OHPS, HVOP. This activity will strengthen and expand the capacity of the partners to implement AB programs that support the Government of the Republic of Zambia (GRZ) and the United States Government (USG) goals

The new project will implement comprehensive AB programs in workplaces and communities targeting adolescents, men, women, the business community, people living with HIV/AIDS (PLWHA) and mobile populations including truckers, miners and agricultural workers. The project will in addition work with the small and medium business and the informal workplaces. Appropriate AB prevention models will be promoted to various groups of adults AB prevention will be closely coordinated with counseling and testing (CT) mobilization, so that individuals know their status, and for those that are negative counseled on how to maintain their negative status. The use of mobile AB and CT services in informal market places that was initiated by SHARe which proved very successful will be expanded under the new project with the use of mass sensitization sessions and the provision of one-on-one interpersonal AB counseling with vendors. The partner communities will be involved in developing innovative community AB prevention approaches such as drama, peer group discussions and social mobilization events ensuring that the programs are responsive to local needs. Support to AB strategic planning and policy development will be provided to the partners.

The project will work with all its partners 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 successful sustainability strategies and the development of sustainability plans. The project will support sustainability plans for HIV/AIDS workplace and community outreach activities using private sector funds and linking to government resources for information, education, communication (IEC) material. The project will work with partners to ensure that HIV/AIDS policies, work plans, and budgets are developed to sustain their HIV/AIDS workplace activities through government, other donor funding and the private sector.

In FY 2009, the Project and its partners will train persons in AB. Trained educators will reach individuals with AB prevention messages in workplaces and outreach communities. The project will all focus on improving supportive supervision to ensure quality of care and to encourage trained peer educators to intensify efforts to reach out to more individuals and improve reporting.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11393.09

Mechanism: The Leadership Project

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 27306.09

Planned Funds: [redacted]

Activity System ID: 27306

Activity Narrative: This activity narrative is a draft and will be revised upon finalization of the follow on SHARe project

This activity will be a follow on to JSI SHARe project focusing on implementing comprehensive AB programs religious, traditional political and women's organizations. This activity will link to other program areas including HVCT, OHPS, HVOP. This activity will strengthen and expand the capacity of the organizations to implement AB programs that support the Government of the Republic of Zambia and the United States Government (USG) goals.

The project will implement comprehensive AB programs in religious, traditional political and women's organizations. Appropriate AB prevention models will be promoted to various groups of adults. AB prevention will be closely coordinated with counseling and testing (CT) mobilization, so that individuals know their status, and for those that are negative counseled on how to maintain their negative status. The communities in which the organizations operate in will be involved in developing innovative community AB prevention approaches such as drama, peer group discussions and social mobilization events ensuring that the programs are responsive to local needs. Support to AB strategic planning and policy development will be provided to the organizations.

The project will work with the organizations to strengthen technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of their current sustainability levels, sharing of successful sustainability strategies and the development of sustainability plans. The project will work with the organizations to ensure that HIV/AIDS policies, work plans, and budgets are developed to sustain their HIV/AIDS activities through government, other donor funding and the private sector.

In FY 2009, the Project will train persons in AB. Trained educators will reach individuals with AB prevention messages in workplaces and outreach communities. The project will all focus on improving supportive supervision to ensure quality of care and to encourage trained peer educators to intensify efforts to reach out to more individuals and improve reporting.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	11109.09	**Mechanism:**	New MARP/Other Sexual Prevention Program
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	26716.09	**Planned Funds:**	
Activity System ID:	26716		

Activity Narrative: The Corridors of Hope III (COH III) is a new contract and a follow-on activity to the original Corridors of Hope Cross Border Initiative (COH) and the Corridors of Hope II (COH II). COH III will continue the activities of COH and COH II and expand the program to ensure a more comprehensive and balanced prevention program. COH III will have three basic objectives focusing on prevention of sexual transmission - condoms and other prevention, abstinence and being faithful (AB) activities, and counseling and testing (CT) services. These three program areas will fit together and be integrated as a cohesive prevention program.

In the three year life of project, COH II trained 750 outreach workers and 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. COH II had over 90 condom outlets that were socially marketing condoms to high risk groups, including sex workers and their clients. COH II is ended in FY 2009.

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 I and II services, COH III also focuses on reducing sexual networks, providing sexually active youth with contextually appropriate intervention alternatives, addressing gender disparities, sexual violence, and transactional sex, providing services and activities for CT, AB, and other prevention, and facilitating linkages to other program areas such as care and treatment. To accomplish this, COH III will implement a range of appropriate outreach services in bars, clubs, truckstops, and other key gathering places. COH III will continue to have a strong focus on sustainability through building the capacity of three national non-governmental organization (NGO) partners and, through them, of other local partners, including faith-based organizations (FBOs), community-based organizations (CBOs), and other non-governmental organizations (NGOs), to provide other prevention services.

In FY 2009, the new COH III contract will continue to reduce HIV/AIDS transmission among most at risk populations (MARPs) and most vulnerable populations within seven border and high transit corridor areas: 1. Livingstone, 2. Kazungula, 3. Chipata, 4. Kapiri Mposhi, 5. Nakonde, 6. Solwezi, and 7. Siavonga (Chirundu). In addition, COH III will continue to provide mobile services to reach targeted groups who do not have easy access to the static sites. The services to be provided at both static and mobile sites will include treatment for sexually transmitted infections, counseling and testing for HIV, and delivery of prevention messages for behavior change through one-on-one and group discussions. These locations represent populations that have the highest HIV prevalence and number of people living with HIV/AIDS (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. COH III anticipates reaching 250,000 persons in these areas with AB interventions, of which 100,000 will be adolescents and youth for abstinence only activities. To reach these individuals, COH III will use the cadre of 600 previously trained outreach workers to implement AB prevention activities and programs.

COH III will continue to ensure a continuum of prevention interventions that reach not only the most at risk populations (MARPs) but also the wider community and will significantly increase AB activities in these very high prevalent locations. In particular, this program will continue to 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 III through community-based programs will continue to use the participatory research methods developed in COH II 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 III will continue to focus on sustainability by building the capacity of communities, and local religious, traditional and civic leadership to ignite social and behavioral change, engage them in programming, and increase program ownership. Through its national NGO partners, COH III will subcontract with local organizations to implement 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 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 III's mandate is to increase the sustainability of these programs and thereby work with local subcontractors 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 III will continue to provide technical assistance to 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, monitoring and evaluation (M&E) and quality assurance and commodity/equipment logistics management. In conjunction with its local subcontractors, COH III will develop a timeline for the phase-out of technical assistance (exit strategy) and implement the full graduation plan that identifies the technical and capacity building needs of each local partner. COH III will continue to work in close collaboration with other USG and other donor funded projects working in the specified locations, and will continue to network and link to economic development programs, education and vocational training programs, police sexual violence prevention programs, and Ministry of Health (MOH) HIV/AIDS services. COH III will continue to collaborate in planning sessions to support and

Activity Narrative: eliminate redundancy with the work of the other USG partners, the National HIV/AIDS/STI/TB Council (NAC) and other donors.

COH III will align its HIV prevention strategies and activities with the National HIV/AIDS Strategic Framework 2006–2010, National Prevention Strategy as well as with the current National Communication Strategy. COH II will actively participate in the planning processes and campaigns of the DHMTs and DATFs in those districts where the project operates as well as in the planning and campaign activities of the NAC.

COH III will use the COH II final evaluation results for its baseline A and AB activities. All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11141.09

Mechanism: New CHANGES II Type Procurement

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 26831.09

Planned Funds: [redacted]

Activity System ID: 26831

Activity Narrative: The new mechanism will build on the skills-based abstinence and being faithful (AB) interventions implemented under the CHANGES2 program, focusing especially on promoting positive social and health behaviors in basic schools. This program will wrap around education activities that build instructional methods and school management practices funded using Africa Education Initiative (AEI) funds and other educational resources.

Though there is generally a high awareness of HIV/AIDS in Zambia, growing numbers in student pregnancies show that more girls in school are exposed to the risk of contracting HIV. Reported pregnancies for both rural and urban areas in basic and secondary schools increased from 10,441 in 2005 to 12,833 in 2007. Over 80 percent of all reported pregnancies affect girls enrolled in basic schools in rural areas. The girls are predominantly at risk of infection, largely due to economic factors, cultural practices, intergenerational sex and gender bias. Using PEPFAR funding, the new mechanism will target basic school students, teachers and managers mainly in rural schools to influence attitudes and practices around health behavior and management in schools. PEPFAR funding will be used to train teachers and school managers in HIVAIDS education delivery, develop AB messages and tackle HIV/AIDS in the broader context of a comprehensive school based health management approach that incorporates other PEPFAR funded interventions such as the workplace program and student driven AB initiatives such as peer education, Anti-AIDS clubs and Youth Friendly Corners and scholarships for orphans and vulnerable children (OVC) in secondary schools. Experience has shown that school based HIV/AIDS interventions are not only disjointed but also operate outside a coherent school health management framework with participation that is based highly on self selection. PEPFAR funds will also be used to promote positive relations between boys and girls and teaching staff to mitigate sexual abuse and violence in school. Using in-service training structures, the wrap around of PEPFAR and AEI funding will be used to promote institutionalization of HIV/AIDS and other health management aspects at the school level.

PEPFAR funding will also be used to promote both community participation in school health management and also school partnerships with local referral services. By awarding small grants to communities, the school health management support structure will be extended to surrounding communities with a focus on prevention and psychosocial support for orphans. School-based activities must be mirrored in the homes and surrounding community in order to change social norms and behavior in the communities where young people live and spend most of their time. Furthermore, HIV/AIDS interventions such as life skills training will be most effective if measures designed to protect school children are reinforced in the community. As part of an effort to strengthen community participation in school-based HIV/AIDS activities, teachers and community members will continue to be trained in mobilizing the community. Schools, in partnership with communities, will develop locally relevant health management action plans and will be eligible to apply for small grants to implement the plans. It is expected that 1,600 basic schools, including community schools, and their surrounding communities will establish school based health management structures. The resulting structures will deliver and provide access to AB information and related support to 800,000 students and over one million community members.

Through close collaboration between the school, District Education Board Secretaries (DEBS) and local referral services, the new program will promote a wider network of support for school health management structures. The new program will continue to build on CHANGES2 efforts to build the capacity local NGOs. This approach is necessary to ensure the sustainability of school based HIV/AIDS interventions.

As part of its support to OVC, the new program will provide scholarships to 15,000 needy HIV affected secondary school students per year (#8850).

The new program will work with implementing partners to adapt and develop IEC materials which will support its school-based focus. For a budget of $200,000, a program evaluation of school based HIV/AIDS interventions will be conducted to establish a baseline and better inform the development of IEC materials because little is known about behavioral issues among basic school students. This evaluation will build on past efforts to understand the impact of school based HIV/AIDS activities. All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3011.09
Mechanism: Comforce
Prime Partner: Comforce
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 17577.26217.09
Planned Funds: $150,000
Activity System ID: 26217

Activity Narrative: Related activities: Eastern Province Health Office HVCT (#9005), Southern Province Health Office HVCT, (#9018), and Western Province Health Office HVCT (#9047) and all other prevention and counseling and testing (CT) activities under CDC.

This activity is linked to all prevention narratives, AB, Other Prevention including Male Circumcision. It is also linked to antiretroviral (ARV) treatment section addressing prevention with positives as well CT. In FY 2009, the focus will be providing technical assistance (TA) in working with communities and various points of care to integrate prevention and to link those who are negative and positive to the various discussion groups at the clinics and community. The TA will be provided to partners to implement the new prevention strategy expected to available in FY 2009. Provincial meetings will he held with partners to address the key areas of the national strategy and to build capacity of local USG staff to take leadership in promoting comprehensive and effective prevention for sustainability.

Zambia has a population of approximately 10 million citizens (US Department of State, 2006), and overall HIV prevalence is still 14.3% among the general population and 13% among men (Zambia Demographic Health Survey (DHS, 2005). While it is evident through the DHS survey that many Zambians know about HIV/AIDS and its modes of transmission, there has been minimal reduction in HIV prevalence in Zambia in the last few years. A clear indication that knowledge is not translating into behavior change as expected. This activity will work with the government, other donors and experts from other PEPFAR countries to share lessons learned and revitalize prevention strategies in Zambia.

Funding for this activity will provide behavioral science support for care, treatment, and prevention services to people living with HIV/AIDS and other opportunistic infections while developing leadership in the behavioral science arena. This activity will provide technical guidance in the implementation of PEPFAR activities in relation to care, treatment, and prevention. This activity will be in close collaboration with Zambian implementing partners and other USG agency technical specialists. In addition, the activity will provide oversight to ensure that PEPFAR-funded activities are programmatically sound and consistent with the Zambian National Health Strategic Plan; train technical officers in relevant behavioral science to build local capacity; develop evaluation and assessments to measure impact and programmatic effectiveness of interventions; recommend best practices; participate in design of programs and represent the USG in national planning and technical committees.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17577

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17577	17577.08	HHS/Centers for Disease Control & Prevention	Comforce	7169	3011.08	Comforce	$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7535.09

Mechanism: Nazarene Compassionate Ministries

Prime Partner: Nazarene Compassionate Ministries

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 16756.26426.09

Planned Funds: $0

Activity System ID: 26426

Activity Narrative: Nazarene Compassionate Ministries Inc. will use the final two months of the agreement to close out under the grant and transition its abstinence and being faithful (AB) activities from the funding support that it has received under the New Partners Initiative, Cooperative Agreement No-GHH-A-00-07-00006-00. The activities begun under the grant will not be fully phased out, but the ownership will shift to the local church and community networks that have been trained and supported to maintain ongoing, sustainable AB activities. As these sites are shifted to local leadership, NCMI plans to provide some ongoing support while continuing the expansion of AB activities beyond the original project sites to increase the coverage of the prevention program.

Activities under the Cooperative Agreement ending November 30, 2009 will be concluded through three implementing partners: Nazarene Compassionate Ministries Zambia (NCMZ), operating in partnership with sub-recipients Christian Reformed World Relief Committee (CRWRC) and World Hope International Zambia (WHIZ). Separate closeout plans will be presented later for each implementing partner, reflecting the differences in timelines. The closeout plans will incorporate discussions with the USAID Zambia Mission.

All the AB activities which were conducted through local churches and will be handed over to the church leadership for the continuation of activities. The implementing partner organizations will continue to provide training to volunteers and church leaders.

The AB prevention peer education model and the faithfulness curriculum will be utilized by the Church as part of their ongoing activities. The model involves youth-to-youth (Y2Y) groups where trained promoters or youth leaders will lead ongoing training to groups of 14 other peers.

NCM Zambia, CRWRC and WHIZ will continue to offer AB programs through its network of churches. The trained peer educators will promote HIV/AIDS prevention through abstinence and faithfulness messages to the peers. We plan to continue to maintain support to the local church networks in the existing coverage areas while expanding the activities to new coverage sites with support from other sources.

The project design seeks to ensure sustainability by building ownership from within the local community and local NGO levels. All project activities are designed to encourage independence and self-governance in the planning, design, implementation of outputs, and outcomes. This local ownership and involvement has been built into the program from the beginning with focus group discussions among all community stakeholders that have been conducted in preparation of initiating a training cohort in each new geographic location. The role of the non-governmental organization (NGO) partners is to build the capacity of communities to do their own direct service with the skills and knowledge gained during their trainings in an effective and quality manner. The church networks are essential to the ongoing sustainability of the program as the local churches have a long term commitment to their local communities. The targeted training of church leaders and utilization of key youth leaders, volunteers, and promoters from church youth groups and schools will enable the program to continue beyond the initial investment under NPI.

At the same time, the indigenous NGO partners will continue to receive intensive capacity building support from HHA and NCMI to strengthen their organizational, administrative, financial, human resource, and technology infrastructure.

The enhanced capacity of NCM and partners will enable the consortium better prepared to secure additional funding either from USAID or other donors to continue and expand the work. All the partners already have plans on continuing with the program activities.

Since all of our primary partners are a part of international denominations, funds will be raised at both the local and international level. However, long term sustainability is dependent upon the local contribution. Churches are already supplying the volunteer caregivers to reach the targeted numbers within their community. Much of the responsibility will fall to the local churches to continue reaching these same numbers. We anticipate that they may have to scale back the package of services provided but they should be able to maintain some services for all the current beneficiaries.

Coverage of AB activities will continue beyond the life of the grant because of the ongoing support of existing sites and planned expansion of the AB activities. In view of this, NCMZ, WHIZ and CRWRC will still need the equipment that was funded by USAID under the New Partners Initiative to support our continuing AB activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16756

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16756	16756.08	U.S. Agency for International Development	Nazarene Compassionate Ministries	7535	7535.08	Nazarene Compassionate Ministries	$0

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	11144.09	**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:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	9851.26835.09	**Planned Funds:**	$125,000
Activity System ID:	26835		

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

ACTIVITIES HAVE BEEN MODIFIED IN THE FOLLOWING WAYS:
• The budget has reduced from the previous year's allocation of $175,000 to 125,000 to cater for inclusion of voluntary counseling and testing for HIV (VCT) activities in Mayukwayukwa and Meheba settlements. $50,000 has been moved to HVCT (#9470).
• The population of Maheba and mayukwayukwa camps has gone up from 20,000 to 26,000 while the population for Kala and Mwange camps has reduced from 40,000 to 31,000.

This activity is a continued partnership between the United States Government (USG) and the (UNHCR) to strengthen HIV/AIDS prevention programs for refugees residing in Zambia. The budget has reduced from the previous year's allocation of $175,000 to $125,000 to cater for inclusion of VCT activities in Mayukwayukwa and Meheba settlements. 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.

A consultant has been hired to serve as UNHCR's HIV/AIDS Technical Officer for all PEPFAR programs. The consultant 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 2009, UNHCR will coordinate HIV/AIDS abstinence and be faithful activities with two implementing partners: 1) Ministry of Community Development and Social Services (MCDSS) in Northwestern and Western provinces at Meheba and Mayukwayukwa camps; and 2) World Vision International (WVI) in Luapula, Northern provinces at Kala, and Mwange camps. Meheba and Mayukwayukwa camps host about 26,000 refugees from Angola, Rwanda, Burundi, and the Democratic Republic of the Congo (DRC). Kala and Mwange camps host about 31,000 Congolese refugees.

In Meheba and Mayukwayukwa camps activities will focus on enabling both refugees and the surrounding community population 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. FY 2009 will host 4-day youth camps targeting 200 adolescent girls. This will focus on vulnerability of the girls to HIV infection in view of gender and prevention. The girls will reach 1800 more girls of the same age group with a comprehensive abstinence and be faithful messages. This will include the fact that in Zambia HIV transmission is primarily through heterosexual relationships. The most vulnerable are those in stable relationships - the married. It will also cover relationship types – age disparity, acknowledgement of limited trust in marriages and the reality and impact of concurrent partners.

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 non-governmental organization (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 retraining of such troupes.

Activities will also continue in Kala and Mwange camps in FY 2009. Already developed information, education, communication (IEC) materials will be revised where necessary and reproduced for both camps in French, Swahili, and other Congolese local languages. 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, 50 school age youth will be trained in assertiveness and decision making using the Stepping Stones approach. Stepping Stones is an innovative training program which has already been introduced in the refugee camps. The training draws on a range of participatory approaches including Participatory Rural

Activity Narrative: 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, 50 school age youth will participate in the training who in turn will reach 1,800 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16493

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16493	9851.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7447	3046.08	United Nations High Commissioner for Refugees/PRM	$175,000
9851	9851.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5199	3046.07	United Nations High Commissioner for Refugees/PRM	$175,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7459.09

Mechanism: Family Based Response

Prime Partner: Kara Counseling Centre

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 16549.26418.09

Planned Funds: $0

Activity System ID: 26418

Activity Narrative: The project is currently scheduled to end in November 2009. KCTT has projected October to November 2009 to be the close out period.

The KCTT Family Based Response (FBR) Project is a New Partner Initiative (NPI) project in Zambia. KCTT has been working in Zambia for over ten years. With the NPI grant they will be able to continue their programs, and enhance their own sustainability for the long term. The FBR Project will support the Zambia National HIV/AIDS Prevention Strategy and campaigns, and will work with PEPFAR funds to reduce HIV transmission accordingly, within its project mandate, and to the extent its resources permit

This activity has three components.

The first component will be education and dissemination of abstinence and being faithful (AB) messages to youths and adults through two approaches. The first approach will be done through door to door campaigns where the educators will speak to families and distribute brochures to these families. The educators will reach 1,550 individuals in 387 families estimated at four people reached per family. In this component the funds will be used to pay for transport, brochures, office rentals, and personnel costs.

This activity component will be carried out in fifteen districts from eight provinces of Zambia, namely, Choma (KCTT site) and Mazabuka (Ndekeleni Home Based Care) in Southern Province; Chipata (Action for Positive Change and Mthunzi Development Foundation) in Eastern Province; Lusaka (KCTT site and Mututa Memorial Day Care Center); Kafue (Kalucha Home Based Care, Kafue Youth Care and Community Prevention Program) and Chongwe (Umphawi Organization)in Lusaka Province; Mansa (Group Focused Consultations) in Luapula Province; Kabwe (KCTT site), Chibombo (Mwelebi Keembe Home Based Care, Chipulumutso counselling and Health Care Trust and foundation for Development of Children) in Central Province; Mongu (Moliswa Children Foundation) Kaoma (Frontline Development Trust, Masaiti (Community Health Restoration Programme), Luanshya (Happy Children) and Mufulira (Iluka Support Group) on the Copperbelt Province; and Kasama (Northern Province Health Education Programme) in Northern Province.

The second component will be the education and dissemination of information to groups of people in schools, colleges, farms, workplaces, churches, and market places. This will be done with the aim of motivating youths and adults to either abstain from sex or be faithful to their partners. Video shows followed by facilitated discussions will be conducted by the trained educators. A total of 2,326 individuals will be reached. The funding will be used to cover expenses for transport, batteries and costs for venue. This activity will be carried out in fifteen districts in eight provinces of Zambia, as above.

The third component will be the close out of the project. KCTT and sub partners will work with Residence Development Committees and District AIDS Task Forces for support in the activity implementation after the life of the project. KCTT and sub partners will conduct advocacy meetings promoting the continuation of these activities and continued collaboration with the DHMT and other NGOs and CBOs as mentioned above. KCTT and sub partners will hold meetings with community leaders aimed at preparing the target communities for the end of activities. KCTT has been building capacity in project management -planning, resource mobilization, financial management, Monitoring and evaluation of the sub partners. KCTT will work with sub partners in devising plans for continuation of activities. The devised plans will also include resource mobilization activities.

KCTT will collect and verify of all reports both financial and program reports from program outlets. KCTT and sub partners will close out financially and complete all required deliverables and clarify plans for all equipment / other inventory purchased with the USAID funds. KCTT will hold review meetings with all Sub partners. KCTT will during the close out period prepare audit schedules and the final audit is scheduled to be carried out in December 2009.
The PEPFAR NPI funds will be used for travel to the districts, stationary and printing and for the meeting logistics.

All October to November 2009 targets will be reached by November 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16549	16549.08	U.S. Agency for International Development	Kara Counseling Centre	7459	7459.08	Family Based Response	$0

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7070.09 **Mechanism:** Luapula Foundation

Prime Partner: Luapula Foundation **USG Agency:** U.S. Agency for International Development

Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	15176.26422.09	**Planned Funds:**	$0
Activity System ID:	26422		

Activity Narrative: Luapula Foundation is a New Partnership Initiative (NPI) partner in Zambia. Luapula Foundation has been implementing an abstinence and being faithful (AB) program in Mansa District, Zambia, since October 2001, and scaled up the program to all districts in Luapula Province with NPI funding beginning in December 2006. NPI funding will come to an end on November 30, 2009 and Luapula Foundation will closeout NPI funded AB prevention activities and scale down operations.

During the last three years of NPI funding, Luapula Foundation executed AB activities following national campaigns and using approved IEC materials in Luapula Province in close collaboration with the Ministry of Education (MOE), the District Health Management Teams (DHMTs), the District AIDS Task Forces (DATFs), and other non-governmental organizations (NGOs) and churches. In addition, Luapula Foundation worked in close collaboration with community leaders who include traditional chiefs and headmen/headwomen in an attempt to identify and change local traditions and customs that prevent/prohibit abstinence and being faithful, such as early marriage for girl children and sexual cleansing ceremonies.

With NPI support Luapula Foundation's AB program supported peer-to-peer education and child mentoring outreach by educators and adult mentors. The peer educators provide age-appropriate AB messages to fellow peers through outreach activities. The 144 adult mentors (teachers) who were trained in the use of the Life Skills Education manual provided guidance to peer educators in their planning and implementation of peer education activities and promoted parent/adult/child dialogue on sexuality issues, with an emphasis on abstinence and fidelity as key HIV preventive measures among youth and adults. Peer educators reached a total of 10,000 basic and high school youth with the AB preventions message over the three years of implementation of the project.

Luapula Foundation's AB program followed the national prevention strategy and campaigns by teaching youth to correctly identify ways of preventing sexual transmission of HIV and by encouraging abstinence in school going youth, as well as stressing faithfulness in sexually active couples.

Utilizing the networking approach to HIV/AIDS programming, Luapula Foundation encouraged teachers and peer educators to collaborate with other stakeholders in the field to ensure quality services for youth and to avoid duplication of activities. Luapula Foundation's counseling and testing (CT) program referred sexually active young people and adults who desired CT and created awareness about the availability of CT services.

Luapula Foundation's NPI Cooperative Agreement ends on November 30, 2009. Activities for the two months of FY2010 will concentrate primarily on close-out of the project and review and strengthening of sustainability measures.

Luapula Foundation's AB prevention program was designed with inbuilt sustainability consciousness. To ensure sustainability, Luapula Foundation initiated the AB Prevention activities in collaboration with the Ministry of Education. The program trained 144 facilitators for peer educators in schools in all seven districts of Luapula Province. Life Skills Education clubs were formed in 140 schools and the clubs elected student management committees in the various schools; these committees are supervised by the HIV/AIDS Committee (consisting of teachers and PTA members) at the school. The club members meet during Ministry of Education mandated 'Club Day' in the school week. Each club designed a suitable income generating project, and Luapula Foundation provided the clubs with the materials necessary to initiate the projects which will help to ensure their sustainability. Funds from the income generating activities are used to purchase stationery and other necessary supplies for the clubs.

The life skills education activities will continue after the NPI project comes to an end in November 2009. The Ministry of Education has formed Anti-AIDS committees that spearhead the operation of the activities aimed at reducing the spread of HIV infection. Each school, in every week's calendar, provides a day for HIV/AIDS prevention activities. The national education policy supports this activity. The teachers trained by Luapula Foundation will continue to lead the activities of the clubs, using IEC materials designed for Zambian audiences to teach abstinence and/or being faithful.

Gender issues will continue to be a primary focus in the implementation of the program. The program incorporates gender concerns, as HIV/AIDS affects males and females differently. The communication strategy ensures adequate consideration of HIV concerns for both genders such as multiple sexual partners, sexual abuse and violence, male norms, early marriage of girl children, and transactional sex. The program uses complementary approaches, including peer education and mentoring outreach along with AB messaging through drama groups and radio programming.

During the closeout phase of the orphans and vulnerable children (OVC) program Luapula Foundation will organize stakeholders meeting to share best practices and program challenges. This activity will include collecting testimonies from community members and program beneficiaries so that Luapula Foundation can share program successes and failures.

In addition, Luapula Foundation will continue to provide technical assistance to stakeholders to enable them to handle possible challenges once NPI funding ceases. Luapula Foundation's base of other donors, including Firelight Foundation, American Jewish World Service, Zambia National AIDS Network, and Stephen Lewis Foundation will allow for continuation of support for the AB program. Other partnerships are being actively pursued. Equipment purchased with NPI funds will be necessary in order to continue this prevention program, which will include monitoring of club activities and further training of peer educators at a reduced rate.

Luapula Foundation will also review challenges identified in the 2008 mid-term evaluation to determine if the project has successfully developed interventions for sustainability of the activities in the communities/ sites in which the project was undertaken.

Luapula Foundation will reach no new NPI targets in this closeout phase of the project.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15176	15176.08	U.S. Agency for International Development	Luapula Foundation	7070	7070.08	Luapula Foundation	$0

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 600.09

Mechanism: EQUIP II

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 9712.26193.09

Planned Funds: $400,000

Activity System ID: 26193

Activity Narrative: This activity will be implemented in combination with the counseling and testing (CT) and palliative care activities so that a mix of Workplace services reach targeted individuals.

Teacher deaths have been decreasing each year since 2005. According to the 2005, 2006 and 2007 Ministry of Education (MOE) statistical bulletins, 909, 872 and 593 teachers died in the respective years. The decline may be explained by a range of factors including nationwide access to general health services and ARTs, improved awareness and access to VCT through the MOE's workplace program. AED/EQUIP II support to the MOE has leveraged the World Bank Zambia National Response to HIV/AIDS (ZANARA) Project funding and the Department for International Development (DFID) support for workplace activities. The teaching force in Zambia is critically important in continuing education efforts, and includes over 71,000 teachers in more than 8,500 schools across the country. Some of these schools are in remote, rural areas with fewer than five staff. While CT and AB efforts in the urban areas continue to be pursued, EQUIP II has the unique ability to reach MOE staff in rural areas through innovative workplace initiatives.
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From FY 2006, EQUIP II reached teachers through implementation of AB prevention activities. With the lessons learned from previous years' activities, the MOE, with EQUIP II's support, initiated Teacher Health Days (THDs), which are attended by between 1200 and 3000 people, in July 2006 to increase both HIV/AIDS awareness as well as the uptake of CT services. THDs, which offer a broad range of health services (testing for diabetes, blood pressure, nutrition guidelines), are designed to reduce HIV-related stigma by emphasizing general health. This initiative continued in FY 2007 and will expand during the FY 2008 period. In FY 2008, it is expected that EQUIP II will meet or exceed its targets.

With funds for COP 09, AED/EQUIP II will maintain the level of THDs proposed under COP 08 while at the same time expanding coverage to rural districts. EQUIP II will carry out four THDs in FY 2009 with a focus on conducting THD's in most hard to reach areas. Again, in order to ensure the sustainability of this intervention beyond the life of the EQUIP II program AED will work with the MOE to have THDs integrated into the MOE's 2008-2015 Strategic Plan. This effort will promote the establishment of HIV/AIDS workplace programs and facilitation of related services at the province, district and school levels. It is expected that 10,000 people will be reached through these events.

As mentioned under the CT submission, VCT will be made available at THDs. In addition, group counseling, individual counseling which addresses several psychosocial and health issues including multiple and concurrent partners,, 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 the World Bank Zambia National Response to HIV/AIDS (ZANARA) Project, MOE, and Ministry of Health leveraged to address broader health issues.

The THD communications sent out before the events will come from high-level MOE officials and stress the AB message and principals and other community leaders will be engaged to reinforce these messages at the events.

EQUIP II will also build on partnerships it created between the three unions in FY 06 and FY 07, and MOE to bring HIV-prevention sessions and rallies to unions. In FY 2008, a total of 58 educators (45 men and 13 women) from the unions, out of the targeted 350, were trained on providing information and counseling related to AB prevention to serve as peer-educators and on-going prevention supporters. Additional training for the remainder of the educators will be implemented in FY 2009. All individuals will also be supplied with IEC materials related to AB prevention for distribution at Union Events. Capacity needs of the unions are great, but supporting them will establish a sustainable HIV/AIDS response.

EQUIP II will continue its partnership with The Comprehensive HIV/AIDS Management Programme (CHAMP) and Society for Family Health to specifically bring AB education, HIV-sensitization, and testing to schools in urban and rural areas where many teachers can be reached at a single school.

One of the new initiatives that EQUIP II and MOE proposes is the Pre and Post-Assessment of Knowledge, Attitudes, Practices and Behaviors (KAPB) among Teachers that would match the program to the current knowledge and behavioral practices of teachers and form education and support efforts to teachers. The KAPB study, costing approximately $100 000 USD, will be conducted with the view to increasing the program's scope by initiating new initiatives that would help to achieve substantial impact on the overall MOE HIV/AIDS program. This Pre-Assessment KAPB survey is proposed by MOE and EQUIP II to be conducted in the first half of FY 2009 and will cover 2,000 teachers as a random sampling of the 20,000 teachers nationwide and shall serve as a baseline upon which behavior change can be assessed and compared toward the end of this program. As such, the assessment will be done twice (one pre and one post) during the two remaining years of this program.

As we see capacity building for MOE to be critical for ensuring a sustained and effective response, our data collection efforts described above for the KAPB shall be done in close coordination with EMIS. This will be done to help identify data variables that EMIS may want to incorporate into their own annual data collection efforts for an on-going means of monitoring the MOE's response to HIV and AIDS.

EQUIP II integrates gender in its HIV/AIDS activities and takes into account related gender considerations. The program recognizes that HIV and AIDS affects women and men differently and thus attempts to address specific gender considerations such as: the social roles of males and females in mitigating the impact of and their vulnerability to HIV/AIDS. The MOE has observed that in general terms, many HIV positive women adopt positive-living lifestyles than their male counterparts. This has inevitably resulted in HIV positive men falling ill and dying more often than HIV positive women. The 2005, 2006 and 2007 Ministry of Education (MOE) statistical bulletins indicate that the number of male teachers who die each year is higher than that of female teachers. Fifty five percent of the teachers who were reported to have died in 2005 and 2006 were male. And in 2007, 57 percent of the teachers reported to have died were male. At MOE HQ alone, 5 males died of AIDS related complications between August 2007 and August 2008 compared to only one female staff during the same period.

Activity Narrative: EQUIP II expects this activity together with CT and HBC to encourage more HIV positive men to adopt positive-living lifestyles than is the case now. If they are less likely to adopt positive-living lifestyles, EQUIP2 hopes that the KAPB survey will provide greater insights into this issue and corresponding activities will be initiated.

Generally, women are more vulnerable to HIV/AIDS than men, mainly due to their biological deposition and low bargaining power in sexual issues. Also, the burden of care for People Living with HIV/AIDS (PLWHA) in households lies mostly on women. Both 2006 and 2007 MOE statistics indicates that of the 66,145 teachers in 2006 and 71,612 teachers in 2007 in all schools in countrywide, 46 percent of them were female. This correlates with both the FY 2006 and FY 2007 statistics indicated that 46 percent of those that accessed CT and AB were female. Of the 2,126 teachers that accessed CT in 2006, 1,101 were female and of the 9,232 that accessed AB, 4,216 were female. Similarly, of 20,140 that assessed CT, 9285 were female and of the 22,933 that accessed AB, 10,598 were female. AB services are provided to both men and women at schools, union events and THDs.

The program tracks sex disaggregated data of males and females accessing VCT and HIV sensitization and compares this data to teacher populations to determine whether there are gender considerations in uptake of services. In addition, we will use date collected from FY2008's planned KAP survey to inform future planning in regards to uptake of services. Analysis of this data will provide us with necessary information to determine whether the EQUIP2 HIV/AIDS activities are responsive to the different needs of men and women and, boys and girls.

As the EQUIP II program approaches the end of its agreement, a focus on sustainability of interventions is paramount. As such, EQUIP II will work with the Ministry of Education in the final year of the program to develop a sustainability program that will prioritize interventions and link them to the 2008-2015 MOE Strategic Plan. This effort will promote the establishment of HIV/AIDS workplace programs and facilitation of related services at the province, district and school levels. Thus, AED will work to ensure that MOE funds HIV/AIDS interventions beyond the life of the EQUIP II project. The MOE's financial support for the roll out of Teacher's Health Days has shown by its funding of the MOE HQ Health Day during the World AIDS day in 2007. EQUIP II hopes to build on this commitment in other HIV/AIDS program areas.

EQUIP II's commitment to sustainability is further evidenced by the fact our some activities are being budgeted by MOE and by ensuring that HIV/AIDS activities are integrated and mainstreamed within the MOE. Our staff members will seek not only to ensure tracking of services, but training of MOE HIV/AIDS unit staff and HIV/AIDS National committee members in relation to PEPFAR indicators and methods for tracking them. IEC materials, lesson plans, and strategies will be well documented and housed within MOE's Directorate of Human Resource and Administration file systems and the Education Management Information system. While some outside partners will be engaged, the primary partners working on this effort are the unions and the MOE itself, thereby ensuring the activities are supported by organizations that can continue providing similar services long-after funding under PEPFAR has ceased.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14492

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14492	9712.08	U.S. Agency for International Development	Academy for Educational Development	6852	600.08	EQUIP II	$800,000
9712	9712.07	U.S. Agency for International Development	Academy for Educational Development	4956	600.07	EQUIP II	$400,000

Emphasis Areas	
Gender	
* Increasing gender equity in HIV/AIDS programs	
Workplace Programs	

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education	
Estimated amount of funding that is planned for Education	$200,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	6843.09	**Mechanism:**	RAPIDS-SUCCESS follow on
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	14445.26187.09	**Planned Funds:**	[redacted]
Activity System ID:	26187		

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new follow on to RAPIDS-SUCCESS activity in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be an overlap between the current and new project so that services continue to be provided to new and existing clients.

A new partner will be selected in FY 2009 to implement effective behavior change communication (BCC) activities focusing on abstaining or delaying the age of first sex and being faithful to a single partner, with a particular focus on modifying social acceptance and tolerance of the practice of having multiple concurrent partners, as well as seeking similar attitudinal changes to transgenerational sex and transactional sex.

This activity links with other sexual prevention, biomedical prevention (male circumcision), counseling and testing, and pediatric and adult treatment activities. Abstinence/be faithful (AB) activities also support both Zambian and the PEPFAR goals through a comprehensive approach that promotes better health seeking behavior. The new follow on partner will work in all nine provinces in close partnership with United States Government (USG) partners.

All BCC activities related to HVAB will be evidence-based, will draw on peer-reviewed research, and will support of the National Prevention Strategy (NPS). In 2008, the Ministry of Health (MOH) in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local partners developed the NPS to reverse the tide of HIV/AIDS by intensifying prevention activities nationwide. The follow-on activity will focus on mobilizing faith based groups.

The new BCC partner will carry out community based as well as mass media campaigns targeting young people to inform them about abstinence and being faithful as means to prevent HIV/AIDS transmission. The follow-on will coordinate its messages with the new SO 7 BCC activity which will be pre-tested for effectiveness and translated into multiple local languages. At the same time, the new partner will engage traditional, religious, and community leaders including teachers, musicians, artists, and other role models who will assist in reaching out to youth and spread appropriate AB messages.

At the community level, activities will stimulate viable economic opportunities for youth, and support recreation, dramas, music, and peer education programs for in- and out-of-school youth. Special efforts will be made to reach out-of-school youth, who are generally more likely to engage in risky behavior. All of these interventions consider existing gender roles with the goals of reducing violence, empowering young women to negotiate healthier choices, promoting positive male gender norms and male responsibility, and improve partner communication and mutual decision making,.

The follow on will join other USAID partners in providing technical assistance and other support to the NAC in the dissemination and implementation of the NPS, which focuses on scaling-up behavioral change efforts including abstinence and being faithful. The new partner will ensure that its activities are also integrated into district and provincial plans ensuring ownership and sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14445

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14445	14445.08	U.S. Agency for International Development	To Be Determined	6843	6843.08	RAPIDS-SUCCESS follow on	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	2314.09	**Mechanism:**	PROFIT
Prime Partner:	Cooperative League of the USA	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	3547.26383.09	**Planned Funds:**	$200,000
Activity System ID:	26383		

Activity Narrative: The Production, Finance and Technology (PROFIT) Project, is a five year USAID economic growth initiative, started in 2005 and implemented by a consortium of organizations with strong experience in production, finance, and technology initiatives in Zambia. The Cooperative League of the USA (CLUSA) and Emerging Markets Group (EMG) will work closely with a diverse group of Zambian organizations representing both the public and private sectors including key Government of Zambia (GRZ) institutions, Zambian NGOs, and small, medium, and large private sector firms to increase the production of selected agricultural commodities and non-farm products for which Zambia has a comparative advantage in both domestic and regional trade. As HIV/AIDS has had a tremendous impact on Zambia's agricultural production, using a Wraparound Approach the USG will continue to leverage the existing platform and human resources of the PROFIT Project to implement AB prevention activities. 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, PROFIT expanded its HIV/AIDS prevention work and reached out to a larger number of farmers. In FY 2007, PROFIT did not conduct PEPFAR activity due to outstanding issues with CHAMP, our previous contractor.

In FY 2008, PROFIT began working with a new subcontractor, Afya Mzuri. After conducting a baseline survey that sought, in part, to engage peer educators previously trained by CHAMP, Afya Mzuri was only able to identify a small fraction of those peer educators. As a result, PROFIT decided to take a different approach to future PEPFAR activities. With the remaining PEPFAR funds, PROFIT has and will continue to focus on three geographical areas: Mumbwa, Mkushi (Central Province) and Chama (Eastern Province). Central Province was chosen primarily because all the peer educators previously trained by CHAMP were found there and Chama was chosen because no HIV/AIDS activities have ever been done there. Five peer educator trainings were held in FY08 and 127 peer educators were identified and trained. Previously trained peer educators were given a refresher training. As a result of this training, it is expected that at least 5,000 people will be reached with HIV/AIDS messages.

The main thrust of PROFIT's HIV prevention strategy in FY 2009 will continue to be the promotion of abstinence and being faithful. The presentation of these strategies will be comprehensive. Abstinence and being faithful (AB) 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. To a small identified needy number of HIV/AIDS positive persons, supplementary high protein foods will be supplied. 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 information, education, communication (IEC) materials; (4) Mass Sensitisation; and (5) Monitoring and Evaluation.

Proposed programme for Mumbwa, Mkushi and Chama

• Baseline and follow-up knowledge, attitude and practice (KAP) surveys – the purpose of the KAP survey is to assess levels of awareness about HIV-related issues, including attitudes to people living with HIV, use of condoms, and reported sexual practices. The results of the survey enable the design of a programme which is targeted at an appropriate level to meet the needs of the beneficiaries. In addition, if the survey is repeated 18 months to two years after the implementation of activities, comparison of the results of the two surveys enables an accurate assessment of its impact on the beneficiaries. Baseline and follow-up surveys will be conducted in all three districts to provide clear data on the impact of the programme, as well as to inform its design.

• Mapping and sensitization – each of the three districts will be segmented into zones, and targetted sensitizations will be conducted for each of the zones. There are approximately 20 zones and each sensitization would reach 200 people. The sensitizations would therefore reach a total of 4,000 people. The purpose will be to inform community members about the programme, including its aims and objectives. The sensitization will also include feedback on the results of the KAP surveys. This is a key step in terms of ensuring the lead form managers working with PROFIT, local district officials, as well as traditional leaders are aware of and in full support of the programme.

• Peer education training and refresher training – for each zone, existing and new peer educators will be identified. This will involve working directly with PROFIT field staff, the lead firm managers, service providers, agents, as well as existing peer educators. Approximately 76 peer educators were trained by the previous implementing partner in Mkushi and Mumbwa in 2005/6. A three-day refresher training will be conducted to update their knowledge and skills. A further 50 new peer educators will participate in a five-day training programme in Chama. The peer educators will be trained in groups of 25, and for each group, one Community Coordinator will be identified who will receive additional training in mobilizing groups of peer educators and monitoring their activities. The training will cover the basic facts about HIV and AIDS, as well as behavior change communication, community sensitisation, and adopting a household level approach to community sensitization. Afya Mzuri technical staff will work closely with the peer educators in order to develop action plans for the programme.

• Linkages with health service providers – as part of the KAP surveys, an assessment of health facilities within each of the zones will also be undertaken to determine the HIV-related facilities available. The technical staff will work closely with health service providers to establish an effective referral system for the peer educators, as well as a system to enable follow-up on those people referred in terms of whether they access services.

• Peer education programme implementation – the focus of the peer educators will be one-to-one and small

Activity Narrative: group discussions with community members through a household level approach. This will aim to achieve quality impact in terms of disseminating information about HIV. Monthly monitoring reports will be collected by the Community Coordinators and given to the PROFIT field staff for forwarding to Afya Mzuri. Given the geographical spread of the zones, the Community Coordinators for each zone will have access to two bicycles to enable easy follow-up, particularly in terms of collecting monitoring reports. These bicycles will also be available on a rotational basis to the peer educators to facilitate disseminating information in harder to reach communities. The peer educators will also each receive a t-shirt, cap and kit back so that they are easily identifiable in the community, as well as a bag of mealie meal per month as an incentive. The peer educators will work in pairs, and each pair of peer educators will be tasked with reaching 100 new people per month.

• Quarterly technical support visits – in order to maintain the knowledge and skills of the peer educators, Afya Mzuri will conduct quarterly technical support visits. It is anticipated that with this level of technical support and incentives, each pair of peer educators will reach 100 people per month through one-to-one and small group discussions. It is therefore estimated that 125,000 people will be reached by the peer educators by September 30 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14380

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14380	3547.08	U.S. Agency for International Development	Cooperative League of the USA	6811	2314.08	PROFIT	$100,000
8878	3547.07	U.S. Agency for International Development	Cooperative League of the USA	4968	2314.07	PROFIT	$100,000
3547	3547.06	U.S. Agency for International Development	Cooperative League of the USA	2916	2314.06	PROFIT	$100,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2315.09

Mechanism: MATEP

Prime Partner: Development Alternatives, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 3548.26384.09

Planned Funds: $430,000

Activity System ID: 26384

Activity Narrative: The Market Access, Trade and Enabling Policies Project (MATEP) HIV/AIDS program is a PEPFAR "wrap-around" integrated into the project's export promotion activities in the agricultural and natural resource sectors. MATEP works with private sector exporting clients to encourage them to view HIV/AIDS 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 as well as demonstrate to international buyers that they have responsible workplace programs for employees.

MATEP's HIV/AIDS prevention activities are in four principal areas:
• Sensitization to the risks posed by HIV/AIDS,
• Training of Awareness Educators,
• Dissemination of HIV/AIDS prevention messages and literature,
• Workplace Program design and implementation.

Sensitization involves working with private sector associations and private companies to help company management understand and appreciate the risks posed by HIV/AIDS. This includes risks to the health of their workforce as well as the impact of HIV/AIDS on the company's productivity and competitiveness. MATEP has worked closely with the Zambia Export Growers Association (ZEGA) and the Hotel and Catering Association of Zambia (HCAZ) in the past; both in sensitization of association staff and in mobilizing individual companies for HIV/AIDS activities through the associations. During FY 2009 MATEP will continue working with ZEGA and HCAZ and will also bring members of the Zambia Chamber of Small and Medium Business Associations (ZCSMBA) in the MATEP program as well. An initial ZCSMBA partner will be the Mazabuka District Business Association (MDBA).

The next step is training of Awareness Educators among the workforce of participating companies. Awareness Educator training focuses on providing the information and skills necessary for delivery of HIV/AIDS prevention messages to the full workforce of a company. MATEP developed a curriculum for conducting this training based on the PEPFAR Guidelines of A, B, and C (February 2006). The training covers topics such as: defining HIV and AIDS, modes of HIV transmission, modes of protection against infection, progression of HIV infection, impact of HIV/AIDS on community, household etc..., Voluntary Counseling and Testing (VCT), Positive Living and HIV Treatment. Training is generally conducted over a two day period to groups of about 20 trainees.

MATEP will start this year by updating and revising the curriculum based on new information that has been developed about HIV/AIDS and on the lessons learned in conducting three years of Awareness Educator training. As part of this effort, MATEP will work with the Health Communication Partnership (HCP) to expand the range of HIV/AIDS brochures that MATEP will translate into local languages, reprint and distribute to program participants. MATEP will also partner with other HIV/AIDS providers in order to make sure that services such as condom distribution, voluntary counseling, and HIV/AIDS is testing is available to workers and community members.

During FY 2009, MATEP will expand its Awareness Educator program to not only train Awareness Educators themselves but to undertake training of trainers as well. This will enable the partner associations (ZEGA, HCAZ and MDBA) as well as individual firms to continue Awareness Educator training in their workforce after the close of the MATEP project.

After training comes dissemination of HIV/AIDS prevention messages. As the final part of Awareness Educator training, each trainee develops a roll-out program for delivering the HIV/AIDS messages and literature to his or her co-workers. These roll-out programs are coordinated with the Human Resources managers of respective companies; then roll-out starts with Awareness Educators are generally responsible for outreach to about 120 workers. MATEP works closely with the Human Resource managers throughout the rollout to ensure that programs stay on track, that message delivery is effective and that monitoring data is properly collected.

During implementation of MATEP's HIV/AIDS program in previous years many companies asked that the rollout be expanded to include the surrounding communities where their workers live and from which the workforce is drawn. This has since become a standard part of the MATEP program.

As well as rolling out to company workforces and communities, MATEP delivers HIV/AIDS prevention messages during workshops conducted by the project. Both the MATEP Market Access and Tourism Components regularly conduct workshops on various topics in their respective sectors. Whenever these workshops are held, an HIV/AIDS session is added to the schedule so that an Awareness Educator can present HIV/AIDS prevention messages to the participants, distribute HIV/AIDS brochures and answer any questions that arise.

The fourth principal activity is Workplace Program design and implementation. Previously MATEP has worked with ZEGA and HCAZ in developing Workplace Codes of Conduct covering HIV/AIDS topics. This was expanded last year with an activity with the Ministry of Labor and Social Security (MLSS) developing an HIV/AIDS policy checklist to be used by labor inspectors during inspection exercises with companies. Both activities will be expanded during FY 2009. With ZEGA and HCAZ, MATEP will develop sector specific Workplace Policy models, and then work with the associations and individual companies in adapting and implementing the policies for their firms. With the MLSS policy checklist, MATEP will replicate the activity for the Ministry of Tourism, Environment and Natural Resources and then work with inspectors in both ministries for the rollout to companies. Rollout involves helping individual companies develop Workplace Policies and delivery of HIV/AIDS prevention messages as well.

During the FY 2009 period, MATEP will reach 30,000 individuals through HIV/AIDS outreach prevention programs and will train 600 individuals as Awareness Educators for delivery of abstinence/be faithful prevention and awareness messages. All the targets will be met by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14382

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14382	3548.08	U.S. Agency for International Development	Development Alternatives, Inc	6813	2315.08	MATEP	$430,000
8879	3548.07	U.S. Agency for International Development	Development Alternatives, Inc	4969	2315.07	MATEP	$130,000
3548	3548.06	U.S. Agency for International Development	Development Alternatives, Inc	2917	2315.06	MATEP	$100,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2914.09

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 GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 3544.26385.09

Planned Funds: $557,413

Activity System ID: 26385

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 PACT, Y-Choices and RAPIDS. IYF and its partners also engage regularly with government structures at the district level, such as the District AIDS Task Forces.

EAYPI is an ongoing program that has previously worked with five sub-grantees, including Zambia Girl Guides Association (ZGGA), Zambia Young Men's Christian Association (ZYMCA), Zambia Young Women's Christian Association (ZYWCA), Zambia Red Cross Society (ZRCS), and Zambia Scouts Association (ZSA) through FY08. In FY 2009 IYF will implement its activities through three sub-grantees: ZGGA, ZYMCA, and ZYWCA. These sub-grantees implement programs in different provinces, but also collaborate with each other at technical committee meetings to share lessons learned and to ensure consistent messaging. Each sub-grantee will continue to hold district sensitization meetings to reinforce the project and its goals.

By the third quarter of FY 2008, 272 peer educators were trained. EAYPI will continue to implement activities similar to those implemented in FY 2008. In FY 2009, EAYPI will train 1,300 peer educators, out of which 45 will be trained as trainers of trainers and 85 will be trained as new trainers in ABY/HIV prevention messages, and 20,000 in and out of school youth will be reached with age-appropriate ABY messages and parent to child communication messages for adults. The number of people reached will be achieved through community outreach activities which includes 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 community theatre. Approximately 60 percent of the youth reached will be girls. To ensure consistency, efforts will be made to use standardized training materials, including curriculum and tool kits, for all three sub-grantees.

Sub-grants will be provided to the three organizations for the duration of the project based on good financial and program management performance. 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, and Girl Guide patrols). IYF will also work with sub-grantees to develop and implement a project close-out plan. This will be developed by mid 2009 and implemented by first quarter of 2010.

In FY 2009, IYF will undertake capacity assessments of all three 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 to ensure that 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. Quarterly on-site monitoring visits will be conducted to provide technical assistance and to ensure program quality.

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 2009, IYF will scale-up skills-based HIV prevention education, especially for younger youth and girls by increasing the number of peer educators and youth reached. At least 1,300 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, and other HIV/AIDS related services.

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, teachers, 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 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 RAPIDS delayed sexual debut campaign. IYF recently purchased over 10,000 brochures, leaflets and "Choose Life" magazines in English, Nyanja and Bemba though the private partnership with Jonson and Johnson, a contribution totaling $100,000.

IYF will also work to strengthen the roles of parents and other influential adults in ABY. IYF will continue to roll out the parent-to-child communication program 'Safe from Harm.' These trainers are utilizing the 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 further 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 multiple concurrent partners and male gender roles with a concentration on challenging norms about masculinity, including the acceptance of

Activity Narrative: 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 young men at an early age as a long- term strategy to address sexual violence and exploitation of young girls and women.

IYF has developed a participatory monitoring and evaluation (M&E) system 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 peer educator and community 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. In 2009, IYF will develop a transition plan to ensure that program activities continue after the end date of June 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14393

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14393	3544.08	U.S. Agency for International Development	International Youth Foundation	6819	2914.08	Track 1 ABY: Empowering Africa's Young People Initiative	$750,000
8899	3544.07	U.S. Agency for International Development	International Youth Foundation	4977	2914.07	Track 1 ABY: Empowering Africa's Young People Initiative	$490,332
3544	3544.06	U.S. Agency for International Development	International Youth Foundation	2914	2914.06	Empowering Africa's Young People Initiative	$209,929

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 630.09

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 3638.26386.09

Planned Funds: $1,478,000

Activity System ID: 26386

Activity Narrative: This activity has been modified in the following ways:
1. Significant expansion of HIV/AIDS leadership strengthening activities in abstinence and being faithful (AB) for traditional leaders, Members of Parliament, Leaders in Industry, and young influential Zambians
2. Significant expansion in AB in private sector workplace programs through local Nongovernmental Organization (NGO) partner LEAD Program Zambia and through business associations partners Zambia Business Coalition on HIV and AIDS (ZBCA), Livingstone Tourism Association (LTA)
3. Phase-out of support to the Mining and Agri-business Public Private Partnership through SHARe

Activity Narrative:

This continuing activity links to JSI SHARe activities OHPS (#8911), HVOP (#8915), HVCT (#9605), and Public Private Partnerships.

The SHARe project has collaborated with the National HIV/AIDS/STI/TB Council (NAC) and other partners to provide and support abstinence/be faithful (AB) HIV prevention activities and messages; activities and messages that are relevant for people living with HIV/AIDS (PLWHA), individuals who are HIV un-infected and for individuals who do not yet know their HIV status.

SHARe has significantly scaled up support to prevention through abstinence/be faithful programs over the past four years. In the two-year period between October 2004 to September 2006, SHARe reached 463,753 persons with AB messages and trained 4,251 persons in AB. From October 2006 through September 2007, SHARe has reached 464,917 individuals with AB messages and trained 2,437 persons in AB. From October 2007 through March 2008 SHARe reached 185,576 individuals with AB messages and trained 707 persons in AB. As part of this scale up, SHARe will continue to incorporate AB messages at social mobilization events through the Tourism HIV and AIDS Public Private Partnership (PPP) and other national and traditional social mobilization events.

SHARe will continue to strengthen the capacity of NGOs, public and private sector workplaces, Provincial AIDS Task Forces (PATFs) and District AIDS Task Forces (DATFs), and Rapid Response Fund Community -based Organization (CBO)/Faith-based Organization (FBO) sub-grantees to implement AB programs.

In FY 2009 SHARe will continue to implement comprehensive AB programs in workplaces and communities targeting adolescents, men, women, the business community, PLWHA, and mobile populations including truckers, miners and agricultural workers, and incarcerated populations. The project will continue to work 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 bus drivers; and the Ministry of Tourism Environment and Natural Resources, which includes wild life scouts and employees of lodges and tourism businesses. As part of its support to the Ministry of Transport and Communications workplace programs, SHARe will expand its reach beyond the Ministry itself, and support selected minibus and taxi businesses in Lusaka to implement comprehensive workplace AB programs.

Within each Ministry, SHARe will support peer educators training and provide technical support to peer educators to provide AB messages in the workplace and/or defined outreach communities. The subordinate role of women in the home, the cultural teachings that perpetuate the low status of women, and the poor economic empowerment of women, make them more vulnerable to HIV infection, and this often extends to the workplace. SHARe is currently implementing training programs focused on gender and sexuality through its public sector workplace programs to address these issues through specifically tailored life-skills workshops for employees and their spouses. The programs encourage and promote dialogue between couples on issues of sexuality, gender, and culture, thus allowing for more gender-sensitive workplace interventions. This intervention model has proved highly successful in breaking down the silence on gender-specific vulnerabilities to HIV infection, and will continue in FY 2009. Additionally, SHARe will continue to provide support for Positive Action for Workers (PAW), a support group that focuses on the needs of PLWHA in the workplace. These two interventions will incorporate appropriate AB messages and strategies.

The project will continue to build on its work with private sector businesses and markets through five local NGO partners: Zambia Health Education and Communications Trust (ZHECT); LEAD Program Zambia, ZamAction; Afya Mzuri; and Latkings. The informal sector and the very small businesses pose special challenges as workers in these sectors are harder to reach, but are also at increased vulnerability to HIV. Through local NGO partner LEAD Program Zambia, SHARe will continue to support AB for very small businesses such as charcoal burners and small-scale fishermen. Through local NGO partner ZamAction, SHARe will continue to conduct mass sensitization around AB and provide one-on-one interpersonal AB counseling with vendors in the informal sector markets in Lusaka and Lusaka peri-urban areas. The informal market strategy has been very successful in taking prevention services to a very hard-to-reach sector of the Zambian workplace. The project will continue to use innovative AB approaches such as drama, peer group discussions, and social mobilization events to reach market vendors with AB messages.

SHARe will continue to ensure that community-based AB programs implemented by small CBO/FBO grantees are not only technically appropriate, but are also responsive to local needs. The project will assist to PATFs and DATFs to coordinate AB activities at the provincial and district levels. AB activities and messages incorporated into other prevention activities during World AIDS Day, voluntary counseling and testing for HIV (VCT) Day, and other commemorative events, through support to NAC, PATFs, DATFs, and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO).

The project's work with the chiefdoms to facilitate dissemination of comprehensive AB messages during traditional ceremonies will continue. SHARe will expand its effort to engage leaders and foster leadership at national, district and community levels in the fight against HIV/AIDS. SHARe will work with Members of Parliament, Traditional Leaders, Leaders in Industry and young influential Zambians (musicians, artists, youth leaders) to increase the reach of appropriate AB messages. SHARe will provide support and/or

Activity Narrative: platforms for leaders to speak out more against practices that are known to fuel HIV transmission such as, multiple and concurrent partnerships, gender-based violence, and alcohol and substance abuse, during SHARe-sponsored and other HIV/AIDS social mobilization events, including World AIDS Day and VCT day. SHARe will also provide training/ and or technical assistance in HIV/AIDS advocacy and ambassadorship to Zambian leaders to enable them to have a fuller understanding of the HIV/AIDS epidemic in Zambia, and how they can provide effective leadership in the national response. The project will work with the NAC and other stakeholders to design a toolkit with appropriate HIV/AIDS messages to give guidance to Zambian leaders as they become more engaged in the fight against HIV/AIDS and ensure that the messages they give are consistent and scientifically sound. Share expects that leaders will also be key partners in promoting interventions that can offer protections against HIV/AIDS such as PMTCT and male circumcision, and in fighting stigma and discrimination against people living with HIV/AIDS. Additionally, the project will work with leaders to help mobilize Zambians to access CT services so that they can know their HIV status and take informed decisions regarding HIV prevention, including positive prevention, through AB interventions.

SHARe will continue to support its six local NGO/FBO (Afya Mzuri, ZamAction, ZHECT, LEAD Program Zambia, ZINGO and Latkings) and two business associations (ZBCA and LTA) partners working in AB prevention to build sustainable programs through strengthening of technical and management capacities and mobilization of resources through the SHARe OHPS (#8911) activities. Activities will include participatory analysis of current sustainability levels, sharing of sustainability strategies of successful NGOs, development of sustainability plans and facilitating linkages to potential donors and other capacity-building partners/projects. SHARe will continue to work with public sector ministries, PATFs and DATFs to help ensure that HIV/AIDS policies, work plans, budgets, and resource mobilization plans are developed to sustain their HIV/AIDS workplace activities.

In FY 2009, SHARe and its partners will train 1,200 persons in AB. Trained educators will reach 215,000 individuals with AB prevention messages in workplaces, communities, during social mobilization events, and traditional ceremonies across Zambia. SHARe will also continue to focus on improving training and supportive supervision to ensure quality of care and to improve reporting. Peer educators trained through this ongoing support will implement AB education, make appropriate referrals for sexually transmitted infection (STI) management and Male Circumcision, provide information to prevent sexual and gender-based violence and refer for treatment and other services where applicable, promote partner reduction, and create referral links to Post-exposure Prophylaxis, counseling and testing (CT), prevention of mother-to-child transmission of HIV/AIDS (PMTCT), and antiretroviral therapy (ART).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14396

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14396	3638.08	U.S. Agency for International Development	John Snow Research and Training Institute	6821	630.08	SHARE	$1,628,000
8906	3638.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$1,438,000
3638	3638.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$450,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $347,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	1409.09	**Mechanism:**	Y-Choices
Prime Partner:	Pact, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	3857.26390.09	**Planned Funds:**	$480,000
Activity System ID:	26390		

Activity Narrative: This is a Track 1.0 multi-country Abstinence Behavior Change for Youth (ABY) activity that links with other United States Government (USG) ABY partners, including International Youth Foundation/ Empowering Africa's Young People Initiative, Health Communication Partnership (HCP), and CHANGES2. This activity supports both the National HIV/AIDS/STI/TB Strategic Framework and the 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 among in-school and out-of-school youth aged 10-24, through peer education. The program is implemented through sub-grantees including non-governmental organizations, community-based organizations, and faith-based organizations. FY 2009 funds will be used to provide ABY sub-grants to at least five (05) sub-grantees that will be competitively selected from the FY 2007 and 2008 Y-Choices sub-grantees that have historically performed well. Currently, Y-Choices and its sub-partners are working in five rural provinces: Central, Luapula, North-Western, Southern, and Western.

Utilizing the networking approach to HIV/AIDS programming, ABY sub-grantees will collaborate with other stakeholders in the field to ensure quality services for youth and to avoid duplication of efforts. Referrals will be encouraged to ensure that sexually active young people who require counseling and testing (CT), condom services and other HIV/AIDS related services are referred to partner organizations providing these services within the coverage area.

Y-Choices Abstinence and Be faithful for Youth activities are conducted through schools and community Anti-AIDS clubs at the district/community level, and are guided by the school matrons and patrons who were trained as adult mentors by the Y-Choices project. ABY sites are identified through a consultative process with district local leadership and stakeholders such as District AIDS Task Forces, District Education Boards, and District Health structures.

In FY 2008, the program had four sub-grantees and by mid-year had reached approximately 25,848 youth with AB messages and 23,587 youth with Abstinence-only messages. A total of 172 persons were trained to reach out to the youth along with their guardians/parents with AB messages in 101 sites. In FY 2009, Y-Choices will implement ABY activities in 100 new sites. Each of the five sub-grantees will cover ten schools and ten surrounding communities. A total of 1,000 peer educators and 250 adult mentors will also be trained in these sites. The project will reach 50,000 youth with AB messages and 43,750 youth with abstinence-only messages. Approximately 60% of the total youth reached will be girls.

In FY 2009, the major thrust of the program will be to continue supporting the in-school, community and church based peer-to-peer education and child mentoring outreach by peer educators and adult mentors. At the same time, efforts will be made to ensure program sustainability at all levels of program implementation by increasing personnel skills and capacities in program implementation and management. In addition, the school, church and community HIV/AIDS clubs will be supported with enough information, education, communication (IEC) materials to be used even after end of the program. The peer educators will provide age appropriate AB messages to fellow peers through outreach activities. The adult mentors, including parents, church leaders and teachers, will provide guidance to peer educators in their planning and implementation of peer education activities, and promote parent/adult/child dialogue. The project will encourage dialogue between youth and their parents, and other adults on sexuality issues, and messages 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.

The sub-grantees carry out daily program management and provide technical support to community and school activities through trained peer educators, teachers, adult mentors, and program staff, including monitoring and evaluation officers. The sub-grantees often exchange experiences, strategies, materials, and approaches to AB messaging. PACT also trains sub-grantees in program and grants management, reporting, and monitoring and evaluation. In FY2007 and FY2008 some sub-grantees received funding from other agencies, such as the United Nations Development Program, the Zambia National AIDS Network and the National HIV/AIDS/STI/TB Council (NAC) demonstrating donor confidence in the Pact Zambia sub-grantees' program and financial management systems.

To ensure further program sustainability, Y-Choices will continue to build the capacities and skills of sub-grantees in grants and program management, monitoring and evaluation, including: the development of work plans, funding proposal narratives, organizational strategic plans, community mobilization and advocacy strategies, and financial management. Pact Zambia will develop and implement a Sustainability Plan for its partners to ensure continuity of the activities after June 2010. The plan will include linking the partner organizations to other donors interested in ABY programming.

Sub-grantees will encourage traditional, religious, and civic leadership to participate in community mobilization and program activities. Y-Choices' sub-grantees will ensure linkages and synergy of their school based and community HIV/AIDS action groups' ABY activities to existing government structures, such as the Provincial AIDS Task Forces, and the Neighborhood Health Committees. Y-Choices will also continue its membership on the formed Prevention of Sexual Transmission working group supported by the NAC. To enhance coordination, standardization, and learning, Y-Choices will be in constant communication with other United States Agency for International Development (USAID)-supported ABY partners, through the USG AB partner working group.

Gender will be a focus for partners in the implementation of this activity. The messaging, program evaluation, and reporting will incorporate gender issues, as HIV/AIDS affects boys and girls differently. The communication strategy will ensure that these HIV related issues for boys and girls (such as multiple sexual partners, sexual abuse, violence 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. Y-Choices will encourage its sub-grantees to adapt any existing and approved AB radio programs developed by other partners, such as Population Services International/Society for Family Health and Health Communication Partnership. Additionally, sub-partners

Activity Narrative: will develop specific programs such as radio talk shows on abstinence to fill missing gaps. To standardize the AB messages reaching youth and maintain positive behavior, Y-Choices sub-grantees will continue using approved and available information, education, and communication materials that have been developed by various stakeholders and approved by the NAC.

Pact Zambia's Y-Choices will conduct regular field compliance visits to the sub-grantees for program and financial backstopping. The program will also continue tracking results from each sub-grantee through the reporting template submitted quarterly. The template helps in tracking key program data as well as challenges and success stories. Y-Choices plans to complete program closeout procedures and submit final program technical and financial reports by June 30th, 2010 to USAID. A close out plan will be developed by December 2009 to guide this process.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14414

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14414	3857.08	U.S. Agency for International Development	Pact, Inc.	6826	1409.08	Y-Choices	$1,780,242
8922	3857.07	U.S. Agency for International Development	Pact, Inc.	4987	1409.07	Y-Choices	$805,597
3857	3857.06	U.S. Agency for International Development	Pact, Inc.	3129	1409.06	Y-Choices	$585,249

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 412.09

Mechanism: RAPIDS

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 3556.26391.09

Planned Funds: $413,215

Activity System ID: 26391

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

RAPIDS cooperative agreement will end in December of 2009. The project will continue activities with all partners during October 2009 and then begin the phase over process to the new mechanism. This phase over process will begin soon after the new mechanism is awarded and the new cooperative agreement comes into effect. Plans for phase over will include programmatic topics, staffing, finance, disposal of assets, and continuity of care for all RAPIDS clients. There will be a concerted effort for a fluid transition to ensure that both clients and caregivers are adequately supported. A lapse in programmatic coverage will be avoided through a coordinated plan for phase over and thus a successful transition.

During FY 2008 modules on reproductive health and sexually transmitted infections (STIs) will be incorporated into the HVAB curriculum. These modules will be utilized in FY 2008 and continuing into FY 2009.

Activity Narrative:

RAPIDS, which undertakes care and support activities in 52 of the 72 districts in Zambia, is a consortium of six organizations: World Vision, Africare, CARE, CRS, The Salvation Army, and the Expanded Church Response (ECR), as well as other community-based organization (CBO) and faith-based organization (FBO) local partners. RAPIDS uses a household approach which creates a basis for extending care and support to youth, orphans and vulnerable children (OVC), and people living with HIV/AIDS (PLWHA) within the context of needs and priorities identified at a household level. RAPIDS will support the Zambia National HIV/AIDS Prevention Strategy and may participate in campaigns, and will work with PEPFAR funds to reduce HIV transmission accordingly, within its project mandate, and to the extent its resources permit.

In FY 2009, RAPIDS expects to reach 3,786 youth with Abstinence and Being Faithful for Youth (ABY) messaging. This number represents those youth graduating from a nine-month ABY life skills course. RAPIDS will continue targeted prevention strategies to focus on boys/young men. This is in view of the central role they play in courtship and HIV transmission, as well as in the empowerment of women and reduction of gender based violence. RAPIDS will specifically encourage young men to form or participate in existing support groups as allies in the reduction of violence against women and children and to get involved in home-based care (HBC) work in order for them to assume a community caring role. RAPIDS will contribute to the reduction in HIV transmission by promoting abstinence among unmarried young people aged 10–24 years and faithfulness among young married couples. Through the Youth Forum, RAPIDS will interface with Government of the Republic of Zambia (GRZ) to contribute to the National Youth Policy field implementation and monitoring.

In FY 2008 and to the extent possible in Oct. 2009, RAPIDS will adapt and distribute a variety of AB information, education, communication (IEC) materials in coordination with national abstinence and being faithful (AB)-related campaigns and with the PEPFAR-funded health communication partnership (HCP) Project. In addition, RAPIDS will apply other strategies for dissemination of information such as drama campaigns, sport, radio, and music festivals. In monitoring its youth support activities, RAPIDS will continue to refine and adapt its monitoring and evaluation (M&E) tools to align with overall PEPFAR guidelines and indicators, which are currently under review. As a matter of practice, RAPIDS M&E will also correspond with the “Three Ones.” RAPIDS will support consortium members in utilizing the ABY M&E systems developed in FY 2008, capable of documenting interventions and demonstrating impact. RAPIDS will encourage documentation of case studies/success stories at all levels.

2,365 boys /young men will be trained in life skills with a focus on gender roles in order to counter stereotypes that encourage risky sexual behaviors. In order to assist youth with community care roles, training will be provided in basic counseling and psychosocial support (PSS) so that they can provide counseling to their peers who might be going through trauma of illness or loss of their parents.

In FY 2008 and to the extent possible in Oct. 2009, RAPIDS will sensitize ‘Gate Keepers’ such as traditional leaders and traditional initiators to ensure that they fully understand and appreciate their role in promoting AB among young people.
In FY 2008 and to the extent possible in Oct. 2009, RAPIDS will enhance the nutritional status of youth and at-risk OVC by providing life skills and skills in food processing and utilization. The life skills training will equip the target groups to identify, analyze, and deal with inequalities and power imbalances between women/girls and men/boys in communities. The program will also work with traditional initiators/leaders to eliminate harmful traditional and cultural practices which put youth at high risk such as early initiation of sex, dry sex, sexual cleansing, and wife inheritance.

In addition, RAPIDS will work to reduce transactional sex, a strategy commonly used by young women for coping with poverty, by providing livelihood training and access to business start-ups. The effort will not focus only on one side of the problem, younger women as “victims.” This will also include efforts to discourage older male behavior (“perpetrators”) from using their financial advantages to exploit younger women as well. As part of HIV prevention, youth will be educated on the link between alcohol and HIV/AIDS and advocacy efforts made to reduce intake of alcohol among youth. In partnership with Society for Family Health (SFH) and according to GRZ and USG guidelines, RAPIDS will help to promote male circumcision as a prevention method.

In the closing months of RAPIDS, staff and volunteers will strengthen referral networks at district level, and will continue to work with Government of Zambia (GRZ) structures such as District AIDS Task Forces (DATFs). The referral process will involve identification of key service providers, formalization of collaborative relationships, and follow-ups. RAPIDS’s partners and sub grantees will continue and conclude efforts to identify and refer at-risk youth to relevant services such as voluntary counseling and testing for HIV (VCT), sexually transmitted infections (STI) testing, and treatment. The community-based counseling and testing (CT) program will conduct counseling and testing for youth. RAPIDS will continue to support apprenticeships and internships through private-sector partnerships that provide youth with valuable work

Activity Narrative: experience and job opportunities.

RAPIDS's main approach to promotion of sustainability is through mobilization of communities nationwide to take a lead role in the response to HIV/AIDS in Zambia. To further the sustainability of current grassroots efforts, RAPIDS will link CBOs and FBOs to existing HIV/AIDS resource streams. RAPIDS technical and material support for the development of prevention activities include equipping HIV educators within FBO/CBO institutions with a "Training of Trainers" program designed to help them provide further training to supervisors, peer educators, and staff within their respective institutions and organizations. These opportunities for cascading training will have equipped the FBOs/CBOs with management and fundraising skills.

In addition, RAPIDS provides a practical component where special workshops are arranged to train youth in agricultural skills, crafts such as pottery and basket weaving, home economics, cooking and gardening, and other such vocational skills as appropriate to each setting and local markets.

Over the last five years, the RAPIDS sub-grant program equipped CBOs/FBOs working in AB to respond to HIV/AIDS in their communities more effectively through mentorship and training. All sub-grantees will be identified to the new USAID mechanism, ideally with GPS coordinates, a brief description, and performance review. The funding for GPS has not been identified but will be sought during FY 2008.

Because AB clients will not carry over from COP FY 2008, RAPIDS will only begin to provide AB services for one month early in COP FY 2009, resulting in a massive decrease of over 90% from COP FY 2008. RAPIDS will still count and report the youth it reaches as direct clients.

All FY 2009 targets will be reached by October 31st, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14439

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14439	3556.08	U.S. Agency for International Development	World Vision International	6841	412.08	RAPIDS	$2,408,152
8945	3556.07	U.S. Agency for International Development	World Vision International	4995	412.07	RAPIDS	$2,066,700
3556	3556.06	U.S. Agency for International Development	World Vision International	2922	412.06	RAPIDS	$1,590,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $35,846

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3028.09	**Mechanism:**	Peace Corps
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	3722.26024.09	**Planned Funds:**	$1,267,400
Activity System ID:	26024		

Activity Narrative: With the assistance of Peace Corps (PC) Volunteers funded in FY 2006 and FY 2007, 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 people living with HIV/AIDS. They have trained service providers and Community Based Organizations on using PC's Participatory Community Analysis tools.

Building on its PEPFAR-funded achievements of the past fiscal years, PC/Z (Peace Corps Zambia) will continue to 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 in developing effective community responses to HIV/AIDS through training in HIV/AIDS, AB prevention, fundraising and community outreach. They will also mobilize community leaders and groups capable of influencing local norms and values to help amplify those compatible with HIV prevention while discouraging those that are not. 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. These populations are specific targets of the Volunteers' work.

Operationally, PC/Z will continue to focus its PEPFAR program on the following three levels of intervention in FY 2009.

First, 15 two-year Volunteers funded under this COP and 15 Volunteers funded under the FY 2008 COP will concentrate their HIV/AIDS activities in remote villages not typically served by other PEPFAR-funded partners. Volunteers will assist rural health centers and Neighborhood Health Committees (NHC), providing leadership and promoting networking among communities. 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, PC/Z will recruit 7 extension Volunteers with strong HIV/AIDS field experience and more advanced technical skills for one-year assignments. The value of having these Volunteers has been seen by both the PEPFAR team and the organizations and has resulted in an increase in requests for their service.

The one-year Volunteers will be placed with government, non-governmental and PEPFAR-funded organizations at the district level or in secondary cities to help build capacity for community mobilisation for AB prevention and to also help strengthen the links to other HIV-related services especially counselling and testing services.

PC/Z will also recruit more Extension transfer Volunteers for one year assigments to strengthen HIV prevention programs for the deaf. These Volunteers will be placed with organizations to develop methods and materials for building the knowledge and skills of the deaf community.

Third, in partnership with Government and PEPFAR-funded organizations, PC/Z will train 120 two-year Peace Corps-funded Volunteers, whose current projects do not directly relate to HIV/AIDS, and provide them with materials on HIV/AIDS so they can incorporate prevention themes into their work. Introduced in FY 2007, this activity will expand the reach of HIV/AIDS prevention work within the communities served by PC/Z as well as fully integrate HIV/AIDS programming within all PC/Z projects. To ensure sustainability of the program, all Volunteers will continue to be trained together with their counterparts from their communities. The trainings will be conducted in partnership with Government and other PEPFAR funded organizations to ensure consistent messaging as well as strengthen capacity for networking and collaboration at this level.

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 as well as other AB tools and materials being used by Government and other PEPFAR partners. Training sessions on HIV/AIDS, STIs and reproductive health are integrated appropriately for different age groups and target audiences.

Volunteers will continue to 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. Sports and entertainment programs will also be used to build motivation and skills for HIV prevention.

Programs targeting young girls will be continued. Special emphasis will also be placed on strengthening work with boys to address male behaviors and norms that place them at risk of HIV infection. Community-based boys' clubs will be supported to educate and motivate boys to develop healthier behaviors.

An important component of reproductive heath education at the village level in Zambia is provided by Banafimbusa, traditional initiators who instruct girls on marriage customs and values. As they hold a strong influence over youth, they will be provided with information and training on HIV and AIDS to ensure correct and consistent messaging.

In FY 2009, 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.

To determine appropriate interventions, Volunteers conduct initial needs assessment at their sites and pre

Activity Narrative: 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:

Program Manager (current position)
Driver (current position)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16360

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16360	3722.08	Peace Corps	US Peace Corps	7425	3028.08	Peace Corps	$1,842,700
3722	3722.06	Peace Corps	US Peace Corps	3028	3028.06		$790,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11042.09

Mechanism: Media Support Partnership

Prime Partner: Media Support Partnership

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 26334.09

Planned Funds: $1,450,000

Activity System ID: 26334

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Narrative updates highlight progress, challenges, and achievements. This activity is related to activities in Other Prevention Modeling and Reinforcement to Combat HIV/AIDS (MARCH) and AB (HCP, Corridors of Hope II, and RAPIDS).

The Modeling and Reinforcement to Combat HIV/AIDS strategy was initiated in FY 2006 in Zambia. This activity builds local capacity to address factors that perpetuate HIV transmission in the reproductive age group (15-24 and 25+), and promotes the "Abstinence and Being faithful" (AB) strategy. One component is a radio serial drama (RSD) that provides listeners with authentic, realistic examples of people attempting to change HIV risk behaviors associated with multiple and concurrent sexual partnerships. The RSD is supported by the second component, Reinforcement Activities (RAs), which create community dialogue about behavior change modeled in the RSD and help communities to modify social norms and cultural practices which sanction multiple sexual partners. This strategy highlights relevant norms and behavior, such as transactional sex and sexual and domestic violence that contribute to HIV risk. RAs provide support to people to change their individual behavior, through creation of an enabling social environment, and link people to existing and forthcoming services. A third component that specifically addresses abstinence is the Families Matter Program (FMP), which focuses on the role of parents in delivering primary prevention messages to their children and promotes delayed sexual debut.

In FY 2009, MARCH will continue to implement RSDs and RAs in Southern and Western Provinces, reaching 100,000 individuals with HIV/AIDS prevention through AB messages. Specific behaviors to be modeled in the dramas will be identified in consultation with stakeholders and will relate to reduction of multiple concurrent partnerships, parent-child communication, access to and use of HIV testing and treatment services and prevention with positives. In the RAs community drama groups will continue to write and publicly perform plays based on RSD storylines, and facilitate community dialogue focusing on locally-identified risks and barriers to safe behaviors. Peer educators will continue to hold discussions with small groups relating to behavior changes modeled in the RSD and highlight mediating variables such as psycho-social factors and social and gender norms. They will distribute informational materials and refer participants to HIV/AIDS-related services. Local partners will help set-up listening and discussion groups in which participants can discuss the RSD content after hearing the program. A further 150 individuals will be trained to promote HIV/AIDS prevention through AB.

The FMP will continue to equip parents with tools to deliver primary prevention messages to their children. The program will enhance protective parenting practices by working with 2,000 parents (a sub-set of the overall target) to build their knowledge, skills, comfort, and confidence to discuss sexuality issues with their children, to build relationships, and to monitor their children's movement to discourage risky sexual behavior. Sites in at least one rural district in each province will be added to those reached in FY 2008. As part of the year two implementation of FMP, program monitoring which is key to understanding program outcome will be adapted from the Kenya model and implemented.

Outcome data from FY 2008 will be used to adjust the RSD and RA components and the MARCH team will conduct routine monitoring activities such as feedback sessions with listeners of the RSDs and participants in the RAs. On-air competitions will assess the RSDs' appeal and help communities to actively engage with the program. The FMP will be evaluated using protocols adapted from Kenya and other FMP-implementing countries.

MARCH start-up activities included stakeholder consultations, partner identification, gap analysis of HIV prevention behavior change communication in Zambia, formative research and development of a detailed implementation plan. Orientation and training workshops built capacity among local writers, producers, and actors to manage and produce RSDs and RAs. The MARCH team developed, wrote, and recorded scripts revolving around key characters who modeled the transition from an "unsafe" to a "safe" behavior over time, providing listeners with role models to emulate and the inspiration to change. Storylines focused on faithfulness, partner reduction, modification of cultural norms such as sexual cleansing and gender norms that condone extra-marital and multiple relationships, as well as use of HIV treatment services. Writing and production was a continuous cyclical process that used the innovative "Pathways to Change" tools, unique to MARCH, which ensure program consistency with behavioral theory and research. In September 2006 weekly episodes of the RSD, 'Gama Cuulu', went on air in the local language, Tonga, on four radio stations throughout Southern Province. One-hundred episodes had been aired by August 2008.

The RAs targeted community members directly through street theatre and peer education activities in five districts of Southern Province, reaching a total of 44,473 people in the second half of FY 2006 and 64,829 people in the first half of FY 2007, exceeding the target of 50,000 for the period. Radio reinforcement programs aired in which community members discussed their personal experiences related to RSD content. In FY 2007 the project trained 60 new peer facilitators to add to the existing 130. Links with mobile voluntary counseling and testing (VCT) providers ensured services were available to meet immediate demand. Service providers included Corridors of Hope II, New Start Center, and Ministry of Health clinics.

In FY 2007 the program was initiated in Western Province: MARCH was tailored to the different socio-cultural context by involving local stakeholders including the Barotse Royal Establishment, which rules over the indigenous Lozi community. Local capacity was built through training for writers, producers, peer educators, and drama group facilitators. Re-versioning of the RSD had started and RAs had been adapted when the project was faced with the dual challenges of cultural sensitivities and logistical difficulties. The only acceptable solution required a full MARCH office located in Western Province, where originally just a limited presence had been envisaged. The RSD and RAs were temporarily halted and the local organization set up to eventually manage MARCH changed its name from 'Gama Cuulu' to 'MARCH Zambia', to reflect the broader scope of the project. In August 2008 full implementation of the RSD and RAs in Western Province recommenced. The drama 'Fala Mwa Lilangu', aired on two local community radio stations, and on Namibian Broadcasting Corporation to cover the remote Sesheke district. It reflected the context that pertains in Western Province, such as the migratory habits of plains dwellers who move to higher ground in the rainy season. It targeted migrant fishermen and fish traders who frequent the Zambezi

Activity Narrative: river harbors. It addressed delayed sexual debut especially among girls who undergo traditional initiation and modeled improved parent-child communication, including reference to male circumcision as a protective practice.

In FY 2008, the MARCH program continued airing 'Gama Cuulu' and 'Fala Mwa Lilangu' and intensified implementation of RAs. Through stakeholder consultation the objectives of the RSDs were adapted and extended to build on existing storylines and characters. These included parent-child communication to link with the FMP, couple VCT, and living with HIV status discordancy. The latter was informed by a visit to the Zambia Emory HIV Research Project by the RSD team. A female character modeled secondary abstinence in the context of reducing transactional sex and increasing economic independence for women. Other storylines included prevention of mother-to-child transmission, living positively, modification of traditional teachings around puberty and marriage, use of HIV treatment services, and advocacy by religious leaders. Outcome evaluation measured the effectiveness of the MARCH strategy. The project has pre-post data for outcomes in Southern Province with comparison data from Western Province. Baseline data was collected in FY 2006. The second and third waves of data collection took place in September 2007 and October 2008.

In FY 2008, MARCH added the abstinence component FMP. In Zambia, as in many African countries, discussing sexuality with one's own children is rare. Traditionally children learn about sexuality from their aunts and uncles. Increased mobility and breakdown of the extended family prevents this so children often learn incomplete or erroneous information from their peers instead. FMP aimed to equip parents with tools to help overcome barriers to parent-child discussion about sexuality and sex risk factors. The program began by conducting a community needs assessment, establishing community advisory boards, recruiting and training staff, adapting and translating materials, and piloting activities and materials in two sites in Livingstone district in Southern Province and two sites in Mongu district in Western Province. By the end of the year implementation of FMP sessions had started in five week waves in the two districts. Baseline data was collected with parents and children prior to the sessions starting, monitoring data collected during implementation, and outcome data collected at the end of the sessions.

Since 2006 Tulane University, through its sub-partner Media Support Solutions (MSS), has built institutional capacity of MARCH Zambia (formerly Gama Cuulu), a registered local organization, to be a prime partner implementing prevention activities in Zambia. In FY 2008, the Tulane Mechanism ended and the sub-partner MSS applied under the name Media Support Partnership (MSP) and won the award for continuing the MARCH activities. MSP is assisting the MARCH Zambia program to put in place a sustainability plan in which the first step has been to secure sponsorship in kind for the Radio Reinforcement programs. We will explore strategies that enable partners to incorporate MARCH on an on-going basis in their existing activities. $234,865 will be spent on Human Capacity Development to include staff retention, training, and volunteer motivation. Key staff including management and creative personnel will be retained through a combination of attractive pay packages, appropriate benefits and incentives such as training opportunities. Volunteers and RA partners will be motivated through refresher training, frequent monitoring, participation in radio programs and the provision of equipment such as bicycles.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $281,838

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1174.09

Mechanism: State

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 26344.09

Planned Funds: $50,000

Activity System ID: 26344

Activity Narrative: This portion of 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 at a grassroots level. The Small Grants scheme will help to build local capacity by encouraging new partners to submit applications for review. Awards will be designed to explore the use of "community compacts," or agreements directly with communities, as well as incentive rewards for effective prevention programs. 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 nine provinces will be encouraged to apply.

Organizational capacity/viability and community competence will be criteria for successful applicants. Generally, PEPFAR activities are carried out in all nine 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 confirmed that a village only 15 kilometers away from a town center, is effectively cut off from civilization. The Ambassador's PEPFAR Small Grants Fund adheres to the same model as the Ambassador's Special Self Help Fund, and serves a unique niche, providing support where there would otherwise be none. When possible, the communities this project will serve are those who are geographically located beyond the reach of PEPFAR prime partner activities.

Activities funded by the program will involve capacity-building for 15-20 grassroots and community-based organizations to conduct HIV/AIDS programs. These funds will be managed by a full-time Small Grants Coordinator to work with the non- PEPFAR Self Help Grants Coordinator and the PEPFAR OVC Small 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3041.09

Mechanism: DoD-PCI

Prime Partner: Project Concern International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 9170.24837.09

Planned Funds: $275,000

Activity System ID: 24837

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity also relates to PCI activities in Health System Strengthening, Sexual Prevention/Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), Prevention of Mother-to-Child Transmission (PMTCT) /JHPIEGO, tuberculosis (TB)/HIV/JHPIEGO, Adult Care and Support/Project Concern International (PCI), Counseling and Testing/PCI, and Adult treatment/JHPIEGO.

The aim of this program is to prevent new HIV infections through promotion of positive behavior change. Research indicates that the key to slowing the HIV/AIDS pandemic lies in controlling the spread of the disease among young people. Adolescents who are properly informed may be more likely to avoid risky sexual behavior. This is particularly true among those who have not yet begun having sex. Those who are sexually active need to know that they can reduce the risk of infection by being faithful to their partners. As in many countries, adolescents in Zambia may feel that they are not vulnerable. This is a dangerous attitude given the high prevalence of HIV/AIDS among the younger population in Zambia, as demonstrated by the results of the 2006-2007 Zambia Demographic and Health Survey (ZDHS).

This program has a number of components. The first component involves supporting 45 Anti-AIDS youth groups, established in FY 2006, FY 2007, and FY 2008 in the Zambian Defense Force (ZDF) primary and secondary schools. The 45 schools which are on military bases 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), United States Government (USG)/PEPFAR-funded partners, Baptist Fellowship of Zambia (BFZ) or other sources. These are additional materials to what was distributed in FY 2006, FY 2007, and FY 2008. The materials selected will be those promoting abstinence until marriage for youths who are not sexually active and a return to abstinence for those who are sexually active. The second activity will be refresher training of 100 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 equip teachers with skills for communicating age-specific messages that encourage young people to avoid contracting HIV by abstaining from sex until marriage. Teenage sexuality, virginity, gender-based violence, and life skills will be among the topics that will be covered. The youth group patrons will be given an orientation to the "True Love Waits" (TLW) abstinence-based toolkit that aims to communicate to students, teachers, and families a working alternative to the "safe sex" massage. The third activity under this component is to provide other logistic support 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 18,000 youths with HIV/AIDS prevention messages and promotion of abstinence, including 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. In FY 2005, The Baptist Fellowship of Zambia (BFZ) trained 63 chaplains and their assistants in HIV/AIDS prevention, care, counseling, peer support, and palliative care. In FY 2006 and FY 2007, 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" (TLW) abstinence-based toolkit for use with military personnel and their families. In FY 2008, training courses were 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 were established in communities, and churches around selected military bases. The chaplain initiative will continue the family support component aimed at stemming the spread and impact of HIV/AIDS. In FY 2008, 80 chaplains and their spouses were trained to better identify and intervene in issues of violence, especially sexual and spousal abuse. In FY 2009 an additional 60 chaplains will be trained. As part of this training, BFZ will give the chaplains and their wives additional tools to encourage and support marital faithfulness. These tools include training in a program called "True Love Stays". BFZ will also provide training to chaplains to start "Keep the Promise" support groups and conduct marriage seminars targeting married couples. Information, education and communication (IEC) materials promoting abstinence, faithfulness, other prevention methods, stigma reduction, and counseling and testing (CT), sexually transmitted infection (STI) management, and antiretroviral therapy (ART) will be reproduced and distributed. The goal of this program is to reach out to 8,000 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 programs 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 supporting 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14628

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14628	9170.08	Department of Defense	Project Concern International	6890	3041.08	DoD-PCI	$275,000
9170	9170.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$180,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $47,278

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11091.09

Mechanism: Community Empowerment Through Self Alliance (COMETS)

Prime Partner: Comprehensive HIV/AIDS Management Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 26848.09

Planned Funds: $0

Activity System ID: 26848

Activity Narrative: The Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY09, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA

To increase access to comprehensive HIV/AIDS prevention information on COMETS will support the dissemination of information on Prevention AB and behavior change through the implementation of a robust sensitization program in workplaces and communities through existing and new partnerships. COMETS will strengthen the existing GDA HIV Resource Persons Network (HRPN) and train an additional 2,416 individuals in Prevention: AB strategies in the GDA workplaces and outreach communities. The HRPN will be selected through a participatory consultative process with the GDA partners, community groups, DHO and DATF. The existing active HRPN will be strengthened in identified gap areas where attrition and loss of members has occurred. In the rural communities, the trainees will be from the COMETS supported rural health center catchment populations, thus integrated into the district, provincial and national response through linkages between COMETS, the Rural Health Centers (RHC), Neighborhood Health Committees (NHC), and DHO's and will support sensitization and mobilization activities around the rural health centers. supportive supervision and receive
The COMETS HRPN in the workplace and the community will reach 388,000 individuals with messages and activities that will promote AB prevention and behavior change. The dissemination of prevention information will enhance the ability of employees, dependents and community members to make informed decisions that will result in social change leading to the reduction of the sexual transmission of HIV. The strengthening and capacity of the HIV Resource Persons network in the workplace and the GDA and COMETS communities, the creation of referral linkages to CT and other prevention services and the implementation of activities to support AB sensitization will be in place to ensure success of efforts to expand AB prevention. The GDA partners will continue to provide prevention messages in all new employee inductions, safety talks and payroll messages as well as promote the circulation of IEC materials in the workplace to employees and their dependents.

Through COMETS-linked Behavior Change interventions through the MHU, local FBOs and CBOs, the project will increase the numbers of individuals reached with prevention information and messages with the aim of reinforcing social norms as to the delay of sexual debut, abstinence and faithfulness so as to increase the number of people practicing primary or secondary abstinence, and reduce the number of partners. Through community mobilization, the project will reach discordant couples and youth both in and out of school, especially girls.

There will be a specific focus on gender related prevention messages for the mining industry who are mostly male employees and for the cotton agribusiness industry employee who are mostly female. The HRPN will work closely with community groups and faith based organizations to spread the messages on Prevention AB to faith based congregations and youth groups. In communities COMETS will work closely with the various DHO and District Education Offices in the rural district areas to continue to pilot HIV education programs for school pupils who are 16 years and over on Prevention AB. This methodology is currently being piloted in Mkushi where CHAMP is working closely with the District Health and District Education Officer through the existing GDA program.

The implementation of COMETS prevention strategies will be guided by the National HIV/AIDS Strategic Plan and guidelines from the MOH and other relevant government institutions and will be integrated into local institutions and structures. Through ensuring collaboration and consultation at all levels project resources allocated will have the optimum impact and will support the continuum and sustainability of prevention intervention.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $11,781,600

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	3019.09	**Mechanism:**	MOH - U62/CCU023412
Prime Partner:	Ministry of Health, Zambia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	26332.09	**Planned Funds:**	$40,000
Activity System ID:	26332		

Activity Narrative: THIS IS A NEW ACTIVITY UNDER THE MINISTRY OF HEALTH (MOH) TO SUPPORT COORDINATION, INTERVENTION, AND IMPROVED EDUCATION FOR SEXUALLY TRANSMITTED INFECTIONS (STIs) IN ZAMBIA.

This activity also relates to activities in other prevention (Southern, Eastern and Western Provinces) and Counseling and testing (HVCT # Clinic 3)

As in many other sub-Saharan African countries, curable STI's continue to represent a large burden of disease in Zambia, accounting for about 10% of out-patient department attendances. The actual incidence is much higher considering that many STI clients seek care with private clinics and traditional healers where they feel more assured of privacy and confidentiality. In addition, asymptomatic infections remain high in the general population especially in women.

The 2002 Zambia Demographic Health Survey (ZDHS) showed a Rapid Plasma Reagin (RPR) syphilis positive rate in the 15-49 age-group of 7% for women and 8% for men and an HIV prevalence rate of 14.3%. In a report from the Corridors of Hope program in 2006, the prevalence rates of gonorrhoea, chlamydia, trichomoniasis, and syphilis among female sex workers were 10.4%, 6.8%, 38.8% and 23.3%, respectively.

The synergy between STIs and HIV is underscored by a significantly higher HIV prevalence among STI clients, with reports of up to 40-50% in some settings, particularly those with ulcerative STI's. Controlling STIs, through prevention as well as early and effective treatment is therefore a high priority for the country and is one of the main strategies for HIV control advocated by the MOH.

The national response and intervention strategy includes the following emphasis areas: improved case management; enhanced in-service and pre-service training in syndromic management of STI's with an integrated approach; supervision and mentoring of primary health care workers; strengthening monitoring, evaluation, STI surveillance, and reporting; strengthening STI supplies particularly drugs and condom supplies; improved community participation in prevention, control and early treatment and broker synergistic relationships and networks with private sector and stakeholders in STI prevention and control.

The main gaps identified in STI area can be summarized as follows:

At the community level, management of partners (notification and treatment) continues to be very poor owing to various factors including gender and cultural issues which negatively affect communication between partners.

At the clinic level, quality of STI services remains poor due to shortage of appropriately trained staff (numbers and skills); poor clinic structures do not allow for patients being treated in privacy; irregular supply of drugs for syndromic management; counseling is not done routinely by staff; and poor recording and reporting of STIs hampers accurate estimate of incidence rates.

At district and provincial levels, there is inadequate support, supervision, and management as available supervisors have several tasks in addition to supervision of clinics and or subordinates.

At national or program level, private clinics and other stakeholders (e.g. defense forces and non-governmental organizations clinics) in STI management do not routinely report into the national Health Management Information System (HMIS). Further, regular monitoring of interventions and operations research are not carried out routinely or timely owing to difficulties to mobilize expertise and funds.

The STI program activities are budgeted for in the National Health Strategic Plan. The ministry has partners such as the Global Fund who have been instrumental in capacity building front-line health workers in syndromic management and providing equipment for use in STI clinics. Other partners such as CDC have trained Training of Trainers, printed STI training manuals, and provided technical assistance (TA) during the STI Syndromic Management Treatment guidelines adapted from WHO. World Bank has undertaken refurbishment of national STI reference centre and number of clinics in the country specifically in youth friendly corners.

FY 2009 funding is being requested to begin to fill some of the current gaps mentioned above. Particularly it will be used to strengthen coordination of partners working in various parts of the country implementing STI activities. It will also be used to strengthen the national efforts towards support supervision to improve quality of routine data collected for HMIS, support routine provider initiated counseling and testing for STI clients, regular updates on evidence based practice that feed into national guidelines and improve the monitoring and evaluation of STI programs. Additionally these funds will be used to hold two meetings with all stakeholders and key STI providers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	3041.09	**Mechanism:**	DoD-PCI
Prime Partner:	Project Concern International	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	3733.24838.09	**Planned Funds:**	$350,000
Activity System ID:	24838		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity also relates to activities in Health System Strengthening (JHPIEGO), Sexual Prevention (JHPIEGO), Sexual Prevention (PCI), PMTCT (JHPIEGO), Adult Treatment (JHPIEGO), Adult Care and Support (PCI), Adult Care and Support (PCI), Health System Strengthening (PCI), and Counseling and Testing (PCI).

The first component is support to ZDF drama groups in the 54 military camps. Since FY 2003, two ZDF drama groups, consisting of 39 members, have traveled to all 54 ZDF facilities throughout the country spreading messages on abstinence, faithfulness, 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 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 were often the only exposure many of these communities, both military and civilian, had to HIV/AIDS prevention messages.

In FY 2008, PCI assisted ZDF to expand and decentralize drama activities to all 54 ZDF military camps. Establishing drama groups at each ZDF site has ensured that that the plays reflect the reality on the ground in each camp. In addition, it is a cheaper strategy compared to the cost of supporting two drama groups to tour 54 ZDF camps across the country. 108 individuals (two from each of the 54 camps) were trained in Theatre for Development (TFD). This is a locally adapted behavior change communication (BCC) 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. The training included skills in developing HIV/AIDS-related scripts and performances. The groups were trained to measure the impact of the drama performances (using pre and post-exposure questionnaires as part of the intervention itself) to ensure quality and effectiveness of the drama performances.

In FY08 the drama performances were aimed at promoting change in gender social norms that predispose women to HIV such as sexual violence and abuse. In FY 2009, CT, PMTCT and ART will be focus areas in order to strengthen links with these USG supported activities of the ZDF. PCI will support TFD experts to tour the 54 ZDF camps to provide logistical support and on-site technical assistance to the drama groups that have been formed by the 108 individuals trained in TFD.

Information, education, and communication (IEC) materials promoting abstinence, faithfulness, and other prevention methods, as well as stigma reduction, CT, STI prevention and management, and ART will be reproduced and distributed during the HIV/AIDS sensitization tours conducted by ZDF HIV-positive personnel. In addition, IEC materials will be distributed through mobile CT visits, monitoring visits, new recruit training sessions and other forums. PCI will also develop and print some brochures promoting male circumcision which is yet to be rolled in ZDF health facilities. As a member of the "Prevention of Sexual Transmission of HIV" Group, which has recently been recognized by the National HIV/AIDS/STI/TB Council as one of their technical groups, PCI works with this national-level organizing body to ensure that all IEC materials used in the project are based on national standards for providing 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 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 over 300 individuals associated with the ZDF actively participating in the program through HIV/AIDS sensitization with their colleagues and peer education, as well as support group formation at five ZDF units. In order to promote sustainability of this activity, 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 continue to provide technical and logistical support to HIV-positive ZDF personnel in organizing and programming visits to 54 military units to promote CT, ART, and stigma reduction. This group will be selected from the ZDF support groups that have been established in the military camps across the country.

The third component of this activity is to orient ZDF medical staff to the new treatment guidelines for sexually transmitted infections. In FY 2005, PCI trained 100 ZDF medical personnel in Syndromic management of STIs. The Ministry of health recently revised the treatment guidelines for STIs. In FY 2009, PCI will conduct three workshops to orient ZDF medical personnel to these new guidelines.

From FY 2005 to FY 2008, leadership workshops have been conducted targeting different categories of ZDF leadership. In FY 2009, two leadership workshops will be conducted targeting 60 adjutants. These workshops have proven 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 DFMS, including the peer leader training guides, educational videos ("Watch Out Soldier" and "HIV positive: No Longer a Death Sentence"), facilitation guides, 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 local and international HIV/AIDS conferences, at which ZDF is represented, will be incorporated as feasible into PCI's interventions. As with other interventions involving the ZDF, sustainability will be promoted through an emphasis on joint planning,

Activity Narrative: implementing, and monitoring all activities with leadership from ZDF personnel themselves. 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. Most ZDF sites are accessing free condoms through their respective Department of Health Management Teams (DHMTs). DFMS has solicited for bicycles for peer educators from Zambia National Response to HIV/AIDS (ZANARA).

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14629

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14629	3733.08	Department of Defense	Project Concern International	6890	3041.08	DoD-PCI	$350,000
8786	3733.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$232,500
3733	3733.06	Department of Defense	Project Concern International	3041	3041.06	DoD-PCI	$360,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $51,278

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 2987.09

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12526.24832.09

Planned Funds: $150,000

Activity System ID: 24832

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Reproduce training materials to support training of providers (FY 2008) replaced by training of sexually transmitted infections (STI)/HIV trainers to increase Zambia Defense Force (ZDF) training capacity (FY 2009).

This program builds on, and links closely, with JHPIEGO's work in tuberculosis (TB)/HIV, Adult Treatment and Adult Care and Support as well as Centers for Disease Control and Prevention (CDC)-funded work in TB/HIV and counseling and testing (CT).

JHPIEGO is supporting the ZDF to improve overall clinical prevention, care, and treatment services throughout the three branches of military service around the country, namely; Zambia Army, Zambia Air Force and Zambia National Service. 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 prevention of mother-to-child transmission of HIV/AIDS (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, antiretroviral therapy (ART), palliative care, HIV-TB, other prevention 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, harmonizes services and maximizes 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.

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 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 CDC’s counseling protocols and training materials to incorporate diagnostic testing and counseling into TB services more effectively. In consultation with various partners and the MOH, these materials were adopted as the national diagnostic counseling and testing (DCT) training package. In FY 2008, JHPIEGO used 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.

In FY 2009, JHPIEGO will continue strengthening service providers’ knowledge and skills in STI and HIV prevention counseling, working with the ZDF Medical Services to better integrate CT into STI services, adapting a "no lost opportunities" approach to prevention counseling as well as care for HIV infected clients, to better STI services. The sustainability of this effort is a major focus of the work and is reinforced through using and expanding training capacity already developed within the ZDF Medical Services. This activity is closely integrated with Adult Care and Support activity focused on training of ZDF personnel in syndromic management of STIs. ZDF trainers previously developed by JHPIEGO will conduct this training, and JHPIEGO will use FY 2009 funds to support these trainers through co-teaching opportunities and supportive supervision. In addition, JHPIEGO will train 50 new STI/HIV trainers, and will continue strengthening them through co-teaching and supportive supervision. In addition, STI information will be incorporated into the comprehensive HIV/AIDS orientation package for lay workers. This package will be used to provide prevention education for ZDF personnel. Whenever possible, JHPIEGO will also continue to increase gender equity in provision of trainings, by providing distance learning opportunities to equal proportions of males and females in all the programs.

Sustainability is also being addressed through the implementation of standards for various services and a system for measuring whether or not standards are being met. JHPIEGO will encourage DFMS staff to take the lead in conducting assessments of services and addressing gaps, while still providing intensive mentoring and technical support whenever necessary.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14623

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14623	12526.08	Department of Defense	JHPIEGO	6889	2987.08	DoD-JHPIEGO	$150,000
12526	12526.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$100,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $28,149

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3013.09

Mechanism: CDC Technical Assistance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 19499.26303.09

Planned Funds: $140,000

Activity System ID: 26303

Activity Narrative: This activity is linked to all prevention narratives, Abstinence and Being Faithful, Other Prevention including Male Circumcision (MC) and all counseling and testing (CT) activities. It is also linked to antiretroviral (ART) treatment section addressing prevention with positives as well counseling and testing. In FY 2009, the focus will be providing technical assistance (TA) in working with communities and various points of care to integrate prevention and to link to those who are negative and positive to the various community groups. The TA will be provided to partners to implement the new prevention strategy expected to available in 2009. Provincial meetings will he held with partners on the national strategy to build capacity of local Ministry of Health (MOH) staff to take leadership in promoting comprehensive and effective prevention for sustainability.

Zambia has a population of approximately 10 million citizens (US Department of State, 2006), and overall HIV prevalence is still 14.3% among the general population and 13% among men (Zambia Demographic Health Survey, 2002). While it is evident through the DHS survey that many Zambians know about HIV/AIDS and its modes of transmission, there has been minimal reduction in HIV prevalence in Zambia in the last few years, a clear indication that knowledge is not translating into behavior change as expected. This
activity will work with the government, other donors, and experts from other PEPFAR countries to share lessons learned and redirect prevention strategies in Zambia.

This activity will provide technical guidance in the implementation of PEPFAR activities in relation to care, treatment, and prevention. This activity will be carried in close collaboration with Zambian partners and USG agency technical specialists. In addition, the activity will provide oversight to ensure that PEPFAR funded activities are programmatically sound and consistent with the Zambian National Health Strategic Plan; train technical officers in relevant behavioral science to build local capacity; develop evaluation and assessments to measure impact and programmatic effectiveness of interventions; recommend best practices; participate in design of programs and represent the USG in national planning and technical committees.

Funding for this activity will provide support for national/MOH sexually transmitted infections (STI) meetings and prevention meetings as well as travel to the field to monitor implementation of prevention and CT programs. Funds will also support international travel to, male circumcision (MC), counseling and testing (CT), sexually transmitted infections (STI), and prevention conferences.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19499

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19499	19499.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$90,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12522.26290.09

Planned Funds: $125,000

Activity System ID: 26290

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Updates on progress
Addition of new sites for training
Increase in target for training

Activity Narrative:

This activity is closely linked with the University Teaching Hospital (UTH) Pediatric Centre of Excellence 9765) and the UTH pediatrics Child Sexual Abuse program (#3693).

The Zambia Children New Life Center (ZANELIC) is a shelter for sexually abused children in Lusaka's Linda compound, which was started in February of 2002 as a result of increasing cases of reported child sexual abuse in Lusaka. The Center also received 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 children's' 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. Links have been established with the UTH Pediatric Centre of Excellence for antiretroviral therapy (ART) services for positive children and the One-Stop Centre for post exposure prophylaxis (PEP) soon after sexual abuse is reported.

Among the achievements of the centre are: the recognition and acceptance of the centre by the community (many of the children are referred by the police, social welfare department, or NGO's and individuals); increased public awareness which has led to increase in reporting of sexual abuse cases in Lusaka's' Linda compound and Mazabuka district. 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 cover educational programs, income generating activities, food, and rentals. On average 40 children are seen every month.

Funding from PEPFAR in FYs 2007 and 2008 supported training in the community to raise awareness in HIV/AIDS transmission through child sexual abuse. Recognition and prevention of sexual abuse in children require a number of key elements be taken into account. For example, staff are provided with trainings that equip them to identify some key elements, or "tell tale signs" of sexual, physical, and emotional abuse. To date most of the trainings have been confined to Linda compound in Lusaka and Mazabuka districts. Among the trained personnel are teachers, church leaders, police, parents, and caregivers, and other key community leaders as well as children themselves. The funding is being used to establish a formal referral system between the police, law enforcement agencies, schools, hospitals, and churches.

In FY 2009, funds will be used to continue running the current centres in Linda and Mazabuka. ZANELIC will also train more community leaders and key figures in four additional compounds of Lusaka (Chaisa, Mandevu, Chazanga, and Chipata) as well include a new district, Kafue, where training will be carried out. These sites have been strategically chosen because of their location and also because a number of new activities under the UTH Pediatric Centre of Excellence, Family Support Unit and Child sexual abuse program that provide PEP will be extended in tandem to these areas in 2009. Ninety people will be trained in each of the five new sites, with a total of 450 trained. These training will also include specific trainings for children in schools and communities in issues around their rights and how to recognize and report abuse. Efforts will also be made to document the number of referrals between the various partners and monitor and evaluate the impact of out training.

Targets set for this activity cover a period ending March 31, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15576

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15576	12522.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$125,000
12522	12522.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$75,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $3,000

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	7921.09	**Mechanism:**	UNZA/SOM
Prime Partner:	University of Zambia School of Medicine	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	17574.26288.09	**Planned Funds:**	$50,000
Activity System ID:	26288		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:
• Build capacity of the Southern, Eastern, Western, and Lusaka Provincial Health Offices, AIDSRelief, and IntraHealth to implement prevention with positives (PWP) program.

This activity is closely linked to the University of Zambia (UNZA) School of Medicine (SOM) male circumcision activity, AIDSRelief, IntraHealth, and all Eastern, Western, Lusaka, and Southern Provincial Health Offices.

The SOM, through NIH funding, has been piloting The Partner Project in a clinical setting. The Partner Project is a behavioral intervention designed to reduce high-risk behavior among HIV positive men and women through engaging them in safer sex discussions, reproductive choice, and partner participation. Topics addressed include but are not limited to, HIV prevention, STIs and alcohol use.

In FY 2008, SOM expanded the program to six clinics within Lusaka Province to determine how it would work in a community setting. Due to the positive outcome at a clinical setting and a pilot at a community setting, CDC through IntraHealth will collaborate with SOM to adapt this concept and scale-up an adapted version to Eastern, Western, and Southern provinces as well. In FY 2008, the SOM trained Prevention with Positives coordinators at each of the PHOs, Chreso Ministries and IntraHealth on the program delivery methodology. Working with these partners, SOM adapted current materials to meet each province's need. Two IntraHealth staff will be trained as a training-of- trainers (TOT) to take over and work with provinces as they scale the program into the districts and provide supportive supervision.

In FY 2009, SOM will work mainly with IntraHealth to continue to building their capacity as they expand the program into districts and provide supportive supervision. In FY 2009, SOM main role will be to develop program evaluation tools and train the coordinators on how to track program outcome and how to use the outcome to inform program implementation. SOM will also work with IntraHeallth to analyze the program evaluation data and use of the evaluation outcome to improve on service delivery. The community will be trained and engaged in program evaluation as well as implementation of the recommendations. Funds will also be used to continue training support, program evaluation, data analysis and dissemination.

The goal is to have at least one person at each program implementation site trained on how to evaluate programs and feed outcome to improve program process.

SOM staff who will provide training consist of staff who are currently implementing the program. These include the clinical and community staff implementing the program as well as the project manager and director who will equally be engaged in program administration, adaptation of materials and training curriculum adaptation for training.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17574

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17574	17574.08	HHS/Centers for Disease Control & Prevention	University of Zambia School of Medicine	7921	7921.08	UNZA/SOM	$40,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11042.09

Mechanism: Media Support Partnership

Prime Partner: Media Support Partnership

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 6572.26285.09

Planned Funds: $200,000

Activity System ID: 26285

Activity Narrative: This activity is a sub-component of The Modeling and Reinforcement to Combat HIV/AIDS (MARCH) program (HVAB #8815). It is linked to activities in counseling and testing HVCT (#9018), ART services through the Southern Provincial Health Office (PHO) 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 strategy in Zambia was initiated in FY 2005. This activity addresses cultural factors particular to Zambia that perpetuate HIV transmission. Part of the strategy promotes "Being Faithful" through advocating for fidelity (see activity #8815). However, MARCH also aims to advocate for change in cultural practices that expose individuals in the reproductive age group (15-24 and 25+) to HIV infection, to increase personal risk perception for becoming infected with HIV, and to curtail alcohol abuse. These three topics will be the focus of radio serial dramas (RSDs) and reinforcement activities (RAs) produced and disseminated by the MARCH activity.

In FY 2009, building on implementation of activities in FY 2008, the MARCH program will continue to focus on behaviors and underlying risk factors relating to Other Prevention including condom use and male circumcision. The activities will aim to modify cultural practices and norms that expose individuals to HIV infection such as male norms around the definition of virility, polygamy, sexual cleansing, wife inheritance, dry sex, sexual and domestic abuse, and initiation ceremonies. They will also support accurate personal risk assessment for becoming infected with HIV. Methods of prevention for positives and reduction of alcohol abuse will be highlighted. MARCH will continue writing, producing, and broadcasting local-language RSDs in Southern and Western Provinces using Pathways to Change, a set of tools which both ensure consistency with behavioral theory and research and guide content development of the RSD and RAs to use a role modeling approach rather than messaging. With sustained behavior change the goal, community -based RAs will be conducted that spur discussions among small groups of men and male social group leaders, to integrate the new ways of behaving modeled in the RSDs in their lives, and to facilitate support for individual and societal change. Participants will be encouraged to change their behavior to protect themselves from infection and from transmitting HIV and other sexually transmitted infections to their sexual partners. Peer educators will provide informational materials and link individuals to services as appropriate. About 25,000 people will be reached with community level activities that promote 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 RSDs, communities in all districts of Southern and Western Provinces with radio access 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 and Western Provincial Health Office, Corridors of Hope, and RAPIDS. 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 districts that will be implementing RAs. Outcome data from FY 2008 will be used to inform the RSDs and RAs as appropriate. Routine data collection on attendance and participation at RAs and feedback sessions with RSD listeners will provide on-going monitoring data for program development and assessment. On-air competitions and discussions will serve to monitor the appeal of the RSDs and encourage active community engagement with the RSDs as well as enrolment in the RAs.

From FY 2006 to FY 2008, RSD storylines were developed which revolved around a mix of authentically-drawn characters each of whom modeled a transition from an "unsafe" to a "safe behavior" over time and thus provided listeners with a model from which to draw inspiration to change. For example, Chali was a 22 year old street boy engaged in shady deals who drank alcohol excessively, exposing himself to sexual risks. His behavior led to him becoming infected with an STI, getting it treated, then using condoms consistently, reducing alcohol intake, and finally taking responsibility for himself and his family after his mother died, including getting tested and supporting another character living with AIDS. Other storylines focused on modification of cultural norms that promote sexual cleansing for widows and widowers and introducing safer ways of marking key rites of passage. Transitional characters also modeled seeking and use of HIV, prevention of mother to child and tuberculosis treatment services with the aim of encouraging listeners to seek appropriate care and adhere to treatment.

RAs included community street theatre performances followed by public discussions, and peer education sessions with small groups. RAs addressed gender inequalities and gender-based violence by working with traditional counselors to modify harmful traditional teachings around sex and marriage. Discussions were tailored to address the reduction of violence and coercion and other social norms and behaviors.

Weekly episodes of the RSD, 'Gama Cuulu', in the Tonga local language of Southern Province started in September 2006 on four radio stations. By August 2008, 100 episodes of the RSD had been aired. The project also rolled-out in Western Province at full scale, with an adaptation workshop to tailor the key behavior change objectives and the RSD and RAs to the specific socio-cultural context of the Lozi community. A design and script-writing workshop was held in FY 2006 and through local consultation and formative research findings, the Southern Province program was adapted to suit the Western Province target audiences. Pilot episodes were developed and extensively pretested prior to the team embarking on production of the first 13 episodes. Airing of the Lozi-language RSD, 'Fala Mwa Lilangu', and full implementation of the RAs was delayed until August 2008 to allow for a fully-fledged office and staff to be established after localization of the Western Province program was demanded by stakeholders.

The Lozi-language drama was aired on two community radio stations as well as Namibian Broadcasting Corporation to reach Sesheke District in the west. The drama included a component targeting migrant fishermen and fish traders who frequent the Zambezi River harbors for fish orders. It addressed abstinence and/or delayed sexual debut especially among girls that undergo traditional initiation called 'Mwalanjo' in the Lozi local language. Another area of emphasis was male circumcision, common in some pockets of Western Province where statistics show that HIV infection rates are lowest in the entire country. The idea was to build on this 'best practice' while encouraging correct and clinically safe circumcision for young men. Outcome evaluation has measured the effectiveness of the MARCH strategy. The project has pre-post data for outcomes in Southern Province where activities had been implemented for two years by October 2008,

Activity Narrative: with comparison data from Western Province. Baseline data was collected in FY 2006. The second and third waves of data collection took place in September 2007 and October 2008.

Capacity-building has been a core feature of the MARCH program. Since 2006 Tulane University, through its sub-partner Media Support Solutions (MSS), has built institutional capacity of MARCH Zambia (formerly Gama Cuulu), a registered local organization, to be a prime partner implementing prevention activities in Zambia. In FY 2008, the Tulane Mechanism ended and the sub-partner MSS applied under the name Media Support Partnership (MSP) and won the award for continuing the MARCH activities. MSP is assisting the MARCH Zambia program to put in place a sustainability plan in which the first step has been to secure sponsorship in kind for the radio reinforcement programs. We will explore strategies that enable partners to incorporate MARCH on an on-going basis in their existing activities. $46,973 will be spent on Human Capacity Development to include staff retention, training, and volunteer motivation. Key staff including management and creative personnel will be retained through a combination of attractive pay packages, appropriate benefits, and incentives such as training opportunities. For example, the Production Manager improved the quality of the RSDs by implementing lessons learned about drama production, writing and management from a study tour she made to the BBC in England. Volunteers and RA partners will be motivated through refresher training, frequent monitoring, participation in radio programs and the provision of equipment such as bicycles.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15572

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15572	6572.08	HHS/Centers for Disease Control & Prevention	Tulane University	7187	3368.08	UTAP - MSS/MARCH - U62/CCU622410	$200,000
8816	6572.07	HHS/Centers for Disease Control & Prevention	Tulane University	4947	3368.07	UTAP - MSS/MARCH - U62/CCU622410	$100,000
6572	6572.06	HHS/Centers for Disease Control & Prevention	Tulane University	3368	3368.06	MARCH Project	$299,600

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $46,973

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3007.09

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 12325.26320.09

Planned Funds: $200,000

Activity System ID: 26320

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Increased focus on prevention at all points of care
• Promote prevention through couples counseling and testing
• Increase education and response to sexually transmitted infections (STIs)
• Renovate space to accommodate prevention with positives program activities
• Engage community in seeking ways to increase less risky behaviors among adults and youth

This activity will be linked to the counseling and testing (CT) activity number 9713, ART HTXS (#8829, 8827) HBHC SUCCESS II (#9180), Catholic Relief Services (CRS) HVTB (#9703), School of Medicine (SOM) prevention activity and the Intrahealth prevention with positives program.

The continued high HIV prevalence at 14.3% coupled with low numbers (15%) seeking to know their HIV status calls for Zambia to rethink and redirect prevention interventions (Zambia Demographic Health Survey, 2007). It is apparent that as the populations of people living with HIV/AIDS (PLWAs) increase with availability of drugs, HIV/AIDS service institutions should incorporate prevention with positives/negatives programs. Currently, there is very limited prevention with positives activities implemented by any of our partners specifically targeting those that test positive, negative, and are out of school youth.

As an attempt to intensify prevention, as outlined in the Zambia National Strategic Framework 2006-2010, this activity will engage innovative strategies to influence behavior change at all points of care. The University of Zambia (UNZA) School of Medicine (SOM) through the National Institutes of Health funding has been piloting the Partner Project in a clinical setting. The Partner Project is a behavioral intervention designed to reduce high-risk behavior among HIV positive men and women through engaging them in safer sex discussions, reproductive choice, and partner participation. Topics addressed include but are not limited to, HIV prevention, STIs, alcohol use, and acceptability to the use of both male and female condoms and lubricants. The SOM will work with partners including AIDSRelief through its sub-partner Chreso Ministries to build capacity through training and to adapt materials for prevention with positives program.

Following the training, AIDSRelief through its sub-partner Chreso will collaborate with the antiretroviral therapy (ART) treatment, CT, and the prevention of mother-to-child departments in Lusaka, Kabwe, and Livingstone including their prisons' outreach work to integrate behavior change through prevention with positives interventions. Three approaches will be emphasized: 1) asking clients if their partners have tested, and if not, they will be encouraged to bring them to test during which they will be counseled on prevention. The emphasis will be in the importance of a couple knowing their HIV status together, 2) couples will be enrolled and engaged in two hour discussions once a week for four weeks exploring HIV/STI/TB prevention and to strategize ways to limit new infections. Education about condoms will be a major part of the discussions as work currently being done by SOM has shown that when couples know how to use both male and female condoms they do use them. 3) after the four sessions, couples/individuals will be referred to community support /discussion groups formed and with people trained to promote prevention. Community groups will be led by community leaders trained in prevention and behavior change using participatory learning activities. Community leaders will also be trained on the use of both male and female condoms and be encourage to distribute them to the community. Therefore sensitization messages targeting particularly male participation will be employed through the media, using the traditional, religious, and local leadership in addition to using information, education, and communication messages (IEC) on pamphlets and posters written in both English and local languages. There will also be a community prevention groups composed of youth to address their prevention challenges and needs.

The funds will be used to hire a Prevention for Positives Coordinator and additional counseling staff required at each point of care to engage patients into longer counseling sessions that address prevention, alcohol abuse and adherence. Staff will also be hired to run the discussion groups and train community leaders in prevention. Funds will provide transportation such as motorcycles to implement and monitor community discussion groups.

FY 2009 activities that will be undertaken to conduct community discussion groups will require renovations to create space, procurement of furniture and supplies, printing information, education, and communication (IEC) materials needed to run the program, as well as a computer and printer to track and process program evaluation data.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15542

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15542	12325.08	HHS/Health Resources Services Administration	Catholic Relief Services	7200	3007.08	AIDSRelief- Catholic Relief Services	$200,000
12325	12325.07	HHS/Centers for Disease Control & Prevention	Population Services International	6148	6148.07		$73,000

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1174.09

Mechanism: State

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26342.09

Planned Funds: $150,000

Activity System ID: 26342

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

This portion of 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 at a grassroots level. The Small Grants scheme will help to build local capacity by encouraging new partners to submit applications for review. Awards will be designed to explore the use of "community compacts," or agreements directly with communities, as well as incentive rewards for effective prevention programs. 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 nine provinces will be encouraged to apply.

Organizational capacity/viability and community competence will be criteria for successful applicants. Generally, PEPFAR activities are carried out in all nine 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 confirmed that a village only 15 kilometers away from a town center, is effectively cut off from civilization. The Ambassador's PEPFAR Small Grants Fund adheres to the same model as the Ambassador's Special Self Help Fund, and serves a unique niche, providing support where there would otherwise be none. When possible, the communities this project will serve are those who are geographically located beyond the reach of PEPFAR prime partner activities.

Activities funded by the program will involve capacity-building for 15-20 grassroots and community-based organizations to conduct HIV/AIDS programs. These funds will be managed by a full-time Small Grants Coordinator (paid for by this activity) to work with the non- PEPFAR Self Help Grants Coordinator and the PEPFAR OVC Small 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11109.09

Mechanism: New MARP/Other Sexual Prevention Program

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26861.09

Planned Funds:

Activity System ID: 26861

Activity Narrative: This activity relates to COH III - HVAB (#) and HVCT (#).

The Corridors of Hope III (COH III) is a new contract and a follow-on activity to the original Corridors of Hope Cross Border Initiative (COH) and the Corridors of Hope II (COH II). COH III will continue the activities of COH and COH II and expand the program to ensure a more comprehensive and balanced prevention program. COH III will have three basic objectives focusing on prevention of sexual transmission - condoms and other prevention, AB activities, and CT services. These three program areas will fit together and be integrated as a cohesive prevention program.

In the three year life of project, COH II trained 750 outreach workers and 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. COH II had over 90 condom outlets that were socially marketing condoms to high risk groups, including sex workers and their clients. COH II is ended in FY 2009.

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 I and II services, COH III also focuses on reducing sexual networks, providing sexually active youth with contextually appropriate intervention alternatives, addressing gender disparities, sexual violence, and transactional sex, providing services and activities for counseling and testing (CT), abstinence and being faithful (AB), and other prevention, and facilitating linkages to other program areas such as care and treatment. To accomplish this, COH III will implement a range of appropriate outreach services in bars, clubs, truckstops, and other key gathering places. COH III will continue to have a strong focus on sustainability through building the capacity of three national non-governmental organization (NGO) partners and, through them, of other local partners, including faith-based organizations (FBOs), community-based organizations (CBOs), and other NGOs, to provide other prevention services.

In FY 2009, the new COH III contract will continue to reduce HIV/AIDS transmission among most at risk populations (MARPs) and most vulnerable populations within seven border and high transit corridor areas: 1. Livingstone, 2. Kazungula, 3. Chipata, 4. Kapiri Mposhi, 5. Nakonde, 6. Solwezi, and 7. Siavonga (Chirundu). In addition, COH III will continue to provide mobile services to reach targeted groups who do not have easy access to the static sites. The services to be provided at both static and mobile sites will include treatment for sexually transmitted infections, counseling and testing for HIV, and delivery of prevention messages for behavior change through one-on-one and group discussions. These locations represent populations that have the highest HIV prevalence and number of people living with HIV/AIDS (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 100 targeted condom service outlets will be established. To reach these individuals, COH III will work through the over 600 individuals the COH II project trained in inter-personal behavior change communication for partner reduction and correct and consistent condom use. COH III will continue to 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 III will continue to target women and men engaged in transactional sex and intergenerational sex, sexually active youth, individuals involved in concurrent and multiple sexual partnerships, HIV+ persons, discordant couples, victims of gender-based sexual violence, migrant workers, cross-border traders, border uniformed personnel, customs agents, and money changers.

COH III activities will be geared toward all members of border communities and will continue to 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), referrals for post-exposure prophylaxis (PEP) for victims of sexual violence, referrals for medical care and treatment, and links to economic and education programs, which included partnering with the private sector to create income-generation activities. COH III will continue to provide interpersonal counseling to address the social and behavioral sexual norms that lead to HIV transmission. COH III will strengthen services and counseling services related to sexual violence, multiple and concurrent partnerships, drug and alcohol abuse, and transactional sex. COH III will use an integrated approach and link with local legal institutions and women's groups to ensure women's legal rights are protected. Condom promotion and distribution will continue to be targeted at spots frequented by MARPs. COH III will continue to work with law enforcement and health facilities to ensure PEP provision and counseling for victims of sexual violence.

COH III will continue to address the issue of HIV and alcohol at COH III sites. It is a well known fact that excessive alcohol use not only increases vulnerability to risky sexual behaviors and impairs efficacy of HIV medications, reduces compliance to treatment and generally contributes to poorer HIV treatment outcomes. COH III will develop key messages in collaboration with USG partners, the National HIV/AIDS/STI/TB Council (NAC), and district AIDS task forces (DATFs), COH III will use interpersonal counseling and communications tools, mass media spots for local television and radio, pamphlets, and posters to raise awareness on the ill effects of alcohol abuse on HIV transmission. The project will support trained outreach workers, local partners, and district health management team (DHMT) staff to give out specific information on alcohol and its close association with HIV/AIDS transmission and the health of PLWHAs.

COH III will align its HIV prevention strategies and activities with the National HIV/AIDS Strategic Framework 2006–2010, Nation Prevention Strategy as well as with the current National Communication Strategy. COH III will take an active role in the planning processes and prevention campaigns of the NAC and of DHMTs and DATFs in the districts where the project operates.

COH III's mandate is to sustain the prevention of sexual transmission services and activities beyond the

Activity Narrative: project period. COH III will continue to work with subcontracted national NGO partners and other selected local organizations to build their capacities to conduct participatory research, implement effective programs addressing MARPs, and provide comprehensive prevention services such as CT, STI diagnosis and treatment, and link to other services including PEP, antiretroviral therapy (ART), prevention of mother-to-child transmission (PMTCT), and palliative care. DHMTs will continue to provide periodic quality assurance supervision for project STI diagnosis and treatment activities. COH II through technical assistance will continue to 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 will continue the strong focus on support 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 will link with those providing PEP counseling for victims of sexual violence. In conjunction with its NGO partners, COH III will develop a timeline for the phase-out of technical assistance (exit strategy) and implement the full graduation plan that identifies the technical and capacity building needs of each local partner leading up to graduation. COH III will work in close collaboration with other USG and other donor funded projects working in the COH III locations and will network and collaborate with Ministry of Health (MOH) HIV/AIDS services. COH III will collaborate with the Prevention of Sexual Transmission Group and participate in the USG Prevention group to eliminate redundancy with the work of other USG partners, NAC, and other donors.

COH III will use results of the 2007/8 behavioral surveillance survey (BSS) that focused on sex workers, truck drivers, and youth for its baseline indicators in order to measure changes in behavior at mid-term and the end of the project.

All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3028.09

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 9677.26025.09

Planned Funds: $504,600

Activity System ID: 26025

Activity Narrative: Condoms and Other Prevention was an area Peace Corps/Zambia (PC/Z) started working in FY 2007. It was a natural extension of PC/Z's PEPFAR experience conducting AB prevention activities at the community level.

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 contributions its' goals.

In FY 2009, PC/Z will continue 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. Volunteers will also use their position in the community to address issues of male involvement in prevention and other related activities.

Operationally, PC/Z's PEPFAR program will focus on the following three levels of intervention.

First, 15 two-year Volunteers funded under this COP and 15 Volunteers funded under the FY 2008 COP will concentrate their HIV/AIDS activities in remote villages not typically served by other PEPFAR-funded partners. Volunteers will work with rural health centers and Neighborhood Health Committees (NHC), providing leadership as well as promoting networking among communities, rural health centers, District AIDS Task Force and District Health Management Boards in the area of Other prevention. 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, PC/Z will recruit 3 PEPFAR-funded Volunteers, with strong HIV/AIDS field experience and more advanced technical skills, for one-year assignments. These will be current high-performing Volunteers who will extend their service for a third year. The one-year Volunteers will be placed with government, non-governmental or PEPFAR-funded organizations at the district level or in secondary cities to help build capacity for Other prevention and to also help strengthen the links to other HIV-related services.

Volunteers will build capacity of organizations that provide support to migrant and mobile communities as well as to youth that are engaging in high-risk behaviors.

Third, in partnership with Government and PEPFAR-funded organizations, PC/Z will train 120 two-year Peace Corps-funded Volunteers, whose current projects do not directly relate to HIV/AIDS, and provide them with materials on HIV/AIDS so they can incorporate prevention themes into their work. Introduced in FY 2007, this activity will expand the reach of HIV/AIDS prevention work within the communities served by PC/Z as well as fully integrate HIV/AIDS programming within all PC/Z projects. To ensure sustainability of the program, all Volunteers will continue to be trained together with their counterparts from their communities. The trainings will be conducted in partnership with Government and other PEPFAR funded organizations to ensure consistent messaging as well as strengthen capacity for networking and collaboration at this level.

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. Training sessions on HIV/AIDS, STIs and reproductive health will be 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." These are dedicated spaces within the health centers that provide information, education and reproductive health services for the youth. 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. Volunteers will also include alcohol education to reduce it's misuse and abuse among the youth.

Volunteers will also suppport positive prevention programs for people living with HIV and AIDS in their communities. Volunteers will work with other PEPFAR partners to link prevention efforts with counseling and testing services. Referrals to testing centers will be made and in areas where no services are available, Volunteers will work with partners to bring in mobile testing services. These efforts will be further linked to care and treatment services.

Banafimbusa and traditional initiators who instruct girls on marriage customs and values provide an important component of reproductive heath 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 continue to provide workshops and coaching to Banafimbusa and traditional initiators on how to facilitate discussions with youth to encourage safer sexual practices. Use of condoms after marriage for discordant couples will also be emphasized, along with the importance of testing and counseling.

In FY 2009, 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.

Activity Narrative: PC/Z will continue to 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:

Program and training Specialist (current position)

New/Continuing Activity: Continuing Activity

Continuing Activity: 16361

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16361	9677.08	Peace Corps	US Peace Corps	7425	3028.08	Peace Corps	$800,000
9677	9677.07	Peace Corps	US Peace Corps	5239	3028.07	Peace Corps	$500,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11101.09

Mechanism: New Communications Procurement

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26874.09

Planned Funds: [redacted]

Activity System ID: 26874

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID clinical activity in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be an overlap between the current and new project so that services continue to be provided to new and existing clients.

A new partner will be selected in 2009 to implement behavior change communication (BCC) activities focusing on the main drivers of the epidemic. These include multiple or concurrent sex partners, in which consistent condom use tends to be low, transactional sex practices, and cultural practices that impact health negatively including alcohol consumption. This activity links with abstinence/be faithful, male circumcision, counseling and testing, and adult treatment activities. It also supports both the Zambian and PEPFAR goals for appropriately targeting most at-risk populations (MARPs) with interventions promoting partner-reduction and condom use. The new partner will work in all nine provinces in close partnership with USG partners and the Zambian government (GRZ).

All BCC activities related to HVOP will be based on research and in support of the National Prevention Strategy (NPS). In 2008, the Ministry of Health (MOH) in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local partners developed the NPS to reverse the tide of HIV/AIDS by intensifying prevention activities nationwide. The new partner will develop mass media campaigns which will promote reduction of concurrent partnerships and transactional sex through raising risk awareness. Messages will be pre-tested for effectiveness and translated into local languages. Community dramas will also be used to facilitate discussions on partner reduction, knowledge of HIV status, and stigma reduction.

Furthermore, 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. Traditional, religious, and community 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. These leaders will also assist in creating awareness on the negative health impact of traditional practices such as sexual cleansing, dry sex, and initiation ceremonies through radio and community outreach efforts.

The new BCC partner will continue to ensure that issues related to alcohol abuse are integrated in all communication interventions including gender issues to reduce violence, empower women to negotiate for healthier choices, promote partner communication, mutual decision-making, and male responsibility.

Technical assistance will continue to be provided to the NAC in the dissemination of the NPS which focuses on scaling-up behavioral change efforts. The new partner will ensure that its activities are also integrated into district and provincial plans ensuring ownership and sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11105.09

Mechanism: New Social Marketing

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26878.09

Planned Funds: [redacted]

Activity System ID: 26878

Activity Narrative: This activity narrative for Condoms and Other Prevention is a draft and will be revised upon award of the new USAID social marketing activity in FY 2009. The activity will be implemented by a partner to be determined in close collaboration with the following HIV activities implemented by other United States Government (USG) partners: HBHC, PDCS, HVOP, HVCT, PDTX, and HTXS. It is envisioned that there will be a two month overlap between the current and the new project so that services continue to be provided to new and existing clients. Targets will be adjusted based on the actual starting date of the new project.

The new partner will carry out the following activities with FY 2009 funds: 1) reach 100,000 individuals with HIV prevention messages through interpersonal communication, radio and television broadcasts, and print media; 2) promote condom use through interpersonal communication, radio and television broadcasts, drama shows, and print media; 3) distribute 254,000 female and 15,000,000 male condoms through 2,000 condom outlets across Zambia; and 4) train 300 individuals to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, including consistent and correct use of condoms, addressing discontinuation and/ or irregular use of condoms, dual protection of condoms from HIV infection and pregnancy, partner notification about HIV status, and promotion of positive health seeking behaviors such as seeking prompt treatment for sexually transmitted diseases.

The activity will position/reposition condom distribution in response to current data on consumer preferences, pricing, packaging, messages, and advertising. The activity will also develop strategies to encourage female condom use among females and males including those engaged in risky sexual behaviors for HIV transmission.

The activity will fully support the Government of the Republic of Zamia's (GRZ's) National Gender Policy which requires all policies, programs, plans, projects, and national budgets are gender-sensitive in pursuit of sustainable economic growth, job creation, better household security and poverty reduction. Approaches to address male norms and behaviors and gender inequities in accessing HIV/AIDS services will include the following activities: conducting surveys on the socio-economic and cultural determinants of male norms and behaviors and gender inequities in accessing HIV/AIDS services; devising context-specific interventions based on the findings from surveys, and developing a monitoring and reporting plan. The activity will also address gender issues within the implementing partner by introducing appropriate internal management structures and personnel processes.

As part of efforts to sustain the availability of condoms on the Zambian commercial market, the current implementing partner has already established a condoms market through wholesalers and retailers, where condoms are being marketed at subsidized rates. The new partner will determine the feasibility of removal of all subsidies on condoms. Approaches will include the following activities: a detailed market analysis/survey of the pattern of condoms supply and demand; a comprehensive business plan to implement the withdrawal of subsidies on condoms; and the creation of partnerships with other private sector service providers to develop and sustain a viable market for unsubsidized condoms.

This activity will contribute to objective 6.3.2 of the National Health Strategic Plan, which aims to halt and begin to reduce the spread of HIV/AIDS and STIs by increasing access to quality HIV/AIDS and STI interventions.

The FY 2009 targets will be achieved by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3083.09

Mechanism: Central Contraceptive Procurement

Prime Partner: Central Contraceptive Procurement

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 3794.26401.09

Planned Funds: $600,000

Activity System ID: 26401

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• Where Society for Family Health was a partner, a new partner will be determined due to the end of the agreement.
• In FY 2009, the CCP will procure approximately 15,000,000 male and 254,000 female condoms to be distributed by a partner to be determined through 2,060 outlets

Activity Narrative:

The Central Contraceptive Procurement 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 Population Services International (PSI) via its local Zambian affiliate, Society for Family Health (SFH). These condoms will enable PSI/SFH to expand its current program of direct condom sales to high-risk groups. PSI/SFH socially markets male condoms under the "Maximum Classic" and female condoms under the "Care" brand names.

With PEPFAR funds, the Central Contraceptive Procurement Project (CCP) procured 14,013,000 Maximum Classic male condoms with FY 2006 funding; and with FY 2007 funding 14,121,000 Maximum Classic male and 275,000 Care female condoms were procured. With FY 2008 COP funding, CCP will procure approximately 10 million Maximum Classic male condoms and 244,000 Care female condoms. In FY 2009, the CCP will procure approximately 15,000,000 male and 254,000 female condoms to be distributed by a partner to be determined through 2,060 outlets. These condoms will be distributed by PSI/SFH and will be socially marketed to high-risk groups through 2,060 outlets operated by PSI/SFH, COH and other social marketing programs.

It is important to note that PSI/SFH and COH will complement these condom sales with communications and behavior-change interventions that promote safer behaviors. In FY 2008, PSI/SFH will continue to coordinate with the Health Communication Partnership, Corridors of Hope II, UNFPA, and the Ministry of Health. As a result, the USG and its partners will continue to address the unmet demand of Zambians seeking condoms from outside the public sector.

Historically, public sector condoms were purchased by UNFPA. During FY 2005, UNFPA supplied the Zambian Government with 47 million male condoms, but as of July 2007, that supply was completely depleted. In FY 2007, using non-PEPFAR funding, USAID/Washington made a "free" donation of 40 million condoms to Zambia's public sector, a supply intended to last through the end of FY 2009. To complement this, during FY 2007 and FY 2008, the British Department for International Development (DfID) is donating a total of £1 million (approximately $2 million USD) to the Ministry of Health via UNFPA to increase the Ministry's capacity to store contraceptive commodities, run mass campaigns that promote condom use and increase demand for public sector condoms. The DFID donation is also intended to strengthen the Ministry's logistics management system and it is also for the procurement for public sector female condoms. PSI/SFH with condom procurement through CCP, is harmonizing its efforts with the Ministry of Health—supported by DfID and UNFPA—to not only promote general condom use, but ensure all Zambians have access to condoms nationwide.

With private sector Maximum Classic condoms provided by CCP, PSI/SFH has contributed to sustained and significant positive behavior change in Zambia and has increased Zambians' acceptance, demand for, and usage of condoms. Sustainability will also continue to be enhanced by establishing private sector partnerships with condom distributors and wholesalers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14377

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14377	3794.08	U.S. Agency for International Development	Central Contraceptive Procurement	6808	3083.08	Central Contraceptive Procurement	$600,000
8872	3794.07	U.S. Agency for International Development	Central Contraceptive Procurement	4965	3083.07	Central Contraceptive Procurement	$600,000
3794	3794.06	U.S. Agency for International Development	Central Contraceptive Procurement	3083	3083.06	Central Contraceptive Procurement	$500,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5252.09

Mechanism: Lusaka Provincial Health Office (New Cooperative Agreement)

Prime Partner: Lusaka Provincial Health Office

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26335.09

Planned Funds: $20,000

Activity System ID: 26335

Activity Narrative: THIS ACTIVITY IS A NEW ACTIVITY:

• To strengthen education at the facility and community levels and access to sexually transmitted infections (STIs) information and treatment.

This activity will be linked to the LPHO activities #s 17359.08 and 9702.08.

This funding is for the LPHO to strengthen education and communication around STIs as well as strengthen the treatment of STIs in Lusaka province especially in rural districts such as Chongwe, Luangwa, and Kafue districts.

The funds will be used to build the capacity of Chongwe district facility to collaborate with TB/HIV to expand community education and awareness regarding STIs and the risk they pose for HIV infection.

In order to ensure sustainability of the program and to promote lasting behavior change, STIs will be supported and services provided as part of the regular health service provided by the district health offices. Health education talks will also be supported to include STI topics in health facilities. Community leaders will be engaged and educated to conduct community mobilization for the STI education. Districts will be supported to adapt and translate existing information, education and communication materials to be used in the trainings for the community health workers as well as for the community sensitization.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7161.09

Mechanism: Mobile VCT Services

Prime Partner: IntraHealth International, Inc

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26336.09

Planned Funds: $160,000

Activity System ID: 26336

Activity Narrative: This activity is closely linked to the University of Zambia (UNZA) School of Medicine (SOM) Prevention with Positives (PWP) activity, AIDSRelief, and all Eastern, Western, Lusaka and Southern Provincial Health offices' Other Prevention activities.

The UNZA SOM through NIH funding, has been piloting The Partner Project. The Partner Project is a behavioral intervention designed to reduce high-risk behavior among HIV positive men and women through engaging them in safer sex discussions, reproductive choice, and partner participation. Topics addressed include but are not limited to, HIV prevention, sexually transmitted infections (STIs) and alcohol use.

In FY 2008, the SOM expanded the program to five clinics within Lusaka Province. Due to the positive outcome of the pilot, CDC through IntraHealth will collaborate with SOM to adapt this concept and scale up the program to Eastern, Western and Southern provinces as well. In FY 2008, the SOM trained Prevention with Positives coordinators at each of the four PHOs, Chreso and IntraHealth on the program delivery methodology. Working with these partners, SOM will adapt current materials to meet each province's need. Two IntraHealth staff will be trained as trainers to take over and work with provinces and other partners to scale the program into the districts and provide supportive supervision.

In FY 2009, IntraHealth will work with Provincial Health Officers (PHOs) and District Health Management Teams (DHMTs) to further build provincial health facilities' capacities to deliver effective prevention with positives program. IntraHealth will also work with PHOs to integrate prevention into CT and other aspects of healthcare including counseling and testing (CT), prevention of mother-to-child transmission of HIV/AIDS (PMTCT), tuberculosis (TB) and antiretroviral therapy (ART) and ensure these areas refer those who are positive and negative to the prevention workshops. Those who come for CT will be asked if their partners know their status and engaged in discussion to motivate them to bring their partners for CT. Once the partner is engaged they will both receive couples counseling with emphasis on prevention

IntraHealth will also make sure that those who are engaged in workshops are further referred to community discussion groups. Funds will be used to hire a point person at IntraHealth's office to work with PHOs and provide supportive supervision to the capacity building process of the prevention with positives program. Funds will also be used to conduct meetings with field coordinators hired through the PHOs to share lessons learned and challenges and trouble shoot on the way forward and how to make the program more efficient and effective. Funds will also be used to institute reliable transportation to the field to conduct monthly field visits to the provinces for monitoring and supervision.

A monitoring component will be implemented for program evaluation to track program outcome. One objective is to have at least four people trained at each district hospital to deliver prevention with positives at points of counseling and testing service delivery leading to about 50 adults trained in Southern (16), Eastern (14), and Western Provinces(12).

In order to ensure sustainability of the program and to promote lasting behavior change, prevention activities will be integrated as part of regular health services provided by the district health offices. Community leaders will be engaged and trained to conduct community mobilization and to hold community prevention discussion. The number trained will depend on needs of each province. Community health workers currently covering counseling and testing, prevention of mother to child, TB and Malaria in each district selected will be further trained to include prevention of sexual transmission messages in their packet for community health education.

Interventions will be designed to involve the community leaders to be prevention emissaries in communities where they live. The expected outcome of prevention will be made clear by making sure each community member understands his/her role in prevention and the need to reduce new infections and adopt less risky sexual interactions.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 630.09

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 6570.26387.09

Planned Funds: $302,000

Activity System ID: 26387

Activity Narrative: This activity has been modified in the following ways:
1. Significant expansion of HIV/AIDS leadership strengthening activities in Condoms and Other Prevention for traditional leaders, Members of Parliament, Leaders in Industry, and young influential Zambians
2. Significant expansion in Condoms and Other Prevention in private sector workplace programs through local Nongovernmental Organization (NGO) partner LEAD Program Zambia and through business associations partners Zambia Business Coalition on HIV and AIDS (ZBCA), Livingstone Tourism Association (LTA)
3. Phase-out of support to the Mining and Agri-business Public Private Partnership through SHARe

Activity Narrative:

This continuing activity links to JSI SHARe activities HVAB (#8906), OHPS (#8911), HVOP (#8915), HVCT (#9605), and Public Private Partnerships.

This continuing activity strengthens the capacity of local NGOs, public and private sector workplaces, Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs), and Rapid Response Fund Community-based Organization (CBO)/Faith-based Organization (FBO) sub-grantees to implement Condoms and Other Prevention activities, and facilitate social change to reduce sexual HIV transmission. SHARe will continue to collaborate with the National HIV/AIDS/STI/TB Council (NAC) and other partners to support implementation of Condoms and Other Prevention programs.

SHARe and its partners have significantly scaled up support to other prevention beyond AB over the past 3 years. From October 2004 to September 2005, SHARe and its partners had no target for persons reached or trained relating to other prevention beyond AB. The next year, from October 2005 to September 2006, the project reached 50,271 persons with other prevention messages beyond AB and trained 727 individuals. From October 2006 through September 2007, SHARe and its partners reached 347,567 individuals with other prevention messages beyond abstinence and being faithful (AB) and provided training to 1,745 individuals. From October 2007 through March 2008, SHARe reached 119,100 individuals with other prevention messages beyond AB and trained 644 persons in other prevention beyond AB.

In FY 2009 SHARe will continue its work to support Condoms and Other Prevention activities. The project will continue to work 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 bus drivers; and the Ministry of Tourism Environment and Natural Resources, which includes wild life scouts and employees of lodges and tourism businesses. As part of its support to the Ministry of Transport and Communications workplace programs, SHARe will expand its reach beyond the Ministry itself, and support selected minibus and taxi businesses in Lusaka to implement comprehensive workplace Condoms and Other Prevention programs.

Within each Ministry, SHARe will support peer educators training and provide technical support to peer educators to provide Condoms and Other Prevention messages in the workplace and/or defined outreach communities. SHARe training programs focused on gender and sexuality provided through its public sector workplace programs to address issues of gender inequality and harmful cultural practices and norms that increase women’s vulnerability to HIV infection through specifically tailored life-skills workshops for employees and their spouses will continue. These programs encourage and promote dialogue between couples on issues of sexuality, gender, and culture, thus allowing for more gender-sensitive workplace interventions. This intervention model has proved highly successful in breaking down the silence on gender -specific vulnerabilities to HIV infection, and will continue in FY 2009. Additionally, SHARe will continue to provide support for Positive Action for Workers (PAW), a support group that focuses on the needs of PLWHA in the workplace. These two interventions will incorporate appropriate Condoms and Other Prevention messages and strategies.

Work with private sector businesses and informal market places through five local NGO partners: Zambia Health Education and Communications Trust (ZHECT), ZamAction, LEAD Program Zambia, Afya Mzuri, and Latkings will also continue. The informal sector and the very small businesses pose special challenges as workers in these sectors are harder to reach, but are also at increased vulnerability to HIV. Through local NGO partner LEAD Program Zambia, SHARe will continue to support Condoms and Other Prevention interventions for very small businesses such as charcoal burners and small-scale fishermen. Through local NGO partner ZamAction, SHARe will continue to conduct mass sensitization around Condoms and Other Prevention interventions and provide one-on-one interpersonal counseling with vendors in the informal sector markets in Lusaka and Lusaka peri-urban areas. The informal market strategy has been very successful in taking prevention services to a very hard-to-reach sector of the Zambian workplace. Support for Condoms and Other Prevention strategies that focus on innovative community prevention such as drama, peer group discussions, and social mobilization events, in areas with high migrant populations and market vendors will be supported.

SHARe will expand its effort to engage leaders and foster leadership at national, district and community levels in the fight against HIV/AIDS. SHARe will work with Members of Parliament, Traditional Leaders, Leaders in Industry and young influential Zambians (musicians, artists, youth leaders) to increase the reach of appropriate Condoms and Other Prevention strategies and messages. SHARe will provide support and/or platforms for leaders to speak out more against practices that are known to fuel HIV transmission such as, multiple and concurrent partnerships, gender-based violence, and alcohol and substance abuse, during SHARe-sponsored and other HIV/AIDS social mobilization events, including World AIDS Day and VCT day. SHARe will also provide training/ and or technical assistance in HIV/AIDS advocacy and ambassadorship to Zambian leaders to enable them to have a fuller understanding of the HIV/AIDS epidemic in Zambia, and how they can provide effective leadership in the national response. The project will work with the NAC and other stakeholders to design a toolkit with appropriate HIV/AIDS messages to give guidance to Zambian leaders as they become more engaged in the fight against HIV/AIDS and ensure that the messages they give are consistent and scientifically sound. Share expects that leaders will also be

Activity Narrative: key partners in promoting interventions that can offer protections against HIV/AIDS such as PMTCT and male circumcision, and in fighting stigma and discrimination against people living with HIV/AIDS. Additionally, the project will work with leaders to help mobilize Zambians to access CT services so that they can know their HIV status and take informed decisions regarding HIV prevention, including positive prevention, through Condoms and Other Prevention interventions

Condoms and 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. The project will continue to address the needs of high-risk workers in the public sector and private sector. The project will provide information on behavior change to promote respectful relationships between men and women. Project partners and sites with high-risk groups will be linked to socially marketed and free condoms through collaboration with the District Health Offices and the Society for Family Health.

The project will work with and support its six local NGO/FBO partners working in Condoms and Other Prevention (Afya Mzuri, ZamAction, ZHECT, ZINGO, LEAD Program Zambia, and Latkings) to build sustainable programs through strengthening of technical and management capacities and mobilization of resources through the SHARe OHPS (#8911) activities. Activities will include participatory analysis of current sustainability levels, sharing of sustainability strategies of successful NGOs, development of sustainability plans and facilitating linkages to potential donors and other capacity-building partners/projects. Public sector ministries and DATFs will be supported to develop HIV/AIDS policies, work plans, budgets and resource mobilization plans to ensure the sustainability of their HIV/AIDS workplace activities through public sector and other donor funding.

In FY 2009, SHARe and its partners will train 1,000 persons in prevention beyond AB. Trained educators will reach 100,000 individuals with condoms and other prevention messages beyond AB in workplaces, communities, during social mobilization events, and traditional ceremonies across Zambia. SHARe will continue to focus on improving training and supportive supervision to ensure quality of care and to encourage trained peer educators to intensify efforts to reach out to more individuals and improve reporting. Peer educators trained through this ongoing support will implement Other Prevention education, promote condom use, make appropriate referrals for STI management and Male Circumcision, provide information to prevent sexual and gender-based violence and refer for treatment and other services where applicable, promote partner reduction, and create referral links to Post-exposure Prophylaxis, CT, and ART.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14397

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14397	6570.08	U.S. Agency for International Development	John Snow Research and Training Institute	6821	630.08	SHARE	$352,000
8915	6570.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$262,000
6570	6570.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $45,300

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	11144.09	**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:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	3756.26836.09	**Planned Funds:**	$25,000
Activity System ID:	26836		

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16494

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16494	3756.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7447	3046.08	United Nations High Commissioner for Refugees/PRM	$25,000
9469	3756.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5199	3046.07	United Nations High Commissioner for Refugees/PRM	$25,000
3756	3756.06	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	3046	3046.06	PRM/UNHCR	$150,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 2994.09

Mechanism: DAPP - 1 U2G PS000588

Prime Partner: Development Aid People to People Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 17575.26222.09

Planned Funds: $200,000

Activity System ID: 26222

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• Update on current activities
• Plans for fiscal year (FY) 2009 funds
• Increased targets for condom service outlets

This activity will be linked to the CDC activity with Southern Province Health Office for Palliative care TB/HIV, activity 9017.

From FY 2005 to FY 2007, a public health evaluation was conducted among migrant and non-migrant farm workers in Southern Province to estimate HIV prevalence and incidence and sexual behaviors that are associated with HIV infections. Preliminary results show that migrant workers, the family they leave behind in their hometowns, and the temporary families they are likely to establish in their place of work are in need of targeted HIV prevention interventions. Additionally, people living in the area that cater for large influx of migrant workers need to be targeted with specific HIV interventions. The complete results from the baseline survey will be available in time to inform the tailoring of appropriate prevention activities.

Migrant workers, mobile populations, their families, and the people they live among while they are working are prone to experience social environments that cultivate risky behaviors for HIV and sexually transmitted infection (STI) transmission and acquisition. Activities through this funding mechanism focus on encouraging behavior change by producing materials and targeted messages, working with peer educators and/or trained clinical providers to educate the target populations about the risks of STIs, creating a personal awareness of one's risks for becoming infected with HIV, understanding the importance of attending counseling and testing (CT) regularly, the importance of correct and consistent condom use, and the importance of reducing the number of sexual partners. By the end of FY 2008, approximately 5,000 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change practices beyond abstinence and/or being faithful. In addition, 75 people will be trained to promote HIV/AIDS prevention through other behavior change practices beyond abstinence and/or being faithful. Fifteen (15) condom outlets will be established to distribute condoms to migrant workers and their partners in conjunction with education sessions.

The majority of people are reached through education sessions for adult men and women that cover a range of topics including: basic facts about HIV and STIs, understanding the CD4 count, Antiretroviral Therapy (ART), couples counseling, and immune-suppression, practice talking with a spouse about sex, STIs, attending couples counseling, and ways to seek out friends and families who are living with HIV to be open to them and encourage them to have good nutrition, adhere to treatment regimens, and prevention of further transmission of HIV. This will be done through collaborating with the USAID supported New Partners Initiative program, Men Taking Action and other partners in the district. These activities promote behavior change and combat stigma. An additional important component of the activities is to establish condom outlets and procure condoms for distribution at major access points for migrant workers and their partners and train them on consistent and correct use of condoms. People who engage in transactional sex and exchange sex for money and/or goods with multiple or concurrent sex partners are known to frequent areas where migrant workers live and activities are needed to empower them to use condoms with their clients. STI testing and treatment for genital ulcers and syphilis will be carried out in order to reduce the risk of HIV transmission for workers at an established site within the district for easy access by referred clients. Additional activities include organizing recreational activities to provide workers with alternative meeting places rather than at bars, working with widows to ensure that they are tested for HIV and receive appropriate care, and support.

In FY 2009, DAPP will continue implementing this activity to expand HIV prevention, care, and treatment programs among migrant and non-migrant farm workers in Southern Province.

In order to ensure sustainability of the program and to promote lasting behavior change, Total Control of the Epidemic (TCE) program will recruit Passionates, which are volunteers who will continue with the activities in the workplaces after the program has finished and will work with the Provincial and District Health Offices in Southern Province and work within their Zambia National HIV and AIDS Strategic Framework (ZASF) for activities in FY 2009. Additionally, many large farms in Southern Province have established basic HIV programs for their workers and the total control of the epidemic will work through these programs to create the capacity for their expansion and get support from DAPP in Zambia head offices. The project will also work with Ministry of Health in dissemination of prevention of mother-to-child transmission of HIV, CT, ARV, and tuberculosis (TB) information. Other partners will be invited to give lessons in workshops with the target group. The Passionates who have been trained as TB treatment supporters will mobilize TB patients within the farms to seek and adhere to treatment.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17575

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17575	17575.08	HHS/Centers for Disease Control & Prevention	Development Aid People to People Zambia	7170	2994.08	DAPP - 1 U2G PS000588	$200,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	2973.09	**Mechanism:**	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	17064.26255.09	**Planned Funds:**	$145,000
Activity System ID:	26255		

Activity Narrative: Activity Narrative: This is a continuing activity from FY 2008 and funding will significantly increase in order to address a wider scope of HIV prevention services

The activity is linked to activities supported by the USG for the SPHO including
counseling and testing (CT), tuberculosis (TB) and HIV, and HIV treatment services.

THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Provide training to community and religious leaders to incorporate prevention messages and activities at their functions.
Actively work with health centers to integrate prevention in other aspects of care such as counseling and testing, prevention of mother to child (PMTCT), tuberculosis treatment, and antiretroviral (ART).
Youths will be recruited to ensure their longevity with the programs.
Increase education on and treatment of sexually transmitted infections (STIs) at all districts and health centers
A radio program will be implemented to increase community awareness around prevention.
In the FY 2007, the Zambia Demographic Health Survey report, indicated a reduction in the HIV prevalence in Southern Province from 16.2% in 2004 to 14.5% in 2007. Despite this reduction in prevalence, there is no room for complacency and the SPHO is working towards continuing to impact prevention activities to further reduce the rates of HIV infection

Since FY 2007, the SPHO provided support for establishment and strengthening of adolescent friendly corner services in the 11 districts in 55 health facilities out of the provincial total of 234 and supported the training of 80 health workers including district focal persons and partners in complete package of adolescent reproductive health services. Support was also provided for the provision of supplies such as information Education and Communication (IEC) materials, audio visual equipment (TV and VCR), support for community sensitization and strengthening health facility implementation including orientation of staff and peer HIV, and counseling. By the end of FY 2008, over 15,000 adolescent youths were reached with integrated information on STI, HIV, ANC, condom use, family planning and other prevention strategies. This support will continue and it is expected that by the end of FY2009, 90% (210) of health facilities in the province shall offer complete package of Adolescent friendly health services.

The program shall continue to target the adolescents aged 10-24yrs and reach 20,000 young people with integrated information on Adolescent Sexual Health including STI/TB/HIV/AIDS and ART services by the end of FY 2009.

The adolescent friendly services function under the existing health care services and are part of the government run facility and provide a point for access to health services, condom collection, and social activities; however the attrition rate among the youths running the centers is high due to limited incentives and the need for them to move on in life. This is why training involves both health care workers who are more permanent and the fluid population of youths. To avoid continuous training of youth who move on, funds will be used to hire two youths at each center on a permanent basis to ensure continuity and stability. For the rest of the youth who will move on with their lives and careers, it is hoped that they will carry with them the knowledge and life skills about HIV/AIDS and related services and act as peers for the communities that they move to train/study in and work with.

To accomplish this, direct support was provided to all the 11 Districts in FY 2008 to establish and strengthen the Youth Friendly HIV/STI prevention and treatment services. In addition, the SPHO trained 100 health providers from 100 sites to work with young people in various HIV/AIDS interventions and thus increased the number of sites offering youth friendly health services from 55 to 155. One hundred HIV peer counselors were also trained from the old 55 sites. As a result of this intervention, about 20,000 young people aged 10-24 were reached with integrated information on STI, TB, and HIV. In order to address the problem of inadequate facilities and services to attract the patronage of youths which in time hinders the control of HIV and STIs, the SPHO supported the refurbishments of at least six youth friendly corners in each of the 11 districts and further provided IEC materials in form of Television, VRC, radios, netball, and football kits. An initial 50 bicycles were procured to strengthen outreach activities in the communities.

In FY 2009, the SPHO will continue to strengthen and scale-up HIV prevention services to all the districts and continue to expand STI services. In 2009, districts will work with community health workers and youth peer educators to take STI and HIV prevention education into the community. Community leaders will be trained work with their communities to increase the number of both youth and adults seeking STI treatment early and to promote less risky sexual behaviors. The existing 135 adolescent friendly sites will be strengthened through quarterly district technical supportive supervision while an additional 55 sites will be provided with direct support to strengthen the delivery of youth friendly services.

Support will continue to be provided to establish health centre based youth groups who will be provided with a full range of HIV/STI preventive massages and strategies. For the youths who are not sexually active, emphasis will be placed on building self esteem and skills to enhance abstinence and/or delay of sexual debut. The youths will be provided with the information on the dangers of early sexual activities. On the other hand, peer educators will be trained to identify sexually active youths in order to provide them with a complete package of HIV prevention strategies include access to condom supplies and referral to services for STI/HIV counseling and testing .In addition , the community will be mobilized and encouraged to directly open dialogue with youth people to address factors that fuel HIV transmission such as multiple and concurrent partnership, harmful cultural practices, cross generational and transactional sex.

In FY 2009, the SPHO will conduct a small survey in Livingstone and Gwembe districts in order to investigate the needs of the youths particularly the out of school youths to facilitate effective program design and appropriate intervention for HIV amongst this population.

The data collection tools, which will be adapted from WHO, will continue to be used for monitoring the

Activity Narrative: quality of the services provided. The strengthening of YFHS will also improve young people's health seeking behavior and thus facilitate early diagnosis and management of tuberculosis (TB) and STIs including HIV. Linkages to TB/ART services will also be strengthened.

In 2008, SPHO implemented a prevention for positive component to working
with both youths and adults. SHPO will work with School of Medicine who are funded to build provincial health facilities' capacity to deliver prevention for positives and negatives program and integrate prevention to CT, PMTCT, tuberculosis (TB) and antiretroviral therapy (ART) that refer those who are positive and negative to the prevention workshops. Funds for 2008, were used to build the Provincial Health Office's and District Health Management Teams capacity to implement a prevention for positive program; hiring a prevention for positives coordinator, train the coordinator, develop materials and implement the program in at least two districts in the province.

In FY 2009, SHPO will work with Intrahealth and school of medicine who are funded to build provincial health facilities' capacity to deliver prevention for positives and negatives program to additional six districts in the province as well as integrate prevention into other aspects of health care. Intrahealth with continue to provide supportive supervision. A monitoring component will be initiated to track program outcome. Part of 2009 funding will be used to scale up prevention for positives component to additional five districts in the province including training community leaders. About 2,400 adults will be reached through these workshops in 2009.

Also, in 2009, activities to reach the out of school youths and adults 12 sensitization and preventive radio programs for youths on TB/HIV/AIDS/STIs will be aired. The media will provide a forum to education the community on STIs and HIV/TB and where to find relevant health services. Topics to be covered will include, Importance of CT, Couples CT, PMTCT, Youths and CT and prevention, Prevention for positives and negatives, Adherence including nutrition, alcohol and HIV, STIs, HIV and TB, domestic violence, male circumcision, and child sexual abuse. These topics will be addressed in relation to risk behavior and behavior change. The SPHO in collaboration with the provincial prevention technical working group will identify experts in the areas above to lead the discussions.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17064

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17064	17064.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	7180	2973.08	SPHO - U62/CCU025149	$115,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	2988.09	**Mechanism:**	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	9647.26248.09	**Planned Funds:**	$120,000
Activity System ID:	26248		

Activity Narrative: This activity is linked with the Eastern Province Health Office (EPHO) counseling and testing (CT) (#9005) and the CDC EPHO ARV services (#9951), SOM (#17574) and IntraHealth (NEW)

THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities will be designed to address the prevention areas identified through the youth prevention needs survey conducted in 2008.
Provide training to community and religious leaders to incorporate prevention messages and activities at their functions
Actively work with health centers to integrate prevention in other aspects of care such as Counseling and testing (CT), prevention of mother to child (PMTCT), tuberculosis treatment, and antiretroviral therapy (ART).
Increase treatment of sexually transmitted infections (STIs) at all districts and health centers.
A radio program will be implemented to create more community awareness.

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 with 16.2% of women in Chipata aged 15-19 years testing HIV positive during the 2004 antenatal clinic (ANC) sentinel surveillance. Special reproductive health services focusing on youth is a key activity to reduce STIs and HIV transmission among adolescents.

In FY 2007, Chipata District Health Management Teams (DHMT) strengthened the Youth Friendly Corner services at only 30 of the 39 sites, creating a gap of nine sites still to be strengthened. Prevention and counseling and testing (CT) services are now available at the 30 Youth Friendly Corners in urban and peri-urban health centers. To ensure the youths are reached with HIV prevention messages and linked to the services available in their communities, outreach services were conducted. In FY 2008, the EPHO conducted a short survey one in rural and one in urban setting to access the needs of out of school youth and to have a better understanding on where and how they can effectively be reached.

Other activities carried out in FY 2008, included counseling, community mobilization through drama, focus group discussions, door-to-door campaigns on creating confidence in the youths for the youth to come to the center mainly in the area of confidentiality concerning STIs, HIV/AIDS, health education talks, and recreational activities (sporting activities and educational modeling). The corners also provided an opportunity for dissemination of information on condoms to sexually active mature youth when appropriate as well as other prevention services. Information on counseling and testing and the value of knowing one’s status was provided and youths who expressed interest in being tested for HIV were referred to the nearest clinic where they received counseling and testing for HIV and referral for care.

To ensure quality services for the youth, a trained health worker at each Youth Friendly Corner with a sincere desire to work with youth provides knowledge and skills to them. The program relies heavily on youth volunteers and turnover rate is high as the youth access further training or become employed. The promising youths that have been trained at each health facility will be hired on yearly contracts to provide mentorship to other youths and will be given a monthly subsistence allowance. To ensure that there is sustainability of the program the youths will be engaged in income generating activities (IGAs). To ensure adequate numbers of peer counselors and peer educators, new peer counselors and educators are required.

In FY 2008, 40 new staff and 40 youths were trained to provide HIV /AIDS prevention programs such as correct use of both male and female condoms, family planning, PMTCT, counseling and testing, screening for TB in HIV positive clients, screening for STIs and referrals to appropriate levels, that were not exclusively focused on abstinence and/or being faithful. In 2008, 1000 individuals at each health facility were reached through community outreach HIV/AIDS prevention programs.

In FY 2008, EPHO implemented prevention for positive component to working with both youths and adults. EPHO worked with the University of Zambia (UNZA) School of Medicine (SOM) were funded to build the provincial health facilities’ capacity to deliver prevention for positives and negatives program and integrate prevention to CT, PMTCT, TB, and ART that refer those who are positive and negative to prevention workshops. Funds for 2008 were used to build the PHOs and DHMTs capacity to implement prevention for positive program: hiring a prevention positives coordinator, train the coordinator, develop materials and implement program in at least two districts, reaching 200 adults with prevention for positives messages.

In FY 2009, integration of prevention into other aspects of health care will be key. The monitoring component will be initiated to track program outcome. Part of FY 2009 funding will be used to scale-up prevention for positives component to additional six districts in the province. About 2,400 adults will be reached through these workshops in 2009.

In FY 2009, information gathered from the surveys in 2008 will be employed to guide implementation of activities for youths. One day review meeting on the progress on activities undertaken in FY 2008 will be held for 40 youths, one from each health center. Youth friendly services, VCT services, correct use of condoms and where to access condoms if they can not abstain will also be discussed. Abstinence for younger youths will be included in the training package. A two day re-orientation of 40 health workers in youth friendly health services will be held. Recreation activities including sports such as soccer, netball, and volley ball will be held and before and after these games topics such as such as HIV prevention, TB/HIV, PMTCT, and CT will be discussed. Banners carrying health prevention messages will be on display in the grounds during the games. The district will use the funds to work with and solicit for support from the local leadership, chiefs, headmen to orient them in issues of prevention on TB, HIV/AIDS, PMTCT, and CT. This will be affected through quarterly meetings. This means of using the banners to sensitize the public with health messages is commonly used during other national commemoration events such World AIDS Day, Youth Day and World TB Days. Health modeling with health prevention messages on sashes will be worn by both male and female youths (models) during youth festivals.

Activity Narrative: To reach the out of school youths and adults, 12 sensitization and preventive radio programs for youths on TB/HIV/AIDS/STIs will be aired. The media will provide a forum to educate the community on STIs and HIV/TB and where to find relevant health services. Topics to be covered will include the following: Importance of VCT, Couples VCT, PMTCT, Youths and CT and prevention, Prevention for positives and negatives, Adherence including nutrition, Alcohol and HIV, STIs, HIV and TB, domestic violence, male circumcision, and child sexual abuse. These topics will be addressed in relation to risk behavior and behavior change. The EPHO in collaboration with the provincial prevention technical working group will identify experts in the areas above to lead the discussions. The youths will participate in national health events (National VCT Day, World AIDS day, TB World Day and World Health Day) to continue creating awareness and give out prevention messages to larger masses. Outreach activities will be conducted to reach 1,000 youths at each health facility in the district. Supervision of youth friendly services will be conducted by the Chipata DHO to the health facilities.

Most important, in FY 2009, the EPHO will work with the community, parents, and guardians through the local leadership, chiefs and headmen to train and equip them with skills on how to initiate communications with their children on issues of sexuality and prevention and be their mentors. The community leaders will also play a major role in encouraging couples to test. STI information will be included in counseling and testing sessions. EPHO will work with other partners to provide training, guidance, and monitor program implementation. The local churches will be involved to develop youth empowerment programs in that they are important to building self esteem, greater value of one self worth that will lead them to want to protect themselves from infection. These activities will be integrated into PMTCT, TB/HIV/STI, and CT as they also focus on prevention in their programs. In the future programs the EPHO will conduct a survey on prevention services and at the same time evaluate the impact of the radio programs.

In FY 2009, EPHO will work with Intrahealth and UNZA SOM who are funded to build provincial health facilities' capacity to deliver prevention for positives and negatives program to an additional five districts in the province as well as integrate prevention into other aspects of health care. Intrahealth with continue to provide supportive supervision. A monitoring component will be initiated to track program outcome. Part of FY 2009 funding will be used to scale-up prevention for positives component to additional five districts in the province including training community leaders. About 2,400 adults will be reached through these workshops in 2009. The EPHO will hire two staff reinforce the running of the program which will cover couple counseling in all program areas. The tested client will be encouraged to bring their partners to be counseled and tested as well. The media will play a major role in encouraging couples to be counseled and tested. A model couple or couples will be encouraged to encourage other couples to do the same through meetings and through the media.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15544

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15544	9647.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	7179	2988.08	EPHO - 1 U2G PS000641	$90,000
9647	9647.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$50,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education	$15,000

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	11393.09	**Mechanism:**	The Leadership Project
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	27301.09	**Planned Funds:**	
Activity System ID:	27301		

Activity Narrative: This activity narrative is a draft and will be revised upon finalization of the follow on SHARe project

This activity will be a follow on to JSI SHARe project focusing on strengthening religious, traditional, political and community leaders to implement Other Prevention activities and facilitate social change to reduce sexual transmission. The project will design and implement Other Prevention activities in accordance with the OGAC abstinence, being faithful and correct and consistent use of condoms (ABC) guidance. Community involvement will 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. The project will focus on increased involvement of women in the implementation of Other Prevention activities.

Other Prevention programs will provide education to address HIV high risk behaviors among Most at Risk Populations (MARPs) that go beyond abstinence and being faithful (AB) and focus on partner reduction, correct and consistent use of condoms and knowing one's status. Emphasis will be placed on information on behavior change focusing on promoting respectful relationships between men and women. The project will address the needs of vulnerable groups such as women and orphans and vulnerable children (OVC).

Peer educators will be trained 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, counseling and testing (CT) and antiretroviral therapy (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. CT will be made available on-site during training and sensitization activities. Information on prevention, care and treatment services will also continue to be provided.

Sustainability of the Partners will be ensured 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11394.09

Mechanism: The Partnership Project

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 27302.09

Planned Funds:

Activity System ID: 27302

Activity Narrative: This activity narrative is a draft and will be revised upon finalization of the follow on SHARe project

This activity will be a follow on to JSI SHARe project focusing on strengthening the public and private sector and informal workplaces to implement Other Prevention activities and facilitate social change to reduce sexual transmission. Other prevention strategies will focus on innovative community prevention programs in areas with high migrant populations, miners, and farmers. The project will design and implement Other Prevention activities in accordance with the OGAC abstinence, being faithful and correct and consistent use of condoms (ABC) guidance. Community involvement will 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 abstinence and being faithful (AB) and focus on partner reduction, correct and consistent use of condoms and knowing one's status. Emphasis will be placed on information on behavior change focusing on promoting respectful relationships between men and women. The Partners will continue to address the needs of high risk workers in the public and private sector and the informal workplaces. The Partners will provide Other Prevention messages to high risk public and private sector employees and in the formal and informal sectors.

Peer educators trained under the former SHARe project will continue to implement Other Prevention education, promote condom use, refer for sexually transmitted infections (STI) management, prevent and treat sexual and gender-based violence, promote partner reduction, and create referral links to Post-exposure Prophylaxis, counseling and testing (CT) and antiretroviral therapy (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. Global Development Alliance (GDA) members will continue to contribute directly and through technical support, including access to free CT and ART.

Support will continue to support peer educators trained under the SHARe project to improve 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.

Sustainability of the Partners will be ensured 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. Both the private and public sector will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds, public sector and other donor funding.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3082.09 **Mechanism:** WPHO - 1 U2G PS000646

Prime Partner:	Provincial Health Office - Western Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	9648.26262.09	**Planned Funds:**	$150,000
Activity System ID:	26262		

Activity Narrative: This activity is linked with the other activities for the Western Province Health Office including counseling and testing (#9047), IntraHealth (NEW), School of Medicine (#17574) and the CDC activity for WPHO focused on prevention for positives in antiretroviral (ARV) services (#9769).

This activity has been modified as follows:

Expand access of prevention activities from one to two additional districts. Promote community engagement in prevention activities including involving people living with HIV and AIDS in the planning, implementation, and monitoring of HIV prevention activities. Strengthen the capacity of the provincial health office and its districts to effectively address sexually transmitted infections (STIs) through community awareness and treatment for STIs.

Provide training to community and religious leaders to incorporate prevention messages and activities at their functions. Actively work with health centers to integrate prevention in other aspects of care such as Counseling and testing (CT), prevention of mother-to-child (PMTCT), tuberculosis treatment, and antiretroviral therapy (ART). Youths will be recruited to ensure their longevity with the programs. A radio program will be implemented to increase community awareness around prevention.

Western Provincial Health Office (WPHO) recognizes the important role of behavior change in preventing new infections given the very high HIV (28.2%) and syphilis prevalence (11.7% according to the Antenatal Clinic Sentinel Surveillance, 2004) among pregnant women aged 15-44 years in the province.

In FY 2007 and FY 2008, respectively, WPHO supported Mongu District Health Office (DHO) to strengthen the existing youth friendly services and scale up services to new sites, increase condom service outlets, increase number of individuals reached through community outreach and increase number of individuals trained to promote HIV/AIDS prevention through behavior change. These services have been provided through creating working space for youth friendly health services, training peer counselors, training adult mentors as behavior change agents, supporting the Diocese and traditional leaders in implementing youth prevention activities in four major churches in Mongu, communities, and supporting the Diocese youth resource center. As a result of this intervention, a total of 40 have been trained in peer counseling, 10 teachers have been trained in counseling, 32 condom distribution sites have been established and 1,500 youths counseled, tested, and received their test results. Youths that test HIV positive are linked to the ART clinic for ART services.

WPHO’s strategic plan for implementation of prevention activities will be two pronged. 1) WPHO will begin to phase out support to Mongu DHO by facilitating the DHO to include in the district action plans funded through the Ministry of Health the prevention strategy in strengthening and scale up of prevention activities in the district while the WPHO will scale-up prevention activities to four other districts, namely; Kaoma, Sesheke, Senanga, and Lukulu in order to reach more people. The selection of new districts is based on population and HIV prevalence. 2) WPHO will expand services to risk groups irrespective of age. The selection of risk groups will be guided by the 2007 Zambia Demographic Health Survey.

Training of Trainers (TOT) in behavior change communication - Continuing
This is an on going activity. In FY 2008, WPHO trained 40 behavior change agents from schools, churches, government departments, youth friendly health providers, community leaders and people living with HIV AIDS. In FY 2009, WPHO will support training of trainers for 40 Community leaders in behavior change communication. The TOT will target church leaders, traditional leaders, People Living with HIV/AIDS, school leaders, civic leaders, neighborhood committee members, women and youth groups drawn from four new districts.

The WPHO will collaborate with CT, PMTCT and ART service providers to integrate behavior change activities at these points of care as well as in the community. The TOT approach will be adopted in order to ensure that the trainers in each district train members in their respective communities to facilitate behavior change in their communities using participatory learning activities.

Adult mentoring is one of the strategies beyond abstinence and or being faithful used to promote prevention of HIV/AIDS. The objective is to improve communication between adults and young people when discussing issues related to sexuality and HIV and ultimately contributing to the reduction of new infections in the province.
FY 2008 WPHO supported Mongu district in trained 20 adult mentors. During the FY 2009, an additional 20 adult mentors (five per district) will be trained.

During the FY 2007, WPHO trained 51 peer counselors. At the end of FY 2008, and additional 20 peer counselors will be trained; resulting in a total of 71 peer counselors trained.

In FY 2009, in collaboration with District AIDS Task forces, the WPHO will support the four new districts (Kaoma, Sesheke, Senanga, and Lukulu) in training peer counselors targeting churches, youth groups, sex workers, women groups, fishing groups, and traditional leaders. A maximum of 15 peer counselors per group except for churches and youth groups which will have 35 each, based on the size of the group and the population served by the group.

In FY 2008, WPHO implemented prevention for positive component working with both youths and adults. WPHO will work with the University of Zambia (UNZA) School of Medicine (SOM) (activity 17574.08) who are funded to build provincial health facilities’ capacity to deliver prevention for positives and negatives program and integrate prevention to CT, PMTCT, tuberculosis (TB), and ART that refer those who are positive and negative to the prevention workshops. Funds for FY 2008, were used to build the PHO's and DHMT's capacity to implement a prevention for positive program, hiring a prevention for positives coordinator, train the coordinator, develop materials and implement the program in at least two districts in the province.

Activity Narrative: In FY 2009, WPHO will work with IntraHealth and SOM build the provincial health facilities' capacity to deliver prevention for positives and negatives program to an additional six districts in the province as well as integrate prevention into other aspects of health care. IntraHealth will continue to provide supportive supervision. A monitoring component will be initiated to track program outcomes.

Training of health providers in adolescent and reproductive health including management of STIs is also a focus. By the end of FY 2008, Mongu DHO will have 16 trained health providers in providing youth friendly services. In FY 2009 WPHO will support training of 40 health providers in the four new districts (12 for Kaoma, 12 in Senanga, eight for Lukulu and eight for Sesheke).

The WPHO will identify already existing drama groups and train them in effective community mobilization regarding HIV/AIDS and STIs sensitization. WPHO will support the new districts in supporting drama groups, anti AIDS clubs, radio programs, translation and production of information education and communication (IEC) materials in local languages for distribution among the identified risk groups in the two districts. The IEC production activity will be undertaken in partnership with working on communication is the districts. WPHO will support districts participation in the national HIV/AIDS awareness campaigns such as the World AIDS and National VCT Days as well as traditional ceremony Kuomboka and Kazanga and sports events.

To reach the out of school youths and adults 13 sensitization and preventive radio programs for youths on TB/HIV/AIDS/STIs will be aired. The media will provide a forum to educate the community in local languages on STIs and HIV/TB and where to find relevant health services. Topics to be covered will include the following; importance of VCT, Couples VCT, PMTCT, condom service outlets, Youths and CT and prevention, Prevention for positives and negatives, adherence including nutrition, Alcohol and HIV, STIs, HIV and TB, domestic violence, male circumcision, and child sexual abuse . These topics will be addressed in relation to risk behavior and behavior change. The WPHO in collaboration with the provincial prevention technical working group will identify experts in the areas above to lead the discussions.

By the end of FY 2009, the WPHO will support the four new districts in establishing 50 condom sites (six in Sesheke, 10 in Kaoma, 10 in Senanga and seven in Lukulu).

During FY 2009, the WPHO will support renovations of the four new health facilities in the new districts (one per district) to make room for youth friendly health and STI services.

During the FY 2009, the WPHO will continue supporting Mongu, Sesheke, Kaoma, Senanga, and Lukulu district health offices to carry out supportive supervision (will be integrated with other components) on monthly basis to all the health centers providing youth friendly services and prevention for positive and STI programs. The WPHO will provide technical support on quarterly basis.

In FY 2009, the Provincial Health Office (PHO) will continue to support DHOs in strengthening the linkages and partnership between other stake holders in preventive services such as Concern Zambia; Health Communication Partnership; Fala Mwalilangu; and the Barotse Royal Establishment, and create synergy in the provision of these services. The coordination meetings will provide an opportunity to ensure that all efforts related to HIV prevention are directed towards the same goal. The meeting will also provide an opportunity for partners to share experiences, discuss and find ways of addressing concerns and constraints.

To ensure sustainability of the program, the WPHO will devolve implementation responsibilities to the respective districts and ensure that districts include prevention activities at both health and community levels as priority areas in their annual plans. The PHO's role will therefore be providing technical support, mentoring and monitoring and evaluation. With the Human Resource strategic plan of the Ministry of Health being implemented, there will be doubling of intakes and outputs from the training institutions which will ultimately improve the availability of human resource in the province. Furthermore, assuming that the improved funding is sustained, infrastructure development will also improve which will ultimately increase access to services as well as providing space for more service provision in existing facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15556

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15556	9648.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	7181	3082.08	WPHO - 1 U2G PS000646	$140,000
9648	9648.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$100,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$85,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	1031.09	**Mechanism:**	Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	3538.26638.09	**Planned Funds:**	$0
Activity System ID:	26638		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• The narrative reflects project closeout for the last three months of Health Communication Partnership's (HCP) project life. There will be no new activities in the field, only financial and logistical close out.

Activity Narrative:

This activity linked with the HCP's activities in Abstinence/Be faithful (AB), Palliative Care, Orphans and Vulnerable Children (OVC), Counseling and Testing (HVCT) and ARV Services. It also supported both the Zambian and the President's Emergency Fund for AIDS Relief (PEPFAR) goals for appropriately targeting most at-risk populations (MARPs) with interventions promoting partner-reduction and condom use.

HCP used PEPFAR and Child Survival funds to benefit more than 900 communities with wrap around behavior change communication (BCC) activities linking HIV/AIDS messages with those related to malaria, family planning, reproductive health, safe motherhood, and child survival.

Community mobilization and BCC, the foundation of HCP's strategy in Zambia, provided a comprehensive approach to promote better health-seeking behavior through interventions targeting MARPs in 22 districts. HCP drew on Johns Hopkins University Center for Communication Programs' (JHU/CCP) worldwide expertise in 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 has also been a key member of the information, education, and communication (IEC) committees of the National Malaria Control Centre and the Ministry of Health's (MOH) child health and reproductive health units. At the same time, HCP facilitated 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 promoted HIV prevention through a balanced Abstinence, Being faithful, correct and consistent Condom use (ABC) approach. Part of HCP's mandate in FY 2008, was to focus on communications on partner reduction, correct and consistent condom use, and promotion of knowing one's HIV status.

In FY 2008, HCP continued to provide technical support for ongoing activities organized by trained peer leaders. These activities reached families of uniformed personnel and emphasized knowledge of HIV status, correct and consistent condom use, provision of social support to those who are ill, anti-stigma messaging, and reduction of concurrent partners. At prisons, similar activities were implemented for people who are incarcerated. In FY 2008, HCP reached 6,400 individuals with HIV prevention messages.

HCP built on the comprehensive multi-media campaign initiated in FY 2008 (with Plus-Up funds) for television, radio, and print which promotes reduction of concurrent partnerships through raising risk awareness. This campaign was designed to increase self-efficacy in avoiding risk and reached over 1,000,000 men and women of reproductive age in HCP's 22 districts and over 3,000,000 in the rest of Zambia. HCP provided leadership to ensure the multi-media campaign and other prevention campaigns were conducted in full support of the national prevention strategy which was developed in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local partners.

Furthermore, program messages on correct and consistent condom use were complemented with in-depth information on behavior change and the development of respectful, gender-equitable relationships between men and women. Influential leaders were 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 continued to perform scripted drama and facilitated discussions on partner reduction, knowledge of HIV status, and stigma reduction, reaching at least 13,200 people. In FY 2008, HCP focused on ensuring strong links between drama groups and individual communities, and zonal and district structures to facilitate maximum use of this resource after the end of project.

In FY 2008, HCP continued to encourage peer leaders to conduct local screenings and facilitate discussions around four key videos: "Tikambe" (an anti-stigma video), "Mwana Wanga" (prevention of mother to child transmission video), "The Road to Hope"(video on anti-retroviral therapy), and "Our Family Our Choice" (video on family planning/HIV). Available in three-to-seven Zambian languages, more than 3,500 copies have been distributed throughout Zambia to clinics, mobile video units, non-governmental organizations (NGOs), and other stakeholders.

In order to better understand the risks around alcohol abuse and HIV/AIDS, in FY 2006, HCP conducted a Participatory Ethnographic Evaluation and Research (PEER) qualitative data collection. The collected data was used in FY 2008 to support culturally appropriate interventions and messaging about the risks of alcohol abuse as related to HIV/AIDS. HCP continued to ensure that issues related to alcohol abuse were integrated in communication interventions.

HCP expanded activities initiated by the Public Affairs Office (PAO) with universities, the media, the National Arts Council, and traditional leadership through linkages with above described activities. All of these activities promoted risk reduction through reduction in concurrent partners, knowing one's status, using condoms correctly and consistently, and male circumcision. HCP continued to build capacity of community radio stations to develop and broadcast locally relevant programs that address issues around risk reduction. Together with the National Arts Council, HCP developed a high profile, national event with popular artists to promote HIV risk reduction. With the House of Chiefs, the coordinating body for Zambia's traditional leaders, HCP built on an existing relationship to promote their advocacy for HIV risk reduction.

All HCP activities begin with formative research and are pre-tested 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, promoting partner communication, mutual decision-making, and male

Activity Narrative: responsibility.

HCP's community mobilization efforts focused on investing in the development of skills and capacity of individuals, neighborhoods, and community-based organizations to promote positive health and social development. HCP designed activities that supported Zambian capacity, sustainability, self-reliance and the development of public opinion and norms supporting 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. In addition, the activities that implemented were not only chosen by communities, they also required community commitment through in-kind support.

HCP continued to play a key role with the NAC by collecting, harmonizing, and sharing national IEC materials. In FY 2006, HCP supported the development of the NAC Resource Center by compiling a database of all HIV/AIDS IEC materials available in Zambia. HCP continued to work with the Zambia Centre for Communication Programmes (ZCCP), a local health communication NGO in a technical advisory capacity. HCP supported ZCCP in developing strategic approaches for preventing the sexual transmission of HIV and built ZCCP's ability to develop high quality, behavior change communications interventions. HCP also facilitated the adaptation and reproduction of IEC materials for other USG supported programs, playing a key role in promoting collaboration and coordination among USG partners.

In FY 2008, HCP conducted an end-of-project survey to measure impact of all of the above mentioned activities. The Participatory Ethnographic Evaluation and Research (PEER) method was also employed to qualitatively evaluate the project by involving the community members in the design, implementation, and execution of the evaluation exercise.

All FY 2008-funded targets will have been reached by September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14407

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14407	3538.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6823	1031.08	Health Communication Partnership	$1,100,000
8904	3538.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4979	1031.07	Health Communication Partnership	$630,000
3538	3538.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2911	1031.06	Health Communication Partnership	$540,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	11091.09	**Mechanism:**	Community Empowerment Through Self Alliance (COMETS)
Prime Partner:	Comprehensive HIV/AIDS Management Program	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	27299.09	**Planned Funds:**	$0
Activity System ID:	27299		

Activity Narrative: The new Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY09, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA

Comets will work with high risk groups including migrant populations outside Zambia, seasonal workers, truckers and contractors. A number of the GDA partners are in isolated sites, near borders, in some cases they are the only employer in a district, and/or establishing new sites with a large number of short-term contractors on site. COMETS will build on the existing GDA HIV workplace and community programs and HIV Resource Persons Network (HRPN) focusing on specific activities such as ABC education, condom distribution, and the support of recreational activities in order to provide the high risk populations with activities to alleviate the boredom that is inherent in mobile situations. There will be emphasis with the female seasonal workers on education in empowerment, negotiation skills and the female condom. With the predominantly male migrant workers in the mining industry, there will be an emphasis on education programmes around behavior change, multiple concurrent couples, life skills, cash management, effects of drug and alcohol use and condom use.

COMETS will train 2,416 HRPN with representation from the migrant, seasonal worker and contractors in the workplace and the community. The HRPN will reach 371,200 individuals with messages on Prevention Other through education and mobilization activities in the workplace and community to promote behavior change. COMETS will provide technical supportive assistance and sub grant support to the HRPN in the carrying out of their activities that target high risk populations.

In FY09, the activities of the MHU's will increase sensitization and mobilization activities to reach 56 rural health catchment populations supported by their mobile services. Prevention Other services will focus on patients who are receiving Pre-ART or ART services for condom distribution and education whilst promoting treatment adherence, the risks of developing drug resistance if both partners are HIV positive and on treatment. Condoms for the rural health centers communities will be distributed through the MOH following MOH condom distribution practice and WHO guidelines for high risk groups with uptake captured as part of the national response at district level.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	12224.09	**Mechanism:**	TBD
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	29784.09	**Planned Funds:**	[redacted]
Activity System ID:	29784		

Activity Narrative: Hiring consultants to research, design, and pilot test community compacts. The community compacts are agreements directly with communities, as well as incentive rewards for effective prevention programs.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $4,000,000

Program Area Narrative:

The Biomedical Prevention program area narrative describes blood safety, injection safety, and male circumcision programs in Zambia.

Blood Safety
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 120,000 units (450 mls each) of blood per year with the current operations at about 80%. Since the initiation of funding from the President's Emergency Plan for AIDS Relief (PEPFAR) in August 2004, mobile collection sites have increased from 9 to 21 while blood collection has increased significantly from a baseline of 8,715 units in 2004 to 22,798 units for the quarter ending June 2008, exceeding its target by nearly 200 units. About 40% of the collected blood is transfused to children under the age of five and 20% in complicated pregnancies. With support from PEPFAR, transfusion sites will increase from 81 to 128 by the end of FY 2009 covering all nine provinces and operating in all 72 districts. Previous funding allowed for the expansion of collection sites and the purchase of 18 vehicles and five trailers for transporting blood. Past funding also allowed for the acquisition of nine large blood storage refrigerators for the nine regional sites, 34 small blood storage refrigerators for the blood transfusion sites; and 3 plasma freezers. About 710 providers have been trained on safe blood operations. There is strong collaboration between the The Zambia National Blood Transfusion Services (ZNBTS) and other donors such as World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure funding for blood safety are coordinated and streamlined for efficiency.

The ZNBTS is the Government of the Republic of Zambia (GRZ) unit responsible for ensuring a safe, adequate blood supply throughout the country. ZNBTS goals include (1) rapidly increasing blood collections to meet the estimated national demand of 120,000 units of blood per year by the end of 2009; (2) increasing and maintaining the percentage of regular repeat donors from 32% in 2005 to 55% in 2009; and (3) reducing HIV discards from 8% to 2% by 2009.

Funding from 2004-2008 has considerably expanded ZNBTS activities. The blood safety system in Zambia comprises the coordinating center 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, and maintaining 81 hospital-based blood banks located in government and mission hospitals. They are also responsible for blood grouping, cross-matching, and monitoring transfusion outcomes for their respective hospitals. There are over 125 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. Since its inception, additional staff were employed, operational and financial support was extended to all regional centers, and management was strengthened. The main strategies applied to ensure safe and adequate supplies of blood include: recruitment and retention of voluntary, non-remunerated blood donors from low risk population groups and application of strict criteria for selection of blood donors. Updated blood screening equipment, mandatory laboratory screening of 100% of blood collected 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.
Provincial blood banks are responsible for blood collection, laboratory screening, and distribution. Under the current arrangement, ZNBTS collects and screens all blood, while other partners are mainly involved in the clinical use of blood.

Since mid-2005, ZNBTS has embarked on the development of an appropriate legal and regulatory framework for blood transfusion services in Zambia. From October 2008 to March 2009, stakeholders will review the draft policy documents for the GRZ to approve and enact law. 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 developed, and is implementing a blood donor tracing system. To further strengthen the system and improve the efficiency and accuracy of the blood donation data, CDC Zambia is providing technical, material, and financial support for the implementation of a SmartCard based donor management system as part of the roll-out of the national SmartDonor system. 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 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 transfusions.

The ZNBTS is working with VCT centers to facilitate the referral of blood donors who test positive for HIV so they receive follow-up care, treatment, and support. Additionally the VCT center link will encourage people testing HIV negative to consider enrolling as regular blood donors. The ZNBTS has submitted its action plans for inclusion in the restructured Ministry of Health (MOH), and if approved will receive core operational funds from the GRZ to support the program.

Injection Safety

The transmission of HIV through unsafe medical practices accounts for 5% of all HIV transmissions in Zambia. Transmission of HIV through unsafe medical practices (medical transmission of HIV) is largely preventable. Infection prevention (IP) and injection safety (IS) are implemented with Track 1.0 funding. The U.S. Mission in Zambia has supported the MOH and the Ministry of Defense (MOD) in IP/IS: blood safety, handling and processing of sharp instruments, handling and disposal of clinical waste, procurement of IP/IS commodities, and management of the supply chain for IP/IS commodities.

The U.S. Mission in Zambia supports the GRZ in reducing and/or stopping medical transmission of HIV through: 1) provision of training in IP/IS to health care workers; 2) advocacy for policies and guidelines that enhance IP/IS in Zambia; 3) procurement of commodities needed to promote IP/IS in Zambia; and 4) development, production, and implementation of behavior change and communication (BCC) materials in IP/IS.

Training in IP/IS includes: 1) a week-long residential training for front line health care workers in IP/IS; 2) U.S. Mission in Zambia technical support to districts that have already completed training; 3) U.S. Mission in Zambia trains trainers of trainers in the MOD health facilities; and 4) U.S. Mission in Zambia trains health managers and policy makers in IP/IS. Follow-up visits to managers who have received orientation have demonstrated that they all have integrated IP/IS activities in their annual work plans. In addition, all the districts/facilities reached with IS/IP training have adopted and implemented the standard post-HIV exposure prophylaxis (PEP) protocol. In FY 2009, the U.S. Mission in Zambia will support the MOH to implement IS/IP training activities in 14 new districts, translating into a national coverage of 72 districts from FY 2005 through FY 2009. It is envisioned that the U.S. Mission in Zambia will support the training of 270 MOH health care workers in IP/IS. Additionally, the U.S. Mission in Zambia will support training of 150 health care workers in the MOD.

From FY 2005 - FY 2008, the U.S. Mission in Zambia procured and supplied essential IP/IS commodities such as disposable needles, sharps boxes, protective boots, utility gloves, plastic aprons, color coded bin liners, and disinfectant solutions to the MOH and the MOD for effective implementation of IP/IS activities. In FY 2009, the U.S. Mission in Zambia will continue to procure essential IP/IS commodities for Zambia. The U.S. Mission in Zambia will also continue to engage in dialogue with health-care managers and policy makers on the need to allocate sufficient resources for IP/IS commodities.

Under BCC, the U.S. Mission in Zambia will collaborate with the GRZ and other communication partners to develop, harmonize, and implement up to date and context-specific BCC communication materials. The U.S. Mission in Zambia will also work with local communities and their respective leaders to foster behaviors that reduce the risk of medical transmission of HIV, including reducing provider and consumer preference for injections and staying away from clinical waste disposal sites.

The U.S. Mission in Zambia will undertake the following activities to ensure that key program investments are sustained with FY 2009 funds: collaborate with the GRZ and other key stakeholders to ensure the GRZ develops and implements a national infection prevention policy that compels institutions to build capacity to anticipate, recognize, evaluate, and control factors that contribute to poor IS/IP practices. The U.S. Mission in Zambia will also continue to advocate for increased public health expenditure on IS/IP commodities, to extend training in IS/IP to the private/commercial sector, and to ensure that IP/IS guidelines and protocols are updated as necessary.

Male Circumcision

Male circumcision (MC) has been shown to reduce men’s risk of becoming infected by HIV through heterosexual intercourse by at least one-half, and possibly as much as two-thirds. Three randomized clinical trials (RCTs) have shown that men who were circumcised were less than half as likely to become infected with HIV within the trial periods. This finding is supported by over 40 sociological and epidemiological studies which show a strong link between MC and reduced HIV prevalence.

Preliminary data suggest that MC may also reduce male-to-female transmission of HIV, however the data on direct male-to-female transmission remain unclear. What is clear from modeling, is that a significant decrease of HIV prevalence among men will undoubtedly convey protection to women when it comes to heterosexual transmission of HIV. In the long run, lowered prevalence in men will ultimately translate into lowered prevalence in women.

MC has been shown to significantly reduce the risk of acquiring HIV, but does not provide complete protection from HIV infection. Data from the three RCTs show that circumcised men were not significantly more likely to engage in high risk sexual practices

after the procedure than uncircumcised men, some studies demonstrate that circumcised men's sexual risk behaviors were actually reduced.

About 15% of the Zambian male population are currently circumcised (ZDHS, 2007). It is estimated that more than one million Zambian men will need to be circumcised in the next five years for MC to have a measurable impact in reducing HIV prevalence. This will require dramatically scaling-up quality MC services in Zambia and nation-wide training of providers and counselors to ensure standardization of safe, high quality, and affordable MC services. The basic MC package, as defined by WHO, must be offered at a minimal cost, and as near to the community as possible. Models for MC service delivery include: 1) neonatal MC; 2) Static MC sites (public and private); 3) Mobile MC services; and 4) Re-training/self-certification of traditional MC providers.

In order to develop a comprehensive MC program, the GRZ established the MC technical working group (TWG) as a task force under the Prevention of Sexual Transmission (PST) sub-committee of the Prevention Theme Group at the National HIV/AIDS/TB/STI Council (NAC). The MC TWG consists of governmental and non-governmental organizations involved in development of guidelines, planning, and service delivery related to MC in Zambia.

The U.S. Mission in Zambia has supported the MC program in Zambia since 2004. Initially, the U.S. partners teamed up with the government to work on small scale efforts to strengthen existing MC services to meet demand. This activity led to clinical provider training at University Teaching Hospital (UTH), Chainama Clinic and George Clinic in Lusaka, and Livingstone General Hospital. The U.S. Mission in Zambia provides technical expertise for training, learning materials, site assessments/preparation, and expert input during development of educational materials and MC guidelines.

In FY 2008, the U.S.-supported the scale-up of MC activities to 10 sites countrywide. This support will also be extended to the military population where health delivery sites will be strengthened to provide MC services. Other activities include six MC operating rooms (three of which are operational), recruitment, and training of nurses and clinical officers in MC. In permanent sites, the U.S. Mission in Zambia supported the provision of MC services to more than 900 clients between 8 and 60. Mobile MC activities have also been introduced. In FY 2009, the U.S. Mission in Zambia will support training activities across the country, establishing training centers in all provincial capitals by 2010. This will prepare trainers in all provinces to serve as future trainers and supervisors of activities in their locality. Additionally, U.S. Mission in Zambia will support the training of approximately 30 healthcare providers to perform neonatal MC, to conduct a feasibility study examining acceptability of neonatal MC, and to determine the optimal method for scale-up of neonatal MC.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID:	578.09	**Mechanism:**	ZNBTS - Track 1 - U62/CCU023687
Prime Partner:	Zambia National Blood Transfusion Service	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)	**Program Area:**	Biomedical Prevention: Blood Safety
Budget Code:	HMBL	**Program Budget Code:**	04
Activity ID:	3607.26316.09	**Planned Funds:**	$3,500,000
Activity System ID:	26316		

Activity Narrative: The rapid strengthening of the Zambia National Blood Transfusion Services (ZNBTS) 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 United States Government (USG) President's Emergency Plan for AIDS Relief (PEPFAR) with a five-year cooperative agreement that ends in March 2010.

Safe blood transfusion is an essential life-saving medical intervention for treatment of various conditions requiring supplementation of blood and/or blood products. It is also one of the most effective strategies for prevention of transfusion transmissible infections (TTIs), particularly HIV, HBV, HCV, and syphilis, and is also considered as one of the important strategies for achieving the Millennium Development Goals (MDGs), particularly those related to maternal and child health, and to combating HIV, TB, and malaria.

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 120,000 units of blood per year (the volume of one unit of blood is 450 milliliters). Approximately 40% of the patients transfused are children under the age of five years, largely due to anemia secondary to malaria, and about 20% are mothers due to complicated pregnancies. Since the commencement of PEPFAR support in August 2004, the blood transfusion system has been restructured into a nationally coordinated system with the national coordinating center in Lusaka and nine provincial blood transfusion centers responsible for donor recruitment, collection, testing, and distribution of blood. Blood collections have drastically increased from the baseline of approximately 8,000 units per quarter in 2004 to 22,798 units for the quarter ended June 2008 and the projected collections for the year ending March 2009 is 90,000 units. Transfusion outlets have increased from 90 to 128 hospitals, as of August 2008, and include public, faith-based, and private hospitals, which provide clinical transfusion services to patients in all nine provinces and 72 districts. Trends towards reductions in discards due to TTIs have also emerged, with total discards reducing from the baseline of 15% in 2004 to 11.7% for the year ended March 2008, and HIV discards from 6% to 3.8% during the same periods.

PEPFAR funding has facilitated significant scaling-up of blood collections, procurement of appropriate equipment and transport, strengthening of blood testing protocols, standard operating procedures and technologies, scaling-up of training and capacity building in blood safety, and appropriate clinical use of blood and blood products. With the US $20,000 provided in the FY 2008 COP within the Srategic Information program area, ZNBTS was able to review and redesign the blood request form and procedures, and conduct training on proper ways of capturing and recording data on requesting, cross-matching and usage of blood. A total of 203 hospital and blood transfusion staff, including nurses and laboratory personnel were trained. This training is expected to greatly improve the capturing of data on transfusion requests and outcomes.

ZNBTS is determined to sustain all the achievements already made, further scale-up blood safety operations towards meeting national transfusion needs and scale-up activities aimed at ensuring long-term sustainability of the national blood safety program. To support these objectives, ZNBTS is requesting and USG/Zambia supports the request of US $769,855 in the FY 2009 COP.

One of the key activities that will be supported is the strengthening of blood donor retention, as the key strategy for ensuring sustainable increases in blood collections and reductions in discards attributable to TTIs. Recruitment and retention of reliable regular repeating voluntary non-remunerated blood donors from low-risk population groups is the main foundation for any successful blood safety program. Even though ZNBTS has made significant progress in promoting dependency on voluntary, non-remunerated blood donors, converting these donors into regular repeating donors has continued to be a major challenge. The proportion of voluntary, non-remunerated blood donors increased from 72% in 2004 to 99.59% in 2007. However, dependency on regular repeating blood donors remained at approximately 30%. In view of this situation, ZNBTS intends to further scale-up blood donor retention, which is expected to lead to an increase in the pool of reliable regular repeating voluntary blood donors and in-turn result in increases in blood collections and reductions in discards attributable to TTIs, on a consistent and sustainable basis. The activities that this funding will support are procurements of appropriate blood donor appreciation tokens, which will include: t/shirts, key holders, ball-point pens, donor sensitization materials, and membership cards.

The target is to convert 5,000 first time blood donors into regular repeating donors. The current level of repeat donors is at 30% and the overall target for the year is to increase this to 50%, an increase by 20%. This proposed activity is expected to contribute approximately 8% to this increase, while the balance of 12% will be achieved through the activities included in the main action plan for the year. Apart from the expected benefits of increasing blood collections and reducing discards, the proposed activities will greatly contribute to the strengthening of counseling and behavior change, through the messages aimed at ensuring that repeat donors live safe lives and remain negative.

Further, over the past year, ZNBTS has been considering establishing linkages with health facilities which offer voluntary counseling and testing (VCT) services. Even though ZNBTS has initiated discussions with the relevant VCT centers, this strategy has not yet been implemented. Such linkages would benefit the blood transfusion service in two ways: 1) blood donors who test positive for HIV would be referred, with their consent, to selected reputable health facilities for further counseling and advice on how to live positively and access free antiretroviral therapy if necessary; and 2) persons who test negative for HIV at VCT centers would be encouraged to visit ZNBTS blood banks and become blood donors. Funding for this activity will be used for establishing linkages with reputable VCT centers, including sensitization of donors.

Another critical area of focus will be that of ensuring long-term sustainability of the national safe blood

Activity Narrative: transfusion services. A number of activities are being implemented aimed at providing for long-term sustainability, including: 1) finalization of the development of an appropriate policy and legislation, which will include clauses aimed at increasing government funding and commitment; 2) organizational restructuring and strengthening; 3) systems strengthening; 4) infrastructure development and procurement of equipment; 5) staff training and capacity building; and 6) efforts towards increasing government funding and broadening international support. Funding requested for this purpose will support: 1) facilitating stakeholder consultations on the draft policy and legislation, which is a requirement; 2) procurement of appropriate equipment to strengthen TTIs testing and blood components preparation at Lusaka and Kitwe; and 3) establishment of hospital blood transfusion committees, to ensure effective clinical use of blood, help establish past blood utilization trends, and also assist in establishing appropriate demand patterns and stock levels for their respective regions.

All the activities proposed are in-line with the objectives and strategies which formed the original proposal. ZNBTS will ensure that all the activities included in this proposal are incorporated into the annual action plan.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15605

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15605	3607.08	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	7196	578.08	ZNBTS - Track 1 - U62/CCU023687	$3,500,000
9049	3607.07	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	5026	578.07	ZNBTS - Track 1 - U62/CCU023687	$3,800,000
3607	3607.06	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	2952	578.06	Technical Assistance	$1,500,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $10,000

Water

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 5460.09

Mechanism: Track 1 – Blood Safety - Sanquin

Prime Partner: Sanquin Consulting Services

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL **Program Budget Code:** 04

Activity ID: 10356.26279.09 **Planned Funds:** $500,000

Activity System ID: 26279

Activity Narrative: This activity relates to Zambia National Blood Transfusion Service (ZNBTS) (#9049). Sanquin has provided useful technical assistance, supervisory quality support, and residential training for the ZNBTS since the inception of PEPFAR in Zambia in 2004. Sanquin will continue to support areas that enable the ZNBTS strategy which includes improved quality assurance, development of blood products, blood donor recruitment, blood donor retention, and expanded laboratory capacity. Lead experts from Sanquin 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 of Sanquin support involves a one month on-site residential training of ZNBTS staff at the Sanquin headquarters in the Netherlands. Staff is able to gain practical experience in quality assurance, management, donor services, laboratory supervision, and quality systems for blood transfusion services with an emphasis on the management aspect.

In FY 2006, the Academic Institute IDTM in collaboration with Sanquin designed and launched a post-academic Master's degree program in management of blood safety at the University of Groningen 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. Fellows will then be required to spend a period of six months in the Netherlands working with Sanquin to develop comprehensive, practical, management skills. In January 2007, two staff from ZNBTS received scholarships and enrolled into the program. By providing assistance to the ZNBTS in these key areas, which includes human capacity strengthening, Sanquin will continue to significantly contribute to the overall sustainability of the national blood service programs.

In December 2006, Sanquin provided technical and financial support toward the successful ZNBTS stakeholders' meeting to launch a bill designed to strengthen the Zambian legal and regulatory framework for national blood safety. Sanquin provided legal expertise to help draft the bill and also hosted Zambian officials in the Netherlands to further learn about the process and importance of creating such a bill. In the same year Sanquin advised on the redesigning of the Lusaka blood center building in order to improve process flows of the blood bank operations. The redesigning of the Lusaka blood center will make the building be in compliance with general accepted Good Manufacturing Practices (GMPs) and Good laboratory practices (GLPs) guidelines.

In FY 2008, Sanquin continued to provide valuable trainings for the ZNBTS and hospital in the usage of blood components such as cryoprecipitate, fresh frozen plasma, platelets, and packed red blood cells, supporting up to 115 sites. The aim of these trainings is to expand the preparation and usage of blood components in Zambia. In addition, Sanquin has actively advised hospitals in Zambia to set-up transfusion committees in order to improve blood safety. The Ndola School of Biomedical Sciences has held several workshops on blood grouping in order to improve blood safety. (Blood grouping is essential for blood safety and has direct influence on the safety for patients receiving blood products: mistakes can lead to mortality). In FY 2009, the workshops will focus on the utilization of standard training manuals and materials by the ZNBTS and the Ndola School of Biomedical Sciences so that teachers of both institutes can provide the same theoretical and practical knowledge to future students or new staff members of the ZNBTS and hospitals.

The Zambian legal and regulatory framework for blood safety, which began in 2006 needs to be finalized and made effective. Sanquin will advise and guide in this process.

Furthermore Sanquin will advise in identifying suitable counterpart institutions, meetings, and workshops that provide for knowledge sharing and continuous medical education for professional staff. In FY 2009, Sanquin will provide technical input in the design of a new blood bank building in Kabwe, which is expected to be constructed in 2009. To ensure standards, it is expected that the same floor plan drawings which were used in Lusaka, will be used for the Kabwe building.

In FY 2008, some blood donor centers started using barcodes and electric mix weighing equipment to improve blood during collections, together with the introduction of electric mix weighing equipment (standardization). In FY 2009 all blood centers will use barcodes and pre-printed blood type labels.

In FY 2008, some blood donor centers introduced generally accepted techniques for measurement of hemoglobin in order to make a quick selection of blood donors based on hemoglobin concentration. Training of staff was performed to meet these standards. In FY 2009 more donor centers will start using these techniques in order to improve donor selection.

In general, the ZNBTS is improving step-by-step with the primary process of the blood bank. In the coming years introduction of computer networks and specialized programs need to be investigated (e.g. Laboratory Information Management Systems or LIMS and general blood bank software) and implemented. Sanquin will advise and guide through the selection and implementation process.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15562

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15562	10356.08	HHS/Centers for Disease Control & Prevention	Sanquin Consulting Services	7182	5460.08	Track 1 – Blood Safety - Sanquin	$500,000
10356	10356.07	HHS/Centers for Disease Control & Prevention	Sanquin Consulting Services	5460	5460.07	Track 1 – Blood Safety - Sanquin	$400,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $350,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 2987.09

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 3676.24831.09

Planned Funds: $350,000

Activity System ID: 24831

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 Strengthening 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) and is closely coordinated with the United States Agency for International Development (USAID) Injection Safety funded program.

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 prevention of mother-to-child transmission of HIV (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, antiretroviral therapy (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 harmonizes services and maximizes 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 ongoing 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 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 that 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 ongoing issue throughout the country.

From FY 2005 through FY 2008, JHPIEGO's assistance 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. Between FY 2005 and FY 2008, over 800 service providers and service outlet managers from over 50 sites were trained and oriented in IP/IS practices and principles including proper healthcare waste management. Following the training, sites received essential commodities and supplies to ensure immediate implementation of improved practices in IP/IS. 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. . This activity will reduce the rate of HIV transmission since most of the harmful practices that cause medical transmission will be avoided while utilization of disinfectants and gloves will enhance personal safety. In addition, post-exposure prophylaxis (PEP) protocols developed were implemented and tested at key sites and its availability will avert infections among those who are exposed.
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In FY 2009, utilizing the IP/IS trainers trained, JHPIEGO will co-teach and train 150 providers from all different cadres including cleaners, medical assistants, and service providers. 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. It is envisaged that these IP/IS trainers will over time become conversant with the training materials and will competently handle subsequent trainings on their own. The same trainers will be utilized by DFMS as supervisory resource persons and mentors in the area of IP/IS. This internal capacity will enhance sustainability. 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 including waste receptacles such as bins and bin liners, sharps boxes, personal protective clothing and disinfectants to all 54 sites (depending on gaps identified. 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. Whenever possible, JHPIEGO will also continue to increase gender equity in IP/IS by training equal proportions of males and females in all the programs.

Activity Narrative: 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 including the use of incinerators.
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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. These will also raise awareness among all the players and increase internal demand for IP/IS measures in health care provision. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14622

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14622	3676.08	Department of Defense	JHPIEGO	6889	2987.08	DoD-JHPIEGO	$350,000
9091	3676.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$220,080
3676	3676.06	Department of Defense	JHPIEGO	2987	2987.06	DoD-JHPIEGO	$350,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $138,956

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 11080.09

Mechanism: new USAID health systems strengthening activity

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 26888.09

Planned Funds: ■

Activity System ID: 26888

Activity Narrative: Reprogramming funds to HXTD for ARV Gap (SCMS)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ■

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1025.09

Mechanism: Injection Safety

Prime Partner: Chemonics International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 3543.26402.09

Planned Funds: $0

Activity System ID: 26402

Activity Narrative: Reprogramming funds to HXTD for ARV Gap (SCMS)

New/Continuing Activity: Continuing Activity

Continuing Activity: 14378

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14378	3543.08	U.S. Agency for International Development	Chemonics International	6809	1025.08	Injection Safety	$1,948,499
8876	3543.07	U.S. Agency for International Development	Chemonics International	4966	1025.07	Injection Safety	$1,000,000
3543	3543.06	U.S. Agency for International Development	Chemonics International	2913	1025.06	Injection Safety	$1,948,499

Emphasis Areas	

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$0

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	4139.09	**Mechanism:**	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Biomedical Prevention: Injection Safety
Budget Code:	HMIN	**Program Budget Code:**	05
Activity ID:	26887.09	**Planned Funds:**	$0
Activity System ID:	26887		
Activity Narrative:	Reprogramming funds to HXTD for ARV Gap (SCMS)		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $4,727,738

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2998.09	**Mechanism:**	EGPAF - U62/CCU123541
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 12525.27883.09

Planned Funds: $187,738

Activity System ID: 27883

Activity Narrative: This PHE activity, "Evaluation of safety and acceptability of neonatal circumcision in Zambia using Gomco and Plastibell methods", was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0183.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15519

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15519	12525.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU12354 1	$255,000
12525	12525.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5007	2998.07	EGPAF - U62/CCU12354 1	$255,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $187,738

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 11101.09

Mechanism: New Communications Procurement

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 26894.09

Planned Funds: [redacted]

Activity System ID: 26894

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID clinical activity in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be an overlap between the current and new project so that services continue to be provided to new and existing clients.

The new partner will be selected in 2009 to implement behavior change communications (BCC) activities which include male circumcision (MC). This activity links with other sexual prevention, counseling and testing (CT), and adult treatment activities. The new partner will work in all nine provinces in close partnership with United States Government (USG) partners and the Zambian government (GRZ).

Zambia has been a leader in the roll-out of MC and the Ministry of Health (MOH) is committed to supporting MC services nationwide. As a result, the MOH has created an MC sub-committee under the National HIV/AIDS/STI/TB Council's (NAC) prevention theme group whose membership includes diverse stakeholders including the USG. In 2008, the Ministry of Health (MOH) in collaboration with the NAC and other local partners developed the National Prevention Strategy (NPS) to reverse the tide of HIV/AIDS by intensifying prevention activities nationwide.

The new BCC partner will assist the NAC and all MC service delivery partners in implementing a national MC awareness campaign that includes messages regarding counseling and testing (CT) and stigma/discrimination reduction. These will include radio and TV spots and BCC materials focusing on disinhibition; the need to use a trained service provider; post-procedural care; importance of knowing one's HIV status; and the advisability of MC for men who have tested negative. Messages will be pre-tested for effectiveness and translated into local languages.

Traditional and community leaders will play a key role in all community-based activities by raising awareness and correctly conveying information about MC, including the importance of continuing safer sex, being faithful, and knowing one's HIV status. In provinces that implement MC as a traditional practice, the new BCC partner will actively engage traditional initiators in promotion of CT and safe and sterile service delivery, complementing training efforts of JHPIEGO, the new social marketing partner, and the MOH.

Technical assistance will be provided to the NAC in the dissemination of the NPS which focuses on scaling-up behavioral change efforts including MC services. The new partner will ensure that its activities are also integrated into district and provincial plans ensuring ownership and sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	6842.09	**Mechanism:**	ZPCT FOLLOW ON
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Biomedical Prevention: Male Circumcision
Budget Code:	CIRC	**Program Budget Code:**	07
Activity ID:	26898.09	**Planned Funds:**	[redacted]
Activity System ID:	26898		

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New USAID HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new procurement on provision of clinical HIV/AIDS services to follow the Zambia Prevention, Care, and Treatment Partnership (ZPCT) project is being developed. This activity is directly linked to Social Marketing, Behaviour Change and Communications, Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), Partnership for Supply Chain Systems, and Elizabeth Glazier Pediatric AIDS Foundation (EGPAF), as well as indirectly to Ministry of Health (MOH), National AIDS Council (NAC), and United States Government (USG) implementing partners for AB activities. The project will also link with the counselling and testing (CT), prevention of mother-to-children transmission (PMTCT) of HIV program area activities and other health related areas that will increase demand for and access to MC services.

The project will establish and scale up male circumcision (CIRC) activities in health facilities in the five provinces (Central, Northern, Copperbelt, Luapula and North-Western Provinces, to meet current demand for CIRC services and to develop lessons learned regarding cost-effective, sustainable CIRC service delivery models to rapidly scale-up CIRC services nationwide. To ensure maximum benefit, male circumcision services will be part of a package of services that includes other HIV and STI prevention services and counseling while promoting provision of quality surgical procedures to minimize complications.

The project will: 1) Conduct provincial, district, and facility-level orientations for management buy-in and understanding of CIRC activities; 2) Integrate complete and evidence-based male circumcision services with counseling and testing services and other HIV/AIDS related services, sexually transmitted infection (STI) services, maternal and child health services to promote infant MC, and create linkages to male circumcision services; 3) Integrate male circumcision information and services with other important male reproductive health services; 4) Increase access to safe, high quality male circumcision services in program operational sites where feasible; 5) Train CIRC providers using the international WHO materials in provision of high quality CIRC services including performing the CIRC surgical procedure, and training CIRC counselors using WHO supplemental counseling training materials; 6) Provide supportive supervision using performance standards and a standards based management approach; 7) Strengthen health facilities to provide quality CIRC services and to increase access to CIRC services by ensuring facilities get equipment and commodities through the national system, and counseling and information, education, and communication (IEC) materials; 8) Conduct operational research as needed that is cognizant of current Office of the Global AIDS Coordinator (OGAC) guidance governing such activities, to improve CIRC services; and 9) Strengthen reporting system for CIRC activities. The activity will increase gender equity in HIV/AIDS prevention services by increasing the number of men accessing CIRC services.

The project will support evaluations of lessons learnt from male circumcision interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to male circumcision services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the government of Zambia and to strengthen the Health Management Information System (HMIS). The activity will also participate and share best practices at President Emergency Plan for AIDS Relief (PEPFAR) implementer's meetings, stakeholder meetings, and other fora.

At national level, the project will support the CIRC task force, the National AIDS Council (NAC) preventions of sexual transmission (PST) working group and Ministry of Health (MOH) in developing policies, protocols, guidelines, and training and education materials to enhance national scale-up of quality CIRC services. The project will work with community groups including traditional leaders to create awareness and demand for CIRC services, and will provide technical support to traditional circumcisers in North-Western province to enhance provision of quality CIRC services.

The project will by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality CIRC services. The program will also link these facilities to the government supply chain for provision of CIRC equipment, commodities and supplies.

The project will work with the Government of the Republic of Zambia (GRZ) facilities, to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by provincial health offices (PHOs), district health management teams (DHMTs), and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines; strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. The project will over the five years of the project gradually win off well performing districts from project technical support.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 11105.09

Mechanism: New Social Marketing

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 26895.09

Planned Funds: [redacted]

Activity System ID: 26895

Activity Narrative: This activity narrative for male circumcision is a draft and will be revised upon award of the new USAID social marketing activity in FY 2009. The activity will be implemented by a partner to be determined (TBD) in close collaboration with the following HIV activities implemented by other United States Government (USG) partners: HVOP, HVCT, HBHC, PDCS, PDTX, and HTXS. It is envisioned that there will be a two month overlap between the current and the new project so that services continue to be provided to new and existing clients. Targets will be adjusted based on the actual starting date of the new project.

With FY 2009 funding, the partner TBD will implement the following activities in Lusaka: 1) train 25 health care workers (doctors, clinical officers, and nurses) in male circumcision (MC) and 60 counselors in HIV counseling and testing (CT) with emphasis on benefits of MC; 2) procure $700,000 worth of MC equipment, including surgical beds, 1,500 MC kits containing MC consumables (needles, syringes, cotton wool, suture materials, and an anesthetic drug), and MC surgical instruments; 3) provide male circumcision services, including reaching 5,600 MC clients with Abstinence and Being faithful (AB) messages, providing pre-MC counseling and testing for HIV to MC clients, circumcising1,500 MC clients, and providing post MC care; and 4) develop lessons learned regarding cost-effective, sustainable MC service-delivery models to rapidly scale up services nation-wide (depending on the availability of funds).

To sustain MC services and the positive health-seeking behaviors created through social marketing of MC services, the new partner will collaborate with and build technical competences of public and private sectors in the provision of quality-assured MC services. The partner will: 1) collaborate with public and private MC stakeholders to develop MC training materials; 2) provide MC training to nurses, clinical officers, and doctors in the public and private sectors; and 3) collaborate with public and private MC stakeholders to standardize MC services, including the MC surgical kit, MC procedure, and MC messages.

All FY 2009 COP targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3082.09

Mechanism: WPHO - 1 U2G PS000646

Prime Partner: Provincial Health Office - Western Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 26520.09

Planned Funds: $50,000

Activity System ID: 26520

Activity Narrative: THIS IS A NEW ACTIVITY:

• Increased access to Male Circumcision (MC) services

This activity will be linked to the TBD former JHPIEGO and University of Zambia (UNZA) School of Medicine (SOM) MC training center activity CDC activity.

From FY 2007 to FY 2009, TBD (former JHPIEGO) have trained provincial health offices to build their capacity to provide safe, quality, and effective male circumcision (MC) services. The expectation is that after the training the provincial health offices take the lead in scaling up MC services at their district health facilities.

This funding is for the Western Provincial Health Office (WPHO) to expand the provision of MC services in at least five of the district health offices. The funds will be used to duplicate MC materials, build the capacity for an MC team at each of the five selected district facilities to MC services, as well as to renovate space for MC, translate, and reproduce MC information, education and communication (IEC) materials and to procure necessary equipment. Supportive supervision will be provided by UNZA SOM and TBD who have been funded to do training and provide supportive supervision until the province is confident to take over such role. Training in some of the five districts will be conducted in conjunction with TBD who will be funded to do training and provide supportive supervision until the province is confident to take over such role.

In order to ensure sustainability of the program and to promote lasting behavior change, MC services will be integrated as part of regular health service provided by the district health offices. Community leaders will be engaged and educated to conduct community mobilization for the MC services. Community health workers currently covering counseling and testing, prevention of mother to child, tuberculosis (TB) and Malarial message in each districts selected will be further trained to include MC message in their packed of community health education.

The key with MC interventions will be to integrate strong prevention message. The expected outcome of prevention will be clearly made to ensure each person circumcised understands their role in prevention and the need to not see MC as a magic bullet but a step that must be accompanied with strong consistent use of condoms, being faithful, and abstaining from high-risk sexual interactions.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Construction/Renovation
Gender
* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	12219.09	**Mechanism:**	Jhpiego
Prime Partner:	Johns Hopkins University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Biomedical Prevention: Male Circumcision
Budget Code:	CIRC	**Program Budget Code:**	07
Activity ID:	26522.09	**Planned Funds:**	$1,390,000
Activity System ID:	26522		

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

Zambia is currently one of the countries leading in integrating Male Circumcision (MC) as part 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 of the Republic Zambia (GRZ) to begin work on small scale efforts to strengthen existing male circumcision services in order to meet existing demand. This early work in Zambia has informed the international efforts of the World Health Organization (WHO) and Joint United Nations Agency UNAIDS, and the training package that JHPIEGO developed with the Ministry of Health (MOH) in Zambia formed much of the basis for the new international WHO/UNAIDS/JJHPIEGO training package. Likewise, assessment tools used in Zambia also provided background for the WHO toolkit. The GRZ has established an MC Task Force under the MOH and the Prevention Technical Working Group of the National AIDS Council, of which JHPIEGO plays a key role.

In FY 2009, TBD will continue to support these groups and facilitate the hosting of an annual consultative and update workshop for all stakeholders involved in MC activities.

This activity has four components: 1) Development of local capacity to provide quality MC services, 2) Promotion of abstinence, being faithful, and condom usage (ABC) messaging, 3) counseling for prevention and testing integrated in MC services, and 4) creating a favorable policy environment for the expansion of MC services.

Development of local capacity to provide quality MC services
In FY 2009, TBD will support the sites developed in FY 2007 and FY 2008 with the aim of consolidating their MC services and ensuring that clients receive high quality, comprehensive services. Services should include standardized counseling, safe and efficient procedure, and client follow-up. Emphasis will be placed on developing provincial level training centers with capacity to train new service providers in the comprehensive approach to MC service provision within this framework. TBD will work to strengthen these provincial centers and continue to improve the environment for scaling-up MC services. These training centers will be used to guide other expansion sites for FY 2009.

In FY 2007, JHPIEGO worked with four model sites (three sites in Lusaka, one in Livingstone) to ensure that they met the minimum standards to provide quality MC services, and trained 50 clinicians (10-14 per site) to provide MC services, and 50 counselors (10-14 per site) to provide comprehensive counseling on circumcision services and male reproductive health. Sites were supported to provide integrated services, strengthening links to STI and family planning programs, provision of routine opt-out HIV counseling and testing, and strong components of HIV prevention counseling and services. In FY 2009, TBD will continue to provide ongoing support to these sites, to ensure that they provide high quality, comprehensive MC services, through supportive supervision using a standard-based management and recognition approach. In addition, TBD will also continue to monitor changes in the sexual risk behavior of clients post-procedure, to ensure that adequate, effective counseling and HIV/AIDS prevention measures are in place and well integrated with the new MC services.

In FY 2008, JHPIEGO expanded to five additional sites in Ndola, Kitwe, Solwezi, Chipata, and Kasama, based on demand for maximization of service coverage. Sites trained included MOH, Zambian Defense Forces (ZDF) and Churches Health Association of Zambia (CHAZ) affiliated institutions. Sixty MC providers and 60 counselors were trained following the same training curriculum as in FY 2007, 12 providers and 12 counselors per site. Twenty of these providers, four from each site, were later trained as clinical trainers as part of JHPIEGO’s efforts to increase the local training capacity in MC.

To ensure that trained providers can actually start providing services, the project conducts detailed initial assessment, evaluating the site infrastructure, level of administrative support, providers’ readiness to engage in the new service, as well as demand for MC services in the catchment area. Only sites that meet the criteria for a project site are involved in the training.

In FY 2009, TBD will expand MC skills training to six additional sites as follows: three provincial sites in Central, Luapula, and Western Provinces, and three large district sites; locations will be identified in consultation with CDC and District Health Management Teams (DHMTs). Working in these sites, JHPIEGO will prepare 72 additional MC providers and 60 counselors, 12 clinicians, and 10 counselors per site. Later, 24 of these providers will be trained as clinical trainers, four trainers per site. This will produce 132 individuals (72 clinicians and 60 counselors) trained to promote HIV/AIDS prevention through other behaviour change.

Development of local capacity and decentralization of training and supervisory responsibilities is one of the cross-cutting objectives in JHPIEGO’s work in Zambia. During FY 2009, the emphasis will be placed on establishing training teams and supporting local providers to coordinate MC activities at provincial level. The established network of trainers will be tasked with identification of additional training sites, providing training and conducting supervisory visits to sites. TBD will continue overseeing all these activities and will supervise training and follow up activities.

In this way, management and supervision of MC work will gradually be transferred to local establishments under MOH to ensure ownership and sustainability of services.
As part of the support, JHPIEGO provides the project sites with standardized list of commodities to 1) start the MC services, and to 2) sustain them. The initial commodities include MC surgical equipment identified during the initial assessment visit. After training, the sites are provided with additional supplies as required. As part of national scale-up efforts, TBD will continue providing all sites with start-up surgical equipment and supplies, and will periodically replenish the supplies as required. The itemized list of standardized MC equipment is available on request.

As result of TBD support, it is expected that at least 7,000 clients will receive quality MC services, including counseling, at the new sites through the end of FY 2009, assuming that each of these new sites is providing

Activity Narrative: at least 140 procedures a month within three months after training.

Promotion of ABC usage message
In FY 2008, working with the MOH in the development of ABC strategies and messages, JHPIEGO reached 6,000 individuals with AB messages delivered through various communications media that ensured the most coverage possible. By providing the MOH with the framework with which to develop new messages and initiatives JHPIEGO ensured that there will be continuity and sustainability in prevention message development and dissemination.

In FY 2009, TBD will work with the MOH and other partners to build a strong message focused on abstinence for youth, including the delay of sexual debut and abstinence until marriage, being faithful in marriage and maintaining monogamous relationships; and correct and consistent usage of condoms (ABC message) as part of the MC service package, which includes the development and dissemination of counseling guidelines for men undergoing MC. ABC messages will play a key role in the pre- and post-circumcision counseling that is part of the comprehensive MC services package. TBD will additionally focus on including messages that specifically target female partners of circumcised men. Apart from encouraging female participation in decision making regarding sexual intercourse, dangers of early intercourse before the wound completely heals will be addressed. TBD will work with the MOH to design culturally appropriate messages and disseminate them through already established channels. In addition, TBD will work to strengthen community involvement in promoting MC and preventing HIV transmission, and will engage community leaders in disseminating these messages.

Specifically, FY 2009 funds will be used to: (1) support the development and testing of additional messages and implementing the effective messages as part of the national prevention strategy; (2) develop take home brochures, radio, and TV spots emphasizing ABC as integral part of MC education; and (3) support the development of counseling protocols that include ABC messages during MC service delivery, and train counselors on the importance of delivering ABC messages with this service; (4) develop materials specifically targeting female partners of circumcised men, stressing the importance of abstinence before the wound fully heals.

Counseling and testing integrated in MC services
The WHO recommends that 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 of MC service provision. In FY 2009, TBD will continue integrating CT at all expansion sites and will expand MC service delivery while offering CT to all men who seek MC services and are above the legal age of CT in Zambia. It is expected that approximately 3,000 men will be reached through MC services.

To work toward the sustainability of quality MC services and the associated CT, JHPIEGO conducted clinical training skills for 20 providers within the model institutions developed in FY 2007 and FY 2008. These workshops provided the trainers with teaching skills and methodologies as well as reinforcing their knowledge and skills in comprehensive MC service provision. The trainers will form the core for the standardization and expansion of MC services in Zambia. Over 60 providers were trained through the second-generation MC workshops conducted by these new trainers with JHPIEGO's support and supervision.

FY 2009 funds will be used specifically to: (1) strengthen the CT component developed earlier to support the MC services; (2) ensure that CT remains an integral part of MC services; and (3) training additional VCT counseling and clinicians.

Creating a favorable policy environment for MC services
In FY 2007 in FY 2008, JHPIEGO spearheaded and supported the development of national guidelines on MC, strategic planning and implementation of scale-up efforts, including development and dissemination of materials to ensure clarity and consistence in the application of MC policy nationwide. In FY 2009, TBD will continue to work with MOH, NAC and other stakeholders to update and consolidate the contents of the MC guidelines/policy documents to ensure that they are thorough and clear for providers to follow.

This initiative will contribute to sustainability by supporting the GRZ and MOH to develop national guidelines and putting in place a framework that will allow for the further update of this document by following a standard stepwise process that can be replicated in the future.

In FY 2009, TBD work in policy and systems strengthening will focus on: (1) disseminating the MC guidelines using a variety of media appropriate for service providers as well as clients; (2) collaborating with the MOH and other partners in the development of information, education, and communication materials; (3) continuing to monitor performance standards for MC, developed in FY 2007 to standardize and enhance performance and quality improvement and supervision of MC services; and (4) hold annual consultative/update workshops in order to obtain consensus and updates regarding new developments in the MC arena.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,390,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5252.09

Mechanism: Lusaka Provincial Health Office (New Cooperative Agreement)

Prime Partner: Lusaka Provincial Health Office

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 26524.09

Planned Funds: $25,000

Activity System ID: 26524

Activity Narrative: THIS ACTIVITY IS A NEW ACTIVITY:
• Increased access to Male Circumcision (MC) services

This activity will be linked to the TBD (former JHPIEGO MC) and SOM (MC training center activity).

From FY 2007 to FY 2009, Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) have trained provincial health offices to build their capacity to provide safe, quality, and effective MC services. The expectation is that after training, the provincial health offices will take the lead in scaling-up MC services at their district health facilities.

This funding is for the LPHO to expand provision of MC services at the Chongwe District Health office. The funds will be used to build the capacity of Chongwe district facility to MC services as well as to renovate space to provide MC at the district health facility and to procure necessary equipment as well as translate and reproduce MC information, education and communication (IEC) materials. Supportive supervision will be provided by the University of Zambia School of Medicine and JHPIEGO.

In order to ensure sustainability of the program and to promote lasting behavior change, MC services will be integrated as part of regular health service provided by the district health offices. Community leaders will be engaged and educated to conduct community mobilization for the MC services.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	7921.09	**Mechanism:**	UNZA/SOM
Prime Partner:	University of Zambia School of Medicine	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Biomedical Prevention: Male Circumcision
Budget Code:	CIRC	**Program Budget Code:**	07
Activity ID:	26525.09	**Planned Funds:**	$185,000
Activity System ID:	26525		

Activity Narrative: This activity also relates to activities in Counseling & Testing (#0631), TB/HIV (#0724) and PMTCT (#0158).

The School of Medicine at the University of Zambia in collaboration with the University Teaching Hospital (UTH) and JHPIEGO (The John's Hopkins Program on Obstetrics and Gynecology), has run a male circumcision (MC) service at the UTH since August 2004. With the support of the World Health Organization (WHO) the site has conducted 4 Male Circumcision trainings to providers from eight countries in the region. In March 2007, following the publication of three randomized control trials, the WHO and UNAIDS issued a joint statement, recommending Male Circumcision as an additional tool in HIV prevention. The WHO has also placed emphasis on a minimal package for MC, which should include counseling, safe sex counseling, voluntary counseling and testing (VCT) and MC services.

There is need to establish a training center dedicated to providing training to providers for the scale-up of MC and the necessary supportive supervision. This funding is being requested to support two main components on MC: 1) integrate counseling and testing as part of MC within the same building. For the last four years counseling and testing (CT) has been provided by an off-site VCT team from the nearby VCT centre run by Society for Family Health. This mode of provision of CT, made the service less accessible to the MC clients, 2) establish a training center at University of Zambia (UNZA) School of Medicine based at the UTH to build capacity for the scale-up of MC within Zambia. Funds will thus be used to hire counseling and testing staff; renovate to create space for CT, develop a core of trainers to build capacity and provide the support necessary for support supervision. Funds will also be used to develop standardized training package which will be given to those trained as guide for implementation. The counseling to be provided will be based on the WHO minimum package which includes safe sex messages on abstinence, being faithful, and condom use. The site uses the Society for Family Health materials which are based on the JHPIEGO/WHO training manual for MC.

It is anticipated that in FY 2009, the center will provide training to 100 providers and provide actual MC services to 600 clients The site intends to train 50 MC counselors from among the staff of the University Teaching Hospital .To establish a sustainable program, and thereby to have a large pool of trained staff within the Hospital. The site intends to train a further 50 MC counselors from Lusaka DHMT to help with follow up of MC clients within Lusaka district, who will receive services at the UTH. SOM will work with existing clinical facilities and NGOs and strengthen their capacity to provide high quality MC services. The SOMs' goal is to establish a high-quality MC training and service provision system to effectively scale up into provinces.

The University Teaching Hospital School of Medicine (UTH SOM) has a new service site for MC which these funds will help to support. JHPIEGO and UTH SOM have an on-going collaboration which allows JHPIEGO to provide the technical expertise while UTH SOM provides the site for MC training. This proposal is in harmony with JHPIEGOs MC activities, because it strengthens the UTH SOM MC site, for future national scale-up. This funding is anticipated to strengthen counseling and testing services at the UTH SOM service site.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 2973.09

Mechanism: SPHO - U62/CCU025149

Prime Partner: Provincial Health Office - Southern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 26339.09

Planned Funds: $50,000

Activity System ID: 26339

Activity Narrative: THIS IS A NEW ACTIVITY:

- Increased access to Male Circumcision (MC) services

This activity will be linked to the former JHPIEGO and University of Zambia (UNZA) School of Medicine (MC training center activity) CDC activity.

From fiscal year (FY) 2007 to FY 2009, JHPIEGO have trained provincial health offices to build their capacity to provide safe, quality, and effective MC services. MC is an evidence based prevention intervention which so far has only been implemented at one site in the province, namely Livingstone General Hospital. The intervention is known to reduce the risk of acquiring HIV infection. The expectation is that after the training the provincial health offices will take the lead in scaling-up MC services at their district health facilities. The service will be targeted to reach a total of 500 clients during the first year.

This funding is for the SPHO to expand provision of MC services in at least five of the district health facilities. The funds will be used for capacity building and establishment of MC team at each of the seven selected district facilities to deliver MC services. The SPHO will target to develop teams of eight health workers per site. Collectively, 60 health personnel will be trained. Renovation of space for MC, procurement of necessary equipment, and translation of MC information, education and communication (IEC) materials will also be funded. We will work with JHPIEGO and the UNZA School of Medicine in site selection and supportive supervision. Training in some of the five districts will be conducted in conjunction with JHPIEGO who have been funded to do training and provide supportive supervision until the province is confident to take over such role.

Based on the experience from Livingstone General Hospital, the SPHO will implement comprehensive MC services in another five hospitals (Choma, Mazabuka, Siavonga, Maamba, and Monze). This activity will also include community mobilization and sensitization. The approach to achieving these objectives in 2009 will be to provide direct funding to the districts based on the detailed plans developed by the districts for scaling-up of MC. The SPHO in partnership with JHPIEGO and the Ministry of Health (MOH) central level provide implementation TSS and will mentor district supervisors in ensuring that the quality of service is maintained high.

In order to ensure sustainability of the program and to promote lasting behavior change, MC services will be integrated as part of regular health service provided by the district health offices. Community leaders will be engaged and educated to conduct community mobilization for the MC services. Community health workers currently covering counseling and testing, prevention of mother to child, tuberculosis (TB) and Malarial message in each districts selected will be further trained to include MC message in their packed of community health education.

The key with MC interventions will be to integrate strong prevention message and couple this with vigilant HIV counseling and testing services. The expected outcome of prevention will be clearly made to ensure each person circumcised understands their role in prevention and the need to not see MC as a magic bullet but a step that must be accompanied with strong consistent use of condoms, being faithful, and abstaining from high-risk sexual interactions.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4139.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 12523.26404.09

Planned Funds: $300,000

Activity System ID: 26404

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Activity Narrative:

This activity links directly with Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), Population Services International/Society for Family Health (PSI/SFH), and indirectly with USAID | DELIVER PROJECT's ARV Drug activity, the Partnership for Supply Chain Management Systems' (SCMS) activities in Laboratory Infrastructure, and Health Systems Strengthening.

FY 2008 funds were used in the area of supply chain support for the implementation of a national program to support male circumcision (MC) as part of the prevention of HIV/AIDS. Through SCMS, these funds assisted United States Government (USG) projects and the Ministry of Health (MOH) to ensure that a national forecast and quantification was completed and corresponding procurement plans developed.

Key activities included sending staff to the different national meetings focused on MC to ensure that supply chain issues were addressed as the program expanded. A national quantification exercise was conducted to determine the commodity quantity needs and costs. SCMS staff monitored the supply situation of MC kit products at the Ministry of Health's central medical stores, Medical Stores Limited (MSL), and reported back to the different partners on product availability.

Quantification of both the MC needs for these products and the general health needs will continue to be a challenge. It will be important to ensure there are ample supplies of MC kits to supply health facilities and new mobile units on a timely basis, using the existing MSL-managed distribution system. It is anticipated that MC kits will be procured nationally as complete kits, and will be ordered from Medical Stores Limited as part of the essential drug order. However, as with essential drugs, the system in place suffers from a lack of sufficient funding and the lack of effective information and inventory control systems to manage the actual needs of the health sites.

With FY 2009 funding, SCMS will review the pricing of the different products in a kit and determine if procuring complete kits is the most cost efficient manner, as the scale-up of the national program warrants larger USG support for commodity purchases. There will also be a need to determine if MC kits should be managed within the new ED logistics system, or kept separately to address the specific needs of the MC program. SCMS will also conduct more field visits to ascertain the stock situation as more health facilities initiate MC activities. Another key activity will be to review the national logistics strategic plan for the support of MC activities. This plan will become increasingly important as more organizations begin supporting MC activities throughout the nation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14415

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14415	12523.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6827	4139.08	Supply Chain Management System	$1,700,000
12523	12523.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$150,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 2988.09

Mechanism: EPHO - 1 U2G PS000641

Prime Partner: Provincial Health Office - Eastern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 26349.09

Planned Funds: $50,000

Activity System ID: 26349

Activity Narrative: THIS IS A NEW ACTIVITY:

- Increased access to Male Circumcision (MC) services

This activity will be linked to the TBD (former JHPIEGO) and University of Zambia School of Zambia (UNZA) School of Medicine SOM (MC training center activity) CDC activity.

From FY 2007 to FY 2009, JHPIEGO have trained provincial health offices to build their capacity to provide safe, quality, and effective MC services. The expectation is that after training the provincial health offices will take the lead in scaling-up MC services at their district health facilities. In each district two health care providers and two counselors will be trained. At the Eastern Provincial Health Office (EPHO) two people will also be trained. The trained staff in the districts will be trainers of other staff in the remaining three districts with support from one person from the center. The districts to be selected are those that have well functioning operating theaters. These are theaters that will be used for practices to ensure quality training.

This funding is for the EPHO to expand provision of MC services in at least five of the district health offices. The funds will be used to duplicate MC materials, build the capacity for an MC team at each of the five selected district facilities to provide MC services, as well as to renovate space for MC, translate, and print MC information, education and communication (IEC) materials, and to procure necessary equipment. We will work with TBD and the UNZA SOM in site selection and supportive supervision. Training in some of the five districts will be conducted in conjunction with TBD who will be funded to do training and provide supportive supervision until the province is confident to take over such role.

In order to ensure sustainability of the program and to promote lasting behavior change, MC services will be integrated as part of regular health service provided by the district health offices. Community leaders will be engaged and educated to conduct community mobilization for the MC services. These will be very paramount and influential especially in EPHO where MC is not traditionally done. Clients who want MC done on them individually go to the hospital to access the service. The District Health Management Teams will organize monthly sensitizations meetings with chiefs and headmen in their chiefdoms. Community health workers currently covering counseling and testing, prevention of mother to child, TB and Malarial message in each districts selected will be further trained to include MC message in their package of community health education.
The key with MC interventions will be to integrate strong prevention messages. The expected outcome of prevention will be clearly made to ensure each person circumcised understands their role in prevention and the need to not see MC as a magic bullet but a step that must be accompanied with strong consistent use of condoms, being faithful, and abstaining from high-risk sexual interactions. Significant sensitization will have to be done to create awareness on the importance of MC in the prevention of infections. Sensitization will be done through the media, youth friendly corners, during counseling sessions, and screening for sexually transmitted infections. Five hundred males will be reached through this activity.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: $16,385,479

Program Area Narrative:

Following new COP 09 Guidance, this is the first Program Area Summary for the new Adult Care and Support Program Area, comprising Adult Care and Support (HBHC) as well as Adult Treatment (HTXS). The combination of these two previously separate program area narratives signals a greater integration of clinical and community service delivery efforts by U.S. Mission agencies and partners.

Zambia Adult Care and Treatment comprises facility-based and home/community-based activities for HIV-infected adults and their families. It extends and optimizes quality of life for HIV-infected individuals from diagnosis throughout the continuum of illness, and provides clinical, psychological, social, spiritual, and prevention services. Clinical services include antiretroviral therapy (ART), prevention and treatment of Opportunistic Infections (excluding TB), and preventative care packages. They also address malaria and diarrhea using commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support.

Psychological and spiritual support includes group and individual counseling and appropriate end-of-life services. Social support includes a limited vocational training, income-generating activities, legal protection, and training and support of caregivers. Prevention services include “prevention for positives,” behavior change counseling, and counseling and testing of family members. Adult Care and Treatment also includes the purchase, distribution, and management of OI drugs, excluding TB drugs.

The Government of the Republic of Zambia (GRZ) aims to expand adult ART to 228,000 clients by the end of 2009. The GRZ policy of free ART services has greatly increased access to ART. As of the first quarter of 2008, over 180,000 patients were on ART, of these, 160,000 (90%) were adults. The U.S. Mission in Zambia helps to achieve national ART goals and will continue to help expand, consolidate, and sustain adult ART services.

As of October 2008, U.S. Mission in Zambia is not yet able to provide country level information on detailed, specific ART outcome statistics, such as proportions of ART clients still alive or on ART after 12 months, mortality or transfers. The GRZ with support from the U.S. Mission in Zambia has rolled out SmartCare, a standard medical record system. U.S. Mission in Zambia believes that by early 2009 the standard medical record system will be able to generate detailed country level information.

Unlike ART, the GRZ does not have a national target for Adult Care and Support. However, the National Strategic Framework for HIV/AIDS includes Care and Support. The National HIV/AIDS/STI/TB Council (NAC) Treatment Care and Support Technical Working Group (TWG) coordinates these activities. The Ministry of Health (MOH) has accepted a full-time Palliative Care Advisor

from a USAID-funded project, beginning in early FY 2009; this is expected to result in greater MOH capacity and leadership in terms of HIV care and support policy, standards, accreditation, advocacy, and services.

U.S. Mission in Zambia counts as unique adult care clients those who receive holistic and comprehensive adult care and support services during the reporting period. Most Care clients carry over from the previous reporting period unless they die, move out of a service area, discontinue care, or are otherwise lost to follow up.

In 2009, U.S. Mission in Zambia and its partners will link ART more closely to community-based services such as OVC and Palliative Care and Support, which work with large numbers of Stage II-III HIV positive ("Pre-ART") adults. This will facilitate the timely initiation of, and adherence to, ART. Community-based programs like OVC and Care and Support have tens of thousands of trained volunteer community caregivers who can be trained to refer their clients to ART. The volunteers can also help "Pre-ART" clients overcome self-stigma that might otherwise discourage them from seeking VCT and ART in a timely way.

The supply chain for HIV care-and treatment related commodities is managed through a variety of channels. The GRZ provides Cotrimoxazole and TB drugs through Central Medical Stores, with support from the JSI DELIVER and Supply Chain Management Services projects. The GRZ does not provide home based care kits to volunteer caregivers. Pain management drugs lack effective supply chain management; their use is restricted, and they are not yet widely available. U.S. partners use various approaches, such as donation or private funds, to procure commodities such as care kits and basic drugs, though a few use PEPFAR funds to buy kits.

U.S. partners now provide differentiated Adult Care and Support services, including hospice and "traditional" home-based care for Stage III-IV clients, early-initiation care/support packages (positive living groups, nutrition counseling, prevention for positives) for asymptomatic new clients just identified via counseling and testing; and "maintenance" care services for ART clients who have regained good health (adherence support, positive living). Early identification of new clients, through mobile CT in the community or home, with immediate referral to services, is part of the U.S. Mission in Zambia strategy to identify PLWHA early in their HIV-infection.

The U.S. Mission in Zambia and its partners have continued to work with other donors assisting the national ART program as well as Adult Care and Support. Coordinating partners for ART include: the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), World Bank, World Health Organization, United Nations, the Clinton Foundation, Swedish International Development Agency, Japan International Cooperation Agency, European Union, U.K. Department for International Development. Global Fund support from Rounds 1 and 4 have leveraged U.S. investment, particularly in Adult ART services by supporting the purchase of first line drugs and supporting ART service delivery by the GRZ as well as the Church Health Association of Zambia (CHAZ). Few donors fund Adult Care and Support. The U.S. Mission in Zambia is the largest donor, joined by the Global Fund, UNAIDS, World Bank, Ireland, Netherlands, and Germany.

In terms of adult ART, Zambia had 316 ART centers as of March 2008 receiving U.S. support, including technical assistance, or ARV drugs and system strengthening activities. In terms of Adult Care and Support, as of March 2008, the U.S. Mission in Zambia supported 211,739 clients (on track to reach the Zambia target for 2008) at 651 service sites operating in all nine provinces. Of these clients, 57% were women and 43% were men, reflecting the fact that far more women than men access care and support in Zambia. Efforts to increase access for men are underway.

In FYs 2007 and 2008, the U.S. Mission in Zambia Adult ART priorities, in partnership with the GRZ, were to expand the number of sites providing ART, improve quality of care, and increase ART uptake, including among children and their families.

The Adult ART scale-up includes public, private, and NGO/CBO/FBO facilities in all nine provinces. This rapid scale-up of HIV/AIDS treatment services has been successful, with good clinical outcomes in urban, peri-urban, and rural primary care settings. Progress continues in increasing access to ART at rural public and faith-based health care facilities. To address the challenge of remote, sparsely populated areas, the U.S. Mission in Zambia supports development of a national network of ART outreach sites. Doctors, trained in ART case management, travel to remote health centers on selected days with mini-labs, train facility staff, and provide ART services.

In FY 2007, the MOH and the NAC revised the adult ART treatment guidelines with support from U.S. Mission in Zambia and its partners. The revisions include change of first line ART regimen from Stavudine or Zidovudine based to Tenofovir based combinations. The new guidelines were implemented in FY 2008. In FY 2008 the U.S. Mission in Zambia developed a public health evaluation (PHE) to assess the cost effectiveness of Tenofovir based ART combination; this PHE will be carried out in FY 2009.

These guidelines are in use in ART provision in sites nationwide. The U.S. Mission in Zambia also assists the ART site accreditation system to assess institutional capacity to deliver ART according to national guidelines and standards. U.S. Mission in Zambia partners have assisted in the development of national policies, plans, and guidelines for the scale-up of ART services. The U.S. Mission in Zambia will continue to provide technical assistance to the national ART program for development of training materials and protocols, and for the dissemination of these materials.

As adult ART provision expands further, the GRZ is prioritizing pharmacovigilance in ART sites for providers to recognize, track adverse events, side effects and monitor the efficacy of ARVs. Using the MOH guidelines on reporting adverse events and treatment failure, ART sites will provide timely information to the Pharmaceutical Board of Zambia on development of these events.

The U.S. Mission in Zambia continues to promote comprehensive adult Care and Support, including pain management, as well as preventive HBHC services, such as routine provision of low-cost, safe water treatment ("Clorin"), bed-nets to prevent malaria, and

Cotrimoxazole to reduce OIs. U.S. partners emphasize quality care, and document the various quality checklists, other quality tools, and indicators they use to promote and monitor quality. U.S. partners follow Zambian national minimum standards for home based care. National standards for hospice care are in the final stages of development. U.S. partners have supportive supervision structures and personnel and undertake other efforts to improve quality.

The U.S. Mission in Zambia has supported significant shifts in adult Care and Support, including: 1) a paradigm shift from care that began near the end-of life (HIV Stage III-IV), to adult care initiated at the time of HIV diagnosis (through Counseling and Testing), and preventive care that extends and improves quality of life; 2) establishment of stronger linkages between Care and Support and Adult ART; and 3) increased collaboration with the GRZ on policy and guidelines, including those for pain management and prophylactic use of Cotrimoxazole (CTX). As a result, the MOH agreed in 2008, for the first time, to allow designated hospices to stock and dispense pain drugs (oral morphine) under the guidance of a full-time qualified pharmacist.

In FY 2009, U.S. procurement of ARV drugs is covered in the HTXD program narrative. The U.S. Mission in Zambia has supported integration of ART services with other Adult Care and Support and other clinical care services. The U.S. Mission in Zambia supported integration of TB/HIV services and diagnostic counseling and testing for TB and hospitalized patients. A national ARV drug resistance monitoring strategic plan was implemented in FY 2008. By end of 2008, the first group of monitors will receive training in HIV drug resistance monitoring, and they will complete assessment of the first two sites.

The U.S. Mission in Zambia will continue to strengthen evaluation of the impact of ART and quality of services as well as laboratory capacity to diagnose and monitor patients on ART in Zambia, and to provide support for CD4 count, liver and renal function tests.

The U.S. Mission in Zambia will continue to help the GRZ standardize Adult Care and Support training, improve national Care policies and protocols, strengthen infrastructure (e.g. hospices), establish a national hospice accreditation system, implement facility-based quality assurance/ improvement programs, and develop and strengthen Care and Support information. The U.S. Mission in Zambia will continue to strengthen the Palliative Care Association of Zambia (PCAZ). Continued capacity building of Zambia's faith-based and community-based providers will include fund-raising and improved financial management capabilities to ensure sustained continuation of Care after PEPFAR ends.

Embassy Lusaka and partners adhere to OGAC Food and Nutrition guidelines. The U.S. Mission in Zambia allocates around 2% of its PEPFAR funds for targeted food and nutrition support. This package includes therapeutic and/or supplementary foods for vulnerable groups identified by OGAC, as well as nutrition assessment and counseling. The U.S. Mission in Zambia used FYs 2007 and 2008 funds to support GRZ efforts to establish national therapeutic feeding guidelines, to launch the production of high quality, affordable therapeutic and supplementary foods, as well as to target PMTCT clients and their infants for nutrition assessment, counseling and nutrition support. Selected U.S. partners will continue to target HIV positive children with micronutrient supplements.

Also new in FYs 2007 and 2008 was a focus on better management of HIV-related cancers, e.g., lymphoma and Kaposi's sarcoma (KS), especially at the new Cancer Center in Lusaka. This facility is now operational and cares for people with various cancers, such as the HIV related ones above.

In 2008, the U.S. Mission in Zambia began to support "Positive Prevention" to protect the health of PLWHA and prevent the spread of HIV to sex partners. This support will expand in FY 2009. The rapid scale-up of care and treatment has enabled the U.S. Mission in Zambia to reach PLWHA with clinic- and community-based prevention. Counseling on ARV adherence and alcohol use will continue in FY 2009.

The U.S. Mission in Zambia and partners foster Zambian ownership of the Adult Care and ART programs to increase acceptance and uptake of ART services by communities. To enhance sustainability, the U.S. Mission in Zambia supports the MOH, Provincial Health Offices, and District Health Management Teams, along with U.S. partners, to lead increased access of ART. Improved linkages and well-functioning referral systems among tuberculosis, PMTCT, antenatal care, STI, ART, and Adult CS services have facilitated rapid scale-up of ART and adult care.

The U.S. Mission in Zambia will continue to build the Adult Care and Support capacity of the MOH, NAC, Provincial and District Health Offices and Task Forces, and faith- and community-based organizations. Significant private support will also help leverage and boost U.S. funded efforts. FY 2007 donations by private U.S.-based corporations, OGAC and PMI resulted in the distribution of 500,000 insecticide treated bed nets, targeted at PLWHA and others at-risk. By 2008, these nets had helped to decrease malaria case rates and deaths significantly.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3043.09	**Mechanism:**	Twinning Center
Prime Partner:	American International Health Alliance	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	26919.09	**Planned Funds:**	$155,000

Activity System ID: 26919

Activity Narrative: ACTIVITY WILL BE MODIFIED AS FOLLOWS

This activity links to CRS SUCCESS HBHC (#9180) and all other HBHC activities funded by USG/Zambia. New emphases will include: stronger promotion of sustainability of palliative care in the final year of the President's Emergency Plan For AIDS Relief (PEPFAR); increased coordination and linking with both GRZ and USG funded HIV/AIDS activities; and more capacity building for local HBHC partners. The local partner, Palliative Care Association of Zambia (PCAZ), will be the lead local palliative care advocate on all palliative care policy, guidelines and standards, accreditation, coordination, collaboration, training, and evaluation activities.

Activity Narrative
USAID will continue to manage this twinning support for palliative care activity provided by the 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, PCAZ.

In FY 2005 and FY 2006, AIHA collaborated with PCAZ through a series of assessment and mentoring visits with APCA to provide technical assistance to the USG/Zambia Mission. To date, AIHA, APCA, and PCAZ have reached a number of milestones. 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. 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.

In FY 2006, AIHA and APCA staff conducted trips to Zambia and PCAZ made exchange visits to Uganda to provide technical assistance for the development/refinement of business plans for PCAZ, 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 continued to strengthen the PCAZ secretariat and executive functions, making the PCAZ Board a more effective governing body. The partnership focused on strengthening PCAZ's role as a voluntary coordinating body for Zambian palliative care institutions and care givers. Particularly, the partnership focused 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, these trainings enabled 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 implemented the membership recruitment plan developed in FY 2006, and advertised it 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.

APCA conducted a supervision visit to PCAZ in December 2007, to review the year's accomplishments and develop the next year's workplan. The partners met with CRS-SUCCESS to look at how APCA and CRS can best work with PCAZ to effectively carry out the two workplans and activities. PCAZ appointed new board members – including a new chairperson - and APCA and PCAZ updated the new members on the revised work plan and budget for the upcoming year to ensure full support of the partnership. The partners finalized membership criteria, at a stakeholder meeting. With APCA assistance, PCAZ developed graded standards for the various palliative care delivery sites. In collaboration with the National HIV/AIDS/STI/TB Council, PCAZ helped develop national general palliative care standards. In April 2008 PCAZ conducted a course in morphine use for hospice and district health professionals, covering knowledge of pain control, pain assessment and measuring tools, pain management in adults, and knowledge of accessory drugs. In July 2008 APCA and CRS conducted an organizational assessment of PCAZ, measuring its progress in development as an NGO and as a coordinating body. PCAZ, APCA, and CRS used the results to develop interventions to address the PCAZ development issues raised in the assessment.

In FY 2009, the APCA/AIHA partnership will continue this south-south twinning partnership to strengthen the institutional and human capacity of the secretariat and board of the PCAZ. The partnership will also focus on strengthening PCAZ's role as a coordinating body for palliative care institutions and care givers. Particularly, the partnership will focus on the development of advocacy skills within PCAZ and capacity to facilitate and manage palliative care trainings for all professional levels of HIV/AIDS palliative care givers. The APCA/PCAZ partnership will continue to work together to strengthen the Zambian association by focusing on four areas of program development and system strengthening.

APCA will assist PCAZ to further develop their institutional capacity by expanding and strengthening the 2006-2009 business plan and work with PCAZ to develop a new multi-year strategic plan . In addition, APCA and PCAZ will conduct organizational development trainings for the board of directors and PCAZ staff, develop job descriptions for PCAZ staff, finalize and implement administrative and financial policies, and develop criteria for membership and fundraising opportunities. In FY 2009, APCA will train 50 individuals on organizational development.

PCAZ, with assistance from APCA, will organize trainings and publish educational materials for diverse populations including a training and guidelines/training materials for healthcare professionals in the hospices in pain management and opioid protocols to be implemented as morphine becomes available. Health professionals to be trained include male caregivers in the surrounding provinces and school teachers. PCAZ will assist in the organization of World Hospice and Palliative Care Day in Zambia, and PCAZ will organize a palliative care conference for district and provincial healthcare workers and

Activity Narrative: parliamentarians.

PCAZ will strive to increase palliative care awareness by the use of radio, TV, and seminars and workshops in addition to conducting advocacy training workshops for diverse populations. With assistance from APCA and AIHA's Twinning Center, PCAZ will develop a palliative care website to provide healthcare professionals with opportunities to search the Internet and find the latest evidence-based resources on palliative care. APCA will assist PCAZ in the development of information, education, and communication materials which will be made available for dissemination on the new website. APCA, the Twinning Center, and PCAZ will train 30 individuals on evidence-based medicine.

In FY 2009, PCAZ will coordinate and network with other palliative care service providers for availability of pain medications. APCA will assist PCAZ in making the public, private, and corporate sector connections needed to expand and sustain PCAZ efforts in furthering the palliative care agenda in Zambia. In addition, PCAZ will focus on membership by developing a database and referral system for easily accessible member and stakeholder information.

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.

All FY 2009 targets will be reached by September 30, 2010.

Gender Related Activities:
The HIV/AIDS Twinning Center at the American International Health Alliance (AIHA), takes into account gender concerns in all policy, program, administrative and financial activities, and in organizational procedures, thus contributing to organizational transformation. AIHA actively seeks involvement of beneficiaries and government counterparts in project formulation in order to include their perspective in gender mainstreaming. Furthermore, attaining a keen sense of the Zambian socio-economic and political context is of critical importance which will direct programming to address the gender perspective of HIV at all levels. AIHA likewise strives to consult both women and men, involve both women and men in the decision making processes, and access the impact of our work on both women and men.

The Twinning Center will work with its institutional partners to ensure that their work addresses gender considerations where possible. The PCAZ/APCA twinning partnership will develop the institutional capacity of PCAZ to support palliative care in Zambia, including the special needs of women and girls in the development of appropriate policies and practice.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $155,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2987.09

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12404.24833.09

Planned Funds: $200,000

Activity System ID: 24833

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This program will build upon, and links closely with, JHPIEGO's DOD-funded work in TB/HIV and Adult Treatment as well as CDC-funded work in TB/HIV and counseling and testing (CT). This activity is closely integrated with and is part of the Sexual Prevention: Other Sexual Prevention.

JHPIEGO is supporting the Zambia Defense Force (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 Prevention of Mother To Child Transmission (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, Adult Treatment, Adult Care and Support, HIV-TB, and Other Sexual Prevention 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, harmonizes services and maximizes 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.

Military personnel are subject to high risk of both STIs and HIV, as a result of the housing and social situations (clarify how) 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 ZDF has not benefited from the same level of investment as the pubic health system under the 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. In FY 2008, used the national Diagnostic Counseling and Testing (DCT) training package as the basis for integrating counseling and testing into STI services linking patient with HIV care and treatment services, and trained 100 providers.

In FY 2009, JHPIEGO will continue to focus on strengthening service providers' knowledge and skills in STI diagnosis and care in STI clinics / outpatient services /ART clinics/ TB clinics/ PMTCT clinics, 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, and followed by on-the-job training (OJT) working onsite with service provider teams using a mentoring / case-based practical approach. Another 50 service providers will be trained using the OJT approach on-site. These training activities will be conducted by ZDF trainers, JHPIEGO ensuring co-teaching opportunities and supportive supervision at the service outlets, which 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, and this activity is closely integrated with the Other Sexual Prevention activities which will support further development of training capacity for expansion of training ZDF personnel in syndromic management of STIs. Whenever possible, JHPIEGO will continue to increase gender equity in provision of basic health care services by training equal proportions of males and females in all the programs. It is hoped that by training men and women in provision of basic health care services, some gender-related constraints to accessing these services may be overcome.

Sustainability is also being addressed through the implementation of standards for various services and a system for measuring whether or not standards are being met. JHPIEGO will encourage Defense Force Medical Services (DFMS) staff to take the lead in conducting assessments of services and addressing gaps, while still providing intensive mentoring and technical support whenever necessary

New/Continuing Activity: Continuing Activity

Continuing Activity: 14624

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14624	12404.08	Department of Defense	JHPIEGO	6889	2987.08	DoD-JHPIEGO	$200,000
12404	12404.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$150,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $79,308

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6842.09

Mechanism: ZPCT FOLLOW ON

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 14447.26180.09

Planned Funds: [redacted]

Activity System ID: 26180

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new adult care and support procurement is being developed to follow the ZPCT program. This activity links with other program areas including: PMTCT, HTXS, PDTX, HVCT, HVTB, and HLAB activities as well as with MSF-Spain, the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners. The activity will strengthen and expand clinical adult care services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. In 2009/2010, 86,000 clients will receive adult care in project supported facilities.

During FY 2009, the new activity will strengthen the expansion of current activities by providing technical support, ensuring quality services, and building district capacity to manage HIV/AIDS services. Adult care activities will include four components: 1) strengthening adult care services including management of opportunistic infections and pain management within health facilities, and support moderate renovations as needed; 2) increasing referral linkages within and between health facilities and communities working through local community leaders and organizations; 3) participating in and assisting the Ministry of Health (MOH) and the National HIV/AIDS/STI/TB Council (NAC) to develop strategy, guidelines, and standard operating procedures; and 4) increasing program sustainability with the GRZ.

The project will strengthen adult care services within health facilities and support at least 228 health facilities. In addition to ART/OI training, the project will train 250 health care workers, using the Government of the Republic of Zambia (GRZ) approved curriculum, to provide cotrimoxazole prophylaxis, symptom and pain assessment and management, patient and family education and counseling, management of adult and pediatric HIV in the home setting, and provision of basic nursing services, all of which are part of the overall package of adult care services. Pharmacy staff will be trained in data collection/reporting, ordering, tracking, and forecasting of HIV-related commodities to ensure availability of critical medical supplies and drugs. The project will liaise closely with the DELIVER project and the Partnership for Supply Chain Management Systems on forecasting drug supply requirements.

The new activity will increase referral linkages within and between health facilities and communities, building on Zambia's history of working with Faith-Based Organizations and Community-Based Organizations that provide home-based care for people living with HIV/AIDS (PLWHA). These organizations serve as critical partners for facility-based programs supported by the GRZ and USG. The project will work closely with these established entities to strengthen referral networks linking clinical adult care services with community-based programs. The project will also continue to work with the Ndola Diocese home-based care program, and with other available Diocese home-based care programs in the operational sites, and other USG supported home-based care partners such as, Catholic Relief Services/SUCCESS and RAPIDS to better link clinical services to related community programs.

The project will work with existing community groups, such as Neighborhood Health Committees, community-based care givers, traditional healers, and other key community leaders to increase community involvement. It will also build community volunteers' capacity and involve PLWHA in adult care services at the community level to reduce stigma and discrimination and thereby improve quality and efficiency of these services. The project will use materials developed by or adapted from materials produced by the Behavior Changes and Communications partner.

The new activity will participate and provide assistance to the USG Adult Care Forum as well as coordinate with the Adult Care Association of Zambia and Ministry of Health (MOH) to develop a national adult care strategy, guidelines, and standard operating procedures, including policy and advocacy activities supporting scale-up of the use of Morphine for pain management. Through these efforts, the project will aim to improve access to quality clinical adult care services; promote the use of evidence-based practices and share lessons learned in project implementation; and support the revision of national adult care guidelines and protocols in accordance with GRZ policies.

The project will support evaluations of lessons learnt form clinical palliative care interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to palliative care services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the government of Zambia and to strengthen the Health Management Information System (HMIS)

The activity will also participate and share best practices at President Emergency Plan for AIDS Relief (PEPFAR) implementer's meetings, stakeholder meetings, and other fora.

The project will identify and address gender disparities and other gender issues that hinder access to palliative care services by developing and implementing gender related activities such as scaling up male involvement in palliative care services; scaling-up couple counseling to promote access to palliative care services by couples, and efforts in targeting families including psychosocial and medication adherence support; promoting participation of male and female caregivers in clinic and community based activities; promoting community participation in HIV/AIDS activities by working through community leaders including Church leaders, community based caregivers and other community key stakeholders to encourage couples to access palliative care services, and developing indicators and reporting system for gender integration activities.

Activity Narrative: The project will work with GRZ facilities to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by provincial health offices, district health management teams, and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines; strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. Over the five years of the project implementation period, the project will gradually wean off well performing districts from project technical support. Involvement of PLWHAs gives a human face to the problem of HIV/AIDS, reinforces basic messages, and helps create a more supportive environment. PLWHAs will be used as additional human resources for clinic and community level activities. In addition to training, promoting active involvement of community leaders and key GRZ managers and providers will also enhance program sustainability

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality CT services. The project will also link these facilities to the government supply chain for provision of HIV test kits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14447

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14447	14447.08	U.S. Agency for International Development	To Be Determined	6842	6842.08	ZPCT FOLLOW ON	[redacted]

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3041.09

Mechanism: DoD-PCI

Prime Partner: Project Concern International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3737.24839.09

Planned Funds: $610,000

Activity System ID: 24839

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity also relates to PCI activities in Other Sexual Prevention activities (PCI), Health System Strengthening (PCI), Sexual Prevention/Abstinence/Be Faithful (PCI), PMTCT (JHPIEGO), Adult Care and Support (JHPIEGO), Counseling and Testing (PCI), HIV/AIDS Treatment/ARV Services (JHPIEGO), and the Navy Medical Centre, San Diego (NMCSD) program.

The aim of this program is to ensure that chronically ill HIV positive patients in the military health facilities receive comprehensive care and support services that include medical care, treatment of opportunistic infections, pain management, psycho-social support, material support, nutritional supplement, referral and adherence to ART, and other HIV-related services. Through this activity, PCI will support Defense Forces Medical Services (DFMS) to provide quality health care and support services to HIV-positive patients including Zambia Defence Force (ZDF) members, their family members, and people living in the surrounding community. The ZDF serves as the only source of health care and support services for communities in surrounding locations, given the remoteness of many of the ZDF units.

PCI will support DFMS to undertake this comprehensive program in all 54 ZDF units in the nine provinces of Zambia, with a focus on 16 existing 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, Mikango Barracks in Chongwe, ZNS Luamfumu in Mansa, Luena Barracks in Kaoma, ZAF Mumbwa, ZNS Chiwoko in Chipata, ZAF Mt Eugenia in Lusaka, Taungup Barracks in Mufulira and ZNS Choma), and four additional sites (to be established in FY 2009). This activity will be integrated with other DOD-PCI and JHPIEGO activities, to ensure effective referrals between CT, TB/HIV, STI, HBC, ART and other services. Clients presenting with TB or STIs at the health facility are encouraged to test for HIV and those that test positive are referred for pre-ART medical assessment including CD4 count and liver function at the nearest health facility with this capability. Clients that are commenced on ART were closely monitored by community-based ART adherence supporters trained by JHPIEGO in FY 2006. Most of these clients are registered on HBC and benefit from Adult Care and Support services provided by trained HBC care givers. Capacity building will include formal and informal training for HIV/AIDS unit staff including the HBC coordinators, HIV/AIDS unit coordinators, and ZDF caregivers. Logistical support to enhance the quality of ongoing supervision and monitoring of Adult Care and Support 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, and training packages adapted to their situation and needs.

From FY2004 through FY2008, 495 HBC volunteers were trained in Adult Care and Support. PCI's training of caregivers in comprehensive Care and Support was coordinated with PCAZ to ensure the consistency of the training and care services with those of other USG-funded programs. These caregivers are actively involved at all 54 ZDF units in nine provinces, responsible for identifying and registering chronically ill patients both among military personnel and their families, as well as from nonmilitary 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. Adherence support for clients on ART has been added to the training modules in support of the expansion of ART services at ZDF health facilities. Caregivers are also trained to carryout out a nutritional assessment of their clients with emphasis on measurement of mid arm circumference for children and Body Mass Index (BMI) for adults. This is important to ensure that ARV patients have adequate and appropriate nutrition to ensure the effectiveness of their treatment. Those in need are referred to receive food supplements.

In FY2009, PCI will support the training of 80 additional caregivers in Adult Care and Support. The additional caregivers will be drawn from 32 service delivery sites (ZDF camps) which currently have less than five trained caregivers. The caregivers include spouses of military personnel and civilians within the catchment area of the military health facility. Majority of the HBC volunteers to be trained will be men in order to promote male involvement in the provision of HBC. The training will address gender norms and behavior as they relate to the provision of care in the family and community. Traditionally, most of the HBC volunteers trained are women. PCI will continue to make use of ZDF trainers who were trained by PCAZ in October 2006 in order to promote sustainability of this activity. The quality of Adult Care and Support services will be closely monitored by two nurses employed by PCI in FY2007. A check list on minimum standards for HBC developed by the National HIV/AIDS/TB Council will be used for monitoring purposes. PCI will continue to support the development and provision of HBC kits for clients and their caregivers. These HBC kits have been evaluated in collaboration with the DFMS, Ministry of Health, and PCAZ and include patient education materials relating to medicines, doses, nutrition, and referral information. Care givers kits contain pain killers, anti-diarrhea medicine, antifungal creams, multivitamins, bleach, disinfectant, gloves, wool and bandages. The kits are refilled on a monthly basis according to the number of patients reflected in the HBC registers and monthly field reports completed by the caregivers. In addition to clients' HBC kits, PCI will continue procuring food supplements for clients who qualify following an assessment of their nutritional status by a care provider. These include OVC, HIV-positive lactating or pregnant women, and clients on ART presenting evidence of severe malnutrition. Material support to the new caregivers, such as bicycles, umbrellas, bags, scales and shoes, are provided as a means of facilitating their work and motivating their continued participation. This logistical support, in particular the bicycles, makes it easier for caregivers to visit their clients more often than would otherwise be the case. Regular home visits are particularly important for ART adherence monitoring and support, and improved logistics enable serious cases to be identified and referred early on for further treatment at the health facility.

From FY 2006 to FY 2008, PCI supported the training of 600 support group members in 30 ZDF units using 56 ZDF "stay healthy" master trainers who were trained in FY 2006, FY 2007 and FY 2008 with support from the NMCSD twinning program. In FY2009, PCI will support the training of additional 20 "stay healthy" master trainers to be drawn from 10 new ZDF support groups. The 20 master trainers will be supported to train an additional 200 support group members in their camps. The effectiveness of training will continue to be assessed and monitored through pre-and post-training tests, as well as with support from the NMCSD twinning program. The workshops will focus on promotion of health and wellness, with support in dealing

Activity Narrative: with HIV symptomology, depression, stigma, adherence to ART, 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 were reviewed by the NMCSD team for adaptation and will be used under this activity.

Finally, through a partnership with the Baptist Fellowship of Zambia (BFZ), PCI will continue to support the capacity building and involvement of military chaplains in HIV/AIDS and spiritual counseling, with emphasis on ministry skills relating to the individual and the family. This includes marital relationships, parenting, gender-based violence and development of peer support systems. Training sessions also deal with child abuse, addictive behaviors, and management of family crisis, illness, death, and trauma. BFZ will establish family crisis services at a targeted number of bases and their surrounding civilian communities. In FY 2006, the BFZ trained 80 military and police chaplains including their spouses in Adult Care and Support including spiritual counseling. They also provided on site technical assistance to clergymen at 16 military bases. In addition, they reproduced an HIV/AIDS manual used in faith-based communities for use by the chaplains.

In FY2007 and FY 2008, 80 chaplains and their assistants participated in training to build on the work done previously and help the chaplains relate it to ministry for the family and their communities. In FY2009, chaplains will be supported to continue providing the above services to ZDF bases. PCI has developed a tool to evaluate the quality of the Adult Care and Support services being provided to HBC clients. The tool also assesses client satisfaction with the services being provided by the caregivers. In order to ensure the sustainability of the activity, PCI works in close collaboration with the DFMS HIV/AIDS unit, which has established a Palliative Care office, through which all activities are planned, implemented and monitored. Sustainability is also promoted through ongoing supportive supervision visits by DFMS, PCI staff, and HBC coordinators in order to reinforce the training and to identify and address any performance and/or training gaps. The use of HBC volunteers is another important sustainability strategy. The target of this activity is to have 6000 people benefiting from Adult Care and Support services at the 54 ZDF service delivery sites. These are clients that will have been provided with Adult Care and Support services through HBC, military chaplains or support groups of PLWHAs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14630

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14630	3737.08	Department of Defense	Project Concern International	6890	3041.08	DoD-PCI	$610,000
8787	3737.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$480,000
3737	3737.06	Department of Defense	Project Concern International	3041	3041.06	DoD-PCI	$580,000

Emphasis Areas

Gender

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

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $115,018

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $60,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3013.09

Mechanism: CDC Technical Assistance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 9770.26304.09

Planned Funds: $30,000

Activity System ID: 26304

Activity Narrative: FUNDING FOR THIS ACTIVITY HAS BEEN REDUCED FROM FY 2008.

In fiscal year FY 2008 funds under this activity were reprogrammed directly to the partner to support purchase of a mobile Pediatric ART unit. FY 2009 funds are requested to provide technical assistance (TA) in the area of care and support for both adults and children. The TA visits will focus on clinical care, psychological care, spiritual care, social care, and prevention services and will often be combined with other program area reviews around adult and pediatric treatment including wrap around activities. In addition these funds will allow for one international travel to attend a relevant training, workshop, or symposium.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15590

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15590	9770.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$30,000
9770	9770.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$0

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3007.09

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17070.26321.09

Planned Funds: $212,000

Activity System ID: 26321

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- Palliative care- Care for Care Givers, focusing on caring for care givers during all trainings as a measure to limit burn out and address team support
- Pain as a fifth vital sign- monitoring pain more closely in triage and initial assessment
- Additional provision of drugs for opportunistic infection (OI) and pain management
- Additional 4,389 clients will be supported with palliative care services and an additional 112 health care workers will be trained
- Services will be provided that encourage male involvement in HIV testing, prevention of mother-to-child transmission (PMTCT) of HIV and family center care programs (more specifically outlined in HIV treatment services counseling and testing (CT), and PMTCT narratives

The following activity is continuing for fiscal year (FY) 2009.This activity links with the Zambia Prevention, Care, and Treatment Partnership, PMTCT, antiretroviral therapy (ART), CT, TB/HIV, and Laboratory Support activities as well as with the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners.

Activity Narrative: Although the AIDSRelief Project is primarily a provider of ART services, comprehensive HIV care involves treatment of OIs, including TB, sexually transmitted infections (STI) and others, as well as pain and symptom management and clinical care for severe malnutrition. This activity will strengthen and expand clinical palliative care services in eight provinces and 15 districts. AIDSRelief Zambia has incorporated a Family Center Care Health approach to addressing the needs of Palliative Care in the area of basic health care and support. Our Family Centered Care team has focused on trainings that are designed to incorporate the entire family unit into the health care facility model. This approach develops sustainable care as the family unit is equipped to assume greater responsibility for its health. This approach has had impact on reducing stigma, encouraging more consistent follow-up, increased testing of family members, and greater adherence among individual family members. As part of our comprehensive care and treatment plan, the palliative care services include management of all OI and follow-up of patients at community level. Training and on-site mentoring on pain management has taken place and has been a critical component of AIDSRelief program.

In FY 2008, AIDSRelief reached 43,664 clients with clinical palliative care services through support to 18 facilities in the 15 districts. In FY 2008, AIDSRelief trained 200 health professionals (doctors, nurses, clinical officers) in ART/OI/STI/pain management through full and refresher curriculum. AIDSRelief follows the National Standards for ART and OI. In addition, specific onsite mentoring is conducted by the family-centered AIDS resident team.

In FY 2009, AIDSRelief will train 312 Health professionals in initial ART/OI management curriculum. In addition, AIDSRelief Project will conduct specific customized training which will respond to the needs of the treatment facilities based on the results of the Quality Assurance and Quality Improvement process. In FY 2009, 48,053 clients will receive clinical palliative care services in 19 supported facilities. During FY 2009, AIDSRelief will consolidate on FY 2008 efforts by providing technical support to ensure quality services and build capacity to manage clinical palliative care services. AIDSRelief Zambia will continue to work with its national partner Churches Association of Zambia (CHAZ) as part of its sustainability plan. Key elements of the work plan include transferring technical, managerial and financial skills to CHAZ and secondment of technical staff for clinical and monitoring and evaluation (M&E) direct support. In the same line with this plan, AIDSRelief Zambia plans to initiate the development of HIV Residency for Zambian nationals to become expert in clinical HIV including clinical palliative care. Trainings will also link encouragement of male involvement in HIV testing, PMTCT, and family-centered care with other training efforts.

Clinical palliative care activities will include these components: 1) strengthening palliative care services in health facilities; 2) increasing referral linkages within and between ART facilities and community home based care (HBC) and hospice care; 3) participating in and assisting the Ministry of Health (MOH), the National HIV/AIDS/STI/TB Council to develop a strategy, guidelines, and standard operating procedures for provision of quality clinical palliative care in ART sites and services; and 4) increasing program sustainability with the GRZ.

In the first component, strengthening palliative care services within health facilities, AIDSRelief will continue to support 19 ART facilities in 15 districts. In addition to the ART/OI/STI/TB training mentioned above, health professionals will also be trained, using GRZ-approved curriculum, to provide co-trimoxazole prophylaxis, symptom and pain assessment and management, patient and family education and counseling, management of adult and pediatric HIV in the home setting, and provision of basic nursing services in clinic settings as part of the overall package of clinical palliative care services. A new activity for FY 2009 will be to incorporate a section on Care for the Care Giver into all trainings to try and minimize provider burn out and build team support. Pain will also be introduced into triage and assessment plans as a ‘fifth vital sign’ to attempt to highlight this important component of palliative care. Pharmacy staff will be trained in data collection/reporting and ordering, tracking, and forecasting HIV-related commodities to ensure availability of critical medical supplies and drugs. AIDSRelief will also liaise closely with the USAID/Deliver Project and Partnership for Supply Chain Management Systems (SCMS) on forecasting drug supply requirements. AIDSRelief will also increase the availability of drugs for opportunistic infections that are out of stock or unavailable, plus ensure adequate supplies of medications for pain management.

In the second component, increasing referral linkages within and between health facilities and communities, AIDSRelief 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 2008, AIDSRelief will work closely with these established entities to strengthen referral networks linking clinical palliative care services with community-based programs. For example, AIDS Relief will continue the implementation of the linkages and integration work plan with Catholic Relief Services/SUCCESS RTL and RAPIDS to better link clinical services to related community programs.

Activity Narrative: In the third component, AIDSRelief 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, AIDSRelief 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, AIDSRelief will continue to work with CHAZ to build on the quality assurance activities started in FY 2005. In FY 2008, in collaboration with the GRZ and CHAZ, the AIDSRelief-supported sites will receive direct support from CHAZ to guarantee consistent quality clinical palliative care services

New/Continuing Activity: Continuing Activity

Continuing Activity: 17070

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17070	17070.08	HHS/Health Resources Services Administration	Catholic Relief Services	7200	3007.08	AIDSRelief-Catholic Relief Services	$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $85,930

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 4139.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12527.26405.09

Planned Funds: $2,900,000

Activity System ID: 26405

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Activity Narrative:

This activity links directly with USAID | DELIVER PROJECT's ARV Drug activity, the Partnership for Supply Chain Management Systems' (SCMS) activities in Counseling and Testing (CT), Laboratory Infrastructure, and Health Systems Strengthening, Center for Infectious Diseases Research in Zambia, Catholic Relief Services/AIDS Relief, Churches Health Association of Zambia (CHAZ), University Teaching Hospital (UTH), Zambia Prevention, Care, and Treatment Partnership (ZPCT), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), the Clinton Foundation HIV/AIDS Initiative, and UNITAID.

The purpose of this activity is to procure opportunistic infection (OI) and sexually transmitted infection (STI) drugs (with a special emphasis on cotrimoxazole) in support of the Government of the Republic of Zambia's (GRZ) national ART program. Cotrimoxazole is used both as a prophylaxis and as a treatment for opportunistic infections. Following WHO recommended guidelines, Zambia has adopted the policy of adding cotrimoxazole to the new national ART guidelines which have been disseminated by the National HIV/AIDS/STI/TB Council (NAC). This commodity has been added to the national ARV ordering and reporting system to better ensure its availability for ART patients. With approximately 35% of FY 2009 funding, roughly 225,000 HIV-positive adults will receive cotrimoxazole (pediatric cotrimoxazole is being provided by the Clinton Foundation with UNITAID funding).

Also included in this activity is the procurement of STI drugs to treat herpes, syphilis, gonorrhea, and chlamydia, which are the most common STIs in Zambia, and the most critical to treat for HIV/AIDS prevention. Possible drugs to be procured include: Ciprofloxacin, Acyclovir, Erythromycin, Doxycycline, Benzathine penicillin, and others, pending final discussion with partners and the MOH.

Finally, it should be noted that as with USG-funded ARV drugs, the OI and STI drugs will be placed in the GRZ's central warehouse, Medical Stores Limited (MSL), where all public sector and accredited NGO/FBO/CBO/work-place/private sector ART programs will have access to these critical supplies. All PEPFAR partners are connected to the national ARV logistics system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14416

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14416	12527.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6827	4139.08	Supply Chain Management System	$1,500,000
12527	12527.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$1,300,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 527.09

Mechanism: SUCCESS II

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3568.26398.09

Planned Funds: $775,000

Activity System ID: 26398

Activity Narrative: ACTIVITY IS MODIFIED IN THE FOLLOWING WAY
Activity Narrative
This Palliative Care activity links to HTXS (#9182) and HVCT (#9181), to CRS HKID (# 8852), to RAPIDS HBHC (#8946), and AIHA HBHC (#8809). This activity links to HVCT (#9181) and HTXS (#9182) and to other palliative care (HBHC), counseling and testing (CT), and prevention of mother to child transmission (PMTCT) activities. The CRS SUCCESS II Project was a follow-on to the first SUCCESS Project. The Close-Out/Phase-Over period is from October – December 2009.

By October 2008, SUCCESS II expected to receive a Cost Extension to cover the period October 2008 – December 2009 that includes the last 3 months known as Phase-Over/Close-Out. "Phase-Out" refers to all activities during the period of transition whereby CRS SUCCESS partners will transition their activities to other potential USG partners. "Close-Out" refers to a specific set of required activities whereby the SUCCESS award will end.

During Phase-Over, this activity will continue with the Palliative Care Prevention Package that includes Positive Prevention; cotrimoxizole prophylaxis; provision of bednets to prevent malaria (supported by the President's Malaria Initiative through RAPIDS); Clorin to ensure safe drinking water; increased support for pediatric ART (P-ART) through the use of Dried Blood Spot testing of infants and referrals of HIV+ infants for P-ART; nutritional counseling for People Living With HIV/AIDS (PLWHA), and risk reduction prevention messages. SUCCESS II will continue to provide a quality package of adult and child palliative care, which will include pain management in hospices. During Phase-Over , SUCCESS II will continue emphasizing prevention for positives such as avoiding risky sexual behavior, promoting abstinence and faithfulness, and reducing alcohol intake. SUCCESS will collaborate with USG Zambia to develop and implement a food and nutrition strategy, including shifting to a "Food by Prescription" approach.

During Phase-Over, CRS will continue to provide quality, community-based palliative care (HBHC) services through six Catholic Diocese home-based care programs and twelve faith and community-based hospices in 45 districts providing geographic coverage to roughly 62% of all districts in Zambia at an average cost of about $81 per client. Nationally, SUCCESS II will have 104 service locations. The SUCCESS M&E system enables managers and staff to account for individual clients, analyze data effectively, and use data for program management and planning.

SUCCESS II links to other PEPFAR-funded projects, such as AIDS-Relief, CIDRZ, and ZPCT, and to GRZ services, for treatment of opportunistic infections (OIs), sexually transmitted infections (STIs), and for ART and to Prevention of Mother to Child Transmission services (PMTCT), such as ZPCT. For example, SUCCESS will provide PMTCT sites with coordinates of its home-based care programs, to which PMTCT providers will refer PMTCT clients for follow-up in the community from birth through at least six months to support breast-feeding and timely weaning using appropriate weaning and complementary foods. SUCCESS will also refer female PLWHA who are (or may be) pregnant to PMTCT. All of the aforementioned activities will continue during Phase-Over.

SUCCESS II is a leader in hospice care in Zambia. It leverages the nationwide health care infrastructure of the Catholic Church to reach underserved, rural areas. SUCCESS II collaborates with RAPIDS, a 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 quality, holistic HBHC and services in-line with international and national HBC guidelines. Quality assurance mechanisms will include caregiver checklists, patient chart review, and monthly care improvement meetings between caregivers and nurse supervisors., all of which will be prepared and ready for handover to future grant holders.

The HBC service package includes home visits, basic nursing care, pastoral and psychosocial support, malaria prevention, nutrition counseling, Clorin for household safe water to reduce diarrheal disease, DOTS for HIV co-infected TB PLWHA, plus clinical referral for OIs, TB and ART. SUCCESS will identify more HIV-positive infants and children in need of HBHC, nutritional support, and/or referrals.

SUCCESS II has established three care categories to provide a better match between client needs and caregiver support: 1) HIV+ asymptomatic; 2) HIV+ symptomatic or 3) HIV+ in advanced stages of disease. The SUCCESS II family-based CT model will identify newly infected clients earlier for appropriate treatment and care. SUCCESS II will support and extend the outreach of ART, sharing the load of patient follow-on monitoring and care. SUCCESS will support Prevention for Positives. For example, SUCCESS will counsel PLWHA on behavior change (reducing alcohol intake to decrease risky sexual behavior, increasing abstinence and faithfulness), nutrition, and provide appropriate, factual information prevention strategies.

SUCCESS II will continue to support hospices to improve the quality of in-patient care for PLWHA, and to provide CT and family support including day-care for HIV+ children. FY 2007 was the launch of oral morphine for hospices. SUCCESS II will continue to support the provision of oral morphine for quality pain management and will continue to work with MOH to ensure that the initiative is extended further to HBHC providers throughout Zambia SUCCESS II works with the Palliative Care Association of Zambia (PCAZ) to ensure palliative care is included in the national HIV/AIDS strategy, Specifically during Phase-Over, SUCCESS will ensure that all client data, program information and records and key documents will be available for transfer to future grant holders. In particular, information on working with hospices, PCAZ and GRZ on oral morphine will be available, discussed and transferred; this will include names and contact details for key personnel in MOH, PRA and other relevant authorities necessary for the sustainable provision of oral morphine to the hospices. SUCCESS will facilitate meetings between all parties to ensure a smooth transition.

All SUCCESS II activities will continue during the Phase-Over; it will focus on symptom and pain control, patient and family education, linkages with OVC, PMTCT, ART, TB program sites, and a standard quality training package for HBHC volunteers and staff. It will increase referrals to pediatric services; ART and PC,

Activity Narrative: ensuring clinical care for children. SUCCESS II partners will procure basic medications especially oral morphine and supplies for HBHC as needed, using private matching funds. SUCCESS II leverages non-PEPFAR sources to ensure availability of basic medications for home-based care.

SUCCESS II care coordinators will refer clients to needed services, and link clients to clinical care in district and provincial facilities, to ART services, 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. All of this information and records concerning the same will be available for transfer to follow-on award holders. Similarly, names of trained volunteer caregivers and nurses who supervise them, will also be given. In particular, SUCCESS has actively recruited male and youth caregivers, a specific training was developed in collaboration with APCA for male caregivers. The names and location of the aforementioned groups will be transferred to any future parties. If necessary, information or training in the use of the male caregivers curriculum will be given to ensure its continuation into future grants and to ease gender-based burdens in care giving. SUCCESS II will continue to offer its volunteers monthly support meetings, tools for work, and CT services details of which will be transferred.

SUCCESS will, during the Phase-Over period, continue to support gender equity efforts in palliative care (led by SHARe), for example, to reduce violence against women related to HIV diagnosis or discordant HIV results. SUCCESS will also support efforts by SHARe to promote leadership initiatives, especially those focusing on promoting increased leadership roles for PLWHA in all HIV/AIDS activities. SUCCESS will support efforts by AIHA-PCAZ to advocate for, promote, and disseminate policies and guidelines for comprehensive palliative care.

SUCCESS II will use the APCA Palliative Care Outcome Scale as a measurement tool of improved quality of life for PLWHA, findings of which will be analyzed and available for follow-on awardees.

Annual meetings have been a feature to bring SUCCESS II partners together for cross-fertilization of programming ideas, issues, and lessons learnt; during the Phase-Over period there will be at least one such meeting. This meeting will serve as a time for all SUCCESS partners to meet and to share lessons learnt from the program.

Because most care and support clients are carried over year to year, CRS SUCCESS expects to reach almost the same number in COP 09, 38, 320, as in COP 08, although it will provide the services for one month.

All SUCCESS II targets will be reached by the end of the Phase-Over period, December 31, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14374

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14374	3568.08	U.S. Agency for International Development	Catholic Relief Services	6807	527.08	SUCCESS II	$3,100,000
9180	3568.07	U.S. Agency for International Development	Catholic Relief Services	5058	527.07	SUCCESS II	$3,100,000
3568	3568.06	U.S. Agency for International Development	Catholic Relief Services	2930	527.06	SUCCESS	$2,145,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3028.09	**Mechanism:**	Peace Corps
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	26029.09	**Planned Funds:**	$849,200
Activity System ID:	26029		

Activity Narrative: Peace Corps Zambia (PC/Z) was carrying out activities in the Adult Care and Support program area in FY 2006. As Volunteers continue to carry out work in the area it will be included as one of the areas that PC/Z conduct activities in. Furthermore, in FY2009, there will be a merging of the HIV/AIDS project with Community Health project, which is likely to see a further broadening of Volunteer activities beyond AB and Other prevention.

First, 15 two-year Volunteers funded in FY 2009 and 15 Volunteers funded under the FY 2008 COP will concentrate their HIV/AIDS activities in remote villages not typically served by other PEPFAR-funded partners. These volunteers will link with existing USG HBHC projects to access training, materials and support. PC/Z will work with the USG Palliative Care Forum to link the volunteers with other partners in adult care and support to allow them to network with projects operating in or near their assigned areas.

Volunteers will mainly build the capacity of community based home care providers and mobilize people living with HIV and AIDS (PLWHA) to form community based support groups. In areas where support groups already exist, Volunteers will strengthen them and work with them to enhance and support prevention for PLWHA as well as linking the members to other care and support programs within the community. Working together with the support group members, Volunteers will also undertake stigma reduction activities within the communities.

Using the skills and expertise of the other Peace Corps projects (Linking Life Food and Environment and Rural Aquaculture) Volunteers will work with affected individuals and households to enhance food security through delivery of nutrition workshops, supporting nutrition gardening and fish farming. PC Volunteers will also utilize national guidelines on nutrition for PLWHA in their nutrition work.

They will also carry out livelihoood strengthening interventions as well as income-generating activities. Specific attention will be given to increasing women's opportunities to improving their economic status through these income- generating activities. Local resources as well as Volunteer activities support and training (VAST) funds will be used to support these activities. Volunteers will work with affected households to improve access to safe water and sanitation and they will coach family members in how to maintain a more hygienic environment for the chronically ill, particularly those who are bedridden.

Volunteers will work closely with service outlets such as health clinics to notify nurses or other health workers of the need to visit a chronically ill person or to collect supplies to replenish a home care kit. Volunteers will interact with representatives from other sectors such as agricultural extension agents and collaborate with entrepreneurs to establish nutrition gardens and income-generation activities.

Secondly, PC/Z will recruit five extension Volunteers with strong HIV/AIDS field experience and more advanced technical skills for one-year assignments. The one-year Volunteers will be placed with government, non-governmental or PEPFAR-funded organizations at the district level or in secondary cities to help build capacity for Other prevention and to also help strengthen the links to other HIV-related services.

PC/Z will in particular provide support to the Network of Zambian People Living with HIV/AIDS through the placement of Extension Volunteers to build capacity for the organisation to provide support to it's members through the district chapters.

Volunteers will work with their communities to leverage VAST funds for income-generating activities, such as community gardens and fish farming, as a means of mobilizing community members into groups for HIV/AIDS education, while also addressing improved nutrition and food security. They will also conduct trainings for caregivers and community-based organisations providing home-based care.

Third, in partnership with Government and PEPFAR-funded organizations, PC/Z will train 120 two-year Peace Corps-funded Volunteers, whose current projects do not directly relate to HIV/AIDS, and provide them with materials on HIV/AIDS so they can incorporate care and support themes into their work. Introduced in FY 2007, this activity will expand the reach of HIV/AIDS work within the communities served by PC/Z as well as fully integrate HIV/AIDS programming within all PC/Z projects. All Volunteers will continue to be trained together with their counterparts from their communities. The trainings will be conducted in partnership with Government and other PEPFAR funded organizations to ensure consistent messaging as well as strengthen capacity for networking and collaboration at this level. This training of community counterparts as well as the capacity building for non-governmental and community-based organizations will ensure the sustainability of the interventions.

When conducting community-based training, Volunteers will use tools and materials being used by Government and other PEPFAR partners.

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

Program and Training Specialist (new position)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6843.09

Mechanism: RAPIDS-SUCCESS follow on

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 14448.26188.09

Planned Funds: [redacted]

Activity System ID: 26188

Activity Narrative: ACTIVITY IS MODIFIED IN THE FOLLOWING WAYS
This HBHC activity is a component of a new follow-on mechanism to both replace and improve on two USAID-HBC projects, RAPIDS and SUCCESS. These two mechanisms will reach their funding ceiling by December 31, 2009. The new award will scale up aggressively by December 31, 2009, so that there is a smooth transition, and to minimize any gaps in services or coverage areas. USAID will have competed a Request for Application (RFA) in FY 2008 and awarded a follow-on.

The activity will link to RAPIDS-SUCCESS follow on activities in ART adherence, Orphans and Vulnerable Children (OVC) and CT, as well as to other CT, ART, OVC, Care and Support, and PMTCT activities supported by the USG, GRZ, and other donors, whether ongoing or new. The activity will also align with new strategic directions of the USG and GRZ, including any compact signed.

Activity Narrative
This new follow on the project that began late in FY 2008 will be one integrated program capable of reaching or exceeding the combined HBHC targets and coverage areas of the RAPIDS and SUCCESS projects, building wherever possible on the work of these existing partners. The new follow on will, add new clients, caregivers, partners and areas to increase coverage in geographic and population terms.

New sub-partners may include faith-based and non-faith based structures which demonstrate their capability to provide quality services and to produce results, either under USG Zambia existing projects, or in related projects elsewhere in the region or continent. There will be an orderly hand-over of project activity to the follow on with particular attention to ensuring that as many PLWHA as possible continue to receive quality care and support, and to prevent any gaps in service or coverage. Through this planned transition, it is expected that the follow-on will reach the combined totals of RAPIDS and SUCCESS in terms of clients, caregivers, sites and areas early in 2010. If possible, the follow on will exceed these previous projects through economies of scale.

The New Awardee may incorporate the best practices and lessons learned from the two previous projects, such as the household model, but will not be limited to existing service patterns. The follow on may also incorporate best practices and lessons learned as well as technical innovations proven effective elsewhere. In addition, the new follow on project may provide additional services and coverage not included in the current projects, dependent on funding, the scope of the award, as well as policy and priorities of the President's Emergency Plan For AIDS Relief (PEPFAR II), the Zambian National Strategy, and USG Zambia goals and objectives.

Examples of new emphases that may feature prominently in the follow on include: earlier initiation of care and support (following earlier diagnosis of HIV infection) with referral to effective support structures such as positive living groups; greater recognition of the impact of wide-scale ART through a shift in patterns and locations of care and support service delivery, away from an exclusive home visit focus, towards multiple locations in all communities; a stronger and more technically robust package of "prevention for positives;" improved pain relief, including qualified mental health services for PLWHA;

Lastly, the New Awardee will propose innovative methods to extend care and support to middle and upper class Zambians, for example, by linking to their private health care providers, as a means to break "stigma at the top," where it remains entrenched. There will be a conscious effort to remedy the unintended "over-focus" on the poor in previous projects, which resulted in a lack of care and support for more educated and prosperous Zambians, despite the fact that HIV status correlates positively with education and level of income.

While not diverting an undue amount of scarce resources from services to the neediest, the New Awardee will seek to include private providers and sites in service delivery schemes. Private providers and clients will be expected to contribute to the cost of care to the extent possible, but the intent is still to ensure equitable access up to the highest levels of society. This effort will link to new HIV/AIDS leadership initiatives. The theory is that if the national leadership class from political, business and faith circles gain access to needed services and support, and come to terms with HIV in private, they will be able to speak out in public.

The New Awardee will provide a comprehensive set of cost-effective, quality care and support services following Zambian as well as OGAC adult and pediatric preventive care guidelines, and USG Zambia Palliative Care Forum strategies. These will include but not be limited to: basic nursing care, home-and community based care and support, early referrals to clinical care, treatment of OI, legal services, links to livelihood and income generation activities, education on prevention for positives, psycho-social support, preventive treatment, and support to hospices, including establishment of facilities in geographic areas which lack any hospices. The New Awardee will continue the support to the movement hospice in Zambia begun by the SUCCESS project.

The New Awardee will continue to train and support caregivers and other HBHC health providers. The New Awardee will build capacity of community committees currently working on home and community based care and support activities, and scale-up support- male and youth-groups. The New Awardee will ramp up routine Cotrimoxazole prophylaxis for all HIV-infected clients.

Other emphases of the follow on will include: continued strengthening of Pediatric Care training for caregivers, and closer linkages to Pediatric ART sites with emphasis on referral of HIV-exposed infants for early diagnosis and referral using PCR technology where available, to decrease HIV-related infant mortality.

The Awardee will collaborate with OGAC and USG Zambia on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused.
The Awardee will support the development and implementation of a USG Zambia food and nutrition strategy, and consider adopting a common technical approach to food and nutrition support (or at least to adopt the major elements of a common approach). The New Awardee will continue Food and Nutrition

Activity Narrative: Support to PLWHA, on its own or in conjunction with others, via therapeutic feeding for malnourished PLWHA, and nutrition activities for HIV exposed infants and young children to improve nutrition status in treatment/care clients. Food and nutritional support will follow both national and OGAC Guidance. The New Awardee will also build on extensive malaria control activities begun during FY 2007 to reduce malaria-related illness and death in PLWHA.

Options for the follow-on structure include a consortium model, like RAPIDS, a single organization, like SUCCESS, or a variety of other appropriate management models. The successful New Awardee will propose the most promising technical and management approach and cost models to extend quality care and support to the largest number of adults and children living with HIV/AIDS, as well as the widest geographic coverage.

Geographically, coverage by the New Awardee may be a mix of the former service areas of RAPIDS and SUCCESS, and new areas, including previously underserved or unserved areas. Examples include the populous but remote triangle from the Tanzanian border between Mbala and Nakonde, down to Mpika, as well sparsely populated and remote areas of Western and Southern provinces. The New Awardee will offer new models to extend coverage and services into these areas sustainably and at reasonable cost

The New Awardee should scale up aggressively and reach full operational capacity by December 31, 2009, when RAPIDS and SUCCESS reach their funding ceilings and End of Project dates. The New Awardee may continue to work with the local partners of the former RAPIDS and SUCCESS projects, and other palliative care programs for synergy and complementarities. The New Awardee may also add new structures and programs.

The New Awardee will continue to link PLWHA to livelihood initiatives. These linkages will contribute to the overall goals of the program. However, the New Awardee will need to demonstrate that it has the capacity to support technically sophisticated and proven effective models, or rely on linkages to other projects which do.

The New Awardee will also support HBHC activities via sub-grants and small grants to strengthen HBHC community based groups/organizations and to extend coverage into underserved or unserved geographic areas. The New Awardee will however have to demonstrate the ability to supervise, monitor and evaluate the work of all sub-grantees, and must possess a robust and effective sub-grant mechanism.

To support the palliative care preventive package, the New Awardee will address malaria, diarrhea and prophylaxis of opportunistic infections in PLWHA and their families. This will include working with the National Malaria Control Center, PATH, and other stakeholders to promote use of Insecticide Treated Bed Nets (ITNs). The New Awardee may obtain ITNs through purchase or donation. Likewise, the New Awardee will promote safe water and Cotrimoxazole prophylaxis widely.

The New Awardee will provide effective pain management, for mild to severe pain, including access to qualified mental health services to address mental anguish.

The New Awardee will increase the emphasis on sustainability and capacity building in the last year of PEPFAR. To promote sustainability, the New Awardee will both support GRZ efforts, and work through communities. To further the sustainability of current grassroots efforts, the New Awardee will train CBOs and FBOs to not only provide care and support to PLWHA, including children and adolescents but also in areas like advocacy and paralegal support. The New Awardee will facilitate sustainable linkages between communities, GRZ and other service providers. The New Awardee will support training of local community based organizations to improve management skills and the ability to access existing HIV/AIDS resource streams. The New Awardee will "Train Trainers" to equip FBO/CBO HIV/AIDS service providers with skills to support sustainable methods of training supervisors, peer educators, and staff within respective institutions and organizations.

Also the follow on will seek to emulate the extraordinary public-private partnership (PPP) success of previous awards such as RAPIDS, which demonstrated that it is possible to match USG support one-to-one, and to mobilize enormous quantities of in-kind gift support. Such PPP support will expand the quantity and quality of care and support, and will leverage the USG investment to mobilize private sector donation and investment.

All FY 2009 targets will be reached by September 30, 2010

New/Continuing Activity: Continuing Activity

Continuing Activity: 14448

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14448	14448.08	U.S. Agency for International Development	To Be Determined	6843	6843.08	RAPIDS-SUCCESS follow on	[redacted]

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	412.09	**Mechanism:**	RAPIDS
Prime Partner:	World Vision International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	3558.26392.09	**Planned Funds:**	$925,379
Activity System ID:	26392		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
RAPIDS cooperative agreement will end in December of 2009. The project will continue activities with all partners during October 2009 and then begin the phase over process to a new follow on mechanism. This phase over process will begin soon after the new mechanism is awarded and the new cooperative agreement comes into effect. Plans for phase over will include programmatic topics, staffing, finance, disposal of assets, and continuity of care for all RAPIDS clients. There will be a concerted effort for a fluid transition to ensure that both clients and caregivers are adequately supported. A lapse in programmatic coverage will be avoided through a coordinated plan for phase over and thus a successful transition.

Activity Narrative:
This activity is connected with other RAPIDS activities including HVAB, HTXS, HVCT, PMTCT and HKID, especially NPI HBHC partners in need of mentoring, such as Kara/FBR and Nazarene Compassionate Ministries. Other emphases include: continued strengthening of pediatric care and closer linkages to pediatric ART sites with emphasis on referral of HIV-exposed infants for early diagnosis using Dry Blood Spot (DBS) samples and Polymerase Chain Reaction (PCR) technology to decrease HIV-related infant mortality. RAPIDS will also work closely with therapeutic feeding for malnourished PLWHA and with infant and young child nutrition activities while collaborating with USG Zambia on client-focused strategies for food and nutrition support.

RAPIDS will also build on extensive malaria control activities which began during FY 2007 to reduce malaria -related illness in PLWHA. In FY 2009, RAPIDS will refer clients to hospice and will support routine cotrimoxazole prophylaxis for all HIV-infected clients possible. In FY 2008 and continuing in FY 2009, RAPIDS will help implement the palliative care pain relief strategy document. Palliative care and management of simple and moderate pain will be included as part of the minimum standard of care for PLWHA. Lastly, RAPIDS will emphasize sustainability in these last few months of operation of the grant by linking caregivers with the new mechanism.

RAPIDS, which undertakes care and support activities in 52 of the 72 districts in Zambia, is a consortium of six organizations: World Vision, Africare, CARE, CRS, The Salvation Army, and Expanded Church Response (ECR), as well as community-based organization (CBO) and faith-based organization (FBO) local partners. RAPIDS uses a household approach to extend care and support to youth, OVC, and PLWHA within the context of household needs and priorities identified.

In FY 2009, RAPIDS plans to provide home- and community-based palliative care and support to 51,855 PLWHA. This is possible as caregivers will continue to visit clients in their homes and other community settings, even during the last month of programming. As more HBHC clients go on ART, and return to active life, RAPIDS will provide care outside the home. This will include the formation and support of Positive Living groups. Caregivers will also conduct outreach in designated sites for those who are ambulatory.

Care and support "outreach" sessions offered to ambulatory clients in various convenient-locations. They will save time and allows for more clients to receive services from each single caregiver. However, there are some drawbacks, such as potential loss of privacy and confidentiality, and overload of the caregiver. As earlier stated, the phase over to the new mechanism will be in process and will address such issues, taking into consideration that each client should be aware of new projects providing modified support services.

Quality Assurance (QA), while evident in project design and monitoring, gains focus in FY 2008, and in FY 2009 will continue to be a priority. QA mechanisms include caregiver checklists, patient chart review, and monthly care improvement meetings between caregivers and nurse supervisors.

Palliative care services include: education to improve knowledge, attitudes, and practices on HIV/AIDS; drugs for opportunistic infection (OI) treatment; psychosocial and spiritual support; infection prevention through provision of medical equipment; symptom/pain assessment and management; and patient/family education and counseling. Case coordination will include community-based "Care Coordinators" to refer clients to various service providers. RAPIDS will continue to counsel PLWHA on behavior change (reduction in alcohol intake to decrease risky sexual behavior), nutrition, and provide appropriate, factual information on Other Prevention strategies. RAPIDS will also provide PMTCT sites with coordinates of its home based care programs, to which PMTCT providers will refer PMTCT clients for follow up in the community from birth through at least six months to support breast-feeding and timely weaning using appropriate weaning and complementary foods. RAPIDS will also refer female PLWHA who are (or may be) pregnant to PMTCT.

In FY 2008, RAPIDS will place a HBPC Policy Technical Advisor at the Ministry of Health, who will continue into COP 09. This experienced key staff will promote innovations in palliative care in both policy and practice. RAPIDS will also support efforts by AIHA-PCAZ and SHARe to advocate for, promote, and disseminate policies and guidelines favorable to comprehensive palliative care. RAPIDS will continue to work with SUCCESS and other HBHC programs and link them to livelihood initiatives.

RAPIDS HBHC activities are integrated into existing government and NGO district structures and comply with the "Three Ones." RAPIDS also contributes 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 policy in home-based and palliative care support.

To the extent possible in the month of October, RAPIDS will, through private and corporate donations, provide and resupply nurse and volunteer caregiver kits. In FY 2008 and FY 2009, WV will continue to solicit in-kind donations of kits, while exploring more sustainable means to produce and resupply kits in Zambia using local products, providers and facilities. Clients will receive kits as prescribed by the HIV/AIDS National Guidelines on "minimum standards of care." RAPIDS will provide volunteers with non-cash incentives ('tools for work') through public/private partnerships with USA corporations Gifts-In-Kind (GIK)

Activity Narrative: programs. Such items include raincoats, bags, shoes and bicycles. RAPIDS will continue "care for caregivers" interventions to ensure that caregivers meet their basic needs while continuing to support PLWHA.

At midterm, RAPIDS began to notice an increase in the percentage of male caregivers. Project staff will continue to sensitize men to join caregiving activities both as clients and caregivers, striving to increase the percent of men as clients in COP 08 and continuing this effort until close-out in COP 09. To reach men, project staff will conduct sensitization meetings in the evenings, after normal working hours. Sensitization meetings will also include information on income generating projects for caregivers and the value of certain tools for work has on the ability of the household to generate income, e.g. bicycle.

RAPIDS will provide targeted nutritional supplements for PLWHA according to national and PEPFAR Guidance. RAPIDS will support recommendations by FANTA and IYCN in determining nutritional needs, and promoting better nutritional assessment and counseling, in close coordination with GRZ agencies such as the National Food and Nutrition Commission (NFNC), NAC and the MOH Nutrition focal persons. RAPIDS will collaborate with USG Zambia to develop and implement a food and nutrition strategy, including a shift to a "Food by Prescription" approach.

In FY 2008 and continuing in FY 2009, RAPIDS will continue to reach out to Positive Living Groups with clients referred directly from CT. Part of RAPIDS's strategy is to create a continuum of care wherein, once a PLWHA enters a support group, he/she can access a range of basic services, both HIV directly related (health/medical) and other socioeconomic, psychosocial and human rights/legal services. This strategy of service provision, as well as support should motivate more men to join support groups.

Caregivers and HBHC providers will continue to combat stigma and discrimination by increasing understanding of the disease and the challenges faced by PLWHA; encouraging participation of PLWHA in the design and implementation of projects; and promoting the involvement of youth, particularly males, as caregivers. RAPIDS will also mainstream gender equality in its care and support activities. RAPIDS will support gender equity efforts in palliative care led by SHARe and ASAZA for example, to reduce violence against women related to HIV diagnosis or discordant HIV results. Each project mentioned includes counseling for men, for example, to reduce violence towards women, to teach new methods to resolve conflict, and to improve communication and rapport.

RAPIDS designed and implemented a Training of Trainers (ToT) program to equip FBO/CBO HIV/AIDS service providers with skills to ensure long-term scale-up of training of supervisors, peer educators, and staff within their respective institutions and organizations. ToTs will be encouraged to participate in the new USAID mechanism.

All subgrantees will be identified to the new USAID mechanism, ideally with GPS coordinates, a brief description, and performance review. The funding for GPS has not been identified but will be sought during FY 2008. RAPIDS will recommend to the new USAID mechanism how to budget for workshops to inform current subgrantees about options to apply for funding to continue their programming under the new mechanism.

Because most care and support clients will carry over from COP 08, and will receive services early in COP 09, RAPIDS will count them and report them.

All FY 2009 targets will be reached by Oct 31, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14440

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14440	3558.08	U.S. Agency for International Development	World Vision International	6841	412.08	RAPIDS	$5,392,962
8946	3558.07	U.S. Agency for International Development	World Vision International	4995	412.07	RAPIDS	$4,034,064
3558	3558.06	U.S. Agency for International Development	World Vision International	2922	412.06	RAPIDS	$2,871,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$63,292

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$25,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$35,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	600.09	**Mechanism:**	EQUIP II
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	26922.09	**Planned Funds:**	$200,000
Activity System ID:	26922		

Activity Narrative: This activity will be implemented in combination with the counseling and testing (CT) and Abstinence and Be faithful (AB) activities so that a mix of Workplace services will be provided to individuals targeted and reached for CT.

Teacher deaths have been decreasing each year since 2005. According to the 2005, 2006 and 2007 Ministry of Education (MOE) statistical bulletins, 909, 872 and 593 teachers died in the respective years. The decline may be explained by a range of factors including nationwide access to general health services and ARTs, improved awareness and access to VCT through the MOE's workplace program. AED/EQUIP II support to the MOE has leveraged the World Bank Zambia National Response to HIV/AIDS (ZANARA) Project funding and the Department for International Development (DFID) support for workplace activities. The teaching force in Zambia is critically important in continuing education efforts, and includes over 71,000 teachers in more than 8,500 schools across the country. Some of these schools are in remote, rural areas with fewer than five staff. While CT and AB efforts in the urban areas continue to be pursued, EQUIP II has the unique ability to reach MOE staff in rural areas through innovative workplace initiatives

From FY 2006 to the third quarter of FY 2008, EQUIP II has been providing CT to 37,233 individuals and AB messages to a total of 49,398 people at schools, as well as Teachers' Health Days (THDs) and union events countrywide. In addition, EQUIP II has provided HIV/AIDS training to teachers and MOE staff and union officials.

In FY 2006, EQUIP II expanded its program into rural provinces (Central and Southern). 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. The Comprehensive HIV/AIDS Management Programme (CHAMP), a local CT and AB provider, was the only subcontractor in FY 2006.

In FY 2007, EQUIP II subcontracted CHAMP and the Society for Family Health (SFH) to provide mobile CT and HIV sensitization. In addition, all three teachers' Unions, namely, Basic School Teachers' Union of Zambia (BETUZ), Secondary School Teachers' Union of Zambia (SESTUZ) and Zambia National Union for Teachers (ZNUT) were subcontracted to mobilize teachers for CT. The EQUIP2 FY 2007 target was to reach 6,000 teachers and MoE staff for CT and 9,000 for AB. EQUIP II exceeded its targets by far as 20,140 MOE staff and their family members were reached for CT and 22,993 were provided with AB messages

The MOE, with support of EQUIP II, initiated THDs in June 2007 as a result of lessons learned from previous years' activities to increase both HIV/AIDS awareness as well as the uptake of CT services. THDs, which offer a broad range of health services (testing for diabetes, blood pressure, nutrition guidelines), are designed to reduce HIV-related stigma by emphasizing general health. This new initiative continued in FY 2007 and FY 2008 and will be expanded in FY 2009 period.

The MOE and EQUIP II recognize that CT is the first step towards accessing HIV/AIDS treatment, care and support. With national HIV prevalence rate of 14.3 percent, it is expected that there are a significant number of teachers in need of care and support. As a result, the MOE/EQUIP II Workplace Program team will, in FY 2009, collaborate with Kara Counseling and expand its VCT program to include Palliative and Home Based Care (HBC). The Palliative and Home Based Care program will involve training of Care Givers in palliative care and provision of Home-based Palliative Care (PC) to People Living with HIV/AIDS (PLWHA) in the education sector in Southern, Central and Lusaka provinces. A total of 110 Caregivers who will include teachers and MOE staff will be trained in Antiretroviral Treatment (ART), ART adherence, psychosocial counseling and basic palliative nursing skills to enable them to provide HBC and treatment support for ART adherence to PLWHA. Nine Caregivers support groups will formed, supported and linked to local hospices and PC and HBC programs.

The main focus of the training will be to increase the capacity of caregivers of PLWHA within MOE in providing quality palliative care. Amongst several initiatives, the training will enable caregivers to identify HIV/AIDS disease progression in a timely fashion in order for them to provide services to clients who need to start treatment. In order to ensure that teachers on ART adhere to treatment, identified household/ family members will be trained in ART adherence and psychosocial support for PLWHA.

In addition, EQUIP II would like to partner with Anti-AIDS Teachers Association in Zambia (AATAZ), a non-governmental and non-profit making teacher organization, to provide capacity building and assistance to Support groups for PLWHA. AATAZ's objectives are provision of HIV&AIDS sensitization to teachers and addressing of teachers' HIV&AIDS related health problems.

EQUIP II will subcontract AATAZ to provide training to a total of 60 PLWHA support group members in Lusaka, Southern and North Western Provinces. Twenty PLWHA will be trained in each of the three provinces. The trainings are meant to increase the number of support groups providing care and support to PLWHA and to provide knowledge of making referrals for chronically ill PLWHA to MOE and other local palliative care providers. In addition, AATAZ will write and produce HIV and AIDS teachers' memory/testimony books that will help to create positive change and raise awareness about HIV&AIDS now and for future generations of teachers and pupils. Training of PLWHA will help to increase greater involvement in all aspects of the MOE's response to HIV/AIDS and improve their access to HIV&AIDS positive living information and information on multiple and concurrent partners, referral systems for free ART and improved quality of life. Positive living information will include prevention with positives messages that promote correct and consistent use of condoms for HIV positive couples and abstinence.

EQUIP II integrates gender in its HIV/AIDS activities and takes into account related gender considerations. The program recognizes that HIV and AIDS affects women and men differently and thus attempts to address specific gender considerations such as: the social roles of males and females in mitigating the impact of and their vulnerability to HIV/AIDS. The MOE has observed that in general terms, many HIV positive women adopt positive-living lifestyles than their male counterparts. This has inevitably resulted in

Activity Narrative: HIV positive men falling ill and dying more often than HIV positive women. The 2005, 2006 and 2007 Ministry of Education (MOE) statistical bulletins indicate that the number of male teachers who die each year is higher than that of female teachers. Fifty five percent of the teachers who were reported to have died in 2005 and 2006 were male. And in 2007, 57 percent of the teachers reported to have died were male. At MOE HQ alone, 5 males died of AIDS related complications between August 2007 and August 2008 compared to only one female staff during the same period.

EQUIP II expects this activity together with CT and AB to encourage more HIV positive men to adopt positive-living lifestyles than is the case now. If they are less likely to adopt positive-living lifestyles, EQUIP2 hopes that the KAPB survey will provide greater insights into this issue and corresponding activities will be initiated.

Generally, women are more vulnerable to HIV/AIDS than men, mainly due to their biological deposition and low bargaining power in sexual issues. Also, the burden of care for People Living with HIV/AIDS (PLWHA) in households lies mostly on women. Both 2006 and 2007 MOE statistics indicates that of the 66,145 teachers in 2006 and 71,612 teachers in 2007 in all schools countrywide, 46 percent of them were female. This correlates with both the FY 2006 and FY 2007 statistics indicated that 46 percent of those that accessed CT and AB were female. Of the 2,126 teachers that accessed CT in 2006, 1,101 were female and of the 9,232 that accessed AB, 4,216 were female. Similarly, of 20,140 that assessed CT, 9285 were female and of the 22,933 that accessed AB, 10,598 were female.

The program tracks sex disaggregated data of males and females accessing VCT and HIV sensitization and compares this data to teacher populations to determine whether there are gender considerations in uptake of services. In addition, we will use date collected from FY2008's planned KAP survey to inform future planning in regards to uptake of services. Analysis of this data will provide us with necessary information to determine whether the EQUIP2 HIV/AIDS activities are responsive to the different needs of men and women and, boys and girls.

As the EQUIP II program approaches the end of its agreement, a focus on sustainability of interventions is paramount. As such, EQUIP II will work with the Ministry of Education in the final year of the program to develop a sustainability program that will prioritize interventions and link them to the 2008-2015 MOE Strategic Plan. This effort will promote the establishment of HIV/AIDS workplace programs and facilitation of related services at the province, district and school levels. Thus, AED will work to ensure that MOE funds HIV/AIDS interventions beyond the life of the EQUIP II project. The MOE's financial support for the roll out of Teacher's Health Days has shown by its funding of the MOE HQ Health Day during the World AIDS day in 2007. EQUIP II hopes to build on this commitment in other HIV/AIDS program areas.

EQUIP II's commitment to sustainability is further evidenced by the fact our some activities are being budgeted by MOE and by ensuring that HIV/AIDS activities are integrated and mainstreamed within the MOE. Our staff members will seek not only to ensure tracking of services, but training of MOE HIV/AIDS unit staff and HIV/AIDS National committee members in relation to PEPFAR indicators and methods for tracking them. IEC materials, lesson plans, and strategies will be well documented and housed within MOE's Directorate of Human Resource and Administration file systems and the Education Management Information system. While some outside partners will be engaged, the primary partners working on this effort are the unions and the MOE itself, thereby ensuring the activities are supported by organizations that can continue providing similar services long-after funding under PEPFAR has ceased.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	11091.09	**Mechanism:**	Community Empowerment Through Self Alliance (COMETS)
Prime Partner:	Comprehensive HIV/AIDS Management Program	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	26923.09	**Planned Funds:**	$0
Activity System ID:	26923		

Activity Narrative: The new Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY09, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA. The GDA Partners work closely with the Ministry of Health (MOH) and the National HIV/AIDS/STI/TB Council (NAC) to ensure harmonization of the private and public sector responses and approaches.

In FY 09 COMETS will scale up the delivery of palliative care in the workplace and the community through on site and of site health facilities, the scale up of the MHU and the engagement of the HIV Resource Persons Network (HRPN). The HRPN will play a pivotal role in the delivery of community based palliative care with supportive supervision from the MHU. COMETS will focus on palliative care Pre-ART, palliative care ART, Home-based care integrating palliative care TB by building the capacity of Palliative Care providers particularly in the rural communities.

The MHUs will provide supportive supervision to the PC providers through review meetings, referral follow ups and monitoring and evaluation support. Interaction and collaboration between the RHC, HRPN and the MHU is critical to ensure forward planning and review to avoid loosing track of clients will be critical particularly in PC Pre-ART service provision as these clients often feel well and do not attend clinical monitoring appointments.

The number of existing HRPN will be increase with an additional 643 trained in the catchment populations around the rural health centers. The HRPN will be selected through a participatory consultative process with the GDA partners, community groups, DHO and DATF. The existing active HRPN will be strengthened in identified gap areas where attrition and loss of members has occurred. Selection criteria for trainees will give preference to those who are already actively involved on HIV activities. In the rural communities, the trainees will be from the COMETS supported rural health center catchment populations, thus integrated into the district, provincial and national response through linkages between COMETS, the Rural Health Centers (RHC), Neighborhood Health Committees (NHC), and DHO's and will support sensitization and mobilization activities around the rural health centers. They will be provided with supportive supervision and receive financial support for activities through the COMETS sub grants.

The RHC, MHU and HRPN will work closely with community groups and faith based organizations to identify potential clients for palliative care including home based care with a view to integrate and collaborate with existing home based care initiatives. The implementation of COMETS palliative care strategies will be guided by the National HIV/AIDS Strategic Plan and guidelines from the MOH and other relevant government institutions and will be integrated into local institutions and structures. Through ensuring collaboration and consultation at all levels project resources allocated will have the optimum impact and will support the continuum and sustainability of prevention intervention.

During FY09, the Treatment Adherence Agents (TAA) that have been trained in the existing 24 GDA rural health center catchments populations to support patients on treatment will be strengthened and supported. It is anticipated that this model will be expanded to the new rural health center sites in linkage with Zambia National AIDS Network and the Global Fund.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11105.09

Mechanism: New Social Marketing

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 26914.09

Planned Funds:

Activity System ID: 26914

Activity Narrative: This activity narrative for adult care and support is a draft and will be revised upon award of the new USAID social marketing activity in FY 2009. The activity will be implemented by a partner to be determined (TBD) in close collaboration with the following HIV activities implemented by other USG partners: HBHC, PDCS, HVOP, HVCT, PDTX, and HTXS. It is envisioned that there will be a two month overlap between the current and the new project so that services continue to be provided to new and existing clients. Targets will be adjusted based on the actual starting date of the new project.

The partner will perform the following activities with FY 2009 funds: 1) promote the use of Clorin home water treatment solution among rural and urban populations in Zambia through interpersonal communication, radio and television broadcasts, drama shows, and print media; 2) train 70 home based care and public clinical staff on the importance and benefits of consistently and correctly treating household drinking water; and 3) sell one million bottles (250,000 liters) of Clorin through a variety of channels—predominately wholesalers, distributors, public clinics, and non-governmental organizations (NGOs), including home based care programs and post test clubs.

The distribution of Clorin home water treatment solution will be implemented alongside the safe water education campaigns conducted by the Government of Zambia, which promote good personal hygiene such as regular hand washing, boiling of drinking water, and proper storage of drinking water.

As part of efforts to sustain the availability of Clorin on the Zambian commercial market, the current implementing partner has successfully contracted out the manufacturing of Clorin to Pharmanova, a Zambian pharmaceutical company, which produces the product at subsidized rates. To expand on this sustainability effort, the new partner will determine the feasibility of removal of all subsidies on Clorin. Approaches will include the following activities: a detailed market analysis/survey on the product, a comprehensive business plan to implement the withdrawal of all subsidies on Clorin, and the creation of partnerships with other private sector service providers to develop and sustain a viable market for unsubsidized Clorin.

This activity will contribute to the goals and vision of the Zambian Government outlined in the five-year Zambia National HIV and AIDS Strategic Framework (2006-2010) and to the strategic objectives of "strengthening home-based care and support programs" and "promotion of appropriate nutrition and positive living for PLWHA."

All the FY 2009 targets will be achieved by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water [redacted]

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1031.09

Mechanism: Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3536.26639.09

Planned Funds: $0

Activity System ID: 26639

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• The narrative reflects project closeout for the last three months of Health Communication Partnership's (HCP) project life. There will be no new activities in the field, only financial and logistical close out.

This activity links with the Health Communication Partnership's (HCP) ongoing activities. It also supports the overall U.S. Government (USG) effort in promoting palliative and community-based care services by increasing the uptake of palliative care services. HCP's activities address both Zambian and the President's Emergency Plan for AIDS Relief (PEPFAR) goals for increasing public information and understanding of counseling and testing, palliative care and treatment, and improving the length and quality of life for people living with HIV/AIDS (PLWHA). In FY 2008, HCP will continue to work closely with the following USG palliative and home-based care service providers: Catholic Relief Services (CRS)/SUCCESS, RAPIDS, Zambia Prevention, Care and Treatment Partnership (ZPCT), Support for the HIV/AIDS Response in Zambia (SHARe), Peace Corps, national and international stakeholders, PLWHA networks, faith-based organizations (FBOs), and other community groups.

HCP will use PEPFAR and Child Survival funds so that more than 900 communities can benefit from wrap around behavior change communication (BCC) activities linking HIV/AIDS messages with those related to malaria, family planning, reproductive health, safe motherhood, and child survival.

Community mobilization and BCC, 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 Zambia's nine provinces. HCP is a key member of the information, education, and communication (IEC) committees of the National Malaria Control Centre and the Ministry of Health's (MOH's) child health and reproductive health units. 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 is broadcast in 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, ART, family support, nutrition, treatment of opportunistic infections (OIs), money management, stigma and discrimination, treating PLWHA with respect, etc. In FY 2008, HCP will consolidate the best of the programs broadcast during the past three years and hold a one week workshop for community radio stations on the use of this package as well as consolidate their skills to develop their own programs on local HIV/AIDS issues. HCP district staff will continue to support listener groups (selected from PLWHA care and support groups) to enable them to increase their reach to 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 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, more than 600 religious and lay community leaders were trained in psychosocial counseling by the end of FY 2007. In FY 2008, HCP will use the trained counselors to continue the Care and Compassion movement that focuses on rural communities to ensure community-based action in support of those infected/affected by HIV/AIDS. As part of its exit strategy, HCP will conduct refresher trainings and skills updates for those previously trained.

HCP will continue to promote local screenings of educational films and will facilitate discussions to raise awareness in four key areas: anti-stigma ("Tikambe"), prevention of mother to child transmission ("Mwana Wanga-My Child"), antiretroviral therapy ("The Road to Hope"), and reproductive choices for those who are HIV positive ("Our Family, Our Choice"). Available in three to seven Zambian languages (depending on the film), more than 3,500 copies of these films were distributed throughout Zambia to clinics, mobile video units, non-governmental organizations (NGOs), and other stakeholders.

At the end of FY 2005, approximately 59,000 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 designed to be the comprehensive and practical guide to positive living with HIV. It has become a regional standard for informing and engaging PLWHA. In 2007, this handbook was updated to reflect current drug regimens and additional treatment sites. The printing of the handbook was supported by partners including the MOH.

All activities begin with formative research and are pre-tested 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, promoting partner communication, mutual decision-making and male responsibility.

HCP will continue to be committed to building Zambian capacity and improving the sustainability of the activities being implemented. HCP's community mobilization efforts focus on capacity development of individuals, NHCs, and community-based organizations. For example, HCP will provide training in proposal writing (for funds available locally), activity design, and monitoring enable organizations to find local responses to local challenges. HCP work plans will be integrated into district and provincial plans, ensuring ownership and sustainability.

Activity Narrative: HCP is also committed to the development of public opinion and norms supporting treatment and care. "Living and Loving" empowers the listeners. Additionally, 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 will continue to play a key role on the National HIV/AIDS/STI/TB Council (NAC) in the collection, harmonization, and sharing of national IEC materials. In FY 2006, HCP supported 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 will facilitate the adaptation and reproduction of IEC materials for its programs, playing a key role in promoting collaboration and coordination among partners. 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.

In FY 2008, HCP will conduct an end of project survey to measure the impact of all of the activities mentioned above, as well as other HCP activities described elsewhere in the COP.

All FY 2008 funded results will be reached by September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14408

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14408	3536.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6823	1031.08	Health Communication Partnership	$335,000
8902	3536.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4979	1031.07	Health Communication Partnership	$335,000
3536	3536.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2911	1031.06	Health Communication Partnership	$335,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	2998.09	**Mechanism:**	EGPAF - U62/CCU123541
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	17073.26228.09	**Planned Funds:**	$100,000
Activity System ID:	26228		

Activity Narrative: Activity Narrative:
This activity links with the Zambia Prevention, Care, and Treatment Partnership (Project HEART) PMTCT (#8886), ART (#8885), Counseling and Testing (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.

Though Project Help Expand Anti-Retroviral Therapy for Children & Families (HEART) is primarily a provider of antiretroviral therapy (ART) services, this involves treatment of opportunistic infections (OI) including TB, sexually transmitted infections (STI) and others, as well as pain and symptom management, and clinical care for severe malnutrition. This represents 30-40% of the clinical care provided to people living with HIV/AIDS (PLWHA) at ART sites. The ART training package includes basic training on common OI recognition and treatment, STI screening, TB screening and cotrimoxazole prophylaxis but more extensive training is required to competently handle the vast array of symptoms that accompany HIV infection.

Clinical palliative care activities will include the following components: 1) provide training to health care workers (clinicians, pharmacy staff and nurses) in provision of medications and care for pain and symptom control of conditions related to HIV and/or drug side effects or toxicities 2) increasing referral linkages within and between ART facilities and community home based care(HBC) and hospice care; 3) participating in and assisting the Ministry of Health (MOH), the National HIV/AIDSSTI/TB Council to develop a strategy, guidelines, and standard operating procedures for provision of quality clinical palliative care in ART sites and services. The palliative care components have not changed from FY2008 and in FY2008 240 people were trained.

In the first component, strengthening palliative care services within health facilities, Project HEART will continue to support 68 ART facilities in 22 districts. In addition to the ART/OI/STI/TB/Triage training mentioned in the ART narrative, 80 health professionals will also be trained, using MOH-approved curriculum, to provide cotrimoxazole prophylaxis, symptom, pain assessment and management, both in clinic and home settings.

The Ministry of Health in collaboration with USAID | DELIVER PROJECT has expanded its mandate to include essential and anti-malarial drugs with primary focus on drugs used in treatment of OIs. Part of this mandate will also be a focus on drugs used in Palliative care. Clinicians, Nurses, and Lay health care workers will be trained in how to manage common debilitating conditions that cause much distress to patients. Trained health care workers and lay health care workers shall be taught how to take a multi-faceted approach to the alleviation of symptoms of anorexia, (loss of appetite), painful mouth, discomfort swallowing, fevers, nausea, vomiting, and diarrhea. Special focus will be on the control of various types of pain syndromes, including acute and chronic; neuropathic, somatic and visceral pain. This will include the use of drug combinations such as non-narcotic and narcotic analgesics, nonsteroidal antinflammatories and antidepressants. A combination of medical treatment and dietary supportive treatments will be promoted to enhance the quality of life in these patients. We will provide central training for clinicians and nurses in ART Clinics to help them to manage end of life care for patients. We will continue to increase gender equity in provision of palliative services, by imparting knowledge and skills to equal proportions of males and females in care provision.

In the second component, increasing referral linkages within and between health facilities and communities, Project HEART will promote linkages and referrals from clinics to existing Faith-Based Organizations and Community-Based Organizations that provide home-based care for people living with HIV/AIDS. These organizations serve as critical partners for facility-based programs supported by MOH and USG. In the third component, Project HEART 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, Project HEART 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 MOH policies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17073

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17073	17073.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $82,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7535.09

Mechanism: Nazarene Compassionate Ministries

Prime Partner: Nazarene Compassionate Ministries

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17718.26427.09

Planned Funds: $0

Activity System ID: 26427

Activity Narrative: Nazarene Compassionate Ministries Inc. will use the final two months of the agreement to close out under the grant and transition its Palliative Care activities from the funding support that it has received under the New Partners Initiative, Cooperative Agreement No-GHH-A-00-07-00006-00. The activities begun under the grant will not be fully phased out, but the ownership will shift to the local church and community networks that have been trained and supported to maintain ongoing, sustainable PC activities. As these sites are shifted to local leadership, NCMI plans to provide some ongoing support while continuing the expansion of PC activities beyond the original project sites to increase the coverage of the care and support program.

Activities under the FY2008 workplan ending November 30, 2009 will be concluded through three implementing partners: Nazarene Compassionate Ministries Zambia (NCMZ), operating in partnership with sub-recipients Christian Reformed World Relief Committee (CRWRC) and World Hope International Zambia (WHIZ). Separate phase out plans will be presented later for each implementing partner, reflecting the differences in timelines. The Phase out plans will incorporate discussions with the USAID Zambia Mission.

Ongoing activities from FY2008 will not change and NCM Zambia will support 1050, CRWRC 1750 and WHIZ 1050 PLWHA with services that include frequent home visits, basic nursing, health and nutrition support, symptomatic treatment, psychosocial counseling, and end of life planning. NMCI to indicate its willingness:

a) To collaborate with OGAC and USG Zambia on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused; and
b) To support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support (or at least to adopt the major elements of a common approach)

The coverage areas for NCM Zambia will include three locations in Lusaka Province including Kafue, Chongwe, and Lusaka districts; Solwezi, Mufumbwe, Kabompo, Zambezi, and Chavuma district will be covered in North-Western Province. CRWRC's coverage areas will include Lundazi and Chipata districts in Eastern Province, and Kalulushi and Kitwe on the Copperbelt Province while WHIZ will offer palliative care services in Mazabuka, Choma, Gwembe, Kazungula, Livingstone, and Kalomo districts in Southern Province.

Sustainability of the program will be maintained through the design of an in-built sense of ownership at local community and local NGO levels. All project activities are designed to encourage independence and self-governance in the planning, design, implementation of outputs, and outcomes. A local commitment of resources is part of the planning and implementation process. This local ownership and long-term commitment has been achieved by establishing local coordinating committees of key community leaders. These volunteers have received training in home based care. In nearly every community served by the project, local churches and church leaders have been sensitized and trained to take an active role in mobilizing additional volunteers, obtaining local resources, and participating in the local coordinating committees serving PLWHAs. The involvement of the local churches in serving PLWHA has been an essential strategy for the sustainability of the program since the church is a local grassroots institution with a spiritual mandate to reach out to the suffering and the sick. Each of the partners has a unique and extensive network of several hundred churches that has been trained and mobilized for the long term care of PLWHA that will last beyond the initial investment of the NPI. NCMZ aim to ensure that all program activities are gender responsive; promote equal participation of women and men, girls and boys and that there is equity of access to resources by women, men, girls and boys.

NCMI affiliate, NCM-Zambia will continue to offer palliative care to PLWHA through its network of churches. Services such as home visits, basic nursing, health and nutrition support, symptomatic treatment, psychosocial counseling, and end of life planning will be provided although at a lower rate than what is currently supported under the grant. The frequency of visits and the extent of services to be maintained will depend to some extent on the availability of ongoing donor support and funding streams. The coverage areas for NCM Zambia will be maintained since these are areas that the church is operating.

CRWRC will also continue to serve PLWHA with palliative care through its sub-partners, namely, Church of Central Africa Presbyterian – Relief and Development (CCAP - R&D), The Reformed Church of Zambia (RCZ), Reformed Community Support (RCS), The Reformed Church in Zambia Eastern Diaconia Services (RCZ EDS).

WHIZ through the community trust managed by the Church will continue to provide care to PLWHA with palliative care services as part of their ongoing outreach programs.

At the end of the project each partner organization will be in a position to sustain and enhance their role in home-based care through their own networks.

The enhanced capacity of NCM and partners will make all of us better prepared to secure additional funding either from USAID or other donors to continue and expand the work. All the partners already have plans on continuing with the program activities.

Since all of our primary partners are a part of international denominations, funds will be raised at both the local and international level. However, long term sustainability is dependent upon the local contribution. Churches are already supplying the volunteer caregivers to reach the targeted numbers within their community. Much of the responsibility will fall to the local churches to continue reaching these same numbers. We anticipate that they may have to scale back the package of services provided but they should be able to maintain some services for all the current beneficiaries.

After closeout of NPI components, each faith-based network and communities they impact will have changed the way they function, with new structures, skills, and practices in place. Communities will be able

Activity Narrative: to maintain their strategies and service delivery through coordination and collaboration.

In order not to drastically reduce the number of targets, NCMZ, WHIZ and CRWRC will still need the equipment that was funded by USAID under the New Partners Initiative.

It is expected that $15,000 will be spent on food and nutrition- commodities during the remaining months of the project.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17718

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17718	17718.08	U.S. Agency for International Development	Nazarene Compassionate Ministries	7535	7535.08	Nazarene Compassionate Ministries	$0

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7459.09

Mechanism: Family Based Response

Prime Partner: Kara Counseling Centre

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 16730.26419.09

Planned Funds: $0

Activity System ID: 26419

Activity Narrative: ACTIVITY WILL BE MODIFIED IN THE FOLLOWING WAY
The project is currently scheduled to end in November 2009. KCTT has projected October to December 2009 to be the close out period.

Activity Narrative:
The "Family Based Response" (FBR) project of the Kara Counseling and Training Trust (KCTT) is a New Partner Initiative (NPI) project in Zambia dating from late 2006. KCTT has been working in Zambia for over ten years. With the NPI grant they are able to not only continue their programs, but also enhance their own sustainability for the long term. Emphases will include increased linkages to and coordinating with other palliative care activities funded by President's Emergency Plan For AIDS Relief (PEPFAR), such as RAPIDS, as well as coordinating with Government of the Republic of Zambia (GRZ)-led palliative care activities/initiatives. The program will continue to build upon the experiences of the FY 2007 scale-up activities. KARA will collaborate with USG Zambia to develop and implement a food and nutrition strategy, including shifting to a "Food by Prescription" approach.

This activity has several components.

One component of this activity is to provide palliative care to PLWHA using the family-based approach in which care will be provided to clients in their own homes and appropriate linkages will be made for referral to hospices for needy clients. The trained community home-based caregiver will continue to provide education on personal hygiene and health to patients and immediate family members, and information on how to prevent opportunistic infections. The caregivers will also provide ART adherence support to patients on antiretroviral therapy in partnership with other trained family members. ART adherence support will aim to ensure that patients on antiretroviral drugs take the medication as prescribed, without omitting any doses for best treatment outcomes.
People infected with HIV will have different needs depending on the stage of HIV infection.

The PLWHA who will be manifesting HIV related signs and symptoms (usually in the symptomatic stage) will continue to be referred for ART and the treatment of opportunistic infections. The funds will be spent on transport and stationery. This component of the activity will provide support to 1,901 individuals And will be implemented in 20 outlets: three Kara Counseling and Training Trust (KCTT) outlets, and 17 outlets from partner organizations. These outlets are located in: Lusaka District (one KCTT outlet and one outlet for Mututa Day Care Center) and Kafue District (one outlet for Kalucha Home Based Care [HBC] and one for Kafue Youth Care and Community Prevention Program), Chongwe District (One outlet for Umphawi Organization) in Lusaka Province; Mansa District (one outlet for Group focused Consultations) in Luapula Province; Chibombo District (Mwelebi HBC, Chipulumutso Counselling and Health Care Trust and Foundation for Development of Children with one outlet each); Mongu District (one outlet for Moliswa Children Foundation) and Kaoma District (one outlet for frontline Development Trust) in Western Province; Kabwe District (one KCTT outlet) in Central Province; Kasama District (one outlet for Northern Health Education Programme) in Northern Province; Choma District (one KCTT outlet) and Mazabuka District (one outlet for Ndekeleni HBC) in Southern Province; and Mufulira District (one outlet for Iluka Support Group), Luanshya District (one outlet for Happy Children) Chipata District (one outlet for Mthunzi Development foundation and for Action for Positive Change) and Masaiti District (one outlet for Community Health Restoration Programme) in the Copperbelt Province.

The second component of this activity is participation in the palliative care forums addressing palliative and home-based care issues. KCTT will continue ongoing work with other U.S supported palliative care NGO/CBO/FBOs, and agencies that support and are implementing palliative care programs to ensure comprehensive palliative care service delivery to clients.

The third component will be the close out of the project. KCTT and sub partners will continue to work with Residence Development Committees, District AIDS Task Forces, for support in the activity implementation. KCTT and sub partners will also collaborate with Home Based Care Projects and the Network of People Living With HIV/AIDS (NZP+). KCTT and sub partners will conduct advocacy meetings promoting the continuation of palliative care in target communities after the end of the project period. KCTT and sub partners will conduct advocacy meetings promoting the continuation of these activities and continued collaboration with the DHMT and other NGOs and CBOs as mentioned above. KCTT and sub partners will hold meetings with community leaders aimed at preparing the target communities for the end of activities. KCTT has been building capacity in project management -planning, resource mobilization, financial management, Monitoring and evaluation of the sub partners. KCTT will work with sub partners in devising plans for continuation of activities. The devised plans will also include resource mobilization activities.

KCTT will collect and verify all reports both financial and program reports from program outlets. KCTT and sub partners will close out financially and complete all required deliverables and clarify plans for all equipment / other inventory purchased with the USAID funds. KCTT will hold review meetings with all Sub partners.
The PEPFAR NPI funds will be used for travel to the districts, stationary and printing and for the meeting logistics.

All October to November 2009 targets will be reached by November 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16730

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16730	16730.08	U.S. Agency for International Development	Kara Counseling Centre	7459	7459.08	Family Based Response	$0

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $45,624,407

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1022.09

Mechanism: Health Services and Systems Program

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3531.26602.09

Planned Funds: $0

Activity System ID: 26602

Activity Narrative: This activity narrative is for three months only.

The most limiting factor in scaling up of anti-retroviral therapy (ART) services is 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 performance improvement and quality assurance. In FY 2005, HSSP recruited and placed nine Provincial Clinical Care Specialists (CCSs) to enhance ART coordination and quality assurance; initiated the recruitment of doctors under the rural retention scheme and development of guidelines and systems for the accreditation of ART sites.

In FY 2006, HSSP's focus was on continued support to CCSs, placement of medical doctors to serve in remote areas and recruitment of non-physician health care workers for the retention scheme. In FY 2007, HSSP continued to support the nine CCSs and the retention scheme for doctors, non- physician health providers and nurse tutors. HSSP paid the salaries and provided maintenance and fuel expenses for supervision trips of the CCSs in the nine Provincial Health Offices (PHOs). The CCSs continued to provide technical backstopping and supervision to junior doctors implementing HIV/AIDS activities in the districts as part of human resource capacity development. They also worked with the PHOs to coordinate ART scale-up in hospitals and health centers, served as provincial ART trainers, and monitored and supervised the private sector ART provision. CCSs assisted other USG programs in the provinces, including Zambia Prevention, Care and Treatment Partnership (ZPCT), Health Communication Partnership, and Centre for Infectious Disease Research in Zambia (CIDRZ). CCSs served as a conduit for provincial coordination and quality assurance.

In FY 2008 HSSP will continue to support the nine CCSs through payment of salaries and provision of fuel expenses for supervision and coordination of ART scale up in hospitals and health centers. The Rural Retention Scheme for medical doctors, nurse tutors and other health workers will be supported using funding already received from FY2005, FY 2006 and FY 2007.

In FY2009 (October to December), CCSs will orient new provincial and district staff in HIV program management and document successful practices and lessons learned through the CCS program.

Regarding the area of health worker retention in FY2009, HSSP will continue to support MOH to manage the 119 staff on the retention scheme and arrange for their transition to pool funding support and assist the MOH to develop strategies to sustain the currently deployed health workers on the retention scheme beyond the life of the project. HSSP will continue to provide TA to MOH in preparation of the semi-annual management and financial reports of the ZHWRS; and document the development, implementation and evaluation of the ZHWRS.

In FY 2006, HSSP supported MOH and Medical Council of Zambia (MCZ) to develop an ART accreditation plan, consensus-building on ART standards and initiated accreditation of private ART sites. In FY 2007, HSSP/MCZ continued to roll out the accreditation system to more districts. So far 125 sites have been assessed of which 41 have been accredited. Eight of these are private sites. In FY 2008, HSSP will support MCZ to monitor, document and improve the overall functioning of the accreditation system.

In 2009, HSSP will continue to monitor and provide feedback to accredited ART sites and document and disseminate lessons learnt in developing and implementing an ART accreditation system. HSSP will continue to work closely with the CDC, ZPCT and the WHO to support the MOH in improving services for HIV/AIDS patients in health facilities.

In FY 2007, HSSP and other partners supported the integration of HIV/AIDS services into MOH Performance Assessment tools and developed minimum quality assurance standards for HIV/AIDS services. The tools and minimum standards were approved by MOH and are in use in all districts. In FY 2008, HSSP will focus on monitoring of implementation of the Performance Assessment tools and standards and strengthening supervisory services that focus on case management and quality improvement.

In FY 2009, HSSP will continue to support the MOH to monitor performance assessments and targeted technical support supervision to further consolidate HIV/AIDS systems and services; and ensure that these activities are integrated in the district action plans.

To ensure sustainability, HSSP will ensure that all guidelines, protocols, plans, and budgets developed during the life of the project are disseminated to relevant stakeholders. This enables the MOH to plan and implement activities independently. All project activities are integrated into the existing programs and structures to ensure continuity of services after HSSP concludes.

All FY 2009 targets will be reached by December 31, 2009. The project will end in December 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14367

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14367	3531.08	U.S. Agency for International Development	Abt Associates	6803	1022.08	Health Services and Systems Program	$1,000,000
8794	3531.07	U.S. Agency for International Development	Abt Associates	4942	1022.07	Health Services and Systems Program	$2,570,000
3531	3531.06	U.S. Agency for International Development	Abt Associates	2910	1022.06	Health Services and Systems Program	$2,250,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17699.26229.09

Planned Funds: $279,475

Activity System ID: 26229

Activity Narrative: This PHE activity, “Causes of early mortality in adults starting ART ”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0179.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17699

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17699	17699.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$350,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $279,475

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17702.26230.09

Planned Funds: $0

Activity System ID: 26230

Activity Narrative: This PHE activity, “Population-level surveillance of antiretroviral drug resistant HIV in Zambia ”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0180.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17702

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17702	17702.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$400,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3687.26231.09

Planned Funds: $5,167,800

Activity System ID: 26231

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 EXCEPT FOR MINOR CHANGES TO REFLECT UPDATES AND TRANSITION PLAN. Ten percent has been moved to support EGPAF Pediatric HIV/AIDS Treatment activities

SITE EXPANSION:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Center for Infectious Disease Research in Zambia (CIDRZ) proposes to expand the antiretroviral therapy (ART) service support to the Government of the Republic of Zambia (GRZ) sites through the creation of Satellite sites. In FY 2009, there are six components to this activity: (1) expansion of services to ten Satellite sites in six districts; (2) sustainability of quality of care and quality improvement at project sites; (3) integrate CIDRZ provincial teams with existing Ministry of Health (MOH) Structure in Eastern, Western and Southern provinces focusing on capacity building to improve and sustain quality of care; (4) work with the MOH to improve Health Care Worker (HCW) access to care and treatment services and to improve retention of district HCWs; (5) development of a model to support provision of care and treatment services within the private sector and (6) as part of steps towards sustainability, multi-level involvement of central and provincial MOH staff in the development of the reapplication workplan and its implementation. There are also five Public Health Evaluations detailed in other activity narratives.

The EGPAF/CIDRZ-supported Government of the Republic of Zambia (GRZ) sites have enrolled 154,237 adults and children and started 97,978 on antiretroviral therapy (ART) as of the end of June 2008. Presently, 62 ART sites in Lusaka, Eastern, Western, and Southern provinces are being supported. EGPAF/CIDRZ has trained 1,648 health care workers in adult and pediatric ART delivery. CIDRZ has presented 48 abstracts and published 36 papers related to these activities.

1. Expansion of services to ten Satellite sites: Building on past successes, EGPAF/CIDRZ will continue to support sustainability and scale-up of services through the following activities: In Lusaka satellite sites will be opened in four health posts determined in conjunction with the Lusaka District Health Management Team (DHMT). This will relieve congestion in the highest-volume clinics within Lusaka. In consultation with the Eastern, Western, Southern, and Lusaka Provincial Health Offices we will concentrate our implementations in Zonal health posts to improve access to care for rural and isolated populations. In FY 2009 as part of transitioning program responsibility to MOH we will continue to assist the provinces by providing technical assistance to open two satellite sites in each province for a combined total of ten satellite sites. CIDRZ involvement in the satellite sites will be composed of a limited amount of supplies and logistics support and technical assistance. EGPAF/CIDRZ will further support the full implementation (full lab, supplies, mentoring support) to one site in each province, but will continue to encourage the provincial and district staff to spearhead all components of the implementation in the interest of transitioning full responsibility to the District and Provincial Health Offices.

These interventions along with existing sites will enable an additional 33,000 new enrolled and 22,000 new on ART between March 2009 and February 2010, for a cumulative target of 209,000 enrolled and 132,000 on ART as of the end of February 2010. We will continue to increase gender equity in provision of ART services, through community based sensitization programs aimed at encouraging both males and females to access ART services.

2. Sustainability of quality of care: Working towards sustainability, Project HEART will continue to work with key medical staff within MOH. Within Lusaka District a focal person for HIV/ AIDS has been hired with whom we closely collaborate. This Medical Officer is involved in disseminating the performance reports, meeting with DHMT Medical Officers to promote awareness of quality issues and jointly conducting training and updates for Medical and Clinical Officers. In the past year this Medical Officer and other Medical Officer’s from Lusaka District assisted with trainings and updates. For FY 2009 we will build on this, and encourage more involvement of district Medical Officers in training and quality assurance.

In addition, we will work with Provincial Health Officer’s to train and mentor clinicians in provincial sites in all aspects of HIV care and treatment and in quality of care thereby increasing commitment to quality. The establishment of the CIDRZ provincial teams will assist the Provincial Health Officers to achieve improved quality of care in ART sites. We will continue to train nurse managers to incorporate quality improvement activities in their daily activities.

3. Integrate CIDRZ provincial teams: CIDRZ provincial teams have been recruited and located in Eastern, Western and Southern provinces. Their mandate is to collaborate closely with the MOH Provincial Offices and the CDC Field office managers to jointly improve quality of care through capacity building in the following areas: lab, pharmacy, clinical care, and information systems. This will include: 1) implementing new sites, 2) providing trainings and updates, 3) mentoring and 4) performance measurement and feedback. At this time we are discussing with the MOH procedures to include these staff within MOH structures.

The challenge will include ensuring the commitment of the MOH to assign sufficient GRZ staff in both the Provincial and District offices to pair with the CIDRZ staff for capacity building. The Medical Council accreditation forum is an excellent place to continue to discuss these important long term issues, as this working group is comprised of representatives from National HIV/AIDS/STI/TB Council, Medical Council, MOH, WHO, and collaborating partners.

4. Work with the MOH to improve Health Care Worker access to care and treatment services: In FY09, we will work with the MOH to improve Health Care Worker access to care and treatment services and to improve retention of district Health Care Workers. In FY 2008 we conducted a survey on Health Care Worker attrition, burnout and stigma. This showed that almost 25% of staff had signs of burnout and almost 50% were not comfortable accessing HIV-related care at existing facilities. These findings were presented in an open forum to MOH officials and MOH staff and the following collaborative action items were proposed: 1) Health Care Worker support group creation, 2) a clinic focused solely on providing care

Activity Narrative: and treatment for HIV+ Health Care Workers, 3) Health Care Workers education to reduce occupational risk and HIV-related stigma and 4) development of district policies for HIV-related illness. MOH has been working on a retention scheme for some time and we hope to get involved with the planning and implementing of the scheme. Ongoing discussions will be held with HSSP to learn about their program and utilize lessons learned. Some of the challenges for retention include recruitment of qualified staff in a timely manner, lack of space in clinics to accommodate the number of staff needed and monetary incentives.

5. Development of a model to support provision of care and treatment services within the private sector: In Zambia, private sector clinics provide a significant amount of HIV-related care. Some patients have personal health insurance but many others pay out-of-pocket to access private care (including HIV care) for various reasons (shorter waiting times, to maintain anonymity, perceived better care). Private sector clinics may have excess capacity and may be able to absorb substantial numbers of patients needing HIV-related care. To investigate this, we propose in FY 2009 that we will conduct surveys of the private sector clinics in Lusaka and propose alternate payment plans for HIV-related care, including ART, for non-insured patients. Once a payment schedule has been agreed upon we will conduct pilots to assess the acceptability of this approach to both clinic and patients and feasibility of scaling-up to other facilities. Our implementation and quality assurance teams will be involved to assist clinics with data collection and the provision quality care issues, consistent with MOH guidelines.

6. Development of the reapplication work plan and its implementation with MOH and Provincial MOH staff: In considering issues of sustainability and transition of the program to the MOH we request participation from DHMT and the Provincial Health Offices on all new activities and trainings. Currently, the Provincial Health Offices and the DHMT suggest new sites for implementation, and assist with training and setting up systems in new sites and we request their assistance for training and mentoring activities. We have been invited to and have attended planning cycles with the PHO offices in Eastern and Southern provinces. The new project HEART supported provincial teams will work with the MOH Provincial Health Offices to improve the quality of care. New trainings are being planned for the coming year in which the PHO and District Offices will take a leadership role in training and mentoring selected clinicians to improve the quality of care in provincial sites.

Transition: Over the next few months meetings will be held with the MOH, DHMT and PHOs to discuss a detailed transition plan. This will include maintenance and expansion activities, both clinical and community activities, as well as, programmatic, logistic and financial management. This plan will have a timeline and bench marks that must be met over the coming years. The details of this transition plan will be included in the Project HEART PY6 reapplication (FY2009/10).

Targets set for this activity cover a period ending February 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15521

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15521	3687.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$5,337,000
9000	3687.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5007	2998.07	EGPAF - U62/CCU123541	$6,502,000
3687	3687.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2998	2998.06	TA- CIDRZ	$7,500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $931,996

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17697.26232.09

Planned Funds: $0

Activity System ID: 26232

Activity Narrative: This PHE activity, “Stevens-Johnson Syndrome after initiating Nevirapine-based HAART”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.08.0195.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17697	17697.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU12354 1	$350,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17696.26233.09

Planned Funds: $105,000

Activity System ID: 26233

Activity Narrative: This PHE activity, "Community impact of HIV/AIDS services ", was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0177.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17696

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17696	17696.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$165,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $105,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3019.09

Mechanism: MOH - U62/CCU023412

Prime Partner: Ministry of Health, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9754.26244.09

Planned Funds: $150,000

Activity System ID: 26244

Activity Narrative: Activity Narrative:

ACTIVITY HAS BEEN REDUCED SINCE FISCAL YEAR (FY) 2008 BY $150,000. THESE FUNDS HAVE BEEN ALLOCATED TOWARD MINISTRY OF HEALTH (MOH) PEDIATRIC ANTITRETTOVIRAL THERAPY (ART). MINOR CHANGES AND UPDATES REFLECTED IN THE NARRATIVE

Activities related to this include monitoring visits, training, policy and guidelines dissemination, participation national quality improvement efforts, and integration and scale-up of the national ART information system, the SmartCare development which is also incorporating (the HIV resistance Early Warning System) and implementation, MOH drug resistance Surveillance System .   In FY 2006, the Zambian MOH started implementing the policy of free ART and related services provision and in 2007 expanded provision of free services to all eligible Zambians. To this array of free services the MOH endeavors to introduce viral load and HIV resistance testing in a limited capacity using a stringent and highly selective test eligibility criteria to be applied at tertiary level health facilities that handle complicated HIV patients.

In FY 2008, the MOH has strengthened supervision and coordination by national teams of ART service delivery and has improved linkages with the provincial and district ART programs and intends to consolidate this in FY 2009. Direct support to MOH in FY 2009 will enable key technical staff to plan and integrate services with partners for the period 2009-2011. This will require updating the HIV/AIDS Treatment, Care, and Support Plan. This plan will embrace the ideal of universal access and set 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.   In FY 2008, an HIV Drug Resistance (HIVDR) Surveillance System has been established and the country working plan for HIVDR surveillance has been adopted with substantial resources from the World Health Organization (WHO) having been secured for implementation during the FY 2009. FY 2008 funding will complement the WHO resources for expansion of these activities. With FY 2009 funding, the activities of the working group and implementation of the work plan will be scaled-up. From the results and experiences of the pilot HIV drug resistance program MOH intends with FY 2009 funding to establish four additional monitoring sites across the country that will include a pediatric HIVDR monitoring site. Other critical activities in FY 2009 are continued 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15537

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15537	9754.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	7175	3019.08	MOH - U62/CCU023412	$300,000
9754	9754.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	5009	3019.07	MOH - U62/CCU023412	$300,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2988.09

Mechanism: EPHO - 1 U2G PS000641

Prime Partner: Provincial Health Office - Eastern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9751.26251.09

Planned Funds: $285,000

Activity System ID: 26251

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN FOLLOWING WAYS;

• Have included a prevention for positives activity in the antiretroviral therapy program (ART)

Activity Narrative:

Related activities: This activity links to AGPAF (#9000, #9003) and CRS (#8827, 8829).

The Eastern Provincial Health Office (EPHO) intends to scale-up and consolidate the provision of antiretroviral therapy (ART) services in close linkage with Catholic Relief Services (CRS) and the Center for Infectious Disease Research in Zambia (CIDRZ). The Eastern Province, with a population of 1.6 million people has an HIV seroprevalence of 10.2% among the general population between 15- 49 years (DHS 2007). The province has eight districts and is primarily a rural province. Currently there are 13 sites offering ART in the province, based primarily at the district hospitals, with the exception of Chadiza district which does not have a district hospital and services are provided at the health center. The capital of the province, Chipata, has five sites offering ART. A total of 16,650 clients (against a set target of 12,000) in Eastern Province were receiving ART in the government program as of November, 2007.

Due to the large distance 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 without 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 an 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 provided direct support to EPHO for supportive supervision by provincial teams of ART service delivery in districts and enabled improved linkages with the national ART program in fiscal year (FY) 2007.Activities accomplished included monitoring visits to eight districts, 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).

In FY 2007, Elizabeth Glaser Pediatric AIDS Foundation – CIDRZ scaled-up support in Chipata and other sites in Eastern Province. This support enabled key technical staff from EPHO to plan and integrate services with CIDRZ and expanded and linked ART services in targeted and harder to reach districts throughout the province. This resulted in improved HIV/AIDS linkages, joint monitoring of activities by partners and programme management

In FY 2008 direct funding for ART service delivery and technical assistance complemented other support to the province such as in TB/HIV and CT. The EPHO also trained 50 health workers in pediatric ART management and 80 community members in ART adherence with support from the USG funds. Technical support in recording, reporting, and monitoring ART services was provided together with assessment of potential ART sites of which three sites were identified. This was done in collaboration with CARE International, CIDRZ, and HSSP. To ensure comprehensive care for people living with HIV/AIDS and adherence to treatment, Community Drug and Therapeutic committees were established in the four districts. The funds were also used for salary support to the ART Focal point person.

In FY 2008, EPHO worked with Churches Health Association of Zambia (CHAZ), CIDRZ and CRS and scaled-up support in ART services in Eastern Province.
The USG funds in 2008 supported the training of 50 additional staff using the national pediatric ART training modules. Five staff were trained per site, to provide multidisciplinary team. This increased the number of staff trained in ART in the province to 179. The bulk of the people trained were clinical officers (COs) 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 provided supervision to the COs and nurses. Training included adherence and counseling. The additional treatment sites resulted in an additional 2,000 persons that have received ART. Funds were also used for infrastructure renovations and enhancements, such as remodeling, painting and procurement of basic furniture for the existing ART sites and this helped to provide confidential service for the ART patients.

In FY 2009, emphasis will be placed in strengthening current sites, including comprehensive pediatric ART and mobile ART services through technical support visits.

To improve the quality and care in the ART program, Clinical Care Teams (consisting of medical officer, clinical officer and a nurse) will been formed in all the eight districts and will be mentored quarterly by our two second level hospitals (St Francis and Chipata General Hospitals) under the leadership of the PHO . The EPHO will also purchase a vehicle for Mambwe district to improve transport system and thereby strengthen TB/HIV/PMTCT/ART and CT services. Mambwe is hard hit with transport.

In FY 2009 the EPHO will collaborate with ART treatment department to integrate behavior change through prevention with positives. Three approaches will be used 1) asking clients if their partners have tested and if not, they will be encouraged to bring them to test. The emphasis will be in the importance of a couple knowing their status together 2) couples will be enrolled and engaged in discussions two hours once a week for four weeks exploring HIV/STI/TB prevention and to come up with ways to limit new infections 3) after the four sessions, couples/individuals will be referred to community support /discussion groups formed and with people trained to promote prevention. Community groups will be led by community leaders trained in prevention and behavior change using participatory learning activities. EPHO being predominantly rural

Activity Narrative: creating awareness in the male population will be paramount. Therefore sensitization messages targeting males will be employed through the media, using the traditional and local leadership and using information, education and communication (IEC) messages on posters written in both English and local languages.

Of the funds under this activity, $85,000 will be dedicated to support prevention for positives activity. The funds will be used to hire prevention for positives coordinator and deputy to be based at the EPHO, additional counseling staff to engage patients into longer counseling sessions that address prevention, alcohol abuse and adherence, staff to run the discussion groups and train community leaders in prevention will be based in the selected districts. Funds will also be used to provide transportation (Bicycles) for community leaders for follow up with community discussion groups both at community and district levels (Motorcycles). Funds will also be used to develop materials and implement the program in at least six districts sites in the province.
The PWP program will integrate with CT and OP programs. In this regard there will be need to create space and provide furniture and other essential supplies and equipment(computers, printer, a laptop, office furniture) for use by the program coordinators and other staff in the districts

EPHO will work with Intrahealth and school of medicine (SOM) who are funded to build provincial health facilities' capacity to deliver prevention for positives and negatives program to the six districts in the province as well as integrate prevention into other aspects of health care. Intrahealth will continue to provide supportive supervision on quarterly basis initially and then bi-annually. The EPHO will provide technical support supervision to the districts on quarterly basis and the districts to the health facilities on monthly basis. A monitoring component will be initiated to tract program outcome.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15547

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15547	9751.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	7179	2988.08	EPHO - 1 U2G PS000641	$200,000
9751	9751.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $140,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1031.09

Mechanism: Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3534.26642.09

Planned Funds: $0

Activity System ID: 26642

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• The narrative reflects project closeout for the last three months of Health Communication Partnership's (HCP) project life. There will be no new activities in the field, only financial and logistical close out.

Activity Narrative

This activity linked with the HCP and other activities in Abstinence/Be faithful, Other Prevention, Palliative Care, Counseling and Testing, Orphans and Vulnerable Children, and it links with National HIV/AIDS/STI/TB Council (NAC). It also supported the U.S. Government (USG) partners providing HIV care and treatment services and addresses both Zambian and the PEPFAR goals of scaling-up ART services by providing quality information on treatment, adherence, and positive living.

HCP used President's Emergency Plan For AIDS Relief (PEPFAR) and Child Survival funds so that more than 900 communities could benefit from wrap around behavior change communication (BCC) activities linking HIV/AIDS messages with those related to malaria, family planning, reproductive health, safe motherhood, and child survival.

Community mobilization and BCC, the foundation of HCP's strategy in Zambia, provides a comprehensive approach that promotes better health-seeking behavior through the support for and promotion of ART services throughout the country. HCP drew on Johns Hopkins University Center for Communication Programs' (JHU/CCP) worldwide expertise including formative research and evaluations of these programs. For example, the 2003 study of Language Competency in Zambia has informed all HCP printed materials. HCP is also a key member of the information, education, and communication (IEC) committees of the National Malaria Control Centre and the Ministry of Health's (MOH) child health and reproductive health units.

Building on the national ART communication strategy that HCP helped the NAC in developing, HCP will continue to assist the NAC in streamlining and produce quality communications relating to ART during. HCP will take the lead in assessing nationwide gaps in ART literacy materials and where appropriate, HCP will either develop new materials or it will utilize available materials to reach new audiences.

In FY 2005 and FY 2006, HCP produced a three-part PMTCT video issued in five languages entitled "Mwana Wanga" (nearly 1,500 copies), as well as the Positive Living Handbook (59,000 copies), an antiretroviral video entitled "The Road to Hope", and a contraceptive choices when one is HIV positive video entitled "Our Family, Our Choice". Demand for the Positive Living Handbook exceeded supply. In FY 2008, HCP continued to broadcast excerpted segments of these videos on national radio and television to promote messages of knowing one's HIV status, ART adherence, PMTCT, and contraceptive choices for HIV positive people. HCP also included more messages on treatment adherence and HCP focused on issues faced by people who have been on treatment for a long period of time.

Through a consultative process with relevant stakeholders and lead roles played by the NAC and the MOH, HCP helped develop a comprehensive national communication strategy for children and HIV. Based on this strategy, interventions were developed in FY 2007 to address the gaps in pediatric HIV education communications. Parents and other caregivers face many difficult issues after finding out a child's HIV status. HCP improved parents and caregiver's knowledge to connect more parents/caregivers and HIV-positive children to treatment programs, to improve treatment adherence, to improve the disclosure of children's positive status in an age-appropriate way and to help children to cope with knowledge of their own HIV positive status.

HCP also worked to help older children and adolescents cope after learning of their HIV status through materials that are produced for children's support groups. Communications geared for older children and adolescents helped children and adolescents talk about their feelings more openly in support group settings. The materials specifically addressed managing medications, growing up with HIV (with age appropriate information on sex and sexuality). All HCP-produced materials have been vetted by groups consisting of the target audience and are pre-tested for effectiveness.

At the service delivery level, providers needed support on how to best counsel parents to get children tested and on treatment; counsel on adherence; prevent opportunistic illnesses; promote positive living; and how to disclose positive status to their children. Materials addressing these issues were developed in consultation with the MOH, the NAC, ART service delivery partners, PLWHA networks, the Centers for Disease Control and Prevention (CDC), JHPIEGO, Zambia Prevention, Care, and Treatment Partnership (ZPCT), Centre for Infectious Disease Research in Zambia (CIDRZ), Catholic Relief Services (CRS/SUCCESS), and other stakeholders. In FY 2009, HCP built on these materials to ensure wider distribution, coverage, and use.

These HCP activities, along with those described elsewhere, began 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 continued to be committed to building Zambian capacity and improving the sustainability of the activities being implemented. For example, as a result of the consultative and collaborative processes used in their development, there is significant government ownership of materials produced by HCP in the Ministry of Health and the NAC. Zambia National Broadcasting Corporation (ZNBC) has aired "Tikambe", "Mwana Wanga", and "Road to Hope" in multiple languages 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 radio stations since December 2005. As a result, ZNBC has become known for the airing of health programs. HCP has also built a credible relationship with community radio stations around Zambia who participate in the production of and contribute to the airing of HCP health radio programming. Over the last five years, HCP has continued to mentor and work closely with dB Studio in radio

Activity Narrative: programming, Prime Images and LACO in the development of films, and the Zambia Centre for Communication Programs in the development of behavior change communication strategies and programs. Part of HCP's exit strategy has been to leave sustainable capacity in developing quality ARV communication materials with local productions companies that are then capable of developing additional communications on these important messages.

In FY 2009, HCP conducted an end-of-project population-based household and community survey to measure impact of all of the activities mentioned above, as well as other HCP activities listed elsewhere in the COP.

All FY 2008-funded targets will have been reached by September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14411

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14411	3534.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6823	1031.08	Health Communication Partnership	$455,000
8901	3534.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4979	1031.07	Health Communication Partnership	$455,000
3534	3534.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2911	1031.06	Health Communication Partnership	$455,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	5250.09	**Mechanism:**	Track 1 ARV
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	Central GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	4549.26224.09	**Planned Funds:**	$14,188,058
Activity System ID:	26224		

Activity Narrative: ACTIVITY REMAINS UNCHANGED FROM FY 2008.Only minor narrative updates have been made to highlight progress, achievements and a transition plan as highlighted in the narrative. The funding for this activity has been reduced by 10% to support EGPAF Pediatric Treatment.

MAINTAINING EXISTING SITES:

This activity relates to EGPAF/CIDRZ (#9000). The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Center for Infectious Disease Research in Zambia (CIDRZ) supported government sites have enrolled 154,237 adults and children and started 97,978 on antiretroviral therapy (ART) as of the end of June 2008. Presently, 62 ART sites in Lusaka, Eastern, Western, and Southern provinces are being supported. EGPAF/CIDRZ has trained 1,648 health care workers in adult and pediatric ART delivery. CIDRZ has presented 48 abstracts and published 36 papers related to these activities. EGPAF/CIDRZ plan to maintain the existing programs at the joint Government of the Republic of Zambia (GRZ) sites. There are six proposed components to this track 1.0 funded activity, including: (1) continued support for existing services at 68 sites in 22 districts; (2) a continued focus on women's health care with the cervical cancer screening program; (3) pilot integration of HIV care and outpatient department treatment services, (4) a continued focus on improved quality of care, (5) expansion of community activities to prevent loss to follow up on patients enrolled and (6) ongoing Laboratory services to support the program.

1. EGPAF/CIDRZ will continue the support of 68 sites in 22 districts throughout FY2009. To keep up with the increasing numbers of patients renovation projects will be carried out at selected clinics.

2. Cervical cancer screening program: Since the inception of the "See and Treat" Cervical Cancer Prevention Program, in FY 2006, over 20,000 women have been screened, services in 14 clinics have been established, five Zambian doctors and 14 Zambian nurses have been trained, 32 Cervical Cancer Peer Educators have been hired and three Data Associates have been employed. The importance of the Cervical Cancer Prevention Program is evident in the very high rates of intervention required among women who present for screening. Of 14,000 women on whom data are presently available, 40% have required either immediate treatment with cryotherapy or referral for biopsy and/or surgery. Also of significance are the very high rates of microinvasive cancer (58% of all cancers) detected through screening. These lesions are associated with very high rates of cure but if not detected and treated they progress to cancers that have lower cure rates and considerable morbidity.

During FY 2009, we will continue supporting the present clinical and service infrastructure and will expand services to five more clinics and will screen 10,000 additional patients. We will also focus on developing the following aspects of the program:
1. Quality Control: In order to improve the quality of services rendered and evaluate their impact we will create a quality control unit in our administrative infrastructure.
2. Administrative Oversight: We will hire a Program Director who's primary responsibility will be to organize and lead the administrative operations.
3. Data Management: The data unit will be reorganized to improve its efficiency and output with the goal of generating information that can be utilized by GRZ staff to aid in the development of national cancer prevention strategies.
4. Health Promotion and Advocacy: A health promotions and advocacy unit will be added to the administrative infrastructure of the program.
5. Information Technology: An information technology unit will be developed with the primary purpose of adapting cost-effective mobile technology to cervical cancer screening activities.
6. Training and Education: We will provide advanced training on methods of screening and treating cervical cancer in low-resource environments to medical students, Obstetrics and Gynecology residents and doctors at the university.
7. Surgery: We will develop a radical surgery training program at University Teaching Hospital (UTH) and Monze Mission Hospital in collaboration with UTH and Ministry of Health (MOH) doctors.

3. Pilot integration of HIV care and outpatient department treatment services: Currently, all EGPAF/CIDRZ supported sites provide ART services in clinics dedicated to the care of HIV-infected patients. This is a common model throughout Zambia despite discussion of service "integration". Most conditions such as pregnancy and diseases such as tuberculosis are managed in a vertical fashion, often without knowledge of the HIV status or optimal linkage between departments. This model may have worked well in the past to support ART scale up, but as increasing numbers of HIV-infected patients are identified and the availability of ART increases there is an urgent need to integrate patient care. In addition, HIV is a confounding factor in the presentation of virtually any disease or condition and continuing the vertical approach to patient care may affect patient outcomes. Care integration is occuring through the following activities: 1) outpatient department (OPD)/ART integration pilot (described below), 2) provision of HIV testing in TB clinics and strengthening referrals between TB and ART clinics (funded through a different mechanism) and 3) ensuring that, where feasible, new clinic implementations incorporate an integrated OPD/ART care model.

A model integrating the vertical ART services with regular OPD services was developed between November 2007 and April 2008 in collaboration with Lusaka District Health Officials and clinical staff from two Lusaka health centers. The model constitutes a comprehensive integration of clinical services, registry systems and patient flow and introduces provider-initiated counseling and testing for all patients who do not know their HIV-status. Patients not enrolled in ART are screened using a new short-visit form developed to encourage greater consistency in clinical screening practice and medical record keeping, and to prompt screening for common opportunistic infections. Patients found to be HIV-infected will be counseled and booked for enrollment in the ART program but, under the integrated system, clinical ART services are provided at the same physical location and by the same providers.

A pilot to test this model in the first of two clinics was initiated in July 2008 with the second anticipated to start in October. Monitoring and evaluation of the two pilot sites will continue for a twelve month period from the date of implementation and formal evaluation of the efficacy of the model in the pilot sites will provide the basis for decisions about future scale-up of integrated ART and OPD services in Lusaka clinics

Activity Narrative: and provincial locations.

4. Continued focus on improved quality of care: In FY 2008, based on projections, approximately 32,000 new patients will be enrolled and 22,000 new patients will be started on ART. Comprehensive patient support was continued for all enrolled patients including support for all protocol-required laboratory testing in Lusaka-supported sites and lab instruments, back-up reagents and technical support in provincial sites. In addition CIDRZ pharmacy services continue to provide oversight in drug distribution, storage and back-up supplies for ART and drugs to treat and prevent opportunistic infections. EGPAF/CIDRZ will continue to play a role in national supply chain meetings informing quantification for antiretroviral drugs (ARV) and opportunistic infections (OI).

Comprehensive quality assurance programs continue to operate in all clinics monitoring improvement in patient quality of care including the utilization of the SmartCare System to identify treatment failure and gaps in implementation of patient care protocols. The CIDRZ quality assurance/quality control (QA/QC) staff also supports the development of clinic based QA teams. Monitoring is achieved by teams of QA/QC nurses overseeing patient care, based on QA/QC tools and patient care protocols. In addition, there is a QA/QC team specifically dedicated to monitoring diagnosis and treatment of TB. Weekly clinical meetings are convened in each ART clinic to discuss and present cases and medical officers work as mentors with clinic staff to improve care.

In FY 2008 the quality assurance team has been working with the clinical care specialists in all provinces to build capacity for them to assume responsibility for QA/QC issues; this is evidenced by joint trainings. The goal is transition of these tasks over time to MOH staff. Similar activities are occurring in pharmacy, administration, and planning. These activities will continue and expand in FY 2009.

In FY 2009, Project HEART will focus training on more advanced ART management (treatment failure, second line therapy, drug resistance, STI diagnosis and treatment) for both adults and peds and provide technical assistance to the provincial health offices to allow them to assume responsibility to conduct basic ART management trainings. In addition, Project HEART will continue to provide regular quality assurance and improvement assessments. These are presently being done by CIDRZ teams in collaboration with local and provincial health staff. In 2009, the MOH district and provincial teams will be encouraged and supported through technical assistance to conduct independent quality assurance and improvement assessments.

5) Expansion of community activities: In FY 2009 we plan to pilot a program to follow up newly enrolled patients who have not yet begun ART in an attempt to stem the default rate of this cohort. We will continue the existing follow up of all ART patients missing pharmacy visits in Lusaka through the network of support group workers engaged in this activity and will identify home based care (HBC) groups and other potential partners for collaboration in the provinces to assist with follow up of patients in these areas.

Specific sensitization messages will be improved upon to focus explicitly on enrollment into the ART program and the importance of maintaining clinical follow-up before and during ART initiation and continuation. Through the various information, education, and communication (IEC) materials (drama, radio, print, video) the community team will emphasize the importance of maintaining regular clinical follow-up for those enrolled to ensure initiation of ART at the appropriate time.

6. Ongoing Laboratory services to support the program: The EGPAF/CIDRZ ART and prevention of mother to child transmission (PMTCT) activities are supported by a Central Laboratory at Kalingalinga District Clinic. The Central Laboratory performs multiple assays designed to provide clinical support for the service programs and the ongoing projects at CIDRZ. The laboratory performs assays on clinical specimens for hematology, clinical chemistry, clinical microbiology, coagulation, HIV diagnostics, molecular biology diagnostic, serology, specimen archiving, and HIV monitoring (CD4 counting and HIV viral load). All assays, are enrolled in international quality assurance programs and blinded specimens are received throughout the year for testing and comparison with other labs in a similar peer group. Clinical specimens are transported to the laboratory from various clinics and hospitals throughout Lusaka and Zambia via a dedicated specimen transport system. All specimen records are managed with a computerized laboratory information system, which is interfaced with the high-throughput instruments in the laboratory. Complete client test results reports are generated for each specimen received and distributed to the appropriate clinic by the dedicated specimen transport system.

Currently, the Central Lab is performing approximately 11,000 CD4 tests, 10,500 complete blood counts (CBC's), 11,000 chemistry (liver and kidney function tests), and 2,000 syphilis tests per month for the ART Service and PMTCT programs. The number of molecular biology tests performed is increasing to approximately 7,000 HIV RNA viral loads and 600 HIV DNA polymerase chain reaction (PCR) infant diagnostic tests per year.

The laboratory plans to participate with the Lusaka District Health Management to augment the capacity of four sub-district labs in the Lusaka Urban District to provide testing of selected tests, such as Full Blood Counts, CD4 and Liver and Renal function chemistry tests for the HIV and care treatment program. These MOH laboratories will add capacity in the district system and relieve the pressure on the CIDRZ Central Laboratory. Additionally, CIDRZ has implemented a utilization control process to reduce or eliminate needless testing. This process has already significantly reduced testing volume in the ART program.

We will ensure gender equity in provision of ART services, through community based sensitization programs aimed at encouraging both males and females to access ART services

Transition:

Increasing program sustainability with the GRZ, Project HEART will work with the monitoring and evaluation technical working group and the care and treatment technical working group to build on the quality

Activity Narrative: assurance activities started in FY 2008. In FY 2009, in collaboration with the GRZ, Project HEART will work with district and provincial health offices to increase numbers of staff on their teams and to increase capacity of staff to assume responsibility for various program components (laboratory, pharmacy, QA/QC, data, clinical care, community etc). In conjunction with MOH timelines for capacity building, partial and then complete transition of program responsibility will be agreed upon.

Over the next few months meetings will be held with the MOH, district health management teams and provincial health offices to discuss a detailed transition plan. This will include maintenance and expansion activities, both clinical and community. This plan will have a timeline and bench marks that must be met over the coming years. The details of this transition plan will be included in the PY6 reapplication (FY2009/10).

TARGETS HAVE HISTORICALLY BEEN UNDER ART SERVICES EXPANSION TRACK 2.0

New/Continuing Activity: Continuing Activity

Continuing Activity: 15517

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15517	4549.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7171	5250.08	Track 1 ARV	$15,764,509
9003	4549.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5250	5250.07	Track 1 ARV	$15,764,509
4549	4549.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2998	2998.06	TA- CIDRZ	$0

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3082.09

Mechanism: WPHO - 1 U2G PS000646

Prime Partner: Provincial Health Office - Western Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17817.26265.09

Planned Funds: $285,000

Activity System ID: 26265

Activity Narrative: ACTIVITY NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Upgrading of some health centers to zonal health centers in order to improve and ensure uninterrupted and sustained supply of antiretroviral therapy drugs (ARV) during the flooding season.

2. Focusing on ensuring constant and uninterrupted supply of antiretrovirals (ARV) to clients living in areas which are cut off during the flood season by powering air conditioners to enable health facilities stock sufficient drugs to last throughout the flood season.

3. Improving access to ART services by supporting recruitment of retired health providers to provide ART services and renovation of selected health facilities in order to ensure that more health centers meet the criteria for being an ART site according to the Medical Council of Zambia standards.

4. Improving of monitoring and tracking of efficacy and adverse effects of ARV and timely informing the Pharmacy Regulatory Board.

5. Strengthening implementation of Co-trimoxazole prophylaxis guidelines and linkages between prevention of mother to child HIV transmission (PMTCT) and TB clinics

6. Strengthening patient tracking to ensure retention and improve on patient follow-up

7. Actively engaging the community in patient tracking and follow-up

8. Actively engaging people living with HIV/ AIDS in prevention activities

The Western Province of Zambia has a prevalence rate of 13.1 % in the general population between 15 – 49 years of age (Demographic and Health Survey 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 4 x 4 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 floods and the difficult terrain also limit the access of the local population to the health facilities.

Storage of essential drugs and antiretroviral therapy drugs (ARVs) is a challenge in the sense that all the Health Centers do not have enough power supply to sustain the air-conditioners. Some Health Centers do not have adequate space for storage of drugs and other medical supplies

The province has 11 hospitals and 137 Rural Health Centers (total of 148 health facilities). The vastness of the province and the low population density makes it difficult to scale up services to the population, which has been compounded by low staffing levels and insufficient infrastructure. Currently, 59 (43%) of health centers have only 1 trained health worker. Twenty-five (18%) are managed by untrained health providers (CDE). Shang'ombo, Lukulu, Kalabo, and Sesheke are especially limited in their efforts to scale up HIV/AIDS services due to staff shortages, inadequate infrastructure and laboratory facilities.

The goal for FY 2009 will be to increase the number of facilities providing ART services, the number of individuals accessing ARV therapy, the number of health workers trained to deliver ART services according to national standards and also to maintain acceptable quality of care in all the outlets providing the service.

To achieve the above goal, the Western Province Health Office (WPHO) will undertake the following activities:

1 Scaling up of ART Services - by the end of FY 2007, 20 (13.5%) out of 148 health facilities were offering ART services. At the end of FY2008, the WPHO will expand to five (Kahare, Nalikwanda, Nangula, Libonda, and Kalabolelwa) more new ART sites giving a total of 25 (16.9%) in the province. Of these, nine (36%) sites are supported by the WPHO using USG funds. The rest, 16 (64%) sites are supported by other partners [Center for Infectious Disease Research in Zambia(CIDRZ), Catholic Relief Services(CRS), and Churches Health Association of Zambia (CHAZ)]. Realizing the power of partnership in scaling up ART services, the WPHO will continue work closely with partners; CIDRZ, CRS, and CHAZ. The partners are expected to fill in the gaps caused by WPHO limitations in human resource and infrastructure.

In FY 2009 the WPHO plans to scale-up ART Services to four (4) new sites in Shang'ombo (Mulonga and Mutomena Rural Health Centers) and Sesheke
(Katima, and Mulobezi Rural Health Centers) districts. This will result in 29 (19.6%) out of 148 health facilities in the Western Province offering ART with 13 being supported directly by the provincial health office using USG funding.

Prevention of positives; In FY 2009, the WPHO will collaborate with ART treatment department to integrate behavior change through prevention of positives. Three approaches will be used 1) asking clients if their partners have tested and if not, they will be encouraged to bring them to test. The emphasis will be in the importance of a couple knowing their status together 2) couples will be enrolled and engaged in discussions for two hours once a week for four weeks exploring HIV/STI/TB prevention and to come up with ways to limit new infections 3) after the four sessions, couples/individuals will be referred to community discussion groups formed and trained to promote prevention. Community groups will be led by community leaders trained in prevention and behavior change using participatory learning activities.

HIV/AIDS patients on ART: By end of FY 2008, assuming the prevalence remains at 13.1% and a population of 946,323 then 123,968 people will be living with HIV/AIDS. Assuming that 20% of these people have clinical AIDS, then it will be expected that 24,793 people will need ARVs. In FY 2008 the WPHO will put 15,000 (60.5%) patients on ARVs. Of these, 1, 800 (12%) will be from the provincial sites supported by USG funds.

Activity Narrative: In FY 2009 assuming the prevalence remains at 13.1% and with a projected population of 975, 358, then 127,772 people will be living with HIV/AIDS and 25,554 (20%) will need to be put on ART. The WPHO plans to reach the target of putting an extra 600 patients on ART sites supported by USG funds. WPHO will strengthen the retention and follow up of patients by strengthening the quality of adherence counseling, improving data management and actively engaging communities through Home Based Care providers and treatment supporters in tracking patients that miss follow up appointments. WPHO will also support roll out of the SmartCare application in order to ensure continued care for patients when switching from one facility to another.

Training: To achieve the goal of scaling up to four new sites in FY 2009, the WPHO will undertake the following trainings: 1.) Refresher course in Adult and Pediatric ART; In FY 2009, WPHO will conduct refresher workshop for 75 health providers from ART sites trained before FY 2008 in both adult and pediatric ART.
2. Pharmacovigilance; In FY 2009, WPHO will train 15 health providers and Pharmacy personnel in pharmacovigilance. The training will equip the trainees with knowledge and skills required to recognize, track adverse effects of side effects and monitor the efficacy of ARVs. Using the MOH guidelines on reporting adverse effects, timely inform the Pharmaceutical Board of Zambia.
3. Adherence counseling: At the end of FY 2008, 20 health providers would have been trained in adherence counseling. In FY 2009 WPHO will train 20 more health providers in adherence counseling.
4. ARV Logistics Management: WPHO will in FY 2009 train 15 pharmacy personnel and health providers in health centers that are stocking ARVs in ARVs logistics management

To enhance the expansion of ART services, the WPHO will in FY 2009 refurbish and renovate four new sites where ART will be scaled up. These are Mulonga and Mutomena Rural Health Centers (RHC) in Shangombo district and Katima and Mulobezi RHC in Sesheke district.

At the end of FY 2008, four clinical officers will be recruited to provide ART services. In FY 2009, WPHO will continue supporting the five clinical officers recruited in FY 2008 and will employ four (4) more staff (clinical officers or nurses) and four data clerks for the four new sites in order to reinforce the staffing levels. This will improve the quality of care and availability of accurate and timely data.

During the FY 2009 the WPHO will continue supporting and supervising the ART services to the nine sites established in the FY 2007 and 2008 and the four new sites in addition to the other sites supported by partners. The new established ART sites will also be supported and supervised by the district health management teams (DHMT) and Hospital staff.
Accreditation of the new sites will be carried out by the WPHO team, in line with the Medical Council of Zambia standards. The Provincial Mentoring Team will continue to update the staff and ensure the MOH guidelines are adhered to. The WPHO will also convene quarterly review meetings for the ART staff.

Technical Supportive Supervision (TSS) to strengthen Quality Assurance will be provided directly by the WPHO and the respective DHMT. This will be integrated into the quarterly TSS and Bi-annual Performance Assessment. Pharmacovigilance will be reinforced during these visits.

WPHO will work with Intrahealth and school of medicine (SOM) who are funded to build provincial health facilities' capacity to deliver prevention for positives and negatives program to the six districts in the province as well as integrate prevention into other aspects of health care. Intrahealth will continue to provide supportive supervision. A monitoring component will be initiated to tract program outcome.

WPHO recognizes the challenges the province is experiencing (long distances between facilities and ineffective feed back mechanism for referred patients) in the referral system. In FY 2009, WPHO will develop a strategy for strengthening the referral to ensure that there are no missed opportunities. Strengthening the referral system will also improve on the follow up activities.

To ensure sustainability of services provision, Ministry of Health has embarked on a program to train more nursing staff by increasing the intake and reopening of nursing schools that were closed. It is therefore assumed that the numbers of staff coming to the Western Province will increase and therefore will take over from the hired staff in running the ART programs in the various districts. This will ensure continuity of the program in all the ART sites. The MOH funding for infrastructure has also increased and this will sustain the started renovations which will be on-going.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17817

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17817	17817.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	7181	3082.08	WPHO - 1 U2G PS000646	$250,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $58,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	2973.09	**Mechanism:**	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	9760.26258.09	**Planned Funds:**	$330,000
Activity System ID:	26258		

Activity Narrative: This activity is linked to EGPAF (CIDRZ) and CRS.

The Southern Province Health Office (SPHO) proposes to expand antiretroviral (ART) services in the province in FY 2009 and continue to work closely with partners such as the Center for Infectious Disease Research in Zambia (CIDRZ) and Catholic Relief Services (CRS) 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 ARV treatment services.

Population of the province stands at 1,396,906, with growth rate of 2.3% and Sero-prevalence rates standing at 14.5%. Despite this decline in the HIV prevalence, improved HIV diagnostic capacities in the province (leading to an increasing burden of HIV infected individuals), and the government's policy on provision of free ART, the demand for ART services continues to increase. Of the provinces total population, 85% is living in rural areas and 15% in urban areas. The province now has the fourth highest HIV prevalence rates after Lusaka (20%), Central/Copperbelt (17.5/17%), and Western Province (15.2%). This means there are approximately 200,000 persons living with HIV/AIDS, with 40,000(20%) in need of ART.

In FY 2008, the SPHO ART subcommittee was further strengthened and expanded to incorporate partner working in these areas such as CIDRZ, CRS, and, Boston University (BU) to continue to provide guidance and leadership in the implementation and expansion of the HIV/AIDS treatment and care services. As a result of this coordinated effort in providing quality and province wide HIV treatment and care services, the province enrolled 22,000 individuals on ART, i.e. approximately 8,000 above the target of 14,460 and managed to increase the number of active HIV/AIDS treatment sites to 34 from 25.

In FY 2008, the SPHO prioritized improving the quality of HIV/AIDS treatment and care service as opposed to rapid scale-up to new sites with compromised quality, and thus maintained the 34 sites in the province. In order to further improve the quality of service in the province, 16 ART sites were accessed for accreditation using the standards set by the Medical Council of Zambia.

In FY 2009, the SPHO will continue to provide support for the scale up of the innovative and comprehensive clinical mentorship program aimed at improving quality of TB/HIV/AIDS/STI and general clinical case management. This strategy is in recognition of the weak clinical case management in general across the province and will thus serve as a quality assurance system for case management along side the continued scale up of HIV and TB services including ART to the primary level of health care. Between FY 2007 and FY 2008, a total of 42 clinical mentors were trained in mentoring skills and performed field based mentorship activities at five major hospitals: Livingstone General Hospital, Choma General Hospital, Monze Mission Hospital, Mazabuka Hospital, and Siavonga Hospital with high HIV and TB patient loads. This strategy has further proved to be effective in realigning clinical skills in addressing challenges in HIV/TB treatment.

In FY 2009, the SPHO will continue to strengthen the clinical mentorship program and provide regular technical support to the mentors in partnership with CIDRZ and CRS. Support provided will include transportation , supplies and up-keep for mentors when out of station, support to provincial and zonal planning and review meetings, and that an additional 25 clinical mentors will be trained in mentoring skills to reduce the burden on the few existing mentors and maintain high standards of case management in the province.

In FY 2009, the SPHO will support the implementation of strategies to ensure HIV prevention is reinforced in ART treatment settings. To accomplish this, an initial 66 peer educators will be trained to work in the 33 ART sites to provide support to HIV patients to promote non risk behaviors amongst positive patients and encourage treatment buddies to seek early counseling and testing for HIV/AIDS.
In order to strengthen HIV prevention with treatment services, the SPHO will collaborate with ART treatment department to integrate behavior change through prevention with positives. Three approaches will be used 1) asking clients if their partners have tested and if not, they will be encouraged to bring them to test. The emphasis will be on the importance of couples knowing their status together 2) couples will be enrolled and engaged in discussions for at least two hours once a week for four weeks exploring HIV/STI/TB prevention and to come up with ways to limit new infections and re-infections 3) after the four sessions, couples/individuals will be referred to community discussion groups formed and trained to promote HIV/STI prevention. Community groups will be led by community leaders trained in prevention and behavior change using participatory learning approaches.
As this is a new strategy in the ART program, the SPHO will dedicate $130,000 to ensure effective HIV prevention activities including prevention for positives. The funds will be used to hire prevention for positives coordinator, additional counseling staff to engage patients into longer counseling sessions that address prevention, alcohol use and adherence, staff to run the discussion groups and train community leaders in prevention. Funds will also be used to provide transportation for follow up with community discussion groups. Funds will also be used to develop behavior change and communication materials and implement the program in the six districts (Livingstone, Mazabuka, Choma, Monze, Siavonga and Kalomo) with highest HIV prevalence in the Southern Province.
SPHO will work with Intrahealth and School of Medicine (SOM) who are funded to build provincial health facilities' capacity to deliver prevention for positives and negatives program to the six districts in the province as well as integrate prevention into other aspects of health care. Intrahealth will continue to provide supportive supervision. A monitoring and evaluation (M&E) component will be initiated and integrated into the overall SPHO M & E to tract program performance and outcomes.
The Southern Province is a large province with several remote health facilities making it difficult for clients to access ART services. The infrastructure in these health centers is inadequate and generally not conducive for friendly ART services. In FY 2008, the SPHO directed part of the USG support towards infrastructure improvements for at least three ART sites in each of the 11 districts in the province. In FY 2009, this activity will be continued and support will be provided to infrastructure improvement in 16 ART sites which are planned to be opened during this year as a scale up strategy to implement ART at primary level of health

Activity Narrative: care.

The Ministry of Health still faces and enormous human resources crisis. The need for trained health workers to offer ART/OI services is still a critical requirement for effective and quality ART services.

In FY 2009, in each of the 16 new primary health care sites, six (6) health workers will be trained on ART/OI management totaling 96. Further training gaps will be identified from the existing facilities especially the 19 major hospitals and at least three (3) health workers will be trained per hospital (total of 57). The provincial database of ART training needs for all districts (names and cadres) will continue to be revised and updates on a regular basis to include changes in staffing levels.

In FY2009, the Provincial ART Sub-committee will continue to coordinate the ART program in the province in collaboration with partners like CIDRZ, CRS and BU. The SPHO will work with district health offices (DHO) to conduct site assessment for the targeted 16 new ART sites, using the existing assessment tools.

However, considering that HIV/AIDS management concepts are rapidly evolving, and that the clinical problem encountered with ART treated individuals continue to evolve with increasing duration on therapy, a lot more attention will be paid to the updating of knowledge and skills for these health workers. Such continuing professional development (CPD) will be achieved through increased on site technical supportive supervision (TSS) and technical assistance (TA) by specialists and the holding of quarterly clinical symposia for 40 previously trained health workers each quarter.

Further, with increased counseling and testing capacity, more TSS will be required to strengthen linkages between community counseling and other services to Tuberculosis (TB), PMTCT and ART services.

In FY 2009 considerations will continue to be made for accelerating the expansion and decentralization process which was started in FY 2007 to the district level in line with the current National ART scale up plan to ensure that ART delivery becomes an integrated service in the basic health care package. This will ensure sustainability and ownership of ART services. 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 DHO.

District health teams will continue to be supported to strengthen district ART sub-committees for effective coordination. The provincial health office will support the holding of quarterly review meetings at provincial level involving key district program officers. The meetings will both serve as a monitoring and evaluation coordinating forum as well as to provide a forum for the district managers to review performance of the services and share best practices across districts in the continued scale-up of ART services.

Support will be provided to health center staff to work with community leaders, neighborhood health committee, trained birth attendants, treatment supporters and community health workers in increasing awareness on the availability and benefits of ART services. To strengthen this community component, 300 community members will be trained in home based care and supported to follow up and care for patients at community level. This, cumulatively, is expected to result in 26,000 HIV patients with province-wide coverage being enrolled on ART by the end of FY 2009.

Support will also be provided to ensure sustainability of community participation in the delivery of comprehensive care services by introducing income generating projects for community care givers. This strategy will be supported initially in Livingstone district, Kazungula district and Kalomo district as it requires close monitoring and supervision.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15553

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15553	9760.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	7180	2973.08	SPHO - U62/CCU025149	$250,000
9760	9760.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	5015	2973.07	SPHO - U62/CCU025149	$250,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 12219.09

Mechanism: Jhpiego

Prime Partner: Johns Hopkins University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3689.26563.09

Planned Funds: $500,000

Activity System ID: 26563

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Work with pre-service institutions has been added to improve educational process and further quality of services, and support sustainability of the program.

Activity Narrative

This activity has several components: 1) revision of clinical care guidelines and corresponding updates for service providers, 2) provision of national leadership in the area of capacity building and performance improvement through implementation of continuing education opportunities for HIVAIDS clinical staff at antiretroviral therapy (ART) centers, and 3) adaptation and integration of new performance improvement tools into ART service provision. Efforts to ensure sustainability of the program through development and using appropriate technologies and working in close collaboration with the MOH and national institutions cut across all components.

Revision of clinical care guidelines and corresponding updates for service providers. In FY 2006, JHPIEGO assisted the Ministry of Health (MOH) and National HIV/AIDS/STI/TB Council (NAC) to update clinical training materials and trainers to be consistent with the recently revised clinical care guidelines. In FY 2007, JHPIEGO assisted the government, particularly the MOH and NAC, to adapt the revised clinical care guidelines and training materials to more useful electronic formats accessible to providers through a variety of appropriate technologies (e.g., CD-ROM, web-based, handheld technologies). This was done in close collaboration with other implementing partners and technical specialists working on ART programs, and ensured 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. In FY 2008, JHPIEGO with expertise of the Johns Hopkins Point of Care Information Technology (POC-IT) Center worked with MOH and other collaborating partners to develop and test different technologies (CD-ROMs and handheld technologies such as Palm handheld or smartphone) to make the clinical guidelines and resources available and accessible for HIV/AIDS care and treatment to providers. In FY 2009, three hundred (300) more CD ROMs and handheld devices will be purchased, loaded with HIV/AIDS clinical guidelines, and disseminated to the healthcare providers working at ART sites nationwide.

Provision of national leadership in the area of capacity building and performance improvement for HIV/AIDS care and treatment providers is an important component 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 HIVAIDS clinical staff at ART centers, reinforcing their basic skills and expanding their knowledge in specific areas. In previous years, JHPIEGO assisted the GRZ to develop and pilot continuing education programs for ART service providers and facility 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 program developed by the Johns Hopkins University Center for Clinical Global Health Education. Through the end of FY 2008, initial programs had trained 250 ART providers, including staff from hospital- and large urban clinic-based ART sites. JHPIEGO supported these programs to reach additional clinical caregivers, while developing additional content to fill identified gaps. One such gap addressed was strengthening the use of highly active antiretroviral therapy (HAART) in pregnant women for their own health (as well as to further reduce mother to child transmission of HIV), a high priority for training in FY 2008 consistent with national PMTCT and ART guidelines in Zambia. In FY 2008, JHPIEGO developed new modules in prevention of mother to child HIV transmission (PMTCT) and Pediatric ART according to the national guidelines and disseminated to service providers who finished the initial update course.

In FY 2009, the initial and new modules will be further disseminated to 450 healthcare providers and 10 pre service education institutions nationwide, to support educational process of medical and nursing students. TBD's blended learning approach—one that combines electronic and face-to-face learning—will ensure that frontline providers and students alike are given the knowledge and the skills that they need to provide quality service. We will continue to increase gender equity in provision of ART services, by imparting this knowledge and skills to equal proportions of males and females in all our programs.

Adaptation and integration of new performance improvement tools into ART service provision. TBD will work with the Ministry of Health (MOH), University of Zambia and the University Teaching Hospital (UTH) partnership and the Medical Council of Zambia to adapt and integrate additional tools for performance improvement into ART service provision programs such as those of Elizabeth Glaser Pediatric AIDS Foundation and Zambia HIV/AIDS Prevention, Care, and Treatment Partnership, as well as TBD's work with the Zambian Defense Forces. These tools and approaches will not only help to support the quality of HIV/AIDS care and treatment services, but enhance the sustainability of technical support. Further 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 TheraSim™'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 skills. This is a tool which can be used both for advanced training as well as for monitoring performance.

To ensure sustainability of the program, TBD will continue working in close collaboration with the MOH, NAC, Medical and Nursing Councils, and the University of Zambia Medical School/UTH, to build the local capacity to design, develop, and implement educational 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 systems (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 cost are reduced comparing to other, more traditional approaches. The program focus to develop tools that can be delivered on site, require less movement by clinical staff,

Activity Narrative: eliminate costs of travel and lodging will ensure less disruption of services and improve the 'immediacy' of applying new skills and knowledge at the workplace. Likewise, electronic versions of guidelines and continuing education material can be updated, reproduced, and disseminated at much less cost than print-based material. Using these approaches and tools, the national program and local partner institutions will be able to continue supporting these programs with minimal levels of investment, as compared to the cost of traditional group-based in-service training. Furthermore, smartphones or other handheld devices will be used both as a source of latest HIV/AIDS clinical guidelines by providers and as a supervisory tool by trainers and supervisors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15531

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15531	3689.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	$500,000
9033	3689.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$500,000
3689	3689.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3017	3017.06	Technical Assistance/JHPIEGO	$250,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 12219.09

Mechanism: Jhpiego

Prime Partner: Johns Hopkins University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9745.26559.09

Planned Funds: $400,000

Activity System ID: 26559

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

The scope of work and funding level for this activity in FY 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievements.

As outlined below, funding for this activity will provide support to continue implementation of standardized quality improvement interventions to enhance quality of service delivery across United States Government (USG) sponsored Antiretroviral Therapy (ART) programs. Of critical importance will be use of findings from the special quality studies to improve quality of services and close gaps in ART service provision.

The national ART implementation evaluation published in April 2006 revealed numerous areas in need to improve the implementation of services in Zambia. For example, 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 the future. In cooperation with JHPIEGO, USG through Centers for Disease Control and Prevention (CDC)/Zambia began support for a joint program assessment 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 FY 2009 to implement sustainable activities that will aim to close performance gaps identified in the ongoing evaluation process.

In FY 2007, CDC-Zambia entered into a collaborative partnership with JHPIEGO to implement the Zambia Antiretroviral Quality Improvement Project (A-QIP). Under this project, in FY 2008, JHPIEGO implemented standardized quality improvement interventions to enhance quality of service delivery, finalized special quality studies, and trained facility-based program managers on utilization of quality indicators to improve service delivery.

A-QIP consists 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. JHPIEGO's overall work in capacity development and performance improvement is closely linked with this initiative, and is integrated in some of the components, such as implementation of SmartCare software at ART sites nationwide to improve quality of services and JHPIEGO's ongoing work in development and implementation of continuing education courses for ART providers at sites throughout the country.

Below are the descriptions of TBDs activities within the frame of each component for the FY 2009.

1. Collective and Routine Monitoring of Quality
Evaluation activities with participation across ART service providers in Zambia will bring together the Ministry of Health (MOH), major private sector companies, and CPs, including Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Centre for Infectious Disease Research in Zambia (CIDRZ), Zambia Prevention, Care, and Treatment (ZPCT), AIDSRelief/ Catholic Relief Services (CRS), University Teaching Hospital Pediatrics/Columbia University, John Snow Incorporated/DELIVER, and JHPIEGO. MOH and CPs will be convened to identify critical and common questions and develop a shared evaluation strategy to evaluate care quality, service delivery and coverage, and continuity of care from a sample of sites. The process will require regular meetings of project directors, monitoring and evaluation (M&E) staff, and clinical experts to identify indicators, collect and share information, and further inform policy development and service delivery in Zambia. This process will also incorporate existing standard quality indicators (such as HIV-QUAL indicators) into the evaluation process. As a result of these activities, a set of core indicators for quality monitoring will be developed, and ultimately integrated into the SmartCare system to ensure standardized, comprehensive and sustainable data for quality of care. In addition to tracking a common set of quality indicators, a special study will be supported in the area identified by the group.

2. Data Use for Improved Care
The SmartCare system has been deployed in more than 100 sites between 2005 and 2007. It is anticipated that the system will continue to be deployed where feasible in GRZ locations throughout the country in 2008. SmartCare 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 the 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 and will include all sites with SmartCare deployment. JHPIEGO has been involved in the development, piloting, and implementation of SmartCare from its inception, and will continue providing technical assistance in the areas of training and supervision. This activity is closely linked with JHPIEGO's activity under strategic information in this COP.

3. Coordinated Quality Improvement Assistance
Based on findings from routine monitoring and evaluation, key interventions for quality improvement will be elaborated and delivered to sites identified most in need of support. In close collaboration with the MOH, the group will identify an organization that will map out and help to coordinate technical support activities delivered through GRZ and CPs. It's important that this organization will have capacity to actively introduce quality assurance and facilitation services to improve individual and facility-level performance by providing on-the-job training (OJT) for quality improvement. JHPIEGO's ongoing work in performance improvement and capacity building through development and implementation of performance improvement tools and OJT training of providers is deeply integrated in this component, and will help build the basis for sustainable quality assurance.

4. Creating International Networks for Learning
Distance learning will be used to reinforce a response to findings from routine monitoring and assessment. In cooperation with MOH facilities, distance learning will be combined with OJT opportunities and organized

Activity Narrative: in a specific set of course work and informal sharing focused on adult and pediatric ART. We will continue to increase gender equity in provision of ART services, by providing distance learning opportunities to equal proportions of males and females in all the programs. Lectures from Zambia and international experts will be recorded and used in these educational sessions. In close collaboration with the MOH, the group will identify an organization to take responsibility to moderate and facilitate ongoing learning through session design and execution. JHPIEGO's ongoing work in development of continuing education opportunities for service providers via distance learning is integrated within this component and will further progress in close collaboration with A-QIP activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15529

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15529	9745.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	$400,000
9745	9745.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 412.09

Mechanism: RAPIDS

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3566.26395.09

Planned Funds: $269,002

Activity System ID: 26395

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
RAPIDS cooperative agreement will end in December of 2009. The project will continue activities with all partners during October 2009 and then begin the phase over process to the new mechanism. This phase over process will begin soon after the new mechanism is awarded and the new cooperative agreement comes into effect. Plans for phase over will include programmatic topics, staffing, finance, disposal of assets, and continuity of care for all RAPIDS clients. There will be a concerted effort for a fluid transition to ensure that both clients and caregivers are adequately supported. A lapse in programmatic coverage will be avoided through a coordinated plan for phase over and thus a successful transition.

Activity Narrative:
This ART adherence support activity is connected with other RAPIDS activity areas including HVAB, HVCT, HKID, and HBHC. RAPIDS does not provide ART directly, rather, it supports adherence by clients of other direct ART providers. ART adherence activities and emphases include: continued strengthening of pediatric care training for OVC and HBC caregivers, and closer linkages to pediatric ART sites with emphasis on referral of HIV-exposed infants for early diagnosis where available. RAPIDS will work closely with therapeutic feeding for malnourished PLWHA and with infant and young child nutrition activities while collaborating with USG Zambia on client-focused strategies for food and nutrition support. RAPIDS will collaborate with USG Zambia to develop and implement a food and nutrition strategy, including shifting to a “Food by Prescription” approach.

In Oct. 2009, RAPIDS will continue the community-based adherence support and care for those on ART through conducting regular follow-ups and home visits by caregivers and Positive Living adherence supporters, providing psychosocial and spiritual support, nutrition counseling, education, monitoring, and provision of support for families with children and adults on ART through existing HBHC programs in 52 districts.

RAPIDS will continue to strengthen the linkage between HBHC and referral to nearby health facilities. In order to do this, RAPIDS will work with HBHC coordinators and caregivers trained in ART literacy and adherence, management of OIs and in referral networking. The program identifies client transport options, linkages with HIV Counseling and Testing (CT) programs, and uses a wraparound approach to access food supplementation.

Through adherence support efforts, RAPIDS will help the GRZ and USG Zambia to: support ART patients and sites and support ART quality improvement and M&E. RAPIDS will employ established links to ART Centers of Excellence as a client referral destination and utilize the ART Centers of Excellence as a source of learning for adults and pediatric ART. RAPIDS will continue to provide particular adherence support in remote, rural areas of Zambia through its vast community based volunteer network nation-wide. These volunteers will direct clients to ART sites. In cases where transport is a barrier, RAPIDS will assist with client transport. RAPIDS will facilitate where and when possible in bringing ART closer to clients, for example, through support of ART in hospice or other community settings.

RAPIDS will continue malaria control activities which began during FY 2007 to reduce malaria-related illness in ART patients. RAPIDS will support routine cotrimoxazole prophylaxis for all PLWHA.

RAPIDS, which undertakes care and support activities in 52 of the 72 districts in Zambia, is a consortium of six international and local organizations: World Vision, Africare, CARE, CRS, The Salvation Army, and Expanded Church Response (ECR), as well as other CBO and FBO local partners. RAPIDS will continue to be a leading provider of community-based ART referrals and ART adherence in FY 2009. RAPIDS will reach 12,590 beneficiaries (out of the total 51,855 being directly reached with general home-based palliative care (HBHC)) with ART access and adherence support services in the month of October 2009.

The current proportion of men to women in RAPIDS HBC programs is 60% women and 40% men, a significant “gender gap,” About half (50%) of the men and women are on ART. Every effort will also be made to encourage men to be tested by availing CT in the home and at weekends. RAPIDS will continue its efforts to increase the percent of men as ART adherence clients beginning in COP 08 and will continue this effort until close-out in COP 09. Providing CT at more targeted venues and hours should assist in reaching a higher proportion of men with testing, subsequent linkage to treatment and in turn adherence support. These efforts will commence in FY 2008 and continue into FY 2009.

RAPIDS will continue and strengthen non-clinical support to four Family Support Units (FSUs) in Lusaka, Livingstone, Ndola, and Kitwe. RAPIDS partners will build on proven integrated methods to encourage parents and guardians to seek CT for children; provide community-based support for ART adherence; provide psychosocial support for children living with HIV/AIDS and their family members; address stigma and discrimination in the community; and deal with the specific needs of family caregivers, families where both parents and children are on ART, and children in need of counseling.

During October of 2009, RAPIDS will continue to collaborate with government and other USG funded ART projects such as ZPCT, AIDS-Relief and CIDRZ. The goal will be to increase access to ART. Strengthened pediatric ART referral systems will ensure that HIV- positive pediatric patients from the HBHC program are linked to ART services. RAPIDS will collaborate with AIDS-Relief and CIDRZ to identify and refer HIV-positive children, where pediatric-ART services (PDTX) are available. These interventions will include increase awareness, promote early CT, support parents managing ART for their children, promote issues related to adherence, and enhance psychosocial support for pediatric ART clients.

These services will link to clinic-based services in specific areas where PDTX is available. The RAPIDS consortium will also strengthen the skills and knowledge of HBHC providers through training in the provision of care and support for pediatric treatment. Moreover, RAPIDS is working to ensure that PLWHA under its coverage benefit fully from the GRZ scale-up of ART and expanded palliative care services. These benefits will mainly be ensured through the strengthening of the established system of referrals and linkages with health facilities and regular follow-up support.

Activity Narrative: RAPIDS will address gender concerns so that women and men are included in the ART program more equitably, such as increasing the percent of men as clients. This will also be reflected in the reporting which will be disaggregated by sex. Like all RAPIDS activities, ART adherence activities are designed to reduce stigma and discrimination through training of caregivers and health providers in stigma reduction strategies.

Given the magnitude of the HIV/AIDS problem, it is evident that formal health care and support services cannot cope with the numbers of individuals requiring assistance. Thus, the front-line response to HIV/AIDS must come from communities themselves, as they increasingly take on the responsibility for caring for their members and providing support to those on ART. Currently, RAPIDS mobilizes community committees as the primary mechanism for providing care and support to OVC, PLWHA, youth, 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. During FY 2008, as soon as the follow-on USG mechanism is determined, RAPIDS staff will create an enabling environment for HTXS activities to continue.

From inception in FY 2004, RAPIDS designed and implemented a “Training of Trainers” program to equip FBO/CBO HIV/AIDS service providers with skills to ensure long-term scale-up of training of supervisors, peer educators, and staff within their respective institutions and organizations.

Before and during the phase over period, RAPIDS will encourage local community-based organizations to improve management skills and to access existing HIV/AIDS resource streams. To this end, WV has developed a specialized Organizational Capacity Building (OCB) guide in order to ensure that the internal capacities of community-led structures are sufficiently developed to sustain their important efforts in the long term. The OCB guide is aimed at sub-grant recipients. RAPIDS will also invite the participation of GRZ entities in OCB sessions. The OCB Guide focuses on strengthening the general organizational capacities (as opposed to HIV/AIDS-specific technical skills) of CBOs. The OCB process is a three-stage, iterative one, beginning with organizational self-assessment, followed by selected trainings based on the results of the assessment, and supplemented with additional follow-up support.

RAPIDS is ensuring that the program is integrated into existing district structures, both government and NGOs, and is contributing to building the capacity of these structures to ensure sustainability beyond the life of the program. RAPIDS will also contribute to the sustainability of the HIV/AIDS response in its work to solidify and reinforce critical networks and alliances, share lessons learned and best practices, leverage resources, form partnerships, ensure that duplication is not occurring and advocate for the promotion of improved policy in the core RAPIDS program areas.

Because most adherence clients will carry over from COP 08, and will receive services early in COP 09, RAPIDS will still count them, but will report them as direct clients. RAPIDS support is limited to adherence, and does not include direct provision of ART.

All FY 2009 targets will be reached by October 31, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14443

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14443	3566.08	U.S. Agency for International Development	World Vision International	6841	412.08	RAPIDS	$1,567,700
8948	3566.07	U.S. Agency for International Development	World Vision International	4995	412.07	RAPIDS	$1,283,157
3566	3566.06	U.S. Agency for International Development	World Vision International	2922	412.06	RAPIDS	$1,061,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $11,346

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	6843.09	**Mechanism:**	RAPIDS-SUCCESS follow on
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	17100.26191.09	**Planned Funds:**	
Activity System ID:	26191		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This HTXS activity is an ongoing component of a new follow-on mechanism that was launched in late FY 2008 to both replace and improve on two USAID-HBC projects, RAPIDS and SUCCESS. The activity will link to RAPIDS-SUCCESS follow on activities in CT, OVC and Care and Support, as well as to other CT, ART Adherence, OVC, Care and Support, and PMTCT activities supported by the USG, GRZ, and other donors, whether ongoing or new. The activity will also align with new strategic directions of the USG and GRZ, including any compact signed.

Activity Narrative:
These two mechanisms will reach their funding ceiling by December 31, 2009. The new award will scale up aggressively by December 31, 2009, so that there is a smooth transition, and to minimize any gaps in services or coverage areas. USAID will have competed a Request for Application (RFA) in FY 2008 and awarded a follow-on between March–July 2009.

This new project will be one integrated program capable of reaching or exceeding the combined HTXS targets and coverage areas of the RAPIDS and SUCCESS projects, building wherever possible on the work of these existing partners. The new follow on may also add new clients, caregivers, partners and areas to increase coverage in both geographic and population terms.

New sub-partners may include faith-based and non-faith based structures which demonstrate their capability to provide quality services and to produce results, either under USG Zambia existing projects, or in related projects elsewhere in the region or continent. There will be an orderly hand-over of project activity to the follow on with particular attention to ensuring that as many PLWHA as possible continue to receive quality care and support, and to prevent any gaps in service or coverage. Through this planned transition, it is expected that the follow-on will reach the combined totals of RAPIDS and SUCCESS in terms of clients, sites and areas by early 2010. If possible, the follow on will exceed these previous projects through combined economies of scale.

The Follow On will face a greater challenge in that it will inherit the task of addressing three types of Adherence concerns: 1) longer term adherence to ART by old clients with emerging chronic health problems related to ART; 2) supporting initial Adherence by new ART clients; and 3) assisting to help investigate signs of emerging ART resistance and seeking to contain it. The New Awardee may incorporate the Adherence Support best practices and lessons learned from the two previous projects, but will not be limited to existing service patterns. The follow on may also incorporate best practices and lessons learned elsewhere, as well as technical innovations that have proven effective.

In addition, the new follow on project may provide additional services and coverage not included in the previous projects, dependent on funding, the scope of the award, as well as policy and priorities of PEPFAR II, the Zambian National Strategy, and USG Zambia goals and objectives.

The awardee will provide a combination of clinical adherence support and home-based/community adherence support for ART clients. This follow-on project will help the GRZ and USG Zambia to support an ever-increasing number of adults, infants and children receiving and adhering ART, through formal linkages with clinical facilities; improve ARV compliance; while supporting ART quality improvement, such as better management of ART-related symptoms, such as neuropathic pain. The Awardee will also establish links to ART Centers of Excellence as a client referral destination and utilize the Centers of Excellence as a source of learning for adults and pediatric ART.

The Awardee will provide Adherence Support both in urban areas, and in remote, rural areas of Zambia, through both paid staff and volunteer networks nation-wide. The applicant will propose a variety of models of adherence support adapted to be both cost-effective and appropriate for urban and rural areas. These models will direct clients to ART sites and in cases where transport is a major barrier, will assist with client transport. In addition, the Awardee will facilitate, where and when possible, bringing ART closer to clients, for example, through support of ART in hospices or other community settings.

The intent is to develop one integrated program that is capable of reaching the combined HTXS targets and target populations of RAPIDS and SUCCESS as well as new clients and service areas. USAID will make the award between March-July 2009 to allow for an orderly overlap and transition from RAPIDS and SUCCESS to the new awardee, without a gap in services, or a decrease in target levels. It is imperative for the well-being of the existing caseload of HTXS beneficiaries to avoid any interruption in Adherence support.

This activity will be integrally connected with other related activity areas including HVAB, HVCT, HKID, PTCT, and HTXS. Emphases will include: continued strengthening of pediatric ART knowledge for OVC caregivers, and closer linkages to pediatric sites with referral of HIV-exposed infants for early diagnosis using Dried Blood Spots/Polymerase Chain Reaction (PCR) technology where available, to decrease HIV-related infant mortality.

In terms of Food and Nutrition Support, the Awardee will collaborate with OGAC and USG Zambia on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused. The Awardee will support the development and implementation of a USG Zambia food and nutrition strategy, and consider adopting a common technical approach to food and nutrition support (or at least to adopt the major elements of a common approach). The Awardee will follow both GRZ and OGAC Food and Nutrition guidance to work closely with therapeutic feeding for malnourished PLWHA as well as with infant and young child nutrition activities.

The Awardee and its partners will have a successful track record as well as expertise in adherence support for ART clients including adults, families with HIV+ children, and orphaned children on ART. The Awardee will continue and strengthen Pediatric adherence support through the four Family Support Units (FSUs) in

Activity Narrative: Lusaka, Livingstone, Ndola, and Kitwe.

The Awardee will continue to collaborate with government and other GRZ and USG funded ART efforts to increase access to ART, including Pediatric ART through strengthening referral systems, and will ensure that PLWHA from HBC and hospices are linked to ART services. The Awardee will also strengthen the skills and knowledge of HBC providers through training in ART adherence and support for pediatric ART clients.

To provide effective links with ART providers, the Awardee will continue to train home-based care (HBC) caregivers and other medical personnel in ART adherence, prevention of resistance to ART, monitoring of side effects, and management of pain and basic clinical management of Opportunistic Infections (OIs) such as use of Cotrimoxazole. Other activities will include: education on prevention of re-infection especially for PLWHA on ART treatment; training and follow-up on ART adherence to improve client health status; and social support such as Positive Living, PMTCT, and nutrition support. A new significant component will be to increase access to ART by providing limited support for laboratory investigations. Although the priority will be to bring ART closer to clients, the Awardee may also provide funds or vehicles to help patients who are unable to access ART due to lack of transportation.

The Awardee will intensify community-based adherence support and care for those on ART through regular follow-ups and community/home visits by caregivers and Positive Living adherence supporters. The follow on will provide psychosocial and spiritual support, nutrition counseling, education, monitoring, and support for families with children or adults on ART.

The Awardee will continue to strengthen linkage between HBC and Hospice and referral to nearby health facilities. The Awardee will significantly increase the number of care coordinators and caregivers trained in ART literacy and adherence, management of OIs and in referral networking. The program will include identification of client transport options, linkages with HIV Counseling and Testing (CT) programs.

The Awardee will address gender concerns so women and men have equal access to ART, as clients and as caregivers. Reporting disaggregated by sex will reflect an increase in the percent of men on ART, who have lagged significantly behind women, in part due to the role of PMTCT in initiating ART for women. The Awardee will train caregivers and health providers in stigma reduction strategies for adults and children.

The Awardee will ensure that the program is integrated into existing district structures, both government and NGOs, and build their capacity to ensure sustainability. The Awardee will solidify and reinforce critical networks and alliances, share lessons learned and best practices, leverage resources, form partnerships, ensure that duplication is not occurring and advocate for the promotion of improved policy.

All targets will be reached by September 30, 2010

New/Continuing Activity: Continuing Activity

Continuing Activity: 17100

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17100	17100.08	U.S. Agency for International Development	To Be Determined	6843	6843.08	RAPIDS-SUCCESS follow on	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	6842.09	**Mechanism:**	ZPCT FOLLOW ON
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	16419.26184.09	**Planned Funds:**	
Activity System ID:	26184		

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New USAID HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new procurement on Anti-Retroviral Therapy (ART) services to follow the Zambia Prevention, Care, and Treatment Partnership (ZPCT) project is being developed. This activity will link to other project program areas including HVCT, PMTCT, HVTB, HDCS, PDCS, and HLAB 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.

During FY 2009, the new project will strengthen the expansion of current activities by providing technical support, ensuring quality services, and building district capacity to manage adult and pediatric HIV/AIDS treatment services. The activity will 1) provide comprehensive support to strengthen ART facilities and services; 2) expand implementation of the ART outreach model; 3) strengthen referral linkages and improve service integration to increase demand for ART services; 4) scale-up pediatric ART services; 5) participate in and support the national ART Technical Working Group; and 6) increase program sustainability with the GRZ.

The project will provide comprehensive support to strengthen ART facilities and services, and expand ART services. In 2009/2010, the project will train about 250 health care workers (HCWs) in ART including pediatric ART and opportunistic infection (OI) management. Additional courses will be offered in pain management and refresher courses. In collaboration with the new Health Systems Strengthening activity, the project will assist ART sites in developing quality assurance mechanisms and supportive supervision systems. These systems will ensure the implementation, and utilization, of standard operating procedures for ART case management and the linkage of ART patients and their families to ante-natal care, PMTCT, TB, adult care, and other appropriate treatment and support services. The activity will conduct refurbishments of ART rooms where needed to create an enabling environment for provision of ART services. The project will also support pharmacy refurbishments to enhance proper storage and distribution of ART drugs. In addition to refurbishments, the project will provide needed furniture and equipment.

The project will consolidate expansion of the ART outreach model. 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.

The project will work with other partners, such as Catholic Relief Services/SUCCESS, Elizabeth Glaser Pediatric AIDS Foundation, Center for Infectious Disease Research in Zambia (CIDRZ), MSF-Spain, Reaching HIV/AIDS Affected People with Integrated Development and Support, and the new social marketing and behavior change activities to strengthen referral linkages and community outreach efforts aimed at creating awareness of and demand for ART services and supporting treatment adherence among ART patients. The project will collaborate with the GRZ, DELIVER, and Partnership for Supply Chain Management Systems in the distribution of ARVs including pediatric formulas, and training of health facility staff in logistics management to ensure timely ordering and uninterrupted supply of ARVs. The project will also train approximately 100 adherence support workers (ASWs) in ART adherence counseling, treatment support, and community outreach and 250 HCWs in ART. In 2009/2010 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.

The project will provide assistance to the GRZ in scaling-up ART services to serve at least 18,600 new clients in FY 2009. The project will continue to provide technical assistance and mentoring to GRZ facilities and staff in the five provinces to promote provision of quality HIV/AIDS services, with special attention to routine or provider initiated CT, timely initiation of ART, and contrimoxazole prophylaxis.

The project will continue to integrate innovative approaches to 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 ART case management.

The project will continue to strengthen linkages with PMTCT services to ensure that HIV positive pregnant women who are eligible for treatment benefit from ART, those who have delivered are tracked to ensure their babies have the Dried Blood Spot (DBS) DNA PCR test, and children who test positive are liked to HIV care and treatment services. The project will also scale-up early childhood diagnosis through integration with in and out patient child health services, couple and child counseling, and promotion of male involvement in PMTCT services. The project will continue to strengthen the inter-facility sample referral system to facilitate early diagnosis and initiation of ART, including referral for patient ART monitoring blood samples.

The project will also work with partners to strengthen referral networks within and between facilities and communities to expand access to HIV care, including tracking patients and providing adherence support services. The project will work with churches and local community groups to reach families with information and referrals for CT and ART services. The project will also support routine CT in TB and STI clinics as additional entry points for ART services. Where appropriate the activity will collaborate with OGAC and USG/Zambia on an effort to shift to a client focused food by prescription approach. The activity will also support development and implementation of a USG/Zambia food and nutrition strategy, as well as consider adopting a common technical approach to food and nutrition support.

At national level the project will continue providing technical assistance to the national ART Technical Working Group for scaling-up ART services, focusing on developing, updating, and disseminating training

Activity Narrative: materials, protocols, and policies.

The project will identify and address gender disparities and other issues that hinder access to ART services by developing and implementing gender related activities such as scaling up male involvement in HIV/AIDS services; scaling-up couple counseling to promote testing of men and to build their support for their female partners and efforts in targeting families; promoting participation of male and female caregivers in community based activities; promoting community participation in HIV/AIDS services by working through community leaders including Church leaders, community based caregivers and other community key stakeholders to encourage couples to access ART services, and encourage partners and discordant couples to be involved in couples counseling and testing; and developing indicators and a reporting system for gender integration activities.

The project will support evaluations of lessons learnt from treatment interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to treatment services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the Government of Zambia and to strengthen the Health Management Information System (HMIS). The activity will also participate and share best practices at President Emergency Plan for AIDS Relief (PEPFAR) implementer’s meetings, stakeholder meetings, and other fora.

The project will work with GRZ facilities, to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by PHOs, DHMTs, and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines; strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. The project will, over the five years of project implementation period, gradually wean off well performing districts from project technical support.

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality adult ART services. The program will also link these facilities to the government supply chain for provision of ARV drugs and HIV test kits and other diagnostic laboratory reagents.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16419	16419.08	U.S. Agency for International Development	To Be Determined	6842	6842.08	ZPCT FOLLOW ON	[redacted]

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	527.09	**Mechanism:**	SUCCESS II
Prime Partner:	Catholic Relief Services	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	3734.26400.09	**Planned Funds:**	$340,000
Activity System ID:	26400		

Activity Narrative: This activity is linked to HBHC (#9180), HVCT (#9181) and to other ART adherence and PEPFAR-funded palliative care projects. SUCCESS does not provide ART directly, rather, it supports adherence by clients of other direct ART providers. The CRS SUCCESS II Project was a follow-on to the first SUCCESS Project. The Close-Out/Phase-Over period is from October – December 2009.

By October 2008, SUCCESS II expected to receive a Cost Extension to cover the period October 2008 – December 2009 that includes the last 3 months known as Phase-Over/Close-Out. “Phase-Out” refers to all activities during the period of transition whereby CRS SUCCESS partners will transition their activities to other potential USG partners. “Close-Out” refers to a specific set of required activities whereby the SUCCESS award will end.

During Phase-Over, partner activities will include the provision of comprehensive palliative care that includes C&T, ART adherence, ART referrals, pediatric palliative care, transfer of all SUCCESS related data on clients, volunteers, program staff and activities. All efforts will be made to ensure the smooth transition of service delivery at SUCCESS RTL sites during the Phase-Over period. SUCCESS staff will facilitate this transition by providing technical support to implementing partners for the transfer of data, client and financial records.

SUCCESS targets of 2,500 PLWHA for ART adherence support will continue to be met during the Phase-Over period. SUCCESS referral linkages will be solidified prior to Phase-Over, SUCCESS RTL will ensure that all signed MoUs between Diocesan and Hospice partners with AIDS-Relief, CIDRZ, DHMTS and ZPCT ART sites will be transferred to future USG partners. This transfer will be important for the continuation of the two-way referral system – from Home-Based Care/Hospice to ART clinical facilities and back for adherence support.

During the Phase-Over period, SUCCESS II will continue to promote and support the rapid scale up of ART for Zambian PLWHA through its partners. Pediatric ART (through referrals) and adherence referral and support will also continue. SUCCESS II will continue the referral of as many of its Home-Based Care clients and post-test HIV positive people to USG-supported ART sites during the Phase-Over period so that the target of providing adherence support for 18,945 PLWHA will be achieved by the end of project. The use of SUCCESS RTL adherence vehicles will continue to ensure that ART clients who live far from ART sites to the clinic for care or for ARV re-supply will be supported as a means to boost adherence, and to minimize the difficulty of reaching ART sites for PLWHA who live in remote areas.

During the Phase-Over period, SUCCESS will continue to promote Positive Prevention as well as a gender balanced approach to care and inclusion of clients. GIPA principles will also continue to play a role in the program and these guiding principles will also be transferred to any takeover parties.

A further dimension of sustainability will be achieved when Home-Based Care or Hospice /ART clients return to active family and community life, knowing how to manage their now-chronic illness. Many positive-living PLWHA become role models in their communities helping to reduce stigma and effectively breaking one of the barriers of accessing treatment for HIV. Collaboration across SUCCESS II partners is achieved in numerous ways. Annual meetings have been a feature to bring SUCCESS II partners together for cross-fertilization of programming ideas, issues, and lessons learnt; during the Phase-Over period there will be at least one such meeting. This meeting will serve as a time for all SUCCESS partners to meet and to share lessons learnt from the program.

Because most care and support clients are carried over year to year, CRS SUCCESS expects to reach almost the same number in COP 09, 38, 320, as in COP 08, although it will provide the services for one month.

All SUCCESS RTL targets will be reached by the end of the Phase-Over period, December 31, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14376

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14376	3734.08	U.S. Agency for International Development	Catholic Relief Services	6807	527.08	SUCCESS II	$1,370,000
9182	3734.07	U.S. Agency for International Development	Catholic Relief Services	5058	527.07	SUCCESS II	$760,000
3734	3734.06	U.S. Agency for International Development	Catholic Relief Services	2930	527.06	SUCCESS	$425,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3043.09

Mechanism: Twinning Center

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 26571.09

Planned Funds: $180,000

Activity System ID: 26571

Activity Narrative: ACTIVITY UNCHANGED FROM FISCAL YEAR (FY) 2008

This activity relates to UTH (#9043), SPHO (#8993), and Columbia University (#8993).

In cooperation with Health Resources Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC) will continue to manage this activity in Zambia. In 2006, American International Health Association focused on the identification and establishment of a partnership with the two pediatric antiretroviral therapy (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 best-suited partner. The solicitation closed on August 31, and AIHA reviewed applications, selected a partner (the Center for International Health (CIH) in Milwaukee Wisconsin), and shared the selected partner with CDC/Zambia for concurrence. Once CDC approved the partner selected, the initial exchange visit to introduce the partnerships was made in October 2006. During this visit, the partners discussed goals, objectives, and strategies of the partnership. The Zambian partners from Lusaka and Livingstone then visited CIH in April 2007 to learn about CIH's organization and resources and develop the partnership work plan. In keeping with Twinning Center methodology, the partners worked 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.

In FY 2007, the partnership focused on achieving partnership goals and objectives by completing the year one workplan and both partners conducted exchange trips. AIHA provided 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.

In FY 2008, AIHA continued to support this partnership which conducted additional pharmacy trainings in both Lusaka and Livingstone. Through this volunteer-driven partnership, 48 pharmacists received 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.

Additional focus areas included 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. In FY 2008, the partnership focused on UTH and Livingstone pharmacists participating in additional trainings on adherence therapy, proper dosage, medication safety, and pharmacokinetics in a hospital setup.

In FY 2009, the partners will develop a cadre of trained Zambian pharmacists who will serve as trainers to train additional pharmacists at mission hospitals and hospices targeting primary healthcare for adult patients as well as children. Through this mechanism, 75 additional pharmacists will be trained on service delivery. AIHA will continue to assist the facilitation of additional trainings at University Teaching Hospital in Lusaka and Livingstone General Hospital in Livingstone. The partners will develop UTH faculty and staff to ensure sustainability of future ongoing pharmacy training.

In FY 2009, AIHA will establish two Learning Resource Centers (LRC), one at UTH and another at Livingstone General Hospital. LRC utilize information technology to facilitate the exchange of information and data by providing access to evidence-based research and educational resources. LRC are institution- or community-based telecenters that consist of one or more computers with Internet access, a scanner that allows partners to digitize clinical images for use in tele-consultations, resource materials, and a collection of health and medical databases. The LRC offers healthcare professionals current information on the most effective practices within their specialization, while helping these professionals build new programs rooted in evidence-based medicine. The LRC will provide UTH and Livingstone General Hospital faculty and staff with the latest evidence-based information which they will be able to utilize in their teaching and practice.

In FY 2009, 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.

AIHA will continue to increase gender equity in the provision of ART services by imparting knowledge and skills to equal proportions of males and females in all our programs.

Target set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $180,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5249.09

Mechanism: Track 1 ARV

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4548.26318.09

Planned Funds: $133,279

Activity System ID: 26318

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Fifteen percent of FY 2008 funds have been placed into the Pediatric Treatment and Care & Support program areas.
• Narrative has been updated to describe the activities associated with only Tract I funding.

This activity relates to CRS (#8827).

AIDSRelief has continued to contribute to the United States Government's HIV/AIDS strategy in Zambia by activating and supporting 19 local partner treatment facilities (LPTFs) and additional satellite facilities to provide antiretroviral therapy, as well as HIV care and services. As of February 2008, AIDSRelief had 20,108 patients actively on antiretroviral therapy (ART) out of which 1,286 were children and 43,664 patients were receiving basic care and support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15612

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15612	4548.08	HHS/Health Resources Services Administration	Catholic Relief Services	7199	5249.08	Track 1 ARV	$156,799
8829	4548.07	HHS/Health Resources Services Administration	Catholic Relief Services	5249	5249.07	Track 1 ARV	$2,582,819
4548	4548.06	HHS/Health Resources Services Administration	Catholic Relief Services	3007	3007.06	AIDSRelief- Catholic Relief Services	$0

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5249.09

Mechanism: Track 1 ARV

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17694.26319.09

Planned Funds: $3,568,907

Activity System ID: 26319

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Fifteen percent of FY 2008 funds have been placed into the Pediatric Treatment and Care & Support program areas.
• Narrative has been updated to describe the activities associated with only Tract I funding.

This activity relates to CRS (#8827).

AIDSRelief has continued to contribute to the United States Government's HIV/AIDS strategy in Zambia by activating and supporting 19 local partner treatment facilities (LPTFs) and additional satellite facilities to provide antiretroviral therapy, as well as HIV care and services. As of February 2008, AIDSRelief had 20,108 patients actively on antiretroviral therapy (ART) out of which 1,286 were children and 43,664 patients were receiving basic care and support.

The five sites supported from Tract I funding are St. Francis Mission Hospital, St. Theresa Mission Hospital, Mtendere Mission Hospital, Wusakile Clinics, and Chreso ART Center Lusaka. These sites by February 2008 accounted for 13,259 patients on ART. The high enrollment at these sites has created emergency level capacity challenges in the areas of human resources and infrastructure. While these sites have been receiving AIDSRelief support and enrolling patients the longest, they also have had high staff turn over requiring increased technical assistance. They have also created the need for increased effort directed toward task shifting and decentralization with satellite clinic development.

The AIDSRelief program is founded in the provision of durable comprehensive quality care for persons infected and affected with HIV/AIDS. All of the strategic program implementation components are developed toward increasing the sustainability of quality. The cornerstone of HIV services wraps around our Family Centered Care approach to care and treatment, and most activities are designed to integrate a family approach to success. Our activities and strategic plan can be divided into six major categories: Community Based Treatment Services; Medical including early infant survival (incorporated into our pediatric and prevention of mother to child HIV transmission (PMTCT) narratives), palliative care, training and professional development; Nursing; Outcomes and Evaluation; Laboratory; and Health Care Management. Our plans for transitioning our program and sustainability are incorporated into each of these areas of focus. Our Local Partner Treatment Facility (LPTF) support is accomplished by multi-disciplinary teams with members representing each of the above categories. These teams provide regular on-site support to address critical issues and ensure the necessary components for comprehensive quality care are developed and maintained.

7. Community Based Treatment Services (CBTS) focuses on utilizing the community to maximize health care outcomes. The CBTS specialists work with adherence staff, community health workers and volunteers, and treatment support groups to provide training on treatment preparation and ongoing treatment support. They are also focused on training to utilize the patient as a window into the family using the SmartCare Patient Locator as a tool to family identification and tracking. The CBTS specialists also help identify HIV positive individuals at risk for poor adherence through substance abuse and mental health issues. CBTS works closely with the CRS network of Home Based Care providers and services. The magnitude of patient requiring follow-up at these sites has created the need for increased effort in community worker training and transportation needs through vehicles, motor bikes, and bicycles. These sites will continue to need greater task shifting efforts to empower community workers to take on a greater role in the care and treatment team. Finally, the CBTS team will focus on male involvement into HIV testing and increased involvement in Family Centered Care. This focus on male involvement will be directed toward increasing male support, addressing male norms and behavior, and reducing violence and coercion.
8. The Medical component of our team focuses on three primary components: early infant survival (covered in our Pediatric and PMTCT narratives), palliative care, and training and professional development. One of the center pieces of our program is our commitment to on-site training and mentoring. During our regular LPTF site support visits MOH sponsored trainings are often conducted for sites in a particular region, and incorporated into all of these trainings is mentoring opportunities in both the various out patient clinics and the in patient setting. In an attempt to address sustainability one of the physicians at Chreso ART Center is participating in the year long HIV Diploma course at University Teaching Hospital (UTH) to add HIV expertise to the center. Additional professional development at the LPTF level is accomplished through our monthly newsletter highlighting challenging clinical cases and recent literature updates, our phone hotline to medical team leaders for clinical case reviews, and our bi-annual Partners Forum for LPTF case conferences and experience sharing.
9. Nursing is the pivot point for effective task shifting and addressing the ever increasing human resource crisis in Zambia. The nursing team focuses on providing appropriate MOH approved trainings for nurses, and continue to work closely with General Nursing Council of Zambia (GNC) to develop curriculum and plans for accreditation of nurses as ART prescribers and providers. The nursing strategic plan centers around three stages of task shifting: level one focuses on shifting basic nursing care and triage to community health workers, level two on preparing nurses to triage and refill prescriptions on stable patients, and level three on developing a cadre of nurses to become nurse prescribers. These trainings will be conducted at Chreso ART Center. AIDSRelief has trained over 40 nurses at St. Francis Mission Hospital and they now provide the bulk of outpatient ART care for this LPTF.
10. The Outcomes and Evaluations (O&E) team have done yearly assessments of viral load outcomes demonstrating durable quality care at our sites. Formal chart reviews, adherence surveys, and HIV knowledge questionnaires have been collected since 2005. All of these sites were included in our quality assurance/quality improvement sampling and survey. The program evaluation of a 10% sampling of patients on ART for between 9-15 months this last year indicated a 92% viral suppression rate. This program will continue to monitor the effectiveness of the AIDSRelief care and treatment model through this quality assurance program.
11. Our Laboratory team is working with the National Laboratory Services to ensure quality control and good laboratory practices at each LPTF. During LPTF visits the laboratory staff receives on-site training on equipment use and care, stock management, and conducts an assessment using indicators to demonstrate the level of quality incorporated at the LPTF. Three of these sites have had extremely high laboratory staff

Activity Narrative: turn over requiring increased effort at retraining and ensuring quality standards are maintained. Two sites had upgrades on laboratory equipment to meet increased demand, and three of these sites will have an investment in viral load capacity during the coming year.
12. The Health Care Management team is primarily focused on linking the LPTF Care and Treatment plan to site level budgets and developing sustainability. AIDSRelief has found increasing LPTF capacity to develop appropriate care and treatment plans and budgets integral to quality outcomes.

During FY 2009 an additional 5,975 patients on ART will be added from these sites. The activities outlined for all sites in the Pediatric Care and Support, Pediatric Treatment, and PMTCT narratives will also be incorporated into the work plan for each of these Track I sites.

The activities in this proposal will complement activities in (#8827) 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17694

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17694	17694.08	HHS/Health Resources Services Administration	Catholic Relief Services	7199	5249.08	Track 1 ARV	$4,198,714

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $756,188

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3007.09

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3698.26325.09

Planned Funds: $6,760,263

Activity System ID: 26325

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Increased capacity building of Community Based Treatment Services with task shifting and utilization of SmartCare tools, plus increased effort toward clients with substance abuse and mental health issues
• Expansion of HIV Diploma course in conjunction with University Teaching Hospital (UTH) to include Medical Licentiate Practioners
• Expansion of nurse training as triage officers and antiretroviral therapy (ART) prescribers in conjunction with General Nursing Council (GNC), and technical lead and partnership with the University of Alabama at Birmingham (UAB) and the UTH School of Nursing (SON) to develop nursing curriculum and certification as ART nurse prescribers
• Increased effort within laboratory services to develop good laboratory practice (GLP) and external and internal quality assurance programs
• Management assistance with budget development and site level needs assessment to move toward sustainability
• Services will be provided that encourage male involvement in HIV testing, prevention of mother to child transmission (PMTCT), and family center care programs (also outlined in counseling and testing (CT) and PMTCT narratives)
• AIDSRelief will provide ART for 29,365 patients and the expansion of ART to an additional 9,257 patients in FY 2009. AIDSRelief Zambia will provide HIV care to a total of 48,053 individuals throughout FY 2009.

This activity relates to Catholic Relief Services Track 1(#8829) and will complement activities in track 1 (#8829) and will enhance scale-up and consolidation of ART services in areas served by AIDSRelief.

Activity Narrative: AIDSRelief has continued to contribute to the United States Government's HIV/ AIDS strategy in Zambia by activating and supporting 19 local partner treatment facilities (LPTFs) and additional satellite facilities to provide antiretroviral therapy, as well as HIV care and services. As of February 2008, AIDSRelief had 20,108 patients actively on antiretroviral therapy (ART) out of which 1,286 were children and 43,664 patients were receiving basic care and support.

The AIDSRelief program is founded in the provision of durable comprehensive quality care for persons infected and affected with HIV/AIDS. All of the strategic program implementation components are developed toward increasing the sustainability of quality. The cornerstone of HIV services wraps around our Family Centered Care approach to care and treatment, and most activities are designed to integrate a family approach to success. Our activities and strategic plan can be divided into six major categories: Community Based Treatment Services; Medical including early infant survival (incorporated into our pediatric and PMTCT narratives), palliative care, training and professional development; Nursing; Outcomes and Evaluation; Laboratory; and Health Care Management. Our plans for transitioning our program and sustainability are incorporated into each of these areas of focus. Our Local Partner Treatment Facility (LPTF) support is accomplished by multi-disciplinary teams with members representing each of the above categories. These teams provide regular on-site support to address critical issues and ensure the necessary components for comprehensive quality care are developed and maintained.

1. Community Based Treatment Services (CBTS) focuses on utilizing the community to maximize health care outcomes. The CBTS specialists work with adherence staff, community health worker and volunteers, and treatment support groups to provide training on treatment preparation and ongoing treatment support. They are also focused on training to utilize the patient as a window into the family using the SmartCare Patient Locator as a tool to family identification and tracking. The CBTS specialists also help identify HIV positive individuals at risk for poor adherence through substance abuse and mental health issues. CBTS works closely with the CRS network of Home Based Care providers and services. Finally, the CBTS team will focus on male involvement into HIV testing and increased involvement in Family Centered Care. This focus on male involvement will be directed toward increasing male support, addressing male norms and behavior, and reducing violence and coercion.
2. The Medical component of our team focuses on three primary components: early infant survival (covered in our Pediatric and PMTCT narratives), palliative care, and training and professional development. One of the center pieces of our program is our commitment to on-site training and mentoring. During our regular LPTF site support visits Ministry of Health (MOH) sponsored trainings are often conducted for sites in a particular region, and incorporated into all of these trainings as mentoring opportunities in both the various out patient clinics and the in patient setting. During COP08 in conjunction with the MOH, University of Zambia (UNZA), and the University Teaching Hospital (UTH) a fully UNZA accredited HIV Diploma course was initiated for advance training for medical officers. This year long course was in response to the MOH request for a cadre of designated HIV Specialist to ensure expertise within Zambia in the coming years. The course is taught by a combination of faculty from the University of Maryland and the UTH, with in depth classes on all aspects of HIV care and treatment. The inaugural class commences September 15th, 2008 with the selection of the top six candidates out of 30 applicants. The second semester commencing in April 2009 will add an additional six students. The program will then continue to graduate twelve students each year. The initial response has been greater than anticipated and there is consideration for expansion to greater numbers. This diploma course will produce the next generation of HIV educators and decision leaders in Zambia. Additional professional development at the LPTF level is accomplished through our monthly newsletter highlighting challenging clinical cases and recent literature updates, our phone hotline to medical team leaders for clinical case reviews, and our bi-annual Partners Forum for LPTF case conferences and experience sharing.
3. Nursing is the pivot point for effective task shifting and addressing the ever increasing human resource crisis in Zambia. The nursing team focuses on providing appropriate MOH approved trainings for nurses, and continue to work closely with General Nursing Council of Zambia (GNC) to develop curriculum and plans for accreditation of nurses as ART prescribers and providers. The nursing strategic plan centers around three stages of task shifting: level one focuses on shifting basic nursing care and triage to community health workers, level two on preparing nurses to triage and refill prescriptions on stable patients, and level three on developing a cadre of nurses to become nurse prescribers. AIDSRelief is providing the nursing technical lead in specific trainings in cooperation with the GNC, University of Alabama, and MOH to support these transitions, develop curriculum, and certification for ART nurse prescribers and conducted at the University Teaching Hospital School of Nursing.

Activity Narrative: 4. The Outcomes and Evaluations (O&E) team have done yearly assessments of viral load outcomes demonstrating durable quality care in our sites. Formal chart reviews, adherence surveys, and HIV knowledge questionnaires have been collected since 2005. The program evaluation of a 10% sampling of patients on ART for between 9-15 months this last year indicated a 92% viral suppression rate. This program will continue to monitor the effectiveness of the AIDSRelief care and treatment model through this quality assurance program.
5. Our Laboratory team is working with the National Laboratory Services to ensure quality control and good laboratory practices at each LPTF. During LPTF visits the laboratory staff receives on-site training on equipment use and care, stock management, and conducts an assessment using indicators to demonstrate the level of quality incorporated at the LPTF.
6. The Health Care Management team is primarily focused on linking the LPTF Care and Treatment plan to site level budgets and developing sustainability. AIDSRelief has found increasing LPTF capacity to develop appropriate care and treatment plans and budgets integral to quality outcomes.

Building on fiscal year FY 2008, 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 limited infrastructure that makes it difficult and costly to maintain quality medical care and 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 29,365 patients at 19 faith-based and non-faith based hospitals and clinics, including the maintenance of 20,108 patients from FY 2008 and the expansion ART to an additional 9,257 patients in FY 2009. AIDSRelief Zambia will provide HIV care to a total of 48,053 individuals throughout FY 2009.

AIDSRelief will continue to provide, on a sustainable basis, the provision of ART to the greatest number of 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. AIDSRelief will continue activities with Churches Health Association of Zambia (CHAZ) related to joint involvement at site level for sustainability purposes. Results from an external evaluation of CHAZ in cooperation with the Centers for Disease Control and Prevention (CDC), MOH, and USAID will identify key areas of focus, and allow orientation of the Board of Directors for CHAZ on AIDSRelief sustainability so a common vision is developed. In some of the sites, CHAZ will use Global Fund resources along with PEPFAR fund from AIDSRelief in order to reach more patients.

Finally, AIDSRelief continues to be actively engaged in supporting the MOH by participating in every available technical working group and committee, and being available to respond to requests from the MOH ART Coordinator for technical assistance. The AIDSRelief team also contributes to the CDC and other cooperating partners request for assistance whenever possible.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15617

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15617	3698.08	HHS/Health Resources Services Administration	Catholic Relief Services	7200	3007.08	AIDSRelief-Catholic Relief Services	$7,900,000
8827	3698.07	HHS/Health Resources Services Administration	Catholic Relief Services	4951	3007.07	AIDSRelief-Catholic Relief Services	$4,580,000
3698	3698.06	HHS/Health Resources Services Administration	Catholic Relief Services	3007	3007.06	AIDSRelief-Catholic Relief Services	$5,750,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,134,280

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3013.09	**Mechanism:**	CDC Technical Assistance
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	3846.26308.09	**Planned Funds:**	$298,000
Activity System ID:	26308		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

The funding level for this activity in fiscal year (FY) 2009 has decreased since FY 2008 to support implementing partner activities. Only minor narrative updates have been made to highlight progress and achievements. This activity links to all antiretroviral therapy (ART) activities.

Implementation of the surveillance for antiretroviral (ARV) drug resistance 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 the Centers for Disease Control and Prevention (CDC), plans to continue providing 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) collaboration with MOH and the World Health Organization (WHO) on ARV drug resistance surveillance; 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 FY 2005, in response to a specific request from the Ministry of Health (MOH), the USG provided technical assistance to the national ART program in developing a national plan for surveillance for HIV-1 antiretroviral drug mutations. In FY 2006 and 2007, 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, the University of Nebraska-Lincoln, and the University of Alabama-Birmingham.

In FY 2008, the USG continued providing technical assistance to key sites to ensure ongoing monitoring of drug resistance nationally, in close collaboration with the WHO, MOH, and all cooperating partners in provision of ART services.

In FY 2008 funds supported technical assistance from CDC care and treatment and strategic information (SI) teams to the national program focusing on a quality improvement initiative in coordination with SI activities such as the expansion of the SmartCare Electronic Health Record system and an ART cluster evaluation. SmartCare was identified as the national electronic medical record system for ART and is to be used in all sites where a computer is used.

In FY 2009, ARV drug resistance testing will be scaled-up and also become part of HIV care among children who maintain high viral loads despite ongoing treatment at the USG-supported Center of Excllence for Pediatric and Family HIV Care at the University Teaching Hospital Department of Pediatrics. CDC will continue providing technical support to the national ART program and its coordinator including quality improvement, monitoring and evaluation, and health management information systems. In FY 2009, funds will continue supporting technical assistance from CDC care and treatment and strategic information (SI) teams to the national program focusing on a quality improvement initiative in coordination with SI activities such as the expansion of the SmartCare Electronic Health Record system and an ART cluster evaluation.

CDC-Zambia staff will continue engaging with the WHO on ART quality and guideline updates 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 be used for staffing costs needed to monitor the scale-up of ARV services and infrastructure rehabilitation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15593

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15593	3846.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$278,000
9026	3846.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$648,000
3846	3846.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3013	3013.06	Technical Assistance	$350,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7921.09 **Mechanism:** UNZA/SOM

Prime Partner:	University of Zambia School of Medicine	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	20729.26289.09	**Planned Funds:**	$395,000
Activity System ID:	26289		

Activity Narrative: In order to meet the challenges of the HIV epidemic, relevant and appropriate training preferably university level is required. In FY 2009, funding is requested to support 3 activities: 1) $270 000 is for the laboratory upgrading activity, and 2) $80 000 for the nursing certificate program, and 3) $45,000 to support visiting lecturers to the University of Zambia (UNZA) School of Medicine (SOM).
This activity links SOM MMed (9787.08) and MPH activities (#12536.08) as well as, Diploma in HIV Medicine residency program (#3698.08)

This narrative relates to activities in strengthening the quality and scope of the laboratory services at the School of Medicine as well as to strengthen nurses training for effective care and support interventions for HIV/AIDS in the Republic of Zambia. It has three components associated with it. One component is to strengthen the scope and quality of laboratories for medical, biomedical sciences and pharmacy training within the School of Medicine whereas the other component is concerned with the development, implementation, and evaluation of a Certificate Program to prepare nurses in Zambia to provide comprehensive care, treatment and support, including initiation of antiretroviral therapy (ART) for patients with HIV/AIDS. The third component is to support visiting professors from within and outside the region to give lectures and provide clinical skills teaching in disciplines with limited available expertise as determined by the Dean’s Advisory Committee of the School of Medicine.

The School of Medicine has often emphasized the need for requisite tools necessary for the training of health professionals. One such critical area is the provision of quality laboratory equipment. In this regard this FY 2009 activity is focused on strengthening the quality and scope of the laboratory equipment and service for both undergraduate and graduate courses in the School of Medicine.

The School of Medicine at the University of Zambia is the only medical school in Zambia. Its first admissions were in 1966 when Zambia's population was about four million. The school now serves a population of about 12 million. In its 40 years of existence it has produced over 1,600 graduates. The school has been operating below levels that would be required to produce adequate health manpower for Zambia. This is basically owing to four factors namely: 1) Lack of adequate trained staff; 2) Lack of teaching facilities, lecture rooms, and laboratories; 3) Poor conditions of service; and 4) Lack of student and staff houses.

The Government of the Republic of Zambia’s vision of training 100 doctors per year dating as far back as 1970 has not been realized. In the last 40 years, there has been no corresponding growth and development in particular support areas such as laboratories and physical structures in spite of the introduction of post graduate programs in 1983 and more recently, the undergraduate programs in pharmacy, physiotherapy, Biomedical Sciences, Environmental Health and HIV residency diploma course, that trebled the number of students. The programs aforementioned have not had additional teaching facilities developed commensurate with a seven fold increase in training programs at the school in the last 40 years. There has also been an increased output of graduates from 14 medical students to well over a 100 health professionals in various disciplines per year without corresponding expansion of infrastructure and equipment over the past 40 years. In 2006, as the School introduced a new Environment Health program, the first new building in three decades was put up with assistance from the World Bank.

The school laboratories cater for not only medical students but other programs in the school as well. The laboratories meant to cater for 40 students are usually overcrowded to unacceptable levels. In the ideal situation new laboratories need to be built along with the rehabilitation of the old ones.

Through reprogramming from CDC technical assistance funds in FY 2008, initial funding was made available to support renovation of two laboratories in the SOM and to conduct training for the first group of nurses in the antiretroviral therapy (ART) nursing certificate program. Funding for these activities have recently been made available and implementation of these activities will commence soon.

FY 2009 funds are requested to strengthen the quality and scope of the laboratory equipment and services for both undergraduate and graduate courses in the School of Medicine for improved long-term antiretroviral treatment outcomes. This will improve training and development of skills necessary for effective provision of care, support and treatment in HIV/AIDS/TB/STI programs once students graduate. Health professionals trained under such a conducive environment are likely to progress to be strong public health professionals who will be equipped to respond to the care, treatment and prevention challenges caused by the HIV/AIDS/TB/STI epidemics.

Another activity to be supported in FY 2009 is the implementation and evaluation of a Certificate Program to prepare nurses in Zambia to provide comprehensive care, treatment and support, including initiation of ART for patients with HIV/AIDS. This activity is built on the realization that an emerging strategy for addressing the health workforce shortage and rapidly increasing access to HIV and other health services involves task-shifting or the redistribution of tasks among health workforce teams. In this regard there is need to develop mechanisms for clinical training, mentoring and supervision of workers who assume expanded roles, and for developing financial and/or non-financial incentives in order to retain and enhance the performance of health workers with new or increased responsibilities. One of the guidelines in the of World Health Organization (WHO) report (2008) specifically addresses the recommendation that nurses and midwives can safely and effectively undertake a range of HIV clinical services. The main focus of this activity is to train nurses and expand their roles so that they are able to meet the challenges of HIV/AIDS care and support programs, including ART provision.

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The third activity area to be supported by FY 2009 funding is short-term stays by visiting professors from within and outside the Southern African region to give lectures and provide clinical skills teaching to UNZA SOM students and other health professional students in the SOM programs. Due to the shortage of human resources there are some training programs within the SOM that are grossly understaffed. This support will pay for the visiting professor’s travel and upkeep to provide the block of lectures and clinical skills training. We will as much as possible identify and bring in experts from within the region as it would be cheaper to do so and therefore maximize on the utilization of the available funds. Where regional expertise is not

Activity Narrative: available, experts will be identified from outside the region

Cutting across all the three activities is the fact that these programs will improve capacity for women in line with the Southern African Development Community initiative that encourages member countries to maintain at least a 30% enrolment for women. At the UNZA SOM, 40% of the places for all the enrollment have been reserved for women. Given this scenario, the FY 2009 activities will participate in empowering women in these activities. This empowerment is more evident in the certificate course for nurses in that more than 85% of the nurses are women.

New/Continuing Activity: Continuing Activity

Continuing Activity: 20729

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20729	20729.08	HHS/Centers for Disease Control & Prevention	University of Zambia School of Medicine	7921	7921.08	UNZA/SOM	$370,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $395,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2987.09

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3672.24835.09

Planned Funds: $300,000

Activity System ID: 24835

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

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, and with the work of Project Concern International (PCI) supporting counseling and testing (CT) and Adult Care and Support, as well as JHPIEGO's work on integrating diagnostic CT into TB and STI services for mobile populations. It also relates to the pre-service training component of the Health Systems and Services Program/USAID as well as various partners supporting the Ministry of Health (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 Prevention of Mother To Child Transmission (PMTCT) and HIV/AIDS care and treatment services, with the appropriate integration, linkages, referrals, and safeguards to minimize medical transmission of HIV. 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 2009, JHPIEGO will build on previous work to support comprehensive HIV/AIDS prevention, care and treatment services in the 54 ZDF health facilities. In FY 2005-2008, JHPIEGO initiated and supported development of 16 model sites, and will continue to develop model facilities with guidance from ZDF, expanding to four new facilities in FY 2009. JHPIEGO will support the expansion of comprehensive HIV/AIDS care and treatment services through co-teaching ART, TB/HIV (and other OIs), and PMTCT, using group-based, on-the-job training and distance learning methodologies already successfully used by JHPIEGO in other settings.

In FY 2009, JHPIEGO will target at least 80 providers in Adult Treatment, including doctors, nurses, clinical officers, and other health cadres. The Adult Treatment training is a part of the series of trainings on core competencies for these cadres and will also include PMTCT management and diagnosis and management of TB and other OIs, in an effort to strengthen linkages between Adult Treatment and other HIV/AIDS prevention, care and treatment services to ensure more comprehensive and continuous care for people leaving with HIV/AIDS. Following the training, supervision visits to the service providers will be jointly conducted by JHPIEGO and ZDF using SBM-R and other supervisory tools that were developed in the previous years. To ensure a synergy of the efforts in the process, JHPIEGO will deepen linkages with MOH, the National HIV/AIDS/STI/TB Council (NAC), and other collaborating partners such as Project Concern International (PCI) and the Naval Medical Center in San Diego (NMCSD).

Since FY 2005, JHPIEGO trained and retrained 360 service providers in ART and opportunistic infections management, drawing providers from many service outlets including the model sites. JHPIEGO also developed ZDF training capacity by training 24 ART and TB staff as trainers. These trainers worked with JHPIEGO staff to co-train at least 200 service providers in the provision of ART. In addition, the model sites established between FY 2005 and FY 2008 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 2008, JHPIEGO was working with model sites in all nine provinces.

To support performance improvement of systems and quality Adult Treatment service delivery, JHPIEGO will conduct supportive supervision visits to the 16 model facilities initiated in FY 2005-2008. JHPIEGO will continue supporting the DFMS in conducting workshops using the orientation package for lay workers like managers, clergy, community leaders, and caregivers on HIV/AIDS prevention, care and treatment., This package covers CT, PMTCT, Care and Adult Treatment as well as linkages to other services such as TB and STIs. The purpose is 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 will continue to strengthen and expand facility-based performance improvement systems, providing increasing opportunities for the trained staff from model sites to lead supervision and mentorship programs, while still mentoring and actively supporting the ZDF sites whenever necessary. Whenever possible, JHPIEGO will continue to increase gender equity in provision of Adult Treatment services by training equal proportions of males and females in all the programs. It is hoped that by training men and women in provision of Adult Treatment services, some gender-related constraints to accessing these service may be overcome.

To assist in development of a sustainable quality work force, JHPIEGO from FY 2005 to FY 2008 worked with the ZDF to identify capable institutions to be utilized for human capacity building. The Maina Soko Military Hospital and the Defense School for Health Studies in Lusaka were identified in FY 2008 as the future center for capacity building within Defense Forces, and will provide continued in-service training on the number of programs undertaken by JHPIEGO in the ZDF. In FY 2009, JHPIEGO will continue work with Maina Soko hospital and will provide support and supervision to ensure quality of services and training.

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, as an important partner to the Ministry of Health (MOH) HIV/AIDS PMTCT, Adult Treatment, Adult Care and Support, 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 harmonizes services and maximizes efficiencies between ZDF and MOH facilities and programs. In FY 2009, JHPIEGO will continue utilizing and building on the experience and tools developed in the larger public sector Ministry of Health ART expansion

Activity Narrative: programs, which JHPIEGO has extensively supported, and will continue to develop and strengthen linkages between the ZDF and MOH programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14626

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14626	3672.08	Department of Defense	JHPIEGO	6889	2987.08	DoD-JHPIEGO	$300,000
9089	3672.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$225,000
3672	3672.06	Department of Defense	JHPIEGO	2987	2987.06	DoD-JHPIEGO	$300,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $157,449

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11091.09

Mechanism: Community Empowerment Through Self Alliance (COMETS)

Prime Partner: Comprehensive HIV/AIDS Management Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 27477.09

Planned Funds: $0

Activity System ID: 27477

Activity Narrative: The new Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY09, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA

COMETS will scale up of the number of GDA partners offering on site facilities to employees and their families with at least 3 new GDA partners Lumwana Mine , Chibuluma Mine, and Luanshya Mine providing free/subsidized ART services to employees, dependents and the outreach community through their hospital and/ or clinics. COMETS will increase the number of private sector clinics offering ART services in the within the existing GDA partnership.

The number of mobile HIV Services Units will increase from the existing 3 to 7 districts supporting a total 56 rural health centers. Through the deployment of a MHU in seven districts, COMETS will provide mobile outreach services designed to help the DHO overcome deficiencies in the provision of vital HIV/AIDS services in rural communities. The roll out of MHUs as part of COMETS will build upon CHAMP's experience in deploying MHUs in three Zambian districts. The use of MHUs in these three districts have been heralded by the MoH for its innovation and for its effectiveness in the rapid scale up of CT, HIV care and treatment, which are provided in support of the HIV mission of the rural health centers(RHCs). The MHUs also provide an array of HIV services supportive of a community response.

The COMETS' MHUs will be operated by a four-member multidisciplinary team, including two clinical officer, one nurse counselor and a field assistant. The team, their vehicle, tents, and other equipment will be based within the District Health Office to assure smooth coordination with DHO officials. Following site selection by the DHO, the MHUs will provide outreach services on a pre-determined route to eight communities within a district every two weeks. MHUs will coordinate their activities and visits with the RHC and local FBOs and CBOs to assure a unified response and continuum of care. The MHUs will support the capacity of the RHCs to provide quality services and will provide the RHCs, with support to ensure there are no ART stock outs by facilitating timely supply of ART medications under a MOU with the MoH, which will supply these commodities free of charge to COMETS.

The treatment offered by the mobile HIV unit will not be all-encompassing, and will build the capacity of existing mid-level providers such as the RHCs and Palliative Care providers to bridge the gap created by geographic distance and service delivery. The MHUs will provide CT services and support RHCs in their provision of ART with referral to district-level health facilities as required as a way of integrating into MoH protocols and systems. Deployment to RHC will also assure the rapid expansion of community access to quality CT and ART services, through referrals and clinical support services, with the expectation of reaching significant numbers of people during the first six months of the project.

All the ART Service Centers under the GDA's will be supported by the prevention and CT campaigns and the sensitization and mobilization activities in the workplace and the community which will be carried out and supported by the HIV Resource Persons Network (HRPN) supportive assistance from COMETS, and sub grant funds. The integration of activities and interventions confirms that HIV sensitisation and the mobilisation from HIV testing are the entry point for the continuum of care for the HIV + client

During FY09, the Treatment Adherence Agents (TAA) that have been trained in the existing 24 GDA rural health center catchments populations to support patients on treatment will be strengthened and supported. It is anticipated that this model will be expanded to the new rural health center sites in linkage with Zambia National AIDS Network and the Global Fund.

In FY09 COMETS will increase the number of service outlets providing ART to 24 and will initiate 4168 new clients on ART whilst attaining 8,460 current clients and number of patients ever on treatment at 9378 at the end of 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9756.27321.09

Planned Funds: $0

Activity System ID: 27321

Activity Narrative: April 2009 Reprogramming: Activity deleted due to protocol not approved. Funds have been reprogrammed to UTH to support DCT program.

This PHE activity, “Evaluation for renal insufficiency in patients commencing Highly Active Antiretroviral therapy at the University Teaching Hospital in Lusaka, Zambia ”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0176.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15584

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15584	9756.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$40,000
9756	9756.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$40,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $40,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11101.09

Mechanism: New Communications Procurement

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 27311.09

Planned Funds:

Activity System ID: 27311

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID clinical activity in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be an overlap between the current and new project so that services continue to be provided to new and existing clients.

A new partner will be selected in 2009 to implement behavior change communication (BCC) activities focusing on adult treatment. This activity links with sexual prevention, counseling and testing (CT), and male circumcision activities; and addresses both Zambian and the President's Emergency Plan For AIDS Relief (PEPFAR) goals of scaling-up ART services by providing quality information on treatment, adherence, and positive living. The new partner will work in all nine provinces in close partnership with USG partners and the Zambian government (GRZ) and will use a comprehensive BCC approach that promotes better health-seeking behavior through the support for and promotion of ART services.

All BCC activities related to HTXS will be based on research and in support of the National Prevention Strategy (NPS). In 2008, the Ministry of Health (MOH) in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local partners developed the NPS to reverse the tide of HIV/AIDS by intensifying prevention activities nationwide. Building also on the national ART communication strategy which was developed with technical assistance from the USG, the new partner will continue to assist the NAC in producing quality communications relating to ART. Messages will be pre-tested for effectiveness and translated into local languages.

With financial support from PEPFAR, outreach materials have already been developed such as the Positive Living Handbook, a three-part PMTCT video issued in five languages entitled "Mwana Wanga", an antiretroviral video entitled "The Road to Hope", and a family planning video for PLWHA entitled "Our Family, Our Choice." Where appropriate, the new BCC partner will develop new or utilize existing materials to promote messages of knowing one's HIV status, ART adherence, prevention for positives, PMTCT, and promotion of proper nutrition for PLWHA. This will be done in close collaboration with NAC and other key stakeholders.

All communications materials 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.

Technical assistance will be provided to the NAC in the dissemination of the NPS which focuses on scaling-up behavioral change efforts including ART adherence. The new partner will ensure that its activities are also integrated into district and provincial plans ensuring ownership and sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11080.09

Mechanism: new USAID health systems strengthening activity

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 27315.09

Planned Funds: [redacted]

Activity System ID: 27315

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the USAID health systems strengthening follow-on in FY 2010. Targets will be adjusted based on the actual starting date of the new project. A two-month overlap between current and the new project has been planned to ensure a smooth transition.

A new procurement on health systems strengthening to follow the Health Services and Systems Project (HSSP) project is being developed and will be awarded in 2009. The activity will relate to activities in the Zambia Prevention, Care and Treatment Partnership (ZPCT), Health Communication Partnership (HCP), and Centre for Infectious Disease Research in Zambia (CIDRZ).

The lack of skilled health care workers is the most significant factor hampering the scale-up of the ART services in Zambia. This activity will support the Ministry of Health (MOH) retain critical health care personnel in areas of greatest need and provide support in performance improvement and quality assurance of anti-retroviral therapy (ART) services.

This activity will increase access to ART services through financial and technical assistance to the retention of 119 skilled health workers (doctors, nurses, clinical officers, laboratory personnel, and others) in rural areas where the human resource crisis is most acute. This activity will also support the nine clinical care specialists (CCS), placed in each of the nine provincial health offices (PHO), through payment of salaries and provision of fuel expenses for the supervision, monitoring and coordination of ART scale-up in hospitals, health centers and out-reach mobile posts.

This activity will assist MOH to support implementation of the performance assessment tools and the minimum quality assurance standards for HIV services, and to strengthen supervisory services that focus on case management and quality improvement. This activity will also collaborate with the Medical Council of Zambia to strengthen and monitor the accreditation mechanism for certification of private ART providers to ensure that the services and treatment protocols meet national standards.

An important component of this activity will be to strengthen the management capacity of District Health Offices and health facilities for the planning, implementation, monitoring and evaluation key health interventions, including HIV/AIDS services.

To ensure sustainability, this activity will be implemented within the existing Government of Republic of Zambia GRZ structures and plans. The activity will facilitate the development and dissemination of appropriate standard guidelines, protocols, plans, and budgets. The tools and guidelines will be disseminated for use by relevant MOH structures. The activity will also assist GRZ in implementing a facility-level quality improvement program. All the components of this activity will be integrated into the existing programs and structures to ensure continuity of services after the activity concludes.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11020.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17765.27882.09

Planned Funds: [redacted]

Activity System ID: 27882

Activity Narrative: This PHE activity, “Cost-effectiveness of models of adult treatment delivery”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0182.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17765

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17765	17765.08	HHS/Centers for Disease Control & Prevention	Tulane University	7186	2929.08	UTAP - Boston University-ZEBS - U62/CCU622410	$250,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11020.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 27881.09

Planned Funds:

Activity System ID: 27881

Activity Narrative: This PHE activity, “Factors influencing enrollment in ART for HIV/AIDS in Zambia”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0181.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3013.09

Mechanism: CDC Technical Assistance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 17704.27892.09

Planned Funds: $0

Activity System ID: 27892

Activity Narrative: This PHE activity, "The role of supportive services in the provision of ART", was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0196.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17704

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17704	17704.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$70,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 12224.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29785.09

Planned Funds:

Activity System ID: 29785

Activity Narrative: Engage cost modelers to conduct an assessment of the ARV costs.

This activity will include data collection and interpretation as well as workshops with stakeholders on the assumptions required in the model, as well as dissemination of the outputs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11020.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29215.09

Planned Funds:

Activity System ID: 29215

Activity Narrative: The PHE "Evaluation of Interventions to Reduce Early Mortality among Persons Initiating ART in Emergency Plan Countries" has been approved by the SSC. The tracking number is ZM.08.0201.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11667.09

Mechanism: Nutrition RFA

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 20731.28557.09

Planned Funds:

Activity System ID: 28557

Activity Narrative: USAID Zambia issued a new bilateral Nutrition RFA by December 2008 to establish a bilateral Nutrition activity.   Following current OGAC Food & Nutrition guidance, the bilateral mechanism funded by the RFA will provide food and nutrition services to People Living With HIV/AIDS (PLWHA), primarily, moderately to severely malnourished clients who are on ART or eligible to begin ART.   The new activity funded by the RFA will link to ART service delivery providers (CIDRZ, AIDS-Relief, and ZPCT), Palliative Care services (RAPIDS, SUCCESS, PCI/ZDF, ZPCT, and others) as well as to PMTCT clients who receive either a full course of prophylaxis or a full course of ART, and to OVC providers

Emphases of the RFA will include: increased efforts to link to ART OVC, HBC, and PMTCT activities, and to provide nutritional support and counseling to benefit malnourished PLWHA, OVC and HIV positive infants, especially those on ART. Goals are to optimize treatment outcomes and survival time, minimize HIV transmission, and help reduce malnutrition in PLWHA through targeted, time-limited nutritional support.

The goal of this new activity will be 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 Food & Nutrition 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 at least partially on the successful USAID Kenya “Food by Prescription” program. It will carefully target nutrition interventions to improve clinical outcomes in malnourished PLWHA.   The program will screen and target malnourished 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 awardee TBD will work with USG partners and the GRZ to continue to develop and finalize 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.

AWARDEE TBD 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.

To meet this target, AWARDEE TBD will provide training and technical assistance to clinical staff and community-based health workers (volunteer home based caregivers as well as their registered nurse supervisors, etc) at a number of selected sites which have a constellation of existing ART, HBC, and other HIV/AIDS related services.   AWARDEE TBD will also provide funding to support the cost of producing, distributing, monitoring and reporting on therapeutic and supplementary foods.

The AWARDEE TBD will address private sector, market orientation, as well sustainability concerns by working with one or more private sector partners, such as local food processing plants, to produce the RUTF and HEPS products, as well as by using a training of trainers (TOT) model.   By using existing local food processing with the requisite quality control, the USG will not have to pay for plant or equipment. Local food processors will have to demonstrate 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.

The AWARDEE TBD will build local capacity and strengthen local institutions. There are possibilities for Public-Private Partnerships (PPP), leveraging and wrap-arounds, such as the Land O’Lakes PPP funding for a food processor to produce fortified food products for malnourished PLWHA.   The AWARDEE TBD will explore leveraging opportunities to mobilize corporate donations to reduce the cost of production, or provide free constituents for food products.

New/Continuing Activity: Continuing Activity

Continuing Activity: 20731

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
20731	20731.08	U.S. Agency for International Development	To Be Determined	11947	11947.08	Nutrition RFA	[redacted]

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	12072.09	**Mechanism:**	Viral Load PHE
Prime Partner:	University of Alabama, Birmingham	**USG Agency:**	HHS/National Institutes of Health
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	28620.09	**Planned Funds:**	$986,872
Activity System ID:	28620		

Activity Narrative: This PHE activity, “Effectiveness of HIV Viral load monitoring on patient outcome in resource-poor settings ”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.06.0213.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $986,872

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $4,985,056

Program Area Narrative:

This is the first pediatric program area narrative incorporating care, support and treatment. Pediatric care and treatment comprises health services for HIV-exposed or HIV-infected children. It extends and optimizes quality of life for HIV-infected children, providing clinical, psychological, social, spiritual and prevention services.

In 2000 the Government of the Republic of Zambia (GRZ) launched its national PMTCT program. In 2002 the GRZ launched a public sector ART program to provide access to treatment for adult Zambians at a fee. In 2005 the GRZ extended "free" treatment services to all Zambians. Nonetheless, few children (less than 10%) access HIV care, support and treatment. The goal of both the GRZ and U.S. Mission in Zambia is to provide ART to at least 80% of all children in need of treatment by 2010.

The GRZ recognizes the needs of pediatric patients and has begun to address the needs of children. The year 2007 was a major milestone for the Pediatric ART (P-ART) program: two P-ART program officers were appointed at the Ministry of Health (MOH) with support from the Clinton HIV/AIDS Initiative (CHAI) to manage Pediatric care and treatment at national level; the Zambia National P-ART guidelines and the Zambian Pediatric Training Manual were produced to train health care workers; the MOH issued guidance on routine provider initiated counseling & testing (PICT) for all children in health care settings; and the MOH began to train health care workers country-wide and improved availability of pediatric formulations at district level hospitals including fixed dose combinations (FDC's). Finally, in 2007, three Polymerase Chain Reaction (PCR) referral laboratories became functional alongside a training program for collection of dried blood spot (DBS).

In FY 2007, the U.S. Mission in Zambia began to link pediatric Care and Support (CS) services to P-ART and prevention of mother to child transmission of HIV (PMTCT) services. The goal is early initiation of pediatric treatment to reduce infant mortality. CS partners will link to PMTCT partners for referrals of HIV positive mothers and infants, and will provide ongoing support in the community for exclusive breast-feeding (EBF) up to six months, unless replacement feeding can meet WHO-mandated ("AFASS") conditions, and for timely, appropriate weaning with nutritious foods. The U.S. Mission in Zambia will document pediatric referrals in FY 2009 through referral feedback loops. CS partners have modified M&E systems to track pediatric referrals and to count pediatric CS clients. They have also trained caregivers in Pediatric CS. Selected CS partners have developed child-friendly environments, such as "Family Support Units" for pediatric clients in tertiary hospitals, as well as child-friendly wards or rooms in hospices. Services designed for pediatric clients include "play therapy" and day schools at clinical sites to promote on-going education.

UINCEF estimated in 2006 that 130,000 children in Zambia were infected with HIV; of these, 40,000 were in immediate need of anti-retroviral therapy (ART). By mid-2008, 15,000 children had begun to receive anti-retroviral therapy. Current Care and Support (CS) reporting systems do not identify pediatric clients separately, but of the 211,000 clients receiving CS as of March 2008, approximately 8-10% were pediatric clients. Though the scale up of pediatric HIV services has been progressing, it is still in its early stages as only 8% of all ART clients are children.

A number of initiatives supported by the U.S. Mission in Zambia accelerate the scale-up of pediatric treatment. First, the PMTCT initiative was scaled up to focus on linkages to pediatric follow-up care and treatment services. To date, PMTCT population coverage is over 60% in Zambia. In FY 2009, U.S. Mission in Zambia will focus on the challenge of linking PMTCT and care and treatment for positive mothers through newly revised under 5 health cards. These cards will be used for all health visits and will clearly indicate exposure status of the child, co-trimoxazole prophylaxis (CPT), data from the six week follow up, Dried Blood Spot (DBS) for Polymerase Chain Reaction (PCR), as well as weight and nutrition monitoring. Immunization coverage in Zambia is over 70% and this will present a good opportunity to identify exposed and infected children. DBS collection is conveniently linked to the immunization program, a widely accessed service.

Second, the MOH provided guidance to routine provider-initiated counseling and testing (PICT) for children in healthcare settings. The UTH Pediatric Center of Excellence is a model for training. An assessment in 2008 indicated that provincial hospitals and selected urban clinics were implementing PICT with high acceptance rates. Routine testing in children brought for under-5 clinic weight, nutrition monitoring, and immunizations are being piloted at selected sites with U.S. support. The outcome of this pilot will inform policy on PICT in under-5 clinic settings.

Third, availability of three PCR reference laboratories with designated access for all provinces has greatly improved early infant diagnosis. This includes training in DBS across the country with close to 200 providers from various centers trained at the UTH.

Fourth, Zambia adapted the recent WHO guidance to treat infants below 12 months with confirmed HIV regardless of CD4 count. This will improve pediatric outcomes. In FY 2009, treatment programs will enroll more infants reducing mortality in this age group.

Finally, U.S. Mission in Zambia will focus on child specific counseling and testing. U.S. partners will make greater efforts to train counsellors to handle children and adolescents with their specific psychosocial needs.

The lack of healthcare worker knowledge and skills has hindered access to HIV care and treatment for children. Training and

clinical mentorship to build healthcare worker capacity is critical to scaling up HIV services for children. Since 2007, over 1,500 healthcare workers, including doctors, clinical officer nurses, and 50 community volunteer caregivers have learned P-ART and/or care and close to 10,000 PCR tests have been performed.

The U.S. Mission in Zambia will continue to scale up the number of PMTCT sites and coverage, as well as improve links with care and treatment. The U.S. Mission in Zambia will also provide more effective P-ART, including dual therapy for HIV positive pregnant women, and HAART for pregnant women with CD4 counts below 350.

Entry points used to identify HIV-exposed and infected children include PMTCT, counseling and testing (CT) sites, maternal child health (MCH) clinics, and community-based OVC and care and support services. Other plans include expanding the linkages between PMTCT and community OVC and care/support programs.
In 2009, the U.S. Mission in Zambia and its partners will work intensively to link PMTCT, OVC and Palliative Care and Support activities more closely, in order to facilitate the early identification, care and treatment of HIV positive infants and children. Clinic-based programs like PMTCT will refer clients to community-based programs such as OVC and Palliative Care and Support, so that tens of thousands of trained community caregivers can follow up and screen HIV exposed infants for potential danger signs such as growth faltering, and refer them for pediatric testing, care and treatment. Community caregivers may also be linked directly to the pediatric testing initiative once the GRZ authorizes them to collect dried blood spots (DBS) for analysis. It should be noted that all community volunteers work closely with the health center staff.

In FY 2009, the U.S. Mission in Zambia will set up a number of model sites for pediatric care and treatment in Zambia. These will serve as training and referral sites. In addition, training programs will incorporate follow-up on-site pediatric care and treatment mentorship of health staff who receive the largely didactic one week training.

Scale up of P-ART includes early infant diagnosis (EID) through the PCR program and strengthened linkages between PMTCT and P-ART. In the FY 2009 COP, the two aspects of pediatric EID and care of the exposed child will continue to be under PMTCT as the health workers that implement this activity are based at MCH clinics and trained in PMTCT. The DBS courier system is currently supported by CHAI, who strive to ensure timely delivery of samples and reduced turnaround time for results.

In FY 2009 pediatric ART training will target 313 health facilities that currently provide treatment. Healthcare providers will learn to provide comprehensive care and treatment to children. Training of adult service providers in the management of children promotes a "family centered" approach to care and treatment. In FY 2009 Family Support Units (FSU's) will expand as an entry point to counsel, test, care for and treat the family. Services are being re-designed to make them "child-friendly" with "play therapy" and the provision of basic education. This approach will be expanded to cater to military families and an FSU will be constructed at the Maina Soko Military Hospital. As the military is running a parallel health system to MOH, an MOU between the Ministry of Defense and MOH has been developed (and is awaiting signature) to strengthen services delivery and linkages to support improved child care.

Trauma-Focused, Cognitive Based Therapy (TF-CBT) is a new, research-based method of assessing child counseling needs and providing targeted mental health services to HIV-positive children most in need. TF-CBT estimates that approximately one-third of children become traumatized and require specialized therapeutic care.
The introduction of TF-CBT, on a small scale, will provide traumatized HIV-Positive children with proven-effective mental health services. Care and Support volunteers will learn to screen children with mental or emotional trauma, and refer them to TF-CBT sites.

HIV exposed and infected children are routinely provided with co-trimoxazole prophylaxis. This will continue as part of routine care in FY 2009. Exposed infants receive syrup form of CPT prophylaxis from six weeks of age until HIV is excluded. HIV positive infants receive prophylaxis in their first year of life until they reach the immunological criteria to stop.
In FY 2009, U.S. programs are increasing attention to the food and nutrition aspects of care. A number of projects will provide infant and child nutritional assessments (using anthropometric measures), micronutrient supplementation, and food and nutrition support for moderate to severe malnutrition in infants and children, using ready-to-eat foods as well as high energy protein supplements. Nutrition support will include therapeutic and supplementary feeding for clinically malnourished mothers and infants, and will augment micronutrient supplementation for all.

Volunteer caregivers will support mothers' efforts to ensure appropriate infant feeding options. Using revised under-5 cards, U.S. partners can trace exposed infants and provide information on options for infant feeding. Trained caregivers in the community will provide ongoing support for exclusive breast feeding up to six months, unless replacement feeding can meet the WHO mandated ("AFASS") conditions. Trained community volunteers will help ensure that HIV-positive mothers return to clinics regularly for well-baby and well-mother visits, and will assist with clinic visits if they become ill.

At tertiary level, children with severe malnutrition often have complications; they also have a 40% mortality rate and 35% are HIV positive. In FY 2009, a novel community nutrition program in Lusaka will check for malnutrition in its earlier stages and screen for HIV to avoid severe outcomes.

The prevention care package also includes safe water through provision of chlorine and education on water treatment, safe storage and basic hygiene education. Other interventions include wrapping around the President's Malaria Initiative (PMI) and National Malaria Center in the on-going residual spraying program and supply of insecticide treated bed-nets (ITNs) for all pregnant women, their babies and infected children in an effort to prevent malaria in the households. The U.S. Mission in Zambia and the GRZ prioritized a donation of 500,000 ITNs in 2007 to protect pregnant and lactating women and their infants, especially HIV-positive female clients of home-based caregivers, and their HIV-exposed infants. This has contributed to a national reduction in cases of malaria.

Comprehensive care for infected children will remain a priority with early identification and management of opportunistic infections like tuberculosis, diarrheal diseases and fungal infections. The 2008 revised integrated management of childhood illnesses (IMCI), a front-line workers guide to manage all common illnesses, includes a specific chapter on management of HIV and opportunistic infections at the primary healthcare level.

The supply chain management system directs all drugs and supplies related to pediatric care and treatment. This includes all first -line and second drugs (both syrup and FDC formulations); opportunistic infections drugs, EID supplies, rapid testing related supplies, pain medications, and other laboratory supplies for routine biochemistry and hematology tests.

Retaining and monitoring and children enrolled in care and treatment continues to be a challenge. An expansion of electronic medical records could help. Monitoring and evaluation (M&E) systems are being re-formatted to identify and track pediatric clients for clinical follow-up and for reporting purposes. Cellular phone networks have proved a useful, low cost initiative for follow up of clients.

Challenges that still need to be addressed with the expansion of pediatric programs include: pain management in children; issues around social stability, long term food security, and access to education; more attention to prevention among adolescents and care for the increasing HIV infected adolescent population, with the need to disclose to clients; continued strengthening of links between PMTCT and pediatric care and treatment; and strengthening M&E systems to track children enrolled into care and treatment and policy issues that empower non-healthcare providers to participate in treatment and care programs including DBS collection.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	3007.09	**Mechanism:**	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	29183.09	**Planned Funds:**	$639,412
Activity System ID:	29183		

Activity Narrative: THIS IS A NEW ACTIVITY NARRATIVE BUT FUNDED FROM PREVIOUS YEARS UNDER HIV TREATMENT CARE AND SUPPORT AND HAS BEEN REMOVED AS A SEPARATE ACTIVITY IN FY 2009.

Activity Narrative
This activity is related to activities under adult treatment (#17694.08 and #4548.08) adult care and support (# 17070.08), pediatric treatment (# CRS NEW) all provincial pediatric treatment programs (# NEW SPHO, WPHO EPHO), counselling and testing (#9713.08) and strategic information services (#3711.08)

Integral to the AIDSRelief family-centered approach to HIV care and treatment services is a strong emphasis on the provision of quality, comprehensive care for children. While gaps currently exist in the care, support and treatment services provided to infants and children progress has been made as is demonstrated by expanded access to ARV treatment and early testing and diagnostic services. The AIDSRelief strategy to further close these gaps is anchored by a focus on early infant/childhood survival and includes six target areas to be addressed across all 19 sites: mother-to-child transmission; pediatric HIV testing and counseling for infants, children, adolescents, and their families; comprehensive care of exposed infants and their HIV+ mothers, including provision of co-trimoxazole (CTX) prophylaxis for exposed and infected children, as well as a comprehensive preventive care package for exposed, infected, and affected children; treatment of infected children, including ART (discussed in the "Pediatric Treatment" narrative), OI treatment, palliative care, and psychosocial support services; care for families; and outcomes and evaluation. Our goals for the end of FY 2009 COP will be to have 7,500 pediatric patients in care and treatment; 90% of HIV-exposed infants on CTX prophylaxis; and 90% of HIV-exposed infants receiving DBS testing by eight weeks of age.

Prevention of maternal-to-child transmission is the first and most critical step to reversing current trends in pediatric HIV, and bridging the gap between adult and pediatric HIV services. The AIDSRelief strategy for minimizing such transmission is detailed in the separate PMTCT narrative. Specific strategies to link PMTCT, general ART and pediatric ART services to ensure that HIV-infected women, their infected partners, and their infected and affected children, are receiving appropriate services are described below.

In order to improve the significant morality associated with pediatric HIV, the diagnosis of HIV infection must be made more and made earlier. The availability of DNA PCR testing in Zambia (Early Infant Diagnosis – EID), as well as the Ministry of Health's mandate for Provider Initiated Testing and Counseling (PITC) have both greatly improved diagnostic capabilities for children – particularly those less than 18 months of age. In order to be effective, however, we must ensure that sites are doing the test on all eligible children, and that the results are getting back to them in a timely manner. Key staff at all sites have been trained on the current EID and PITC guidelines, and we will continue to provide updates and trainings as needed to ensure that testing is being done appropriately. In FY 2009 staff at all levels of care, from the RHC to the pediatric inpatient ward, will be updated in guidelines that recommend that HIV-exposure status be established and documented for all children at their first contact with the health system. Additionally, we will work with sites to identify and overcome barriers to successful implementation of EID and PITC, such as a need for more counseling staff and additional training for counselors in pediatric-specific issues, as well as to identify and solve logistical issues which may be contributing to delayed diagnosis in some children. Finally, the importance of using clinical symptoms, such as growth failure, recurrent bacterial infections and hospitalizations, and neurodevelomental delay, will continue to be emphasized as critical for the identification of potentially infected infants and children.

The third target area, comprehensive care of exposed infants and their HIV+ mothers, is equally critical; in addition to the high mortality rates infants known to be HIV-infected sited above, even those who do not acquire the virus from their HIV-infected mothers (the HIV-"affected") have been shown to have higher mortality than their HIV-non-exposed counterparts (Brahmbhatt, et al. 2006. JAIDS. 41(4): 504-508). Because such data demonstrate a strong link between maternal health and infant survival, our first strategy is to ensure that HIV-infected mothers are receiving comprehensive HIV care and treatment services, beginning during pregnancy and continuing throughout their lifetime. Success of this strategy depends on establishing strong linkages between antenatal clinics, the labor and delivery ward, rural health centers, traditional birth attendants, and ART clinics. In FY 2009, this will be achieved by evaluating and improving referral systems within each LPTF, as well as through strengthening community-based outreach programs which can identify HIV-infected mothers and mothers-to-be and link them to the appropriate ART clinic. We will also work with CDC and other partners on the continuous improvement of the SmartCare system so that future versions will enable easy identification and tracking of all family members enrolled in the program.

The second strategy within this target area in FY 2009 is to enroll all exposed children into the comprehensive HIV care and treatment program from birth through their second birthday. Sites will begin enrolling all HIV-exposed infants (and their infected mothers) prior to discharge from the hospital, and both static and mobile under-5 clinic staff will be trained to refer all HIV-exposed children (and their mothers) to the program as soon as they are identified. This will ensure that all HIV-exposed children can receive CTX prophylaxis according to current guidelines, and that those that are identified as HIV-positive through EID can continue it for as long as they are eligible. Because these children will be receiving the majority of their care during their first two years of life from the ART clinic, CTX prophylaxis will be integrated into well child care, and information about their exposure status and receipt of CTX can easily be recorded on their under-5 card. In addition to providing CTX prophylaxis, a comprehensive preventive care package will be provided for all HIV-exposed children through their second birthday, regardless of their ultimate infection status. This care package will also include the following; continuous, evidence-based nutritional assessment, counseling and support, such as assessment of relevant anthropometric indices, education about feeding options, and provision of micronutrient supplements and therapeutic feeds when indicated; monitoring of growth and development, including assessment for neurodevelpmental delay; timely HIV testing – i.e., at 6 weeks of life, or at first contact with the health care system, whichever is earlier; education about safe water and malaria prevention, and provision of specific interventions such as insecticide-treated nets by partnering with other groups within CRS which already provide such services (e.g. SUCCESS and

Activity Narrative: RAPIDS); identification and treatment of acute illnesses; and provision of immunizations and other “well-child” services such as Vitamin A supplementation and routine de-worming.

AIDSRelief will collaborate with USG Zambia partners on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused, and seeks to ensure good nutritional status as an adjunct to Pediatric ART; and support the development and implementation of a USG Zambia food and nutrition strategy, as well as consider adopting a common technical approach to food and nutrition support.

Once an infant or child has been diagnosed with HIV infection, AIDSRelief is committed to ensuring their long term health through the provision of quality care and treatment, the fourth target area; this includes provision of ART to all eligible children (ART-related activities are described in a separate narrative), management of opportunistic infections (OIs), palliative care, and psychosocial support services. Ongoing, on-site training and mentoring will be provided for clinical staff at all sites in the principles of OI diagnosis and management and palliative care for children. Particular emphasis will be placed on the following: improving TB case finding, e.g. by training staff and community-based health workers in basic screening questions; ensuring that laboratory/diagnostic capacity exists to assist with timely diagnosis of common OIs such as TB, malaria, PCP, and cryptococcal meningitis; working with sites to maintain an adequate stock of pediatric formulations of medications to treat OIs and pain; and training in pediatric pain assessment and management. Additionally, increased emphasis will be placed on providing age-appropriate psychosocial support services, including training for providers and counselors in disclosure, caregiver support, and developing support groups for infected children and their families. Centralized pediatric trainings will, whenever possible, integrate all of the above into the training sessions.

The fifth target area on which AIDSRelief will focus in an effort to improve early infant/childhood survival is care of the family. Specifically, we want to ensure that all family members of infected mothers and children are engaged in care at some level: this includes testing of children and partners of infected women; testing of mothers, fathers, and siblings of infected children; family-based tracking of patients; and linking with other community-based programs (e.g., Men in Action) to increase paternal involvement in care.

Lastly, as is true for all program areas within AIDSRelief, we believe that meaningful outcomes assessing the efficacy of our approach to maternal child health care in general and early infant/childhood survival in particular, should be measured. While more details of the outcomes and evaluation strategy can be found in the narrative explaining that program, examples of outcomes to be measured within this program area include: percentage of HIV-exposed children receiving Septrin prophylaxis; percentage of HIV-exposed children receiving DNA PCR testing by 8 weeks of life; and percentage of HIV-exposed children who acquire the virus.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$20,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$30,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	12222.09	**Mechanism:**	Columbia University
Prime Partner:	Columbia University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	3691.26614.09	**Planned Funds:**	$700,000
Activity System ID:	26614		

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

THIS ACTIVITY NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• Updates on current activities
• Expansion plans for FY 2009

Activity Narrative
This activity relates to Columbia ICAP (TBD) pediatric treatment (#3691.08), and TB/HIV (#17633.08), as well as all UTH supported activities under treatment CSA (#9043), PCOE (9765.08) counselling and testing FSU (#9044) and Opt-Out (# 9717.08), and pediatric care and support PCOE (PDCS# NEW), EID #(NEW) community HIV/Nutrition #NEW, palliative care (# 12230.08), mobile initiative # NEW , Nebraska (# 3701.08) and SPHO counselling and testing (#3667.08) and pediatric treatment programs (# NEW)

In March 2005, ICAP began activities in Zambia to support the design, implementation, and evaluation of Pediatric and Family Centers of Excellence (PCOE) throughout the country in partnership and close collaboration with the Department of Pediatrics and Child Health at the UTH. Program goal include:
1) Support the implementation of integrated and comprehensive family centered approach to pediatric HIV support, care and treatment services (HIVSCT) and reduce HIV-related morbidity and mortality
2) Enhance and strengthen the capacity of the Zambian public health system, through partnership with the UTH PCOE to provide quality pediatric HIV/AIDS related services.

ICAP has supported the development, implementation and strengthening of two PCOEs, the UTH PCOE in Lusaka Province and Livingstone General Hospital PCOE in Southern Province. PCOE goals are to serve as:
1) model facilities to provide state-of-the art comprehensive pediatric/adolescent HIVSCT services,
2) referral centers for the nation and province, respectively
3) (UTH PCOE only) training, learning, technical support and dissemination centers for Zambia.
In FY 2009, TBD will transition from providing technical, program, and operations support virtually to providing this support via an in-country team and office to ensure that more efficient and real-time support is offered. Program elements TBD will support, with UTH PCOE, include:

Comprehensive pediatric HIVSCT services: TBD will build on site capacity by supporting systems and healthcare workers to institute program elements that consider the multiple and changing needs of pediatric clients and of the family. TBD will support:
1) Quality and continuous clinical care for all children living with HIV (CLHIV)
2) Monitoring and assessment of all CLHIV for treatment eligibility
3) Continuous assessment of all children enrolled in HIVSCT services for treatment complications, outcomes, and failure
4) Increased linkage and coordination to support the HIV needs of the family
5) Implementation of comprehensive care package for the CLHIV at all ARV sites, including cotrimoxazole prophylaxis and growth monitoring
6) Pediatric adherence, psychosocial programs, and support groups for CLHIV
7) Through collaboration with Zambia Palliative Care Association, improved services for acute and chronic pain management for CLHIV
8) Support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support

Neurodevelopmental approach to pediatric HIV services: TBD will support sites to apply a DEVELOPMENTAL APPROACH to pediatric care, understanding that abilities (cognitive and physical) evolve and mature over time and through various life stages.. This affects and should be considered critical to all HIV issues such as adherence, disclosure, physical examination, normative laboratory values which change over time and life stages
.
Early Infant Diagnosis (EID): TBD will support the development and site level implementation of systems for supporting EID. This will include the development of services to offer EID, reporting tools, and HCW skills training on infant diagnosis including:

1) Support EID program with PCR testing for all children <18 month identified through linkage with PMTCT or rapid test screening programs
2) Enhance PCR reporting systems to decrease post-test counseling turnaround time
3) Ensure that families receive results promptly and as part of a counseling session,
4) Engage and retain infants who are breast fed in care until final infection status is determined.

Patient Follow-up: TBD will continue to support and expand comprehensive community outreach and patient follow-up activities. This includes enhancing patient follow-up and tracking programs supported by teams of outreach workers and "expert" caregivers trained in locating and supporting families of clients who have discontinued care and treatment services. TBD will continue to strengthen the pediatric patient tracking and monitoring system in the PCOEs and in districts targeted for support.

Malaria: Where relevant, TBD will help strengthen malaria prevention interventions through the PMI and national malaria centre, including supplying bednets to clients upon enrolment and educating caregivers on prevention, warning signs, and action steps.

Pediatric HIV Testing: TBD, in collaboration with UTH, will support pediatric case finding in clinical settings:

1) Supporting the implementation of provider initiated inpatient testing and counseling
2) Supporting ART facilities to actively screen for and engage children of all ART/PMTCT clients to be tested for HIV.
3) Supporting HIV testing and counseling services at all points of encounter children have with clinical services immunization, TB, under-5, malnutrition, etc

Activity Narrative: Adolescents: Depending on the population, clinics will be designed to support HIV-infected adolescents, targeting psychosocial and supportive activities addressing their specific needs.

Community level empowerment to provide care for CLHIV: TBD, in partnership with UTH, will collaborate with the Community Based Intervention Association (CBIA) to support caregivers in the community to identify, provide care and deliver interventions for to CLHIV that have been diagnosed developmental delays. This will include support for speech therapy, feeding techniques and physical therapy and cognitive exercises.

In FY 2009, TBD will continue to work in partnership with the PCOEs to rapidly expand, decentralize and strengthen pediatric HIVSCT services throughout the country. TBD will do so with a three pronged approach that supports activities on the national, sub-national and facility level.

I. National level:
1) Policies, Systems and Program: TBD, in partnership with UTH, will engage national level MOH stakeholders and provide support to strategically plan, implement and evaluate pediatric HIVSCT programs. Specifically, ICAP will actively participate and engage the technical working groups and planning bodies to support development, revision, adaptation, dissemination and operationalization of policy, guidelines and protocols.. Emphasis will be placed on essential program areas such as pediatric TB/HIV integration, treatment failure, rapid decentralization of pediatric services and pediatric HIV capacity building.

2) Supporting and strengthening UTH PCOE's National Pediatric Training Program: UTH PCOE has been designated by the GRZ to serve as the national Pediatric Training Center. TBD will support UTH to develop and implement a training program whereby staff at sites targeted to initiate pediatric HIV/AIDS related services visit the PCOE to receive on-the-job training and are followed-up regularly to ensure ongoing transfer of skills and learning. TBD will model the training program after the South-to-South Pediatric HIV Care and Treatment Training Program, a successful international pediatric capacity building program ICAP has implemented in partnership with Stellenbosch University in South Africa. TBD will work closely with UTH and the MOH to adapt the model in the Zambia context and ensure a robust emphasis on providing post-training follow-up and systems support. TBD and UTH PCOE will also partner with the University of Medicine and Dentistry- Francois Xavier Bagnoud Center to provide support in the development of training and performance related resources such as curriculums, job-aids, handbooks, and wall charts.

II. Sub-national (district) level: As appropriate and feasible, TBD, in collaboration with UTH PCOE, will aim to strengthen the capacity of the district level health authority to implement and manage pediatric HIVSCT plans to achieve saturation of pediatric services in their area. Initial targets would include the Livingstone, Siavonga and Mazabuka District Health Management Teams (DHMT). As feasible, illustrative activities will include providing support to above noted DHMT to enhance the management and support they give to facilities implementing family-focused pediatric HIV services. Support will include providing the DHMT with the capacity to conduct site assessments, program quality evaluations, logistics management, supportive supervision visits, and work planning to ensure greater ownership and leadership of pediatric HIV services.

III. Facility level support:
During FY2009 TBD will provide direct technical support to 5 facilities: UTH COE, Livingstone COE, Mazabuka Hospital and Siavonga Hospital and Misisi Compound (an underserved area without a health facility (estimated population 90,000)). TBD anticipates supporting 1,100 children to receive services and training 200 health workers.
1. UTH COE will be supported to advance from a center providing quality care to children living with HIV to a National Reference Center that:
• Initiates and stabilizes newly diagnosed children from the catchment area and refers to lower-level facilities
• Cares for complex and difficult pediatric cases including treatment failure, cancers, neurodevelopmental disease and disseminated and drug resistant TB
• Serves as a technical support and capacity building center to rapidly decentralize pediatric HIV programs
• Provides support for special issues and populations such as sexual abuse and adolescents.
• Pilot special initiatives such as early infant HAART initiation on behalf of the MOH
2. Livingstone COE will be supported to:
• continue to provide quality pediatric HIV services for the catchment area
• deliver outreach pediatric services to be determined priority areas with high pediatric HIV cases and in hard to reach locations
3. Misisi Compound (Lusaka), Mazabuka District Hospital (Mazabuka) and Siavonga District Hospitals (Saivonga) will be supported, with their respective DHMT, to provide quality and pediatric HIVSCT to the catchment population. They will be supported to create active networks with PMTCT facilities in the area to ensure continuity of care for CLHIV and rapidly initiate them into HIVSCT. This will include supporting the sites by initially supporting "satellite" clinic services by PCOE staff and building the capacity of the sites to independently provide comprehensive pediatric HIVSCT. TBD will support training events, mentoring/coaching, task-shifting, clinic reorganization, and minor renovations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15513	3691.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	$1,800,000
3691	3691.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3001	3001.06	Columbia Pediatric Center	$950,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $625,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water $25,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 6842.09

Mechanism: ZPCT FOLLOW ON

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26906.09

Planned Funds: [redacted]

Activity System ID: 26906

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New USAID HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new procurement on palliative care to follow the Zambia Prevention, Care, and Treatment Partnership (ZPCT) project is being developed. This activity links with other program areas including: PMTCT, ART, CT, TB/HIV, and Laboratory Support activities as well as with the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners. The activity will strengthen and expand clinical palliative care services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. By June 2008, the project trained over 800 home care workers (HCWs) and pharmacy staff in ART/OI management, ART/OI refresher, and HIV-related pharmacy management courses, and about 218 facilities were providing clinical palliative care services. Additionally, in 2009/2010, over 86,000 clients will receive palliative care services in project supported facilities

In 2009/2010, the new project will strengthen the expansion of the current activities by providing technical support, ensuring quality services, and building district capacity to manage HIV/AIDS services. Palliative care activities will include four components: 1) strengthening palliative care services including management of opportunistic infections and pain management within health facilities, and support moderate renovations as needed; 2) increasing referral linkages within and between health facilities and communities working through local community leaders and organizations; 3) participating in and assisting the Ministry of Health (MOH) and the National HIV/AIDS/STI/TB Council (NAC) to develop a strategy, guidelines, and standard operating procedures; and 4) increasing program sustainability with the GRZ.

The project will strengthen palliative care services within health facilities, and will support at least 228 health facilities. In addition to the ART/OI training mentioned above, 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. Pharmacy staff will be trained in data collection/reporting and ordering, tracking, and forecasting HIV-related commodities to ensure availability of critical medical supplies and drugs. The project will also liaise closely with the USIAD | DELIVER PROJECT and the Partnership for Supply Chain Management Systems (SCMS) on forecasting drug supply requirements.

The project will increase referral linkages within and between health facilities and communities, building on Zambia's 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. The project will work closely with these established entities to strengthen referral networks linking clinical palliative care services with community-based programs. The project will also continue to work with the Ndola Diocese home-based care program, and with other available Diocese home-based care programs in the operational sites, and other USG supported home-based care partners such as, Catholic Relief Services/SUCCESS and RAPIDS to better link clinical services to related community programs.

The project will work with existing community groups, such as Neighborhood Health Committees, community-based care givers, traditional healers, and other key community leaders to increase community involvement. It will also build community volunteers' capacity, and involve PLWHAs in palliative care services at the community level to reduce stigma and discrimination and thereby improve quality and efficiency of these services. The project will use materials developed by or adapted from materials produced by the Behavior Change and Communications partner.

The project will participate and provide assistance to the USG Palliative Care Forum as well as coordinate with the Palliative Care Association of Zambia and Ministry of Health (MOH) to develop a national palliative care strategy, guidelines, and standard operating procedures, including policy and advocacy activities supporting scale-up of the use of Morphine for pain management. Through these efforts, the project will aim to improve access to quality clinical palliative care services; promote the use of evidence-based practices and share lessons learned in project implementation; and support the revision of national palliative care guidelines and protocols in accordance with GRZ policies.

The project will support evaluations of lessons learnt from palliative care interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to palliative care services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the government of Zambia and to strengthen the Health Management Information System (HMIS). The activity will also participate and share best practices at President Emergency Plan for AIDS Relief (PEPFAR) implementer's meetings, stakeholder meetings, and other fora.

The project will work with GRZ facilities, to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by PHOs, DHMTs, and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines;

Activity Narrative: strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. The project will gradually wean off well performing districts from project technical support over the five years of the project implementation period. Involvement of people living with HIV/AIDS (PLWHAs) gives a human face to the problem of HIV/AIDS, reinforces basic messages, and helps create a more supportive environment. PLWHAs will be used as additional human resources for clinic and community level activities. In addition to training, promoting active involvement of community leaders and key GRZ managers and providers will also enhance program sustainability.

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality CT services. The project will also link these facilities to the government supply chain for provision of HIV test kits.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11105.09

Mechanism: New Social Marketing

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26908.09

Planned Funds: [redacted]

Activity System ID: 26908

Activity Narrative: This activity narrative for pediatric care and support is a draft and will be revised upon award of the new USAID social marketing activity in FY 2009. The activity will be implemented by a partner to be determined in close collaboration with the following HIV activities implemented by other USG implementing partners: HBHC, PDCS, HVOP, HVCT, PDTX, and HTXS. It is envisioned that there will be a two month overlap between the current and the new project so that services continue to be provided to new and existing clients. Targets will be adjusted based on the actual starting date of the new project.

The partner will perform the following activities with FY 2009 funds: 1) promote Clorin home water treatment solution to rural and urban populations through interpersonal communication, radio and television broadcasts, drama shows, and print media; 2) train seventy home based care and public clinical staff on the importance and benefits of consistently and correctly treating household drinking water; and 3) sell one million bottles (250,000 liters) of Clorin through a variety of channels—predominately wholesalers, distributors, public clinics, and non-governmental organizations (NGOs).

The primary target of Clorin home water treatment solution will be households with children under five (to prevent diarrhea diseases among children) and children under 12 years living with HIV/AIDS.

The distribution of Clorin home water treatment solution will be implemented alongside the safe water education campaigns conducted by the Government of Zambia, which promote good personal hygiene such as regular hand washing, boiling of drinking water, and proper storage of drinking water.

As part of efforts to sustain the availability of Clorin on the Zambian commercial market, the current implementing partner has successfully contracted out the manufacturing of Clorin to Pharmanova, a Zambian pharmaceutical company, which produces the product at subsidized rates. To expand on this sustainability effort, the new partner will determine the feasibility of removal of all subsidies on Clorin. Approaches will include the following activities: a detailed market analysis/survey on the product, a comprehensive business plan to implement the withdrawal of all subsidies on Clorin, and the creation of partnerships with other private sector service providers to develop and sustain a viable market for unsubsidized Clorin.

This activity will contribute to the goals and vision of the Zambian Government outlined in the five-year National HIV/AIDS Strategic Framework (2006-2010) and to the strategic objectives of "strengthening home-based care and support programs" and "promotion of appropriate nutrition and positive living for PLWHA."

All the FY 2009 targets will be achieved by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26607.09

Planned Funds: $150,000

Activity System ID: 26607

Activity Narrative: This activity relates to Columbia ICAP pediatric treatment (#3691.08) and care and support (NEW), as well as all UTH supported activities under treatment CSA (#9043), PCOE (9765.08 counselling and testing FSU (#9044)and Opt-Out (# 9717.08), and pediatric care and support PCOE #(NEW) community HIV/Nutrition #NEW, palliative care (# 12230.08), mobile initiative # NEW. Also relates to the SPHO counselling and testing (#3667.08), pediatric treatment programs and Nebraska (# 3701.08)

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Paediatrics 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 is a new activity narrative, although support for early infant diagnosis since FY 2006 has been through the Paediatric treatment funds under Paediatric Centre of Excellence (PCOE) activity. Request for direct funding in FY 2009 will allow the early infant diagnosis (EID) laboratory to carry out its mandate to serve as national level reference laboratory covering a major part of the country.

In 2006, UTH-PCOE was chosen by CDC to collaborate closely with Clinton foundation, CDC, and service cooperating partners (MOH, EGPAF, ZPCT, Boston University (BU), CRS-AIDSRelief and other partners, to scale up early infant diagnosis (EID) services at national level.

The PCOE with direct support from CDC embarked on a program to offer EID of HIV in April 2006. The support included providing technical assistance, training and laboratory equipment in performing HIV DNA PCR using the Roche Amplicor HIV-1 DNA test version 1.5 on Dried Blood Spot (DBS) samples. This program served as the primer for the successful introduction of EID of HIV in the country. Since its inception the program has provided assistance leading to the successful introduction of EID at two other laboratories in late 2006 and 2007 and eventually to the on-going implementation of a nation wide EID program.

The set up of two other EID laboratories has led to the establishment of a national DBS program with the three laboratories providing services to specific regions of the country. The UTH Pediatrics Research laboratory receives EID specimens from 1) The UTH Department of Pediatrics 2) The private health institutions in Lusaka, 3) The faith based health institutions under the Churches Health Association of Zambia (CHAZ) located in Lusaka, Eastern and Western provinces 4) All health facilities in the 11 districts of Southern Province

Goals & Objectives of EID laboratory (2006)
1. To set up a dedicated Early Infant Diagnosis laboratory at UTH PCOE
2. To strengthen the Early Infant Diagnosis Laboratory activities at UTH
a. Continue to implement early infant diagnosis program with PCR testing for all children <18 month identified (through linkage with PMTCT program or rapid test screening) at Family Support Unit, UTH outpatient clinics, and UTH wards.
b. Continue to pilot an interim early infant diagnosis program, using dried blood spots (DBS) to support Livingstone PCOE, the rest of Southern Province and CHAZ supported sites.
c. Continue to train PCOE and UTH staff on early infant diagnosis
d. Implement and enhance the logistics and transport system for DBS to support areas outside Lusaka with a focus on supporting Livingstone PCOE
e. Enhance PCR results reporting systems to decrease post-test counselling turn around time
f. Ensure that families receive results promptly, accurately and as part of a counselling session
g. Provide supportive supervision and quality assurance on all aspects of early infant diagnosis service delivery.

Most of the above objectives have been achieved except for objective 1, and we continue to train and provide supportive supervision on all aspects of EID. In the year 2006, the laboratory tested 1,040 DBS samples, almost all from patients seen at UTH. In 2007 the number of tests performed increased by almost 100% to 2067. In the year 2008 the laboratory anticipates to perform over 3,000 DNA PCR tests and about double this amount (6,000) will be performed in the FY 2009 funding.

The current space available in the UTH Pediatrics Research laboratory is inadequate to meet the increasing sample load. All the EID activities currently being carried out in the UTH Pediatric laboratory will be moved into the proposed new laboratory that will allow for increased working space. Equipment dedicated to EID activities will also be relocated to the new laboratory. Equipment necessary to support the anticipated increase in sample load will be purchased.

The new dedicated EID laboratory will lead to de-linkage of EID activities from Research activities being carried out in the UTH Pediatrics laboratory and reduction in activities currently undertaken in the laboratory. Several challenges to effective and efficient delivery of services have been identified. These include 1) Laboratory space 2) Human resource 3) Data management 4) Poor quality of DBS specimen 5) DNA PCR stock management.

In a meeting held with CDC in April this year, it was agreed that in order to improve numbers of DNA PCR done, there was a need for a dedicated stand alone EID laboratory. The procurement of the molecular laboratory container is in process through ICAP FY 2007 no-cost extension, but the laboratory will require full time laboratory personnel to be employed once this activity moves out of the research laboratory In the past EID related activities have greatly relied on bench space, personnel and sometimes reagents provided by the research laboratory.

In FY 2009
The PCOE will continue collaborating closely with MOH and partners to scale up the availability of infant diagnosis nationwide. PCOE will provide continued collaboration and supervision of the other two EID labs,

Activity Narrative: improve its provision of early infant diagnosis services at national level and continue training personnel at national level on early infant diagnosis. It will also:
a) Implement and enhance the logistics and transport system for DBS to support areas outside Lusaka
b) Enhance PCR results reporting systems to decrease post-test counseling turn around time
c) Provide supportive supervision and quality assurance on all aspects of early infant diagnosis service delivery.

The quality of some DBS specimens still remains a challenge despite training of health workers in DBS collection, handling and packaging. To address this issue a lab specific Quality Assurance/Quality improvement (QA/QC) officer will be recruited and this person(s) will be the linkage between the laboratory and the various districts hubs and facilities collecting DBS specimens by conducting periodic and as necessary site visits to assure quality.

UTH will collaborate closely with all health service cooperating partners to scale up the availability of infant diagnosis nationwide. UTH will provide direct collaboration and supervision of other two labs doing DNA PCR in Zambia. UTH will provide direct infant diagnosis services to rural mission hospitals through its collaboration with CRS –AIDSRelief and the Church Health Association of Zambia (CHAZ). While it is difficult to estimate the HIV exposure rates for infants in our coverage areas it is anticipated that the scale-up in DBS collection and transportation will significantly increase the sample load justifying the need to scale-up current laboratory activities.

Sustainability:
The UTH and Livingstone PCOEs 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 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, drugs, reagents and 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26608.09

Planned Funds: $170,000

Activity System ID: 26608

Activity Narrative: THIS ACTIVITY NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- Shift from program area HBHC in FY 2008 to PDCS
- Update on FY 2008 and plans for FY2009

This activity relates to Columbia ICAP pediatric treatment (#3691.08), care and support (NEW) and TB/HIV (#17633.08), as well as all UTH supported activities under treatment CSA (#9043.08 and, PCOE (9765.08) counselling and testing FSU (#9044)and Opt-Out (# 9717.08), and pediatric care and support EID #(NEW) community HIV/Nutrition #NEW, palliative care (# 12230.08), and Nebraska (# 3701.08)

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.

In order to bring equitable and quality child health care services, as close to the family as possible, the PCOE introduced a mobile clinic unit that reached out to disadvantaged children in Lusaka's Misisi Township, in FY 2008.

The mobile pediatric unit is closely linked to a treatment centre in Lusaka's Misisi Township that is offering early nutrition screening and support, including access to ART to disadvantaged children. The services offered at each outreach session include regular growth monitoring and promotion, child immunizations, health education, clinics for the sick children, psychosocial and HIV counseling and testing services and linkages with local community initiatives (USG partners like RAPIDS and SUCCESS) all of which will impact on better health and palliative care for the children's' well being. In line with the Zambian Ministry of Health strategy, all activities related to the exposed infant will be linked to the PMTCT programs. Reporting on activities around the exposed child will be done under the PMTCT program component.

Funds under this activity in FY 2008 were used largely to purchase the mobile clinic and employ a complement of full-time dedicated staff that provided a range of comprehensive primary health care services to children. The mobile team comprised of two full time counselors, two nurses, and a clinician. The funds were also used to purchase consumable supplies. By the end of the first year of this mobile initiative, 500 children will have received HIV related care and support, including palliation and other child health interventions.

In FY 2009, with the same amount of funds, the mobile team and all care and support activities will be running at full-capacity. Children initiating ART will be reported under the pediatric HIV community nutrition program and all care and support targets will be reported under this activity. It is anticipated that a further 500 will be supported through this initiative in FY 2009, with extension to Kanyama Township in synchrony with the community nutrition program. At least eight health care workers will be re-oriented in provision of comprehensive care to children, including OI management, immunizations, and child health monitoring

The government has introduced mobile clinics in some peri-urban areas in trying to bridge the gap of service delivery as close to the family as possible. With this vision in mind, the PCOE has been assisting Lusaka district health management team to give quality child health care close to the family. The PCOE has been working closely with the district in identification of the intervention area as well as the implementation of this service. The district will provide some of the consumables (especially EPI services) to the mobile clinic.

Sustainability:
The UTH and Livingstone PCOEs 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 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, drugs, reagents and 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	576.09	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	26825.09	**Planned Funds:**	$350,000
Activity System ID:	26825		

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS
• Updates for each section
• Revised targets in FY 2009
• Addition of a new scope to accommodate a community based intervention

Activity Narrative
This activity relates to Columbia ICAP pediatric treatment (#3691.08), care and support (NEW) and TB/HIV (#17633.08), as well as all UTH supported activities under treatment CSA (#9043), PCOE (9765.08 counselling and testing FSU (#9044)and Opt-Out (# 9717.08), and pediatric care and support EID #(NEW) community HIV/Nutrition #NEW, mobile initiative # NEW and Nebraska (# 3701.08).

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 physiotherapy component of this program first received direct funding through the PCOE in FY 2007. This allowed for program implementation and building of local capacity and work in close collaboration with the department of physiotherapy.

Section 1: Physiotherapy: US $100,000

The achievements for FY 2008 activities were the training of 15 Physiotherapists at the University Teaching Hospital and 20 Community Based Caregivers in basic palliative care skills and basic physiotherapy skills respectively. The program also managed to orientate the team members in basic monitoring and evaluation skills. The services under this activity have been extended to the physiotherapy sections of two additional sites within Lusaka namely Chawama Clinic and UTH. By the end of FY 2008, a total of 2,250 clients will have benefited from these services.

The main objective for FY 2009 is to expand Physiotherapy in Palliative Care (PC) services to saturate all communities in Lusaka, using the same activities as outlined in 2008 supplemental activities:
1. To train two Physiotherapists in palliative care at Matero Health centre, bringing the total number of sites to four.
2. Train 20 Caregivers at new facilities within the Home Based Care program in basic physiotherapy skills in Palliative Care.
3. Through the collaboration with Ministry of Health (MOH), train 20 more Physiotherapists as trainer of trainers in Palliative Care.
4. Pilot the basic physiotherapy manual for community caregivers.
5. To provide physiotherapy in Palliative Care services through Physiotherapists and community based care givers.

To achieve the above, we will continue to liaise with local ART clinics to improve the referral system to Palliative Care program, admit HIV/AIDS and other chronically ill patients to the program, provide the physiotherapy management needed to the patients using a holistic approach, conduct stakeholders meetings to disseminate information on lessons learned.

In FY 2009 we will continue carrying out monitoring and evaluation activities for the activity i.e. weekly site monitoring on the implementation, collect quantitative and qualitative data during the monitoring visits, conduct project team meetings to review progress and constraints of the activity implementation, compile monthly reports to the Project Managers for onward transmission to CDC and offer technical support to caregivers on monitoring and evaluation. Training of Physiotherapists in Palliative Care at UTH will be an ongoing process. By the end of FY 2009 at least 3,000 new clients will have benefited with physiotherapy and related palliation.

SECTION 2: PALLIATIVE CARE US $150,000

Although a request for funding this activity was made in FY 2007, the funds were withheld; however these funds were made available through a notice of award for a no cost extension for funding from FY2007 to use for year three budget period beginning April 1, 2008 and ending March 31st 2009. Funds for FY 2009 will build on lessons learned in FY 2008.

BACK UP SUPPLIES
Zambia is a malaria endemic country and malaria is a leading cause of admission to hospitals in children aged less than five years, and parallel to the very high HIV prevalence is the TB epidemic. Pneumonia is a leading cause of mortality among HIV infected infants and persistent diarrhea can lead to severe malnutrition with its associated micronutrient deficiencies. Although effective preventative interventions exist, they are usually not readily available in our health facilities. In order to provide a comprehensive care to all HIV positive children we would like to continue with the procurement of back - up supplies that will prevent and treat serious infections like atypical pneumonia (in particular PCP), TB, malaria and persistent diarrhea.

Malnutrition and micronutrient deficiency is also common among HIV positive children. In our nutrition unit, the prevalence of HIV is about 40%. Vitamin A is given routinely as part of EPI, but is also used for treatment in children with severe malnutrition and other related conditions.

The achievements for FY 2008 were: The procurement of back up supplies that helped prevent and treat

Activity Narrative: serious infections like atypical pneumonia, TB, malaria and persistent diarrhea when usual stocks run out. Nutritional support was provided through micronutrient and vitamin supplementation for HIV-positive children eligible and not eligible for antiretrovirals (ARVs). The appropriate syrup formulation of Cotrimoxazole suspension was offered to all HIV positive children for prophylaxis of opportunistic infections.

In FY 2009, the same amount of funds will continue supporting the management of OIs preventive therapies, micronutrient supplementation, provision of insecticide treated bed nets (through the Presidents Malaria Initiative) to vulnerable HIV positive children. To be purchased are: intravenous cotrimoxazole and suspension, Isoniazid, multivitamin, Vitamin A, zinc, ferrous sulfate, folic acid, (or a mineral mix).

The UTH palliative program will collaborate with USG Zambia partners on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused, and seeks to ensure good nutritional status as an adjunct to Pediatric ART and support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support.

Trainings
As part of continued skills acquisition three trainings will be conducted on the management of severe malnutrition and three more trainings on integrated management of infant and young child feeding. 25-30 health workers will be trained per workshop and this will enable health workers to give uniform messages on these topics. It is anticipated that at least 3,000 children will be reached with these interventions.

SECTION 3: COMMUNITY BASED INTERVENTION US $100,000

We will continue partnering with the Community Based Intervention Association (CBIA) - a small NGO that provides an opportunity to disabled children in Zambia to live a fulfilling and self-reliant life as much as possible and in close relation with other people. CBIA strives to provide intervention through the provision of physiotherapy and home based education to children with disabilities. Since HIV induced failure to thrive and encephalopathy are early clinical manifestations of HIV in children, a partnership with CBIA (a local NGO) has improved the quality of care given to HIV infected children with disabilities. We have also formed a partnership with the palliative care association of Zambia and have strengthened our ability manage chronic pain in children.

Proposed activities for FY 2009 funding:

The Home School Based Education & Physiotherapy Program: CBIA will continue this early childhood program for preschool and school age children with developmental challenges. They will coordinate communities, volunteer teachers, make home visits and train communities to provide educational and developmentally stimulating activities to children using the Ministry of Education’s Home Based Education Program. They will also offer basic physiotherapy and counseling skills. They will train 20 volunteer teachers, to reach 200 HIV positive children in 5 communities in FY 2009.

Communities supported by CBIA will provide children and families with access to other health, education, social and child development services. This will include trainings and workshops in HIV/AIDS care and management, feeding techniques, and occupational and speech and language therapy principles. They will also continue sensitizing families on the needs of disabled children and to create environments that will support and encourage their development and participation in community activities. They will also continue to advocate for the needs and services of disabled children at national-level.

Monitoring and evaluation
Monthly, quarterly and annual activity reports and audit reports will be used by CBIA to evaluate and monitor progress over the year. External evaluators will also be engaged towards the end of the year.

Sustainability:
The UTH is a government run tertiary referral and teaching hospital and all activities in this proposal are within the confines of the priorities of the hospital 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 UTH 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, drugs, reagents and 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. The UTH will also support the CBIA continue its efforts to establish itself as an independent non-profit organization through capacity building, negotiations and consultations with key stakeholders

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 12218.09

Mechanism: Boston University

Prime Partner: Boston University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 12331.26826.09

Planned Funds: $400,000

Activity System ID: 26826

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

ACTIVTIY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity is continuing from 2008. The funding level for this activity in FY 2009 has remained the same, but shifted activity narratives to pediatric program in FY 2009. This activity also relates to activities in prevention of mother-to-child transmission (PMTCT) (#3571).

This activity has two different components: 1) Palliative care support for HIV infected and affected children and 2) Expansion of Early Infant Diagnosis to complement the existing PMTCT and Pediatric Treatment efforts throughout Southern Province (SP). The activity has been modified in the following ways: The two aforementioned components are now combined under one new activity code (formerly HTHX and HBHC); both components will be shifting and expanding activities and coverage in FY 2009. The following narrative includes updates on progress made and planned expansion of existing and new activities for both of these components.

The first component of this activity focused on palliative care support. In FY 2008, Boston University (BU) continued developing palliative care services to support children who were HIV-infected, HIV-exposed or have been the subject of HIV-exposure through child sexual abuse. In FY 2008, BU concentrated efforts on following up exposed children and ensuring cotrimoxizole prophylaxis was improved in SP, and actively promoted exclusive breastfeeding in the communities. Additionally, BU worked with partners to begin strengthening the link to ART for HIV positive children, to ensure an uninterrupted continuum of care. BU also worked closely with the Child Sexual Abuse Clinic (CSAC) at University Teaching Hospital (UTH) to build an efficient data management system, provided technical assistance for data analysis and integrated a strong, sustainable psychosocial and trauma-based therapy component into the clinic for HIV exposed children. BU successfully developed, validated and implemented culturally appropriate psychosocial measurement tools, previously unavailable in Zambia, and built local capacity by training nationals on these measurements. The data system helped to improve follow up and care of HIV-exposed children, indirectly improving palliative care services.

In FY 2009, BU will continue to provide palliative care to children who are HIV-infected or exposed. Specifically funds will 1) ensure that co-trimoxazole is available and being prescribed to all children born to HIV-infected women within the overall BUPIP (see activity PMTCT 3571.08); 2) will continue to actively promote breastfeeding among HIV-infected children through the scale up of the Exclusive Breastfeeding Project conducted in FY 2008; 3) strengthen PMTCT mother-infant follow up by enlisting Trained Traditional Birth Attendants (tTBAs), Community Health Workers (CHWs), and assisting the government in scaling up its successful Sinazongwe pilot follow-up program as requested by the Ministry of Health (MOH); 4) and provide continued technical assistance on the psychosocial and child trauma components as necessary in the CSAC clinic. In FY 2009, BU will develop and implement a strategy to handover data management and analysis to CSAC clinic at UTH, providing technical assistance to UTH and Livingstone General Hospital as necessary to ensure the program is fully sustainable and integrated into the existing system. This will be achieved by transitioning the Teleforms database into a manual entry database, and by building on the local facility-based capacity that was significantly strengthened by FY 2008 activities. Additionally, BU will continue building linkages with family planning programs and home based care programs in SP including but not limited to RAPIDS, SUCCESS, and Mothers 2 Mothers (Health Related Wraparound Activities) such that the program is sustainable within the context of the existing PMTCT program, as explained in that narrative.

The second part of this activity is expansion and strengthening of the Early Infant Diagnosis (EID) Program in SP as a means to promote child survival by identifying both HIV positive infants and referring them, as well as supporting health programs (see cotrimoxazole and breastfeeding above) for HIV exposed but negative infants, a group with poor child survival rates.

EID services have only recently become available in SP, lagging behind other ART services provision. In FY 2008 BU worked (and continues to work) closely with MOH and other partners including the Center for Infectious Disease Research in Zambia (CIDRZ) and the Clinton HIV/AIDS Initiative (CHAI) to systematize the EID program in SP and ensure a strong link between PMTCT and ART clinics. In FY 2008 BU trained 191 health workers in EID from 107 Boston University PMTCT Integration Program (BUPIP)-supported facilities and assisted in developing and implementing the strategy to transport specimens from District Hubs to Lusaka via courier. Though 107 facilities have been trained, only about 1/3 are currently implementing.

FY 2009 activities in EID will result in the scale up of infant HIV diagnosis in SP by continued collaboration with the SP Health Office (SPHO), UTH, CHAI, CIDRZ and other partners. Activities will focus on building and operationalizing a stronger referral system to ART care and treatment centers. Earlier HIV diagnosis will lead to earlier referral and initiation of antiretroviral therapy at much younger ages, as well as identifying high risk exposed, but uninfected children, leading to improved long-term outcomes.

FY 2009 activities will also include designing and implementing a more efficient system to deliver EID results to the very rural areas of SP. Some of the inherent logistical difficulties surrounding EID in SP stem from delays in promptly returning dried blood spot (DBS) results to the rural health facilities. The current system allows for a child to receive results approximately 4 to 5 weeks after testing - a significant problem given the rapid disease progression in children. In partnership with the MOH and a private information technology company operating in Lusaka, BU proposes to implement a DBS online laboratory database system which will allow results to be accessed both via internet as well as through direct cell phone SMS communication to the facilities where they were collected. Confidentiality will be ensured by using only patient identification numbers. SP District Health Management Teams (DHMTs) and the Province Health Office (PHO) can then access the database securely via the internet to get immediate results. Concurrently, rural and urban healthcare facilities with cell phone access (a majority of facilities in SP even in remote locations) will be sent batched DBS results for their specific facility via SMS messages. This will

Activity Narrative: decrease the time it takes to receive DBS results at the facilities by at least 2 weeks.

Sustainability for this activity will be achieved primarily by integrating it into the existing government health system and building local capacity to manage follow-up and the technical requirements of EID. Additionally, the program will be strengthened and more likely to sustain itself if it is strongly linked to the existing ART care and treatment centers, as outlined in the narrative above.
The program will be monitored and progress evaluated by the BUPIP (see PMTCT activity narrative 3571.09) monitoring and evaluation plan. Currently the system captures all required indicators, but will be modified slightly in order to stratify tested infants by gender.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17069

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17069	12331.08	HHS/Centers for Disease Control & Prevention	Tulane University	7186	2929.08	UTAP - Boston University-ZEBS - U62/CCU622410	$350,000
12331	12331.07	HHS/Centers for Disease Control & Prevention	Tulane University	4938	2929.07	UTAP - Boston University-ZEBS - U62/CCU622410	$150,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11138.09

Mechanism: NIH

Prime Partner: University of Nebraska

USG Agency: HHS/National Institutes of Health

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 3701.26828.09 **Planned Funds:** $280,000

Activity System ID: 26828

Activity Narrative: THIS ACTIVY IS A CONTINUATION ACTIVITY UNDER LABORATORY AND IS BEING INCLUDED IN THE PEDIATRIC SECTION. TARGTES WILL BE ROERTED UNDER LABORATORY SECTION.

This activity is linked to #8887, #8993, ART in Lusaka and the New Lab EID .

Reliable laboratory support continues to be critical for treatment and care of HIV/AIDS patients. This activity in the past year has provided the University Teaching Hospital (UTH) Department of Pediatrics, with training of laboratory personnel, equipment and supplies needed to perform Polymerase Chain Reaction (PCR) diagnosis of HIV-exposed infants, viral load and HIV genotyping for the monitoring of drug resistance. The training activity will continue for UTH but the support for Kalingalinga's laboratory will no longer be needed. To date over 15 lab technicians have been trained from the two facilities and are now performing PCR for HIV testing, tuberculosis diagnosis, syphilis testing and HIV disease monitoring. Through US Government (USG) funding UTH now has machines and performs PCR and drug resistance monitoring. Currently the lab staff who have been trained are performing all the needed laboratory assays, but at the same time they are providing technical assistance to personnel from other laboratories as needed. Our trained lab technicians will further be trained when updated procedures or techniques are introduced. They will be trained by personnel sent from Nebraska or be sent to Nebraska for further training as needed.

In FY 2009, funds will be used to focus mainly on performing viral load and genotype and testing services. Currently, three lab techs are trained and genotyping is being performed in the laboratory. This test is now available for monitoring of treated individuals with clinical and immunological failures. Over twenty cases from UTH have been tested successfully and our preliminary results on 100 cases from sentinel surveillance of drug naïve cases throughout the country has indicated that 5% of the cases are already carrying potential drug resistance viruses. Therefore we are anticipating a higher demand of the tests as more patients are being treated and more drug failure cases will be observed. Due to the extremely time consuming nature of the genotyping test, an additional technologist and data entry clerk are required to be hired and trained to support the viral load and genotyping as genotyping will be scaled up in the coming year. One senior (MD/PhD) level laboratory coordinator is being recruited to lead this component of the work. This individual has already been identified and will be returning to Lusaka after completing his current training in Nebraska in Oct 2008. Technical expertise from this center will support laboratory infrastructure development of other sites in Zambia if needed. Lessons learned from this activity in FY 2008 in setting up the various tests, especially the viral load and genotyping, will be applied to expanding the activities to other sites, such as the UTH Virology Laboratory and the Arthur Davison's Children's Hospital in Ndola if needed.

Initiating and scaling up viral load and ARV drug resistance monitoring at the government hospitals in collaboration with the Ministry of Health allows these government institutions to build national capacity through acquiring skills and equipment necessary to scale up and maintain a high standard of pediatric ART care. Under this activity Zambians trained in FY 2009 will work with facilities in other provincial hospitals to transfer their knowledge and skills on viral load and resistance monitoring activities so more children can access treatment as well as build a sustainable pediatric treatment at the provincial levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15620

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15620	3701.08	HHS/National Institutes of Health	University of Nebraska	7202	4142.08	NIH	$280,000
9015	3701.07	HHS/National Institutes of Health	University of Nebraska	5013	4142.07	NIH	$280,000
3701	3701.06	HHS/National Institutes of Health	University of Nebraska	4142	4142.06		$280,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1174.09

Mechanism: State

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26876.09

Planned Funds: $476,744

Activity System ID: 26876

Activity Narrative: This activity is a HTXS continuation from FY 2005 – 2007. In FY 2008 it did not receive funds and is therefore classified as newly proposed for FY 2009.

Related Activities include: UTH PCOE (9765.09), UTH CSA (3693.09), UTH PEDS Nutrition (XXX); TBD (3691.09)

Activity Narrative:

The President's Emergency Plan for AIDS Relief (PEPFAR) has supported a multi-phase structural enhancement project for the University Teaching Hospital's (UTH) Pediatric and Family Center of Excellence for HIV/AIDS Care (PCOE) and CDC co-located offices. The PCOE activities supported by PEPFAR have been ongoing in different offices throughout the UTH. The overall goal of this activity is to have all UTH pediatric HIV/AIDS care and treatment activities transferred to the renovated facility to create a "one stop shop" model for pediatric care within the capital city of Lusaka. A delay in achieving this goal has been experienced due to the valuation of the local currency over the last two years. To date, much progress has been achieved with reaching the goal of this activity. PEPFAR funds have supported modifications to ensure safe structural enhancements and adjustments have been made to improve the structure, such as drainage improvements to the facility. In addition, funds have also supported the procurement of equipment, supplies, and labor to ensure that the renovations are adequate to improve the comprehensive model for delivery of pediatric and family HIV/AIDS care.. FY 2009 funds are being requested to support the final phase of renovations, which will allow for the completion of the enhancements of the interior finishes of the PCOE. With these additional funds, it is anticipated that the project will be completed by the end of FY 2009.

Ongoing and future maintenance and support of the renovated structure will be provided by the UTH to ensure sustainability of this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	576.09	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	26605.09	**Planned Funds:**	$710,000
Activity System ID:	26605		

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLOWING WAYS:
• Former HTXS 9765.08 and has been moved to the new PDCS program area
• Highlights progress and achievement to date
• Expansion plans for FY 2009

Activity Narrative
This activity relates to Columbia ICAP pediatric treatment (#3691.08), care and support (NEW) and TB/HIV (#17633.08), as well as all UTH supported activities under treatment CSA (#9043), PCOE (9765.08 counselling and testing FSU (#9044)and Opt-Out (# 9717.08), and pediatric care and support EID #(NEW) community HIV/Nutrition #NEW, palliative care (# 12230.08), mobile initiative # NEW , Nebraska (# 3701.08) and SPHO counselling and testing (#3667.08) and pediatric treatment programs (# NEW)

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.

This program was first funded in the FY 2005 through the International Centre for AIDS Care and Treatment Program (ICAP) a unit of the Columbia University Mailman School of Public Health to support the development and operation of a Pediatric and Family Centre of Excellence for HIV/AIDS care at the Department of Pediatrics and Child Health in Lusaka (PCOE).

Since FY 2006 the PCOE has received funding to allow for program implementation and building of local capacity and has continued to work in close collaboration with ICAP, which provides technical support. The primary goals of the PCOE are: 1) increase the number of children engaged in care and receiving antiretroviral therapy (ART); 2) Training of multidisciplinary teams (MDT) in pediatric HIV/AIDS care and treatment; 3) Serve as the prime referral site for children with advanced and complicated HIV/AIDS disease.

Two PCOEs have been set up, one at the UTH and the other at Livingstone General Hospital and achievements include:
• Recruitment of management and implementation staff to support the COEs
• Establishing data systems, logistics and referral flow between various service points
• Supporting ongoing and dynamic training, technical assistance and supportive supervision. In 2007/2008, 643 health personnel were trained in pediatric technical areas such as pediatric HIV/AIDS management, child sexual abuse, palliative care, child development, adherence; provider initiated testing and counseling (PITC) and hopes to train 500 more by the end of FY 2009.

In FY 2009:
Comprehensive Pediatric Care and Treatment Clinical Service:
The PCOE will continue to support current activities and expand on them by building on the core programmatic elements established over the past three years. Will continue partnering with ICAP and offer technical support to the Ministry of Health (MOH) in the development of pediatric HIV related guidelines and training manuals, conduct national training and mentoring of health workers in the care and treatment of children with HIV/AIDS. Together with ICAP will support the expansion of pediatric ART in Monze and Mazabuka as well as down referral to district sites that filter into the local hospitals.

The PCOE will continue to a) routinely schedule clients for follow-up, adherence and routine visits to ensure timely provision of additional or new clinical services. b) targeted psychosocial and supportive activities for the adolescent population, c) Integrate adherence education, information and counseling activities into all aspects of clinical services, d) Strengthen TB prevention interventions including 1) developing a protocol of TB prevention 2) assessing and screening clients and family for exposure 3) administering prophylaxis to eligible children, 4) educating caregivers on prevention, warning signs and action steps.

Continued support of the Adolescent Adherence Support Group will provide therapeutic benefits and will serve to encourage independence, self empowerment and resilience as they support each other's adherence to care and treatment as well as other adolescent based issues around growing up HIV positive.

The PCOE will collaborate with USG Zambia partners on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused, and seeks to ensure good nutritional status as an adjunct to Pediatric ART; and support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support.

Neurodevelopment Capacity Building Program:
The PCOE will continue offering intervention services for children identified with developmental problems. Caregivers will be educated on child development principles and developmentally stimulating activities for children, and will serve as a resource for child development, neurodevelopment, and mental health programming. The PCOE will continue to:
• Maintain linkages with complementary child development services throughout the UTH (departments of physiotherapy, speech and hearing, UTH special school) and the University of Zambia (UNZA) Assessment Centre.
• Conduct updates of neurodevelopmental screening and assessment monitoring and management tools.
• Expand this service to Livingstone General Hospital.
• Partner with the Community Based Rehabilitation Association (CBIA) to enable PCOE patients with developmental challenges to access intervention services in their community and assist CBIA in promotion of HIV/AIDS awareness and education among their community workers.

Activity Narrative: Community Outreach and Patient Follow-up Program:
The PCOE will continue implementing a comprehensive multifaceted follow-up and tracking program to prioritize the follow up and tracking of children who are lost to follow up. The outreach team will:
a. Continue building formal relationships with PCOE catchments areas, including clinics, community based organizations (CBOs) and faith based organizations (FBOs) to support the follow up of children who have defaulted
b. Continue the implementation of routine lost-to-follow monitoring program within the PCOE system so that a child that immediately misses an appointment has an active file in the follow-up program.
c. Trace and track difficult, priority or high risk cases; liaise with the nutrition program
d. A performance based contracting approach will be utilized to rapidly respond to the findings of the lost-to-follow up assessment. Community gatekeepers and stakeholders will be solicited to nominate a small group of community trackers.

Capacity Building and Training Program:
Building National Pediatric HIV/AIDS Capacity:
1) Continue hosting National Pediatric HIV/AIDS trainings and follow-up with on-site precepting. About 12 trainings will be conducted in 2009 resulting in a minimum of 250 health workers trained in Paediatric ART and how many to be reached with care
2) Develop and implement a training program whereby staff at sites targeted to initiate pediatric HIV/AIDS services undergo on-the-job training at the PCOE
3) Help formulate the National Strategic Frame Work for Pediatric HIV care and treatment
4) Formulate a PCOE specific strategic framework and define its position in the above.
5) Together with ICAP, support the development of pediatric HIV/ AIDS expertise among the UTH pediatric post-graduate students through their placement and integration within the PCOEs (UTH, Livingstone) or other facilities in the country for a four month rotation. The trained postgraduates will also mentor health workers at these sites
6) Design and coordinate a small program to support post-graduates to carry out HIV/AIDS related program reviews within the PCOE.

The PCOE will also revise its training plan to include and incorporate non-clinical content such as program management, financial management, and monitoring and evaluation. In FY 2009 the PCOE team members and stakeholders, and partners hope to conduct an evaluation to assess progress to date, discuss lessons learned, define and describe center future direction.

Livingstone PCOE and other sites
In collaboration with ICAP, continue to provide support to the implementation of the Livingstone PCOE, and support pediatric services to Mazabuka and Siavonga as well as “down” referral to the district sites. PCOE staff will continue to build capacity of the sites to independently provide comprehensive pediatric care and treatment services by staff augmentation, training, task-shifting, clinic reorganization, and minor renovations. UTH –PCOE will conduct site visits to assess progress and provide technical assistance to support successful work plan implementation and provision of preceptorship.

Patient Tracking and Monitoring and Evaluation Systems:
The PCOE will continue to implement a centralized database system so that data management and analysis will be more efficient.
This includes ensuring that a comprehensive system is implemented that:
a. Monitors the critical aspects of comprehensive clinical patient care;
b. Facilitates quality improvement activities;
c. Integrates patient reminders and risk of loss to follow-up prompts (non-adherence);
d. Document referral activities.
The aim of strengthening this system is to ensure patient and program data needs are met, that workforce burden is reduced by ensuring that monitoring patients becomes less time-consuming and more effective.

Sustainability:
The UTH and Livingstone PCOEs, Mazabuka, and Siavonga district hospitals are part of the government run secondary and tertiary referral and teaching hospitals and all activities in this proposal are within the confines of the priorities of the 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. They 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, drugs, reagents and 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $8,515,048

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	576.09	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	26381.09	**Planned Funds:**	$240,000
Activity System ID:	26381		

Activity Narrative: Activity Narrative:
THIS ACTIVITY IS A CONTINUING ACTIVITY FR0M FY 2008 THAT WAS UNDER THE HTXS PROGRAM AREA, BUT INCLUDED NOW AS A SEPARATE NARRATIVE. MODIFICATION IN FY 2009 INCLUDE:
• a new site within an adjacent township
• increased targets

This activity also relates to activities in pediatric treatment (PCOE #9765.08), care and support (# NEW UTHPCOE) mobile pediatric initiative (# new)

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 the FY 2008 through direct funding to the UTH Pediatric Center of Excellence (PCOE). It allows for program implementation and building of local capacity. The program promotes the early identification and care of undernourished HIV infected children in the community and has established a system of early identification of children with HIV related malnutrition; community based management of moderately malnourished children under five years of age with and without HIV infection; a pathway for antiretroviral treatment with nutrition support for these children and promotes community based monitoring of adherence to antiretroviral treatment in these children.

The burden of complicated severe malnutrition in children attending the UTH is very high, and among these children mortality is also very high (40%) as a result of late health seeking behavior. In FY 2008, the PCOE started working in two of Lusaka's neighboring compounds, Misisi and Chawama, to identify children less than five years with malnutrition. An innovative comprehensive community screening program was established that included early identification of HIV positive children. Community involvement ensured local ownership and a rehabilitation centre was set-up in Kamwala South next to an adult nutrition program.

This community based program in one of Lusaka's most disadvantaged high-density residential areas promotes earlier detection of evolving problems in HIV-infected children with malnutrition before they present to health facilities, thereafter intensive nutrition management is done at the community nutrition center. Improved nutritional status is used as a marker of success of the comprehensive HIV/nutrition management program.

FY 2009 Activities:
In FY 2009 we hope to build upon our experiences and excellent relationship of trust with the community in Misisi Compound and to expand into Kanyama compound, another high-density and poorly served area of Lusaka. We propose to conduct a door-to-survey of the entire compound, screening all children under five years of age, using mid-upper arm circumference (MUAC), "bipedal edema check" and the presence of growth faltering (by checking Children's Card if available) to identify children in need of nutritional support, and screening children with recurrent illness or growth faltering for HIV.

All identified children in Kanyama will be included in a comprehensive management program designed to offer a high standard of care, which will include: identification of malnourished with or without HIV; for those with HIV infection clinical staging of HIV disease will be done; treatment of specific illnesses, such as, notable diarrhea, respiratory illnesses, otitis media, skin infections etc; Co-trimoxazole (CTX) preventive therapy for all HIV positive children, anti-retroviral therapy (ART) for eligible children, nutritional intervention – food by prescription and multiple micronutrient (MM) supplementation.

The emphasis is not on new wonder-drugs, but on systematic early HIV and malnutrition detection and comprehensive application of existing best practice at community level with community participation that will enhance sustainability; early identification of HIV positive children needing care and thereby ensure better outcome; follow-up will be delivered from a community nutrition centre. While the primary target of the program are malnourished children under five years of age, early identification of other HIV positive older children who require care will be achieved. Since this is a comprehensive community program other members of the household will be offered counseling and testing for HIV and the team will facilitate early entry into care programs for the other family members.

Outcome measures will be a notable reduction in the number of severely malnourished HIV-infected children older than 18 months in Misisi, Chawama, and Kanyama, improved adherence to medication and decreased mortality in children. A program evaluation will be conducted and disseminated at the end of FY 2009 prior to subsequent roll-out into other compounds.

In FY 2009 follow-up and care will continue to be delivered from a community nutrition centre which we have rehabilitated and is located within reach of the residents of the four townships. We will continue involving the community health workers in identifying and follow-up of children under care and the frequent structured interaction between the staff and the patients will enhance early identification of HIV positive children needing care, early commencement of ART and better adherence to ART thereby ensuring better outcome. This community program is a step further to bringing ART services as close to the community as possible and to get more eligible children on ART.

The program will collaborate with USG Zambia partners on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused, and seeks to ensure good nutritional status as an adjunct to ART; and support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support.

Monitoring and Evaluation (M&E): As noted previously, this program is a component of the larger PCOE work plan. Consequently, the M&E plans summarised in the PCOE work plan narrative will include the

Activity Narrative: comprehensive monitoring of treatment and lab related activities. The PCOE M&E Unit will aim to coordinate and integrate the various data collection tools and database that the nutrition program will be using and there by create one unified reporting system that tracks children from various points of entry, captures the various services rendered, summarises clinical and psychosocial history and status.

We estimate that the total population of the four townships is 200,000, though precise data are not available as Census data for shanty compounds are unreliable. Our targets remain similar to the first year of the program, but the extension into Kanyama Township will allow us to identify many more vulnerable children in this new population. We propose to screen 5,000 children 5% will be HIV positive. The total number of malnourished and/or HIV-infected children will therefore be around 250 but we need to allow for numbers which could be considerably higher than this

This activity is closely linked to the UTH mobile initiative, to provide comprehensive pediatric care and treatment to children, as well as the early infant diagnosis initiative for early identification of children needing treatment. During the FY 2008 there were 5,000 children screened for malnutrition and HIV and 300 accessed care, treatment and nutrition rehabilitation. In FY 2009, it is anticipated that a further 5,000 children will be screened for HIV and malnutrition and another 300 will access care, treatment and nutritional rehabilitation. The success of this model could be replicated in other communities and help in decongesting the Urban Health Centers in Lusaka, detect children requiring ART early and offer nutritional rehabilitation to HIV positive children on ART.

Sustainability:
The UTH is a government-run tertiary referral hospital and all activities in this proposal are within the confines of the priorities of the hospital 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 hospital 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, drugs, reagents, and supplies such as needles and syringes, specimen bottles and test kits, and supportive laboratory services. The benefit of this shared cost and the enhancement of community participation is that in the long-run, sustainability requires minimal funding once staff is trained and systems are in place.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $10,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $20,000

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11101.09

Mechanism: New Communications Procurement

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 26877.09

Planned Funds: [redacted]

Activity System ID: 26877

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID clinical activity in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be an overlap between the current and new project so that services continue to be provided to new and existing clients.

A new partner will be selected in 2009 to implement behavior change communication (BCC) activities focusing on pediatric treatment. This activity links with abstinence/be faithful and counseling and testing (CT) activities; and addresses both Zambian and the President's Emergency Fund For AIDS Relief (PEPFAR) goals of providing quality care for children. The new partner will work in all nine provinces in close partnership with USG partners and the Zambian government (GRZ).

Many parents/caregivers face difficult decisions after finding out a child's HIV status. With support from the USG, the Ministry of Health (MOH) and key stakeholders have identified communication interventions to address the gaps in pediatric HIV education, which later resulted in the development of a National Pediatric HIV/AIDS Communications Framework. The new partner will continue to support the MOH's efforts by improving parents/caregiver's knowledge of treatment adherence and treatment programs available; assisting parents to disclose their children's positive status in an age-appropriate way; and helping children to cope with knowledge of their own HIV positive status.

The new partner will continue to assist older children and adolescents cope after learning their HIV status through materials that have been produced for children's support groups. Communications geared for older children and adolescents help children and adolescents talk about their feelings more openly in support group settings. These materials address managing medications, growing up with HIV (with age appropriate information on sex and sexuality). If needed, new materials will be developed based on research and at the request of the MOH.

At the same time, service providers need support on how best to counsel parents to get their children tested and on treatment; counsel on adherence; prevent opportunistic illnesses; promote positive living; and how to disclose positive status to their children. These types of materials have already been developed in collaboration with the MOH and other key stakeholders. The new partner will build on these materials or create new ones (if appropriate and at the request of the MOH) to ensure these are available nationwide.

All communications materials 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.

Technical assistance will continue to be provided to the National HIV/AIDS/STI/TB Council (NAC)in the dissemination of the NPS which focuses on scaling-up behavioral change efforts including pediatric treatment. The new partner will ensure that its activities are also integrated into district and provincial plans ensuring ownership and sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	12222.09	**Mechanism:**	Columbia University
Prime Partner:	Columbia University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	3691.26503.09	**Planned Funds:**	$700,000
Activity System ID:	26503		

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

THIS ACTIVITY IS A CONTINUING ACTIVITY FROM FISCAL YEAR (FY) 2008 THAT WAS UNDER THE HTXS PROGRAM AREA AND HAS BEEN SPLIT INTO PEDIATRIC CARE & SUPPORT AND TREATMENT. IT HAS ALSO BEEN MODIFIED IN THE FOLLOWING WAYS:
• Updates on current activities
• Expansion plans for FY 2009

Activity Narrative
This activity relates to all University Teaching Hospital (UTH) Pediatric activities under counselling and testing, Family Support Unit (FSU #3758.08) and Opt-Out testing (#9717.08), under pediatric treatment (PCOE)#9765.08 HIV/nutrition NEW and CSA # 3693.08, pediatric care and support # New mobile, EID, # New palliative care # 12330.08 and Columbia TB/HIV # 17633.08

In March 2005, ICAP began activities in Zambia to support the design, implementation, and evaluation of Pediatric and Family Centers of Excellence (PCOE) throughout the country in partnership and close collaboration with the Department of Pediatrics and Child Health at the UTH. Program goal include:
1) Support the implementation of integrated and comprehensive family centered approach to pediatric HIV support, care and treatment services (HIVSCT) and reduce HIV-related morbidity and mortality
2) Enhance and strengthen the capacity of the Zambian public health system, through partnership with the UTH PCOE to provide quality pediatric HIV/AIDS related services.

ICAP has supported the development, implementation and strengthening of two PCOEs, the UTH PCOE in Lusaka Province and Livingstone General Hospital PCOE in Southern Province. PCOE goals are to serve as:
1) model facilities to provide state-of-the art comprehensive pediatric/adolescent HIVSCT services,
2) referral centers for the nation and province, respectively
3) (UTH PCOE only) training, learning, technical support, and dissemination centers for Zambia.
In FY 2009, TBD will transition from providing technical, program, and operations support virtually to providing this support via an in-country team and office to ensure that more efficient and real-time support is offered. Program elements TBD will support, with UTH PCOE, include:

Comprehensive pediatric HIVSCT services: TBD will build on-site capacity by supporting systems and healthcare workers to institute program elements that consider the multiple and changing needs of pediatric clients and of the family. TBD will support:
1) Quality and continuous clinical care for all children living with HIV (CLHIV)
2) Monitoring and assessment of all CLHIV for treatment eligibility
3) Continuous assessment of all children enrolled in HIVSCT services for treatment complications, outcomes, and failure
4) Increased linkage and coordination to support the HIV needs of the family
5) Implementation of comprehensive care package for the CLHIV at all ARV sites, including cotrimoxazole prophylaxis and growth monitoring
6) Pediatric adherence and psychosocial programs, including support groups for CLHIV on treatment
7) Through collaboration with Zambia Palliative Care Association, improved services for acute and chronic pain management for CLHIV
8) Collaborate with USG Zambia partners to support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support.

Neurodevelopmental approach to pediatric HIV services: TBD will support sites to apply a DEVELOPMENTAL APPROACH to pediatric care, understanding that abilities (cognitive and physical) evolve and mature over time and through various life stages and cycles. This affects and should be considered critical to all HIV issues such as adherence, disclosure, physical examination, normative laboratory values which change over time and life stages
.
Early Infant Diagnosis (EID): TBD will support the development and site level implementation of systems for supporting EID. This will include the development of services to offer EID, reporting tools, and HCW skills training on infant diagnosis including:

1) Support EID program with PCR testing for all children <18 month identified through linkage with PMTCT or rapid test screening programs
2) Enhance PCR reporting systems to decrease post-test counseling turnaround time
3) Ensure that families receive results promptly and as part of a counseling session,
4) Engage and retain infants who are breast fed in care until final infection status is determined.

Patient Follow-up: TBD will continue to support and expand comprehensive community outreach and patient follow-up activities. This includes enhancing patient follow-up and tracking programs supported by teams of outreach workers and “expert” caregivers trained in locating and supporting families of clients who have discontinued care and treatment services. TBD will continue to strengthen the pediatric patient tracking and monitoring system in the PCOEs and in districts targeted for support.

Malaria: Where relevant, TBD can help strengthen malaria prevention interventions including supplying bed nets to clients upon enrolment and educating caregivers on prevention, warning signs, and action steps. TBD will work with the Presidents Malaria Initiative and national malaria centre for these activities.

Pediatric HIV Testing: TBD, in collaboration with UTH, will support pediatric case finding in clinical settings:

1) Supporting the implementation of provider initiated inpatient testing and counselling
2) Supporting ART facilities to actively screen for and engage children of all ART/PMTCT clients to be tested for HIV.

Activity Narrative: 3) Supporting HIV testing and counselling services at all points of encounter children have with clinical services immunization, TB, under-five years of age, malnutrition, etc

Adolescents: Depending on the population, clinics will be designed to support HIV-infected adolescents, targeting psychosocial and supportive activities addressing their specific needs.

Community level empowerment to provide care for CLHIV: TBD, in partnership with UTH, will collaborate with the Community Based Intervention Association (CBIA) to support caregivers in the community to identify, provide care and deliver interventions for to CLHIV that have been diagnosed developmental delays. This will include support for speech therapy, feeding techniques and physical therapy and cognitive exercises.

In FY 2009, TBD will continue to work in partnership with the PCOEs to rapidly expand, decentralize and strengthen pediatric HIVSCT services throughout the country. TBD will do so with a three pronged approach that supports activities on the national, sub-national and facility level.

I. National level:
1) Policies, Systems and Program: In partnership with UTH, TBD will engage national level MOH stakeholders and provide support to strategically plan, implement and evaluate pediatric HIVSCT programs. Specifically, TBD will actively participate and engage the technical working groups and planning bodies to support development, revision, adaptation, dissemination and operationalization of policy, guidelines and protocols. Emphasis will be placed on essential program areas such as pediatric TB/HIV integration, treatment failure, rapid decentralization of pediatric services and pediatric HIV capacity building.

2) Supporting and strengthening UTH PCOE's National Pediatric Training Program: UTH PCOE has been designated by the GRZ to serve as the national Pediatric Training Center. TBD will support UTH to develop and implement a training program whereby staff at sites targeted to initiate pediatric HIV/AIDS related services visit the PCOE to receive on-the-job training and are followed-up regularly to ensure ongoing transfer of skills and learning. TBD will model the training program after the South-to-South Pediatric HIV Care and Treatment Training Program, a successful international pediatric capacity building program ICAP has implemented in partnership with Stellenbosch University in South Africa. TBD will work closely with UTH and the MOH to adapt the model in the Zambia context and ensure a robust emphasis on providing post-training follow-up and systems support. TBD and UTH PCOE will also partner with the University of Medicine and Dentistry- Francois Xavier Bagnoud Center to provide support in the development of training and performance related resources such as curriculums, job-aids, handbooks, and wall charts.

II. Subnational (district) level: As appropriate and feasible, TBD, in collaboration with UTH PCOE, will aim to strengthen the capacity of the district level health authority to implement and manage pediatric HIVSCT plans to achieve saturation of pediatric services in their area. Initial targets would include the Livingstone, Siavonga and Mazabuka District Health Management Teams (DHMT). As feasible, illustrative activities will include providing support to above noted DHMT to enhance the management and support they give to facilities implementing family-focused pediatric HIV services. Support will include providing the DHMT with the capacity to conduct site assessments, program quality evaluations, logistics management, supportive supervision visits, and work planning to ensure greater ownership and leadership of pediatric HIV services.

III. Facility level support:
During FY 2009 TBD will provide direct technical support to five facilities and: UTH COE, Livingstone COE, Mazabuka Hospital and Siavonga Hospital and Misisi Compound (an underserved area without a health facility (estimated population 90,000). TBD anticipates initiating 300 new children on treatment and training 250 health workers.
1. UTH COE will be supported to advance from a center providing quality care to children living with HIV to a National Reference Center that:
• Initiates and stabilizes newly diagnosed children from the catchment area and refers to lower level facilities
• Cares for complex and difficult pediatric cases including treatment failure, cancers, neurodevelopmental disease and disseminated and drug resistant TB
• Serves as a technical support and capacity building center to rapidly decentralize pediatric HIV programs
• Provides support for special issues and populations such as sexual abuse and adolescents.
• Pilot special initiatives such as early infant HAART initiation on behalf of the MOH
2. Livingstone COE will be supported to:
• continue to provide quality pediatric HIV services for the catchment area
• deliver outreach pediatric services to be determined priority areas with high pediatric HIV cases and in hard to reach locations
3. Misisi Compound (Lusaka), Mazabuka District Hospital (Mazabuka) and Siavonga District Hospital (Saivonga) will be supported, with their respective DHMT, to provide quality and pediatric HIVSCT to the catchment population. They will be supported to create active networks with PMTCT facilities in the area to ensure continuity of care for CLHIV and rapidly initiate them into HIVSCT. This will include supporting the sites by initially supporting "satellite" clinic services by PCOE staff and building the capacity of the sites to independently provide comprehensive pediatric HIVSCT. ICAP will support training events, mentoring/coaching, task-shifting, clinic reorganization, and minor renovations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15513	3691.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	7168	3001.08	Columbia Pediatric Center - U62/CCU22240 7	$1,800,000
3691	3691.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3001	3001.06	Columbia Pediatric Center	$950,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $625,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water $25,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5250.09

Mechanism: Track 1 ARV

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 26526.09

Planned Funds: $1,576,451

Activity System ID: 26526

Activity Narrative: THIS IS A CONTINING ACTIVTY BUT HAS BEEN PULLED OUT OF THE MAIN HIV TREATMENT COMPONENT WITH SPECIFIC EMPHASIS ON TREATMENT OF CHILDREN

Activity Narrative:
This activity is related to adult treatment (# 4549.08 and 3687.08), PMTCT (#3788.08), all provincial pediatric treatment activities (# NEW SPHO, EPHO and WPHO) and a number of public health evaluations that are ongoing.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Center for Infectious Disease Research in Zambia (CIDRZ) propose to maintain existing and expand the antiretroviral therapy (ART) service support to the Government of the Republic of Zambia (GRZ). All EGPAF/CIDRZ supported sites offer pediatric services. The EGPAF/CIDRZ program has not yet met the target of at least 15% of ART clients being children. This is due, in part, to the continued difficulty in diagnosing and recruiting pediatric patients, especially infants. While the absolute number of children accessing ART care and treatment has steadily increased, the overall number of children as a percentage of clients accessing treatment has remained between seven and eight percent. In FY 2009 a number of activities are planned to increase this percentage: (1) a multi-prong approach to increase the focus on pediatric care, (2) expand the model of HIV care and treatment for orphans and vulnerable children residing in orphanages and (3) improve outreach to vulnerable children by using the existing community network to share information regarding local treatment services available for children.

The EGPAF and CIDRZ-supported government sites have enrolled 154,237 adults and children and started 97,978 on antiretroviral therapy (ART) as of the end of June 2008. Presently, 62 ART sites in Lusaka, Eastern, Western, and Southern provinces are being supported. EGPAF/CIDRZ has trained 1,648 health care workers in adult and pediatric ART delivery. CIDRZ has presented 48 abstracts and published 36 papers related to these activities.

(1) Multi-prong approach to increase the focus on pediatric care: The new MOH guidelines recommend the initiation of ART to all infants with a confirmed (virological) diagnosis of HIV infection, regardless of CD4 percentage. EGPAF/CIDRZ will assist the MOH to scale-up this activity and this should increase the numbers (and percentage) of children starting ART. EGPAF/CIDRZ will strengthen linkages with PMTCT to increase enrollment of children into care and treatment. In addition, as requested by the MOH, EGPAF/CIDRZ will pilot the use of a protease inhibitor (lopinavir) based regimen in children at selected site (s). EGPAF/CIDRZ supports and advocates for provider initiated counseling and testing (PITC) through a variety of means. Clinicians are trained and encouraged to advise sick parents to have their children tested irrespective of age and encourage siblings of children already in care and treatment to be tested as well. In ongoing pediatric specific training, clinicians review PITC and brainstorm on how more children can be reached.

EGPAF/CIDRZ will improve psychosocial support offered by pediatric peer educators through a two week training program for 60 pediatric peer educators called Psychosocial Care and Counseling for HIV Infected Children and Adolescents (ANECCA/AIDS Relief). The program will also refurbish and equip child-friendly counseling rooms with basic supplies and will develop appropriate job aids to improve pediatric treatment literacy. Examples of job aids include guidelines for pediatric dosing, re-dosing, and medicine administration in laminated or wall chart form. Focus group discussions will be held with pediatric providers to ensure that the job aids developed or purchased are relevant to the challenges they face. Targeted supportive supervision and clinic mentoring will be provided to pediatric healthcare providers by pediatric mentors and information, education and communication (IEC) materials will be shared which focus on improving parent-provider communication. In collaboration with HCP, we are developing a positive living flip chart for children which will also assist clinicians and families in initiating and maintaining children on ART.

Discussions are underway between the CIDRZ, MOH, Lusaka Provincial Health Office, Lusaka District Health Management Team, the University Teaching Hospital Pediatric Centre of Excellence (PCOE), and Columbia University, to increase access to care and treatment and provide comprehensive clinical and psychosocial services under one roof by renovating a large, pediatric community clinic in Lusaka. If support is gained for this community based Children's HIV referral clinic, clear roles of all the partners involved will be identified to avoid duplication of efforts including the role of the PCOE in comprehensive training of health care workers, provision for referral of complicated cases and down referral of stable clients to the community centre or nearest health facility. This will be a community based Children's HIV referral clinic and will also be used to improve the skills of the health care workers who treat pediatric patients at the primary level. This is not meant to duplicate activities of the PCOE. This will be a model clinic for pediatric care at the primary level.

(2) Expand the model of HIV care and treatment for orphans and vulnerable children: Despite intensive efforts at the Fountain of Hope Program at Kamwala, this site has not been able to enroll children into care and this intervention has been closed. Fountain of Hope is no longer housing children on a long-term basis and has had a number of issues in recruiting and retaining qualified clinical staff.

Instead we have been focusing our efforts to support a local NGO "Tiny Tim and Friends" to provide care and treatment to vulnerable children. This comprises general medical, as well as HIV care and treatment. The focus of this program is to stabilize children on initial ART treatment and then refer them back to the MOH clinics for long-term care. HIV care and treatment has also been initiated at Bwafano Day Care Centre where 102 children have been enrolled into HIV care and treatment and 40 commenced on ART. Bwafano also has an established psychosocial support service which can be used as a resource to strengthen psychosocial support and counseling as outlined above.

(3) Improve outreach to vulnerable children: To improve outreach to vulnerable children a number of efforts will continue to strengthen community linkages with locally available treatment services. The puppetry program which explains care and treatment in a child-friendly manner will continue and be expanded in a controlled manner to maintain high quality performances.

Activity Narrative: We will also strengthen community outreach activities including development and expansion of child and adolescent peer support groups, community based education campaigns on pediatric ART. Community outreach will follow up women from PMTCT services for early identification and testing of exposed children for commencement of ART if found positive. These will occur as a wrap around activities to current child survival activities such as growth monitoring, expanded program on immunizations and training and support for intensive follow up of HIV exposed infants.

Other organizations providing services in Lusaka and the Provinces to vulnerable children will be contacted locally by community outreach workers and information will be provided to them regarding care and treatment services offered at the EGPAF/CIDRZ supported clinics. Specifically they will be referred to the clinics where there are pediatric friendly rooms and counselors who can support the vulnerable child and caregiver.

EGPAF/CIDRZ will collaborate with USG Zambia partners on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused, and seeks to ensure good nutritional status as an adjunct to Pediatric ART and support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support.

Laboratory Support:
The EGPAF/CIDRZ ART (adult and pediatric) and PMTCT activities are supported by a Central Laboratory at Kalingalinga District Clinic. The Central Laboratory performs multiple assays designed to provide clinical support for the service programs and the ongoing projects at CIDRZ. The laboratory performs assays on clinical specimens for hematology, clinical chemistry, clinical microbiology, coagulation, HIV diagnostics, molecular biology diagnostic, serology, specimen archiving, and HIV monitoring (CD4 counting and HIV viral load). All assays, including are enrolled in international quality assurance programs and blinded specimens are received throughout the year for testing and comparison with other labs in a similar peer group. Clinical specimens are transported to the laboratory from various clinics and hospitals throughout Lusaka and Zambia via a dedicated specimen transport system. All specimen records are managed with a computerized laboratory information system, which is interfaced with the high-throughput instruments in the laboratory. Complete client test results reports are generated for each specimen received and distributed to the appropriate clinic by the dedicated specimen transport system.

Currently, the Central Lab is performing approximately 11,000 CD4 tests, 10,500 complete blood counts (CBC's), 11,000 chemistry (liver and kidney function tests), and 2,000 syphilis tests per month for the ART Service and PMTCT programs. The number of molecular biology tests performed is increasing to approximately 7,000 HIV RNA viral loads and 600 HIV DNA polymerase chain reaction (PCR) infant diagnostic tests per year.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1174.09

Mechanism: State

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 26879.09

Planned Funds: $476,745

Activity System ID: 26879

Activity Narrative: This activity is a HTXS continuation from FY 2005 – 2007. In FY 2008 it did not receive funds and is therefore classified as newly proposed for FY 2009.

Related Activities include: UTH PCOE (9765.09), UTH CSA (3693.09), UTH PEDS Nutrition (XXX); TBD (3691.09)

Activity Narrative:

The President's Emergency Plan for AIDS Relief (PEPFAR) has supported a multi-phase structural enhancement project for the University Teaching Hospital's (UTH) Pediatric and Family Center of Excellence for HIV/AIDS Care (PCOE) and CDC co-located offices. The PCOE activities supported by PEPFAR have been ongoing in different offices throughout the UTH. The overall goal of this activity is to have all UTH pediatric HIV/AIDS care and treatment activities transferred to the renovated facility to create a "one stop shop" model for pediatric care within the capital city of Lusaka. A delay in achieving this goal has been experienced due to the valuation of the local currency over the last two years. To date, much progress has been achieved with reaching the goal of this activity. PEPFAR funds have supported modifications to ensure safe structural enhancements and adjustments have been made to improve the structure, such as drainage improvements to the facility. In addition, funds have also supported the procurement of equipment, supplies, and labor to ensure that the renovations are adequate to improve the comprehensive model for delivery of pediatric and family HIV/AIDS care.. FY 2009 funds are being requested to support the final phase of renovations, which will allow for the completion of the enhancements of the interior finishes of the PCOE. With these additional funds, it is anticipated that the project will be completed by the end of FY 2009.

Ongoing and future maintenance and support of the renovated structure will be provided by the UTH to ensure sustainability of this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3019.09

Mechanism: MOH - U62/CCU023412

Prime Partner: Ministry of Health, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 26434.09

Planned Funds: $150,000

Activity System ID: 26434

Activity Narrative: THIS IS A CONTINUING ACTIVITY FUNDED FROM THE TREATMENT PROGRAM IN FY 2008, BUT IN FY 2009 A NEW NARRATIVE SPECIFIC FOR PEDIATRICS HAS BEEN EXTRACTED.

Estimates for 2006 by UINCEF indicated that 130,000 children were HIV-infected in Zambia; of these, 40,000 were in immediate need of antiretroviral therapy (ART). However, from the onset of the scale-up of ART services in Zambia, children have not been comprehensively addressed and this has resulted in few children accessing the much needed HIV care, support and treatment services. The Ministry of Health (MOH) in conjunction with its cooperating partners embarked on a scale-up of children accessing care, support, and treatment services for Paediatric HIV. As a result of these concerted efforts, at the end of the second quarter of 2008, over 15, 000 children were on record to be receiving ART.

Though the scale-up of pediatric HIV services has been progressing well, it is still recognizably in early stages as only eight percent of the total number of people receiving ART are children. One of the hindrances to achieving universal access to HIV care and treatment for children has been lack of knowledge and skills on the part of the healthcare worker in managing children with HIV. Therefore building healthcare worker capacity to provide Paediatric HIV services (through training and mentorship) involves a large part of scaling-up HIV services for children. In FY 2007, the MOH embarked on the nation-wide training in paediatric HIV management in order to equip health care workers with the knowledge, skills, and attitudes essential to provide comprehensive HIV care services for all. More efforts are required to ensure that all eligible health workers acquire these skills; in-service training of healthcare workers will therefore need to continue until this is achieved.

Beyond training in management of HIV, healthcare workers require ongoing clinical mentorship; this continues to build healthcare worker capacity at the point of care and ensures that good standards are being maintained in paediatric ART service delivery. MOH in May 2008 developed guidelines on clinical mentorship and began using these tools with central based mentors from the teaching hospital. In order to make this mentorship program sustainable, it is vital that provincial and district driven mentorship is established. Nationwide, sites differ in their capacity to develop Paediatric HIV clinical mentorship teams. For sites that do not have much experience in handling children with HIV, teams will have to be trained in provision of Paediatric HIV mentorship.

The MOH also recognized that in order to identify the children in need of ART there was need to expand areas from which HIV-positive children could be captured. In this regard, in FY 2007, the ministry released a memorandum recommending provider initiated testing and counseling to all children in contact with the health system. This will need to go hand in hand with increasing the number of counselors equipped with child-counseling skills to address the increasing demands of Paediatric focused counseling.

As part of the efforts to provide quality care and treatment service to HIV-positive children, the ministry has also adopted the WHO recommendation to initiate all infants (12 months and below) on therapy, once definitive diagnosis of HIV has been attained, regardless of CD4 counts. As the Paediatric HIV treatment and care program expands, there will be need to evaluate the impact of the program by establishing areas for operational research using various avenues including routinely collected data.

In FY 2009 funds for this activity will be used largely to carry out various training related to Pediatric services, namely training of 50 health care workers in the delivery of paediatric ART services; training of 25 child counselors, who will serve to supervise child counseling activities and training of 20 selected providers in clinical mentorship program. An additional activity will be monitoring and supervision of the trainings and other Pediatric services within the provinces. This will leverage on technical support from various cooperating partners currently working in the area of pediatric care and treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $130,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 3693.26356.09

Planned Funds: $250,000

Activity System ID: 26356

Activity Narrative: THIS ACTIVITY IS A CONTINUING ACTIVITY FROM FISCAL YEAR (FY) 2008 THAT WAS UNDER THE HTXS PROGRAM AREA AND HAS BEEN MODIFIED TO INCLUDE:
• Update on current activities
• Plans for 2009

Activity Narrative:
This activity relates to University Teaching Hospital (UTH) Pediatric Centre of Excellence (PCOE) (PDTX #9765.08 and PDCS), Boston University (PDCS # NEW) ZANELIC (HVOP #12522.08) and HVCT(FSU #3758.08)

Since FY 2005, the United States Government (USG) has provided support to the Department of Pediatrics at the UTH to strengthen activities developed for the management and monitoring of cases of child sexual abuse (CSA). These activities included training of health care workers in the recognition and care of CSA, the provision of post-exposure prophylaxis (PEP) with antiretroviral therapy (ART), development of a monitoring system, and a follow-up program for reported cases. Other activities include strengthening links between the Department of Pediatrics and the Zambia Society for Child Abuse and Neglect, development of activities to increase community awareness of child sexual abuse, and the provision of psychosocial support to sexually abused children and their families.

CSA has received increasing media attention since September 2003 in Zambia, when a young eleven- year -old girl died in the UTH in Lusaka as a result of complications of multiple sexually transmitted infections (STIs) contracted after she was raped by her step-brother. Cases of CSA 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 CSA 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 supported a continuation of activities as well as expansion of similar services to Livingstone Hospital in Southern Province.

In FY 2007, funds were used to continue current activities, strengthen and integrate networks with the law-enforcement agents, and other non-governmental organizations working in the area of CSA. Initial assessments have been carried out to extend services to a third site at Ndola 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.

FY 2008 funds were used to improve accessibility of PEP by establishing community based centers linked to the public health centers in Lusaka, Livingstone, and Ndola. The decision to extend these services closer to the community in 2008 was a result of the expected increase in demand for the service due to the increased level of sensitization activities conducted in previous years. In addition experience has also shown that many children report late due to lack of transport, missing the chance for appropriate and early PEP. Emphasis was also placed on adherence to PEP course for those that start treatment. Sixty percent (60%) of children would be started on PEP and 80% would be able to complete a 28 day course if they qualify. To date, the referral of children already HIV positive and in need of treatment is well established. This program is closely linked with the community ZANELIC initiative under activity #12522. The main focus of this community activity is advocacy, community training, and sensitization on CSA and links and appropriate referral services.

In FY 2009, in addition to consolidating the activities at the One Stop Centre, funding is requested to roll-out CSA services. Two sites, one in Mazabuka and one in Kafue District have been identified because of the high number of cases of CSA. This is in keeping with government policy of provision of service as close to the community as possible to improve accessibility. It is anticipated that because of the critical shortage of health care workers in Zambia and the long distances to health care facilities, we propose to train healthcare workers stationed at health posts in the provision of PEP to reach as many children as possible who may need the service.

By the end of 2010 the CSA manual will have been operational for two years. Feedback from the users will be requested on usefulness, clarity etc, with a view of incorporating suggestions in the 2nd edition to make the manual reflect the needs of the professionals.
All the CSA sites are being established within the government health care system. This will ensure long-term sustainability through staff training, systems development for quality assurance, monitoring, and referrals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15586

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15586	3693.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$250,000
9043	3693.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$250,000
3693	3693.06	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	2950	576.06	University Teaching Hospital	$250,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 9765.26350.09

Planned Funds: $650,000

Activity System ID: 26350

Activity Narrative: IN FISCAL YEAR (FY) 2008 THIS ACTIVITY WAS IN THE HTXS PROGRAM AREA AND HAS BEEN MODIFIED TO INCLUDE:
• Updates on current activities
• Expansion plans for FY 2009

This activity relates to Columbia ICAP pediatric treatment (#3691), and Columbia ICAP TB/HIV (#17633.08), all University Teaching Hospital (UTH) supported activities under treatment CSA (#9043), counseling and testing FSU (#9044)and Opt-Out (# 9717.08), and pediatric care and support EID #(NEW) community HIV/Nutrition #NEW, palliative care (# 12230.08), mobile initiative # NEW and Nebraska (# 3701.08)

The UTH has received funding from CDC through two co-operative agreements established directly with the Department of Paediatrics 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 FY 2005 through the International Centre for AIDS Care and Treatment Program (ICAP) a unit of the Columbia University Mailman School of Public Health to support the development and operation of a Pediatric and Family Centre of Excellence for HIV/AIDS care at the Department of Pediatrics and Child Health in Lusaka (PCOE).

Since FY 2006 the PCOE has received funding to allow for program implementation and building of local capacity and has continued to work in close collaboration with ICAP, which provides technical support. The primary goals of the PCOE are: 1) increase the number of children engaged in care and receiving antiretroviral therapy (ART); 2) Training of multidisciplinary teams (MDT) in pediatric HIV/AIDS care and treatment; 3) Serve as the prime referral site for children with advanced and complicated HIV/AIDS disease.

Two PCOEs have been set-up at the UTH and Livingstone General Hospital and their achievements include: Over 3,000 children are on treatment
• Recruitment of management and implementation staff to support the COEs
• Establishing data systems, logistics, and referral flow between various service points
• Emphasis in FY 2007 & 2008 with supporting ongoing and dynamic training, technical assistance, and supportive supervision to increase human capacity in all areas of pediatric ART. In 2007/2008, 643 health personnel were trained in pediatric technical areas such as pediatric HIV/AIDS management, child sexual abuse, palliative care, child development, adherence, provider initiated testing and counseling (PITC)

In FY 2009, the PCOE will continue providing comprehensive pediatric care and treatment clinical service. Activities include:
1. Continued support and expansion of current activities by building on the core programmatic elements established over the past three years. It will continue to provide exemplary pediatric HIV care and demonstrate best practices of care and treatment for HIV infected and exposed children;
2. Partner and collaborate with ICAP to offer technical support to the Ministry of Health (MOH) in the development of pediatric HIV related guidelines and training manuals, conduct national training and mentoring of health workers in the care and treatment of children with HIV and AIDS.
3. Together with ICAP will support the expansion of pediatric ART in Monze and Mazabuka as well as down referral to district sites that filter into the local hospitals.
4. Will pilot the initiation of ART in HIV positive young infants (as soon as a definitive diagnosis is made) regardless of their CD4 percent as per 2008 WHO guidelines at both the UTH and Livingstone PCOEs
5. Start running mobile multidisciplinary pediatric ART clinics that will offer HIV care and treatment services to all HIV positive children being saved by the community based nutrition centers.
6. Support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support

UTH PCOE Linkage, Referral and Coordination with Care and Treatment Programs:
1. Strengthen formal linkages with the UTH adult ART facilities and the Lusaka District Health Management Team's network of primary health facilities and design a system of follow-up to ensure the referral has been activated.

Capacity Building and Training Program:
Building National Pediatric HIV/AIDS Capacity:
1) Continue hosting National Pediatric HIV/AIDS trainings and follow-up with on-site preceptoring.
2) Develop and implement a training program whereby staff at sites targeted to initiate pediatric HIV/AIDS services undergo on-the-job training at the PCOE;
3) Help formulate the National Strategic Framework for Pediatric HIV care and treatment
4) Formulate a PCOE specific strategic framework and define its position in the above.
5) Together with ICAP, support the development of pediatric HIV/AIDS expertise among the UTH pediatric post-graduate students through their placement and integration within the PCOE's (UTH, Livingstone) or other facilities in the country for a four-month rotation. The trained postgraduates will also mentor health workers at these sites
6) Design and coordinate a small program to support post-graduates to carry out HIV and AIDS related program reviews within the PCOE.

The PCOE will also revise its training plan to include and incorporate non-clinical content such as program management, financial management, and monitoring and evaluation. In FY 2009 the PCOE team members, stakeholders, and partners hope to conduct an evaluation to assess progress to date, discuss lessons learned, define and describe centre future direction.

Activity Narrative: Livingstone PCOE and other sites
In collaboration with ICAP, continue to provide support to the implementation of the Livingstone PCOE, and support pediatric services to Monze & Mazabuka as well as “down” referral to the district sites. PCOE staff will continue to build capacity of the sites to independently provide comprehensive pediatric care and treatment services by staff augmentation, training, task-shifting, clinic reorganization, and minor renovations. UTH–PCOE will conduct site visits to assess progress and provide technical assistance to support successful work plan implementation and provision of preceptorship.

Sustainability:
The UTH and Livingstone PCOEs 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 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, drugs, reagents, and 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15585

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15585	9765.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$1,600,000
9765	9765.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$750,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $10,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6842.09

Mechanism: ZPCT FOLLOW ON

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 16419.26185.09

Planned Funds: [redacted]

Activity System ID: 26185

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New USAID HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new procurement on Anti-Retroviral Therapy (ART) services to follow the Zambia Prevention, Care, and Treatment Partnership (ZPCT) project is being developed. This activity will link to other project program areas including: HVCT, PMTCT, HVTB, HBHC, and HLAB 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 pediatric ART services in the Central, Copperbelt, and more remote Luapula, Northern, and North-Western provinces. With FY 2009 funding, this project will support approximately 2,000 new pediatric clients on ART.

During FY 2009, the new project will strengthen the expansion of current activities by providing technical support, ensuring quality services, and building district capacity to manage pediatric HIV/AIDS services. The activity will: 1) provide comprehensive support to strengthen ART facilities and services; 2) expand implementation of the ART outreach model; 3) strengthen referral linkages and improve service integration to increase demand for ART services; 4) scale-up pediatric ART services; 5) participate in and support the national ART Technical Working Group; and 6) increase program sustainability with the GRZ.

The project will provide comprehensive support to strengthen ART facilities and services, and expand ART services. In 2009/2010, the project will train about 250 health care workers (HCWs) in ART including pediatric ART and opportunistic infection (OI) management. Additional courses will be offered in pain management and refresher courses. In collaboration with the new Health Systems Strengthening activity, the project will assist ART sites in developing quality assurance mechanisms and supportive supervision systems. These systems will ensure the implementation, and utilization, of standard operating procedures for ART case management and the linkage of ART patients and their families to ante-natal care, PMTCT, TB, adult care, and other appropriate treatment and support services. The activity will conduct refurbishments of ART rooms where needed to create an enabling environment for provision of ART services. The project will also support pharmacy refurbishments to enhance proper storage and distribution of ART drugs. In addition to refurbishments, the project will provide needed furniture and equipment.

The project will consolidate expansion of the ART outreach model. 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.

The project will work with other partners, such as Catholic Relief Services/SUCCESS, Elizabeth Glaser Pediatric AIDS Foundation, Center for Infectious Disease Research in Zambia (CIDRZ), MSF-Spain, Reaching HIV/AIDS Affected People with Integrated Development and Support, and the new social marketing and behavior change activities to strengthen referral linkages and community outreach efforts aimed at creating awareness of and demand for ART services and supporting treatment adherence among ART patients. The project will collaborate with the GRZ, DELIVER, and Partnership for Supply Chain Management Systems in the distribution of ARVs including pediatric formulas, and training of health facility staff in logistics management to ensure timely ordering and uninterrupted supply of ARVs. The project will also train approximately 100 adherence support workers (ASWs) in ART adherence counseling, treatment support, and community outreach and 250 HCWs. The 2009/2010 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.

The project will provide assistance to the GRZ in scaling-up ART services and treatment for pediatric patients to serve at least 6,000 children in 2009/2010. The project will continue to provide technical assistance and mentoring to GRZ facilities and staff in the five provinces to address limited HIV/AIDS pediatric expertise, with special attention to routine provider initiated CT, timely initiation of ART, and contrimoxazole prophylaxis.

Working through the under-five clinics, the project will strengthen the system to provide support and 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. The project will work with hospitals currently equipped with Polymerase Chain Reaction (PCR) machines to process an early diagnosis for HIV-infected infants, and will coordinate with the PCR activities supported by the Centers for Disease Control and Prevention (CDC), in collaboration with the Clinton Foundation HIV/AIDS Initiative. The project will continue to 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.

The project will continue to strengthen linkages with PMTCT services to ensure that HIV positive pregnant women who are eligible for treatment benefit from ART, those who have delivered are tracked to ensure their babies have the Dried Blood Spot (DBS) DNA PCR test, and children who test positive are linked to HIV care and treatment services. The project will also scale-up early childhood diagnosis through integration with in and out patient child health services, couple and child counselling, and promotion of male involvement in PMTCT services.

The project 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. The project will 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. The activity will also support development and implementation of a USG/Zambia food and nutrition strategy, as well as consider adopting a common technical approach to food and nutrition support.

Activity Narrative: At national level the project will continue providing technical assistance to the national ART Technical Working Group for scaling-up ART services, focusing on developing, updating, and disseminating training materials, protocols, and policies.

The project will identify and address gender disparities and other issues that hinder access to ART services by children by developing and implementing gender related activities such as scaling up male involvement in PMTCT services; scaling-up couple counseling to promote testing of men and to build their support for their female partners and efforts in targeting families; promoting participation of male and female caregivers in community based activities; promoting community participation in PMTCT services by working through community leaders including Church leaders, community based caregivers and other community key stakeholders to encourage couples to take their children or access PMTCT services, and encourage partners and discordant couples to be involved in couples counseling and testing for PMTCT; and developing indicators and reporting system for gender integration activities.

The project will support evaluations of lessons learnt from treatment interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to treatment services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the government of Zambia and to strengthen the Health Management Information System (HMIS). The activity will also participate and share best practices at President's Emergency Plan for AIDS Relief (PEPFAR) implementer's meetings, stakeholder meetings, and other fora.

The project will work with GRZ facilities, to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by PHOs, DHMTs, and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines; strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. The project will gradually wean off well performing districts from project technical support over the five years of project implementation period.

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality pediatric ART services. The program will also link these facilities to the government supply chain for provision of ARV drugs and HIV test kits and other diagnostic laboratory reagents.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16419	16419.08	U.S. Agency for International Development	To Be Determined	6842	6842.08	ZPCT FOLLOW ON	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2988.09	**Mechanism:**	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	28561.09	**Planned Funds:**	$75,000
Activity System ID:	28561		

Activity Narrative: THIS ACTIVITY IS A CONTINUATION OF 2008 TREATMENT PROGRAM. A SEPERATE NARRATIVE HAS BEEN INCLUDED FOR PEDAITRICS IN THIS SECTION FOR FY 09

Related activities: This is a new activity for FY 2009 funding. This activity links to EGPAF (#9000, #9003) and CRS (#8827, 8829), PMTCT activities under EPHO and CHAZ (#9736.08 and 9734.08), and EGPAF pediatric treatment program (# NEW PDTX).

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). Eastern Province, with a population of 1.6 million people has an HIV seroprevalence of 10.2% among the general population between 15- 49 years (Demographic Health Survey 2002). The province has eight districts and is primarily a rural province. Currently there are 13 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 center. The capital of the province, Chipata, has two sites offering ART. Of 16,650 people on ART less than six percent are children. The programme to reach children is recent and has had setbacks in the past due to lack of diagnostic guidelines, few staff were trained in paediatric ART management and also pediatrics ART formulations were not available.

In FY 2007, Elizabeth Glaser Pediatric AIDS Foundation and its sub-partner ,CIDRZ, scaled-up support in Chipata and other sites in Eastern Province. This support enabled key technical staff from EPHO to plan and integrate services with CIDRZ and expanded and linked ART services in targeted and harder to reach districts throughout the province.

In FY 2008 direct funding for ART service delivery and technical assistance from CDC contributed in the following areas to scale-up pediatric treatment: training in child counselling and testing, provider initiated approach to testing children in health settings, training of health care workers in management of HIV infected children, management of opportunistic infections and training in use of dried blood spots for infants (DBS). Other areas of support included 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, including children.

Strategies to increase uptake of children on the program in FY 2009 will include:
• Intensifying enrolment of children in all the current 18 ART sites, including co-trimoxazole prophylaxis and management of opportunistic infections
• Supporting four districts not adequately covered by partners like CIDRZ and CHAZ
• Rolling out the provider initiated counseling and testing approach
• Increasing access and strengthening systems for early infant diagnosis, including courier system for transport of DBS samples.
• Zambia has adopted the new WHO guidance to treat all infants below 12 months who have a confirmed HIV test result.
• Scaling up and buy into existing mobile clinic initiative and ensuring this includes enrollment of children into care and treatment.
• Increasing stakeholder partnering through consultative meetings to support supervision monitoring and evaluation, DBS transport and Pediatric ART trainings to maximize output. Currently there are at least 15 key partners working in various HIV and related fields in the province.
• Supporting monthly meetings and clinical symposia at district level to discuss advances in HIV.
• Linking up with other wraparound programs to ensure prevention and treatment of malaria (Presidents Malaria Initiative), safe water using chlorine, nutritional assessment and management of malnutrition (support the development and implementation of a USG Zambia food and nutrition strategy, as well as to consider adopting a common technical approach to food and nutrition support), pain management and expanded program for immunizations.
• Strengthening links between PMTCT and pediatric ART programs, including issues around infant feeding.
• Increasing community participation through awareness campaigns, use of community adherence supporters and regular community level meetings

At the end of FY 2009, it is anticipated that an additional 300 HIV-infected children will be initiated on ART, training of 50 health care workers in comprehensive pediatric ART (management of OI's, DBS, adherence, disclosure etc).

Sustainability of the program will be ensured through capacity building at all levels of service delivery. EPHO and the Districts must own this program and incorporate it in their action plan. Activities will be implemented by the districts and the EPHO will take a monitoring role. Community empowerment is very cardinal to ensure success of the program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$5,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	5249.09	**Mechanism:**	Track 1 ARV
Prime Partner:	Catholic Relief Services	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	Central GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	29257.09	**Planned Funds:**	$153,002
Activity System ID:	29257		

Activity Narrative: THIS IS A NEW ACTIVITY NARRATIVE BUT FUNDED FROM PREVIOUS YEARS UNDER HIV TREATMENT CARE AND SUPPORT AND HAS BEEN REMOVED AS A SEPARATE ACTIVITY IN FISCAL YEAR (FY) 2009. Activity Narrative This activity is related to activities under adult treatment (#17694.08 and #4548.08) adult care and support (# 17070.08), pediatric treatment (# CRS NEW) all provincial pediatric treatment programs (# NEW SPHO, WPHO EPHO), counselling and testing (#9713.08) and strategic information services (#3711.08) Integral to the AIDSRelief family-centered approach to HIV care and treatment services is a strong emphasis on the provision of quality, comprehensive care for children. While gaps currently exist in the care, support and treatment services provided to infants and children progress has been made as is demonstrated by expanded access to ARV treatment and early testing and diagnostic services. The AIDSRelief strategy to further close these gaps is anchored by a focus on early infant/childhood survival and includes six target areas to be addressed across all 19 sites: mother-to-child transmission; pediatric HIV testing and counseling for infants, children, adolescents, and their families; comprehensive; care of exposed infants and their HIV+ mothers, including provision of co-trimoxazole (CTX) prophylaxis for exposed and infected children, as well as a comprehensive preventive care package for exposed, infected, and affected children; treatment of infected children, including ART (discussed in the "Pediatric Treatment" narrative), OI treatment, palliative care, and psychosocial support services; care for families; and outcomes and evaluation. Our goals for the end of FY 2009 COP will be to have 7500 pediatric patients in care and treatment; 90% of HIV-exposed infants on CTX prophylaxis; and 90% of HIV-exposed infants receiving DBS testing by eight weeks of age. Prevention of maternal-to-child transmission is the first and most critical step to reversing current trends in pediatric HIV, and bridging the gap between adult and pediatric HIV services. The AIDSRelief strategy for minimizing such transmission is detailed in the separate PMTCT narrative. Specific strategies to link PMTCT, general ART and pediatric ART services to ensure that HIV-infected women, their infected partners, and their infected and affected children, are receiving appropriate services are described below. In order to improve the significant morality associated with pediatric HIV, the diagnosis of HIV infection must be made more and made earlier. The availability of DNA PCR testing in Zambia (Early Infant Diagnosis – EID), as well as the Ministry of Health's mandate for Provider Initiated Testing and Counseling (PITC) have both greatly improved diagnostic capabilities for children – particularly those less than 18 months of age. In order to be effective, however, we must ensure that sites are doing the test on all eligible children, and that the results are getting back to them in a timely manner. Key staff at all sites have been trained on the current EID and PITC guidelines, and we will continue to provide updates and trainings as needed to ensure that testing is being done appropriately. In FY 2009 staff at all levels of care, from the RHC to the pediatric inpatient ward, will be updated in guidelines that recommend that HIV-exposure status be established and documented for all children at their first contact with the health system. Additionally, we will work with sites to identify and overcome barriers to successful implementation of EID and PITC, such as a need for more counseling staff and additional training for counselors in pediatric-specific issues, as well as to identify and solve logistical issues which may be contributing to delayed diagnosis in some children. Finally, the importance of using clinical symptoms, such as growth failure, recurrent bacterial infections and hospitalizations, and neurodevelomental delay, will continue to be emphasized as critical for the identification of potentially infected infants and children. The third target area, comprehensive care of exposed infants and their HIV+ mothers, is equally critical; in addition to the high mortality rates infants known to be HIV-infected sited above, even those who do not acquire the virus from their HIV-infected mothers (the HIV-"affected") have been shown to have higher mortality than their HIV-non-exposed counterparts (Brahmbhatt, et al. 2006. JAIDS. 41(4): 504-508). Because such data demonstrate a strong link between maternal health and infant survival, our first strategy is to ensure that HIV-infected mothers are receiving comprehensive HIV care and treatment services, beginning during pregnancy and continuing throughout their lifetime. Success of this strategy depends on establishing strong linkages between antenatal clinics, the labor and delivery ward, rural health centers, traditional birth attendants, and ART clinics. In FY 2009, this will be achieved by evaluating and improving referral systems within each LPTF, as well as through strengthening community-based outreach programs which can identify HIV-infected mothers and mothers-to-be and link them to the appropriate ART clinic. We will also work with CDC and other partners on the continuous improvement of the SmartCare system so that future versions will enable easy identification and tracking of all family members enrolled in the program. The second strategy within this target area in FY 2009 is to enroll all exposed children into the comprehensive HIV care and treatment program from birth through their second birthday. Sites will begin enrolling all HIV-exposed infants (and their infected mothers) prior to discharge from the hospital, and both static and mobile under-5 clinic staff will be trained to refer all HIV-exposed children (and their mothers) to the program as soon as they are identified. This will ensure that all HIV-exposed children can receive CTX prophylaxis according to current guidelines, and that those that are identified as HIV-positive through EID can continue it for as long as they are eligible. Because these children will be receiving the majority of their care during their first two years of life from the ART clinic, CTX prophylaxis will be integrated into well child care, and information about their exposure status and receipt of CTX can easily be recorded on their under-5 card. In addition to providing CTX prophylaxis, a comprehensive preventive care package will be provided for all HIV-exposed children through their second birthday, regardless of their ultimate infection status. This care package will also include the following; continuous, evidence-based nutritional assessment, counseling and support, such as assessment of relevant anthropometric indices, education about feeding options, and provision of micronutrient supplements and therapeutic feeds when indicated; monitoring of growth and development, including assessment for neurodevelpmental delay; timely HIV testing – i.e., at 6 weeks of life, or at first contact with the health care system, whichever is earlier; education about safe water and malaria prevention, and provision of specific interventions such as insecticide-treated nets by partnering with other groups within CRS which already provide such services (e.g. SUCCESS and RAPIDS); identification and treatment of acute illnesses; and provision of immunizations and other "well-child" services such as Vitamin A supplementation and routine de-worming. Once an infant or child has been diagnosed with HIV infection, AIDSRelief is committed to ensuring their long term health through the provision of quality care and treatment, the fourth target area; this includes provision of ART to all eligible children (ART-related activities are described in a separate narrative), management of opportunistic infections (OIs), palliative care, and psychosocial support services. Ongoing, on-site training and mentoring will be provided for clinical staff at all sites in the principles of OI diagnosis and management and palliative care for children. Particular emphasis will be placed on the following: improving TB case finding, e.g. by training staff and community-based health workers in basic screening questions; ensuring that laboratory/diagnostic capacity exists to

Activity Narrative: assist with timely diagnosis of common OIs such as TB, malaria, PCP, and cryptococcal meningitis; working with sites to maintain an adequate stock of pediatric formulations of medications to treat OIs and pain; and training in pediatric pain assessment and management. Additionally, increased emphasis will be placed on providing age-appropriate psychosocial support services, including training for providers and counselors in disclosure, caregiver support, and developing support groups for infected children and their families. Centralized pediatric trainings will, whenever possible, integrate all of the above into the training sessions. The fifth target area on which AIDSRelief will focus in an effort to improve early infant/childhood survival is care of the family. Specifically, we want to ensure that all family members of infected mothers and children are engaged in care at some level: this includes testing of children and partners of infected women; testing of mothers, fathers, and siblings of infected children; family-based tracking of patients; and linking with other community-based programs (e.g., Men in Action) to increase paternal involvement in care. Lastly, as is true for all program areas within AIDSRelief, we believe that meaningful outcomes assessing the efficacy of our approach to maternal child health care in general and early infant/childhood survival in particular, should be measured. While more details of the outcomes and evaluation strategy can be found in the narrative explaining that program, examples of outcomes to be measured within this program area include: percentage of HIV-exposed children receiving Septrin prophylaxis; percentage of HIV-exposed children receiving DNA PCR testing by 8 weeks of life; and percentage of HIV-exposed children who acquire the virus.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11020.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 27884.09

Planned Funds:

Activity System ID: 27884

Activity Narrative: This PHE activity, “Factors influencing the care and treatment of HIV-1 infected children in rural Zambia”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.07.0184.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11020.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 17767.27893.09

Planned Funds:

Activity System ID: 27893

Activity Narrative: This PHE activity, “Cost-effectiveness of models of pediatric treatment delivery”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.08.0186.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17767

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17767	17767.08	HHS/Centers for Disease Control & Prevention	Tulane University	7186	2929.08	UTAP - Boston University-ZEBS - U62/CCU622410	$250,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3007.09	**Mechanism:**	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	28591.09	**Planned Funds:**	$500,325
Activity System ID:	28591		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
This is a new narrative from previous years and sections from HVTX related to pediatric care and support have been removed from HVTX and incorporated into this narrative.

Activity Narrative
This activity is related to activities under adult treatment (#17694.08 and #4548.08) adult care and support (# 17070.08), pediatric care and support (NEW CRS) all provincial pediatric treatment programs (# NEW SPHO, WPHO EPHO), counselling and testing (#9713.08) and strategic information services (#3711.08)

Integral to the AIDSRelief family-centered approach to HIV care and treatment services is a strong emphasis on the provision of quality, comprehensive care for children. There is currently a significant gap between the level of care provided for HIV-infected adults and that provided for exposed and infected infants and children. For example, UNAIDS data indicate that children represent nearly 15% of new HIV infections each year, yet children younger than 15 years of age represent less than five percent of patients on antiretroviral therapy (ART) in many clinics throughout Zambia. The number of pediatric patients on ART within AIDSRelief has grown from 276 to almost 1,600 currently, with a 16% increase in the proportion of pediatric patients of all those on ART (from 5.8% to 7.3%). The strategies implemented during the last 18 months are just now beginning to reflect in a higher pediatric ART enrollment each successive quarter. Our strategy to build on these successes, and further strengthen the program, is anchored by a focus on early infant/childhood survival and includes six target areas to be addressed across all 19 sites: mother-to-child transmission; pediatric HIV testing and counseling for infants, children, adolescents, and their families; comprehensive care of exposed infants and their HIV+ mothers, including provision of co-trimoxazole (CTX) prophylaxis for exposed and infected children, as well as a comprehensive preventive care package for exposed, infected, and affected children; treatment of infected children, including ART, opportunistic infection (OI) treatment, palliative care, and psychosocial support services; care for families; and outcomes and evaluation. This narrative addresses treatment only, as all the others are discussed in the "Pediatric Care and Support" narrative. Our goal for end of FY 2009 is to have 3,500 pediatric patients on ART equaling 10% of all ART enrollments within AIDSRelief; of those who are newly initiated, 20% will be < 1 year old at the time of initiation, and 50% will be less than five years.

AIDSRelief is committed to ensuring the long-term health of all HIV-infected children through the provision of comprehensive quality care and treatment. At the site level, ongoing technical support will be provided in three key areas: determining eligibility; treatment initiation, monitoring and follow-up; and practical pediatric treatment challenges. Treatment initiation begins with early diagnosis of pediatric HIV infection, which has been discussed in detail in the "Pediatric Care and Support" narrative; the second step is to ensure that, as guidelines for treatment initiation continue to change based on available evidence, the local clinical staff are oriented to the new guidelines so that it is clear which children are eligible. For example, Zambia has recently changed its treatment eligibility guidelines so that all children less than one year of age are considered eligible for treatment, regardless of clinical stage or immune status; AIDSRelief will work with sites to ensure that this has been communicated and is being implemented. Additionally, ongoing, on-site training and mentoring in the recognition and management of key clinical conditions – PCP, HIV encephalopathy, growth failure, and others – which render a child eligible for ART treatment will be provided.

Once a child has been deemed eligible for treatment, an appropriate first-line regimen must be selected. Training and mentoring in how to choose this initial regimen, and how to dose the individual components, will be provided to clinical staff at all sites, based on current guidelines and available data. This will include current information on which regimen to use for children with a known history of NNRTI exposure – in Zambia, use of an NNRTI is still recommended due to concerns about the feasibility of using a PI-based regimen for first-line treatment – as well as appropriate treatment of HIV-TB co-infection.
Providers will also receive ongoing training and mentoring in recognizing and treating ARV-related toxicities; treatment failure; OI treatment and prevention; and nutrition recommendations for infected children on treatment.

Third, providers, adherence counselors, and pharmacy staff will be trained and updated in practical issues which can create specific challenges for pediatric ART care, such as treatment preparation; disclosure counseling; treatment support; how to store and administer the ARVs; and when and how to re-dose ARVs.

AIDSRelief staff will provide both central and local training in the MOH Pediatric HIV Care Training Course for staff and providers that have not yet received it. In an effort to both decentralize care and strengthen district-level capacity, providers from rural health centers affiliated with our local partners, as well as those from the associated district-level facilities, will be included in these trainings. Follow-up for those trained will be done through AIDSRelief's ongoing participation in the Ministry of Health's (MOH) Pediatric Mentorship program.

In addition to its activities at the site level, AIDSRelief will continue to work with the MOH and other local partners to review national guidelines, ensuring that the most current relevant data is considered and changes made when appropriate and feasible. We also plan to work with CHAZ, MSL, and JSI to ensure availability of appropriate pediatric ART formulations, including fixed-dose combinations when appropriate, as well as the supplies (e.g., appropriately-sized syringes) necessary to administer them correctly and accurately.

Lastly, as is true for all program areas within AIDSRelief, we believe that meaningful outcomes assessing the efficacy of our approach to maternal child health care in general and early infant/childhood survival in particular, should be measured. While more details of the outcomes and evaluation strategy can be found in the narrative explaining that program, examples of outcomes to be measured within this program area include: viral suppression rates of children on therapy for at least 12 months; percentage of children on ART that were started at less than one and five years of age; and percentage of children with an identified ARV toxicity who were managed appropriately.

Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5249.09
Mechanism: Track 1 ARV
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 28564.09
Planned Funds: $500,325
Activity System ID: 28564

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
This is a new narrative from previous years and sections from HVTX related to pediatric care and support have been removed from HVTX and incorporated into this narrative.

Activity Narrative
This activity is related to activities under adult treatment (#17694.08 and #4548.08) adult care and support (# 17070.08), pediatric care and support (NEW CRS) all provincial pediatric treatment programs (# NEW SPHO, WPHO EPHO), counselling and testing (#9713.08) and strategic information services (#3711.08)

Integral to the AIDSRelief family-centered approach to HIV care and treatment services is a strong emphasis on the provision of quality, comprehensive care for children. There is currently a significant gap between the level of care provided for HIV-infected adults and that provided for exposed and infected infants and children. For example, UNAIDS data indicate that children represent nearly 15% of new HIV infections each year, yet children younger than 15 years of age represent less than five percent of patients on antiretroviral therapy (ART) in many clinics throughout Zambia. The number of pediatric patients on ART within AIDSRelief has grown from 276 to almost 1,600 currently, with a 16% increase in the proportion of pediatric patients of all those on ART (from 5.8% to 7.3%). The strategies implemented during the last 18 months are just now beginning to reflect in a higher pediatric ART enrollment each successive quarter. Our strategy to build on these successes, and further strengthen the program, is anchored by a focus on early infant/childhood survival and includes six target areas to be addressed across all 19 sites: mother-to-child transmission; pediatric HIV testing and counseling for infants, children, adolescents, and their families; comprehensive care of exposed infants and their HIV+ mothers, including provision of co-trimoxazole (CTX) prophylaxis for exposed and infected children, as well as a comprehensive preventive care package for exposed, infected, and affected children; treatment of infected children, including ART, opportunistic infection (OI) treatment, palliative care, and psychosocial support services; care for families; and outcomes and evaluation. This narrative addresses treatment only, as all the others are discussed in the “Pediatric Care and Support” narrative. Our goal for end of FY 2009 is to have 3,500 pediatric patients on ART equaling 10% of all ART enrollments within AIDSRelief; of those who are newly initiated, 20% will be < 1 year old at the time of initiation, and 50% will be less than five years.

AIDSRelief is committed to ensuring the long-term health of all HIV-infected children through the provision of comprehensive quality care and treatment. At the site level, ongoing technical support will be provided in three key areas: determining eligibility; treatment initiation, monitoring and follow-up; and practical pediatric treatment challenges. Treatment initiation begins with early diagnosis of pediatric HIV infection, which has been discussed in detail in the “Pediatric Care and Support” narrative; the second step is to ensure that, as guidelines for treatment initiation continue to change based on available evidence, the local clinical staff are oriented to the new guidelines so that it is clear which children are eligible. For example, Zambia has recently changed its treatment eligibility guidelines so that all children less than one year of age are considered eligible for treatment, regardless of clinical stage or immune status; AIDSRelief will work with sites to ensure that this has been communicated and is being implemented. Additionally, ongoing, on-site training and mentoring in the recognition and management of key clinical conditions – PCP, HIV encephalopathy, growth failure, and others – which render a child eligible for ART treatment will be provided.

Once a child has been deemed eligible for treatment, an appropriate first-line regimen must be selected. Training and mentoring in how to choose this initial regimen, and how to dose the individual components, will be provided to clinical staff at all sites, based on current guidelines and available data. This will include current information on which regimen to use for children with a known history of NNRTI exposure – in Zambia, use of an NNRTI is still recommended due to concerns about the feasibility of using a PI-based regimen for first-line treatment – as well as appropriate treatment of HIV-TB co-infection.
Providers will also receive ongoing training and mentoring in recognizing and treating ARV-related toxicities; treatment failure; OI treatment and prevention; and nutrition recommendations for infected children on treatment.

Third, providers, adherence counselors, and pharmacy staff will be trained and updated in practical issues which can create specific challenges for pediatric ART care, such as treatment preparation; disclosure counseling; treatment support; how to store and administer the ARVs; and when and how to re-dose ARVs.

AIDSRelief staff will provide both central and local training in the MOH Pediatric HIV Care Training Course for staff and providers that have not yet received it. In an effort to both decentralize care and strengthen district-level capacity, providers from rural health centers affiliated with our local partners, as well as those from the associated district-level facilities, will be included in these trainings. Follow-up for those trained will be done through AIDSRelief's ongoing participation in the Ministry of Health's (MOH) Pediatric Mentorship program.

In addition to its activities at the site level, AIDSRelief will continue to work with the MOH and other local partners to review national guidelines, ensuring that the most current relevant data is considered and changes made when appropriate and feasible. We also plan to work with CHAZ, MSL, and JSI to ensure availability of appropriate pediatric ART formulations, including fixed-dose combinations when appropriate, as well as the supplies (e.g., appropriately-sized syringes) necessary to administer them correctly and accurately.

Lastly, as is true for all program areas within AIDSRelief, we believe that meaningful outcomes assessing the efficacy of our approach to maternal child health care in general and early infant/childhood survival in particular, should be measured. While more details of the outcomes and evaluation strategy can be found in the narrative explaining that program, examples of outcomes to be measured within this program area include: viral suppression rates of children on therapy for at least 12 months; percentage of children on ART that were started at less than one and five years of age; and percentage of children with an identified ARV toxicity who were managed appropriately.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$200,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2973.09

Mechanism: SPHO - U62/CCU025149

Prime Partner: Provincial Health Office - Southern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 28562.09

Planned Funds: $150,000

Activity System ID: 28562

Activity Narrative: THIS IS AN EXTENSION ACTIVITY OF THE OBJECTIVES ON PEDIATRIC ART UNDER THE ACTIVITY ART/OI IN FY 2005-FY 2008 AND IS PRESENTED AS A SEPARATE SECTION FOR FY 2009.

This activity is linked to all the Southern Provincial Health Office (SPHO)funded activities in counseling and testing (CT), (# 3669.08), prevention of mother-to-child transmission (PMTCT), (#9739.08), adult treatment (#9760.08), prevention programs (#17064.08 and NEW SPHO) as well as laboratory services (# 16979.08). Funding is also linked to other United States Government (USG) partners in pediatric care and support (ICAP PDCS # NEW and PCOE #NEW) and treatment (#ICAP PDTX and Pediatric Center of Excellence (PCOE) #NEW, EGPAF PDTX # NEW and CRS AIDSRelief PDTX #NEW and PDCS # NEW.

The SPHO proposes to implement activities aimed at scaling-up comprehensive pediatric HIV/AIDS services in the province in FY 2009 and will work closely with partners such as the Center for Infectious Disease Research in Zambia (CIDRZ), Catholic Relief Services (CRS), UTH and Livingstone Pediatric Centre's of Excellence and Columbia University and Boston University PMTCT program in expanding and rolling out the services.

The prevalence of HIV in Southern Province is estimated at 14.5 % (ZDHS, 2007), representing a 1.5 % reduction from 2004. Despite this positive decline in the HIV prevalence, improved HIV diagnostic capacities in the province (leading to an increasing burden of HIV-positive diagnosed individuals) especially infants and children, and government's policy on provider initiated counseling and testing provision of free ART to all PCR/ Positive/confirmed infants has led to a continued increased in the demand for ART services in children.

In FY 2008 the Southern Provincial Health Office (SPHO) ART subcommittee was further strengthened and expanded to incorporate partners working in this area such as CIDRZ, CRS, BU-PMTCT and continued to provide guidance and leadership in the expansion of HIV treatment and care services.

As a result of this coordinated effort in providing quality and province wide HIV treatment and care services, the province enrolled 22,000 individuals on ART, i.e. approximately 8,000 above the target of 14,460, and managed to increase the number of active HIV Treatment sites at the end of 2007 to 33.

Despite these tremendous achievements on the general ART program, the SPHO has noted poor performance in Paediatric HIV enrollment and scale up of the services which currently stands at 7% of adult enrollments which is below the WHO recommendation of pediatric ART clients constituting10 % of total ART enrollments.

Using the experience and expertise from the Livingstone General Hospital Paediatric Centre of Excellence, the SPHO will provide leadership and coordination in rolling out Paediatric HIV services to all 33 ART sites in the province. Quarterly review and planning meetings will facilitate, on one hand, communication, exchange of ideas, and experiences between service providers at district /facility level and cooperating partners and SPHO on the other hand. Amongst other quality assurance activities, clinical symposia will be held in order to ensure quality comprehensive HIV/AIDS services for children.

In collaboration with CIDRZ and CRS, the SPHO will open and support six Satellite Centres of Excellence at Choma General Hospital, Monze Hospital, Kalomo Hospital, Namwala Hospital, Maamba Hospital, and Itezhi-tezhi District Hospital. This will greatly assist in increasing Paediatric HIV uptake in the province from the current 7% to at least 11% of adults on ART and target to enroll at least 80% of eligible infants and children by the end of 2009. Six (6) data associates will be hired for data management at each of the sites.

The Southern Province is vast with several remote health facilities making it difficult for clients to access ART services. The infrastructure in these health centers is inadequate and generally not conducive for friendly ART services. In FY 2009, the SPHO will direct part of the USG support towards infrastructure improvements for at least seven sites providing Paediatric HIV treatment services

In order to address the significant weakness in the pediatric ART component, the PHO will allocate substantial resources for capacity development in Comprehensive Pediatric HIV Care and Treatment, increase linkages with PMTCT. The Ministry of Health still faces enormous human resources crisis. The need for well trained health workers to offer Comprehensive Paediatric HIV treatment and care services is still a critical requirement for effective and quality ART services. In each of the 33 ART sites, three health workers will be trained, giving a total target of 99 health workers.

However, considering that HIV/AIDS management concepts are rapidly evolving, and that the clinical problems encountered by pediatric ART treated individuals continue to evolve a lot more attention will be paid to the up-dating of knowledge and skills for these health workers. Such continuing professional development (CPD) will be achieved through increased on-site technical supportive supervision (TSS) and technical assistance (TA) by specialists and the holding of quarterly clinical mentorship training updates for 50 previously trained clinical mentors. This activity will also be linked to the UTH Paediatric three month's clinical attachment program to improve performance on general Paediatric which has so much convergence with Paediatric HIV/ART.

In order to further enhance quality, the SPHO will orient the existing team of provincial mentors in the use of the recently developed Paediatric ART mentorship materials. This will increase capacity for pediatric ART mentorship of then existing ART mentorship program currently in existence with strong collaboration and technical assistance from HSSP, CDC – GAP and CIDRZ.

To strengthen this activity financial support will be provided for quarterly mentorship field activities.

Further training gaps will be identified especially from the proposed five Satellites of PCOE and appropriate training will be conducted in provider initiated routine CT for all children to facilitate early diagnosis.

Activity Narrative: In order to strengthen the early diagnosis of children mainly challenged by the centralization of the DNA/PCR equipment 500 Kilometers away, the province will work with partners to ensure that DBS courier system is well coordinated for early transportation of specimens and feedback from Lusaka. The SPHO will thus work with DHOs to strengthen the intra-district courier system capacity by strengthening systems and boosting the transport capacity in the form of one extra motor cycle for each district. The district focal persons will be mentored in DBS TA/TSS to ensure quality. Focus will be mainly on Itezhi-tezhi, Namwala, and Sinazongwe which receive direct SPHO/CDC funding.

Parallel to the scale-up of comprehensive pediatric HIV care, the SPHO will continue to roll-out the Family Support Units which provide routine counseling and testing for children and their family members , a concept that has proved vital for the provision of psychosocial support to the HIV infected children and their families. During FY 2006/07, and based on the success of the FSU at Livingstone General Hospital, the SPHO rolled-out this concept to Maramba UHC, Choma General Hospital, Monze Mission Hospital, and Itezhi-Tezhi Hospital with support from CDC and UNICEF. The SPHO will continue to roll-out the FSU's to Namwala, Kalomo, Zimba and Maamba Hospitals during 2009

In FY 2009, there will be acceleration in the expansion and decentralization process which was started in FY 2007 to the district level in line with the current National ART scale up plan to ensure that ART delivery becomes an integrated service in the basic health care package. This will ensure sustainability and ownership of ART services. In this case, the Provincial ART Sub-committee will focus on monitoring and evaluation. District health teams will be encouraged to incorporate Paediatric ART as a key component of the District ART sub-committees for effective coordination. The SPHO will support the holding of an orientation training for Paediatric ART for district managers and support quarterly review meetings at provincial level involving key district program officers. The meetings will both serve as a monitoring and evaluation coordinating forum as well as to provide a forum for the district managers to review performance of the services and share best practices across districts in the continued scale-up of Paediatric ART services.

Additional support will be provided to health center staff to work with community leaders, neighborhood health committee, trained birth attendants, treatment supporters and community health workers in increasing awareness on the availability and benefits of early HIV diagnosis among children and availability of these. The community health leaders and workers also assist in enhancing adherence to treatment and follow up of patients.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2998.09 **Mechanism:** EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 28560.09

Planned Funds: $574,200

Activity System ID: 28560

Activity Narrative: THIS IS A CONTINING ACTIVTY BUT HAS BEEN PULLED OUT OF THE MAIN HIV TREATMENT COMPONENT WITH SPECIFIC EMPHASIS ON TREATMENT OF CHILDREN

Activity Narrative:
This activity is related to adult treatment (# 4549.08 and 3687.08), PMTCT (#3788.08), all provincial pediatric treatment activities (# NEW SPHO, EPHO and WPHO) and a number of public health evaluations that are ongoing.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Center for Infectious Disease Research in Zambia (CIDRZ) propose to maintain existing and expand the antiretroviral therapy (ART) service support to the Government of the Republic of Zambia (GRZ). All EGPAF/CIDRZ supported sites offer pediatric services. The EGPAF/CIDRZ program has not yet met the target of at least 15% of ART clients being children. This is due, in part, to the continued difficulty in diagnosing and recruiting pediatric patients, especially infants. While the absolute number of children accessing ART care and treatment has steadily increased, the overall number of children as a percentage of clients accessing treatment has remained between seven and eight percent. In FY 2009 a number of activities are planned to increase this percentage: (1) a multi-prong approach to increase the focus on pediatric care, (2) expand the model of HIV care and treatment for orphans and vulnerable children residing in orphanages and (3) improve outreach to vulnerable children by using the existing community network to share information regarding local treatment services available for children.

The EGPAF and CIDRZ-supported government sites have enrolled 154,237 adults and children and started 97,978 on antiretroviral therapy (ART) as of the end of June 2008. Presently, 62 ART sites in Lusaka, Eastern, Western, and Southern provinces are being supported. EGPAF/CIDRZ has trained 1,648 health care workers in adult and pediatric ART delivery. CIDRZ has presented 48 abstracts and published 36 papers related to these activities.

(1) Multi-prong approach to increase the focus on pediatric care: The new MOH guidelines recommend the initiation of ART to all infants with a confirmed (virological) diagnosis of HIV infection, regardless of CD4 percentage. EGPAF/CIDRZ will assist the MOH to scale-up this activity and this should increase the numbers (and percentage) of children starting ART. EGPAF/CIDRZ will strengthen linkages with PMTCT to increase enrollment of children into care and treatment. In addition, as requested by the MOH, EGPAF/CIDRZ will pilot the use of a protease inhibitor (lopinavir) based regimen in children at selected site (s). EGPAF/CIDRZ supports and advocates for provider initiated counseling and testing (PITC) through a variety of means. Clinicians are trained and encouraged to advise sick parents to have their children tested irrespective of age and encourage siblings of children already in care and treatment to be tested as well. In ongoing pediatric specific training, clinicians review PITC and brainstorm on how more children can be reached.

EGPAF/CIDRZ will improve psychosocial support offered by pediatric peer educators through a two week training program for 60 pediatric peer educators called Psychosocial Care and Counseling for HIV Infected Children and Adolescents (ANECCA/AIDS Relief). The program will also refurbish and equip child-friendly counseling rooms with basic supplies and will develop appropriate job aids to improve pediatric treatment literacy. Examples of job aids include guidelines for pediatric dosing, re-dosing, and medicine administration in laminated or wall chart form. Focus group discussions will be held with pediatric providers to ensure that the job aids developed or purchased are relevant to the challenges they face. Targeted supportive supervision and clinic mentoring will be provided to pediatric healthcare providers by pediatric mentors and information, education and communication (IEC) materials will be shared which focus on improving parent-provider communication. In collaboration with HCP, we are developing a positive living flip chart for children which will also assist clinicians and families in initiating and maintaining children on ART.

Discussions are underway between the CIDRZ, MOH, Lusaka Provincial Health Office, Lusaka District Health Management Team, the University Teaching Hospital Pediatric Centre of Excellence (PCOE), and Columbia University, to increase access to care and treatment and provide comprehensive clinical and psychosocial services under one roof by renovating a large, pediatric community clinic in Lusaka. If support is gained for this community based Children's HIV referral clinic, clear roles of all the partners involved will be identified to avoid duplication of efforts including the role of the PCOE in comprehensive training of health care workers, provision for referral of complicated cases and down referral of stable clients to the community centre or nearest health facility. This will be a community based Children's HIV referral clinic and will also be used to improve the skills of the health care workers who treat pediatric patients at the primary level. This is not meant to duplicate activities of the PCOE. This will be a model clinic for pediatric care at the primary level.

(2) Expand the model of HIV care and treatment for orphans and vulnerable children: Despite intensive efforts at the Fountain of Hope Program at Kamwala, this site has not been able to enroll children into care and this intervention has been closed. Fountain of Hope is no longer housing children on a long-term basis and has had a number of issues in recruiting and retaining qualified clinical staff.

Instead we have been focusing our efforts to support a local NGO "Tiny Tim and Friends" to provide care and treatment to vulnerable children. This comprises general medical, as well as HIV care and treatment. The focus of this program is to stabilize children on initial ART treatment and then refer them back to the MOH clinics for long-term care. HIV care and treatment has also been initiated at Bwafano Day Care Centre where 102 children have been enrolled into HIV care and treatment and 40 commenced on ART. Bwafano also has an established psychosocial support service which can be used as a resource to strengthen psychosocial support and counseling as outlined above.

(3) Improve outreach to vulnerable children: To improve outreach to vulnerable children a number of efforts will continue to strengthen community linkages with locally available treatment services. The puppetry program which explains care and treatment in a child-friendly manner will continue and be expanded in a controlled manner to maintain high quality performances.

Activity Narrative: We will also strengthen community outreach activities including development and expansion of child and adolescent peer support groups, community based education campaigns on pediatric ART. Community outreach will follow up women from PMTCT services for early identification and testing of exposed children for commencement of ART if found positive. These will occur as wrap around activities to current child survival activities such as growth monitoring, expanded program on immunizations and training and support for intensive follow up of HIV exposed infants.

Other organizations providing services in Lusaka and the provinces to vulnerable children will be contacted locally by community outreach workers and information will be provided to them regarding care and treatment services offered at the EGPAF/CIDRZ supported clinics. Specifically they will be referred to the clinics where there are pediatric friendly rooms and counselors who can support the vulnerable child and caregiver.

Laboratory Support:
The EGPAF/CIDRZ ART (adult and pediatric) and PMTCT activities are supported by a Central Laboratory at Kalingalinga District Clinic. The Central Laboratory performs multiple assays designed to provide clinical support for the service programs and the ongoing projects at CIDRZ. The laboratory performs assays on clinical specimens for hematology, clinical chemistry, clinical microbiology, coagulation, HIV diagnostics, molecular biology diagnostic, serology, specimen archiving, and HIV monitoring (CD4 counting and HIV viral load). All assays, including are enrolled in international quality assurance programs and blinded specimens are received throughout the year for testing and comparison with other labs in a similar peer group. Clinical specimens are transported to the laboratory from various clinics and hospitals throughout Lusaka and Zambia via a dedicated specimen transport system. All specimen records are managed with a computerized laboratory information system, which is interfaced with the high-throughput instruments in the laboratory. Complete client test results reports are generated for each specimen received and distributed to the appropriate clinic by the dedicated specimen transport system.

Currently, the Central Lab is performing approximately 11,000 CD4 tests, 10,500 complete blood counts (CBC's), 11,000 chemistry (liver and kidney function tests), and 2,000 syphilis tests per month for the ART Service and PMTCT programs. The number of molecular biology tests performed is increasing to approximately 7,000 HIV RNA viral loads and 600 HIV DNA polymerase chain reaction (PCR) infant diagnostic tests per year.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3082.09

Mechanism: WPHO - 1 U2G PS000646

Prime Partner: Provincial Health Office - Western Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 28563.09

Planned Funds: $125,000

Activity System ID: 28563

Activity Narrative: THIS IS A NEW ACTIVITY FOR FY 2009

Activity Narrative
This activity is related to WPHO partner supported activities under pediatric treatment (EGPAF/CIDRZ #NEW, and AIDS Relief # NEW) as well as all direct CDC supported activities in Western Province in prevention (# NEW MC WPHO, HVOP #9648.08), counselling and testing # 3792.08, care and treatment for adults (HTXS #17817.08,) laboratory services (#9799.08) and strategic information (#9696.08).

By the end of 2007 a total of 12,638 patients were on antiretroviral treatment (ART) in the Western Province, and out of these, only 679 were children (0-14 years). This is 5.4% of all persons receiving antiretroviral (ARV) drugs, meaning that the rates of coverage of paediatric ARV treatment relative to the need for treatment (10%) are relatively low. Paediatric HIV management is currently being offered in the existing ART sites, which also offer adult ARVs management although on a limited scale. By the end of FY 2007, only 88 health providers were trained by Cooperating partners (CIDRZ, UNICEF and Clinton Foundation) in the management of Paediatric HIV.

The reasons for low coverage could be attributed to inadequate numbers of staff trained in Paediatric HIV Management, complexities in the diagnosis of Paediatric HIV infection especially in infants, social barriers in enrolling children to care and treatment, weak linkages between prevention of mother-to-child transmission (PMTCT), maternal and child health (MCH), and out-patient department (OPD) and paediatric ART services.

Given the low Pediatric ART coverage, WPHO will in FY 2009 undertake several activities including training of health workers in early infant diagnosis (EID) and pediatric counseling, scale up early infant diagnosis and infant treatment for all confirmed cases, rolling-out provider-initiated testing and counseling (PITC), strengthening the implementation of PITC and EID, strengthening linkages and referral systems with various service areas (MCH, PMTCT, OPD, and the Paediatric Wards), strengthening supervision and monitoring of Paediatric HIV care services through clinical mentorship and Paediatric ART supervision, scaling up dry blood spots (DBS) to all ART and PMTCT sites. The DBS courier system will also be strengthened and family centered approach for identification, diagnosis and treatment will be rolled out.

Scaling up of Paediatric ART Services
Sites
At the end of FY 2008, the same 25 sites providing adult ART services will be providing paediatric services because the two services are integrated. In FY 2009, WPHO will scale-up ART services to four new sites and will continue strengthening the services in the old sites.

Pediatric Patients on ART
The target for WPHO, in line with the national objective, is to provide ART to at least 75 per cent of HIV-positive children in need of ART by 2010.

In FY 2009, assuming that a total of 25,554 people will need ARVs, then the number of paediatric patients needing ARVs will be 10% (2,555) of the 25,554. WPHO will therefore aim at a provincial target of putting 1,916 (75%) children on ART by the end of FY 2009. Of these, 230 (12%) will be from WPHO sites supported by USG funds. Zambia has adopted the new WHO recommendation to ensure treatment for all children below 12 months with confirmed positive HIV on treatment. This will allow for earlier treatment, better survival and more children on treatment. With the roll-out of DBS to all ART sites, it is anticipated that WPHO will achieve their target.

Training

Pediatric counseling
Currently the province does not have health providers trained in pediatric counseling. In FY 2009 WPHO will support training of 30 child counselors to cover every ART site. This training will improve the skills of counsellors in dealing with particular issues around children: HIV/AIDS information, disclosure, adherence, adolescence growth and development, support to parents, etc.

Given that the paediatric ART services will be provided within the adult ART sites, the issues of infrastructure, human resource, supportive supervision, monitoring and referral system will be the same as for adult ART. Efforts will be made however to ensure that services are child friendly within this integrated approach.

Sustainability
To ensure sustainability of the program, the WPHO will devolve implementation responsibilities to the respective districts and ensure that districts include paediatric ART services in their annual plans. Western provincial health's role will therefore be to provide technical support, mentoring and monitoring and evaluation. With the Human Resource strategic plan of the Ministry of Health being implemented, there will be doubling of intakes and outputs from the training institutions which will ultimately improve the availability of human resource in the province. Furthermore, assuming that the improved funding is sustained through national resources, infrastructure development will also improve, ultimately increasing access to pediatric ART services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $11,186,777

Program Area Narrative:

Tuberculosis (TB) is a leading cause of morbidity and mortality in adults living with HIV/AIDS in Zambia. Despite minor reductions in TB patient notification during the last three years, the TB notification rate has increased five fold since the beginning of the HIV epidemic in the mid 1980s. Recent data show that in 2007, 50,264 TB patients were notified, compared with 51,179 in 2006 and 53,267 in 2005 (representing a notification rate of 484 cases per population of 100,000 people vs, 500 cases per population of 100,000 in 2006 and 2007). The World Health Organization (WHO) estimates that up to 70% of all adults with active TB are also co-infected with HIV. Zambia's most recent data show that of the 23,356 TB patients (49%) who were counseled and tested for HIV, 16,240 (68%) were found to be infected with HIV. Because of the close opportunistic link between TB and HIV (double burden of disease), the Government of the Republic of Zambia (GRZ's) National HIV/AIDS/STD/TB strategic plan (2006-2010) 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 GRZ's HIV/AIDS/STD/TB national strategic plan is a collaborative effort between the GRZ, the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), the President's Emergency Plan for AIDS Relief (PEPFAR), the Tuberculosis Control Assistance Program (TBCAP) which is funded by USAID through a global cooperative agreement with the Royal Netherlands Tuberculosis Foundation (KNCV), and other implementing partners. Funds from the Global Fund have been supporting and will continue to support the national TB program (NTP) to implement all six components of the 'Stop TB' strategy, including the Directly Observed Treatment Short-course (DOTS) strategy. All partners in the TB and TB/HIV programs buy into the planned NTP activities in the National strategic plan; the Ministry of Health National TB program sources high quality drugs from WHO Global Drug Facility (GDF).

PEPFAR supports the integration of TB/HIV service delivery through the following activities: development of linkages between TB and HIV services, human capacity development, improvement of physical infrastructure, improvement of the TB/HIV health information system, strengthening of the laboratory system, and provision of technical support. To promote collaboration with the GRZ and other partners, the U.S. Mission in Zambia has been and will continue to be represented on the National TB/HIV coordinating committee, a committee that initiates TB/HIV policies and oversees their implementation.

PEPFAR activities support the GRZ through direct funding to the MOH and U.S. partners implementing TB/HIV activities in Zambia. From FY 2005 through FY 2008, the U.S. Mission in Zambia has supported the MOH and private health care providers to integrate TB and HIV activities, including the: provision of voluntary and provider-initiated counseling and testing (PICT) to all TB patients; and referral of HIV-infected TB patients for HIV services, including anti-retroviral treatment (ART).

In FY 2006, the U.S. Mission in Zambia provided support to the MOH to develop guidelines for the implementation of TB/HIV activities in Zambia, focusing on routine opt-out HIV counseling for all TB-infected patients, and the screening of HIV-positive clients for TB (also known as Diagnostic Counseling and Testing (DCT)). In FY 2007, the U.S. Mission in Zambia helped the MOH develop guidelines for TB infection control to address TB transmission in health care settings (nosocomial infections). The guidelines will be finalized and disseminated in FY 2009. In 2007, the U.S. Mission in Zambia also supported the GRZ to develop a PICT training manual for Zambia and supported the MOH to train 500 front-line health-care workers in PICT across Zambia. In FY 2008, the U.S. Mission in Zambia supported the MOH to train an additional 3,985 providers in PICT and included other trainings linked to collaborative TB/HIV activities. PICT training increased the capacity of the Zambian health care system to scale up the provision of routine counseling and testing for HIV for TB-infected clients.

In FY 2007 and FY 2008, the U.S. Mission in Zambia supported the MOH to strengthen the capacity of its national reference laboratory, the Chest Disease Laboratory (CDL) and a regional TB reference laboratory to develop and enhance Zambia's capacity to provide quality-assured TB microscopy and culture services. The regional TB reference laboratory has greatly improved equity of access to quality-assured TB microscopy and culture services to the northern provinces of Zambia.

Before FY 2007, Zambia faced major challenges in collecting TB/HIV data because the TB data collecting and aggregating tools (TB patient cards and TB patient registers) did not have a provision for entry of HIV data. In FY 2006, the U.S. Mission in Zambia supported MOH revision of the TB patient card and TB patient register to include data on HIV. The U.S. support covered the development, production, and distribution of patient cards and registers to provinces and districts. In FY 2007, the U.S. Mission in Zambia supported MOH evaluation of its TB/HIV surveillance system in the Southern, Copperbelt and Lusaka provinces by analyzing the quality of data captured through the TB/HIV data collection tools that had just been developed. The evaluation demonstrated that the availability of revised patient cards and registers had enabled the NTP to collect better data on TB/HIV activities in Zambia. In FY 2008 the U.S. Mission in Zambia provided direct support to the Ministry of Health National TB Program to conduct the same evaluation in Lusaka, Western and Eastern provinces. In FY 2009, the U.S. Mission in Zambia will work with the MOH to conduct similar activities in the remaining provinces.

In FY 2008, with U.S. support, the MOH conducted supervisory visits to support TB/HIV activities from central level to provincial level and from provincial level to district level. The U.S. Mission in Zambia also strengthened the central level's capacity to provide support supervision to the lower levels through direct support to the MOH for the hiring of a TB/HIV focal person. Additionally, the U.S. Mission in Zambia and the MOH held quarterly TB/HIV data review meetings. The U.S. Mission in Zambia also provided direct funding to four provinces to improve the human resource base, through supervision, training and employment of additional staff as well as infrastructure, and space for VCT within the facilities. The remaining five provinces were supported by the U.S. through TBCAP. With this support, the number of outlets providing TB/HIV services was 645, and the number of HIV-infected clients attending HIV care/treatment services that received treatment for TB disease was 22,485. The U.S. Mission in Zambia also provided direct funding to the NTP to support TB/HIV collaborative meetings at the national, provincial and district levels. Additionally, the U.S. Mission in Zambia enhanced NTP's capacity to manage multi-drug resistant TB (MDR-TB) through the development of guidelines, training, and provision of suitable infrastructure. In FY 2009, the U.S. Mission in Zambia will continue to support the MOH in the management of MDR-TB.

The physical separation of TB and HIV services continues to be a big challenge in the implementation of TB/HIV activities in Zambia. ART is often provided in ART-specific clinics, which are often far from TB service centers. Patients with TB/HIV co-morbidity are in practice referred to ART service centers to be cascaded through evaluation for HIV services. There is great potential for loss of patients to follow-up during the referral process. In order to reduce the burden on patients with TB/HIV co-morbidity, the U.S. Mission in Zambia will continue to strengthen the link between TB and HIV services to ensure effective cross-referral between the two services. Initiatives will include human capacity development in TB/HIV surveillance, use of reflex CD4 counts, and treatment of TB in ART centers for patients receiving treatment for both TB and HIV. Coordination and linkages between the TB and ART clinics will further be strengthened to facilitate the screening of HIV positive patients for active tuberculosis disease in ART clinics. In addition, health-care workers will continue to receive training in providing cotrimoxazole prophylaxis to HIV-infected patients (in consistent with national guidelines).

In addition to direct grants to the GRZ, the U.S. Mission in Zambia supports several implementing partners to support TB/HIV activities. These activities include: community awareness through development, production, and dissemination of TB/HIV information, education, and communication materials; and commodity support, including procurement of rapid HIV test kits and other laboratory supplies through the Supply Chain Management Services (SCMS) project, training, and supervision.

To strengthen the community response to the TB and TB/HIV program, in FY 2005, the U.S. Mission in Zambia and other partners developed and printed 2000 copies of a facilitator's manual for training Community TB treatment supporters. The demand for this manual was overwhelming. In FY 2008, the National TB/HIV Coordinating body revised the manual and developed a participant's handbook.

In FY 2009, the U.S. Mission in Zambia will continue to support the Ministry of Health to strengthen TB/HIV integration, promote the counseling of TB patients for HIV and the screening of HIV patients for TB. Working closely with the MOH, the TB/HIV coordinating bodies at the different levels will be strengthened through the provision of technical support and through support for meetings. The U.S. Mission in Zambia will cooperate with MOH on developing guidelines, providing technical supervision, and supporting TB/HIV technical meetings and renovations of infrastructure in the TB and HIV settings. The MOH has no guidelines on infrastructure renovation, however, partners work closely with the Provincial, District health offices and the Ministry of Works and Supply to ensure that required standards for health facilities are met. In FY 2009, 832 U.S. sites will be caring for 24,212 HIV infected clients that are receiving TB treatment, 30,413 TB patients receiving counseling and testing for HIV, and 3,188 health care providers trained to provide care.

The above activities will continue to be implemented in a manner that ensures sustainability beyond PEPFAR support. The strategies for sustainability include: human capacity development, stimulating community involvement and ownership of activities, evoking political commitment through the involvement of managers at various levels, and devolution of decision-making to as near as possible to where TB and HIV patients live, work and go to school. The U.S. Mission in Zambia will also promote the integration of TB/HIV activities between U.S. Mission in Zambia and non-U.S. partners involved in the world of TB and HIV.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17632.27894.09

Planned Funds: $193,646

Activity System ID: 27894

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

This PHE activity, “Evaluation of the WHO algorithm for diagnosis of sputum negative TB in an out-patient setting”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.08.0189.This PHE activity, “Evaluation of the WHO algorithm for diagnosis of sputum negative TB in an out-patient setting”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.08.0189.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17632

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17632	17632.08	HHS/Centers for Disease Control & Prevention	Tulane University	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	$115,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $193,646

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17634.27895.09

Planned Funds: $377,131

Activity System ID: 27895

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

This PHE activity, "Enhanced TB screening to determine incidence and prevalence of TB in a cohort of ART clinic patients", was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZM.08.0190.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17634	17634.08	HHS/Centers for Disease Control & Prevention	Tulane University	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	$196,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation $377,131

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2987.09

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3673.24834.09

Planned Funds: $500,000

Activity System ID: 24834

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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 and with the work of Project Concern International (PCI) supporting counseling and testing (CT) and Adult care and support, as well as JHPIEGO's work on integrating diagnostic CT into TB and STI services for mobile populations. It also relates to the pre-service training component of the Health Systems and Services Program/USAID, 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. 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 2009, JHPIEGO will build on previous work to support comprehensive HIV/AIDS prevention, care and treatment services in the 54 ZDF health facilities. In FY 2005-2008, JHPIEGO initiated and supported development of 16 model facilities, and will continue to develop model facilities with guidance from ZDF, expanding to four new facilities in FY 2009. JHPIEGO will support the expansion of comprehensive HIV/AIDS care and treatment services through co-teaching ART, TB/HIV (and other OIs), and PMTCT, using group-based, on-the-job training and distance learning methodologies already successfully used by JHPIEGO in other settings.

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 during FY 2006-2008, 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.

In FY 2009, JHPIEGO will train at least 80 providers, including doctors, nurses, clinical officers, and other health cadres, in diagnosis and management of TB and other opportunistic infections (OIs). The core competences in TB screening include referring patients suspected of TB infection for sputum examination for acid alcohol fast bacilli (AAFB) to the various TB diagnostic centers set up by the Ministry of Health and supported by CDC. When need for sputum arises, patients or indeed specimens are referred to the CDC Laboratory at the National Scientific Research Center where such investigations are undertaken. The training in managing OIs is largely dependent on recognizing clinical signs and symptoms for non life threatening conditions as well as specific laboratory investigations for life threatening conditions. This training is a part of the series of trainings on core competencies for these cadres and will also include ART and PMTCT management, in an effort to strengthen linkages between ART and other HIV/AIDS prevention, care and treatment services to ensure more comprehensive and continuous care for people leaving with HIV/AIDS. Following the training, supervision visits to the service providers will be jointly conducted by JHPIEGO and ZDF using SBM-R and other supervisory tools that were developed in the previous years.

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. To ensure a synergy of the efforts in the process, JHPIEGO will deepen linkages with the MOH, the National HIV/AIDS/STI/TB Council (NAC), and other collaborating partners such as PCI and the Naval Medical Center in San Diego (NMCSD).

Since FY 2005, JHPIEGO trained and retrained 360 service providers in ART and opportunistic infections management, drawing providers from many service outlets including the model sites. JHPIEGO also developed ZDF training capacity by training 24 ART and TB staff as trainers. These trainers worked with JHPIEGO staff to co-train at least 200 service providers in the provision of ART. In addition, the model sites established between FY 2005 and FY 2008 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 2008, JHPIEGO was working with model sites in all nine provinces.

To support performance improvement systems and quality ART service delivery, JHPIEGO will conduct supportive supervision visits to the 16 model sites initiated in FY 2005-2008. JHPIEGO will continue supporting the DFMS to conduct workshops using the orientation package for lay workers like managers, clergy, community leaders, and caregivers on HIV/AIDS prevention, care and treatment. This package covers CT, PMTCT, Care and ART as well as linkages to other services such as TB and STIs. The purpose is to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations. Whenever possible, JHPIEGO will continue to increase gender equity in provision of TB/HIV services by training equal proportions of males and females in all the programs. It is hoped that by training men and women in provision of TB/HIV services, some gender-related constraints to accessing this service may be overcome.

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 will continue to strengthen and expand facility-based performance improvement systems, providing increasing opportunities for the trained staff from model sites to lead supervision and mentorship programs, while still

Activity Narrative: mentoring and actively supporting the ZDF sites whenever necessary.

To assist in development of a sustainable quality work force, JHPIEGO worked with the ZDF to identify capable institutions in order to institutionalize the human capacity building. Maina Soko Military Hospital and the Defense School for Health Studies in Lusaka were identified in FY 2008 as the future centers for capacity building within Defense Forces, and will provide in-service training on the number of programs undertaken by JHPIEGO during the past years of work with ZDF. In FY 2009, JHPIEGO will continue work with Maina Soko hospital and will provide support and supervision to ensure quality of services and training.

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, 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 harmonizes services and maximizes efficiencies between ZDF and MOH facilities and programs. In FY 2009, JHPIEGO will continue utilizing and building 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14625

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14625	3673.08	Department of Defense	JHPIEGO	6889	2987.08	DoD-JHPIEGO	$500,000
9090	3673.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$225,000
3673	3673.06	Department of Defense	JHPIEGO	2987	2987.06	DoD-JHPIEGO	$300,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $116,332

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6842.09

Mechanism: ZPCT FOLLOW ON

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 14446.26182.09

Planned Funds: [redacted]

Activity System ID: 26182

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New USAID HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new procurement on HIV/AIDS service delivery support to follow the current ZPCT project is being developed. The new project will expand the geographic areas and scope of HIV/AIDS services: integrating HIV/AIDS services with other health interventions such as family planning, maternal and child health, sexually transmitted infections (STIs), Tuberculosis (TB), and malaria, as appropriate; integrating gender equity and sensitivity in HIV/AIDS services; strengthening learning and evaluation by developing systems for documenting and sharing best practices in HIV/AIDS prevention, care and treatment services, and identifying and conducting operational research as needed; promoting and strengthening community mobilization for services, by using community structures such as neighbourhood health committees (NHC), community health workers (CHW), faith based organizations (FBOs), community based organizations (CBO) and community support groups for youth, women, men and people living with HIV/AIDS (PLWHAs); and developing viable mechanisms and exit plans in collaboration with Ministry of Health (MOH), provincial health offices (PHOs), district health management teams (DHMTs), health facilities, and other implementing partners, to enhance program sustainability.

The activity will link to other project program areas including: PMTCT, ART, Counseling and Testing (CT), Palliative Care, and Laboratory Support activities as well as with the Government of the Republic of Zambia (GRZ), and other US Government (USG) agencies and partners as outlined below.

Up to 70 percent of TB patients in Zambia are HIV positive, and TB is the most common opportunistic infection (OI) in HIV patients. In 2007 23,356 (47% of total TB notifications were tested for HIV out of which 11,623 (68.5%) were HIV positive and 4,723 (40.6%) were put on HIV treatment (MOH). In FY 2009/2010, the project will collaborate with the Centres for Disease Control and Prevention (CDC) and the GRZ to increase the proportion of TB patients testing for HIV through the following activities: 1) harmonizing TB/HIV trainings and service delivery protocols; 2) providing training to 200 health care workers and lay counselors in cross-referral for TB/HIV and other opportunistic infections (OIs); 3) providing microscopes and laboratory reagents; 4) renovating TB laboratory infrastructure; 5) strengthening provider initiated counseling and testing for HIV in TB clinics; 6) strengthening and expanding TB services among HIV-infected individuals, including TB microscopy and treatment; and 7) supporting initiatives for TB infection control and intensified TB case finding. The project will also strengthen and expand quality DOTS programs, and increase community involvement and awareness of TB. The project will support the GRZ to strengthen and expand TB/HIV services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces.

The project will strengthen the integration of provider initiated counseling and testing for HIV in all the TB clinics supported by the project. HIV-infected TB patients determined eligible for ART 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 strengthened in facilities offering HIV services to ensure that all HIV infected patients diagnosed with TB are provided with appropriate TB treatment and care. Furthermore, provider initiated counseling and testing for HIV will be offered to the TB patient's family, with emphasis on reducing stigma and discrimination associated with TB and HIV. Over 4,000 patients received TB/HIV CT services HIV/AIDS care and treatment services in 2008. At least 7000 TB clients will receive CT services in 2010.

The project will strengthen and expand TB services for HIV-infected individuals. This will 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. Laboratory equipment, such as microscopes, will be procured as needed to strengthen diagnosis of TB in selected project health facilities that currently have weak TB diagnostic capacity, and facilities will be renovated as needed. Through these interventions, approximately 5,000 HIV-TB co-infected persons will receive needed TB treatment.

The project will train health care workers and lay counselors in cross-referral for TB/HIV and other OIs, the project will work with GRZ facility management personnel to ensure that counselors are trained and are available to provide TB/HIV related services in TB clinics in project-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 the project.

The project will work at the national level with 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 (e.g., national, provincial, district, and community.

The project will support evaluations of lessons learnt from TB/HIV interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to palliative care services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the government of Zambia and to strengthen the Health Management Information System (HMIS). The activity will also participate and share best practices at President Emergency Plan for AIDS Relief (PEPFAR) implementer's meetings, stakeholder meetings, and other fora

The project will work with GRZ facilities, to establish a sustainable program by building program

Activity Narrative: management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by PHOs, DHMTs, and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines; strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. The project will gradually wean off well performing districts from project technical support over the five years of the project implementation period. Involvement of people living with HIV/AIDS (PLWHAs) gives a human face to the problem of HIV/AIDS, reinforces basic messages, and helps create a more supportive environment. PLWHAs will be used as additional human resources for clinic and community level activities. In addition to training, promoting active involvement of community leaders and key GRZ managers and providers will also enhance program sustainability

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality TB/HIV services. The project will also link these facilities to the government supply chain for provision of HIV test kits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14446

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14446	14446.08	U.S. Agency for International Development	To Be Determined	6842	6842.08	ZPCT FOLLOW ON	[redacted]

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3013.09

Mechanism: CDC Technical Assistance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3645.26305.09

Planned Funds: $200,000

Activity System ID: 26305

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievements

This activity relates to activities in counseling and testing (CT), laboratory infrastructure and support, HIV/AIDS treatment services for adults and pediatrics.

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). Provision for the following activities in support of the national implementation of TB/HIV activities is being requested: 1) technical assistance for evaluation of surveillance system for TB/HIV implementation; 2.) Provide supportive technical supervision to the Southern, Western, Eastern, and Lusaka provinces and 3) inclusion of TB/HIV data elements in the SmartCare Electronic Health Records to improve patient care,

In FY 2007, 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, 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 provided technical support to the MOH for the evaluation of surveillance systems for TB/HIV implementation. A pilot evaluation of the revised TB/HIV reporting and recording systems in Southern (21 health facilities) and Copperbelt provinces (17 health facilities) were sampled. The findings showed that the recording and reporting systems needed strengthening and there was need to conduct a country wide evaluation. In addition the evaluation identified weaknesses in the supervision of the health facilities and in response the MOH has developed a supervisory tool that will be used by all TB officers and allow for comparison of performance at different time points.

In FY 2008, the USG working in collaboration with the MOH and other partners conducted a similar evaluation in Lusaka Province. The evaluation was done in Lusaka District, Kafue and Chongwe districts. The evaluation brought out the strengths and weaknesses of the program which facilitated program planning.

In FY 2008 the USG directly funded the NTP to repeat the evaluation of the national TB/HIV surveillance system in all the remaining six provinces. The findings of this national evaluation will provide information on how well the program is performing and will facilitate planning to make the NTP achieve better out comes in TB/HIV activities. Technical assistance for this evaluation would be provided for by the USG in conjunction with other members of the National TB/HIV coordinating Committee.

In FY 2008 the USG provided supportive technical assistance to the NTP through supervision to the provinces, districts and health facilities in Southern, Western, Eastern, and Lusaka provinces. During these visits, on the job training to over 100 health care workers was provided. The supervision team combined with the National TB program staff and other partners in TB and HIV control Programs.

In FY 2009, the USG will continue to provide technical supportive supervision to the four provinces. Program coordinators at provincial, District and health facility levels and community volunteers will receive on the job training. It is expected that 120 health care providers will be reached during this period.

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 Health Record (EMR) standard that now includes TB data as well as HIV and other opportunistic infections (OI's) data. In the last year, this EMR, now called SmartCare (previously called CCPTS), was established as the national standard software for use in any clinic that could support a computer. This remarkable consensus achievement by the MOH is being followed by national training and deployment at the same time as there is ongoing development of the out patient department (OPD) module that will include TB care planned for release in 2007. The SmartCare already addresses TB care in the context of antiretroviral (ART) services, but the pending OPD module will establish a bidirectional link between OPD TB services and ART TB services provided either by a patient-carried smart card or via a periodic facility-by-facility database 'merge'.

The EMR system and SmartCard 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 SmartCare system, the electronic record 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 automating key management elements of local monitoring and evaluation and

Activity Narrative: logistics support.

During May and June 2007, with strong USG support, the MOH held a series of three national trainings for 180 district and provincial leaders from all 72 provinces, as part of scaling up the SmartCare deployment.

In FY 2008, emphases will be on refinement of the TB service within the OPD module, addition of suitable decision support cross-referencing other health conditions and potentially interacting medications, and primarily scaling-up of this service increasing numbers of clinics nationwide. Building on previous year's successes in HIV and antenatal clinic/prevention of mother to child transmission/CT services, SmartCare is now supporting around 90,000 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 SmartCare for purposes of sustainability, and to operationalize automatic links between increasing numbers of SmartCare service modules in order to better care for TB-HIV patients with these concurrent illnesses and OI's. Together with the related activities, these funds help assure that the OPD TB to HIV services link spreads throughout the country with this same deployment effort.
The USG has provided direct funding to the MOH through a co-operative agreement since 2004 (activity 9008) for activities related to strategic information and more specifically to Information Technology (IT) such as setting up a local area network at the headquarters and IT supervisory support to the provinces and districts around the country. Since FY 2007 the USG increased the level of funding and scope of activities supported through this mechanism to include other program areas such as PMTCT (ref 9737), TB (ref 12445), ARV services (ref 9754), and laboratory (ref 8991). The funding provided through this mechanism enabled the MOH technical program officers to coordinate national level activities and enhance their capacity for supervision and technical support to the lower levels of the health system. The increase in funding and scope of activities brought with it added challenges in assuring that activities are conducted as planned and that the reporting of the activities is coordinated.
Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15592

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15592	3645.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$200,000
9021	3645.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$171,000
3645	3645.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3013	3013.06	Technical Assistance	$376,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3013.09	**Mechanism:**	CDC Technical Assistance
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	3884.26306.09	**Planned Funds:**	$124,000
Activity System ID:	26306		

Activity Narrative: The funding level for this activity in fiscal year (FY) 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievements.
Activity Narrative:
This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care, and basic health support activities.

The following activities are being requested:

1) Printing of the participant's manual for training tuberculosis (TB)/HIV treatment supporters. 2) Printing of TB/HIV news letter. 3) Program evaluation of the use of cotrimoxazole for HIV-positive TB patients in TB clinical settings.

TB remains a major health problem in the health care delivery in Zambia. The incidence and prevalence rates continue to increase from 1985 due to HIV/AIDS. The burden of TB has risen more than five-fold since HIV/AIDS was first diagnosed in Zambia. It is estimated that 50-70% of all TB patients are co-infected with HIV. The increase in the number of HIV/AIDS related diseases has made it difficult for the health care system to accommodate all the chronically sick and TB patients in hospital wards. Many of these patients are therefore discharged or referred to be managed in their homes by the community health care providers with technical support from the trained health staff. The Ministry of Health (MOH) has also been highly burdened by the attrition of trained health staff through resignations, deaths, retirements and other reasons. Many health centers are managed by one or two trained staff. Others are managed by non health trained staff.

Community initiatives implemented in Ndola by World Health Organization (WHO) in 1998 and Monze by the Catholic Church showed better results in terms of case holding and better TB out comes. These community initiatives demonstrated that effective community participation is key for successful Stop TB strategy.

The Ministry of Health (MOH) through Central Board of Health endorsed the integrated community based DOTS approach in order to strengthen TB control in the district hospitals and health centers. This new approach aims to provide a quality integrated TB services to the people by means of standardized diagnosis, care, support and community based treatment.

In Zambia there are three Directly Observed Treatment (DOT) Plans that are used for TB patients. Two of these DOT plans are implemented at community level. The DOT Plan V (Volunteer) is where the TB patients are being directly supervised and observed as they swallow the anti TB drugs by the community volunteer on daily basis. DOT Plan R (Relative) is when the patient is supervised and observed as they swallow anti TB drugs by the relatives daily. In both plans it entails providing health education to the patient and the family, to observe for side effects, document the drugs intake after every dose and refer patients to health facilities for review among other functions at community level.

In order to expand the community based Stop TB strategy, health workers, and community volunteers need standardized knowledge and skills.

In 2005, the USG directly supported the development and printing of a facilitators manual for training TB treatment supporters. This manual was developed in collaboration with the Ministry of Health, the USG, various community based organizations and the TB committee of Care and Treatment working Group. This manual is widely used by the MOH institutions, Non governmental organizations, community based organizations and faith based organizations when training the TB treatment supporters.
By the end of FY 2008, the facilitator's manual would have been updated to include new treatment guidelines of the four fixed drug combination and TB/HIV information. After the revision and updates, this manual would have been printed and distributed to all the Provinces to facilitate quality knowledge and skills to the facilitators. One-thousand (1,000) copies were produced and distributed to users.

In FY 2009, due to the demand for this manual by trainers in government health institutions, community based organizations, faith based organizations, and other users, an additional 1000 copies will be produced. Despite the availability of this facilitators manual for training TB treatment supporters, a gap still exist in terms of material for the community volunteers to refer to after the training.

By the end of FY 2008, the USG would have developed and produced a reference hand-book for the treatment supporters. This hand book will be in line with the materials in the Facilitators manual for the training of TB treatment supporters. It is hoped that 65-70% of volunteers to be trained in the country would be given a copy of the Participant's hand book for training TB/HIV treatment supporters. A total of 3000 copies were produced and distributed to community volunteers.

In FY 2009, due to the high number of community TB treatment supporters in the country, another 2,000 copies will be produced to facilitate each trained community volunteer to be in possession of the participant's manual.

TB/HIV co-infection has presented a lot of challenges in the management of these diseases such as; the diagnosis, care, support and treatment (fixed TB drug combination and the co-treatment with ART), mobilization of communities, incentives for the volunteers and patient involvement; screening, counseling and testing of TB patients for HIV; and screening of HIV infected patients for TB. Other issues include development of linkages and referral of patients between the\ different service areas; the recording and reporting of TB/HIV information on the data collecting and reporting tools and challenges to do with infection control in TB/HIV settings, patient, family and community education.

Some of these challenges are handled some what different from place to place depending upon the knowledge and skills the health care workers and the community volunteers have and the different administrative support given. There is therefore a need to ensure that experiences in implementation of

Activity Narrative: TB/HIV activities indifferent provinces and districts are shared.

In FY 2008, the USG closely collaborated with the MOH National TB program to solicit for articles on TB/HIV from the Provincial Health Offices, districts and the communities and other partners in order to share knowledge, skills and other experiences in the management of the challenges in TB/HIV programming. Using these materials a TB/HIV newsletter was produced and distributed to stakeholders. A total of 5,000 copies were printed and distributed to the TB and HIV program implementers and other interested parties. It is hoped that this newsletter will go a long way in providing technical support to the different players in TB/HIV by applying positive strategies used else where to implement activities which were challenging.

In FY 2009, the production of this newsletter will continue and be produced bi-annually. Each publication will produce 5,000 copies for distribution to stakeholders.

The provision of cotrimoxazole (CTX) prophylaxis for HIV positive TB patients has been included in the national TB/HIV Guidelines adapted by the MOH. However the provision of CTX to the HIV-infected TB patients has primarily occurred within the ART clinics and not in the TB clinics due to a concern that adding CTX to the duties of the TB staff would overload them and compromise the TB care provided. Whilst all HIV positive TB patients are referred for HIV care and treatment to the HIV clinics, which tend not to be co-located in the same clinic as the TB services, it is recognized that this does result in some TB patients not accessing HIV care for a variety of reasons. These include not reaching the HIV clinic or not being attended to in a timely fashion due to the large number of patients attending these clinics coupled with health workers shortages. A recent evaluation of the TB surveillance system revealed that less than 20% HIV-infected TB patients have documented evidence that they were receiving CTX. In 2009 the USG will work with the MOH and other partners to develop a pilot program to provide CTX in three TB clinics in two provinces (Eastern and Western). The program will be evaluated in order to determine whether provision of CTX in the TB clinic is feasible within the Zambian context and provide information to the MOH on how CTX prophylaxis can be widely implemented in TB clinical settings. The program will also provide information on how referrals between TB and HIV clinics can be improved.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15601

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15601	3884.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$124,000
9010	3884.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5010	3104.07	CDC (Base)	$124,000
3884	3884.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3104	3104.06		$124,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $124,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3007.09	**Mechanism:**	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	9703.26322.09	**Planned Funds:**	$1,043,000
Activity System ID:	26322		

Activity Narrative: The funding for this activity in FY 2009 has slightly reduced from FY 2008.

This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care, and basic health support activities.

During the fiscal year (FY) 2008 funding cycle the following has been accomplished to date:
• 2,200 number of persons with HIV/AIDS have been treated for TB
• 42 medical providers have been trained and mentored in advanced TB diagnosis and treatment
• 86 Community Health Care Workers have been trained on TB recognition and links with HIV for encouraging CT
• 54 hospital staff have participated in TB updates
• Referral linkages between TB and HIV programs at 12 Local Partner Treatment Facilities (LPTF) have been strengthened
• Integration of TB/HIV programs using nurse educators through on site training, mentoring, and technical assistance at two Churches Health Association of Zambia (CHAZ) supported facilities
• 10 hospitals have had evaluation and upgrade of safety standards for protection of health care workers with installation of extractor fans, bio-safety cabinets, and windows where indicated
• Chest x-ray (CXR) services were expanded to two LPTF sites for TB diagnosis
• Training on LPTF TB specific data management to capture and report accurately on TB/HIV co-infection was conducted at six sites
• Information, education and communication (IEC) materials addressing TB/HIV co-infection were sourced and disseminated

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• Emphasis will be placed on intensified TB case finding
• Infection control for TB with major emphasis of reducing TB among health care workers and clients utilizing health care facility
• Working with the MOH to encourage Isoniazid prevention therapy.
• In order to intensify TB case finding all sites will be trained on intensified case finding into the range of HIV related service activities such as HIV Counseling and Testing (CT) sites, Home Based Care programs, and treatment support groups in addition to the specific treatment facilities
• Partner with the District Health Management Team s (DHMTs) on the formation and strengthening of TB/HIV linkages, reporting systems, and site supervision
• Family case finding will become routine for any TB case, and screening questionnaires will be employed until the WHO TB score card screening questionnaire is fully developed
• Increase the utilization of provider initiated counseling and testing (PICT) in the health care facilities through training and monitoring indicators.

Activity Narrative: Tuberculosis (TB) is a major cause of morbidity and mortality in people living with HIV and needs specific attention. Emphasis must be placed on intensified TB case finding, infection control for TB, and continuing discussions with the MOH on Isoniazid prevention therapy. In order to expand TB case finding all sites will be trained on intensified case finding into the range of HIV related service activities such as HIV CT sites, Home Based Care programs, and treatment support groups in addition to the specific treatment facilities. Family case finding will become routine for any TB case, and screening questionnaires will be employed until the WHO TB score card screening questionnaire is fully developed. Routine quality testing of TB patients for HIV is an efficient means of identifying HIV in the community. PICT will be strengthened both in the ART clinic and the TB clinics through increased utilization of Diagnostic Counseling and Testing (DCT). Infection control for TB is essential both within the health care work place, and in areas where clients congregate. Trainings will be conducted on teaching the key actions for TB prevention in these settings, and supplemented by educational posters.

Health care infrastructure will be improved at nine AIDS Relief sites and four CHAZ sites. Evaluations of the sites for laboratory diagnostic accuracy and safety will be conducted with appropriate measures taken to ensure compliance with national standards. Quality assurance programs will be strengthened at all 19 AIDS Relief sites through our laboratory teams program in conjunction with National Laboratory Services to develop Good Laboratory Practices and expansion of the internal and external quality control (EQA) mechanisms. Our EQA activities will be linked to national EQA program through regional TB centers. Other emphases will include training, community mobilization/participation, strengthening of networks and referral linkages, and activities that will contribute to infection control. AIDS Relief will also partner with the DHMTs on the formation and strengthening of TB/HIV linkages between the local treatment facility and the DHMT. Support will be given to form and strengthen TB/HIV coordinating bodies at district, health center and community levels. Special emphasis will be placed on accurate reporting to the DHMT in its supervisory role, and ensuring courier systems are in place for specimens and results.

The following populations are targeted: health care providers (including Community Health Workers), 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 AIDS Relief 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 to diagnose TB accurately;
(2) Strengthen referral linkages between AIDS Relief facilities and the Zambian government TB directly observed treatment strategy (DOTS) sites to ensure timely diagnosis and treatment;
(3) Ensure accessibility to IEC materials on the relationship between TB and HIV at health facilities as well as surrounding communities;
(4) Enhance the capacity for the diagnosis of smear negative and extra-pulmonary TB based on national program recommendations.
(5) Reduce the potential risk of nosocomial transmission among patients through assessment, training, and education of hospitals and clinics. Emphasis will be placed on understanding the transmission of TB in

Activity Narrative: these settings and implementing plans to reduce this transmission. CDC and WHO educational materials will be incorporated into the process with visual educational materials posted at the sites.

To ensure routine screening and accurate diagnosis of TB in all patients enrolled for HIV care at all 19 AIDS Relief health facilities and four (4) CHAZ supported Health Facilities, 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. Funds will be used to strengthen laboratory capacities at AIDS Relief facilities to conduct TB diagnostic tests, to ensure that chest X-ray is available for all sputum-negative individuals, and to provide training and ongoing technical assistance to laboratory staff in sputum diagnosis of TB, training all cadre of staff to identify potential TB cases and to make the diagnosis (counselors, nurses, community health workers, treatment support specialists, etc). In addition, patients with smear negative specimens but suggestive clinical signs will have their specimens referred to a National reference laboratory for culture.
Ensuring that patients diagnosed with TB at AIDS Relief facilities have access to quality care involves strengthening the capacity of the facilities to meet the special needs of persons living with HIV/AIDS and TB. Funding towards this component will go to supporting training of all cadres of clinical staff (doctors, clinical officers, nurses, counselors, treatment support specialists, and 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 AIDS Relief sites on TB DOTS for community-level follow-up for care and support, and developing and implementing joint strategies to assist with patient adherence to antiretrovirals (ARVs) and anti-TB drugs by utilizing community health workers, treatment support specialists and other community support groups. It is further planned to strengthen the dual referral system between AIDS Relief facilities with HBC for patients co-infected with HIV and TB. Additionally targeted co-infected TB/HIV patients will be linked with SUCCESS for the provision of Ready to Use Therapeutic Food (RUTF) and complementary food.

In FY 2009 up to 60 health workers will receive specific training on TB/HIV as it relates to their job responsibilities. The focus of these trainings will be on accurate assessment and diagnosis of TB (both pulmonary and extra-pulmonary), intensified TB case finding, infection control for health workers and clients, and increased utilization of PICT. These parameters will be evaluated by using AIDS Relief indicators that are part of our TB/HIV Integration Program Plan that assess LPTF progress toward quality care and sustainability during site support team visits each quarter. It is estimated that a total of 4,500 persons living with HIV/AIDS will be treated for TB under AIDS Relief using drugs obtained through the National TB program and is not included in the budget. A total of 1,400 TB patients will receive counseling and testing results. All patients who are diagnosed and treated for TB under AIDS Relief 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 AIDS Relief 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.

The education and sensitization component under this activity will include the development of a communication strategy to sensitize the communities served by AIDS Relief on the linkage between TB and HIV. Funds will be directed at working with local organizations to distribute IEC materials related to TB/HIV issues to communities and health facilities, conducting educational sessions at support groups and other community-based groups, training in voluntary counseling and testing (VCT) and other counselors to provide information on TB/HIV to their clients during counseling sessions. All nineteen AIDS Relief health facilities and four CHAZ supported facilities and surrounding communities will benefit from having IEC materials available.
The training of health staff and community volunteers providing care in both urban rural mission health facilities will ensure sustainability of the program.
There are no gender disparities in the provision and access to TB/HIV diagnosis and treatment in Zambia

To ensure sustainability, these activities are enshrined in the Ministry of Health District Plans.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15614

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15614	9703.08	HHS/Health Resources Services Administration	Catholic Relief Services	7200	3007.08	AIDSRelief-Catholic Relief Services	$1,043,000
9703	9703.07	HHS/Health Resources Services Administration	Catholic Relief Services	4951	3007.07	AIDSRelief-Catholic Relief Services	$730,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	8701.09	**Mechanism:**	UAB
Prime Partner:	University of Alabama, Birmingham	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	3653.26521.09	**Planned Funds:**	$2,044,000
Activity System ID:	26521		

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Activities for FY 2009 have shifted in focus away from diagnostic counseling and testing (DCT) to clinical care training, enhanced case finding, linkages between TB and HIV care programs and infection control in 11 districts of Lusaka, Western and Southern provinces. Narrative changes include updates on progress made in FY 2008 and description of new activities planned for FY 2009. The mechanism for these activities ended in FY 2008 and has been listed as to be determined (TBD) for FY 2009.

Activity Narrative:

The funding level for this activity in FY 2009 will remain the same as in FY 2008.
This activity relates to the following activities:

HIV in sub-Saharan Africa has greatly increased the incidence of HIV-related tuberculosis (TB). Data from 2005–2008 show that 60-70% of TB patients in Lusaka District are HIV-infected and 80% meet eligibility criteria for immediate antiretroviral therapy (ART).

When the Ministry of Health (MOH) began opening ART clinics in 2004, the overwhelming demand for care hampered the ability to integrate HIV care with other services. As a result, two vertical systems exist within health facilities for TB and HIV care and many co-infected patients do not receive the coordinated care they need. Encouraging TB patients to learn their HIV status, improving TB screening at ART clinics and linking patient care services is essential to improving patient outcomes and the primary focus of CIDRZ TB/HIV activities.

In 2005, Tulane University through it’s sub-partner, the Centre for Infectious Diseases Research in Zambia (CIDRZ), partnered with the Lusaka District Health Office (LDHO) to pilot TB/HIV integration activities at one clinic. All TB patients were requested to undergo provider-initiated diagnostic counseling and testing (PICT) with follow-up to ensure that HIV-positive patients enrolled in HIV care. This was successful in identifying and linking patients to HIV care and has been expanded to 22 Lusaka District clinics and 45 clinics in Chongwe, Luangwa, and Kafue districts as of July, 2008. Our data shows that 85% of TB patients who underwent counseling accepted an HIV test and 63% of those tested were HIV-infected.

In addition to DCT, CIDRZ activities include: (1) training in TB diagnosis and clinical management of TB/HIV co-infected patients; (2) establishment of referral and communication systems between TB and HIV clinics; and (3) systematic monitoring and follow-up of activities.

In FY 2007, the USG funded CIDRZ to work in Lusaka District. In FY 2008, CIDRZ was funded to scale-up activities to Eastern, Western, and Southern Province with continued technical support to Lusaka District. In an effort to coordinate services among USG partners, CDC-Zambia and the Provincial Health Offices (PHO’s) have requested that TBD focus activities in 2009 on selected districts in Western, Southern, and Lusaka Provinces. Activities will expand to a further 128 health centers (for a total of 195) in coordination with PHO’s, DHO’s and CDC-Zambia in order to build-upon prior activities. In FY 2009, as DCT is established throughout Zambia at this time, TBD will shift its focus from DCT to TB diagnosis in HIV-infected persons, clinical management of co-infected patients, linkages between TB and HIV programs, and bringing TB services closer to rural populations. Based upon discussion with PHO’s and CDC-Zambia, TBD will concentrate FY 2009 services in the following eight districts:
• Lusaka Province: Lusaka district
• Western Province: Kalabo, Lukulu, and Kaoma districts
• Southern Province: Mazabuka, Choma, Gwembe, and Kalomo districts

All USG TB-related funding for the eight districts listed above will come through TBD, while the other districts in these provinces will receive USG support through their PHO. The priorities in TBD-supported districts will be:

1. Clinical training in TB diagnosis and management of co-infected patients
2. Strengthening patient referral and sputum courier systems between TB treatment centers, TB diagnostic centers, and ART clinics
3. Establishment of microscopy centers
4. Bi-annual district data review meetings
5. Monitoring and evaluation of activities to improve systems operations
6. Community sensitization to decrease TB and HIV stigma and encourage uptake of health services
7. Support to strengthening District TB/HIV Coordinating bodies and establishment of Health Centre bodies
8. System strengthening through infrastructure renovations to facilitate TB/HIV activities and promote TB infection control

Within Lusaka Province, TBD’s primary focus will be Lusaka District, while Lusaka PHO will concentrate on the remaining three districts. However, TBD and Lusaka PHO (in consultation with CDC-Zambia) decided to allocate certain activities to each organization to conduct for all four districts in the province. TBD will concentrate on clinical trainings for health center staff, while the PHO will conduct community health worker trainings in all four districts. The PHO will also support district and health center coordinating bodies and data review meetings while TBD will support training of lay microscopists and strengthening of patient referral and sputum courier systems in all four districts. Working with monitoring and evaluation staff at CDC-Zambia, indicators have been divided between the two organizations to avoid double-counting.

TBD will hire two TB/HIV Officers; one in Western Province and one in Southern Province to work with the TBD provincial teams. These TB/HIV Officers will provide local activity coordination and follow-up. They will work closely with the TBD provincial teams, PHO’s, DHO’s, and the TBD Lusaka team. The TBD Lusaka team will provide oversight for TBDTB programs in Lusaka Province.

Activity Narrative: We anticipate providing clinical training to a total of 390 medical officers, clinical officers, and nurses from the targeted districts. They will be trained in diagnosis of TB in HIV-infected persons (whether diagnosed or presumed) including symptom recognition, diagnostic investigations, chest x-ray interpretation and clinical management of co-infected patients. In addition, ART clinic staff and staff from referring TB treatment and diagnostic centers will come together for workshops to develop patient referral and sputum courier systems. To aid TB case finding, 16 lay microscopists will be trained and microscopes provided (where needed) to create rural microscopy centers and/or provide additional staff in urban labs. New microscopy centers and sputum courier systems will decrease the distance that patients have to travel for smear microscopy as this impedes completion of the diagnostic process. Lastly, communities will be sensitized through meetings with community leaders, drama performances and distribution of brochures and posters in Western and Southern Provinces (this will be covered by Lusaka PHO in Lusaka).

At this time, TBD does not plan to incorporate Isoniazid or co-trimoxazole preventive therapies into integration models as both are under evaluation at pilot sites run by the MOH and other partners. Should the MOH advocate scale-up of these programs, TBD will incorporate them into our activities. All TB/HIV co-infected patients are targeted in integration activities including men and women, children and adults.

A major challenge encountered in FY 2007 and 2008 was the shortage of health care staff. Larger clinics do not have enough nurses to provide DCT to and ensure ART follow-up for all TB patients. Thus, we developed a pilot TB/HIV peer educator program at two Lusaka clinics. This program will run through February 2009, with on-going monitoring and an evaluation at the end. Following evaluation and consideration of program benefits and sustainability, the MOH will decide whether the program should be scaled-up to other Lusaka clinics.

Infrastructure was another challenge in FY 2007 and 2008. As of August 2008, renovations to increase counseling space and reduce nosocomial transmission are underway or have been completed in 10 Lusaka District clinics, with eight more budgeted for in the remainder of FY 2008. We anticipate that renovations will be required in an additional four clinics during FY 2009.

A significant strength of the CIDRZ program is intensive follow-up, monitoring, and evaluation to help ensure that activities continue as intended with quality maintained. With expansion to provincial sites in FY 2008, follow-up was decentralized through collaboration with DHO's. At the request of the MOH, data collection shifted from CIDRZ-developed forms to reliance on routinely-collected MOH data to minimize the burden on health center staff. CIDRZ has worked with Lusaka District to modify their forms to capture vital TB/HIV data. In FY 2009, TBD will continue monitoring through MOH program data, with data strengthening activities focused on regular discussions with DHO's and PHO's and bi-annual data review meetings with district staff to enhance their ability to produce and monitor high-quality program data (this will be supported by Lusaka PHO in Lusaka Province).

Of approximately 18,000 new TB patients at TBD sites during FY 2009, we estimate that 55% will receive DCT over the 12-month period for a total of 10,000 patients. The percentage tested will be greater in rural districts where there are few TB patients and lower in Lusaka District where significant staff shortage results in fewer patients tested and where the DHO has requested that TBD not provide staff support in the form of overtime shifts or lay counselors. This was requested so that programs are sustainable within current district staffing structures. Of the 10,000 TB patients who are tested for HIV, approximately 70% of them (7000) will be HIV-positive. It is expected that 50% of the co-infected patients (3500) will receive HIV care.

To align data collection with national systems, TBD will collect copies of MOH facility-level reports from DHO's each quarter. Thus TBD will be collecting and reporting to CDC the same data that is reported to the National TB Program through DHO's and PHO's.

All TB/HIV integration activities are designed to be sustainable and operate within current district clinic structure. CIDRZ works with MOH staff to integrate services within the confines of staff capacity and will continue efforts to strengthen collaboration with MOH staff. Rather than providing services directly, CIDRZ trains district nurses, doctors, clinical officers, treatment supporters, and peer educators and helps them evaluate and re-organize systems for greater efficiency and sustainability. Data monitoring, mentoring and supportive supervision will be provided in conjunction with DHO's and PHO's. CIDRZ is a member of the National TB/HIV coordinating body.

Lastly, CIDRZ has a TB laboratory at the CIDRZ Central Lab. Where possible, this facility will collaborate with the Chest Diseases Laboratory on training and assessing new TB diagnostics. Our lab has capacity for light and fluorescence microscopy, liquid and solid culture, molecular diagnostics, species identification and drug sensitivity testing. The lab is currently conducting an evaluation of several lower-cost light-emitting diode (LED) fluorescence microscopes to determine if they are suitable for TB diagnosis in Zambia. In FY 2009, the lab will provide TB culture, drug sensitivity testing and molecular diagnostics for complicated TB suspects/cases at CIDRZ-supported HIV clinics including smear-negative TB suspects, treatment failures, and relapse cases.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15566

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15566	3653.08	HHS/Centers for Disease Control & Prevention	Tulane University	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	$2,074,000
9037	3653.07	HHS/Centers for Disease Control & Prevention	Tulane University	5021	3080.07	UTAP - CIDRZ - U62/CCU622410	$1,810,000
3653	3653.06	HHS/Centers for Disease Control & Prevention	Tulane University	3080	3080.06	UTAP/Tulane University	$150,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 12219.09

Mechanism: Jhpiego

Prime Partner: Johns Hopkins University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 26511.09

Planned Funds: $650,000

Activity System ID: 26511

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

The funding for this activity in FY 2009 will remain the same as in FY 2008.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Work with pre-service institutions has been added to improve educational process and further quality of services, and support sustainability of the program.

This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care, and basic health support activities.

Activity Narrative
This activity is closely linked to Jhpiego's other work in Zambia, focused on strengthening integrated HIV prevention, care, and treatment services, including counseling and testing (CT) and palliative care, as well as Jhpiego's work on integrating diagnostic CT into TB and STI services. It also linked with cross-cutting Jhpiego's work to promote task shifting through training lay workers in counseling and testing skills. It also incorporates work under Jhpiego's ART program in development of distance learning opportunities for providers of HIV prevention, care and treatment.

In Zambia, rates of HIV and TB co-infection are more than 70% 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.

Jhpiego is working to strengthen the integration of HIV/AIDS and TB care and treatment services in Southern, Western, and Eastern Provinces through: 1) Training for Provider Initiated HIV counseling and testing (PICT); 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; and 5) Building provincial and district team capacity in TB infection control

In FY 2009, TBD will continue strengthening and expanding the capacity at the provincial level in training skills, supervision and monitoring, continue with the TB infection control activity, and expand OJT activities to improve providers' skills in diagnosis and treatment of opportunistic infections without taking them away from their workplaces.

TB patients must be effectively counseled and tested for HIV, and, if found positive, 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 Centers for Disease Control and Prevention's (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 then provided counseling and testing to 1,300 clients during that year. Also, Jhpiego provided technical assistance to the Ministry of Health (MOH), CDC, World Health Organization (WHO), Tuberculosis Control Assistance Program (TBCAP), Churches Health Association of Zambia (CHAZ), and Center for Infectious Diseases Research in Zambia (CIDRZ), to further build capacity in DCT clinical training skills by training 50 MOH TB focal point persons from all the nine provinces of Zambia and staff from other implementing partners' programs.

In FY 2006-2007, Jhpiego continued to work with the Southern and Western Provincial Health Offices (PHOs) to support integration of HIV counseling and testing into TB services. Working with the local provincial trainers in FY 2006 and FY 2007, 125 health care providers from ten new sites were trained in DCT, in addition to the provinces' own programs of training. To ensure that these programs are sustainable, in FY 2009, Jhpiego will strengthen and expand the capacity at the provincial level in training skills in all the provinces, and supervision and monitoring, through joint training and supervision activities in Southern, Western and Eastern Provinces. In FY 2007, Jhpiego used plus-up funds to train a total of 216 trainers in DCT from all the 72 districts of Zambia and developed the training capacity of the Zambia Defense Forces by holding a DCT clinical training skills workshop for 12 ZDF trainers who later trained 80 service providers. In FY 2008, JHIEGO worked with these trainers to conduct additional DCT workshops targeting 100 ZDF service providers from sites nationwide. This number was in addition to the 80 ZDF health care providers who were trained in TB diagnosis and management under the DOD-Jhpiego TB/HIV activity #9090.

In FY 2009, TBD will continue FY 2007 plus-up and FY 2008 funding initiatives to develop district level DCT clinical training skills by ensuring that new trainers receive support in their first trainings by co-training with experienced trainers who will provide support and feedback on their training skills. In FY 09, Jhpiego will train 100 new trainers national wide to account for the attrition of trainers in the districts.

In FY 2009, TBD will also continue with the TB infection control activity started in FY 2007 and FY 2008 when the guidelines were developed and disseminated at the central level and to all PHOs. TBD will work to build capacity of provincial teams and later will support them to conduct orientation and oversee the implementation of TB infection control activities at the district/facility level. TBD will also provide support to the local teams in conducting supportive supervision.

Providers of HIV care and treatment services need significant strengthening in the recognition, diagnosis and management of TB and other opportunistic infections (OIs). Because of the complexities of presentation and manifestation of TB and other OIs, and the limited diagnostic capacities of providers and facilities, initial basic training in OI management is only the tip of the iceberg. Experience from Jhpiego's work in past years 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 that involves a highly experienced clinician spending extended period of time at a service outlet working with a

Activity Narrative: team of providers in their environment. OJT includes daily rounds together with structured mentoring, case study reviews, and working with the teams of providers through diagnosis, clinical decision-making, and management of TB and other OIs, using the national guidelines and training materials. Between FY 2005 and FY 2008, with assistance of clinical experts from the University of Zambia (UNZA) and University Teaching Hospital (UTH), Jhpiego provided OJT to 150 health care providers, including nurses, clinical officers and doctors, from Livingstone General Hospital, Lewanika General Hospital, Chipata General and Mazabuka District Hospitals along with selected staff from hospital-affiliated health centers (HAHC). In FY 2009, an additional 95 service providers will receive OJT in 10 additional district hospitals in Eastern, Southern, and Western Provinces. Relevant performance standards were drafted and implemented in FY 2006 and FY 2007. 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 formalized 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 2008, Jhpiego increasingly involved the Clinical Care Specialists from the Provincial Health Offices and the experienced clinicians from the Provincial Hospitals and other larger facilities, to build local capacity to support and expand this program from the Provincial level. In FY 2009, the respective Provincial Health Offices will increasingly carry out supervision and monitoring of the training and quality of services with the support of TBD and the UNZA/UTH clinical experts as needed.

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 vice-versa. There are no gender disparities in the provision and access to TB/HIV diagnosis and treatment in Zambia.

To strengthen TB/HIV collaborative activities, between FY 2005 and FY 2008, Jhpiego trained 285 community counselors/treatment supporters (CCTSs) in Livingstone, Mazabuka, Monze, Kazungula, Itezhi-tezhi, Sesheke, and Mongu districts in support of the sites where DCT and OJT activities were conducted. The CCTS are involved in providing HIV/TB education, TB treatment support and ART treatment adherence support at community level and referral for TB and HIV services. In FY 2009, TBD will draw upon earlier-trained CCTSs and local NGO staff, building local capacity to expand and support these programs. In order to ensure sustainability of the program, local trainers will increasingly take the lead in training and supervision activities, supported by TBD and our local partners (Kara Counseling and Community-Based TB Organization [CBTO]) as needed. The aim in FY 2009 is to support the training of 120 CCTSs in 10 districts of Southern, Western and Eastern provinces. The focus will also be on strengthening supportive supervision and exploring an integrated system that includes HIV/TB/PMTCT/Malaria. Home visit diaries will be provided to the CCTSs to enhance record keeping. To ensure that community counselors have necessary set of skills to provide services needed in the community, TBD will also build their capacity in counseling and testing using finger prick under the Jhpiego's HVCT program. It is expected that local trainers will conduct roll-out training activities using resources from the MOH, Global Fund and other sources, thus further expanding the pool of community resources in order to attain geographical coverage of the services.

TBD will also support the pre-service education institutions in strengthening their TB/HIV curricular component through access to the continuing education programs with the latest evidence-based information. These programs include a combination of distance education programs for use in low technology settings developed by Jhpiego in collaboration with the MOH, as well as internet and e-mail based education program developed by the Johns Hopkins University Center for Clinical Global Health Education for service providers. In FY 2009, the initial and new educational modules will be provided to 10 pre-service education institutions nationwide, to support educational process of medical and nursing students. Jhpiego's blended learning approach—one that combines electronic and face-to-face learning—will ensure that frontline providers and students alike are given the knowledge and the skills that they need to provide quality service.

To ensure sustainability, these activities are enshrined in the Ministry of Health District Plans.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $650,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3082.09	**Mechanism:**	WPHO - 1 U2G PS000646
Prime Partner:	Provincial Health Office - Western Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	3791.26263.09	**Planned Funds:**	$400,000
Activity System ID:	26263		

Activity Narrative: This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care, and basic health support activities.

The activity has been modified in the following:

1. Reduction of districts from seven to four in order to allow TBD to concentrate on three districts (Kalabo, Lukulu, and Kaoma) while the rest will be supported by the WPHO
2. Refocusing from further training of health providers in TB/HIV collaborative activities to strengthening community response activities
3. Focus on ensuring quality of TB microscopic services.
4. Construction of three laboratories in the three zonal health centers.

Western Province has an HIV prevalence of 13.1% and reported tuberculosis (TB) incidence rate of 327/100,000 in 2007 of all forms of TB. Outside the provincial capital of Mongu, which has an HIV prevalence rate of 22%, access to health care facilities and services are limited. Many TB/HIV patients have to travel 20-25 km to the nearest health facility. TB is still the leading cause of morbidity and mortality among people living with HIV/AIDS.

In FY 2009, Western Provincial Health Office (WPHO) will allocate three (Kaoma, Kalabo, and Lukulu) districts to TBD. The sharing of districts will allow for more resources for the WPHO which will be used to support other critical areas in the provision of TB services among other activities such as construction of laboratory facilities in three Zonal health centers. However the goals for both the WPHO and TBD will be to increase access to TB/HIV collaborative activities by strengthening service outlets providing treatment for TB to HIV-infected individuals, increase number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease, train health providers in Provider Initiated Testing and Counseling (PICT) and increase the number of registered TB patients who receive HIV counseling, testing, and receive results..

Scaling up of TB/HIV collaborative activity sites:

In FY 2006, the plan was to scale-up TB/HIV collaborative activities to 22 (15%) new sites from five (3%) sites out of the existing 148 health facilities, and scale-up to 20 more new sites in FY 2007 which would have resulted in 47 (32%) new sites. To this effect by the end of FY 2006 there were 77 (52.3%) sites providing TB/HIV/STI collaborative activities. By the end of 2007, the number of sites increased to 87 (59%) and increased by 27 sites by the end of FY 2008 making a total of 114 (77.5%) sites. In FY 2009, TBD will take over the 42 sites from Kalabo, Kaoma, and Lukulu districts. The WPHO will remain with 72 sites.

For FY 2009, the WPHO will not open new sites but concentrate on technical support, mentoring, and supervision to the existing sites in order to strengthen the quality of services.

Construction/ Infrastructure:
In FY 2006, two health facilities (Mitete and Muoyo) were renovated and extended using funds solicited by CDC from CARIS Foundation. In FY 2007, Nalwei Health Center was renovated to provide space for VCT and TB/HIV collaborative activities.

In FY 2008, four additional health facilities (in Mbanga, Mulobezi, Mutomena, Libonda, and Sihole) were renovated and strengthened in the provision of TB/HIV collaborative activities.

In FY 2009, two district chest clinics (Sesheke and Senanga) will be renovated to address issues of TB infection prevention. Infrastructure in the ART settings will also be improved in order to prevent TB transmission. Further, three Laboratories will be constructed in zonal health centers with critical lab space for TB microscopy and diagnosis. Three of the Zonal health centers (Mutomena, Mulobezi, and Itufa) have no laboratory facilities. In FY 2009, WPHO will construct laboratory facilities to facilitate diagnosis and follow up on treatment.

TB/HIV Patients /Clients:
In FY 2007, a total of 3,032 TB patients were notified in the province, out of which 2,256 (74%) were screened and tested for HIV and collected their results. Of these, 1,249 were HIV positive (55%). Of HIV-positives, 474 (38%) were put on HAART and only 252 (20%) received co-trimoxazole preventive therapy (CPT). Very few TB patients received CPT because the guidelines were not available. Further, CD4 testing is currently only carried out in district hospital laboratories and CPT is done in ART clinics.

In FY 2008, it was estimated that 3,000 TB patients were to be notified in the seven districts. The overall notifications for the province have been showing a downward trend since 2003, hence the precaution in intensified case finding. Due to limitations in counseling and testing facilities, it was estimated that 70% (2,100) would have received counseling and testing. An estimated 55% HIV positive prevalence in TB patients was expected and this would have resulted in 1,500 HIV infected individuals receiving treatment for TB. These would be referred for appropriate HIV care including ART. TB screening of HIV infected patients would be a key component of these activities for an estimated 1,500 (50%) people accessing HIV services. According to the provincial TB quarterly data in 2008, by the end of June 2008 (2008 quarters 1 and 2), a total of 1,438 new TB patients were notified, out of which 1,194 (83%) were counseled and tested for HIV using PICT approaches; of these, 666 (56%) were HIV-positive. Of HIV-infected persons, 211 (32%) were put on CPT and 290 (44%) on HAART. The main problem has been with data recording and reporting. WPHO has resolved that the care providers in ART and TB clinics meet on a weekly basis to capture this data.

A total of 2,076 TB cases were notified in FY 2007 in Mongu, Senanga, Sesheke, and Shangombo districts, this was 68.5% of 3,032 total notifications of the province. In FY 2009, it is estimated that almost the same notifications will be made and 1,868 (90%) of these patients will be counseled and tested, about 55% (1,027) are expected to be sero-positive. These patients will need care and support at ART services.

Activity Narrative: .

There are no gender disparities in the provision and access to TB/HIV diagnosis and treatment in Zambia.

Human Resource:
In FY 2006, the program recruited and supported five staff in the following locations: WPHO (1), Chest clinic at the Mongu Urban Health Center (HC) (1), Sikongo Health Center in Kalabo (1), and Luvuzi and Mitete Health Centers in Lukulu (2). In FY 2007, WPHO continued supporting one counselor at Mongu Chest Clinic and one at WPHO. This supportive activity will continue in 2008. In addition, six health providers (clinical officers or nurses) will be recruited in five zonal health facilities (Mbanga, Mulobezi, Mutomena, Libonda, and Sihole) to boost staffing levels.

In FY 2009 the human resource support will continue to the province as in FY 2008.

Training:
In FY 2006, 131 Health Care Workers (HCWs) were trained in TB/HIV activities including: 95 in provision of PITC, 20 in DOTS provision; and 16 lab staff in AFB slide preparation and microscopy and HIV testing. In FY 2007, an additional 240 HCWs were trained in TB/HIV collaborative activities including 50 HCWs from HIV care and treatment sites in TB screening; 20 HCWs in DOTS provision; 120 community TB treatment supporters and 50 in PICT. In FY 2008, 111 health providers were trained (45 in PICT, 20 in DOTs, 20 in TB screening and 26 community supporters). As a result of these trainings, the services expanded to 27 new outlets. It is anticipated that 2,400 HIV-infected clients attending HIV care and treatment facilities received TB screening, diagnosis and treatment.

In FY 2009, WPHO will concentrate on strengthening community partnerships by community capacity building. Since 2004, the province has only trained 500 Community Based Volunteers (CBVs) as treatment supporters some of whom have left the system.. It is expected that in FY 2009 140 CBVs will be trained as TB treatment supporters.

In addition, 100 HCWs will be trained in the following areas: 20 HCWs located in ART, PMTCT, VCT sites in TB/HIV collaborative activities; 20 HCWs in PICT provision; 30 in WHO TB modules; and 30 HCWs in TB infection control.

Refresher course in TB/HIV collaborative activities:
In FY 2009, 30 health providers will be re-oriented in PICT and training will also include screening HIV positive patients for TB disease.

Program monitoring:
In FY 2006 and FY 2007, supportive supervision was integrated into the PHO routine performance assessment. In FY 2008, this supportive supervision was conducted quarterly to all the seven districts. During the FY 2009, the WPHO will continue to provide the same support to the DHMTs to carry out supportive supervision to health facilities quarterly in the four districts.

Logistics management training:
In FY 2008, in order to strengthen the availability and management of equipment, drugs and other supplies, 32 health providers will be trained in logistics management. In FY 2009 training in logistics management will be conducted for about 30 additional health workers.

Pharmaco vigilance:
In FY 2008, in order to strengthen monitoring of adverse drug reactions, 32 health providers were trained in pharmacovigilance. In FY 2009, WPHO will train an additional 21 staff at hospitals and health centers.

Infection prevention:
In FY 2008, WPHO renovated Mongu Urban Health Center chest clinic to provide an enabling environment for TB infection control practices and oriented health providers. WPHO will work in partnership with JHPIEGO to support training of staff in ART clinics and pilot the TB infection control guidelines in three ART sites (Lewaninka, Sesheke, and Senanga hospitals).

Coordination and collaborative activities:
In FY 2007, one provincial and seven district coordination committees were established. In FY 2008, support to the committees will continue giving strategic direction to the activities implementation.

In FY 2009, the province will concentrate on strengthening the provincial TB/HIV coordinating committee and support the four district committees and a few health center committees.

Community sensitization:
In FY 2008, in order to increase community awareness on the TB/HIV collaborative activities quarterly sensitization meetings were held in each district for sensitization of community gate keepers including Chiefs, Indunas (Chief's Trustees), and headmasters. WPHO supported 14 drama groups (two in each district) as well as developing IEC materials in the local language.

In FY 2009. the above activities will continue in the four districts supported by the WPHO.

Sustainability
To ensure sustainability of the program, the WPHO will ensure that the respective districts include TB/HIV prevention and control activities at both district and community levels as priority areas in their annual plans to ensure incorporation of activities in PHO and DHO services.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15557	3791.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	7181	3082.08	WPHO - 1 U2G PS000646	$400,000
9046	3791.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$240,000
3791	3791.06	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	3082	3082.06	Western Provincial Health Office	$150,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $144,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2933.09

Mechanism: CARE International - U10/CCU424885

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3650.26209.09

Planned Funds: $515,000

Activity System ID: 26209

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- Increase support for coordination through the establishment of district, health centre, and community TB/HIV coordinating committees
- Strengthen the monitoring and evaluation of TB/HIV data through training of health staff in data collection and analysis
- Development of a Quality of Care tool
- Deploy trained health workers to improve human resources in zonal centers

This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care, and basic health support activities.

CARE International has supported the implementation of TB/HIV activities since 2005 and will draw on lessons learnt in the past four years to improve quality of service delivery for tuberculosis (TB) and HIV activities in the districts of Chipata, Petauke, Katete, and Lundazi. These activities will include strengthening the links between TB, HIV and antiretroviral therapy (ART). CARE realizes its contributions have previously focused on enhancing the technical capacity of health service providers and community volunteers. The focus in FY 2009 will be to expand and institutionalize multi-level linkages between the response to TB, HIV/AIDS and ART. CARE International will strengthen the linkages of HIV positive patients to ART services provided by Center for Infectious Diseases Research in Zambia (CIDRZ), Catholic Relief Services (CRS), and, Provincial Health Office (PHO) in strategic health facilities within the project districts. A referral system to link HIV positive patients to ART is already in place through existing intervention strategies like HBC, Mobile VCT and diagnostic CT, PMTCT, and TB DOTS. This is expected to contribute to increased numbers of HIV-infected patients accessing ART and subsequently improve treatment outcomes and quality of life for TB/HIV clients due to improved patient management. In addition through the established TB/HIV referral network, 3,500 HIV infected patients attending HIV care/treatment are targeted to receive TB treatment. CARE will strengthen the capacity of health providers to increase TB case detection from the current 23% to 32%. CARE International will scale-up interventions aimed at increasing TB treatment success rate from 81% to 83% and strengthen infection control measures at facility level through providing supplies such as aprons, bin liners and other waste disposal methods, as well as training TB treatment supporters and health workers in infection prevention.

In FY 2008, CARE International scaled-up its support for TB/HIV activities to all 117 health facilities in the four districts to increase the coverage of integrated TB/HIV activities to the more remote areas in Zambia. The focus in FY 2009 will be to ensure improved quality of service delivery. CARE working closely with the PHO and DHMT will undertake joint performance assessments to these health facilities. Technical support will be provided based on identified gaps. Recommendations made during these visits will be followed-up to ensure that these have been implemented and where staff needs support this will be provided.

In order to ensure that there is coordination in implementation of TB/HIV activities, CARE will support the establishment or strengthening of TB/HIV Coordinating bodies at district, health centre, and community levels in all four districts. CARE International will ensure there are regular meetings to share information on best practices and lessons learnt in the implementation of integrated TB/HIV programs. CARE will help to ensure that all activities are in-line with the national strategy for TB/HIV and the overall national health strategic plan.

CARE International will strengthen its linkages to other organizations doing similar work; whether United States Government (USG)-supported (e.g. Center for Infectious Disease Research in Zambia) or non-USG supported (e.g. Mwami Mission Hospital) to ensure a comprehensive response within the province. Within CARE, additional support for strengthening the DOTS program through the THANZI project which is funded by USAID will ensure that there is decreased morbidity and mortality due to TB and HIV co-infection as THANZI aims to increase TB case detection rates and improve treatment success rates. In order to increase the number of treatment supporters at community level, CARE International through THANZI intends to train 400 treatment supporters in TB with an emphasis on case finding, awareness creation, promotion of health seeking behaviors, treatment support, adherence and sputum collection. Identification of treatment supporters will be done with the help of health centre staff and the neighborhood health committees (NHC), who will also to be trained as treatment supporters. This intervention will include Faith-Based Organizations and women's groups. Support from STAMPP, an EU funded project, will promote improved health seeking behaviors for individuals for prevention, care and treatment of HIV and TB.

CARE International's proposed interventions aim to assist the government by increasing the expertise of field-based staff and lay volunteers including TB treatment supporters 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 on reducing the stigma and discrimination surrounding both TB and HIV/AIDS. CARE will strengthen information dissemination through various channels including community radio stations. Materials developed by other organizations will be collected and disseminated in order to support the IEC work. CARE International will also continue to engage TB treatment supporters, former TB patients and those on ART to promote treatment adherence and help reduce the stigma associated with TB and HIV. Formation of circle of friends who are former TB patients will be supported and scaled up to all health centre catchment areas.

Since 2006 CARE International has supported health worker training in diagnostic counseling and testing. Current work has revealed significant weakness in regard to data collection, management and analysis. In 2009 a specific focus will be on training health workers and TB treatment supporters in proper data collection, management and analysis. CARE International, as a member of the Provincial TB/HIV Coordinating Committee, will continue to be involved in the review of existing tools and where necessary participate in the development of tools to improve information management system and reporting. CARE will ensure that the M&E tools used to capture data are those developed and supplied by the National TB program. A Quality of Care (QOC) Tool will be developed to assess overall program performance and quality service delivery by looking at skill utilization, client satisfaction and supply chain management, etc.

Activity Narrative: Prior approval will be obtained from the Ministry of Health.
Using standard data capture tools for TB, CARE International will continue to strengthen information flow from the community (TB treatment supporters) through zones up to health facilities and back down the chain. This will be done on a monthly basis with quarterly meetings for zonal leaders, health centre focal point persons and the District TB Focal persons to review data flow.
CARE International recognizes the challenges that the health sector faces with trained human resources. Therefore in 2009, CARE International will work with the PHO to identify areas that have critical shortages of trained health personnel to implement integrated TB/HIV activities. The project will then support the deployment of seven trained staff especially in the zonal centers to address the challenges faced with regard to human resources. In collaboration with the PHO and other organizations, specific training programs will be developed and implemented for 455 service providers broken down as follows; 200 health workers including classified daily employees, 200 treatment supporters and 55 lay counselors and microscopists who will support health workers in service delivery thus promoting task shifting at all levels to reduce the strain on the system. CARE International will draw lessons from the training of microscopists that was done by Churches Health Association of Zambia (CHAZ) in Petauke and develop a program for in-service workshops for already trained microscopists and laboratory technologists. CARE International will work with the DHMT to ensure requisitions for laboratory reagents, testing kits, drugs for opportunistic infections and other supplies are met by linking them to JSI – Deliver. One of the strategies that CARE International seeks to adopt in ensuring program sustainability is building the capacity of DHMT in logistics management, storage and distribution of supplies. Supplies procured by CARE International will be stored and distributed by the respective DHMT whilst CARE provides technical support in supply chain management. CARE International will also work closely with the PHO and the DHMT to establish/strengthen an external quality control system on the work done by microscopists whereby examined specimens will be sent quarterly to the district laboratory for quality control and semi-annually to the provincial laboratory. This will be done by using services available in zonal centers such as Kapata health centre and hospitals such as Mwami and St Francis.
Of the 2450 (estimated number of TB patients) in the 4 districts, it is expected that at least 80 %(1,960) as per National target will receive HIV counseling and testing in FY 2009.
Based on feedback from a needs assessment, five health facilities will be rehabilitated for improved service delivery. CARE International will support the PHO so that TB corners are established and functioning in all the health facilities. CARE International will also facilitate a process where the Zonal centers will be equipped with facilities to enable them conduct diagnosis for TB. Where this is not possible, CARE International will work closely with the PHO and selected DHMTs to develop a courier system for sputum collection. Sputum collection points will be identified in TB treatment centres which are not TB Diagnostic centres. Working with existing programs such as THANZI and RAPIDS, bicycles will be provided to TB treatment supporters to facilitate the collection of sputum specimens in communities while in some case, the ITAP VCT vehicle will be used to transport specimens from TB treatment centres to TB diagnostic centres. This will be done with the supervision of trained health workers. Strengthening this system will ensure that districts conduct intensified case finding thus improving the case notification rates for TB.

Supportive supervision for TB/HIV activities in the districts will be strengthened and 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.

To ensure sustainability, these activities are enshrined in the Ministry of Health District Plans.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15507

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15507	3650.08	HHS/Centers for Disease Control & Prevention	CARE International	7164	2933.08	CARE International - U10/CCU424885	$515,000
8819	3650.07	HHS/Centers for Disease Control & Prevention	CARE International	4948	2933.07	CARE International - U10/CCU424885	$400,000
3650	3650.06	HHS/Centers for Disease Control & Prevention	CARE International	2933	2933.06	Technical Assistance-CARE International	$400,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $110,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2976.09

Mechanism: CHAZ - U62/CCU25157

Prime Partner: Churches Health Association of Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3651.26214.09

Planned Funds: $200,000

Activity System ID: 26214

Activity Narrative: The funding level for this activity in fiscal year (FY) 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievements.

This activity relates to activities in counseling and testing (CT), laboratory infrastructure, palliative care, and basic health support activities.

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 that was formed in 1970. The organization has 133 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. CHAZ collaborates well with the Ministry of Health and other stakeholders including the USG in TB control. CHAZ is one of the four Principal Recipients for The Global Fund to disburse resources in Zambia. Three agreements in HIV/AIDS, tuberculosis (TB), and Malaria were signed. In July 2005, CHAZ signed as additional agreement under Round 4 of The Global Fund to scale-up antiretroviral therapy (ART) services in Church Health Institutions. Similarly, in FY 2008, the Global Fund approved the TB round 7 funding for CHAZ.

The comparative advantage that CHAZ has is its area of operation which is mainly rural. This has made CHAZ to be heavily involved in the development and utilization of community level volunteers who assist with TB treatment adherence and specialized community based volunteers who visits patients to 'directly-observe therapy' and to provide a basic check-up. This is an innovative and cost-effective way to address severe health care human capacity shortages by multiplying skills and knowledge through the population and further empowering community members to appropriately care for such patients. Evidence has shown that such community-based treatment supporters have improved TB treatment adherence and outcomes.

The goal of CHAZ TB control program is to improve the quality of TB care in order to reduce the number of TB related deaths and increase the cure rate through the Stop TB Strategy. With FY07 funds from the United States Government (USG), CHAZ initiated the TB/HIV collaborative activities at its selected church health facilities, 34 mission/church health institutions (CHIs) in four CDC priority Provinces (Southern, Western, Eastern, and Lusaka). In this regard, 34 frontline health workers were trained in Provider Initiated Counseling and Testing (PICT) commonly known as diagnostic counseling and testing (DCT). Training was also extended to 115 TB community treatment supporters who were trained in DOTs and TB/HIV implementation. Treatment supporters were also provided with bicycles to enhance community DOTs and patient follow up at community level.

The National TB and Control Program in the Ministry of Health with partners embarked on revision of TB training modules for health workers and training manual for community treatment supporters. The data reporting tools (registers and report forms) were revised in 2006.

To further strengthen linkages between TB and HIV/AIDS activities and strengthen the Stop TB Strategy in Zambia, CHAZ in FY 2008 continued with activities begun in FY 2007 in order to scale-up to 44 sites. This geographic and programmatic expansion was accomplished by mobilizing communities, strengthening the IEC component to include local languages; and continuing to build capacities of both CHIs and local communities in the STOP TB Strategy. Specifically CHAZ continued to implement the following strategies/activities:

• Facilitated and strengthened therapeutic TB/HIV meetings at community level for co- infected patients/clients;
• Strengthened integration of TB/HIV at all levels through quarterly meetings;
• Increased number of frontline health care workers trained in PICT from 34 to 250. The training addressed issues related to TB and HIV treatment. After training, health facility workers provided support to community treatment supporters through technical supervision as an on going activity to ensure maintenance of proper standards in TB/HIV collaborative activities at community level. The trained health care providers received follow-up technical supervision from the district, provincial, CHAZ and National program to sharpen their skills.
• Increased number of community treatment supporters trained in basic TB/HIV link and counseling from 115 to 600. It was expected that these would supervise treatment in 1,309 co-infected patients that were unable or unwilling to make regular visits to the health facilities;
• Designed and produced IEC materials using both electronic and print media on TB/HIV. Used local drama performances to create awareness in TB control;
• Strengthened the referral systems to ensure that health care workers were competent in the use of data collection and reporting systems at CHAZ health facilities and community levels.
• Enhanced the capacity for monitoring and evaluation of TB/HIV program the technical supervision visits which included a component of training in the use of information for management decisions at health facility level.
• Improved infrastructure (minor renovations and improve ventilation) for TB/HIV services at CHAZ (mission) health facility level: This activity facilitated reduction of transmission of infection from un diagnosed and newly diagnosed smear positive TB patients to HIV infected clients and health care providers. The renovations were specific to the sites and included improving the ventilation in waiting areas.
In FY 2008, activities were implemented in the same four Provinces (Southern, Western, Eastern, and Lusaka). Support to community volunteers/treatment supporters was enhanced to provide quality home-based care that included TB/HIV integration elements such as skills for linking home-based TB patients to HIV counseling and testing and HIV care services including ART services. Despite the rural set-up of most of the CHAZ health institutions, it was expected that about 75% of the TB patients referred to ART services received care and support. The TB patients found eligible for ART were commenced on treatment according to the National guidelines. A system to track the referrals and ART treatment was developed. Standardized training was given to community-volunteers to provide home-based care for patients found to be TB/HIV co-infected e.g. TB and ART treatment adherence, monitoring and management of side effects. This type of

Activity Narrative: service delivery was appropriate for TB/HIV patients who were not able to reach the health facilities.
In view of increasing job satisfaction and quality of services being delivered, each community treatment supporter was provided with a bicycle and HBC kit. Utilization of already existing structures and systems such as home care programs and involvement of community volunteers promoted community participation and program ownership, thereby leading to program sustainability. CHAZ can boast of decades of community mobilization and partnerships experience through mission hospitals and health centers in rural Zambia. CHAZ will use this experience to mobilize local communities towards the Stop TB campaign and to enhance TB/HIV collaboration. Weaknesses have been noted in the integration of TB and HIV/AIDS programs at both the health facility level and community. It was hoped that the linkage between USG and Global Funds would enhance the quality of TB and HIV/AIDS services being offered in the selected Community Health Institutions (CHIs) and ensure continuity and sustainability of the program. Such a partnership facilitated the support of activities which are not in the USG supported work plan and budget, such as Income Generating Activities (IGAs) and funding to Faith Based Organizations. CHAZ was not implementing the use of Isoniazid preventive therapy (IPT) to adult HIV infected clients since the National guidelines recommends its use only in under five (5) children whose mothers are sputum smear positive for TB. However had the Ministry of Health adopted this intervention, CHAZ would have implemented IPT. The acute staff shortage at CHAZ made it difficult to implement some of the USG supported activities in FY 2006 -2007. The CHAZ TB Officer was overwhelmed with Global Fund activities in 133 member units which included Community based organizations, Rural Health centers and Hospitals.

In FY 2009, the support from the USG will focus on staff placements. The USG will support the employment of a TB/HIV officer who will work closely with the CHAZ TB Officer, Assistant Laboratory Officer. This Officer will work closely with the CHAZ employed Laboratory Specialist to coordinate the laboratory activities and (2) Assistant Information Technology (IT) Officer who will facilitate data entries and timely reporting to USG requests from the sites. This officer will work closely with the CHAZ employed IT Officer. CHAZ through global fund will facilitate funding for the activities that will be implemented by the USG employed staff. The USG will continue paying for the remunerations for the three staff. In addition, the USG will support the administrative component of the program.
Building on the already existing systems in the selected CHIs with the support of the officers to be employed, CHAZ through Global fund is confident that FY09 activities will result in: (i) High quality of health care delivery of CHIs providing counseling and testing according to the national guidelines; (ii) increased in the number of HIV infected patients attending care / treatment services that are receiving treatment for TB; (iii) increased number of health workers (100) and community volunteers (150) trained to provide treatment for TB to HIV infected individuals and community treatment supporters; and (iv) increased number of registered TB patients (2,000) who will receive counseling and testing for HIV and receive their test results. To ensure sustainability, these activities are enshrined in the MOH District Plans.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15512

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15512	3651.08	HHS/Centers for Disease Control & Prevention	Churches Health Association of Zambia	7167	2976.08	CHAZ - U62/CCU25157	$200,000
8992	3651.07	HHS/Centers for Disease Control & Prevention	Churches Health Association of Zambia	5000	2976.07	CHAZ - U62/CCU25157	$200,000
3651	3651.06	HHS/Centers for Disease Control & Prevention	Churches Health Association of Zambia	2976	2976.06	CHAZ TB/HIV	$200,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 12222.09

Mechanism: Columbia University

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17633.26216.09

Planned Funds: $650,000

Activity System ID: 26216

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as FY2008. Narrative changes include updates on progress made and expansion of activities. This activity relates to: Lab (#) University Teaching Hospital (UTH) Family Support Unit (FSU) (#), UTH Pediatrics (#), and activity Columbia PDCS and PDTX. The mechanism to support this activity ended in FY 2008 and the prime partner has been labeled as to be determined (TBD) until a new award has been issued.

In March 2005, ICAP began activities in Zambia with the aim of supporting the design, implementation, and evaluation of Pediatric and Family Centers of Excellence (PCOE) throughout the country in partnership and close collaboration with the Department of Pediatrics and Child Health at the UTH. ICAP program goal includes:
1) To support the implementation of integrated and comprehensive family-centered approach to paediatric HIV support, care and treatment services and reduce HIV-related morbidity and mortality among families
2) To enhance and strengthen the capacity of the Zambian public health system (health care worker, multidisciplinary team, health facility, regional and national level), through partnership with the UTH PCOEs to provide quality paediatric HIV/AIDS related services.

ICAP has supported the development, implementation, and strengthening of two PCOEs, the UTH PCOE in Lusaka Province and Livingstone General Hospital PCOE in Southern Province. PCOE goals are to serve as:
1) model facilities to provide state-of-the art comprehensive paediatric/adolescent HIV support, care, and treatment services,
2) referral centers for the nation and province, respectively
3) (UTH PCOE only) training, learning, technical support and dissemination centers for Zambia.
In FY 2009, TBD will transition from providing technical, program, and operations support virtually to providing this support via an in-country team to ensure that more efficient and real-time support is offered. TBD will hire a Pediatric TB/HIV advisor who will work collaboratively with UTH, the Ministry of Health (MOH), National TB Working Group and the National TB Program to provide technical support, training and logistics management to TB/HIV related products, services and systems. This will help build capacity in Zambia and allow for future sustainability of program in Zambia. TBD will continue to work in partnership with the PCOEs to rapidly expand, decentralize and strengthen pediatric TB/HIV services throughout the country. TBD will do so with a three pronged approach that supports activities on the national, sub-national and facility level.

I. National level:
Policies, Systems and Program: TBD, in partnership with UTH, will engage national level MOH stakeholders and provide support to strategically plan, implement and evaluate pediatric support, care and treatment programs. Specifically, TBD will actively participate and engage the technical working groups and planning bodies to support development, revision, adaptation, dissemination and operationalization of policy, guidelines, protocols plans, and tools. TB/HIV specific areas TBD will support, in collaboration with UTH PCOE, include:
1) Develop practical algorithms and guides for screening and diagnosis of TB in HIV-exposed and HIV-infected children and facilitate implementation of these algorithms. TB takes a particularly large toll in infants and children with HIV where the risk for progression from latent to active TB disease is accelerated and impacts morbidity and mortality in the infant. TBD will work with the MOH to adapt an adult TB screening questionnaire currently used in TBD supported programs and pilot its use at two Pediatric ART programs to assess the feasibility and efficacy of identifying TB in infants and children women.
2) Develop policy, protocol and training materials to ensure that all children and family members diagnosed with TB are currently routinely counseled and tested for HIV under the National TB and HIV program. TBD will work with the National TB program to help strengthen the implementation of the routine testing in follow up care of children with TB and link with HIV care and treatment services
3) Develop policy, protocols and training materials to ensure children > 5 years of age in the households of adults with active TB receive INH prophylaxis for prevention of TB infection.

Supporting and strengthening UTH PCOE's National Pediatric Training Program: UTH PCOE has been designated by the GRZ to serve as the national Pediatric Training Center. TBD will support UTH to develop and implement TB/HIV related training events and tools for implementation at the PCOEs and dissemination for other partner's training needs. TBD and UTH PCOE will also partner with the University of Medicine and Dentistry- Francois Xavier Bagnoud Center to provide support in the development of TB/HIV related training and performance related resources such as curriculums, job-aids, handbooks, and wall charts that support providers to read pediatric x-rays, screen and treat children for TB.

II. Sub national (district) level: As appropriate and feasible, TBD, in collaboration with UTH PCOE, will aim to strengthen the capacity of the district health authority to implement and manage family focused pediatric HIV support, care, and treatment plans. Initial targets would include the Livingstone, Chongwe, Monze, and Mazabuka District Health Management Teams (DHMT). Activities will focus on enhancing the diagnosis and management of TB in children infected with and exposed to HIV at several large facilities as described above. In addition, TBD will expand upon work currently focusing on adults to include infants, children and adolescents. TBD will explore the feasibility of instituting the following activities:
• All children and adults diagnosed with TB are currently routinely counseled and tested for HIV under the National TB program. ICAP will work with the National TB program to help strengthen the implementation of the routine HIV testing and linkage of HIV-infected children to care and treatment services
• Institution of contact tracing for pediatric family members in households of adults with HIV/TB. All children will be assessed for TB risk (as described above) and those less than 5 years of age without evidence of TB will receive INH prophylaxis. Routine counseling and HIV testing will be offered to all children and household members of adults with HIV/TB.
• TBD will work with the DHMT to develop practical algorithms and guides for diagnosis of TB in children and facilitate implementation of these algorithms
II. Facility level support:
As described in narrative #PDCS and PDTX, during FY 2009 TBD will provide direct technical support to four facilities: UTH COE, Livingstone COE, Chongwe, Mazabuka Hospital, and Monze Hospital and Misisi

Activity Narrative: Compound in Lusaka. TB/HIV specific activities will include:
• TBD would like to use pediatric HIV testing service as an opportunity to provide routine tuberculosis screening to all children and their families, particularly those who test HIV positive and all those negative but under the age of five years. A screening algorithm will be adapted to include history of tuberculosis related symptoms, clinical indicators suggestive of tuberculosis, and history of TB contact within and outside the household.
• TBD will support the implementation of routine TB screening questionnaire to the adult caregivers and household members of all children testing HIV positive. Most children are exposed to TB through adult caregivers within the household and in child care settings and this has been demonstrated to be an effective way to identify HIV infected adults at high risk for TB disease. Adults with a positive screening questionnaire will be referred for further evaluation.
• TBD will work with the multidisciplinary teams at the COEs to establish routine and systematic TB screening for all HIV infected children followed in care and treatment at the centers. This will include a routine periodic assessment of clinical and historical findings indicative of TB as well as queries about new household contacts recently diagnosed with TB. The feasibility of TST will be assessed in the group of children who are immunologically reconstituted and stable on HAART.

Sustainability: TBD's main goal will be to build and strengthen capacity of Zambian systems, programs and healthcare workers to implement comprehensive pediatric HIV services. At the national and sub-national level, TBD will work to strengthen existing efforts in accordance with the Zambia National HIV and AIDS Strategic Framework 2006-2010 and work with appointed officials and support them to manage pediatric HIV programs. On the site level, the cornerstone of TBD's efforts will be to work with existing programs and human resources to provide pediatric HIV services. TBD will target (government and non-government) clinical and management site staff and include continuing and phased-in skills building, knowledge transfer, supportive supervision, clinical mentoring and modeling to improve quality of care, strengthening clinical critical thinking/reasoning skills, supporting job-realignment, and instituting a multidisciplinary approach to service provision. TBD will also explore the feasibility of instituting a clinical fellowship program for advanced-level pediatric fellows to rotate in the PCOEs and support clinical and teaching activities. 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.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17633	17633.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	$650,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $650,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	2973.09	**Mechanism:**	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	3649.26256.09	**Planned Funds:**	$400,000
Activity System ID:	26256		

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievements.

This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care, and basic health support activities.

In Southern Province the HIV prevalence had reduced from (16.8% to 14.5 and the Tuberculosis (TB) incidence rate has increased from 415/100,000 in 2006 to 421/100,000 at the end of 2007. Livingstone district, which is the provincial capital of Southern province, continues to report extremely high HIV prevalence (31.2%). The number of TB cases notified in the province reduced from 6,103 in 2006 to 6,074 at the end of 2007. The smear positive rate also reduced from 25.8% in 2006 to 24.6% in 2008 and the cure rate increased from 82.2% in 2006 to 84% at the end of the first half of 2007 reported in 2008.The cure rate for the 2nd quarter 2007 patients was 86.6%. The provincial data confirms that 70% of TB patients are also co-infected with HIV. The province has implemented Provider Initiated Counseling and Testing (PICT) of TB patients for HIV in order to ensure early detection of HIV in TB patients since 2005.As a result of the scaling up of PICT, significant progress has been made in testing TB patients for HIV, increasing from 36% of TB patients tested in 2006 to 72% by mid 2008. Based on the performance assessment standards of 80%, SPHO in 2009 targets to raise the acceptance rate of TB patients testing for HIV to 90% using lessons learnt from LGH where over 95% of TB patients are tested for HIV.

Although it is part of the national guidelines to implement TB/HIV activities that ensures that all HIV infected individuals in Anti retroviral treatment (ART) and other service areas such as prevention of mother-to-child transmission (PMTCT) and sexual transmission infections (STI) clinics are screened for TB, the province has identified weakness in this area. In order to address this, the TB/HIV activity has been strongly linked to the ART clinical mentorship program, which ensures comprehensive screening and correct case management of all HIV and TB patients. With this strategy, SPHO targets to ensure that at least 80% of all HIV positive individuals will be screened for TB at the end of 2009.

Although World Health Organization (WHO) recommends Isoniazid prevention treatment (IPT) for HIV positive individuals, it does not currently form part of the national guidelines for TB/HIV activities and hence will not be implemented in the province.

In FY 2007, SPHO provided training in TB/HIV integration to 130 health care workers in all the 11 districts in the province to enhance the implementation of these activities in 19 TB diagnostic/ART sites. In 2008, SPHO further expanded the implementation of TB/HIV activities from 19 sites in 2008 to 33 sites. In order to increase case finding of TB, SPHO expanded TB diagnostic centers from 32 sites in 2006 to 43 sites in 2008.

The SPHO further trained 152 health workers in PICT and 170 health care workers in TB/HIV integration by end of 2007. In order to increase community participation in this program area, the SPHO trained 200 community members as lay counselors and provided funds directly to the districts for the implementation of these training activities. In FY 2007, the number of health centers providing integrated TB/HIV activities increased to a total of 173, representing 78% of the total number of possible sites (234). Staff has been trained in PICT in 93 sites, whilst psychosocial counselors have been trained to provide TB/HIV services in an additional 87 sites. By the end of FY 2007, direct district support resulted in training an additional 300 health workers in TB/HIV collaborative activities based on the training of trainers' model utilizing the core group of trainers resulting from the USG supported activities of JHPIEGO in FY 2006, FY 2007, and FY 2008 (activity 9032) .Other activities supported with the funding have been the strengthening of referral links between the TB and HIV treatment programs to ensure that all HIV-infected TB patients are referred for ART and all HIV-infected patients are screened for TB. The SPHO technical implementation team provided continued technical support which resulted in 72% of the 6000 expected TB patients received counseling and testing services by mid 2008.

In FY 2009, in order to maintain high standard of quality, the SPHO will conduct quarterly technical support supervision on TB/HIV services at provincial and district levels. To maximize program impact with the available resources and avoid duplication between the partners, in FY 2009, SPHO TB/HIV support shall focus mainly on Sinazongwe, Namwala, Monze, Itezhi-tezhi, Livingstone, and Kazungula and directly support 118 sites. The Centers for Infectious Disease Research in Zambia (CIDRZ) strengthened TB HIV services in the province in FY2008. In FY 2009 TBD will focus on Mazabuka, Choma, Gwembe and Kalomo, while CRS will provide support for activities in Siavonga district. Linkages between the TB/HIV program and existing home based care programs funded through the USG/SUCCESS and RAPIDS) and other donors will be strengthened. In FY 2008 six hundred (600) community based treatment supporters that are currently used to supervise directly observed treatment for TB patients received additional training in TB/HIV integration and adherence counseling with the potential to provide support for adherence to ART by the end of 2008.

In order to ensure accuracy of data and quality of care, the provincial and district health offices in partnership with CIDRZ, CRS and Boston University conducted regular technical support supervision (TSS) visits to the health centers and provided technical assistance to address identified areas of weakness. As a result of this activity, an estimated 6,000 HIV infected individuals would have received TB treatment according to national guidelines at the end of 2008.

Twelve (12) new TB diagnostic centers were opened in the five highest TB/HIV districts in the province (Livingstone, Monze, Mazabuka, Siavonga and Choma) by the end of 2007 using resources from the USG. These sites were supported with infrastructure improvements to create a conducive environment for TB/HIV activities by March 2008. In FY 2009, an additional 10 new TB diagnostic sites will be opened and the existing 43 sites will be further strengthened. Owing to the staff limitation in laboratories, 20 TB microscopists will be trained in TB slide examinations and in order to intensify case finding, 20 microscopes will be procured for the same sites with trained microscopists.

Activity Narrative: The Provincial TB/HIV coordinating committee that is tasked with the strategic direction, planning and supervision of the TB/HIV integration activities throughout the province will receive continued support. Membership on this committee is drawn from the TB/HIV program's partners. This committee meets on a quarterly basis. Similar structures were established and supported in all the 11 districts. In FY 2009, this activity will continue and support will be provided to expand to health centre levels to strengthen community coordination of TB/HIV activities.

Quarterly review meeting, linked to TB Directly Observed Treatment Short course (DOTS) review meetings and symposia which are co-funded by the Global Fund will continue to be held. The provincial TB/HIV Monitoring and Evaluation/ review meetings will be attended by district TB/HIV Coordinators, laboratory staff, Clinicians and pharmacy staff. The SPHO will fund quarterly district specific review meetings with health centre staff in the seven districts.

In FY 2008, the SPHO continued to strengthen the community component of integrated TB/HIV management through the training of 600 community treatment supporters bringing the total 1,200 in the province. In FY 2009, 300 community treatment supporters will be trained in TB/HIV integration in Kazungula, Livingstone, Sinazongwe, Namwala, Itezhi-tezhi, and Monze districts.

In FY 2008, the SPHO provided support towards training of 300 HW in PICT, in order to provide integrated TB/HIV services in 200 (90%) of the 234 facilities in the province. In FY 2009, 120 HW will be trained from the six districts listed above to ensure that all health workers are competent to provide PICT. In addition, 300 health workers will be training in TB WHO revised modules to strengthen the management of TB in relation to HIV/AIDS.

The Provincial and district TB/HIV coordinating committees will continue to be strengthened and provided with support for quarterly district technical review meetings as a way of strengthening supervisory capacities at district level. In order to enhance the capacity for monitoring and evaluation of TB/HIV program, the TSS visits will include a component of training in the use of information for management decisions at district level, including ensuring that health workers are competent in the use of data collection and recording tools.

In FY 2009, the SPHO will direct at least 35% of the total funding to infrastructure improvement in order to reduce the risk of transmission of TB in 18 sites with a focus on clinical areas where patients may have undiagnosed TB. The sites to benefit from this activity include Livingstone district (Libuyu clinic, Linda clinic, and Musi-o-tunya clinic), Monze (Manungu clinic, St Mary's clinic and ZCA clinic), Kazungula (Nyawa, Kauwe, and Simaango clinics), Sinazongwe (Sinazongwe HC, Sinamalima, and Sinazeze) Itezhi-tezhi (Itezhi-tezhi hospital, Kaanzwa, and Lubanda HCs), Namwala (Namwala hospital, Moobola and Muchila Health Centers).

The SPHO will provide support to renovate additional 10 ART sites in the above districts in the province, focusing on the sites with the largest number of ART patients in order to strengthen infection control. In addition, the SPHO will disseminate and conduct training for 50 HW in infection control using the guidelines produced by Jhpiego in the six districts.

As a result of this support to the SPHO, 85% of an estimated 8,000 patients will access TB diagnostic services, and receive HIV counseling and testing over 12 months. In addition it is estimated that 70% of the clients testing HIV positive in other service areas will be screened for TB and referred for appropriate care. SPHO will care for 4,000 HIV infected clients receiving TB treatment and 6,400 clients to receive counseling and testing for HIV with results.

There are no gender disparities in the provision and access to TB/HIV diagnosis and treatment in Zambia.

To ensure sustainability, the activities are enshrined in the Ministry of Health provincial and district health strategic plans.

Targets set for this activity cover a period ending September 30, 2010

New/Continuing Activity: Continuing Activity

Continuing Activity: 15551

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15551	3649.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	7180	2973.08	SPHO - U62/CCU025149	$400,000
9017	3649.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	5015	2973.07	SPHO - U62/CCU025149	$210,000
3649	3649.06	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	2973	2973.06	Southern Provincial Health Office	$150,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $160,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	2988.09	**Mechanism:**	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	3790.26249.09	**Planned Funds:**	$315,000
Activity System ID:	26249		

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Narrative changes include updates on the progress made and expansion of activities.

Activity Narrative

This activity relates to activities in counseling and testing (CT), laboratory infrastructure, palliative care, and basic health support activities.

Eastern Province includes eight (8) districts, which predominately are rural with an overall HIV prevalence of 10.2% and notified 3171 tuberculosis (TB) cases in 2007. Outside of Chipata, the provincial head quarters, 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- 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.

In FY 2006, the United States Government (USG) provided funding to the Eastern Provincial Health Office (EPHO) to support four disadvantaged districts namely Chadiza, Chama, Mambwe, and Nyimba. This support enabled the province to train 19 health workers from TB diagnostic centers in TB/HIV integration. To address the staffing issues, by the end of budget period 2006, the USG supported the Provincial Health Office (PHO) to employ a TB/HIV focal point person who is based in the Provincial Health Office and is responsible for coordinating TB/HIV activities such as supervision, training, surveillance, program monitoring and evaluation. The TB/HIV focal point person has been working closely with the Provincial TB/HIV committee in coordinating activities in the province and providing joint supportive supervision. Three laptops were procured for easy storage, analysis and reporting of data.

Other than the USG support, the districts have been receiving support from Global Funds 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 health care 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 following activities were undertaken with support from USG:
Chadiza, Chama, Mambwe, and Nyimba districts trained a total of 88 health staff in TB/HIV integration, 124 health staff trained in provider initiated counseling and testing (PICT) and 120 lay counselors from the community were trained in TB/HIV collaborative activities to strengthen community support and awareness. Monthly community sensitization meetings with the neighborhood Health Committees, Churches and other community leaders were held. Monthly and quarterly supportive technical supervision to the sites was provided by the districts and the province respectively. Quarterly provincial TB/HIV meetings were held to monitor program activities at the district, health centre and community levels. To increase TB/HIV awareness to the community, all four districts participated in the World TB day commemoration. Linkages between the TB program and other USG funded home-based care programs were strengthened through meetings and supervision to ensure continuum of care for HIV infected TB patients.

In FY 2007 an assessment of infrastructure was carried out to identify sites that required minor renovations and refurbishment in order to ensure the availability of appropriate infrastructure to provide the counseling and testing for TB patients and reduce transmission of TB in clinic settings. One counseling, testing and, care (CTC) room in Nyimba at Chipembe RHC has been completed and is in use. The other CTC room in Chama has delayed because the district bought building materials for a new building instead of materials for renovations. However the district has made arrangements with the MOH for top up funds to start construction of the building.

To enhance equity in coverage and ensure standardization of TB/HIV services CIDRZ, CARE International and Churches Health Association of Zambia (CHAZ) worked with PHO to provide technical assistance and capacity building in the integration of TB/HIV care in all the districts in the province (Chadiza, Chama, Chipata, Katete, Lundazi, Mambwe, Nyimba, and Petauke).
Additional technical support was provided by the Clinical Care Specialist under HSSP. The CDC Field Office Manager provided technical support and ensured coordination of implementing partners was strengthened. To reduce on the shortage of transport, EPHO procured a vehicle to support program implementation.

In 2007 out of 52 health facilities providing TB treatment in the four districts, 12 reported HIV testing for TB patients. This increased from 20 sites in FY 2008 to 25 in FY 2009. Of the estimated number of 678 TB patients the EPHO reached 450 TB patients and, 70% (315) received counseling and testing for HIV and were referred for HIV care and treatment including ART. Nine hundred HIV positive clients were diagnosed and 40% (360) were screened for TB disease; 75% of TB patients' referred for ART services received HIV care and support. The TB patients found eligible for ART were commenced on treatment according to the national guidelines. A system to track the referrals and the TB patients commenced on ART has been developed. Isoniazide preventive treatment (IPT) for HIV clients does not currently form part of the national program guidelines for TB/HIV activities and hence were not implemented.

In FY 2008, 100 health workers received training in TB/HIV collaborative activities at health facility. The training for the health staff focused on the provider initiated counseling and testing (PICT). Quality of care was assured through supportive supervision to the staff and community volunteers after the training.

The EPHO and district health management team (DHMT) conducted quarterly supervision to the trained facility staff .Community volunteers were provided with technical support monthly by the health center staff. The DHMTs conducted quarterly TB/HIV technical review meetings for the health center staff where data was analyzed and validated before submission to the province. Quarterly meetings took place for the

Activity Narrative: community TB/ART lay counselors and adherence treatment supporters to share experiences. Reports from community level were submitted to the health centers. Quarterly TB/HIV technical review meetings were organized by EPHO to analyze and validate the data from the four districts.

The EPHO strengthened the provincial TB/HIV coordinating body through meetings. Quarterly meetings were held and focus was on the formation and integration of the program in the districts. The district TB/HIV coordinating bodies were established in the four districts and quarterly meetings were held.

Renovations of infrastructure in four districts to create space for TB/HIV and laboratory services, to prevent the spread of TB infection were done. Each district indentified one site to be renovated.

To enhance quality service provision, four staff will be employed in the four EPHO districts.
In addition training was conducted for staff in the provincial hospitals and district hospitals in the guidelines on prevention of TB in health care settings under development by Jhpiego

In FY 2009, the EPHO will strengthen the already existing programs of integrated supervision and monitoring of the program with partners to harmonize and standardize the activities. The project will conduct a refresher course for 100 health workers and 200 community members in TB/HIV. To prevent cross infection in ART sites, an additional four rooms will be renovated in the four districts (Chadiza, Chama, Mambwe, and Nyimba).

Other preventive programs will be done in the district e.g. Media, Drama, post-TB support groups, commemoration of world TB, VCT and World AIDS days in collaboration with partners like Global Fund, CARE International, CHAZ and, Center for Infectious Diseases Research in Zambia (CIDRZ). Counseling and testing in TB patients for HIV will continue in collaboration with other programs (PMTCT, ART, and VCT) and also the screening of HIV positive patients for TB in HIV programs. The number of health Facilities in the four districts has increased from 52 to 58 since the last reporting period. Therefore it is estimated that EPHO will have 25 service outlets for TB/HIV collaborative services

In FY 2009 it is estimated that 520 TB patients will be put on treatment of which 91% (475) will be counseled and tested for HIV. A total of 285 HIV infected individuals will receive treatment for TB
Due to shortage of staff in the health facilities EPHO will employ four more staff for districts that will be stationed in four indentified health facilities. Renovation of the houses for the four staff will also be done.

EPHO will continue working together with partners and districts in the implementation of the TB/HIV activities through the holding of the TB/HIV coordinating bodies, TB/HIV review and partners meetings. Meetings will continue integrating all program areas. EPHO will also monitor the Co-trimoxazole prophylaxis therapy which will be implemented as a pilot in Chipata district at two sites.

To ensure sustainability, the activities will be enshrined in the district health plans for the Ministry of Health.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15545

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15545	3790.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	7179	2988.08	EPHO - 1 U2G PS000641	$315,000
9006	3790.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$190,000
3790	3790.06	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	2988	2988.06	Eastern Provincial Health Office	$100,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3019.09	**Mechanism:**	MOH - U62/CCU023412
Prime Partner:	Ministry of Health, Zambia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	12445.26243.09	**Planned Funds:**	$500,000
Activity System ID:	26243		

Activity Narrative: The funding level for this activity in FY 2009 will be the same as for FY 2008. Narrative updates have been made to highlight progress and achievements.

Activity Narrative:

This activity relates to activities in counseling and testing (CT), laboratory infrastructure, palliative care, and basic health support activities

This activity provides support for the national implementation of tuberculosis (TB) and HIV activities through the following: 1.) TB/HIV collaborative meetings at National and Provincial levels; 2) provision of technical support to the provinces and districts through supportive supervision; 3) National TB review meetings; 4) and support for one full- time TB/HIV Officer to be based within the Ministry of Health (MOH).

In FY 2006 and 2007, the US Government (USG) provided direct support to the MOH through CDC Technical Assistance (TA) in the following areas: integration of TB and HIV services at national and local levels; support for the development of TB/HIV guidelines and materials; and preparation of TB clinical decision support systems.

A national TB/HIV coordinating body within the MOH was convened with the following membership: staff from TB, HIV, CT, and Prevention of Mother-To-Child Transmission (PMTCT) units in MOH; multilateral organizations; research groups; faith based organizations; NGO; and representatives of the community . This body was tasked with developing and implementing a single, coherent TB/HIV strategy and communication message based on the most valid 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 and reporting 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 cards, identity cards and registers that were distributed to all the provinces and districts. Technical support was also provided for the orientation of health staff on the new forms. In addition, the USG co-funded with the MOH, WHO, and JHPIEGO, a training of trainers course in Provider Initiated Counseling and Testing (PICT) using the national training of trainer's module adapted by JHPIEGO for the initial group of 25 trainers in PICT

By the end of FY 2007, the USG provided support for regular meetings of the TB/HIV coordinating bodies at the national and provincial levels. Other activities supported during 2007 included production and dissemination of the TB/HIV guidelines to the provincial TB/HIV coordinating bodies and orientation of health staff on provision of provider-initiated counseling and testing to TB patients. Technical assistance to the districts for the implementation of these guidelines was provided in conjunction with other partners such as USAID Child Survival Fund's for Tuberculosis Assistance Program (TBCAP) and WHO.

In FY 2008, the national TB/HIV coordinating body developed and disseminated terms of reference for the provincial, district, health centre, and community, TB/HIV coordinating committees. The terms of reference include building of capacity, coordination of the implementation, monitoring and evaluation of TB/HIV activities, and the development and dissemination of information on TB/HIV. Guidance and technical support is provided by the national body to ensure implementation in districts. Through this mechanism, support was provided for quarterly meetings of the national and provincial TB/HIV coordinating bodies. By the end of FY 2008, over 80% of the districts in Zambia would have formed the district TB/HIV coordinating bodies.

In FY 2009, the National TB Program will continue to provide guidance and support to the provincial TB/HIV coordinating committees with support from the USG and through these committees to the district and health center bodies. It is expected that by the end of 2009 all districts in Zambia and at least 50% of health centers would have formed the coordinating bodies and begun the process of forming the community TB/HIV bodies.

The National TB Program holds national TB/HIV Review meetings on a biannual basis that includes participants from the provincial health office (Provincial TB Focal person, Data Specialist), TB focal persons from key hospitals and selected districts, and cooperating partners supporting the TB program. During this meeting, data from all the provinces is compiled, analyzed, and used for planning. The USG has historically provided direct support in FY 2007 and FY 2008 for the meeting as well as active facilitation services.

In FY 2009, the USG will continue to support the biannual National Review meetings through this mechanism, whilst support for the review meeting in the provinces and districts will be provided either directly to the Province through cooperative agreements or other available mechanisms. These meetings provide a forum for information sharing, providing updates as well as validation of the national data as a means of improving the quality of data.

The increased work load in the National TB Program coupled with shortage of human resource has impacted negatively on the implementation of some TB/HIV collaborative activities. To strengthen the human resource capacity in the national program, since FY 2007, the USG supported the MOH with the placement of a full-time TB/HIV officer in the TB unit, thus increasing the number of staff in the unit to six, including two officers (Data and Private Public partnership) supported through the Canadian International Development Agency (CIDA)/ Netherlands Tuberculosis Foundation (KNCV) funds. The duties for this officer are focused on the implementation of TB/HIV activities, working directly under the jurisdiction of the National TB Program (NTP) Manager. This support will continue in FY 2009.

With the FY 2007 plus-up funds, technical supportive supervision was provided to all provincial health offices and 35 districts. Through this supervision, the TB/HIV Program officers identified the strengths, weaknesses, opportunities, and threats to the program and offered appropriate technical advice on strategies to strengthen the program.

Activity Narrative: During FY 2007, a total of 800 health care providers received on the job training.

By the end of FY 2008 technical support and supervision would be provided by the national TB unit to provincial health office, the provincial hospitals and a selection of districts twice a year. In order to enhance the capacity for monitoring and evaluation of TB/HIV program, the supervisory visits included a component of training in the use of information for management decisions at provincial, district, health center and community levels including ensuring that health care providers are competent in the use of data collection and reporting tools. It is expected that 850 health care providers will receive on the job training through this supervision.

In FY 2009, the NTP, with support from the USG, will continue to provide technical supervision to the provincial health office, which in turn will provide support to the districts and the districts will support and supervise the health centers and this level will provide support to community health care providers. By the end of FY 2009, it is expected that 900 health care providers will receive on the job training.

In FY 2007 and FY 2008 the National TB Program (NTP) began addressing the issue of Multi-Drug Resistant (MDR) TB through the development of a notification system for MDR cases nationwide and the appointment of an MDR working group as a sub-committee of the main TB/HIV committee. This committee was tasked with developing the guidelines for the management of MDR TB and a training program for clinicians and four members of this committee have participated in training of trainers in MDR by the World Health Organization. One of the main concerns had been the development of a facility for the management of MDR, and to this end the MOH began renovations of a building situated in the grounds of the main referral hospital, the University Teaching Hospital in Lusaka with funds from Global Fund Round 1 phase 1 grant. However, these funds were not sufficient to complete the renovations and therefore funds available from the USG would be used to complete the building that will serve as an isolation facility for all cases of MDR TB. The support included training in the management of MDR TB for the clinicians and nursing staff that would provide care in this facility and personal protective equipment would be procured based on the national guidelines. Patients will be referred to Lusaka from the different health institutions in the country by use of an ambulance service to be based in Lusaka and supported by the Ministry of Health National TB program. Personal protective equipment will be purchased for use by the staff running this ambulance system using funds from other sources. The MOH has plans to apply to the Green Light Committee (GLC) for second line drugs and the development of a specific facility for the management of MDR TB is one of the requisites to qualify for consideration by the GLC for second line drugs. In the interim the MOH will procure the second line drugs needed for the management of the 50 MDR cases currently registered with the national program. In FY 2008 the MOH began a national drug resistance survey in collaboration with the Zambian AIDS Related TB Project (ZAMBART) with funds from the Global Fund Round 1 grant. This survey will include testing all MDR specimens for extreme drug resistance. This support will continue in FY 2009. The TB/HIV subcommittee of the national TB/HIV Coordinating Body worked with JHPIEGO to develop national guidelines for infection control in order to prevent the transmission of TB in health care settings. These guidelines will be produced and training conducted at national and provincial level by JHPIEGO with PEPFAR support (activity #). This support will continue in FY 2009 and include training of 20 health staff in the management of MDR cases.

There are no gender disparities in the provision and access to TB/HIV diagnosis and treatment in Zambia.

To ensure sustainability, the activities are enshrined in the Ministry of Health NTP strategic plan.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15536

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15536	12445.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	7175	3019.08	MOH - U62/CCU023412	$500,000
12445	12445.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	5009	3019.07	MOH - U62/CCU023412	$365,000

Emphasis Areas

Health-related Wraparound Programs

*   TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5252.09	**Mechanism:**	Lusaka Provincial Health Office (New Cooperative Agreement)
Prime Partner:	Lusaka Provincial Health Office	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	9702.26239.09	**Planned Funds:**	$275,000
Activity System ID:	26239		

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as for the FY 2008. Only minor narrative updates have been made to highlight progress and achievements.
Activity Narrative:

This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care, and basic health support activity:

Lusaka province has four districts, with the largest and most populated district being the capital of Zambia, the city of 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 districts has lagged behind that of Lusaka and as of mid 2007 there were only 13 sites providing TB/HIV services. CIDRZ has been supporting TB/HIV activities in Lusaka district since 2005.

In FY 2009, within Lusaka Province, TBD's (Former UTAP Tulane/CIDRZ act) primary focus will be Lusaka District, while Lusaka PHO will concentrate on the remaining three districts (Chongwe, Kafue, and Luangwa). However, TBD and Lusaka PHO decided to allocate certain activities to each organization to conduct for all four districts in the province. Thus, in consultation with CDC-Zambia, it was decided that TBD will concentrate on clinical trainings for health center staff from all four districts, while the PHO will conduct community health worker trainings in all four districts. The PHO will also support district and health center coordinating bodies and data review meetings while TBD will support training of lay microscopists and strengthening of patient referral and sputum courier systems in all four districts. Working with monitoring and evaluation staff at CDC-Zambia, indicators have been divided between the two organizations to avoid double-counting.

By end of FY 2007 the USG would have directly funded the Lusaka Provincial Health Office (LPHO) to expand and support the TB/HIV integration activities in the three districts of Kafue, Chongwe, and Luangwa. This resulted in the expansion of the TB/HIV integrated activities, such as HIV counseling and testing for TB patients, referral to ART care, and integrated management of TB/HIV co-infected patients, bringing the total number of sites in the three districts to 25. By end of FY 2008, the number of sites is expected to have increased to 40.

In FY 2008, the LPHO strengthened the provincial and district TB/HIV bodies by supporting coordination meetings. In FY 2009 focus will be in the establishment and strengthening of the Health Center and Community Coordinating bodies that have been tasked with the strategic direction and supervision of the TB/HIV integration activities throughout the province. Membership on this committee includes representation from the National TB Program, Clinical Care Unit (which oversees HIV/AIDS care), antiretroviral therapy program, community care and HIV counseling/testing partners.

Limited human resources, coupled with an expected increase in patient-load as a result of TB/HIV integration, have been a barrier to implementing and maintaining TB/HIV integration. This human resource shortage negatively impacts morale, supervision, and technical support. By the end of FY 2007, support will have been provided to employ four clinicians responsible for TB/HIV care and treatment. In FY 2008, PHO will support the placement of TB/HIV coordinators at the district levels as well as continue support for the provincial TB/HIV coordinating officer and the 4 clinical officers. This support will continue in FY 2009.

In FY 2008, Ministry of Health (MOH) will have embarked on recruitment of health workers and we anticipate new staff in the districts will need training in TB/HIV integrated activities as stipulated in the Ministry of Health guidelines for TB/HIV integration. We will coordinate with TBD for the training of new health workers in TB/HIV integration in FY 2009 as well as refresher trainings and/or technical updates for selected health workers. There is an expected rise in patient load as a result of TB/HIV integration which may further negatively impact staff morale. In such circumstances the role of the community in patient care becomes more critical and hence the need to train more treatment supporters and to keep existing ones motivated. In FY 2009, support will be provided for capital investment in income generating activities. These activities will be site specific depending on the prevailing circumstances in the different communities. Treatment supporters will have received training in project management and will identify specific projects to be supported.

In FY 2009, LPHO will work with TBD to continue strengthening linkages; between TB testing and treatment and anti-retroviral therapy and between TB programs and other USG funded home based care programs to ensure continuum of care for the anticipated large number of patients that will result from this program scale-up. Technical support and supervision will be maintained in these districts. The provincial team will make two visits per month to districts while transport and per diems will be provided for weekly district to health facilities supervision. The Provincial Health office will conduct quarterly TB and TB/HIV technical review meetings to share information and validate the provincial data.

In FY 2009, we will also focus on implementation of 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.
PHO will conduct training for staff at the hospital level in the Prevention of TB in Health Care in the 3 target districts in the Province. It is estimated that an additional 15 staff will be trained in the national infection control guidelines. We will continue support for minor renovations to improve ventilation and allow in sunlight as TB infection prevention measures. This will be done on 2 sites for each district in FY 2009. The renovations will be specific for the site and will be chosen after needs assessment is done by the Ministry of Health.

LPHO will continue to foster links between TB and other USG funded home based care programs in order

Activity Narrative: to ensure a continuum of care for the HIV infected TB patients.

LPHO will continue providing support for monthly meetings between the TB and ART departments to share information. Of 1,500 patients estimated to be newly enrolled into HIV services, 90% will receive routine screening for TB disease at least once and 200 will be referred for and receive TB treatment. Of 1200 TB patients in the 3 districts, 80% will receive HIV counseling and testing by the end of the year. This data will be collected using national registers and communicated to national level as per MOH guidelines Isoniazid preventive treatment (IPT) for HIV positive individuals does not currently form part of the national guidelines for TB/HIV activities and hence will not be implemented. However, should the Ministry of Health adopt this intervention, the PHO will implement IPT. The National program has guidelines on the use of IPT in children under the age of five whose mothers are sputum smear positive for TB.

Health centers will be supported to facilitate the formation of support groups for TB/HIV patients.

To ensure sustainability, the activities will be enshrined in the Government of the Republic of Zambia district health plans.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15533

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15533	9702.08	HHS/Centers for Disease Control & Prevention	Lusaka Provincial Health Office	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	$275,000
9702	9702.07	HHS/Centers for Disease Control & Prevention	Lusaka Provincial Health Office	5252	5252.07	Lusaka Provincial Health Office (New Cooperative Agreement)	$170,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $18,709,893

Program Area Narrative:

Managing the orphans and vulnerable children (OVC) situation in Zambia is a mammoth task requiring concerted effort by the government and all stakeholders. Remarkable progress is being made in OVC policy and OVC programming.

Zambia has achieved annual targets and continues rapidly scaling up OVC services. The U.S. Mission in Zambia has been instrumental in strengthening the capacity of the government, local organizations, communities, schools, workplaces, and families to provide care and support to OVC, facilitating policy changes, and leveraging non-PEPFAR donor and private sector resources.

The Government of the Republic of Zambia (GRZ) estimates that there are 1.2 million orphans, of which 801,000 are AIDS orphans. The same estimates put the numbers of children living on the street at 14,000. The OVC problem has not spared any sector including the armed forces. The Zambia Defense Force (ZDF) has lost key personnel and family heads as the impact of the AIDS epidemic increased. Many military families often take in AIDS orphans even if they lack sufficient resources. Low military salaries and the high costs of school fees, books, and uniforms limit the number of children military families can send to school.

Coordination of OVC in Zambia is still below the desired level largely because multiple ministries are involved and no agency has coordination powers. While the Ministry of Sport Youth and Child Development (MSYCD) leads child policy, the Ministry of Community Development and Social Services (MCDSS) works in child protection. The National AIDS Council (NAC) recently recruited an OVC Specialist to assist in coordinating OVC programs.

Lack of coordination has greatly hampered efforts to reach most OVC. The GRZ with technical support from USAID and UNICEF has developed the National Plan of Action for Children (NPA). The NPA is strongly linked to the Fifth National Development Plan, the Child Policy and the National HIV/AIDS/TB/STI second Strategic Plan of Interventions. The NPA will be piloted in 2009 and 2010 and will see the establishment of the Zambia Child Council (ZCC) if approved by the cabinet. The ZCC will coordinate all interventions for children including OVCs as well as engage in resource mobilization, monitoring and evaluation.

The U.S. Mission in Zambia is the largest contributor to OVC support in Zambia. Other donors that support OVC include: the Development Corporation of Ireland, U.K. Department for International Development, Swedish International Development Cooperation Agency, GTZ and the World Bank's small grant mechanism

U.S. support for OVC is implemented and managed across several sectors through numerous government agencies, including: the NAC; Ministry of Education (MOE); MSYCD; Ministry of Health (MOH); and the MCDSS as well as through non-governmental organizations as prime or sub-partners.

Faith-based organizations provide the most organized institutional response to the orphan crisis. The U.S. Mission in Zambia has been working with a number of umbrella organizations and networks that fund and build the capacity of local OVC programs.

In FY 2007, the U.S. Mission in Zambia reached 397,307 OVCs with essential services and trained 25,922 caregivers in all 72 districts. All U.S. activities are coordinated through the U.S. Mission in Zambia OVC forum to avoid overlap and duplication. The forum meets on a monthly basis and is a platform for partners and U.S. staff to share information, PEPFAR guidance and best practices, and to map activities. In FY 2005, this forum developed a Zambia U.S. Mission in Zambia OVC Strategy which is in line with the PEPFAR OVC guidelines (the U.S. Mission in Zambia/Zambia team ensures that all OVC programs are implemented in accordance with OGAC OVC guidance). In 2009, the 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.

In FY 2008, the U.S. Mission in Zambia continued to scale up support to OVC throughout the 72 districts. By mid FY 2008, the U.S. Mission in Zambia had reached 341,220 OVC with direct support and had trained 17,662 caregivers in all 72 districts.

The U.S. Mission in Zambia has strengthened OVC interventions both at the family and community level. The partners working with OVC have strengthened referrals between the community and the health centers to ensure that the health needs of OVC are attended to expeditiously. In addition, OVC are able to access pediatric ART through the strengthened referrals. The U.S. Mission in Zambia continues to train and engage caregivers in enhancing OVC ART compliance.

In FY 2009 the U.S. Mission in Zambia will continue working 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, and workplace programs; (3) increasing CT access for OVC and linking children living with HIV to ART; (4) improving the quality and comprehensiveness of OVC services; and (5) integrating OVC programs into community and local government structures to ensure sustainability of the OVC programs once the projects end. The services provided to OVC will include: education and vocational training; health, shelter, care, and psychosocial support; food and nutrition; and protection and economic empowerment. The U.S. Mission in Zambia will continue to coordinate all OVC activities to maximize program coverage, avoid overlaps and duplicative efforts, and ensure quality care and support.

Children too young to attend school (0-5 years) are usually left out of PEPFAR-funded OVC service delivery plans in Zambia. In 2008, U.S. Mission in Zambia with its partners conducted a rapid assessment to understand the current state of under-5 OVC services in Zambia, and provided recommendations on the way forward to develop and/or strengthen these services. In 2009, the U.S. Mission in Zambia and its partners will strengthen and support the development of quality comprehensive strategies for the under-5 age group, including: psychosocial support materials for under-5 children; an under-5 curriculum for Early Childhood Care and Development (ECCD), to be used at health facilities and within the community; and guidelines for USG partners to utilize these materials to implement OVC core interventions.

The U.S. Mission in Zambia will continue to provide support to OVCs on the street with skills training and community reintegration programs. The U.S. Mission in Zambia will continue to work with the MCDSS and MSYCD to avert streetism in at-risk children. The U.S. Mission in Zambia will also continue to work with OVC in military camps and surrounding communities.

The U.S. Mission in Zambia will continue to support Zambia's unique education and OVC wraparound approach by working with the MOE through two NPI partners. The NPI partners will link with the ABY program and will focus on provision of scholarships to OVCs in high schools as well as build on the OVC HIV/AIDS Life Skills Education interventions which involve interactive radio instruction broadcasts for OVC who are unable to access formal education. The programs will continue to leverage resources from the African Education Initiative (AEI) girl's scholarship program in the four target provinces and be part of a larger education development program funded by USAID.

The U.S. Mission in Zambia will continue to leverage Food for Peace and World Food Program food assistance for malnourished and food insecure OVC. The U.S. Mission in Zambia will further leverage private resources for OVC support through U.S. and Zambian public-private partnerships.

In order to serve the most vulnerable OVC, U.S. partners will focus on providing support to OVC from child- and grandparent-headed households. All OVC efforts will ensure that the essential needs of each child are met in accordance with OGAC guidance through direct support and linkages to needed services.

The U.S. Mission in Zambia will continue to put more emphasis on increasing the capacity of local partners to implement quality OVC programs. The U.S. Mission in Zambia will strengthen the capacity of OVC families and caregivers, including child-headed households, to meet the needs of OVC at household level. At the national level, the U.S. Mission in Zambia will continue working with the Central Statistics Office, the MSYCD, MCDSS 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. The U.S. Mission in Zambia will continue to work with government partners in setting standards for OVCs.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	6188.09	**Mechanism:**	Africa KidSAFE Initiative
Prime Partner:	Project Concern International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	12534.26883.09	**Planned Funds:**	$1,000,000
Activity System ID:	26883		

Activity Narrative: PCI's work with the Africa KidSAFE program ("Kid"; "Shelter, Advocacy, Food, Education") began in 2005, with the objective of consolidating and expanding a safety net of civil society organizations (CSO) and government institutions that can effectively meet the immediate and long-term needs of street and at-risk children in Zambia. Related to this overall objective are four results: 1) Reduced number of at-risk children moving from their communities to the street.; 2) Increased number of children moving from the streets back to communities through family and community reintegration; 3) Increased number of children benefiting from high quality street- and facility-based services; and 4) Increased public awareness and participation in protecting and promoting the rights of children on the streets. A cross-cutting objective is to increase capacity of civil society organizations and government institutions to intervene effectively at a national level for the benefit of street children and those at risk of ending up on the streets.

The Africa KidSAFE program has been 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. PCI has a very close working relationship with the Ministry of Community Development and Social Services and the Ministry of Youth, Sports and Child Development.

In COP 2009 period, PCI will reach 10,000 OVC, as the network expands to other parts of the country. The primary beneficiaries of the program are children (generally below 18 years of age); whose situation on the streets reflects the following:

• Living essentially full-time on the streets, including nights;
• Spending some portion of their days or nights on the streets, who may or may not be homeless;
• Staying at centers established for the care of street children; and
• Living at home and who are not currently active on the streets, but who are considered to be at-risk of ending up on the streets

In addition, PCI will train a further 200 providers to provide effective services to street children. Children will be provided with services in at least four core program areas, such as shelter, health care, education, and psychosocial support. Implementing partners include Rainbow Project (Ndola); Friends of Street Children (Kitwe); Sables Drop in Centre (Kabwe); and in Lusaka: Flame, Fountain Of Hope, Chisomo, St. Lawrence Home of Hope, Jesus Cares Ministries, Messiah Ministries, Lazarus Project, Mapode, Mthunzi Centre, Lupwa Lwabumi Trust, Children's Transformation Trust, Barefeet, an arts performing group Cicitekelo project in Ndola. In Lusaka: Zambia Shanti, YOFOSO (Youth for Sport, Rehabilitation, and Restoration) , Anti Aids Teachers Association Zambia (AATAZ) and Socli

The PCI/KidSAFE program will continue to focus on strengthening critical coordination and logistical support to the network, and provide technical support, training, and limited financial and material assistance to partner organizations. KidSAFE is also facilitating much wider involvement in issues relating to street children, as a more sustainable approach to promoting and protecting street children's rights and as a means of promoting public awareness and sustainable involvement.

PCI/KidSAFE members will work in these communities with a primary prevention strategy to complement "curative" interventions with children on the streets or in centers. Preventive activities will include a range of small micro-credit support activities targeting caregivers of children on or formerly on the streets, and community sensitization campaigns on child rights, child abuse, child care, etc. in targeted zones using drama and discussion groups.

PCI will continue to use its "outreach" program to reach children on the streets through street workers or street educators, at times convenient and in ways appropriate to them. Outreach helps to establish trust and a quality relationship with the child, and for understanding the individual needs and aims of each child, prerequisites for withdrawing children from the streets. As children come in contact with KidSAFE implementing partners—through contact with an outreach worker or the mobile health team, or when visiting KidSAFE drop-in centers, feeding programs, or transit centers—their background will be documented carefully through thorough one-on-one sessions with a staff member, with the ultimate objective of permanent reintegration with his or her extended family or other suitable guardian. If there is a family member, (immediate or extended) or community contacts that the child is willing to return to, efforts are made to trace them. If the family or community can be located and is willing to accept the child, reintegration is encouraged and facilitated, as long as it is determined not to pose a threat to the child's well being.

Mobile Health: PCI will sub-contract a partner to increase access to medical services to street children due to their increased vulnerability to disease and injury on the streets through violence, sexual abuse, poor nutrition, and lack of hygiene, which lead to high levels of morbidity and mortality. PCI's mobile health unit serves children on the street and in the drop-in centers, and children with special needs are linked to government health facilities for higher level clinical care. KidSAFE partners will psychologically prepare children for integration into a more structured life of the centers or home by providing an opportunity for them to think clearly about the transition from the street, get all their questions about entering a center or re-entering community life answered, or receive the necessary guidance and counseling.

Since substance abuse constitutes one of the main barriers for children on the streets to access services, PCI will continue to provide training on prevention activities, how to work with intoxicated children, and the detoxification process. PCI will also provide support to highly vulnerable girls. Since girls account for up to 20 percent of children working or living on the streets, PCI will organize training for partners and services related to sexual abuse, commercial sex activities, and health-related issues such as tuberculosis, sexually transmitted infections, HIV/AIDS, and pregnancies will be provided. In addition, PCI raise awareness to target the most at-risk households and focus on specific conflicts which may lead children to the streets, child labor issues, child abuse, and sensitizing children on their basic rights.

PCI will continue its work with the soccer league, which has demonstrated that street children can be

Activity Narrative: successfully engaged in constructive activities where inhalants are prohibited. PCI will add a basketball and/or volleyball league to the ongoing soccer league in order to attract a greater range of children, including more girls. PCI plans to continue to engage the private sector in order to support these activities and also build greater public awareness about street children.

PCI/ KidSAFE and its members will continue working with the targeted Districts strengthening the capacity of the 10 District Committees for Street children.

As described above, this project is primarily focused on youths, and they will participate in all aspects of the program. Specific examples of how youth will be engaged include the design and evaluation of the retreat/camps, the Club-House prevention strategy, the recreation/arts program, and the activities of the drop-in and residential centers. Under prevention PCI/ KidSAFE members will also build and strengthen capacity with the local community structures in the 20 targeted communities.

PCI will build on the monitoring systems and tools already in place with the KidSAFE partners to assess progress on project indicators and will experiment with new approaches to measuring service quality and monitoring/evaluating changes in children's well-being, The monitoring system starts with data collected on individual children and on partner program services, and is aggregated through quarterly reports prepared by partners and submitted to PCI, which then compiles, analyzes and reviews this information with project partners. The child intake forms and KidSAFE database serve as important sources of project data. Periodical meetings and annual program review meetings will be held with implementing partners and other key stakeholders, including government, during which monitoring data are reviewed with partners and beneficiaries, and decisions made about program modification based on the results. All targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14429

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14429	12534.08	U.S. Agency for International Development	Project Concern International	6833	6188.08	Africa KidSAFE Initiative	$1,000,000
12534	12534.07	U.S. Agency for International Development	Project Concern International	6188	6188.07	Africa KidSAFE Initiative	$550,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources
* Reducing violence and coercion

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$50,000

Education

Estimated amount of funding that is planned for Education	$10,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3040.09	**Mechanism:**	Track 1 OVC: Sustainable Income & Housing for OVC
Prime Partner:	Opportunity International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	3738.26428.09	**Planned Funds:**	$15,574
Activity System ID:	26428		

Activity Narrative: This activity relates to other RAPIDS HKID (#8947) and other track 1.0 Orphans and Vulnerable Children (OVC) projects.

Opportunity International (OI) is implementing a track 1.0 Orphans and Vulnerable Children (OVC) program. One of OI's local partners is CETZAM Financial Services Limited (CFSL). CFSL will utilize its network in five geographical areas to serve and train caregivers in how to care for the OVC in FY 2009.

In FY 2007, CFSL provided microfinance support to guardians of 4829 (2460 males and 2369 females) OVC who in turn provided food, clothing, education and other services to OVC. CFSL trained 1551 (1154 females and 397 males) caregivers in OVC care and HIV/AIDS awareness.

CFSL has a deliberate policy of empowering women; hence 70% of the loans are disbursed to women and 30% to men.

To improve the economic situation of families caring for OVC, CFSL has been providing micro-finance assistance for clients involved in selling food stuff at market places, small scale rearing and selling poultry and grocery goods at small stands. These businesses are being operated in high density residential areas (shanty compounds) where CFSL clients live. This approach has proved effective. As clients' businesses bring in more profit, OVC guardians' ability to provide food security and pay for clothing, school fees, and medical expenses improves.

Community volunteers and staff from sub-partners of PCI and Faith Based Regional Initiative for Orphans and Vulnerable Children (FABRIC), help identify OVC in need of assistance where CFSL operate, OVC are identified through community volunteers and affiliates in communities. Loan officers verify the OVC that are identified by community volunteers through home visits to make sure they meet the OVC programming guidelines.

CFSL collaborate with other USG implementing partners through the USG OVC forum to implement complementary activities. For example, CFSL provides micro loans to Project Concern International (PCI) and FABRIC OVC beneficiaries to strengthen economic capacity of OVC caregivers and promote sustainability of the program.

In FY 2009, CFSL with its partners will reach 280 OVC (168 boys and 112 girls) by providing micro finance, this is used to provide food, nutrition and education support and will train 60 caregivers (42 females and 18 males) on how to care for OVC. Parents and guardians will be encouraged to link the OVC to other services that CFSL are unable to provide such as palliative care, care and treatment, anti retroviral (ART) and others. CFSL will continue to provide microfinance (micro-loans and insurance) and business management training to OVC caregivers.

CFSL will also continue to collaborate with other PEPFAR OVC implementing partners. They will attend the monthly OVC forum meetings and USAID HIV/AIDS monthly meetings and 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. CFSL will continue to collaborate with government departments at district and provincial levels to ensure communication and support to the OVC from the government of Zambia.

The activities will be sustainable beyond PEPFAR funding support because CFSL 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 completion of the PEPFER funding. CFSL will also promote sustainability by ensuring that households gain the skills and the capacity to continue with income generating activities beyond the current funding.

The organization will continue to implement the OVC program through its existing trust bank structure. Under this structure, it remains standard principle to have the funds paid back to encourage ownership and commitment within the agreed time frame. This allows for re-loans and new loans to be disbursed to the care givers making possible for the program to continue once USAID funding ends.

The aspect of measuring long-term social-economic impact of the Care givers/OVC provides an opportunity for those who are transformed through the OVC program to graduate into other loan product categories within CFSL micro financing activities. For example, caregivers whose businesses have expanded can graduate from the OVC program and they no longer borrow through the group, but can borrow in their own capacity as individuals.

All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14413

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14413	3738.08	U.S. Agency for International Development	Opportunity International	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	$122,276
8919	3738.07	U.S. Agency for International Development	Opportunity International	4986	3040.07	Track 1 OVC: Sustainable Income & Housing for OVC	$212,179
3738	3738.06	U.S. Agency for International Development	Opportunity International	3040	3040.06	Sustainable Income and Housing for Orphans and Vulnerable Children	$156,101

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $9,319

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2975.09

Mechanism: BELONG

Prime Partner: Project Concern International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3654.26429.09

Planned Funds: $963,169

Activity System ID: 26429

Activity Narrative: 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. BELONG has planned to reach 87,455 OVC and train 5,349 caregivers.

Partners implementing the BELONG project in Zambia include PCI as the prime agency and Bwafwano, a pioneer and "Center of Learning" of integrated HIV/AIDS, 15 HBC programs and 199 Community Schools. The work plan will be modified to upgrade Community Based HIV/AIDS and Tuberculosis Organization (CBTO) as the second "Center of Learning" to facilitate the rapid scale up of home based care services.

BELONG will continue to reach OVC through the community school and home based care platforms. Under the community school platform, BELONG has planned to reach 33,000 OVC in 199 community schools in Chongwe, Kafue, Kalomo, Lusaka and Mongu districts with services, including quality formal or informal education, literacy, and numeracy training, life skills education, HIV/AIDS prevention, medical care, nutritional support, and psychosocial support. BELONG will continue to strengthen referral linkages between community schools and primary health centers so that OVC can continue to access general health and immunization services. BELONG has planned to link 10,000 OVC to the wrap around school feeding program funded by the World Food Program (WFP) through World Vision. Parents Community School Committee (PCSC) members will be trained in psychosocial support and they will in turn reach OVC with psychosocial support services. BELONG will work to further strengthen the capacity of the PCSCs in project schools in school management, resource mobilization and financial management skills and will continue to facilitate the project schools' linkage to donor and private sector support. BELONG will also support the community schools to access sustainable Ministry of Education (MOE) funding, teacher placement and training. BELONG has also planned to reach 17,050 under five OVC—younger siblings of OVC accessing community schools, with child survival and Early Childhood Care and Development (ECCD) services during the life of the project. BELONG is currently reaching 9,671 under five OVC and has planned to reach 7,379 in FY 2010. PCI will continue to help the community recognize its positive practices as well as needs of the under-five children that are not being adequately met. PCI will continue to support PCSCs to provide a loving and trusting environment, an opportunity to play and socialize with other children, to express feelings and ideas, and to learn positive cultural practices. PCI will continue to support community schools to promote under-5 healthy habits such as nutrition education (breastfeeding, weaning); water purification and basic hygiene; promotion of immunizations; promotion of micro-nutrients supplementation and de-worming medications; provision of bed-nets and education on proper usage; education on the identification of childhood illness and where to seek assistance; education on HIV/AIDS, prevention/ABC, VCT, PMTCT, treatment/ART, and stigma-reduction activities.

Under the Home Based Care platform, BELONG will continue to increase Bwafwano's capacity to reach 9,000 OVC through their home-based care program in Lusaka, Chibombo and Mukushi districts. Currently Bwafwano is reaching 6,000 OVC and in FY 2010, BELONG will support Bwafwano to reach 3,000 OVC. Bwafwano will continue to work through the 43 established OVC committees and community leaders to provide services including community school education at the Bwafwano Center, home based and community school psychosocial support, HIV prevention through behavior change and communication, life skills, palliative care, HIV testing-- including linkage to Dried Blood Spot (DBS) and Polymerase Chain Reaction (PCR) testing for children below 18 months and linkage to Antiretroviral Therapy (ART) at the Bwafwano Center in collaboration with the Lusaka District Health Management Team (LDHMT) and the Center for Infectious Disease and Research in Zambia (CIDRZ) . BELONG will support Bwafwano to enroll OVC into formal Government schools and will support the organization to enroll 100 under five OVC into the ECCD center at the Bwafwano center. BELONG has planned to continue supporting Bwafwano to provide school based feeding to 950 OVC enrolled in the center community school with wrap around leveraged support from WFP and a United Kingdom based charity, and Cecily's Fund. BELONG will continue to build the capacity of the 413 HBC volunteer caregivers in child focused HBC/Palliative care technical skills.

BELONG will continue to reach the children of HBC clients receiving palliative care and ART adherence support from CBTO and other 14 smaller HBC organizations as mentioned above. Through the life of the project, BELONG has planned to reach 28,405 children through these HBC organizations and in FY 2010, BELONG has planned to reach 9,000 children. BELONG will support the local CBOs to provide targeted health services to these OVC including referral to HIV PCR and DBS testing services and ART. BELONG will provide training in key HBC/palliative care technical skills.

PCI will continue to promote child/youth participation especially girls in decision making, monitoring and evaluation. PCI will continue to promote quarterly school competitions where children will be encouraged to express themselves through poetry, drama and debate to encourage them to bring out issues affecting them, such as HIV/AIDS, VCT, ART access, puberty challenges, stigma and discrimination.

The BELONG HBC "Centers of Learning", Bwafwano, and CBTO, will continue to serve as platforms for sharing best and promising practices among all BELONG HBC partners and will continue to assist to build the capacity of smaller HBC partners beyond BELONG. PCI will provide continued technical assistance and microfinance to the "Centers of Learning" and will continue to link them to other donor and technical support.

BELONG will document lessons learned and successful methodologies for serving vulnerable children and their caretakers. PCI will conduct the final evaluation of the program to measure progress made from baseline to end line. BELONG will continue to build the M&E capacity of their local partners.

BELONG sustainability strategy under the home based care platform includes training HBC supervisors from all the HBC partners as trainers in key HBC/palliative care technical areas. The HBC supervisors will in turn continue to provide sustainable technical support and supervision to the 848 caregivers enrolled in the program. The training will be conducted in partnership with partner primary health centers operating in the same geographical areas as the HBC organizations, MOH's Child Health Unit and the Palliative Care

Activity Narrative: Organization. By so doing, partnership between HBC organizations and the key stakeholders and Government institutions will be fostered during trainings and participatory action plans that will delineate clear referral linkages and support will be drawn. BELONG will assist the partners to sign partnership agreements with the health centers to allow for the HBC partners and health centers to streamline referral systems between the HBC providers and the health providers for continued provision of health services to OVC accessing HBC services.

BELONG winded up the savings-led economic empowerment program, WORTH in the first quarter of FY 08. The saving led economic empowerment program continues to grow even after the end of partnership with PACT as the groups are capable enough to grow with little support from PCI. PCI will modify the work plan to draw best practices from the successful WORTH economic empowerment program targeted at women caregivers and replicate the program to HBC partners mentioned above with leveraged private donor funding. PCI has also planned to implement a pilot Food and Nutrition (FNS) urban program with three HBC partners with leveraged private donor funding. The FNS program is aimed at economically empowering women HBC caregivers and improving their household food security through provision of sustainable livelihood support for Income Generating Activities (IGAs). PCI will build the capacity of HBC organizations in financial management and resource mobilization skills and link them to micro finance institutes to enable them strengthen their income generation programs. With leveraged private donor support, PCI has planned to replicate proven successful urban based savings-led microfinance programs into the BELONG HBC programs.

Under the community school platform, PCI will continue to strengthen partnership linkages between MOE and community schools to enable the schools access sustainable financial and material resources, trained teachers, and resources for infrastructure development. PCI will assist community schools that are not benefiting from MOE assistance by building the capacity of their PCSCs in financial management and ensure that accountability mechanisms are understood and followed. PCI will also assist the community schools to strengthen their school Income Generating Activities (IGA) programs and link them to sustainable private sector support. PCI has also planned to assist 50 community schools with agricultural input and seed money for school gardens in partnership with the private sector.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14427

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14427	3654.08	U.S. Agency for International Development	Project Concern International	6831	2975.08	BELONG	$2,024,000
8924	3654.07	U.S. Agency for International Development	Project Concern International	4989	2975.07	BELONG	$1,188,573
3654	3654.06	U.S. Agency for International Development	Project Concern International	2975	2975.06	BELONG	$987,269

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$19,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$10,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$30,000

Education

Estimated amount of funding that is planned for Education	$20,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3042.09	**Mechanism:**	Track 1 OVC: Community-based Care of OVC
Prime Partner:	Christian Aid	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	3740.26415.09	**Planned Funds:**	$753,041
Activity System ID:	26415		

Activity Narrative: This activity relates to other Track 1.0 HKID projects and the RAPIDS HKID.

The Community-based Care of Orphans and Vulnerable Children (CBCO) program, a Track 1.0 Orphans and Vulnerable Children (OVC) project began in FY2005. 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 the following sub-partners in Zambia to respond to the President's Emergency Plan for AIDS Relief (PEPFAR): Catholic Diocese of Ndola (CDN), Copperbelt Health Educational Program (CHEP), Archdiocese of Lusaka (ADL), and Family Health Trust (FHT). These sub-partners 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, marginalized peri-urban areas of Lusaka, and rural areas of Zambia's Central, Eastern, and Southern Provinces.

The goals of the CBCO program are to improve the quality of life of over 16, 000 OVC by a) ensuring that OVC have sustained access to essential services and are protected from all forms of abuse and exploitation; b) developing the capacity of sub-partners and community institutions to support high quality OVC programming; and c) sharing lessons learned, models, and best practices for replication of successful approaches. CBCO has served a total of 11,333 OVC. 3,263 caregivers have been trained, as at semi-annaul of FY2008 (March 2008). By April 2010, CBCO and its sub-partners will provide support to approximately 16, 000 OVC and train at least 4000 caregivers.

Many CBCO households are not in a financial position to send the OVC under their care to school. As such, CBCO will continue to provide support to OVC that are either not going to school or are on the verge of dropping out, by paying for school fees, uniforms, and other scholastic materials. A rigorous targeting process will be undertaken by sub-partners with the participating communities, using wealth ranking and other participatory reflection and action (PRA) tools to identify eligible OVC. Deliberate measures will be undertaken to ensure that girl-OVC are prioritized for education support. Some of the older OVC that are either long-term school drop-outs and have difficulties integrating into the formal educational system or who have already completed secondary school and have significant potential to go further in their studies will be assisted to identify their interests and current skills. They will be linked to relevant and quality vocational and tertiary training programs, provided they commit to supporting their younger siblings.

The majorities of CBCO beneficiaries lives in rural and peri-urban areas and greatly depend on agriculture for both food and income. Since the program inception, CBCO has trained Savings and Loans Association (SLA) facilitators and supported them to mobilize and train/mentor OVC guardians into SLA groups in their respective sites, in order to strengthen the capacity of OVC households to generate income and access credit. A total of 203 SLA groups have been formed in each site. They are saving significant amounts of money, commenced the loaning process, and are engaging in income generating activities (IGAs). Within FY 2008, this intervention was scaled-up to ensure all OVC households belong to SLAs. CBCO developed extra materials and commenced the training of SLA members in entrepreneurial skills to equip them with practical skills in business planning and management. CBCO will continue with training to strengthen entrepreneurial skills for OVC guardians to ensure that they engage in lucrative IGAs, support linkages between SLA groups and other service providers and ensure that the selection of enterprises is based on reliable market information for increased profitability. SLA groups will continue to be sensitized to time their liquidation of savings towards important yearly events such as the onset of the agriculture season or beginning of the school year, so that they can use their portion of savings on important household expenses such as purchase of agricultural inputs or payment of school fees.

As a long-term capacity building strategy for such households, significant efforts will continue to be directed towards increasing food and nutritional security and household income by providing OVC households with high-impact agro-based and off-farm self-help projects in the form of seeds and livestock etc, through their already established SLAs and by training caregivers in sustainable agricultural technologies. The program will continue to use a performance-based approach in providing self-help projects to SLA groups, while still ensuring deliberate mechanisms for supporting weaker or extremely vulnerable OVC households, in order to enhance effective participation and sustainability. CBCO will train caregivers and the OVC guardians in best nutritional practices, especially for guardians of under-five OVC. This will include but will not be limited to cooking demonstrations using locally available foods.

In FY2007 and FY2008, CBCO directed significant effort to providing quality Psychosocial Support (PSS) to OVC that have undergone traumatic experiences or unusual hardships. A review of existing materials from Regional PSS Initiative (REPPSI) and other organizations was conducted, and supplementary facilitation materials for guardians and kids clubs were compiled. The program formed Kids clubs for OVC aged 6 to 11 and also delivered PSS for guardians during weekly SLA meetings. CBCO delivered Life Skills for OVC aged between 12 and 17 years through youth clubs. CBCO will continue to support the existing Kids and Youth Clubs and mobilize new clubs, and ensure that all SLAs have on-going PSS for guardians. Further, the program will concentrate on improving the quality of facilitation by conducting spot checks on the kids clubs and life skills sessions, being undertaken by volunteer facilitators, and this will form the basis for appropriate capacity building to be provided.

CBCO will continue to promote the protection of OVC rights and to reduce stigma and discrimination. In FY 2007 and FY2008, more effort was directed towards strengthening continuous monitoring of OVC for protection against various forms of abuse by allocating OVC mentors to each SLA group who regularly visit OVC households to identify and manage cases of abuse, managing minor cases and referring major cases to local authorities. The program will continue to ensure that these structures are operating as envisaged and also ensure that the trained mentors properly manage both minor and major abuse cases through established community-based systems like the Child-Protection Committees, community leaders, and the Child protection Unit. Further, Christian Aid has sourced private funding to leverage the PEPFAR support and integrate rights-based approaches in OVC programming. The first phase of the program, beginning in September 2008, encompasses the research phase, which will determine the capacity gaps for services that are being under accessed by the OVC, and determine roles and responsibilities of OVC duty bearers at

Activity Narrative: various community and government levels and the extent to which they are being fulfilled. The second phase involves the provision of rights-based and advocacy training of OVC and their guardians, through their SLA groups and community-level support committees to make them aware of their rights and lobbying and influencing local government to better fulfill their duties. This will be integrated in the existing CBCO activities and be implemented until the current phase of the program phases out in April 2010.

The program will continue to support community-based responses for providing care and support to OVC. CBCO will roll out a referral system with clinical facilities and other OVC support programs like voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART) and other care and support programs. Further, the program will continue to integrate its activities in sub-partner existing programs and structures, and encouraged the leveraging of funds from other sources. CBCO will continue to participate in the OVC forum for coordination, and prevention of overlap and duplication, and sharing of best practices. The program will, where possible, support linkages to the food security, micro-finance, and education sectors by involving the Ministry of Agriculture in trainings, referring matured SLA groups to fully-fledged micro-financing institutions, supporting them to register and attain legal recognition and affiliate to other supportive institutions like district farmers associations and the department of cooperatives. Linkages with the education sector will include soliciting for bursaries from government and other programs for some OVC requiring tertiary and vocational training.

The program developed an OVC tracking system for use by all sub-partners for easy reporting. The system aims to avoid double counting at program level and identify essential service gaps by monitoring the targeted OVC in all six core areas. All the data is gender and age disaggregated to ensure equity in all project interventions. Further, the system has incorporated quality assurance monitoring, involving OVC guardians, non-beneficiary household and youths aged between 15-17 years as part of beneficiary participation. The program will also continue to ensure this age group has representation in the community OVC committees. Finally, the experienced program staff will continue to support the sub-partners to implement interventions that adhere to PEPFAR OVC programming guidance, national, and international standards. Christian Aid will endeavor to promote sustainability by building its sub-partners' capacity through training and mentorship in various aspects of program management for effective program implementation.

All COP 2009 targets will be reached by April 10th, 2010, when the Christian Aid contract for this phase ends.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14379

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14379	3740.08	U.S. Agency for International Development	Christian Aid	6810	3042.08	Track 1 OVC: Community-based Care of OVC	$1,042,966
8877	3740.07	U.S. Agency for International Development	Christian Aid	4967	3042.07	Track 1 OVC: Community-based Care of OVC	$671,559
3740	3740.06	U.S. Agency for International Development	Christian Aid	3042	3042.06	Community Based Care of OVC	$476,534

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$59,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$44,600

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$60,000

Education

Estimated amount of funding that is planned for Education	$45,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3032.09	**Mechanism:**	Track 1 OVC: Community FABRIC
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	3729.26416.09	**Planned Funds:**	$1,032,938
Activity System ID:	26416		

Activity Narrative: This activity relates to track 1.0 OVC projects such as RAPIDS (8947).

Family Health International (FHI) began implementing a Track 1.0 OVC program Faith-based Regional Initiative for Orphans and Other Vulnerable Children (FABRIC), in Zambia, in August, 2005. Currently FABRIC is in 2 provinces and 3 districts. Since its inception, FABRIC has reached 10,390 OVC with food and nutrition, education, psychosocial, and heath support. Of the total OVC reached, over 70 % received support in at least three core primary direct services. In FY 2010, FABRIC will maintain and support FY09 target of 8,000 OVC.

This activity has four components: (1) capacity building and financial support of Expanded Church Response (ECR); (2) capacity building of ECR's local partners; (3) essential service delivery to OVC according to need; and, (4) collaboration and linkages with GRZ and other key service providers. Through these four components, FABRIC will build and strengthen family and community capacities to provide a sustainable supportive environment for orphans and other children made vulnerable through HIV/AIDS.

Under the first component, FABRIC will provide technical assistance to its local partner, the Expanded Church Response (ECR) in project management, OVC technical areas, and monitoring and evaluation (M&E) and to ensure that the acquired knowledge and skills to support quality OVC activities in their communities is maintained. Further, through on the job training, the capacity of ECR in capturing end of project M&E data including documentation of best practices and lessons learnt will be strengthened.

Under the second component, FABRIC will support ECR and their 15 local partners to continue networking and coordinating with existing government and nongovernmental structures providing OVC services in the same catchments. This will ensure OVC access comprehensive continuum of Care. FABRIC will continue to strengthen the OVC identification and assessment process using a child and Household Assessment form and will link them to the relevant institutions for care and/or support. FABRIC in collaboration with ECR will continue to support the measuring of the quality of the services being provided to individual OVC through Child Status Index (CSI).
To prepare for end of project, FABRIC will facilitate a project closeout workshop. During the year, monitoring will focus on ensuring that quality end of project data is captured and FBOs are able to document best practices and lessons learnt in the established OVC projects. Supervisory visits to monitor the quality of service provided will be conducted by FABRIC. This will provide an opportunity to provide "hands on" capacity building of ECR and FBOs staff in all aspects of the programme, thereby, increasing the technical expertise, financial management and organizational capacity of local partners.

FABRIC will continue to improve ECR's technical ability to support the trained care givers as they implement psychosocial support, basic nutrition counseling, and educational support activities. OVC guardians will be encouraged to be more resourceful in the use of locally available foods e.g. groundnuts, beans and soybeans. To ensure more sustainable food security support from locally available partners, FABRIC will link ECR and the sub-partners to Ministry of Agriculture and other programs such as National Food and Nutrition Commission and World Food Program. Educational services will include material support to OVC that will facilitate school attendance such as textbooks, exercise books, pencils, school bags and uniforms. In addition, recreational, socialization and play opportunities including day, weekend and/or holiday camps will be provided. OVC (8-17years) will continue to be involved in making decisions in what they want the program to do for them. FABRIC will also continue to invite health workers to make presentations and have discussions with the youth on prevention of HIV and other STIs, gender and sexuality, implications of early pregnancy etc.

The program will continue to establish linkages and referrals to other services available to OVC and their caregivers to ensure their diverse needs are met. FABRIC will refer OVC in need of health services to local health institutions to access Counseling and Testing, ART, anti-malaria and any other ailments. To ensure quality child growth, FABRIC will also train OVC guardians in early childhood development skills in order for them to adequately engage the under-five OVC e.g. by ensuring they are fully immunized. Faith Based Organizations (FBOs) will also be supported to participate in National child health week, World AIDS day and Day of African Child activities.

FABRIC will continue to support six FBOs with income generating activities (IGAs). In order to ensure improved business, training will be provided in entrepreneurship skills to all the FBOs and will provide "hands on" capacity building in management of the IGAs to ensure profitability and sustainability. Further, monitoring will be done to ensure OVC continue to directly benefit from the IGAs profit.

The third project component is the delivery of essential services to OVC according to assessed needs. FABRIC, through ECR, will continue to support the 15 local partners to expand and improve quality of OVC services. These partners will reach 8,000 OVC with psychosocial support, educational programs, nutritional support, health care, and through referrals, legal and other services. In particular, efforts will be made to work with the existing Men's Christian Fellowship Committees within various churches since men are traditionally the decision-makers and their participation could have great influence on community attitudes towards support of OVC.

In the final component, FABRIC through ECR will strengthen the collaboration with GRZ and linkages with other stakeholders. FABRIC and its local partner ECR will work closely with government structures in particular the District HIV/AIDS Task Force (DATF) with the aim of linking the FBOs to other partners in the respective districts for continuity of the support and care to OVC. FABRIC will continue to link the projects to the appropriate government services such as the welfare assistance schemes. Further, FABRIC through ECR will strengthen further, the linkages with church existing structures such as social, financial, women and men committees, local leaders, and community based structures, such as Community AIDS Task Forces (CATF) and Resident Development Committees (RDCs) to ensure they are supportive of project activities. In collaboration with the Zambia Prevention, Care and Treatment Partnership, FABRIC will continue to support community-level counseling and testing and referral for antiretroviral therapy in Luanshya district and scale up to Chingola district. ECR and the local FBOs will also be encouraged and

Activity Narrative: assisted to set up linkages with other health and social service providers within the community, through established referral systems, to ensure optimal use of available services and maximize the benefits to the OVC, their caregivers and families. Linkages will be made for ECR and their FBO partners to organizations, such as the Young Women's Christian Association, that address issues of social inequalities between men and women and harmful gender cultural norms and practices which are fueling the HIV epidemic. This approach will strengthen FBOs networking skills and collaboration with other implementing partners and government ministries.

The program recognizes the critical link between gender and HIV/AIDS prevention and care, and is aware of the fact that despite efforts made by gender based interventions, gender based inequalities and gender based violence are still rife and continue to have negative impacts on children and families infected or affected by HIV/AIDS. This program will strengthen the integration of gender across all service components of its program by ensuring that girls and boys have equitable access to services and are not unfairly discriminated on the basis of gender. The program will identify creative strategies to include more male caregivers who can support and become role models for young boys. To ensure this is done, FABRIC will build the capacity of ECR and FBO staff by conducting gender mainstreaming of HIV/AIDS program trainings.

To ensure sustainability at the end of FABRIC, in addition to linking FBOs to Government and other community level existing structures and institutions, the priority shall be economic strengthening for the family/care givers by extending the CETZAM micro credit scheme currently only in Chingola to primary and secondary care givers in Luanshya and Kafue districts. In addition FABRIC will support ECR to establish Self help support groups for OVC teenage mothers and child headed households currently only in Kafue district to Chingola and Luashya districts. To ensure sustainability, these support groups will be linked to existing government ministry such as Ministry of Youth, Sport and Child development and to various church level committees. Further, in FY09, a close-out plan will be developed to ensure that there's enough time to implement any specific activities identified as part of this phase such as capacity building. Where need be, individual FBO mentoring sessions will be held to prepare them for the close-out.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14540

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14540	3729.08	U.S. Agency for International Development	Family Health International	6861	3032.08	Track 1 OVC: Community FABRIC	$751,465
9184	3729.07	U.S. Agency for International Development	Family Health International	5065	3032.07	Track 1 OVC: Community FABRIC	$409,963
3729	3729.06	U.S. Agency for International Development	Family Health International	3032	3032.06	OVC Project	$472,301

Emphasis Areas	
Gender	
* Increasing gender equity in HIV/AIDS programs	
Health-related Wraparound Programs	
* Child Survival Activities	

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$70,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$190,000

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$74,000

Education	
Estimated amount of funding that is planned for Education	$75,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2970.09

Mechanism: Track 1 OVC: ANCHOR

Prime Partner: Hope Worldwide

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3647.26417.09

Planned Funds: $285,814

Activity System ID: 26417

Activity Narrative: HOPE Worldwide Zambia (HWWZ) is a branch of HOPE worldwide Africa, a faith based organization based in South Africa. Since FY 2005 HWWZ has been implementing a Track 1.0 OVC program, the Africa Network for Children Orphaned and At Risk (ANCHOR) Project with expertise in care and support for orphans and vulnerable Children (OVC) and People Living with HIV/AIDS (PLWHA).Through the transfer of knowledge and skills to enhance the capacity of communities and organizations to initiate and respond to OVC needs.he goal of HWWZ for the five years through the ANCHOR Project is to strengthen and scale up community based interventions to provide comprehensive care and support for 19,935 OVC in Lusaka district. The goal is being 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. In FY 2008, HWWZ reached 6,393: with various services and FY 2009 HWWZ will reach 6,000 OVC with various services, and train 200 caregivers/service providers.

HWWZ OVC activities will continue to work closely with other USG partners implementing community based interventions to provide comprehensive care, and to improve the quality of life for OVC. In addition, HWWZ will work with other USAID OVC partners through the USG Zambia OVC Forum to share lessons learnt and prevent overlap of activities. HWZ will also work closely with the Government of the Republic of Zambia (GRZ) to ensure effective communication and support to OVC from the government.

HWWZ will continue working with primary implementing partners. ANCHOR's implementation plan will 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 will focus on facilitating the mobilization and provision of local multi-level support (medical, psychosocial, educational, income-generating and nutritional) for OVC, their families and PLWHA. HWWZ will strive to create an atmosphere in communities where men and women will promote gender equality, reduce 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 2009 will include continued provision and facilitation of direct support for OVC, and strengthening family and community capacity to respond to OVC needs. .

In FY 2009, HWWZ will continue to establish and facilitate 20 kids clubs and formation of eight (8) support groups and three (3) Community Child Care Forums that will facilitate the provision of community based nutritional support, material support and psychosocial/emotional support. The forums are also used for the identification and registration of OVC in the program. Other support provided through forums 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 club gatherings provide a platform for children and youths to collectively identify resources both within and externally 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. HWWZ will also ensure the gender needs of boys and girls are also taken into consideration during activity implementation.

In order to help build and strengthen the capacity of ANCHOR partners and other organizations to respond to OVC needs, HOPE Worldwide's Regional OVC- Organization Support Initiative (ROSI) will train three and mentor eight local organizations in OVC care and support as well as use community mobilization strategies to promote community action and coordination. ROSI, will help existing OVC organizations build their programmatic and organizational capacity and to increase the reach. Child Care Forums will be developed where necessary to promote local multi-sectoral networking for OVC support. ANCHOR will support participating organizations in identifying more specific training needs related to OVC care and support. Training will be tailored to specific stakeholder needs and is likely to include HIV education; psychosocial support for caregivers and children; organizing successful home-based care programs; identifying and monitoring the status of OVC; helping families and children access social, legal and health services, and building economic security for affected households; developing appropriate monitoring and evaluation systems; fund raising and resource mobilization.

Through the community mobilization strategy coupled with community partner training described above, communities will develop a better in-depth understanding of the impacts of AIDS on children and their families and will be better able to plan appropriate responses to address the needs of these children. The HIV-Competence Framework will also facilitate increased and meaningful collaboration among local organizations and individuals assisting OVC, including government, civic and private sector entities and services. This will contribute to resource mobilization and program sustainability.

Sustainability will be achieved by linking families and community based organizations to existing health care and social service providers, and through continued support by private volunteers and local private donors like Shoprite, Coca Cola Foundation, Kupasa Banja, Diplomatic Spouse Association (DSA), Rotarians for fighting AIDS (RFFA) and local Rotary clubs. These private partners supplement the much needed, nutritional support, material support, legal support and educational support for OVCs. As a result of this collaboration, HWWZ leveraged $81,552 in FY 2008. This figure might go up in FY 2009 depending on the response that will be received by the private sector and the efforts that will be put in. HWWZ will continue to approach these corporate organizations for continued and increased support. Efforts will also be made to identify and contact more private companies for additional support.

A local ANCHOR Coordinating Team (ACT) consisting of ANCHOR partner representatives provides regular guidance to the program and will continue to liaise with USAID/Zambia, other USG supported OVC projects as well as the host government at local and district and sub-country levels.

All FY 2009 targets will be reached by September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14391

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14391	3647.08	U.S. Agency for International Development	Hope Worldwide	6817	2970.08	Track 1 OVC: ANCHOR	$375,000
8896	3647.07	U.S. Agency for International Development	Hope Worldwide	4973	2970.07	Track 1 OVC: ANCHOR	$259,357
3647	3647.06	U.S. Agency for International Development	Hope Worldwide	2970	2970.06	Anchor	$206,513

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $12,962

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7459.09

Mechanism: Family Based Response

Prime Partner: Kara Counseling Centre

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 16729.26420.09

Planned Funds: $0

Activity System ID: 26420

Activity Narrative: ACTIVITY WILL BE MODIFIED IN THE FOLLOWING WAY.
The KCTT FBR HIV/AIDS project is scheduled to end in November 2009. The period between October 2009 and November 2009 has therefore been projected to be the close out phase of the FBR. KARA will collaborate with USG Zambia to develop and implement a food and nutrition strategy, including shifting to a "Food by Prescription" approach.

Activity Narrative:
Kara Counseling and Training Trust (KCTT) Family Based Response (FBR) project is a New Partner Initiative (NPI) project in Zambia. KCTT has been working in Zambia for over ten years. With the NPI grant they have been able to not only expand their programs, but also build capacity of local partner organizations in systems strengthening and enhance their own sustainability for the long term.

HIV/AIDS Project. The FBR HIV/ AIDS project emphasize on consolidating linkages and coordinating with Government of the Republic of Zambia (GRZ) led OVC activities/initiatives.

This OVC activity has several components: The first component of this activity is the provision of holistic care and support to 923 identified OVC. This care and support will be in the forms of health care, psychosocial support, and educational support following OGAC and GRZ guidelines. Under this component, access to medical care for children living with HIV/AIDS will be facilitated through linkages with the government hospitals and health centers. KCTT and the implementing partners will pay for medical fees, medicines, and transport to health facilities for ailing OVC. Trained caregivers will provide psychosocial support to the 923 OVC through one-to-one counseling; the counseling process will involve other family members. KCTT and KCTT and the implementing partners will facilitate peer support among the OVC.

The implementation of this activity component will be in eight provinces and will be carried out in 20 outlets which include three KCTT sites located in three districts, Lusaka, Choma and Kabwe from Lusaka Province, Southern Province and Central Province respectively. The sites from seventeen partners (Ndekeleni Home Based Care, Moliswa Children's Foundation, Foundation for Development of Children, Happy Children, Northern Health education Project, Mthunzi Development Foundation, Action for Positive Change, Iluka Support, Community Health Restoration Program, Kalucha home Based Care, Kafue Youth Care and Community Prevention Program, Umphawi Organization, Group Focused Consultations, Mwelebi Keembe HBC, Chipulumutso Counseling and Health Care Trust, Kuomboka Youth Group and Frontline Development Trust) in thirteen districts and eight provinces (Lusaka, Southern, Central, Western, Northern, Eastern, Luapula and Copperbelt) and in the districts, Mazabuka, Kasama, Chipata, Mongu, Kaoma, Chibombo, Luanshya, Mufulira, Masaiti, Kafue, Chongwe, and Mansa from Southern Province, Northern Province, Eastern Province, Western Province, Central Province, Copperbelt Province Lusaka Province and Luapula Province respectively.

The second component of this activity is to engage government at national and local level in dialogue for holistic OVC care and support. Fourteen meetings will be held with key stakeholders and jointly engage government on issues relating to orphan and vulnerable children.

The third component will be the close out of the project. KCTT and sub partners will work with Residence Development Committees and District AIDS Task Forces for support in the activity implementation after the life of the project and The District Health Management Teams (DHMT) for continued supply HIV test kits and other testing materials. KCTT and sub partners will conduct advocacy meetings, promoting the continuation of these activities and continued collaboration with the DHMT and other NGOs and CBOs as mentioned above. KCTT and sub partners will hold meetings with community leaders aimed at preparing the target communities for the end of activities. KCTT has been building capacity in project management - planning, resource mobilization, financial management, Monitoring and evaluation of the sub partners. KCTT will work with sub partners in devising plans for continuation of activities. The devised plans will also include resource mobilization activities.

KCTT will collect and verify of all reports both financial and program reports from program outlets. KCTT and sub partners will close out financially and complete all required deliverables and clarify plans for all equipment / other inventory purchased with the USAID funds. KCTT will hold review meetings with all Sub partners. KCTT will during the close out period prepare audit schedules and the final audit is scheduled to be carried out in December 2009.

The PEPFAR NPI funds will be used for travel to the districts, stationary and printing and for the meeting logistics.

All October to November 2009 targets will be reached by November 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16729

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16729	16729.08	U.S. Agency for International Development	Kara Counseling Centre	7459	7459.08	Family Based Response	$0

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	7070.09	**Mechanism:**	Luapula Foundation
Prime Partner:	Luapula Foundation	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	15177.26423.09	**Planned Funds:**	$0
Activity System ID:	26423		

Activity Narrative: Luapula Foundation is a New Partner Initiative (NPI) project in Zambia. Luapula Foundation has been implementing an OVC care and support program in Mansa District, Zambia, since October 2001, and scaled up the program to all districts in Luapula Province with NPI funding beginning in December 2006. NPI funding will come to an end on November 30, 2009 and Luapula Foundation will close out NPI funded activities and scale down operations. During the last three years of NPI funding, Luapula Foundation provided care and support to orphans and vulnerable children (OVC) in Luapula Province in close collaboration with the Ministry of Education, the Ministry of Agriculture, the Zambia Police Victim Support Unit, and other NGOs working with OVC projects. In addition, Luapula Foundation worked in close collaboration with community leaders such as traditional chiefs and headmen/headwomen, churches, schools, and health facilities to identify the vulnerable children to assist and to identify the needs of the children.

The primary goal of the activity was to provide support to OVC in a sustainable manner that included empowering OVC caregivers' households to become self-reliant and able to provide educational, nutritional, and psychological support to the OVC for whom they were caring. Luapula Foundation provided the following support for OVC: primary and secondary level education bursaries and school supplies; nutrition/food by training guardians in conservation farming techniques for economic and food security; functional literacy classes and skills training for out of school OVC; entrepreneurship training and providing small start up material grants to trained OVC and caregivers; training of teachers and OVC caregivers in child psychosocial needs, facilitation of legal assistance, and facilitation of child health care.

Luapula Foundation's NPI Cooperative Agreement ends on November 30, 2009. Activities for the two months of FY2010 will concentrate primarily on scaling down of the project and review and strengthening of sustainability measures.

Luapula Foundation's OVC program was designed with inbuilt sustainability consciousness. In the three year period of the Cooperative Agreement, Luapula Foundation supported a total of 6,774 OVC primarily with educational support, psychological support, economic strengthening and nutritional support. Educational support included payments for school fees and supplies. This project was monitored by the Guidance and Counseling teachers in each school. Payment of school fees and supplies is not a sustainable activity. However, Luapula Foundation will liaise with cooperating partners, and other stakeholders including donors in an attempt to ensure that the OVC who have been placed in school will be able to continue.

Luapula Foundation trained 97 Guidance and Counseling Teachers in High Schools and Basic Schools in psychological counseling of children. Training the teachers to provide this service to the OVC ensures sustainability of the program. Luapula Foundation has gone further in creating awareness in the zones by orienting coordinators in order to build capacity of Zonal Insert Coordinators in the programs under implementation. Luapula Foundation is working in conjunction with the District Education Board Secretaries, who strongly support the training of the teachers. OVC in Luapula Province schools will continue to receive psychological support after project closeout due to the training received by the teachers.

The program supported 150 out of school youth, are implementing livelihood activities such as tailoring, baking, hair plaiting, gardening, carpentry, etc. These activities were chosen by the youth because they had been implementing them prior to Luapula Foundation's intervention, but with financial and material constraints. Luapula Foundation supported the youth with material support in order to strengthen their ability to operate in a manner that would provide for their independence. In addition, the youth have been attached to local mentors trained in assisting the youth to manage resources and plan for the future. The youth were trained in entrepreneurship so that they could manage their own businesses in groups that they have formed. Those involved in gardening were attached to the agriculture extension officers so that they could be taught and supported with technical skills in their communities. The OVC in this program have attained financial security and do not require additional assistance; they will, however, continue to be monitored by the local mentors.

The program provided training to 468 primary caregivers for OVC enrolled in the education program and trained in conservation farming techniques. The caregivers produce food with the use of simple techniques such as fertilizing crops with use of organic fertilizers. The caregivers use local, non-hybrid seeds (maize, beans, soya beans) and non-chemical, natural insecticides that are readily available in the environment. The OVC caregivers' households have been economically strengthened such that they are able to provide for the nutritional needs of all family members, as well as to purchase other items needed in the house, such as soap, cooking oil, etc. In some cases, the caregivers have attained capacity to meet school needs for their OVC. OVC currently being supported by the NPI program, depending on their ability as well as the ability of the caregivers to support their OVC will continue to receive educational support from Luapula Foundation with the assistance of other donors, though in a more limited manner.

Fourteen extension officers in the Ministry of Agriculture were trained in conservation farming technical assistance support to ensure sustainability of the program. In addition, the caregivers have been organized into groups and a core group leader in each area was chosen who was then trained in leadership and HIV prevention. These core group leaders support trained caregivers and other local community members who are interested in beginning conservation farming. The program contains simple techniques that can be transferred from one household to another among the marginalized community members. All caregivers enrolled in the program have achieved food security and have been economically empowered. In addition, they have received training in child rights and in the psychological needs of children.

During the closeout phase of the NPI OVC program, Luapula Foundation will organize stakeholders meetings to share best practices and program challenges. This activity will include collecting testimonies from community members and program beneficiaries so that Luapula Foundation can share program successes and failures. Exploration for the continuation of the OVC program beyond NPI funding will be investigated with other stakeholders, and cooperative agreements pursued. Luapula Foundation will stress to stakeholders, partners, and potential partners the commitment of providing gender equity services and

Activity Narrative: the importance of girl-child education, and will encourage partners and stakeholders to adopt this commitment. Currently Luapula Foundation receives minimal support for its OVC program from Firelight Foundation, American Jewish World Service, Stephen Lewis Foundation, and Zambia National AIDS Network. Other partnerships are being actively pursued.

In addition, Luapula Foundation will continue to provide technical assistance to stakeholders to enable them to handle possible challenges once NPI funding ceases.

Luapula Foundation will also review mid-term challenges to determine if the project has successfully developed interventions for sustainability of the activities in the communities/ sites in which the project was undertaken.

Luapula Foundation will reach no new NPI targets in this closeout phase of the project. Luapula Foundation will continue to operate its OVC program through the support of other donors who have provided support as cost sharing with the NPI program. Equipment purchased with NPI funds will be necessary in order to continue this OVC program at a reduced rate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15177

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15177	15177.08	U.S. Agency for International Development	Luapula Foundation	7070	7070.08	Luapula Foundation	$0

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 293.09

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 GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3635.26198.09

Planned Funds: $1,044,171

Activity System ID: 26198

Activity Narrative: ACTIVITY UNCHANGED FROM FY08:
These activities relate to activities in Catholic Relief Services (CRS) CRS SUCCESS II HBHC; HTXS, and HVCT; other track 1.0 OVC projects, and RAPIDS HKID.

This is the sixth year of operations for this Track 1.0 OVC Project, Support to OVC affect by HIV/AIDS, implemented by CRS. This project coordinates closely with the CRS SUCCESS home-based care project in Zambia. This partnership has increased its effectiveness in the last few years. In FY 2008, CRS OVC reached 16,547 OVC with various services, including: educational assistance, psychosocial support; child protection; health, shelter and economic empowerment and training of 2,500 care givers.

In FY 2009, the CRS OVC project will continue to ensure that OVC have access to high quality services. The project will continue with programs which ensure that faith based organizations (FBOs) and community-based organizations (CBOs) have sustained capacity to deliver high quality OVC services. The project will continue to intensify community mobilization. In FY 2009, the project will hold at least 20 community mobilization activities aimed at raising the awareness of OVC issues. These will be conducted by the Diocesan partners at the project level. The target group includes, but is not limited to, local community leaders, religious leaders, guardians, teachers and OVC beneficiaries. The campaigns will also enhance community participation in identifying volunteers, setting criteria for OVC enrollment, stigma reduction, and strengthening the extended family system. 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.

CRS OVC will continue to follow and strengthen the established identification process for OVC. OVC are first identified by caregivers, through home-based care programs and home visitations follow. The children who are identified are then verified by community leaders/committees. After the verification exercise, a direct registration form is used as a final document to take the client on as a beneficiary. Thereafter, the form is sent to the parish for purpose of updating the beneficiary list.

The project will continue to support two diocesan partners of the Catholic Church (Mongu Diocese in Western Zambia and Solwezi diocese in Northwestern Zambia). CRS OVC links closely to RAPIDS OVC to avoid duplication and overlap, as well as to other Track 1 OVC activities. It also integrates with the CRS SUCCESS II HBC project in areas served by both projects, to incorporate care and support to OVCs in home-based care settings. Support and care services for OVCs will include (1) educational support, (which includes the payment of school fees, provision of uniforms, and other educational materials); (2) psychosocial support (which includes addressing the emotional, spiritual, mental, physical, and social needs of children); (3) and Child Protection, which involves sensitizing parents/guardians and the community at large about the rights of children and birth registration. The project will further train OVC guardians in coping skills to help them cope with life.

The project will continue to focus on the three core services mentioned above, although some children will be reached with less than three services. In FY 2009, the project estimates that it will reach 17,500 OVC (8,750 Direct and 8,750 Supplemental) through community mobilization and closer linkages with other sectors and initiatives.

Linkages with other sectors and initiatives shall be emphasized in order to promote leveraging. The program has strategically selected its operating areas to link to other USG funded OVC projects (such as RAPIDS), home-based care, and ART programs. Linkages with other sectors will include education support for OVC, paralegal counseling for OVC households, linkages to nutritional education and support programs. Partners will conduct training for OVC caregivers and receive support from CRS in quality assurance and local organizational capacity development in order to promote sustainability. CRS will train 350 volunteer caregivers in psychosocial skills, basic counseling skills, monitoring and evaluation, child protection issues, and nutritional education.

CRS will continue to provide partners with guidance in quality assurance by conducting site visits, providing technical support, and systematic feedback on financial and programmatic reports. In addition, CRS will build the capacity of partners in programmatic and financial management through trainings and site visits. Utilizing the capacity and trainings from CRS, the partners will in turn train and support faith based OVC programs in Northwestern, and Western provinces .CRS will work with partners to strengthen parish and community structures to ensure sustainability of activities. Integration of the program with other programs is on going in order to achieve synergy and promote sustainability of programs within the Diocese.

It is estimated that $26,000 will be spent on health, shelter, and child protection activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14372

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14372	3635.08	U.S. Agency for International Development	Catholic Relief Services	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	$298,201
8852	3635.07	U.S. Agency for International Development	Catholic Relief Services	4959	293.07	Track 1 OVC: Support to OVC Affected by HIV/AIDS	$0
3635	3635.06	U.S. Agency for International Development	Catholic Relief Services	2966	293.06	CRS OVC Project	$804,030

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $22,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $124,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1031.09

Mechanism: Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3537.26640.09

Planned Funds: $0

Activity System ID: 26640

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• The narrative reflects project closeout for the last three months of the Health Communication Partnership's (HCP) project life. There will be no new activities in the field, only financial and logistical close out.

Activity Narrative

This activity is linked with the HCP other activities in Abstinence/Be faithful, Other Prevention, Palliative Care, Counseling and Testing, and Treatment/ARV Services. It also support the U.S. Government (USG) partners providing orphan and vulnerable children (OVC) care and support services, and addressed both Zambian and the President's Emergency Plan for AIDS Relief (PEPFAR) goals for increasing the number of orphans and vulnerable children receiving care through community mobilization and the provision of quality information on educational, nutritional, and psychosocial support.

HCP used PEPFAR and Child Survival funds so that more than 900 communities benefited from wrap around behavior change communication (BCC) activities linking HIV/AIDS messages with those related to malaria, family planning, reproductive health, safe motherhood, and child survival.

Community mobilization and behavior change communication, the foundation of HCP's strategy in Zambia, provided a comprehensive approach that promoted better health-seeking behavior through the support for and promotion of OVC services throughout the country. HCP drew on Johns Hopkins University Center for Communication Programs' (JHU/CCP) worldwide expertise 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 has continued to be a key member of the information, education, and communication (IEC) committees of the National Malaria Control Centre and the MOH's child health and reproductive health units.

In FY 2007, HCP continued to take the lead in defining gaps in OVC materials and working with key partners/stakeholders to develop appropriate IEC materials. In FY 2008, HCP continued to disseminate correct and consistent OVC information and referrals within the 22 HCP-supported districts in Zambia's nine provinces.

In FY 2008, HCP continued to take the lead in filling gaps in OVC IEC support materials, working in collaboration with the Ministry of Sports, Youth, and Child Development and Ministry of Community Development and Social Services, the National HIV/AIDS/STI/TB Council (NAC), and more than 15 different USG activities implementing OVC support activities throughout the country. HCP developed appropriate, practical, and user-friendly IEC resources as requested by OVC forum and partners such as RAPIDS, with the production and distribution coordinated by the requesting partner.

In FY 2005 and FY 2006, HCP developed a People Living with HIV/AIDS (PLWHA) and caregivers radio distance program, "Living and Loving," that was broadcasted in seven local languages in addition to English. The series of 26 episodes promotes discussion on many topics pertaining to OVC and their caregivers such as: psychosocial support, health and nutrition, income generation, stigma and discrimination, education, and social inclusion. In FY 2009, HCP consolidated the best of the programs broadcasted during the past three years and HCP held a one week workshop for community radio stations on the use of this package. The workshop also consolidated the skills of community radio stations in developing their own programs on local HIV/AIDS issues. HCP district staff continued to support listener groups (selected from PLWHA care and support groups) to increase their reach to PLWHA and their caregivers in 22 districts. "Living and Loving" empowers the listeners with information and hope. Local radio personalities have also been trained to interview PLWHA so that they can produce future programs on their own. Discounted or free air time on both the Zambia National Broadcasting Corporation (ZNBC) and community radio stations reflects the national and local ownership of "Living and Loving." HCP continued to work with local communities, Neighborhood Health Committees (NHCs), and the Ministry of Health on these activities. These organizations will assume leadership and ownership of the activities while linking with other support organizations to ensure sustainability.

HCP continued to promote local video screenings and facilitate discussions to raise awareness in four key areas: anti-stigma ("Tikambe"), prevention of mother to child transmission ("Mwana Wanga"), antiretroviral therapy ("The Road to Hope") and reproductive choices for those who are HIV positive ("our Family, Our Choice"). Available in three to seven 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), clinics, mobile video units, non-governmental organizations (NGOs), and other stakeholders.

All activities begin with formative research and are pre-tested 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.

To ensure sustainability and partner graduation from HCP support, 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 continued to be committed to building Zambian capacity and improving the sustainability of the activities being implemented. For example, HCP supported 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. Training in proposal writing (for funds available locally), activity design, and monitoring enable organizations to address local challenges with locally designed responses. Roughly 900 communities involved in this project have utilized these community-level capacity building trainings to strengthen their response to their own OVC needs and issues. Training sessions for psychosocial

Activity Narrative: counselors have inspired many to use their own initiative in response to local needs.

HCP has continued to play a key role with the NAC, collecting, harmonizing, and sharing national IEC materials. In FY 2006, HCP supported 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 were also integrated into district and provincial plans, ensuring ownership and continuity of activities.

In FY 2009, HCP conducted an end-of-project survey to measure impact of all of the activities mentioned above, as well as other HCP activities mentioned elsewhere in the COP.

All FY 2008-funded targets will have been reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14409

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14409	3537.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6823	1031.08	Health Communication Partnership	$290,000
8903	3537.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4979	1031.07	Health Communication Partnership	$290,000
3537	3537.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	2911	1031.06	Health Communication Partnership	$290,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11187.09

Mechanism: New QUESTT II Type Procurement

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 26903.09

Planned Funds: [redacted]

Activity System ID: 26903

Activity Narrative: The current core education sector mechanism will end in September 2009. In order to ensure fair and open competition, new core education mechanisms will be identified. The 2009 PEPFAR wrap around mechanism will build on the OVC HIV/AIDS Life Skills Education interventions implemented by the QUESTT program. In addition to knowledge, attitudes and skills, the new program will focus on behavior change and promotion of positive social and health practices. The new activity is targeted towards teachers and students in the underserved community schools.

According to the 2007 ZDHS, knowledge and awareness about HIV and AIDS is 99 percent. However, the HIV prevalence among those aged 15-19 has increased to about five percent. Presently, there are about 1,000,000 orphans and vulnerable children in Zambia. About two thirds of the OVC are in community schools. There are about 2,700 community schools in the country. Due to HIV/AIDS, the number of orphaned children has increased. More than one third of the children in the community schools are HIV/AIDS affected and orphaned while others are vulnerable, coming from disadvantaged communities that are deprived of education through the conventional school system. These children are often exploited and suffer other forms of abuse. Many girls are forced into marriage before they have completed their education and orphans suffer harassment and stigmatization from their peers. Children who become sexually active at an early age are at risk of contracting Sexually Transmitted Infections (STI), including HIV infection. In addition, most orphans and vulnerable children have either dropped out of school or are always absent due to poverty, trauma, lack of motivation and illness in the family. The children are traumatized because they are losing parents, siblings, friends and teachers to HIV/AIDS. Many children live in families that are over extended, and are under pressure to contribute to family incomes as poverty deepens. Some children are also heads of households. Presently, most community schools do not have HIV/AIDS programs apart from those that were reached under QUESTT. Community school teachers infected with HIV do not receive any support and learners are not involved in any HIV/AIDS related activities such as Anti-AIDS clubs or peer education.

Using PEPFAR funding, the new mechanism will target community school teachers, learners and community members. Particularly, the program will focus on interventions for teacher training, teacher support, learner driven HIV/AIDS activities, OVC support and school and community based interventions. The OVC support will include food, academic support, psycho social support, VCT and medical services to ensure that the orphans and vulnerable children remain in school. The new mechanism will implement a comprehensive HIV/AIDS program that includes psycho social support to ensure that children affected and infected by the pandemic are receiving counseling and care within the school. The program will promote a culture of care in both the school and community thereby creating a supportive environment for those learners infected or affected by HIV/AIDS. This approach will make the school a center of hope and care in the community. The new program will continue to mitigate stigma, child abuse and gender violence, and promote VCT for both children and adults. The community members will learn how to acquire and practice good nutrition, seek healthcare, and provide psycho-social counseling support through appropriate social and health services. The program will link the OVC to other support programs in their area through the established networks. The new program will not entirely depend on the radio to teach HIV/AIDS and Life Skills but will develop other effective ways of implementing HIV/AIDS interventions. In addition, HIV/AIDS/Life Skills materials will be developed and structures will be put in place to enable teachers, learners and community members have access to information. It is expected that 600 community schools, 3,000 learners and 6,000 community members will be reached by September 30, 2010.

All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	11091.09	**Mechanism:**	Community Empowerment Through Self Alliance (COMETS)
Prime Partner:	Comprehensive HIV/AIDS Management Program	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	26905.09	**Planned Funds:**	$0
Activity System ID:	26905		

Activity Narrative: The new Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY09, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA

COMETS will scale up the delivery of OVC services through existing and new initiatives in rural communities. Local groups and initiatives will be supported to increase the beneficiaries and reach of activities responding to the needs of OVC. The three essential services that will be provided will be health care, educational and vocational training and economic opportunity strengthening. The education and economic strengthening initiatives will be implemented through the grant mechanism.

Orphans and Vulnerable Children initiatives will target households where children are in need. The identification of households will be carried out by local level leaders such as FBO and CBO representatives, the District Health Office (DHO) with guidance from District Department of Social Welfare. The community will be invited to submit proposals that will target identified households. Proposals to be considered for funding could be, but not limited to, education as school uniform, direct support to household and capacity building for parents, guardians and grandparents through a support group model.

The implementation of COMETS OVC strategies will be guided by the National HIV/AIDS Strategic Plan and guidelines from the MoH for pediatric HIV care, the Ministry of Community Development and Social Welfare and other relevant government institutions and will be integrated into local institutions and structures. Through ensuring collaboration and consultation at all levels project resources allocated will have the optimum impact and will support the continuum and sustainability of OVC interventions.

It is expected that $25,000 will be spent on food and nutrition (commodities) activities, $34,000 on economic strengthening activities, and $6,000 on education activities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11139.09 **Mechanism:** State

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3725.26829.09

Planned Funds: $300,000

Activity System ID: 26829

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, 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 orphan hood, strengthen OVC care and treatment service linkages at 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 15-20 innovative OVC activities to reach a total of 1,500 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 confirmed that a village only 15 kilometers away from a town center, is effectively cut off from civilization. The Ambassador's PEPFAR Small Grants Fund adheres to the same model as the Ambassador's Special Self Help Fund, and serves a unique niche, providing support where there would otherwise be none. The OVCs that this project will serve are those who are geographically located beyond the reach of PEPFAR prime partner activities.

Successful previous years projects include providing school requisites for OVC, including fees and supplies. Projects also include skills training for heads of families in child-headed households, agricultural activities, such as community gardens, to improve the nutrition of OVC and self-reliance of OVC households, poultry and block-making IGAs, and training in caring skills for orphan caregivers.

Activities funded by the program will involve capacity-building for 15-20 grassroots and community-based organizations to conduct HIV/AIDS programs for OVCs. These funds will be managed by a 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16910

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16910	3725.08	Department of State / African Affairs	US Department of State	7619	1174.08	State	$300,000
9585	3725.07	Department of State / African Affairs	US Department of State	5222	1174.07	State	$130,050
3725	3725.06	Department of State / African Affairs	US Department of State	2826	1174.06		$0

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3038.09

Mechanism: Track 1 OVC: Breaking Barriers

Prime Partner: PLAN International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3736.26410.09

Planned Funds: $805,000

Activity System ID: 26410

Activity Narrative: This activity relates to other track 1.0 OVC project, RAPIDS (8947), and HCP (8903).

The Breaking Barriers (BB) is a track 1.0 orphan and other vulnerable children (OVC) program, with activities in adult care and treatment project implemented by PLAN. The goal of the BB project, over a four year period, is to expand sustainable, effective, quality OVC programs in education, Psychosocial support and care (PSS) and community-based care for children and families affected by HIV and AIDS, using an extensive network of schools (both formal and informal) and religious institutions as a coordinated platform for rapid scale up and scale out.

Plan International is a child-centered development organization with no religious or political affiliations which has been in existence in Zambia since 1995. Plan envisages a world where all children realize their full potential in societies which respect people's rights and dignity. The organization's work is focused on working with the community to enable them meet the needs and rights of children.

BB is implemented in Mazabuka and Chibombo District. In these communities, between October 1 FY2009 and June 30 FY2010, BB will have at least 18,000 OVC (10, 080 girls and 7, 920 boys) benefit from integrated program activities using The Circle of Hope framework, a Plan International right based program response to HIV and AIDS.

This activity has several different sections all aimed at creating a supportive environment for OVC and their families.

BB will support increased access to education, psychosocial support, and community based care for children and families affected by HIV and AIDS. BB will repair 12 early childhood care and development (ECCD) centers to create a conducive learning environment of younger children as they prepare to enter primary school. In addition to school related activities, these ECCD centers will be used for other child survival activities such as; monthly weighing of under-5 children, food and nutrition lessons and cooking demonstrations for mothers whose children are under weight.

Ventilated improved pit latrines (VIP) will be constructed in six schools and 12 water tanks will be installed in order to improve sanitary conditions and school hygiene, especially for girls. This intervention will also promote hygienic practices of hand washing after using the toilet by children. Training of 60 Teachers, 120 elderly women and men and 90 members of school and community based children's clubs in adolescent sexual reproductive health (ASRH) and youth development, is aimed at empowering children with life skills that will motivate them to postpone sexual debut. The inclusion of youth development will help young people develop self-esteem and other life skills that will serve them well in adulthood. Elderly women and men will play an important role in the retention of the girl child in school. They will be trained to handle challenges faced by girls in the school and community with the ultimate aim of keeping them in school rather than marrying them off. The program will strengthen already existing children's groups which will approach ASRH from a gender perspective knowing that girls are socially and biologically at greater risk of HIV infection than boys.

BB will continue to strengthen psychosocial support in schools through teacher training, support of child counseling, recreational activities and peer support groups. One hundred twenty ECCD centre caregivers will be trained in teaching, parenting skills and PSS to enable them help both in and out of school children who are going through difficulties in life. Children will participate in structured recreational activities such as art fairs and modeling organized by the ECCD center parent committees. Sixty teachers will be trained in facilitating making of hero books.

BB will facilitate the formation of peer support sub committees within already existing children's groups and train 90 children in order to strengthen PSS among peer group members. These peer groups will also engage in structured recreational activities that will be organized at the school level.

BB will train 100 home based care providers to provide support to PMTCT mothers, provide pediatric care and support as well as basic nursing care. These caregivers will work with traditional birth attendants and will be attached to health facilities for dual referral of children. This will also help fight stigma, denial and discrimination surrounding expecting and breast feeding HIV positive mothers.

BB will support the 250 home based caregivers trained in FY2008 with a nursing kit and replenishing the contents on a semi-annual basis. They will continue to strengthen the link between the school and other community based service providers such as; (i) health facilities for STI, VCT, PMTCT and ART services; (ii) religious organizations for spiritual counsel and support; and (iii) schools for school based PSS activities and peer support. The HBC caregivers will also facilitate the process of HIV disclosure of parents to their children and disclosure of the status of children living with HIV.

BB will facilitate and strengthen 88 PMTCT and general PLWHA support groups with livelihood activities such as savings and loan schemes, income generation activities and training in business skills and entrepreneurship. Plan has over the years constructed a lot of dams for multipurpose uses and it has been noted that youths are not utilizing them. Out of school female and male youths will be identified and trained in income generation activities and other livelihood skills such as fish farming and marketing. This funding will support training of 82 Home Based Care (HBC) providers in food value and food processing and will provide them with an assortment of seed to start nutrition gardens.

In order to improve the food security situation in OVC household, 460 households will receive seed for field crop. A portion of the harvest will be contributed to an ECCD centre in the community for nutritional supplements of children attending these centers. Eight hundred and forty eight (848) OVC households will receive small livestock which will include goats and indigenous poultry. When the animals have reproduced, beneficiaries will pass on goat and poultry offsprings to their peers. This promotes solidarity among group members. This will enable the OVC parents/guardians meet the basic need of the children through sale of chickens or goat milk.

Activity Narrative: BB will identify, document and share 2 best practices of OVC care and support.

BB aims at creating a supportive environment in which children, families and communities working with government, faith based organizations and civil society advocate for the provision of essential services, and reduce stigma and discrimination related to HIV/AIDS. 90 individuals comprising traditional leaders, youths and PLWHA will train in stigma, denial and discrimination reduction using the stepping stone methods. Twenty four PLWHA support groups will be sensitized on the benefits of a written will to the surviving spouse and children, and will receive training in will writing. They will also receive training in memory works. Memory works not only opens up discussions between parents and children about the illness of one or both parents but also establishes the record of the family history as well as storing memories of the child for use in later life.

ACTIVITY UNCHANGED FROM FY2008
Four thousand various IEC materials with advocacy messages advocating for the rights of children will be reprinted and distributed. BB will air 24 advocacy radio spots on national and community radio station on various issues affecting children and the role of duty bearers.

BB will increase the capacity of vulnerable children, families and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV/AIDS. The program will build the capacity of 26 school improvement program (SIP) committees in school management, OVC care and support, and resource mobilization. The composition of SIP committees which includes children allows the views of children to be heard and form the basis for future child centered programming. This approach is also designed to ensure that programs are sustainable at the community level.

Review meetings with district and community based stakeholders will be held every quarter.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:
BB works with children, community groups such as PLWHA support groups, area development committees, traditional and government structures in the implementation of the activities. Children participate, while other community members are involved throughout the life of the project from problem identification to phase out. Activities implemented are proposed by the children and wider community. This encourages sustainability of the project after BB phases out.

The end line evaluation will be conducted by external consultants and will review how far the BB has been able to achieve the goal of the project.

Plan will continue networking with civil societies such as the Regional Psychosocial Support Initiative (REPSSI), Law and Development in Africa (LADA), Dackana Home Based Care, Christian Children's Fund, Young Women's Christian Association (YWCA), Global Movement for Children Zambia Chapter, and the Interagency Coordinating Committee chaired by the Ministry of Health on advocacy related activities and collaboration. This will ensure that the rights of children will continue to be protected. Plan will also work with other USAID OVC partners through the USG Zambia OVC Forum including bilateral OVC projects to share lessons and prevent overlap of activities. Plan will also work closely with the Government of the Republic of Zambia through the Ministry of Community Development and Social Services, Ministry of Education and Ministry of Health.

M&E plan will continue to track process, outputs and outcomes to measure the success of the BB Program in education, psychosocial support, home based care in OVC households, capacity building and in promoting an enabling environment for OVC. M&E will be coordinated by a team that will include the HIV and AIDS Advisor, M & E Manager, and other sector Advisors, Program Unit Managers, Program Coordinators, BB Project Coordinator and the Participatory Monitoring and Evaluation teams and other partners. This team will meet quarterly to review progress towards program objectives and share best practices.

All proposed targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14422	3736.08	U.S. Agency for International Development	PLAN International	6829	3038.08	Track 1 OVC: Breaking Barriers	$641,240
8923	3736.07	U.S. Agency for International Development	PLAN International	4988	3038.07	Track 1 OVC: Breaking Barriers	$402,134
3736	3736.06	U.S. Agency for International Development	PLAN International	3038	3038.06	Breaking Barriers	$214,492

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $165,200

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $15,000

Education

Estimated amount of funding that is planned for Education $70,000

Water

Estimated amount of funding that is planned for Water $50,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3044.09

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

Prime Partner: World Concern

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3743.26411.09

Planned Funds: $925,000

Activity System ID: 26411

Activity Narrative: This activity relates to other 1.0 OVC projects and RAPIDS HKID

World Concern is a Track 1.0 OVC project that started in 2004 and has been expanding care to OVCs through the Association of Evangelical Relief and Development Agencies (AERDO), HIV/AIDS Alliance in Zambia, including its direct affiliate, Christian Reformed World Relief Committee (CWCRC), as well as other partners i.e. Nazarene Compassionate Ministries (NCM), Reformed Church in Zambia Eastern Diaconia Services(RCZ – DER), World Hope International (WHI), the Reformed Community Support Organization (RECS), and Church of Central African Presbyterian (CCAP).

In the FY2009, World Concern will continue providing care and support to 4,900 OVCs (2,510 females and 2,390 males), retrain 1,330 Caregivers/Volunteers, and continue to build the capacity of 27 FBOs and 8 CBOs. World concern and its partners will continue to utilize a community-based approach that engages OVC households, families and caregivers in order to create a caring and supportive environment for children orphaned or made vulnerable by HIV/AIDS. World Concern and its Partners will also continue to develop and strengthen networks with government, FBOs, NGOs, and USG funded OVC projects. World concern will enhance efficiency and effectiveness of project activities and ensure OVC quality care. Special consideration will be given to HIV positive OVCs and children whose parents or guardians are unable to support them due to HIV/AIDS related illnesses. In collaboration with other NGOs working in VCT, ART, and Palliative Care services, World Concern will have these services provided to the children through referrals. In FY 2010, World Concern will conduct follow up training to volunteers and church/community leaders as needed to ensure understanding and ownership of the program. Resources will also be made available in the form of income generating activities (IGA), which will allow for a continuation of services for OVC beyond World Concern's involvement.

Reformed Community Support Organization (RECS) will work with a total of 5 FBOs (Reformed Church in Zambia (RCZ) congregations) on the Copperbelt. RECS will mobilize and strengthen its FBOs by retraining and supporting 50 volunteer members and 80 caregivers in psycho-social counseling, Home Based Care, IGA, farming/gardening and small animal restocking. RECS will train its FBO coordinators in leadership, OVC support skills and IGA in order to build FBOs' capacity to respond to the plight of 500 OVC. The OVCs will be linked to health care, social, and education services in the vicinity.

The Reformed Church in Zambia Eastern Diaconia Services (RCZ EDS) will work with 5 CBOs to support 500 OVC and assist 85 Caregivers in the Eastern Province of Zambia to increase OVC and caregiver's income levels. Through IGA programs OVC will have better nutrition and educational support. World concern expects that these IGAs will allow local support programs to extend services to OVC not enrolled in the program. Recognizing that the number of children orphaned or made vulnerable by HIV/AIDS is growing, World Concern believes that it is particularly important to equip community-based programs with the resources, knowledge and motivation to respond to the specific long-term needs of the children in their communities. Issues of volunteer retention will also be addressed through the dissemination of volunteer management skills to OVC committee members, and through the development of locally appropriate recognition strategies that can facilitate long-term sustainability and retention program to volunteers. RCZ EDS will also encourage the active participation of both female and male volunteers and beneficiaries. It will conduct gender sensitization workshops and support existing women's groups with training, food security aid and health-related activities.

In the FY2009, the Church of Central Africa Presbyterian Relief & Development (CCAP R&D) will provide care to 500 OVCs. CCAP R&D will also train 85 caregivers and work with 2 FBOs and 3 CBOs in Lundazi and Chama districts in Eastern Province of Zambia. The goal will be to alleviate poverty and improve living conditions of OVC. It is CCAP R&D's ministry to organize churches and communities and empower them to support and provide for the needs of OVC. CCAP R&D will help a select number of children both male and female to be given access to formal education through provisions of uniforms, supplies and/or fees, good nutrition, different skills and quality care and support through a supported caregiver. Communities and local organizations will be trained and encouraged to develop local means of generating income through contributions, farming/gardening, IGAs.

Nazarene Compassionate Ministries (NCM) will train 100 church and community volunteers and caregivers that will support 400 OVC. NCM will work with 5 churches in Southern province. Program activities will include awareness campaigns at the community level which will involve enabling community and religious leaders to clearly articulate traditional and faith-based values regarding the care of OVC. These influential persons will continue to receive sensitization trainings on the unique needs of OVC and will be encouraged to publicly dialogue about the specific crisis facing their communities.

World Hope International (WHI) Zambia will work with 15 FBOs (Pilgrim Wesleyan Church communities) located in Southern and Lusaka provinces. WHI will provide care and support to 3,000 OVC and 1000 Caregivers. Selected families and caregivers will be trained in agriculture, animal husbandry and other income generating activities. Once trained, beneficiaries will then be eligible to receive small start-up capital such as farming inputs and/or small livestock. Youths will also be mentored by trained volunteers who will provide encouragement, share important life skills, and help them to become fully realized members of their communities. Income generated from these projects will be used to cater for OVC's school, medical, food and clothing needs. Other areas in which training will be provided to the targeted communities include community health in general and HIV/AIDS in particular, peer education skills, OVC care, HBC and functional literacy.

For sustainability, World Concern and its partners will continue to develop and strengthen skills at FBO/CBO level through Caregiver/Volunteer livelihood skills development activities to enable them sustain care for OVC. Further the program will continue to strengthen networks with government, other FBOs/CBOs, and USG funded OVC projects. Coupled with active participation in the USG Zambia OVC Forum, this will enhance efficiency and effectiveness of program activities and ensure OVC quality care. The project will make every effort to ensure gender equality in the support to OVC caregivers. Caregiver registrations will include both men and women caring for OVC. Both male and female caregivers will get

Activity Narrative: equal shares of funding for their selected IGAs. World Concern has a deliberate policy of gender-balance regarding participation in trainings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14438

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14438	3743.08	U.S. Agency for International Development	World Concern	6840	3044.08	Track 1 OVC: Community-based Care of OVC	$478,641
9198	3743.07	U.S. Agency for International Development	World Concern	5076	3044.07	Track 1 OVC: Community-based Care of OVC	$1,287,650
3743	3743.06	U.S. Agency for International Development	World Concern	3044	3044.06	Christian Reformed World Relief Committee	$1,411,894

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $26,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $25,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $34,000

Education

Estimated amount of funding that is planned for Education $6,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 412.09

Mechanism: RAPIDS

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3559.26393.09

Planned Funds: $1,235,186

Activity System ID: 26393

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
RAPIDS cooperative agreement will end in December of 2009. The project will continue activities with all partners during October 2009 and then begin the phase out process to the new mechanism. This phase out process will begin soon after the new mechanism is awarded and the new cooperative agreement comes into effect. Plans for phase out will include programmatic topics, staffing, finance, disposal of assets, and continuity of care for all RAPIDS clients. There will be a concerted effort for a fluid transition to ensure that both clients and caregivers are adequately supported. A lapse in programmatic coverage will be avoided through a coordinated plan for phase out and thus a successful transition.

In FY 2008 and continuing in FY 2009, RAPIDS will deepen psychosocial support provision which includes training caregivers to identify traumatized children that need therapy and refer them for professional therapy. Thus, psychosocial support interventions will be measured with more detailed indicators. This intervention will be piloted in the geographic areas where the A Safer Zambia (ASAZA) program is implemented to allow for cross-referrals for victims of gender-based violence. While activities to provide food security and sustainable livelihood options for households such as livestock restocking, community gardens and provision of low level irrigation systems will be continued, other food strategies will be developed in concert with USG. RAPIDS will collaborate with USG Zambia in the development and implementation of a food and nutrition strategy as well as adopting elements of a common approach. A shift to a client-focused shift to “Food by Prescription” is anticipated.

RAPIDS will conduct OVC activities throughout the month of October 2009, reaching 199,185 OVC with supplemental direct support, rather than primary direct support. This is due to the fact that RAPIDS will not be able to fund school fees a full term in advance.

Activity Narrative:
This activity is connected with other RAPIDS activity areas including HVAB, HTXS, HVCT, and HBHC, as well as with other orphan and vulnerable children (OVC) activities, ART, PMTCT, and CT. Emphases include: continued strengthening of pediatric care training for OVC caregivers, and closer linkages to pediatric ART sites with emphasis on collection of Dried Blood Spot (DBS) samples and/or referral of HIV-exposed infants for early diagnosis where available. RAPIDS will work more closely with therapeutic feeding for malnourished PLWHA, and with infant and young child nutrition activities. RAPIDS will also build on extensive malaria control activities which began during FY 2007 to reduce malaria-related illness and death in OVC. RAPIDS will ramp up routine cotrimoxazole prophylaxis for HIV-infected OVC. Lastly, RAPIDS will emphasize sustainability during FY 2008 and FY 2009.

RAPIDS, a consortium of six organizations (including: World Vision, AFRICARE, CARE, CRS, The Salvation Army, and the Expanded Church Response) as well as other faith (FBO) or community-based organization (CBO) local partners, undertakes care and support activities in 52 of the 72 districts in Zambia. A RAPID uses a household approach, creating a basis for supporting youth, OVC, and PLWHA within the context of the household.

In the last month of client services, October 2009, RAPIDS plans to reach 199,185 OVC with supplemental direct support. RAPIDS will continue to apply a network approach at national, provincial, and district levels to link and coordinate efforts with other USG and GRZ prevention, care, and treatment efforts. Caregivers will practice quality care and psychosocial support, legal and social protection of OVC, based on needs identified during home visits. Caregivers will facilitate referrals of potential HIV-positive infants and children for HIV testing and clinical care at pediatric ART sites. Children born to mothers in PMTCT programs will receive follow up through home visits and be referred to health services. Parents will be referred for counseling and adherence support. RAPIDS will provide PMTCT sites with coordinates of its OVC care and support programs, to which PMTCT providers will refer their clients for follow up in the community from birth through at least six months to support breast-feeding and timely weaning using appropriate weaning and complementary foods. RAPIDS will also refer any female OVC of child bearing age who are (or who may be) pregnant to PMTCT.

Counseling and testing of children with a community-based approach will continue through mobile units and family-based household counseling and testing, according to national guidelines, by trained counselors. RAPIDS will help test infants by collecting DBS specimens and sending them to PCR centers.

District RAPIDS staff will facilitate the provision of care and support through mobilized community groups.

RAPIDS will remain a key member of the National AIDS Council Impact Mitigation Thematic Group and the National OVC Steering Committee. RAPIDS will support a policy advisor at the Ministry of Sport, Youth and Child Development, to help disseminate and implement the National Plan of Action for Children. The OVC Policy Advisor will complete the training of staff and volunteers on new quality improvement techniques acquired at an international conference on quality improvement in OVC programming led by USAID in November 2008. This activity will begin in FY 2008 and conclude in FY 2009.

RAPIDS will continue to provide non-clinical support to Family Support Units (FSUs) which target children living with HIV and AIDS (CLWHA) next to hospitals and health centers in Ndola, Lusaka, Livingstone, and Kitwe. RAPIDS will support quality psychosocial pediatric support to CLWHA and their parents/guardians, specializing in play therapy. Involving HIV-positive children in play activities will reduce stigma and discrimination. RAPIDS will support non-medical services of the FSUs, linking children to ART services and supporting ART adherence. CDC partners or ZPCT will support technical/clinical aspects of VCT clinical training, equipment, and supplies.

RAPIDS will continue to ensure gender mainstreaming and gender equity. For example, linkages will be formed with the Victims Support Units (VSU) of the Zambia Police and hospitals/health centre paralegal support centers in order to deal with gender-based violence (GBV) cases and community sensitization and awareness deliberately involving local leadership, to protect children especially the vulnerable girl child. RAPIDS will also continue to promote positive male role models to influence behavior patterns in youth.

Activity Narrative: RAPIDS also include counseling for men to reduce violence and abuse towards girls, to teach new methods to resolve conflict, and to improve gender relations.

RAPIDS will continue to work with USG and 27 OVC partners to operationalize the USG/OVC joint strategic plan to align activities and reach targets with greater synergy and coordination through the OVC Forum Technical Advisor and provide support to the Ministry of Community Development and Social Services. RAPIDS will link OVC with clinics for food and nutrition support according to PEPFAR and national guidelines. Infant young child feeding will also be encouraged and private food processors engaged. RAPIDS will participate in and support efforts by FANTA and IYCN projects to determine OVC nutritional needs, and promote better nutritional assessment, counseling, and support in all OVC care and support activities in Zambia. This will be in close coordination with GRZ agencies such as the National Food and Nutrition Commission (NFNC), NAC and the MOH Nutrition focal persons.

RAPIDS will mobilize communities as the key to long-term sustainability in the response to HIV and AIDS in Zambia. The caregivers, as well as the members of the committees, work as volunteers and do not depend on external support. Livelihood options for the households and the caregivers will contribute towards better life for OVC.

Links with government support such as Pediatric ART (P-ART) through the hospitals and government structures at district level, District AIDS task forces (DATFs) are included in RAPIDS. This collaboration is part of the exit strategy to ensure continued community support beyond the life of the program as well as contribute to the UNAIDS-endorsed “Three Ones.”

To further the sustainability of local organizations efforts, RAPIDS provided training and sub-grants to CBOs and FBOs supporting OVC in FY 2008. The training targeted programmatic and management skills along with stressing the importance of providing quality services to OVC. During the same trainings, RAPIDS undertook skills building in fundraising so that sub grantees could access other existing HIV and AIDS resource streams.

All sub grantees will be identified to the new USAID mechanism, ideally with GPS coordinates, a brief description, and performance review. The funding for GPS has not been identified but will be sought during FY 2008. RAPIDS will recommend to the new USAID mechanism to organize workshops to inform current sub grantees about options to apply for funding to continue their programming under the new mechanism.

Because most OVC clients will carry over from COP 08, and will receive services early in COP 2009, RAPIDS will count them and report them but as supplementary, not primary.

All FY 2009 targets will be reached by October 31st, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14441

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14441	3559.08	U.S. Agency for International Development	World Vision International	6841	412.08	RAPIDS	$7,198,487
8947	3559.07	U.S. Agency for International Development	World Vision International	4995	412.07	RAPIDS	$5,917,923
3559	3559.06	U.S. Agency for International Development	World Vision International	2922	412.06	RAPIDS	$4,565,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $84,582

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	6843.09	**Mechanism:**	RAPIDS-SUCCESS follow on
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	14449.26189.09	**Planned Funds:**	[redacted]
Activity System ID:	26189		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
This HKID activity is an ongoing component of a new follow-on mechanism launched in late FY 2008 to both replace and improve on a flagship USAID-OVC project, RAPIDS, and possibly to replace Track 1 OVC projects which are closing out as well . The activity will link to RAPIDS-SUCCESS follow on activities in ART adherence, CT, and Care and Support, as well as to other CT, ART, OVC, Care and Support, and PMTCT activities supported by the USG, GRZ, and other donors, whether ongoing or new. The activity will also align with new strategic directions of the USG and GRZ, including any compact signed.

Activity Narrative:
RAPIDS will reach its funding ceiling by December 31, 2009. The new award will begin in late in FY 2008 and will scale up aggressively by December 31, 2009, so that there is a smooth transition, and to minimize any gaps in services or coverage areas. USAID will have completed a Request for Application (RFA) in FY 2008 and awarded follow-on by March – July 2009.

This new project will be one integrated program capable of reaching or exceeding the combined HKID targets and coverage areas of RAPIDS and any other OVC projects which may end and thereafter, be folded into the follow-on, building wherever possible on the work of these existing partners. The new follow on will add new OVC clients, sites, caregivers, partners and areas to increase coverage in geographic and population terms. USAID expects to have made the new follow-on award by March-July 2009 to allow for an orderly overlap and transition to the new awardeeawardees, without a decrease in target levels or disruption in performance. The follow-on is expected to reach the numbers of clients, training and sites of RAPIDS in year one of the follow on project's operations.

Where possible, the follow-on will also absorb and retrain caregivers from SUCCESS project to enable them to extend services to OVC found in the homes of client PLWHA.
Also, ensuring a smooth transition of the most of the massive RAPIDS OVC caseload to the follow on is critical to the ability of the USG Zambia to reach mandated OVC targets. Experience from the start of PEPFAR Phase has shown that a lack of overlap for follow-on can result in gaps in services and massive drops in clients and other results.

Together with relevant USG agencies and other OVC partners, the AwardeeAwardees will continue to operationalize the GRZ Strategic Framework for OVC, and adhere to OGAC guidelines, as well as the USG Zambia joint OVC strategic plan as well as participating in the USG Zambia OVC Forum. The aims are to align OVC activities, improve quality, increase impact, and reach targets in a coordinated and cost-effective fashion.

Emphases will include: continued strengthening of Under-5 health care and Early Childhood Development; Pediatric Care training for OVC caregivers, and closer linkages to Pediatric ART sites with emphasis on collection of Dried Blood Spot (DBS) samples and/or referral of HIV-exposed infants for early diagnosis using PCR technology. The follow-on will link closely to PMTCT and CT sites and services for the earliest possible referrals and initiation of OVC Care and Support.

The Awardee will collaborate with OGAC and USG Zambia on an effort to shift to a Food by Prescription approach, which is client focused rather than family focused.

The Awardee will support the development and implementation of a USG Zambia food and nutrition strategy, and consider adopting a common technical approach to food and nutrition support (or at least to adopt the major elements of a common approach). The Awardee will seek to include therapeutic feeding for malnourished OVC, and will expand OVC under 5, infant and young child nutrition activities to reduce stunting and prevent lasting harm to children early in life. These activities will link closely to USG Zambia and GRZ supported Nutrition activities, and allow the follow on to access quality food products at the best possible price, as well as to adhere to current technical methods.

The Awardee also will expand on preventive package activities, such as building on massive bednet distribution activities to reduce malaria-related illness and death, especially pregnant women and infants. The Awardee will also ramp up other routine Cotrimoxazole prophylaxis for HIV-infected OVC, as well as continuing to promote safe water and hygiene for OVC.

The follow on program will scale up by September 30, 2009, seeking to encompass as much as possible of the RAPIDS portfolio of 199,185 OVC and 15,000 caregivers. The RAPIDS project was national in scope. The follow on will, wherever it overlaps with RAPIDS' prior efforts, work to utilize RAPIDS assets in terms of trained caregivers, local sub-partners, etc. This will add to cost effectiveness by reducing new training costs, and reduce the time needed to train new caregivers as well as to identify and register OVC.

The Awardee will continue to support GRZ and NGO district level facilitation of the provision of OVC care and support, work with community groups and stakeholders, training and mobilizing them. The Awardee will continue to enhance the capacity of FBOs/CBOs by strategically providing sub-grants and small grants to expand OVC outreach into new areas and to reach new or previously neglected OVC clients.

Geographically, coverage by the New Awardee may be a mix of the former service areas of RAPIDS and other USG funded OVC projects, as well as new areas, including previously underserved or unserved areas. Examples of new service areas might include the populous but remote triangle from the Tanzanian border between Mbala and Nakonde, down to Mpika, as well sparsely populated and remote areas of Western and Southern provinces. The New Awardee will offer new models to extend coverage and services into these areas sustainably and at reasonable cost

Partnerships with FBOs/CBOs will help train caregivers, peer educators, and clergy in OVC care and support.

The Awardee will seek to participate in the National AIDS Council Impact Mitigation Thematic Group and

Activity Narrative: the National OVC Steering Committee. If requested, the follow on will continue to support a policy advisor at the Ministry of Youth, Sport and Child Development, to help disseminate and operationally the National Child Policy (approved by Cabinet and launched in June 2006) and the GRZ OVC Plan and contribute to the roll-out of the National Plan of Action for Children. If requested, the Awardee will continue to support a technical advisor at the Ministry of Community Development and Social Services. The Awardee staff, along with members of district structures and the media, will, in coordination with other USG supported media efforts, provide training in OVC advocacy and policy formulation. The follow on may also wish to continue media awards for the best media coverage on OVC issues.

At Family Support Units (FSUs) which target CLWHA at hospitals and health centers in Ndola, Lusaka, Livingstone Kitwe, and elsewhere, the Awardee will support improved quality “play therapy” and other non-medical care and support for OVC. Awardee support for “non-medical” services of the FSUs will include improved psychosocial and educational support, and qualified mental health services, plus linking children to ART.

The New Awardee will also propose innovative methods to extend care and support to OVC from middle and upper class Zambian families, for example, by linking to workplace and private health care and support providers and facilities, as a means to break “stigma at the top”. The Awardee will help to remedy the unintended “over-focus” on the poor in previous USG projects, which resulted in a lack of OVC care and support for more educated and prosperous Zambian families, despite the fact that HIV status correlates positively with education and income. While not diverting scarce resources unduly from services to the neediest, the New Awardee will seek to include private providers and sites in OVC service delivery schemes. Private providers and their clients will contribute to the cost of “upscale” OVC care and support, but the intent is still to ensure equitable access up to the highest levels of society.

The Awardee will continue to identify the needs of individual needs of OVC and provide a wide range of care and support, including educational support, clothes, medical care, shelter, legal support, nutrition support, and psycho-social support. The Awardee will support OVC livelihoods and food security. However, while seeking to offer broad and comprehensive support, the Awardee will not exceed its technical capacity or scope of award. The Awardee will have to demonstrate the competence, capacity, quality, and cost effectiveness of each of its planned interventions.

The Awardee will go well beyond previous awards to ensure full gender mainstreaming, and will continue efforts to protect the girl child. The awardee will ensure gender equity in access to and utilization of OVC services, and in recruitment of OVC caregivers.

The Awardee will sustain mobilization of communities as the key to long-term sustainability in the response to HIV/AIDS. Training of caregivers will ensure community capacity to serve households. Livelihood options for the households and the caregivers will contribute towards a better life for all. The Awardee must offer proof in advance of financial viability and feasibility of livelihood and microfinance activities.

The Awardee will continue links with Pediatric Anti-Retroviral Treatment (P-ART) through hospitals and government structures at district level. As part of an exit strategy, the Awardee will work to ensure continued community support beyond the life of the program as well as contribute to the UNAIDS-endorsed Three Ones (One coordinating mechanism, One framework and One M&E system).

To further the sustainability of local efforts, the Awardee will train and take over sub/small grants to CBOs and FBOs supporting OVC programming. The training will improve programmatic and management skills and provision of quality services. The Awardee will provide technical and material support for the development of prevention activities, including equipping HIV/AIDS educators within FBO/CBO institutions with life skills “training of trainers” program designed to help them provide further training to supervisors, peer educators, and staff within their respective institutions and organizations.

Also the follow on will seek to emulate the extraordinary public-private partnership (PPP) success of previous awards such as RAPIDS, which demonstrated that it is possible to match USG support one-to-one, and to mobilize enormous quantities of in-kind gift support. Such PPP support will expand the quantity and quality of care and support, and will leverage the USG investment to mobilize private sector donation and investment.

All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14449

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14449	14449.08	U.S. Agency for International Development	To Be Determined	6843	6843.08	RAPIDS-SUCCESS follow on	$969,647

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery [redacted]

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water [redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5073.09

Mechanism: BELONG bilateral

Prime Partner: Project Concern International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3730.28621.09

Planned Funds: $550,000

Activity System ID: 28621

Activity Narrative: The Orphaned and Vulnerable Children (OVC) Under-5 Project through Project Concern International (PCI) aims to support USG partners in developing stronger and more comprehensive strategies for the under-5 age group. Children too young to attend school (0-5 years) are usually left out of PEPFAR-funded OVC service delivery plans in Zambia, and a clear strategy to access this age group is lacking. Therefore, PCI will work closely with USG partners to increase their capacity to incorporate high quality services for children under-five years of age into their overall OVC programs.

In FY08, PCI conducted a rapid assessment to understand the current state of under-5 OVC services in Zambia, and provide recommendations on the way forward to develop and/or strengthen these services. PCI has moved forward on its recommendations, including using health and nutrition services as an initial entry point to target OVC under-5, improving understanding and implementation of psycho-social services for this age group, and strengthening strategies for child protection.

PCI will continue to work towards the original objective of increasing the capacity of USG partners to incorporate high quality services for OVC under-five through strategies applicable from both the Early Childhood Development (ECD) and Home-Based Care (HBC) platforms.

Developing a Community-Driven Under-5 OVC Strategy
During the continuation of this grant, PCI will adapt the Journey of Life methodology to an OVC under-5 context to help community leaders (from the parent-teacher association, the church, community-based organizations, local government, traditional leaders, etc.) analyze issues affecting OVC under-5 in a holistic way. After developing and field testing the materials and methodology, PCI will build the capacity of USG OVC partners through a Training of trainers.

PCI will pilot this methodology in ten rural and ten peri-urban areas. Each community will develop its plan and strategies towards care and support of OVC under-5, appropriate for that community's context. PCI will accompany them through this initial analysis, prioritization and action-planning process, as well as during their initial steps towards implementing their action plans. Through these twenty pilot communities, PCI will generate experiences and lessons that will contribute to the learning of USG OVC partners as well as Zambia's nascent Inter-Ministerial unit focused on early childcare issues, and in this way, will contribute to the development of a national-level scaling up of a community-based ECD program.

Caregiver Training and Support
To support these community-driven initiatives to improve care and support of OVC under-5, PCI will design/adapt a caregiver-training program for this age group that is appropriate for Zambia. In addition, caregivers will also receive messages on engaging OVC under-5 in ECD stimulating play activities in the home. After field testing this caregiver-training program, PCI will provide a TOT for USG OVC partners in order to build their capacity to train their local ECD and HBC partners. With this training, local partners will be able to incorporate the caregiver-training strategies with the caregivers/guardians related to their ECD centers, as well as provide behavioral modeling and one-on-one mentoring of caregivers/guardians they visit during their home-based care activities.

Adolescent/Youth Training in Parenting
In AIDS-affected and labor-constrained households, OVC under-5 are often left under the care of their older siblings, which increases their risk of physical and emotional neglect. For this reason, PCI will simplify and streamline the above-mentioned holistic caregiver-training program for adolescents and youth and thus provide older siblings with the basic knowledge and skills to provide improved care for their younger siblings. After field testing, PCI will again provide a training of trainers for USG partners to build their capacity to assist their local ECD and HBC partners to work with adolescents and youth that care for young children, as well as provide behavioral modeling and one-on-one mentoring for adolescents and youth they find when carrying out their home-based care activities.

Promoting a Collective Learning Process
In order to promote a collective learning process about OVC care and support, two strategies will be used: 1) PCI will create a quarterly newsletter that draws from the experiences of all USG OVC partners and their local partners, and distribute this to both civil society and government stakeholders in order to exchange information and share ideas; and 2) PCI will develop a "Community of Practice" with all USG OVC partners. This will allow professionals working with OVC to come together to share ideas and visit sites identified as employing promising practices.

Implementation of this activity is through a bi-lateral buy-in to the PCI 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) under the technical guidance and management of USAID with strong DOD collaboration. Due to high HIV prevalence and AIDS-related illness and deaths, the number of OVC associated with the ZDF is growing. The precarious position of OVC is worsened by widows of deceased ZDF personnel not receiving their husbands' benefits for long periods of time, sometimes up to five years. Those living outside the barracks are even more vulnerable, as they must pay house rent and utilities and also they don't receive support from the military, which can lead to psychosocial trauma, malnutrition, discontinuation of education, and neglect for the affected OVC.

In FY 2005 and FY 2006, USG worked with CARE International to assist ZDF in identifying priority issues and providing assistance to OVC in military families and OVC of military personnel who have presumably died from AIDS. In FY 2007, BELONG adapted the Bwafwano model of OVC care and support following OGAC guidance to benefit the well-being of AIDS-affected OVC of current and ex-ZDF personnel in the military barracks and surrounding communities.

In FY 2007 and FY 2008, OVC have been identified through one or more of the following channels: a) PEPFAR supported home-based care programs managed by the ZDF; b) lists compiled by ZDF personnel of AIDS widows awaiting their benefits, or other families caring for AIDS-affected OVC; or c) schools catering to ZDF OVC. There are three kinds of schools attended by OVC: 1) schools on the military base;

Activity Narrative: 2) government schools just outside the military cantonments; and 3) community schools in civilian communities surrounding the military bases, which are managed by Parent Community School Committees (PCSC). In FY 2007 and FY 2008, BELONG established ECD centers in and around 10 military sites. During COP 09, BELONG will establish ECD centers in ten additional military sites. This will include renovating existing structures into ECD centers, training of 100 pre-school teachers in the latest early childhood teaching methodologies, provision of teaching and learning materials, and recreation facilities. The program will also ensure that all centers have clean toilets and hand washing facilities.

Using the community school platform, PCI will sensitize the PCSC and communities with which it collaborates for school-aged OVC, about the needs of infants and young children. PCI will also support community schools to include promotion of under-5 healthy habits such as nutrition education, basic hygiene, immunizations, micro-nutrients supplementation, de-worming medications, insecticide treated nets (ITNs), identification of childhood illness, HIV/AIDS education, and stigma-reduction activities.

During COP 09, 100 additional HBC volunteers in five ZDF camps will be trained to integrate services for OVC in their HBC work. The volunteers will be trained to refer to PMTCT programs and other government health services to ensure follow-up of enrolled mothers, care for mothers and children, health education, nutrition, breastfeeding, malaria prophylaxis and promotion of ITNs, etc. and build referral linkages, including dried-blood spot referrals with health centers offering PCR testing so that children monitored in the PMTCT program can be tested soon after birth.

BELONG will train 100 teachers and caregivers in ten ZDF sites to assess the needs of individual OVC and provide psychosocial support to OVC and their guardians, using training materials developed in FY 2005 and FY 2006. PCI will also provide training on a set of useful strategies and interventions that parents and guardians can make use of in their own homes.

Education support, nutritional support; and other types of critical material assistance, depending on the needs identified for each child, may also be provided. PCSC will be trained in community resource mobilization and financial management. Community OVC Committees (COVCC) and PCSC will be trained to identify and implement OVC advocacy activities in their communities.

The program will also provide holistic care and support to 10,000 OVC in COP 09 period by incorporating psychosocial support and linking AIDS-affected OVC to medical care. Guardians will be encouraged to take children for HIV testing if they have signs of chronic illness or growth faltering and those who test positive will be referred to ART centers for further management.

The project will provide basic business skills in the ten sites for widows waiting to get their spouse benefits to enhance their business skills. In addition, seed and fertilizer will be given to OVC guardians in five of the ten sites to promote food security and income generation to send their children to school. In the remaining five sites, BELONG will replicate the “WORTH” model, an innovative, sustainable, low cost program that increases family income. Increased income for caretakers and local groups enables improved care and support for OVC in their community.

In order to promote sustainability, PCI will strengthen the capacity of COVCC, including military and ex-military households, in community and resource mobilization. Discussions will be held with district health staff and neighborhood committees to conduct school health services for school-age OVC. ZDF, through the OVC program manager office, will actively be involved in planning, implementation, and monitoring the OVC program.

The activity is designed to put in place sustainable community level support structures for OVC, including a focus on capacity building of community level structures such as the COVCC, improving infrastructure i.e. renovations of existing structures into ECD centers, and promoting involvement and ownership by communities and the ZDF activities designed to address OVC priorities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14428

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14428	3730.08	U.S. Agency for International Development	Project Concern International	6832	5073.08	BELONG bilateral	$300,000
9720	3730.07	U.S. Agency for International Development	Project Concern International	5073	5073.07	BELONG for ZDF	$300,000
3730	3730.06	Department of Defense	Project Concern International	3041	3041.06	DoD-PCI	$600,000

Emphasis Areas	
Construction/Renovation	
Gender	
* Increasing gender equity in HIV/AIDS programs	
* Increasing women's access to income and productive resources	
Health-related Wraparound Programs	
* Child Survival Activities	
Military Populations	

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$15,000

Education	
Estimated amount of funding that is planned for Education	$92,000

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	11141.09	**Mechanism:**	New CHANGES II Type Procurement
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	27300.09	**Planned Funds:**	[redacted]
Activity System ID:	27300		

Activity Narrative: The current education sector mechanism will end in September 2009. In order to ensure fair and open competition, new core education mechanisms will be identified. The 2009 PEPFAR wrap around mechanism will build on the previous OVC supported interventions implemented by CHANGES 2 program that specifically focused on the provision of scholarships. The activity links with ABY program .The new program will continue to provide scholarships to orphans at the high school level in order to keep the most at risk children in school. This program will continue to leverage resources from the African Education Initiative (AEI) in five target provinces and be part of a larger education development program funded by USAID.

As a consequence of the HIV/AIDS pandemic, children of diseased parents are vulnerable and in need of additional support. 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 Orphan-hood is usually accompanied by prejudice and increased poverty factors that can further jeopardize children's chances of completing school education and may lead to survival strategies that increase vulnerability to HIV. It is estimated that there are between 800,000 to one million orphans in the country. Many of these children want to attend school but do not have the resources required. In order to assist these children, the GRZ and partners have provided scholarships to many needy OVC in primary school. The new program will provide scholarships to OVC attending secondary schools.

In FY 2008, PEPFAR provided scholarships to over 8,000 AIDS-affected OVC. Over the past three years, the USAID supported education sector has utilized PEPFAR funds to provide scholarships to 14,280 students. In FY 2009 it is anticipated an additional 8,000 students will be provided scholarships.

The PEPFAR supported OVC scholarship program will be 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: (a) MOE provides scholarships for primary school children; (b) PEPFAR supports high school students; (c) 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 will also include special support for the orphans and livelihood training.

AEI and the new program will work synergistically to compliment each other with AEI scholarships provided to girls through grade nine. Many of these OVC do not continue with secondary schooling due to the expense of the high school tuition. Support will be provided to the AIDS affected scholarship recipients from the AEI program that complete grade nine and perform well on their exams to make the transition from primary school to high school.

USG-supported scholarships for OVC include payment of tuition, boarding or housing costs, books, uniforms, transportation costs, and other basic needs. This total scholarship package costs approximately $200/250 per recipient per year plus administrative and capacity building costs. The scholarships will be administered through sub-grants to three – four local NGOs. USG will ensure that the required capacity building and other necessary support to the NGOs is provided. Communities will participate in selection of the scholarship recipients through local selection committees made up of the Head Teacher, community members, religious leaders and at least one student. The local NGO partners will train and supported the selection committees at each school receiving scholarships.

The scholarship interventions will be implemented in collaboration with the rural schools in the four most critical provinces in the country and will be an important component within the recently redesigned USAID education program portfolio. Emphasis of the USAID education programs has shifted from supporting access to education to encouraging the development of quality education services.

In addition to providing the scholarship package, emphasis in the future will be on supporting the scholarship student's academic performance, setting up systems and support for the students in the program to ensure they are in safe living environments and have the needed support in the event of emergencies. A critical component will be to ensure the scholarship student and the entire school population actively participates in HIV/AIDS prevention learning sessions. In addition, the prime partner will be responsible for providing opportunities for the scholarship students to learn skills that will allow them to be productive. This could include arranging work experiences or participating in volunteer community activities.

The prime partner will collect data on relevant indicators from NGO partners. Staff will visit schools which receive scholarships in order to verify the fairness and transparency of the selection process and payment of fees as well as to monitor and support HIV/AIDS activities which compliment the scholarships.

To ensure sustainable services for OVC, the prime partner will support and train, as required the local NGO partners to efficiently provide scholarships and support. The NGOs will receive support to ensure that they have sound financial management and reporting competences and implement scholarship support activities as required. The NGOs, in turn, will strengthen local selection committees to ensure that the most deserving children are selected for scholarships. In addition, the prime partner will continue to work with MOE on coordinating all scholarship programs to ensure that the maximum number of OVC receive support.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: $20,183,182

Program Area Narrative:

Counseling and Testing (CT) represents an important link between prevention programs and referral of HIV positive persons and their families for services. Ensuring wider access to CT services is central to Zambia's response to HIV and AIDS. CT services began in 1999 as a Ministry of Health (MOH) initiative in 22 pilot facilities, supported by the Norwegian Agency for Development Cooperation, through the National HIV/AIDS/STI/TB Council (NAC). The U.S. Mission in Zambia partnership through the support of the PEPFAR program, joined this effort in earnest in 2004.

All CT related activities in the country are coordinated through the NAC CT working group, including those conducted by the government, non-governmental organizations (NGOs), and faith-based organizations, and coordinating bodies such as Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs), Community AIDS Task Forces (CATFs) and the private sector. The U.S. Mission in Zambia collaborates with the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), Japan International Cooperation Agency (JICA), the Clinton Foundation/UNITAID, United Nations Children's Fund (UNICEF), and the Zambia National AIDS Response (ZANARA) in supporting training, technical assistance, and procurement of HIV test kits.

Great progress has been made in scaling-up CT services nationwide with the support of two key GRZ/MOH directives, issued in 2006 and 2007, respectively, that established, inter alia; HIV CT guidelines calling for routine, opt-out HIV testing and use of finger -prick tests when appropriate in all clinical and community-based health service settings where HIV is prevalent and where anti-retroviral therapy (ART) is available (March 2006); and a directive to all health centers to begin to provide routine HIV counseling and testing (PITC) for all patients, especially children, admitted in the facilities (August 2007). These guidelines encourage the use of rapid HIV tests, and emphasize that testing be voluntary and based on informed consent. Further, GRZ conducted the first national VCT Day (June 2006) to increase access to CT services and encourage testing across the country; this practice has continued since. Mobile CT has also contributed significantly to the scale up of CT through the public and private sectors.

As of August 2008, Zambia had nearly 1030 operable MOH accredited static CT sites, operating in all of the country's 72 districts, with the U.S. Mission in Zambia working in 64 of those districts, representing a coverage of some 86% of the population. More specifically, by the end of FY 2008, U.S. partners had supported the national CT and treatment goals of reaching 1,000,000 and 160,000 persons respectively (National HIV/AIDS Strategic Framework), by supporting 701 CT sites and reaching 611,043 persons with CT services. In 2008, a follow up assessment in all the provincial hospitals and key urban clinics showed that PITC is indeed being provided on a greater scale, noting, however, that children are targeted more than adults. The assessment recommended that technical guidelines be provided on the PITC initiative at national level.

In FY 2009, the U.S. Mission in Zambia will continue activities to support training of health care workers and lay counselors in CT and commodity management. A major focus will be to integrate prevention into CT as well as linking CT services with tuberculosis (TB) and sexually transmitted infection (STI) diagnosis and treatment sites, antenatal (ANC) clinics, and family support units (FSUs). In FY 2009, additional emphasis will be placed on couples CT, including enhancing strategies for disclosure between couples, integrating CT into counseling services for survivors of gender based violence (GBV), and openness to address TB/HIV in communities. Treatment adherence counseling, client referral for appropriate follow-on services, and information, education, and communication materials distribution activities will be continued. PEPFAR is increasing support for community mobilization

for CT as well as provision of CT services in: private and public sector workplaces; FSUs at the household level through home based care programs and door-to-door campaigns at places of worship; and military facilities and among the defense forces; peri-urban and rural mobile sites; and in refugee camps. PEPFAR also increases support for CT community mobilization during national days such as the national VCT day, World AIDS Day, and World TB Day. The door-to-door CT approach allows communities to integrate CT in homes, schools, social gatherings, and income generating activities. These activities have led to an increase in the number of individuals and families accessing CT services. The family centered approach to testing and follow-up care and treatment helps with disclosure within households, improves adherence and support between partners and within families as well as saves time and money for the family when all members are seen on the same day.

The U.S. Mission in Zambia will continue to expand training for people living with HIV/AIDS (PLWHA) to advocate for CT, and to mobilize communities to increase demand for CT services (where available, PEPFAR-funded Peace Corps volunteers will help ensure community involvement). In FY 2009, activities will include: expansion of CT services for children and adolescents, including child counseling; linking clients to medical, social, economic, spiritual and psychosocial support services such as Prevention of Mother to Child Transmission; ART; palliative care (PC) including care for patients co-infected with TB; under-five and antenatal care; sexually transmitted infections; general in-patient and out-patient departments, including children's wards; family planning; youth programs; orphans and vulnerable children; child health; pediatric ART; positive living counseling; support groups; prevention services; and integration of male circumcision into CT services. HIV negative clients will also receive positive living counseling and will be referred to prevention related services. By working through GRZ structures (MOH, NAC, PATFs, DATFs and CATFs), and participating in various working group meetings, the U.S. partners will coordinate and communicate selection of catchment areas to avoid duplication of efforts.

In FY 2009, 40% of the CT target will be reached through mobile CT that is managed from a central, district-based static facility. The cost per client varies due to variation in activities provided by partners and the location of mobile sites. For example, partners offering mobile CT in remote areas incur higher costs than those provided in the urban or peri-urban areas. With the rapid scale-up of mobile CT, quality assurance (QA) will be a critical priority in FY 2009, and will be implemented through training (using GRZ approved curriculum), regular supervision, and utilization of the national CT guidelines and the 2007 NAC QA guidelines developed with support from JICA. The U.S. Mission in Zambia will continue to support a network of private sector clinics, both stand-alone and mobile, to serve people unable or unwilling to access public sector CT. The branded network approach helps develop national CT capacity and demand for CT through coordinated efforts to educate Zambians about the benefits of knowing one's HIV status. The branded private sector CT centers are being franchised in the effort to scale up provision of quality CT services. Partners use the Zambia National Counseling Council CT registers and forms for reporting HIV testing information; these forms were updated in 2008 to capture additional information for monitoring and evaluation purposes.

In FY 2009, the U.S. partners will continue to target adult men and women, children, and adolescents/youth, with emphasis on male involvement. The U.S. Mission in Zambia will also target most-at-risk populations to ensure that these individuals have access to CT services. For example, 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. Efforts are also being made to increase access to CT in the education sector, including support to the Ministry of Education to administer CT services among their 61,000 employees, most of whom are teachers. The private sector will continue to increase CT through the use of innovative campaigns such as "the need to know" campaign. This campaign was launched in 2007 by participants in the U.S. Mission in Zambia's HIV/AIDS Global Development Alliances. In the first two months,12,148 people were tested. In the months leading up to World AIDS Day 2007, 7,849 people were tested and received their results. To serve mobile populations -- sex workers, truckers, traders, customs officials and other uniformed personnel -- the U.S. Mission in Zambia will provide CT services along borders and high-transit corridors. Finally, to increase pediatric HIV testing, the U.S. Mission in Zambia will train 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 caregivers. Wrap around activities will include prevention, child survival, malaria (PMI), safe motherhood, and family planning.

Despite these many efforts, CT expansion, especially in rural, remote areas, remains difficult. Limited availability of CT staff, poorly developed communications efforts, gender inequities in access to CT services, lack of community empowerment to engage in community mobilization for CT, and a weak logistics system hinder CT. It is estimated that only 13.4% of Zambians have ever been tested and know their HIV status. It is therefore assumed that 86.6% of Zambians do not know their HIV status and cannot be linked to appropriate services until they fall ill. Furthermore, these individuals do not have the full information they need to adopt appropriate HIV prevention or positive living measures.

In FY 2009, the U.S. Mission in Zambia will continue to procure HIV test kits in collaboration with GRZ, GFATM, JICA, the Clinton Foundation/UNITAID, and. The U.S. Mission in Zambia HIV test kit contribution will represent approximately 1,800,000 tests or 70% of all HIV tests conducted in FY 2008 (this includes confirmatory, tie-breaker, and tests performed by the National Blood Transfusion Services). FY 2007 saw a transition in the HIV testing protocol and algorithm, from the use of screening test Abbott Determine, confirmatory test Genie II, and tie-breaker Bionor to three rapid finger-prick and non-cold chain dependent tests. The screening test remains the Abbott Determine test, the confirmatory test is now the Unigold test, and the tie-breaker is the Bioline test. To date all CT sites use these tests, employing mainly the finger-pric

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	11393.09	**Mechanism:**	The Leadership Project
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 27330.09

Planned Funds: [redacted]

Activity System ID: 27330

Activity Narrative: By increasing the number of people who know their HIV status, CT programs are the cornerstone of efforts to prevent the spread of HIV. The challenge now is to increase the availability and use of CT services by ordinary citizens in an environment where over 65% of Zambians live in the rural areas which are greatly underserved by HIV/AIDS treatment care and support services.
SHARe/TBD will continue to focus on extending outreach mobile CT services to religious, traditional, political and community organizations. This activity will link to other program areas including HVAB, OHPS, and HVOP.

The project will seek creative ways to engage and connect the religious, traditional, political and women leaders to CT through community sensitization and mobile CT. The project will focus on working with these organizations to access rapid test kits through the District Health Management Teams and Medical Stores Ltd in order to expand nationwide CT services. CT providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care.

The Project will assist the organizations 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. Is this a new thing here – opt out? The Project will work with 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11394.09

Mechanism: The Partnership Project

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 27331.09

Planned Funds: [redacted]

Activity System ID: 27331

Activity Narrative: This activity narrative is a draft and will be revised upon finalization of the follow on SHARe project

This activity will be a follow on to JSI SHARe project focusing on extending CT in the workplace and outreach communities in the public, private and informal work places. This activity will link to other program areas including HVAB, OHPS, HVOP. This activity will strengthen and expand CT the workplace capability including quality assurance, quality improvement and supportive supervision to trained CT providers provision of on site and mobile CT and linkages with other CT service providers.

The new project will seek creative ways to engage and connect the communities to CT through community sensitization and mobile CT at traditional ceremonies. The project will focus on working with partners to access rapid test kits through the District Health Management Teams and Medical Stores Ltd in order to expand nationwide CT services. CT providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care.

The Project will assist partners 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. The Project will work with partners 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.

The project will increase the sustainability of its partners by 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 of sustainability plans. The partners 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6842.09

Mechanism: ZPCT FOLLOW ON

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 16416.26183.09

Planned Funds:

Activity System ID: 26183

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New USAID HIV/AIDS Service Delivery Support Program in 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new procurement on counselling and testing to follow the ZPCT project is being developed. This activity will link to other project program areas including HTXS, PDXS, HVTB, PMTCT, HBHC, PDCS, and HLAB as well as with the Government of the Republic of Zambia (GRZ), Japan International Cooperative Agency, MSF-Spain, and other US Government partners as outlined below. The focus is to improve counselling and testing (CT) services in the Central, Copperbelt, and more remote Luapula, Northern, and North-Western Provinces.

During FY 2009, the new project will consolidate the expansion of current activities by providing technical support to ensure quality services and build district capacity to manage HIV/AIDS services. The project will: 1) provide comprehensive support to facility-based CT services to enhance commodity management and provision of quality CT services; 2) provide technical assistance to Neighbourhood 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) strengthen linkages to treatment and other related services; 4) promote routine, targeted CT; 5) increase integration of CT with PMTCT, FP, and ante-natal care services; 6) promote couple and child counselling and testing including establishment of youth friendly CT services; 7)expand and strengthen inter-facility and community referral systems; and 9) promote follow-up services for negative clients.

The project will continue to provide comprehensive support to facility-based CT services, in the current 217, and additional 11 facilities, to manage CT commodities (including HIV test kits), conduct moderate refurbishments where needed, train and mentor, increase quality assurance mechanisms, build human capacity, and improve systems for tracking patient flow, accessibility, and acceptability of CT services. The project will continue to support 'Testing Corners' (minimal laboratories placed within or in close proximity to CT sites to facilitate same day test results) in 228 sites; this includes integrating CT with other clinical services, such as TB and STI care. The project will enhance staff capacity to forecast and order HIV test kits and supplies in a timely manner, and to improve data entry. The project will support facilities and District Health Management Teams (DHMTs) to maintain CT site accreditation status of these facilities, making them eligible to receive supplies from Medical Stores Limited (MSL). In collaboration with GRZ, DELIVER, and Partnership for Supply Chain Management Systems, pharmacy, laboratory, and counselling staff in the supported facilities will be trained in data collection and reporting, ordering, tracking, and forecasting of CT-related commodities.

Linkages with USG and non-USG partners will increase the number of people reached with CT services and will avoid duplication of services. The program will also link negative clients to comprehensive prevention services. Through collaborative efforts with the Behaviour Change and Communications, Social Makerting), and Peace Corps, the project will continue to provide targeted IEC materials, developed in local languages for use by community groups. The project will also seek opportunities to leverage resources by partnering with organizations that provide CT services, such as the social marketing stand alone CT services and mobile CT network, and strengthening referral networks to the project's ART-supported facilities. The project will continue to collaborate with projects supporting home-based care services, such as Catholic Relief Services/SUCCESS and RAPIDS, to promote and expand CT services for the communities in which they work. Additionally, the project will work in the communities surrounding the CT sites to increase demand and acceptance of CT services by targeting and including discordant couples. The project will work with facilities and NGOs/FBOs/CBOs to deliver CT services through mobile teams of HCWs and lay counsellors. This integrated effort of bringing together NGOs/FBOs/CBOs, Neighbourhood 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. HIV-infected individuals will be referred for other services, including PMTCT, ART, and palliative care including TB.

At national level, the project 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.

In FY 2009, the project will train approximately 500 HCWs in one (or more) CT training including: initial CT training; counselling supervisors' training; and counselling for children. Out of the 500 HCW to be trained, about 150 of these will be lay counsellors from CBOs, FBOs, and existing TB treatment supporters. These will be trained to support CT services in health facilities and increase CT demand in 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.

The project will support routine, targeted HIV CT, especially for babies with positive mothers, patients diagnosed with other sexually transmitted infections, and those with tuberculosis. Clients will be targeted on both an in and out-patient basis. Furthermore, CT will be better integrated into PMTCT, ante-natal care, child survival, tuberculosis (TB) and other sexually transmitted infections (STI), malaria (IPTp), and family planning services. Greater emphasis will be placed on couples and child counselling. After delivery, many couples do not bring their children back for routine testing and HIV infected children are left behind until they present with symptoms. In addition, the project will promote youth friendly CT services to increase to CT services by young people.

The project 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. In FY 2009/2010, support will also further reduce stigma, discrimination, and gender inequalities associated with ART by working with community leaders and key stakeholders

Activity Narrative: regarding the importance of CT and availability of ART.

The project will identify and address gender disparities and other issues that hinder access to CT services by developing and implementing gender related activities such as scaling up male involvement in CT services; scaling-up couple counselling to promote testing of men and to build their support for their female partners and efforts in targeting families; promoting participation of male and female caregivers in community based activities; promoting community participation in HIV/AIDS activities by working through community leaders including Church leaders, community based caregivers and other community key stakeholders to encourage couples to access ART services, and encourage partners and discordant couples to be involved in couples counselling and testing; and developing indicators and reporting system for gender integration activities.

The project will support evaluations of lessons learnt from counselling and testing interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to counselling and testing services in public and private health facilities. The process of evaluation will include: identifying critical activity areas that require evaluation and conducting evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation. The evaluations will be conducted in close collaboration with the provincial and district health offices to promote ownership of the results by the government of Zambia and to strengthen the Health Management Information System (HMIS). The activity will also participate and share best practices at President Emergency Plan for AIDS Relief (PEPFAR) implementer's meetings, stakeholder meetings, and other fora.

The project will work with GRZ facilities, to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision, and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by PHOs, DHMTs, and health facilities to improve service provision; improving logistics management and reporting; training health care workers; developing policies, standard protocols and guidelines; strengthening physical and equipment infrastructures; and improving laboratory equipment and systems. The project will gradually wean off well performing districts from project technical support over the five years of the project implementation period. Involvement of People Living with HIV/AIDS (PLWHAs) gives a human face to the problem of HIV/AIDS, reinforces basic messages, and helps create a more supportive environment. PLWHAs will be used as additional human resources for clinic and community level activities. In addition to training, promoting active involvement of community leaders and key GRZ managers and providers will also enhance program sustainability

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facilities such as for the mines, to enhance provision of quality CT services. The project will also link these facilities to the government supply chain for provision of HIV test kits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16416

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16416	16416.08	U.S. Agency for International Development	To Be Determined	6842	6842.08	ZPCT FOLLOW ON	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3041.09	**Mechanism:**	DoD-PCI
Prime Partner:	Project Concern International	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	3732.24840.09	**Planned Funds:**	$600,000
Activity System ID:	24840		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
This activity also relates to PCI activities in Other Sexual Prevention Activities, Sexual Prevention/Abstinence and Be Faithful (PCI), Health System Strengthening (PCI), PMTCT (JHPIEGO), TB/HIV (JHPIEGO, Adult Care and Support (PCI) and Adult Treatment (JHPIEGO).

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 joint study conducted by PCI and DFMS, although nearly seven in ten ZDF personnel know of the availability of CT services in their camp/unit, only 10% have ever participated in CT. This is worrisome 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 locations. The remoteness of ZDF units, relatively poor infrastructure, poor linkages with national supply systems (e.g. of CT kits), and the organizational isolation of the military, also make providing CT services to the ZDF more costly than to the general public.

PCI will continue its effort to assist the ZDF provide CT services through strategic and innovative approaches developed through more than four years experience working with the ZDF in HIV/AIDS prevention, care and support. The overall objective of this activity is to strengthen the capacity of the DFMS to provide accessible, confidential, quality counseling and testing services. In FY 2005, four model medical sites (Maina Soko Military Hospital in Lusaka, ZAF Livingstone, Tag-urgan Barracks in Ndola, ZNS Kitwe) were developed to provide comprehensive HIV/AIDS services including counseling and testing, antiretroviral treatment, palliative care, and PMTCT services (in collaboration with JHPIEGO). In FY 2006, FY 2007 and FY 2008, twelve additional model sites were established. While these twelve sites (Gondar Barracks in Chipata, Chindwin Barracks in Kabwe, ZNS Mbala, ZNS Kamitonte in Solwezi, Luena barracks in Kaoma, ZAF Mumbwa, ZNS Luamfumu in Mansa, Mikango barracks in Lusaka, ZNS Chiwoko in Katete, ZAF Mt Eugenia in Lusaka, Taungup barracks in Mufulira, and ZNS Choma) maintain the current services, four additional sites will be established in FY 2009 to provide the same services, targeting other areas where significant number of military personnel are stationed. This will bring the number of model sites to 20.

Moreover, support for basic levels of CT services will continue to be provided at 34 other ZDF units, who will have the opportunity to visit and learn from the model sites. Funding will cover renovations of CT rooms, procurement of necessary medical supplies and equipment and additional training for the DFMS staff in the new sites. In order to promote sustainability, efforts will continue to be made to effectively integrate the ZDF in the MOH's national HIV test kits 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 CT services. In FY 2009, 20 senior ZDF officers will be trained in CT to encourage senior officers to access CT services. This is in addition to 25 trained in FY 2008. It was observed that senior officers are shunning CT services because the trained service providers are too junior to them. The rank structure in the military is such that it is difficult for a soldier to counsel a senior officer. This training will therefore help to bridge this gap.

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 Ministry of Health. 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 training in supervision 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 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. Response to the service has been excellent. Community mobilization dramas and written materials are used to promote couple counseling and testing including issues such as disclosure and discordance. Prior to the mobile CT units going out, an assessment of the proposed site is undertaken to check on the catchment's population, existing referral services and to solicit support from the local leadership. Existing referral services will be printed and shared with clients who come through for counseling and testing. Clients who test positive will be referred to the local ZDF and other health facilities for follow-up services. Referral services include, CD4, Anti-retroviral therapy (ART) assessment, TB, PMTCT, Sexually Transmitted Infections (STIs), Opportunistic Infections (OIs) management, Home Based Care (HBC), spiritual support, support groups for PLWHAs and psychosocial support.

PCI will work with referral centers to ensure that clients referred to them are tracked. This will help to determine the effectiveness of the referral system. Clients who test negative are advised to return for a second test after three months at the nearest CT facility in order to cover the window period, when HIV antibodies are not yet detectable in a test. 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, a refresher training for mobile CT providers 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 CT Services) and other medical supplies.

Updated and targeted education materials on CT, ART, STIs and stigma reduction will be reproduced and available at the counseling and testing sites. All mobile CT providers have been trained in rapid HIV testing. A qualified laboratory technician/technologist carries out quality assurance on 10% of the samples from

Activity Narrative: each counselor. In addition 10% of all samples are taken to Maina Soko Military Hospital Laboratory for further quality assurance. 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. This will be made possible through refresher workshops and regular review meetings for key mobile CT providers.

For ongoing monitoring of CT activities, PCI has adopted UNAIDS CT assessment tools. The tools are used for CT site evaluation of logistics consideration and coverage, training support and work satisfaction, performance skills of the counselors, and client satisfaction through confidential and anonymous exit interviews. The tools are administered during the on-going monitoring and supervision tours of ZDF service delivery sites by PCI staff. Findings from these monitoring visits are being used to improve on the quality of services being provided. 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 CT Services).

PCI has linked DFMS with the government Medical Stores for provision of test kits for the mobile CT program. This will contribute greatly to the sustainability of CT services. The use of ZDF personnel who are on government payroll is another important sustainability strategy. The target of this activity is to have 6,000 people receiving CT at 54 ZDF static CT centers. The two mobile units will target an additional 3,000 people with counseling and testing services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14631

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14631	3732.08	Department of Defense	Project Concern International	6890	3041.08	DoD-PCI	$600,000
8785	3732.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$675,000
3732	3732.06	Department of Defense	Project Concern International	3041	3041.06	DoD-PCI	$775,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $109,622

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3007.09

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9713.26323.09

Planned Funds: $440,000

Activity System ID: 26323

Activity Narrative: The funding level for this activity in FY 2009 will remain the same as in FY 2008. Only minor narrative updates have been made to highlight progress and achievements.

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 USAID, RAPIDS 8947.08)

As of July 31, 2008, AIDSRelief has formally trained 136 health care workers, including nurses, Clinical Officers, community health workers and lay counselors in counseling and testing (CT). Additionally, afternoon lectures have been done in four sites on counseling and testing. A cumulative number of 62,374 people have been offered CT through AIDSRelief services. We plan to continue this active outreach for scale up and continue training at Local Partner treatment facilities.

Based on the Zambia National HIV and AIDS Strategic Framework 2006-2010 (ZASF), there has been a low uptake of counseling and testing (VCT). In FY 2009, AIDSRelief will aim to improve uptake of CT by increasing the availability of counseling and testing in health facilities and through community outreach, through training of staff and strengthening linkages with other services. This activity will be conducted in different clinical settings including adult and pediatric antiretroviral therapy (ART), prevention of mother to child transmission (PMTCT), and sexually transmitted infection (STI) clinics. The suggested form of testing would be Provider initiated testing and counseling (PITC). 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 CT services. Most of the rural mission hospital AIDSRelief sites where AIDSRelief is currently working have 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 is to provide comprehensive CT through integrated VCT services within hospital settings and in the surrounding communities. This will include supporting 19 hospitals and clinics to PITC for diagnostic purposes for persons attending in-patient and out-patient services. PITC will be offered to the following principal target populations: pregnant women, patients diagnosed with STIs, as well as family members of persons living with HIV/AIDS (PLWHA) and self-referred members of the general public. To enhance patient uptake, CT 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 cost to conduct community-level testing and use systematic task shifting strategies to training lay counselors in CT. Through this component support will be provided to 19 service outlets to train 100 individuals in PITC and CT, conduct and provide PITC and CT services to an estimated 35,000 individuals.

The second component of this activity is the training of staff at the hospitals to provide PITC and CT and the training of supervisory staff at the hospital to ensure that minimum quality standards of service are met. Counselors, laboratory staff, and VCT counselors will be trained on how to conduct pre-test and post-test counseling so that counseling supervision is ensured, and 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. The training of trainer concept will be used for persons involved in workshops. This component of the activity will work to train 100 individuals in PITC and CT. All CT training activities will use the standard Zambian VCT guidelines and testing protocols. Also, the laboratory will ensure the correct use of the HIV rapid test kits and be supported to develop internal and external quality assurance.

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 HIV-related activities including palliative care provided by the SUCCESS and RAPIDS projects, as well as other 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 which 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15615

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15615	9713.08	HHS/Health Resources Services Administration	Catholic Relief Services	7200	3007.08	AIDSRelief-Catholic Relief Services	$440,000
9713	9713.07	HHS/Health Resources Services Administration	Catholic Relief Services	4951	3007.07	AIDSRelief-Catholic Relief Services	$440,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7163.09

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

Prime Partner: Zambia Emory HIV Research Project

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 15505.26315.09

Planned Funds: $660,000

Activity System ID: 26315

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• There will be an increased focus on training of couple counselors and capacity building within GRZ facilities.
• ZEHRP will explore models of delivery of couples' voluntary counseling and testing (CVCT) to reach larger numbers of couples
• ZEHRP will continue to train influential leaders who encourage and promote CVCT and faithfulness with knowledge of status in their communities.
• Services will be expanded to include pre-marital and non-cohabiting couples and children who accompany their parents to CVCT.

The majority of new HIV infections in Africa are acquired from a spouse, and couples represent the largest HIV risk group in Africa. Abstinence is not an appropriate message for married couples and faithfulness is not effective in the 10-20% of couples who have one HIV positive and one HIV negative partner ('discordant couples') unless these couples know their discordant status and protect the uninfected partner. Couples' voluntary counseling and testing decreases transmission of HIV by more than 60% within discordant couples, and reduces sexually transmitted infections and unplanned pregnancies in all couples. CVCT directly increases gender equity in HIV/AIDS programs by promoting the testing of men and women together, which innately increases male involvement in HIV/AIDS activities. Additionally, CVCT programming supports the behavior change priority program area by providing counseling support to discordant couples as part of the testing process. Multi-sectoral promotions mechanisms are employed to address large-scale change at the community level with regards to social norms, values, and sexual behavior.

Accomplishments to Date:
Since FY 2005, the Zambia-Emory HIV Research Project has been supported with PEPFAR funds through CDC. In FY 2005, ZEHRP was a sub-partner of the Association of Schools of Public Health. In October 2007, ZEHRP became a Prime Partner as a local non-governmental organization. At present (FY 2007), ZEHRP operates at three fixed sites and five district clinic integration programs in Lusaka, one fixed site in Kafue, one integration site at the Mazabuka District Hospital, and one additional weekend District Clinic based in Mazabuka, Southern Province. Currently a site in Monze is being established; along with three additional integration programs in Southern Province.

Since FY 2005, ZEHRP has provided CVCT to over 11,200 couples and trained 130 nurse/counselors in Zambia in CVCT procedures.

Scope of Work:
CVCT Service Provision:
1) Offer CVCT in two existing fixed sites in Lusaka District (Twatotela/Emmasdale, Chawama), one fixed site in Kafue District, and 14 integration sites throughout Lusaka and Southern Province. During FY 2008, ZEHRP worked to phase out one current fixed site in Lusaka (Kanyama) and open two integration sites in Monze, Southern Province. The resources from closing the Kanyama site will be re-allocated to 4 new district clinic integration programs in Lusaka.
2) Provide didactic and practical training in CVCT promotion and couples' counseling procedures through these centers
3) Refer all HIV-positive individuals for care and treatment
4) Scale-up expansion of CVCT services outside Lusaka by continuing services in Southern Province
5) Expand the scope of testing couples to include "all" couples regardless of marital and co-habitation status.
6) Train 100 counselors in Zambia in CVCT delivery. Of the 100 trained, 20 with at least two from each province will be trained as trainer-of-trainers to further scale up capacity building for CVCT in the districts. Counselors will be selected from each of the nine provinces in Zambia. This activity includes support and supervision for follow-up observation of trained counselors to ensure that they effectively initiate and expand CVCT activities within their own institutions.
7) Capacity building for staff to be able to begin testing children in 2009.

FY 2009 Planning

CVCT Service Provision:
In FY 2009, ZEHRP plans to continue activities conducted in FY 2008, with an increased emphasis on the monitoring and evaluation of CVCT service provision. ZEHRP will work closely with District Health Management Teams (DHMTs) to ensure that integration activities are performed smoothly and continue to transfer coordination and oversight responsibilities to DHMTs. The gradual reassignment of the managerial aspects of CVCT programming to district clinic employees will ensure continuity of CVCT services after this program concludes. To further the sustainability of CVCT in Zambia, ZEHRP will focus on establishing more district clinic integration sites throughout Lusaka and Southern Province. Government-employed nurse counselors will be trained on CVCT procedures. Although ZEHRP-organized weekend CVCT programs will continue, the increase in CVCT-trained staff at the district level will augment the capacity to deliver CVCT as a routine component of HIV counseling and testing. Continued capacity building will occur throughout Zambia by training additional 100 counselors from all nine provinces in CVCT delivery. Of the 100 trained 20, two from each province, will be trained as train-of-trainers to further scale up capacity building for CVCT in the districts and other health facilities in the provinces.

Another focus in 2009 will be to offer HIV testing to all children who accompany their parents to the CVCT program.

To ensure that increased demand will accompany the enhanced supply of CVCT throughout Lusaka and Southern Province, ZEHRP will continue to utilize clinic-based community health worker systems for sensitization and promotion of CVCT at integrated sites. Further work will be done to encourage the incorporation of the CVCT message into existing programs and structures (e.g. PMTCT, ANC, TB). ZERHP will maintain strict monitoring and evaluation of all promotional strategies used to provide support for

Activity Narrative: evidenced-based decisions on future implementation of CVCT promotional models.

Center of Excellence for CVCT Training:
Through Headquarters Operational Plan (HOP) funding in FY 2008, ZEHRP will establish a center of excellence to build local and regional capacity in delivering CVCT by training 100 counselors from eight PEPFAR focus countries (including Zambia) in CVCT.

Pending the continuation of funding in FY 2009, ZEHRP will continue to provide training in CVCT counseling to countries throughout Africa. These trainings will consist of CVCT delivery and/or training of trainers in CVCT. ZEHRP will explore the possibility of providing technical assistance and/or monitoring and evaluation support to countries where initial training occurred. These trips will be country-specific and focus directly on advising the integration, implementation and scale-up of CVCT activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15505

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15505	15505.08	HHS/Centers for Disease Control & Prevention	Zambia Emory HIV Research Project	7163	7163.08	Zambia Emory HIV/AIDS Research Project (ZEHRP)	$810,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9717.26292.09

Planned Funds: $200,000

Activity System ID: 26292

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• Update on current activities
• Plans for FY 2009

Related activities: This program is linked to the pediatric treatment activities (PDTX # PCOE 9765.08, PDTX Columbia 3691.08), Pediatric care and support activities (PDCS # NEW PCOE, PDCS # NEW Columbia PDCS # EID NEW), and counseling and testing activity HVCT FSU #3758.08.

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.

Opt –out counseling and testing (provider initiated testing and counselling – PITC) was first funded in FY 2005 through the International Centre for AIDS Care and Treatment Program (ICAP) a unit of the Columbia University Mailman School of Public Health to support the development and operation of a Pediatric and Family Centre of Excellence for HIV/AIDS care at the Department of Pediatrics and Child Health in Lusaka (PCOE).

Since FY 2006 the PCOE has received direct funding to allow for program implementation and building of local capacity and has continued to work in close collaboration with ICAP, which provides technical support. The primary goals of the PITC are; 1) to test all children admitted to our department for HIV so as to increase the number of children engaged in care and receiving antiretroviral therapy (ART); 2) Training of multidisciplinary teams (MDT) in pediatric HIV/AIDS care and treatment.

The PITC continues to work seamlessly as a unit of the PCOE to successfully achieve the work plan outlined in the FY 2008 PCOE narrative. The unit offers provider initiated HIV testing and counseling to all children admitted to the department of pediatrics and Child Health and offers voluntary counseling and testing (VCT) services to the rest of hospital community as well as walk ins from the community. The family support unit (FSU) also helped sensitize the transition of the pediatric inpatient testing approach to provider initiated opt-out testing and counseling.

Achievements to date: Since the Provider initiated counseling and testing program was initiated in September 2005, we have had 37,092 admissions, out of which about 4,000 were readmissions or new admissions with known status, 25,883 were counseled and 25,407 were tested. We have accumulated 7,642 in care and 6,527 are still active at the PCOE, we have started 2,848 children on ART and currently 2,607 are active on treatment. We have earned national recognition as a model of care for children and PITC so referred to as the UTH model.

The Ministry of Health (MOH) has requested the PCOE to prepare training modules and guidelines on PITC that can be used at national level; we have so far trained 41 providers for PITC on behalf of our partners. We held four trainings for ZPCT and 32 providers were trained, whilst we had one training for CIDRZ and nine providers were trained. We expect to train another 30 by the end of FY 2008

In FY 2009, the opt out funds will continue improving the uptake of testing and counseling of admitted children and their families, disseminate the PITC National Guidelines and curriculum, continue training health providers in PITC at national level and together with ICAP strengthen the in-patient testing and counseling program in Mazabuka and Siavonga.

We will continue providing provider initiated testing and counseling mentorship to partner organizations and liaise with cooperating partners on follow-up of site specific program implementation.
a. Provide trainings/seminars for various cadres (healthcare, lay, caregivers) on pediatric HIV/AIDS related topics. We hope to train about 50 health providers in PITC in 2009.
b. 95% of children admitted in in-patients wards will be counseled and tested in FY 2009
c. Coordinate and support the participation of another Zambian MDT to the South-to-South Pediatric HIV/AIDS Training Initiative (this delegation will target Ndola and Livingstone General Hospitals).
d. Facilitate the annual National PCOE Symposium to share lessons learned and best practices to date with the larger Zambian Pediatric HIV/AIDS community.

The UTH and Livingstone PCOEs 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 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, HIV/AIDS rapid tests kits, and supplies such as needles and syringes specimen bottles, and other supportive laboratory services. The benefit of this shared cost is that in the long-run, sustainability requires minimal funding once staff are trained and systems are in place.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15581

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15581	9717.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$200,000
9717	9717.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$150,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3658.26293.09

Planned Funds: $150,000

Activity System ID: 26293

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

Related activities: UTH HVCT (#9716), UTH HLAB microbiology (# 9015) and Social Marketing PSI HVCT USAID ###

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 have 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 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.

FY 2008 funds activities focused on continuing to link STI clients to HIV diagnosis, treatment and care, and screening of HIV positive clients for STIs. All STI clients (100%) are 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 2009 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 provider initiated counseling and testing in the hospital setting and all in-patient adults admitted to hospital. Upon obtaining permission from the patient tested under this program, partners and relatives will be encourage to attend Clinic 3 for CT. HIV test kits are provided through the national medical stores system.

Due to rapid staff attrition, human capacity in the clinic will need to be improved. Activities to address this need in FY 2009 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 these needs. 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 laboratory equipment for STI diagnostics (including molecular technology) and support to the staff salaries particularly laboratory, counseling and clinical staff.

In FY 2009, Clinic 3 will use the funds to continue to provide all the current activities supported in FY 2007 and FY 2008. These include routine counseling and testing services to high risk STI clients (as well as any other clients referred or interested in the service), laboratory support to set-up the molecular laboratory testing for STI's, GC surveillance and CD4 testing, STI screening among PLWHA, treatment of dually infected STI/HIV infected clients, health education activities and appropriate referral to other services will continue to be strengthened in this fiscal year.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15578

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15578	3658.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$150,000
9042	3658.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$150,000
3658	3658.06	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	2950	576.06	University Teaching Hospital	$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $5,000

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3758.26294.09

Planned Funds: $150,000

Activity System ID: 26294

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
• Update on current activities
• Plans for FY 2009

This program is linked to the pediatric treatment activities (PDTX # PCOE 9765.08, PDTX Columbia 3691.08, CSA #), Pediatric care and support activities (PDCS # NEW PCOE, PDCS # NEW Columbia PDCS # EID NEW), and Counseling and testing activities # 9717.08 OPT Out and # 9716.08 DCT dept Med)

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 the FY 2006 through direct funding and with partial support from RAPIDS to support the development and operation of a Pediatric and Family Centre of Excellence for HIV/AIDS care at the Department of Pediatrics and Child Health in Lusaka (PCOE).

The Family Support Unit (FSU) provides a number of activities including counselling and testing CT services to children in inpatient and outpatient care that are seen in other departments of the UTH and community. The FSU continues to work seamlessly as a unit of the Pediatric Centre of Excellence (PCOE) to successfully achieve the work plan outlined in the 2008 PCOE narrative under pediatric treatment activities (# 9765.08). The unit offers psychosocial support to HIV infected children and their caretakers and offers voluntary counseling and testing (VCT) services to the rest of hospital community as well as walk ins from the community. The FSU also helped sensitize the transition of the pediatric inpatient testing approach to provider initiated opt-out testing and counseling.

A total of 3,000 children and 2,000 adults were counseled and tested in the unit over the last three years. By the end of 2008, an anticipated total number of six sites will be running and an additional 2,000 will have been counseled and tested and received their results. Through the training activities provided by the centre, we will train 100 health workers in HIV counseling and testing.

In FY2009, all activities will continue as outlined below:

1. Psychosocial Support and Supportive Counseling:
FSU will continue to offer and expand a menu of psychosocial support and supportive counseling services.
1. Integrate and link with the efforts of the child development/neurodevelopment team to ensure that complementary services are provided to all children such as play therapy (including writing, drawing, and games) to:
a. Address disclosure, stigma, discrimination and abuse issues
b. Screen/assess for developmental delays and other neuro-developmental issues.
2. Develop special peer-facilitated activities and counseling programs to address the emerging HIV-infected adolescent population in the PCOE. This includes targeting positive living, sexual health, and prevention for positive interventions. Additionally, design and pilot activities to target HIV testing in the local adolescent population. FSU will partner with a street girls transit home and offer VCT and psychosocial support to these adolescent girls.
3. Support the integration of adherence information, education and counseling into the activities of the multidisciplinary team (MDT) to ensure that all children are routinely assessed at every point of service for adherence issues.
4. Offer intensive adherence counseling and follow up for patients identified as high-risk by the MDT.
5. Continue to offer proper counseling, testing, and support to child sexual abuse cases.

In FY 2009 the FSU hopes to further increase the number of supported service outlets to six including Mazabuka and Siavonga in providing counseling and testing according to national and international standards and will continue training (100 - FY 2009) counselors, resulting in an increased number (additional 5,000) of individuals who received testing and counseling for HIV and received their test results (excluding TB)

2. Community Outreach and Patient Follow-up Program:
This activity is critical to achieve improved outcomes for PCOE clients. FSU staff has been integrated to support this activity and also attend to community needs/ requests as they come from our volunteers located in the FSU. In 2009 FSU will continue expanding into 3 more communities with part of the community outreach activities receiving support from RAPIDS.

3. Outreach VCT, Educational and Recreational activities:
1. The FSU will continue to offer outdoor/mobile VCT in community events for families and Kid-club activities for enrolled PCOE clients.
2. Continue to host community sensitization/educational activities in the communities, community schools to increase awareness of pediatric HIV issues, including availability of treatment, orphans and HIV, PCOE menu of services. FSU will support this activity with the community outreach, opening of new FSU sites and patient-follow up program.
3. Will include house hold VCT for clients unable to access health facilities for various reasons. The unit will target 100 households for the FY 2009.
4. Six FSU sites will be opened by the end of FY 2009, to provide the pediatric HIV care and support. The areas to be targeted will be where the regular health centers are not able to adequately provide the service. This will include providing mobile VCT, psycho social support and ART services. There will be mobile satellite sites identified for these services. This will also involve partnering with the Child sexual abuse unit

Activity Narrative: and community schools who have these gaps.

4. Academic support and recreation activities
1. Will continue offering educational lessons for PCOE clients admitted to UTH and Kanyama health centre.
2. Educational and academic activities will be broadened to outpatient setting as a means to screen children with possible development issues that impact on learning and other important cognitive functions. This activity will be done with the child development and neurodevelopment unit

5. Training:
1. FSU will continue to build the national psychosocial counseling and testing capacity by offering a menu of training interventions, including on-the-job training, cross-cadre mentoring, and more traditional didactic activities. This will be done as part of the larger PCOE capacity building and training plan.
2. FSU will continue taking an inventory of the number of HBC support groups in the new sites and will target a total of five groups for orientation in FY 2009.
3. FSU will continue orienting HBC support groups in Pediatric HIV care and support and will target five community support groups for this training (A total of 100 support group volunteers to be trained).
4. The unit will also provide technical support to partners as requests are made in FY 2009.

The UTH and Livingstone PCOEs and two district hospitals in Siavonga and Mazabuka 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 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, drugs, reagents and 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15579

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15579	3758.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$150,000
9044	3758.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$150,000
3758	3758.06	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	2950	576.06	University Teaching Hospital	$50,032

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9718.26295.09

Planned Funds: $150,000

Activity System ID: 26295

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:
• VCT sites opened in 2007/2008 will be consolidated and further capacity built to ensure that sites are fully operational and provide quality service.
• In remote areas, where HIV psychosocial counselling training needs are identified, funds will be used to train community counsellors.
• HIV finger-prick testing will also be undertaken for community counsellors.
• Targets will change to accommodate more training

Related activities: EPHO HVCT (#9005), SPHO 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 Zambia Voluntary Counseling and Testing (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/STI/TB Council (NAC). From an initial 22 sites, the program has expanded to 696 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 the existing USG supported central system with the Central Medical Stores.

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 # 9716). 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 lifespan with extensive use for national level coverage in all the 72 districts of Zambia.

In FY 2007 funds have been used to set up VCT sites in 11 districts (55 rural sites in all) of Zambia. The funds for this activity in 2007 has supported the purchase of a vehicle, counseling testing refresher training and training in rapid testing (Zambia has recently changed options for rapid testing to accommodate use of finger prick testing and do away with tests that require refrigeration or high technology), establishing operational VCT sites with follow up technical support visits, quality assurance checking, and monitoring and evaluating the program.

Funding in 2008 provided for continued scale-up of VCT access for rural disadvantaged communities. 10 districts were chosen (with 3 new sites per district) in conjunction with the MOH to make VCT more accessible to the rural populations. The actual districts were this will be done have been listed in the table but are still to be confirmed. The focus was on choosing relevant sites, where adequate space for counseling is available and where there are adequate health personnel. Training will focus on the new Zambian testing protocols, data management and quality assurance. A total of at least 60 staff will be trained by the end of the FY. All new and already established old sites, including PMTCT will be supported by technical support visits.

Funding in FY 2009 will be used to consolidate sites that have already been established in FY 2007 and FY 2008. All sites will be monitored through local district health management teams. Regular on-site supervision will be coordinated at least twice a year. Quality assurance will be provided by ensuring that facilities conduct regular internal meetings. Refresher courses will be conducted for the established sites in order to provide continuum of care as there is a high attrition rate of staff. The funding for this FY will also be used to produce and interpret more IEC materials. Activities pertaining to social mobilization will be enhanced. This will include use of the public and local media. Efforts will be made to encourage local communities to form Post Test clubs and think of ways of sustenance by way of creating Income Generating Activities (IGAs). A number of training courses in HIV rapid testing and Finger Prick will be conducted. Training of psychosocial counselors from the community will need to be enhanced to provide continuity of services in the facilities.
One hundred counselors will be trained HIV rapid testing and finger prick during this period. During FY 2009 the program will strive 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15582

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15582	9718.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$200,000
9718	9718.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9716.26296.09

Planned Funds: $240,000

Activity System ID: 26296

Activity Narrative: April 2009 Reprogramming: Increase in amount by $40,000 from former UTH Renal PHE not moving forward.

This activity is related to counseling and testing activities UTH/ZVCT (#9718.08), HVCT UTH/clinic 3(# 3658.08), and UTH Peds FSU (# 3758.08), adult treatment activities EGPAF (# 3687.08) and pediatric treatment UTHPCOE (#9765.08) and a renal PHE (# 9756.08)

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 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 69% of clients in the adult admission wards are HIV-infected. The department has six low cost wards (bed capacity of 240) and one emergency admission ward (bed capacity 42).

A small study conducted in 2003 to determine HIV prevalence among all in-patients admitted to the medical wards, concluded that 69% of patients were HIV-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 needing to be enrolled into care and treatment programs.

Since the beginning of 2006, the Department of Internal 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 provider initiated “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.

Funds in FY 2007 and 2008 were used to embark on an aggressive program to routinely test all patients admitted in the medical wards and provide same day results. To date, minimal rehabilitation works have taken place in all the key areas to accommodate counseling and testing (CT) activities, 42 nursing staff have been trained or re-trained in HIV counselling and testing according to the national standards and close to 4,000 clients have been counselled and tested and received their results.

Partners (spouses) and other relatives, after obtaining permission from the client, are contacted and encouraged to seek CT services at the dermato-venereology clinic (#9042), which also falls under the Department of Medicine if they do not want to undergo CT directly in the wards and Out-patient clinics. Response from other family members has been good and accounts for close to 40% accepting HIV testing. CT services include information on risk reduction program and messages on prevention of transmission among those that test positive (positive prevention). Finally, two-way links have been established with the Department of Pediatrics Family Support Unit and Pediatric Centre of Excellence to have all at-risk children tested and supported through care and treatment as well as have parents of children in the pediatric department referred to us for adult care, treatment and support. In FY 2008, the Department of Internal Medicine will work closely with CDC, to establish SmartCare in the new adult ART Center and will use this system for monitoring and evaluation of the quality of the ART service provision in the department. In addition, the department is working closely with the UTH Department of Obstetric and Gynecology to strengthen the referral system between PMTCT services and ART services so that mothers requiring ART are accessing timely care and treatment services.

In FY 2009, the Department of Internal Medicine will continue to work on strengthening the uptake of CT among patients admitted in the medical wards. The Department will also emphasize on “family approach” to counseling and testing as well as integration into appropriate care and treatment programs for the sero-positive clients. An additional activity in FY 2009 will be to extend the CT trainings and provision of routine counselling and testing to the Department of Surgery. In a study done in 2007, among 420 surgical patients, 44% were HIV positive. Funds will be used for minor renovations in the surgical wards to accommodate CT activities and to train an additional 40 staff from the Department of Surgery in CT. By the end of FY 2009, it is anticipated that at least 11,000 clients will be counselled and tested and receive their results from the three outlets, medical wards, surgical wards and outpatient filter clinic.

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 that 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15580

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15580	9716.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$200,000
9716	9716.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8701.09

Mechanism: UAB

Prime Partner: University of Alabama, Birmingham

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19501.26287.09

Planned Funds: $1,090,000

Activity System ID: 26287

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Expansion to 3 additional districts in Western Province
• Expansion of VCT mobilization activities in two additional Lusaka communities
• Active integration of CT activities with other HIV-related services, including prevention, PMTCT, tuberculosis treatment, and ART
• Phase out Livingstone activity

Activity Narrative
This activity is linked to EGPAF HTXS (# 4549.09 and # 3687.08) EDPAF PDTX (# NEW) and EGPAF HBHC (#17073.08). Other identified partners include: Society for Family Health (# USAID), Kara Counseling and Training Trust (# USAID) and, Eastern and Western provincial cooperative agreements under counseling and testing and treatment programs (# EPHO #3669.08, #9751.08 and NEW peds, WPHO #17817.08, #3792.08 and NEW peds)

Many of the program activities described in this narrative were previously funded under the University Technical Assistance Program mechanism (Tulane University). Those voluntary counseling and testing (VCT) and community activities have now been brought under this cooperative agreement.

In 2006, an intensive, coordinated community outreach project started in the Lusaka community of Mtendere. Nicknamed "Save Mtendere!" this community education project aimed at dramatically increasing 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. Through the Save Mtendere! Program in Mtendere, George, Kalingalinga, and Livingstone, the project has supported the provision of CT for more than 48,000 community members and reached more than 450,000 through door-to-door outreach activities to date. In 2007, we continued activities within the Mtendere community, and expanded the program using lessons learned from Mtendere to two additional communities; one in the Lusaka District – Kalingalinga – and one in Livingstone, the capital of the Southern Province. Provincial settings pose very different challenges for community outreach and require effective community mobilization messages and methods.

In FY 2008, we have continued activities in Mtendere, Kalingalinga, and George communities in Lusaka and have increased our coverage within Livingstone district to cover both Maramba and Dambwa areas. Also, in FY 2008, 75 community mobilizers were trained in rapid testing to initiate "in-home" testing for those community members requesting immediate testing. We have also begun initial site assessments and community health worker training in Mongu (Western Province), in preparation of full implementation of similar activities in 2009.

To improve access to VCT, in 2007, we began a prevention focused VCT program in rural Western Province, Shangombo District. This is a three-pronged approach providing VCT in static local health facility, in the community (i.e. door-to-door), and via mobile units. In 2008, these activities expanded to Lukulu, and with moderate scale-up in Kalabo.

In 2009, we will continue these two initiatives – the "Save the Community!" initiative (as it is now termed following expansion outside of Mtendere) and the rural VCT program – with CDC support. The proposed activities for each are as follows:

1. For the "Save the Community!" initiative, we will expand to two additional communities in Lusaka: Bauleni and Matero Reference. These were chosen based on catchment area and geographic location. We will also implement "Save the Community!" door-to-door sensitization campaigns in the Western Province capital of Mongu.

Plans will include training all community mobilization volunteers and clinic-based coordinators, who will monitor their activities and ensure consistency of messages. These coordinators will provide a central link between volunteers and members of the community. To continue with the success of "in-home" testing, 60 community mobilizers will be trained in rapid testing. The clinic-based messages and activities will be coordinated with other United States Government-funded organizations conducting community outreach as well as various local partners (Society for Family Health – New Start (USG funded – Lusaka); Kara Counselling and Training Trust (Local - Lusaka), YWCA (Local - Western, Lusaka). We will continue to identify and collaborate with partners in each of the districts noted for expansion.

We will continue to focus on community mobilization and development of innovative, community-based modes of communication, including an official campaign launch in Mongu – like we have done in both Lusaka and Livingstone previously – to be coordinated with the Provincial Health Office. 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.

We will perform a needs assessment for similar activities in the Senanga District of Western Province and initiate training of community health workers, with an anticipated program launch later in the year. In order to consolidate our VCT efforts in Western Province, we will work to turn over the "Save the Community!" program to other CDC partners in Livingstone.

2. In 2009, we will scale-up activities within sites in Kalabo District, with a focus on increased access to VCT. In addition, we will expand VCT support to three new districts in Western Province. Taking advantage of the infrastructure developed for the "Save the Community!" in Mongu, we will support door-to-door VCT services. Later in the year, we also plan to expand to Senanga and Kaoma. This program will seek close collaboration and linkages with ART PMTCT, TB programs in the districts covered. The mobile unit will collaborate and schedule community visits with PMTCT, ART and TB so that mobilization done covers all

Activity Narrative: these areas. The program will seek to actively engage local leaders in mobilization activities and work with them to build their capacity to continue to share prevention messages at all community gatherings and to promote open parent child communication regarding prevention. We will then train community health workers / lay counselors, local leaders and integrate them into the mobile unit- and facility-based VCT activities. This will lay the groundwork for the door-to-door activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19501

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19501	19501.08	HHS/Centers for Disease Control & Prevention	University of Alabama, Birmingham	8701	8701.08	UAB	$340,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6843.09

Mechanism: RAPIDS-SUCCESS follow on

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 14450.26190.09

Planned Funds: [redacted]

Activity System ID: 26190

Activity Narrative: This HVCT activity is a component of a new follow-on mechanism that was launched in late FY 2008 to both replace and improve on two USAID- projects with HVCT activities, RAPIDS and SUCCESS. The activity will scale up rapidly starting in FY 2009. The activity will link to RAPIDS-SUCCESS follow on activities in ART adherence, OVC and Care and Support, as well as to other CT, ART, OVC, Care and Support, and PMTCT activities supported by the USG, GRZ, and other donors, whether ongoing or new. The activity will also align with new strategic directions of the USG and GRZ, including any compact signed.

Activity Narrative:

Two mechanisms, RAPIDS and SUCCESS, will reach their funding ceiling by December 31, 2009. The new award will scale up aggressively by December 31, 2009, so that there is a smooth transition, and to minimize any interruption in services or loss of coverage areas. USAID will have completed a Request for Application (RFA) in FY 2008 and will have awarded a follow-on activity between March–July 2009.

This new project will be one integrated program capable of reaching or exceeding the combined HVCT targets and coverage areas of the RAPIDS and SUCCESS projects, building wherever possible on the work of these existing partners. The new follow on may also add new clients, counselors, partners and areas to increase coverage in geographic and population terms. A key difference is that the follow on will work much more closely with HBC, OVC, ART and PMTCT services to ensure that HIV positive clients receive the earliest possible referrals leading to early initiation of care, support, and treatment. This will help PLWHA remain healthier longer, and help break stigma.

Another key difference is that the follow on will link with other USG and GRZ efforts to expand CT in various ways, including promotion of routine and diagnostic CT, mobile CT, promote CT to Zambians with multiple concurrent partners who drive the epidemic, and importantly, better marketing for CT to men and for Zambians from all walks of society. The New Awardee will propose innovative methods to help expand uptake of CT by male clients significantly. It will also propose models to reach more middle and upper class Zambian families, for example, by linking to workplace and private health CT providers and facilities, i.e., training private doctors in CT as a means to break “stigma at the top.”

The Awardee will thus help to remedy the unintended “over-focus” on the poor in previous USG projects, which may have contributed to the failure of more educated and prosperous Zambians to learn and accept their HIV status, and to become vocal leaders and advocates. While not diverting scarce resources unduly from services to the neediest, the New Awardee will seek to include private providers and sites in CT training and service delivery. Private providers can contribute to expand “upscale” CT, but the intent is still to ensure equitable access and break stigma at the highest levels of society.

New sub-partners may include faith-based and non-faith based structures which demonstrate their capability to provide quality services and to produce results, either under USG Zambia existing projects, or in related projects elsewhere in the region or continent. There will be an orderly hand-over of project activity to the follow on with particular attention to ensuring that as many people as possible receive CT to prevent any gaps in service or coverage. Through this planned transition, it is expected that the follow-on will reach the combined totals of RAPIDS and SUCCESS in terms of clients, counselors, sites and areas early in 2010. If possible, the follow on will exceed these previous projects through economies of scale. The new follow on project may provide additional services and coverage not included in the current projects, dependent on funding, the scope of the award, as well as policy and priorities of PEPFAR II, the Zambian National Strategy, and USG Zambia goals and objectives.

The Awardee will continue to integrate CT services into all its activities targeting eligible youth, PLWHA, CLWHA (using DBS), couples, and OVC. Emphases will also include: more direct CT than in the past; completion of the shift to the approved finger-stick protocol; and support for Pediatric HIV diagnosis via collection of Dried Blood Spots (DBS) for analysis where possible. The Awardee will continue CT activities as many of the RAPIDS and SUCCESS areas as possible, and may add new areas. The Awardee will propose the most appropriate, cost-effective models to expand CT services to the most clients. The immediate goal will be to scale up operations by December 31, 2009, and reach as many or more clients in year one as were reached by RAPIDS and SUCCESS.

Where possible, the Awardee will obtain VCT kits from the district level supply chain, or from the Medical Stores, Ltd. Strong linkages will be made with GRZ health centers at district level to ensure clients are provided with services through follow up and feedback using the government recommended referral system.

The Awardee will make effective referrals from CT to other services, and will develop effective systems to quickly link post-test clients to prevention, care and ART services. The awardee will link HIV positive clients immediately to existing PLWHA support groups or help create new groups. The aim will be to boost “Prevention for Positives,” maintain the health of PLWHA for as long as possible, and reduce the need for ART. The Awardee will access and distribute CT promotional materials and messages developed by other USG programs.

To promote operational linkages and enhance the network model approach, the Awardee will forge partnerships with other USG supported partners and sub-partners that provide CT. The sub-awardee will encourage FBO/CBO sub-grantees to include provision of direct CT.

To ensure that men and women adults, and male and female youth have equal access to CT, the Awardee will plan with a deliberate focus on gender-sensitive issues. The Awardee will concentrate on reducing male and female barriers to CT, recognizing, for example, that due to the role of PMTCT programs in alerting women to their HIV status, far fewer men than women receive CT and know their HIV status.

The awardee will address concerns of single and married persons, with attention to the risk of violence for women who seek CT without advance knowledge or consent of their partner or spouse. The Awardee will aggressively tackle CT for multiple concurrent partners. The Awardee will target youth at-risk and children

Activity Narrative: in HIV/AIDS affected families with strategies that respond to the needs of each age group within their family and social context. The Awardee will work with FBOs and faith leaders to encourage congregants to undergo CT and to reduce stigma and discrimination sensitization on the importance of CT and through supporting mobile testing vans to conduct CT at churches i.e., during or in conjunction with religious celebrations and other church activities.

For sustainability, the Awardee will ensure that the program integrates into existing structures, and contributes to building their capacity and generate CT demand. The Awardee 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.

All FY 2008 targets will be negotiated during the procurement process.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14450

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14450	14450.08	U.S. Agency for International Development	To Be Determined	6843	6843.08	RAPIDS-SUCCESS follow on	

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 600.09

Mechanism: EQUIP II

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3364.26194.09

Planned Funds: $600,000

Activity System ID: 26194

Activity Narrative: This activity will be implemented in combination with the EQUIP II AB and palliative care activities so that a mix of Workplace services reach targeted individuals.

Teacher deaths have been decreasing each year since 2005. According to the 2005, 2006 and 2007 Ministry of Education (MOE) statistical bulletins, 909, 872 and 593 teachers died in the respective years. The decline may be explained by a range of factors including nationwide access to general health services and ARTs, improved awareness and access to VCT through the MOE's workplace program. AED/EQUIP II support to the MOE has leveraged the World Bank Zambia National Response to HIV/AIDS (ZANARA) Project funding and the Department for International Development (DFID) support for workplace activities. The teaching force in Zambia is critically important in continuing education efforts, and includes over 71,000 teachers in more than 8,500 schools across the country. Some of these schools are in remote, rural areas with fewer than five staff. While CT and AB efforts in the urban areas continue to be pursued, EQUIP II has the unique ability to reach MOE staff in rural areas through innovative workplace initiatives.

In FY 2006, EQUIP II expanded its program into the rural provinces (Central and Southern). 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 less than those achieved in urban areas during the first year of implementation. In rural areas, geographical coverage is extensive and transportation challenges in the rainy season increased implementation costs. Due to this constraint, EQUIP II has worked with the MOE to revise the strategy in order to reach more staff with CT and ensure linkages for a comprehensive approach. In FY 2007, EQUIP II reached 20,140 individuals with counseling and 22,993 with HIV sensitization in 67 service outlets. By end of the third quarter of FY08, 14,967 individuals were reached with counseling and testing and 17,173 were provided with HIV sensitization.

With the lessons learned from FY 2006 activities, the MOE, with EQUIP II's support, initiated Teacher Health Days (THD) in June 2007 to increase both HIV/AIDS awareness as well as the uptake of CT services. Teacher Health Days, which offer a broad range of health services (testing for diabetes, blood pressure, nutrition guidelines), are designed to reduce HIV-related stigma by emphasizing general health. This initiative continued in FY 2007 and FY 2008 and will expand during the FY 2009 period.

To achieve targets, the program will implement quarterly Teachers Health Days for teachers and their families. HIV VCT will be offered in tents and mobile settings outside clinics in conjunction with the health days. This approach will be integrated in the ongoing formation of the Provincial Committees (PC) under the MOE. In FY 2008, the PCs will play a crucial role in the planning of the Teacher Health Days in urban and rural areas. This approach will ensure that these activities are supported in a sustainable way from within the current MOE structure (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). Tents and mobile sites posted outside the health clinics are proposed as a way of increasing confidentiality.

EQUIP II will continue its ongoing partnership established in past years with the three unions and MOE to help mobilize teachers in accessing the Teachers Health Days, as well as in bringing VCT via mobile services to union events. THDs began in FY 2006 and were specifically proposed as a means for reaching more MOE staff in less densely populated districts where it would be impossible to bring such services to remote schools. During FY 2008, only one Teachers' Health Day was implemented, instead of 28. The unions and the MOE managed to mobilize 2,000 people to access CT and AB messages and other health services during the FY 2008 THD. FY2008 plans of implementing Teachers' Health Days will be continued in FY2009 as follows: four during the first quarter, six during the second quarter, eight during the third quarter, and 10 during the last quarter. EQUIP II will carry out four THDs in 2009. In addition, and under the separate submission for EQUIP II's AB activities, prevention and education activities will be supported at these events As such, by the end of FY 2009, more than 65 percent of the districts in six provinces will implement at least one THD.

To increase testing among MOE employees, EQUIP II will work through a sub-contract with Comprehensive HIV/AIDS Management Programme (CHAMP), a local NGO, and Society for Family Health (SFH) to bring mobile testing to both urban and rural schools and, where possible, union events. As in FY 2008, the EQUIP II program will partner with SFH and New Start program to offer VCT vouchers to staff of the MOE, as well as to utilize New Start Mobile sites in conjunction with the THDs, and union events. At all times where CT is offered, AB information including information on multiple and concurrent partners, will also be provided. EQUIP II will reach 10,000 individuals with CT accessible through mobile testing in urban and rural schools and union events.

EQUIP II integrates gender in its HIV/AIDS activities and takes into account related gender considerations. The program recognizes that HIV and AIDS affects women and men differently and thus attempts to address specific gender considerations such as: the social roles of males and females in mitigating the impact of and their vulnerability to HIV/AIDS. The MOE has observed that in general terms, many HIV positive women adopt positive-living lifestyles than their male counterparts. This has inevitably resulted in HIV positive men falling ill and dying more often than HIV positive women. The 2005, 2006 and 2007 Ministry of Education (MOE) statistical bulletins indicate that the number of male teachers who die each year is higher than that of female teachers. Fifty five percent of the teachers who were reported to have died in 2005 and 2006 were male. And in 2007, 57 percent of the teachers reported to have died were male. At MOE HQ alone, 5 males died of AIDS related complications between August 2007 and August 2008 compared to only one female staff during the same period.

EQUIP II expects this activity together with HBC and AB to encourage more HIV positive men to adopt positive-living lifestyles than is the case now. If they are less likely to adopt positive-living lifestyles, EQUIP2 hopes that the KAPB survey will provide greater insights into this issue and corresponding activities will be initiated.

Generally, women are more vulnerable to HIV/AIDS than men, mainly due to their biological deposition and

Activity Narrative: low bargaining power in sexual issues. Also, the burden of care for People Living with HIV/AIDS (PLWHA) in households lies mostly on women. Both 2006 and 2007 MOE statistics indicates that of the 66,145 teachers in 2006 and 71,612 teachers in 2007 in all schools countrywide, 46 percent of them were female. This correlates with both the FY 2006 and FY 2007 statistics indicated that 46 percent of those that accessed CT and AB were female. Of the 2,126 teachers that accessed CT in 2006, 1,101 were female and of the 9,232 that accessed AB, 4,216 were female. Similarly, of 20,140 that assessed CT, 9285 were female and of the 22,933 that accessed AB, 10,598 were female.

The program tracks sex disaggregated data of males and females accessing VCT and HIV sensitization and compares this data to teacher populations to determine whether there are gender considerations in uptake of services. In addition, we will use date collected from FY2008's planned KAP survey to inform future planning in regards to uptake of services. Analysis of this data will provide us with necessary information to determine whether the EQUIP2 HIV/AIDS activities are responsive to the different needs of men and women and, boys and girls.

As the EQUIP II program approaches the end of its agreement, a focus on sustainability of interventions is paramount. As such, EQUIP II will work with the Ministry of Education in the final year of the program to develop a sustainability program that will prioritize interventions and link them to the 2008-2015 MOE Strategic Plan. This effort will promote the establishment of HIV/AIDS workplace programs and facilitation of related services at the province, district and school levels. Thus, AED will work to ensure that MOE funds HIV/AIDS interventions beyond the life of the EQUIP II project. The MOE's financial support for the roll out of Teacher's Health Days has shown by its funding of the MOE HQ Health Day during the World AIDS day in 2007. EQUIP II hopes to build on this commitment in other HIV/AIDS program areas.

EQUIP II's commitment to sustainability is further evidenced by the fact our some activities are being budgeted by MOE and by ensuring that HIV/AIDS activities are integrated and mainstreamed within the MOE. Our staff members will seek not only to ensure tracking of services, but training of MOE HIV/AIDS unit staff and HIV/AIDS National committee members in relation to PEPFAR indicators and methods for tracking them. IEC materials, lesson plans, and strategies will be well documented and housed within MOE's Directorate of Human Resource and Administration file systems and the Education Management Information system. While some outside partners will be engaged, the primary partners working on this effort are the unions and the MOE itself, thereby ensuring the activities are supported by organizations that can continue providing similar services long-after funding under PEPFAR has ceased.

All FY 2008 targets will be reached by September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14493

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14493	3364.08	U.S. Agency for International Development	Academy for Educational Development	6852	600.08	EQUIP II	$300,000
8848	3364.07	U.S. Agency for International Development	Academy for Educational Development	4956	600.07	EQUIP II	$100,000
3364	3364.06	U.S. Agency for International Development	Academy for Educational Development	2829	600.06	EQUIP II	$350,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	7555.09	**Mechanism:**	Men Taking Action
Prime Partner:	Catholic Medical Mission Board	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	16844.26197.09	**Planned Funds:**	$0
Activity System ID:	26197		

Activity Narrative: The Catholic Medical Mission Board (CMMB), in collaboration with the Churches Health Association of Zambia's (CHAZ) member institutions, the Church Health Institutions (CHIs), is implementing a male involvement program in PMTCT and VCT, entitled: Men Taking Action (MTA). This narrative refers to the component of MTA regarding HIV Voluntary Counseling and Testing (HVCT).

HVCT can significantly contribute to reducing the transmission of HIV. However, in male-dominated societies, such as Zambia, where men are largely responsible for fueling the stigma related to HIV/AIDS; few men test for HIV and receive results, compared to women. According to the 2007 Zambia Demographic and Health Survey preliminary results, the proportion of young people aged 15-49, in the general population, who received an HIV test in the last 12 months and knew their result is quite low at the rate of 11.7% and 18.5% for males and females respectively. The MTA program targets men, motivating them to know their status, and encouraging them to change the sexual behaviors that impact HIV transmission and to adapt behaviors that will enhance uptake of the PMTCT services available in their communities.

During FY 2009, MTA program will be extended from the current 21 CHIs to 10 additional CHIs and their catchment communities. This will bring the total of active MTA sites to 31 in accordance with the cooperative agreement. The activities will include the following:
1. Orientation of CHI management team at 10 sites.
2. Training of 10 professional health workers as MTA coordinators.
3. Training of 80 community leaders (chiefs, headmen, the clergy, active community leaders, traditional healers/herbalists, and civic leaders) in MTA to provide leadership and conduct Education and Behavioral Change Communication (EBCC) sessions to men in the general community. The MTA EBCC methodologies were developed during FY 2007 with some revisions during FY 2008 based on the Knowledge, Attitude and Practice Survey (KAP) which was part of baseline assessment conducted at the start of project implementation in July 2007.
4. Community mobilization of men and conducting of MTA EBCC sessions to men on a regular basis. The 10 CHIs that will be activated in FY 2009 will hold 120 of these sessions. The 21 CHIs which were activated in FY 2007 and 2008 will continue holding regular MTA EBCC sessions, and it is anticipate that these sites will conduct a total of 147 during FY 2009. Therefore in FY 2009, 31 CHIs implementing MTA will conduct a total of 267 MTA EBCC sessions at different sites within their catchment areas. Assuming that 100 men will attend each of these sessions, a total of 26,700 men will be exposed to MTA EBCC sessions. After every MTA EBCC session men will be offered "opt out" testing and counseling. It is anticipated that 60% of these men will test for HIV and receive the results. HVCT will be provided by the CHI as outreach services. Alternatively, partners with mobile VCT services working in the catchment area of a CHI will provide mobile HVCT services. Special precautions have been taken into consideration to assure that a man who attends an MTA EBCC session whether in the community or at the CHI is counted only once. All the men who test positive will be referred to antiretroviral therapy (ART) department at their local CHI by the providers of HVCT services
5. Quarterly support supervision to all sites participating in the MTA program.

In line with the mission of CMMB, MTA is implemented collaboratively with partners (CHIs, community leaders, and CHAZ) with the purpose of building sustainable individual and community capacity in the fight against HIV. Therefore, sustainability includes efforts focused on encouraging CHIs to integrate MTA activities into their existing PMTCT and VCT outreach programs, as well as forming partnerships with other projects and organizations working on HIV at or near the sites where MTA is being implemented or targeted. We envision that by the end of the project life span (November 2009), CHIs will be implementing MTA as part of their routine outreach services and will be included in their annual action plans and budgets as part of the overall strategic initiative by the Zambian Ministry of Health (MOH).

During the close-out period (October - November 2009), CMMB will focus on administrative activities and provide technical assistance to CHIs as they complete their action plans and budgets in a way that can ensure that MTA activities are maintained.

It is estimated that $15,390 will be used for Human Capacity Development activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16844

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16844	16844.08	U.S. Agency for International Development	Catholic Medical Mission Board	7555	7555.08	Men Taking Action	$0

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 412.09 **Mechanism:** RAPIDS

Prime Partner:	World Vision International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	3555.26394.09	**Planned Funds:**	$147,229
Activity System ID:	26394		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
RAPIDS cooperative agreement will end in December of 2009. The project will continue activities with all partners during October 2009 and then begin the phase over process to the new mechanism. This phase over process will begin soon after the new mechanism is awarded and the new cooperative agreement comes into effect. Plans for phase over will include programmatic topics, staffing, finance, disposal of assets, and continuity of care for all RAPIDS clients. There will be a concerted effort for a fluid transition to ensure that both clients and caregivers are adequately supported. A lapse in programmatic coverage will be avoided through a coordinated plan for phase over and thus a successful transition.

Activity Narrative:
This activity is integrally connected with other RAPIDS activity areas including HVAB, HTXS, HKID, and HBHC. Activities and emphases include: testing at the household-level by finger-prick protocol approved by the Government of Zambia (GRZ) Ministry of Health and support for pediatric HIV diagnosis via collection of Dried Blood Spots (DBS) for analysis where possible. RAPIDS will create an enabling environment for sustainability in the last month of programming, during FY 2008 and early FY 2009. The most lasting gains in sustainability will be in terms of: organizational sustainability (organizations will continue operations after PEPFAR); and sustainability of services (organizations will continue services as resources permit). The most difficult to achieve will be financial sustainability (maintaining the same level of funding) however, it is anticipated that there will be another USG mechanism to support CT beyond October 2009. RAPIDS will actively participate in the phase over to this mechanism.

RAPIDS, which undertakes care and support activities in 52 of the 72 districts in Zambia, is a consortium of six international and local organizations: World Vision, AFRICARE, CARE International, CRS, The Salvation Army, and the Expanded Church Response (ECR), as well as other CBO and FBO local partners. RAPIDS uses a household approach which creates a basis for extending care and support to youth, OVC, and PLWHA within the context of needs and priorities identified at the household level.

RAPIDS will continue to integrate CT services into all its care and support activities targeting youth, PLWHA, HIV-positive children, and OVC. RAPIDS will target providing VCT to 1,554 clients in FY 2009, which is 1/12th of FY 2008 levels due to the time limitation.

RAPIDS will source rapid test kits through the GRZ test kit distribution mechanism. Test kits will be distributed to caregivers to be supplied in caregiver kits to allow for testing in households. Static test providers will be linked to the local district level supply chain of rapid test kits. The health care providers will conduct CT for clients referred by lay counselors as well as through mobile outreach services in the communities. Trained counselors under the Family Support Units will continue using rapid test kits so that FSUs are able to continue their outreach services into the communities. Strong linkages will be made with GRZ health centers at district level to ensure clients are provided with services through follow-up and feedback using the government recommended referral system.

In addition, RAPIDS will seek creative and practical ways to connect communities to CT by sensitizing them to the importance of CT. RAPIDS focuses on home/family-based testing. Through the household or family-centered approach, interventions will be conducted reaching a target population which includes OVC, youth, men, women, and home-and community based care (HBCC) clients and their family members. In addition to direct counseling and testing, RAPIDS will continue with its CT, ART and PMTCT referrals.

Counselors will make immediate referrals for post-test clients to prevention, care, and ART services. Those who are HIV-positive will be linked to ART services and PLWHA support groups or encouraged to create new groups. Counselor caregivers will distribute CT promotional materials developed by other USG programs such as HCP. All six RAPIDS partners will implement CT activities to ensure that RAPIDS reaches its CT targets.

To promote operational linkages and enhance the network model approach, RAPIDS will continue partnerships with other USG supported initiatives that provide CT such as Zambia Prevention Care & Treatment (ZPCT), AIDS Relief, and Centre for Infectious Disease Research in Zambia (CIDRZ), Corridors of Hope II, and PSI New Start. Each of the RAPIDS consortium partners, and some of its FBO/CBO sub-grantees, will include direct provision and/or support of CT in OVC, youth, and HBC programming. RAPIDS will follow GRZ guidelines on lower age limits for providing CT for youth with or without parental advice and consent.

To ensure that men and women adults, and male and female youth have equal access to CT, RAPIDS will program in FY 2008 and October of 2009 with a deliberate focus on gender-sensitive issues. RAPIDS will concentrate on reducing barriers to CT that men and women face, as well as concerns of single and married persons. RAPIDS will give attention to the risk of violence for married women who seek CT without advance knowledge or consent of their spouse. Other perceived barriers of women accessing CT are fear of being thrown out of the house, the distance to CT sites is prohibitively far, and the high cost of transport to CT sites.

For men, uptake of CT is often an issue. In FY 2008 and FY 2009, RAPIDS will address the low uptake of men to CT by the following strategies: encouraging couples counseling, encouraging household testing, focusing on the head of household as the decision-maker during counseling, and extending hours to weekends to allow for CT outside normal working hours. To address accessibility, caregivers trained as counselors will provide testing in the home and/or refer to mobile testing events. RAPIDS will continue its efforts to increase the percent of men as CT clients, beginning in COP 08 and will continue this effort until close-out in COP 09.

RAPIDS will target youth-at-risk and children in HIV/AIDS-affected families with strategies that respond to the needs of each age group within their family and social context. RAPIDS will work with FBOs and faith leaders to encourage congregants to undergo CT, reduce stigma and discrimination through sensitization activities on the importance of CT, and support mobile testing vans to conduct CT at churches especially

Activity Narrative: during religious celebrations and other church activities.

RAPIDS is ensuring that the program is integrated into existing district structures including the health facilities, and is contributing to build the capacity of these structures to ensure sustainability of CT services and demand beyond the life of the program. 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.

All FY 2009 targets will be reached by October 31, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14442

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14442	3555.08	U.S. Agency for International Development	World Vision International	6841	412.08	RAPIDS	$858,028
8944	3555.07	U.S. Agency for International Development	World Vision International	4995	412.07	RAPIDS	$573,485
3555	3555.06	U.S. Agency for International Development	World Vision International	2922	412.06	RAPIDS	$350,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $4,935

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 630.09

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3639.26388.09

Planned Funds: $1,100,909

Activity System ID: 26388

Activity Narrative: This activity has been modified in the following ways:

1.Significant expansion of HIV/AIDS leadership strengthening activities in HIV counseling and testing for traditional leaders, Members of Parliament, Leaders in Industry, and young influential Zambians
2.Significant expansion in HIV counseling and testing in private sector workplace programs through local Nongovernmental Organization (NGO) partner LEAD Program Zambia and through business associations partners Zambia Business Coalition on HIV and AIDS (ZBCA), Livingstone Tourism Association (LTA)
3.Phase-out of support to the Mining and Agri-business Public Private Partnership through SHARe
4. The SHARe-Tourism HIV and AIDS Public Private Partnership activity has been folded into this activity for FY 2009.

Activity Narrative:

This continuing activity links to JSI SHARe activities HVAB (#8906), OHPS (#8911), HVOP (#8915), and Public Private Partnerships.

The provision of HIV counseling and testing (CT) is an important part of any national HIV prevention program. It is widely recognized that individuals living with HIV who are aware of their status are less likely to transmit HIV infection and that through CT, HIV-infected individuals can be linked to care and support services that can help them stay healthy. CT also provides benefit for those who test negative, in that they are likely to make behavior change decisions, to allow them to remain HIV un-infected. The USG through SHARe and other USG projects has allocated a significant proportion of support to the Zambian government's response to HIV/AIDS aimed at increasing CT coverage and uptake. The SHARe project has worked very closely with National HIV/AIDS/STI/TB Council (NAC), to make CT more widely available in Zambia.

SHARe and its partners have significantly scaled up support to CT over the past three years. From October 2004 to September 2005, SHARe provided CT and test results to 321 and trained 73 persons in CT. The next year, from October 2005 to September 2006, SHARe and its partners provided CT and test results to 34,535 individuals, and trained 357 persons in CT. From October 2006 to September 2007, SHARe and its partners provided CT and test results to 73,825 individuals, and trained 415 individuals in CT. From October 2007 through March 2008, SHARe and its partners provided CT and test results to 39,369 individuals, and trained 185 individuals in CT.

In FY 2009, SHARe will continue to provide and expand CT in private sector businesses, markets, faith-based institutions, and communities through six local NGO/FBO partners: Zambia Health Education and Communications Trust (ZHECT), ZamAction, Afya Mzuri, LEAD Program Zambia, Latkings and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO). SHARe will continue to support workplace and community CT through four government ministries: 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 Communications and Transport which includes transport companies and truckers; and the Ministry of Tourism, Environment and Natural Resources which includes wildlife scouts and employees of lodges and tourism businesses. As part of its support to the Ministry of Transport and Communications workplace programs, SHARe will expand its reach beyond the Ministry itself, and support selected minibus and taxi businesses in Lusaka to implement comprehensive workplace programs that incorporate provision of CT.

SHARe will expand its effort to engage leaders and foster leadership at national, district and community levels in the fight against HIV/AIDS. SHARe will work with Members of Parliament, Traditional Leaders, Leaders in Industry and young influential Zambians (musicians, artists, youth leaders) to promote and advocate for increased uptake of CT within communities. SHARe will provide training/ and or technical assistance in HIV/AIDS advocacy and ambassadorship to Zambian leaders to enable them to have a fuller understanding of the HIV/AIDS epidemic in Zambia, and how they can provide effective leadership in the national response. SHARe will work with the NAC and other stakeholders to design a toolkit with appropriate HIV/AIDS messages to give guidance to Zambian leaders as they become more engaged in the fight against HIV/AIDS and ensure that the messages they give are consistent and scientifically sound. SHARe will also provide support and/or platforms for leaders to speak out against practices that are known to fuel HIV transmission (multiple and concurrent partnerships, gender-based violence, and alcohol and substance abuse) and promote interventions that can offer protections against HIV/AIDS (PMTCT, male circumcision, condoms). Leaders will use these platforms to help fight stigma and discrimination against people living with HIV/AIDS and to mobilize Zambians to go for HIV testing and make informed decisions regarding HIV prevention and/or timely access to HIV Care and Treatment, as appropriate, during SHARe-sponsored and other HIV/AIDS social mobilization events, including World AIDS Day and VCT day.

Through continued partnerships with local NGO and public sector partners, SHARe will expand CT services in private and public workplace programs. The project will provide both on-site and mobile CT work through other partnerships including Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs), Chiefdoms, and ZINGO, in an effort to expand coverage. Given the low numbers of people who know their HIV status in Zambia, social mobilization around CT will continue to be an important strategy in encouraging higher uptake of CT services. The project will continue to support CT social mobilization activities including activities on Voluntary Counseling and Testing Day (VCT) and World Aids Day (WAD), in collaboration with the NAC.

The project will continue to provide a grant to local NGO partner Latkings to provide mobile CT services linked to urban and rural mobile populations throughout Zambia and in workplaces. The project will also continue to seek and support innovative approaches to engage and connect communities to CT through community sensitization and mobile CT at traditional ceremonies. The informal sector and the very small businesses pose special challenges as workers in these sectors are harder to reach, but are also at increased vulnerability to HIV. Through local NGO partner LEAD Program Zambia, SHARe will continue to

Activity Narrative: provide CT services for very small businesses such as charcoal burners and small-scale fishermen. Through local NGO partner ZamAction, SHARe will continue to provide mobile CT services to vendors in the informal sector markets in Lusaka and Lusaka peri-urban areas. The informal market strategy has been very successful in taking CT services to a very hard-to-reach sector of the Zambian workplace. The project will continue to use innovative approaches such as drama, peer group discussions, and social mobilization events to encourage market vendors to access CT services.

In order to continue facilitating and supporting expanded nationwide CT services coverage, the project will continue to support its partners working in CT to access rapid test kits through the District Health Systems and the Zambia Medical Stores Ltd. CT providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care.

The project will work with and support its four local NGO partners (ZamAction, ZHECT, LEAD Program Zambia, and Latkings) working in CT to build sustainable programs through strengthening of technical and management capacities and mobilization of resources. Activities will include participatory analysis of current sustainability levels, sharing of sustainability strategies of successful NGOs, and development of sustainability plans. Public sector ministries, PATFs and DATFs will ensure the sustainability of their HIV/AIDS workplace CT activities through public sector and other donor funding.

In FY 2009, SHARe and its partners will train 100 persons in CT. Trained CT provides will reach 40,000 individuals with CT services and provide test results, in workplaces, communities, during social mobilization events, and traditional ceremonies across Zambia. SHARe will provide technical and other support to NGO partners engaged in provision of CT services with a view of strengthening capabilities in CT, including in quality assurance, quality improvement, and medical waste management.

In FY 2009, the USG will continue its support to the Tourism HIV and AIDS Public-Private Partnership (PPP) in Zambia, through the SHARe Project. This activity is a unique Public Private Partnership to reduce sexual HIV transmission implemented through a partnership between USAID/Zambia, NAC, hotel and tourism operators and related businesses, defined outreach communities and the Ministry of Tourism Environment and Natural Resources, with technical support from the PEPFAR-funded SHARe Project. 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”, which found that illnesses associated with HIV/ AIDS are reducing labor productivity by as much as 50% for those employees living with AIDS who are not on treatment and who stay employed.

The PPP aims at strengthening and building the capacity of hotel and tourism operators and other businesses in Livingstone and other parts of the country to provide leadership in the fight against HIV/AIDS. It also aims at supporting HIV/AIDS workplace programs with a view to minimizing the effects of HIV/AIDS on staff and defined outreach communities. The workplace programs of the PPP educate staff and communities on the risks related to HIV/AIDS through the dissemination of information and development of workplace policies. Further, the workplace programs encourage and support the involvement of the tourism sector partners in corporate social responsibility activities and large HIV/AIDS social mobilization events advocating for prevention of HIV transmission, increasing uptake of CT and timely linkages to HIV care services where necessary, including Anti-retroviral Therapy (ART) services.

SHARe will continue to use the Tourism HIV and AIDS PPP social mobilization events as a rallying point for training and building capacity for HIV/AIDS involvement, advocacy and ambassadorship among a core group of young, popular and influential opinion leaders in the arts and music arena. The key objective is to enable them to reach out to their target audiences with appropriate HIV/AIDS messages. These influential young people will speak out to their audiences more and more against practices that are known to fuel HIV transmission including, multiple and concurrent partnerships, gender-based violence, and alcohol and substance abuse. They will also be key partners in promoting interventions that can offer protections against HIV/AIDS such as PMTCT and male circumcision, and in fighting stigma and discrimination against people living with HIV/AIDS.

The Tourism HIV and AIDS PPP workplace programs (including the large social mobilization events), will reach over 8,000 individuals with AB messages and will result in 1,500 individuals receiving CT services.

This activity represents the USG matching contribution of $75,000 for the Tourism HIV and AIDS PPP in FY 2009 and is expected to result in 1,500 individuals receiving CT services and test results.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14400

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14400	3639.08	U.S. Agency for International Development	John Snow Research and Training Institute	6821	630.08	SHARE	$1,325,909
8907	3639.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$675,000
3639	3639.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$575,000

Emphasis Areas

Gender

* Increasing women's legal rights

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $132,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4139.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3750.26406.09

Planned Funds: $2,000,000

Activity System ID: 26406

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Activity Narrative:

This activity links directly with all other Partnership for Supply Chain Management System activities; as well as: The USAID | DELIVER PROJECT; Center for Infectious Disease Research in Zambia (CIDRZ); Catholic Relief Services/AIDS Relief; Churches Health Association of Zambia; University Teaching Hospital; Zambia Prevention, Care and Treatment Partnership (ZPCT); Population Services International/Society for Family Health (SFH); Catholic Relief Services/SUCCESS; Zambia VCT Services; Global Fund for AIDS, Tuberculosis and Malaria (GFATM); UNITAID; and the Clinton Foundation HIV/AIDS Initiative.

The purpose of this activity is to procure HIV test kits in support of the Government of the Republic of Zambia's (GRZ) counseling and testing (CT), prevention of mother to child transmission (PMTCT), and diagnostic testing programs. With FY 2008 funding, the USAID | DELIVER Project provided support in strengthening the national HIV test kit forecasting, quantification, and procurement systems, while the U.S. Government (USG) through SCMS purchased $2 million worth of HIV test kits for the national program in accordance with GRZ and USG rules and regulations.

With FY 2009 funding, USG will continue its strong collaboration with GRZ, GFATM, Japan International Cooperative Agency (JICA), and the Clinton Foundation/UNITAID to assist the national HIV testing programs in fulfilling demand for these products. 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 (Unigold), and tie-breaker (Bioline). All three tests are non-cold chain HIV rapid tests that enhance 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 Limited (MSL), where all the public sector and accredited NGO/FBO/CBO HIV testing programs will have access to these critical supplies. It is anticipated that over 1,200 testing sites will be accessing these donated supplies. Assuming that the number of annual tests stabilizes at 2009 figures, the USG's HIV test kit contribution will meet an estimated 92% of the projected national need, allowing for approximately 1,825,000 HIV tests to be conducted, testing approximately 1,220,000 persons.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14417

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14417	3750.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6827	4139.08	Supply Chain Management System	$2,000,000
9523	3750.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$4,000,000
3750	3750.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4141	4141.06		$1,000,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 527.09

Mechanism: SUCCESS II

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3569.26399.09

Planned Funds: $250,000

Activity System ID: 26399

Activity Narrative: This activity links to HBHC (#9180) and HTXS (#9182) and to other palliative care (HBHC), counseling and testing (CT), and prevention of mother to child transmission (PMTCT) activities. The CRS SUCCESS II Project was a follow-on to the first SUCCESS Project. The Close-Out/Phase-Over period is from October – December 2009.

By October 2008, SUCCESS II expected to receive a Cost Extension to cover the period October 2008 – December 2009 that includes the last 3 months known as Phase-Over/Close-Out. "Phase-Out" refers to all activities during the period of transition whereby CRS SUCCESS partners will transition their activities to other potential USG partners. "Close-Out" refers to a specific set of required activities whereby the SUCCESS award will end.

During Phase-Over, partner activities under HVCT will include Counseling and Testing (CT) that includes the use of finger-prick methodology in the community; greater focus on the palliative care prevention package in all service settings including CT; as well as increased support for Pediatric ART (PART) through screening of infants using Dried Blood Spot (DBS) samples for diagnosis using Polymerase Chain Reaction technology, where available, with consequent referral of HIV positive infants for PART and PMTCT.

SUCCESS II will continue to support partners plans for sustainability by providing ongoing technical support to the end of the project. This will include assisting the partners during the Phase-Over to other USG partners by ensuring that all SUCCESS C&T data and information relating to clients such as client records are available for any future parties. All efforts will be made to ensure that the transition period is a smooth one for program staff, volunteers and clients.

SUCCESS II has established a large platform for HIV service delivery in six of nine dioceses (7 provinces) in Zambia. SUCCESS II views CT as an integral component of high quality, community-based palliative care (HBHC). SUCCESS II has achieved its CT targets in 45 of Zambia's 72 districts (geographic coverage of more than 62% of all districts) and trained 850 persons, including health workers, caregivers, teachers, and local leaders in counseling or testing, as well as pediatric CT. SUCCESS II works largely in rural areas, the cost per client therefore is 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 the JSI/Supply Chain Management Services project. All of this relevant information will be documented and transferred to future grant holders.

SUCCESS II will continue until the end of the project to support its partners in the provision of on-site CT services that meet national and international standards. CT, the entry point for HIV/AIDS care and treatment, enables SUCCESS II to identify and refer PLWHA early for palliative care and ART. Early identification of HIV infection allows PLWHA to initiate behavior change and participate in Positive Prevention programming. This reinforces USG Zambia Prevention targets. It also helps in preventing or delaying orphanhood for Zambian children born to couples, in which one or both partner is HIV-positive, provided that they take appropriate precautions.

SUCCESS II has set an indirect target of referring at least 4,550 individuals found to be HIV positive for ART, including infants and children.

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 introduced finger-prick testing technology at a community level 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) drawn a drop of blood for PCR analysis using Dry Blood Spot (DBS) technology (available in Lusaka, Livingstone, and Ndola); or b) where DBS and PCR are not available, home-based care volunteers will visually screen infants for signs of "growth faltering" and other symptoms associated with HIV/AIDS, and refer 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 II 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. The 850 individuals trained in counseling and testing will continue to provide services for clients during the Phase-Over period.

SUCCESS II partners use a network model and create linkages to existing ART services. SUCCESS II works hand in hand with the GRZ local health structures to coordinate CT services and link to other NGOs and CT providers who operate Mobile Testing services.

SUCCESS II partners collaborate in numerous ways. Annual meetings have been a feature to bring SUCCESS II partners together for cross-fertilization of programming ideas, issues, and lessons learnt; during the Phase-Over period there will be at least one such meeting. This meeting will serve as a time for all SUCCESS partners to meet and to share lessons learnt from the program.

All targets will be reached by December 31, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14375

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14375	3569.08	U.S. Agency for International Development	Catholic Relief Services	6807	527.08	SUCCESS II	$1,000,000
9181	3569.07	U.S. Agency for International Development	Catholic Relief Services	5058	527.07	SUCCESS II	$1,000,000
3569	3569.06	U.S. Agency for International Development	Catholic Relief Services	2930	527.06	SUCCESS	$800,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1174.09

Mechanism: State

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26348.09

Planned Funds: $50,000

Activity System ID: 26348

Activity Narrative: This activity relates to HVOP (#NEW) and HVAB (#NEW).

This portion of 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 at a grassroots level. The Small Grants scheme will help to build local capacity by encouraging new partners to submit applications for review. Awards will be designed to explore the use of "community compacts," or agreements directly with communities, as well as incentive rewards for effective prevention programs. 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 nine provinces will be encouraged to apply.

Organizational capacity/viability and community competence will be criteria for successful applicants. Generally, PEPFAR activities are carried out in all nine 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 confirmed that a village only 15 kilometers away from a town center, is effectively cut off from civilization. The Ambassador's PEPFAR Small Grants Fund adheres to the same model as the Ambassador's Special Self Help Fund, and serves a unique niche, providing support where there would otherwise be none. When possible, the communities this project will serve are those who are geographically located beyond the reach of PEPFAR prime partner activities.

Activities funded by the program will involve capacity-building for 15-20 grassroots and community-based organizations to conduct HIV/AIDS programs. These funds will be managed by a full-time Small Grants Coordinator to work with the non- PEPFAR Self Help Grants Coordinator and the PEPFAR OVC Small 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11109.09

Mechanism: New MARP/Other Sexual Prevention Program

Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	26865.09	**Planned Funds:**	
Activity System ID:	26865		

Activity Narrative: The Corridors of Hope III (COH III) is a new contract and a follow-on activity to the original Corridors of Hope Cross Border Initiative (COH) and the Corridors of Hope II (COH II). COH III will continue the activities of COH and COH II and expand the program to ensure a more comprehensive and balanced prevention program. COH III will have three basic objectives focusing on prevention of sexual transmission - condoms and other prevention, AB activities, and CT services. These three program areas will fit together and be integrated as a cohesive prevention program.

In the three year life of project, COH II trained 750 outreach workers and 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. COH II had over 90 condom outlets that were socially marketing condoms to high risk groups, including sex workers and their clients. COH II is ended in FY 2009.

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 I and II services, COH III also focuses on reducing sexual networks, providing sexually active youth with contextually appropriate intervention alternatives, addressing gender disparities, sexual violence, and transactional sex, providing services and activities for CT, AB, and other prevention, and facilitating linkages to other program areas such as care and treatment. To accomplish this, COH III will implement a range of appropriate outreach services in bars, clubs, truck stops, and other key gathering places. COH III will continue to have a strong focus on sustainability through building the capacity of three national non-governmental organization (NGO) partners and, through them, of other local partners, including faith-based organizations (FBOs), community-based organizations (CBOs), and other NGOs, to provide other prevention services.

With the advent of PEPFAR phase I, the original COH introduced static HIV testing into their services at border and high transit sites for the first time. By the end of COH II in FY 2008, the project had trained 20 HIV counselors and 20 health care workers to provide CT services to high risk women and men and reached nearly 15,000 men and women, including sex workers and their clients, with CT services. The test results were shocking with prevalence rates from 50%-70% among female sex workers. These data reinforces the importance of expanding CT services and linkages to care and treatment services in the new COH III project.

In FY 2009, COH III will build on the lessons learned and the experiences of COH I and II, and will continue to provide CT services in seven static facilities and mobile services in: 1. Livingstone, 2. Kazungula, 3. Chipata, 4. Kapiri Mposhi, 5. Nakonde, 6. Solwezi, and 7. Siavonga (Chirundu). These locations represent populations that have the highest HIV prevalence and number of people living with HIV/AIDS (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 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 2009, 20,000 individuals will access CT services and receive their test results through COH III. COH III will train 20 HIV counselors and 20 health care workers to provide CT services to high risk women and men. COH III will continue to promote universal CT and community prevalence findings will continue to be utilized to inform community members of the real risk of HIV transmission in their area, to reduce denial, increase personal risk perception, ensure gender equity in service delivery, address male behavior and norms in relation to accessing CT, and provide CT to victims of sexual/gender based violence. COH II will continue to provide static and mobile community-based CT services. CT will be an entry point to prevention, care, and treatment services and linkages for referrals will be strengthened. COH III and their local partners will continue to work closely with communities to establish post-test clubs and support activities.

COH III will leverage local resources from the MOH and the DHMTs. The MOH will continue providing HIV test kits for COH II static and mobile testing services and the DHMTs will continue to provide periodic quality assurance supervision for project CT activities.

COH III's mandate is to increase the capacity of local partner organizations to provide and sustain a continuum of prevention services. COH III will continue to 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 III will continue to strengthen all facets of its subcontracted national non-governmental organization (NGO) partners and other local implementing partners by providing technical assistance and training 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 its subcontracted local partners, COH III will develop an exit strategy along with the graduation plan that identifies the technical and capacity building needs of each local partner and the timeline for the phase-out of technical assistance leading up to their 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 PMTCT, prevention and clinical management of HIV-related illnesses and opportunistic infections, ART, tuberculosis control, and psychosocial support. COH III will continue to collaborate with the District AIDS task forces (DATFs) and the 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. All FY 200(targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	11091.09	**Mechanism:**	Community Empowerment Through Self Alliance (COMETS)
Prime Partner:	Comprehensive HIV/AIDS Management Program	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	26870.09	**Planned Funds:**	$0
Activity System ID:	26870		

Activity Narrative: The new Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY 2009, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA. The GDA Partners work closely with the Ministry of Health (MOH) and the National HIV/AIDS/STI/TB Council (NAC) to ensure harmonization of the private and public sector responses and approaches.

In FY 2009 COMETS will scale up the number of CT service outlets providing counseling and Testing in the GDA workplaces and outreach communities to reach 57,600 individuals with HIV counseling and testing who receive their test results. This will be achieved through the training of 448 counselors who will strengthen the existing GDA workplace and community HIV Resource Persons Network(HRPN) the expansion of opt out and DCT services to forty rural health centres through the MHU, the and the scale up of opt out CT and DCT services in the GDA on site clinics and hospitals.

The scale up of CT will also be supported by specific campaigns such as the "Need to Know" campaign launch just before World Aids Day which emphasizes the need to know your status, what to do when your negative and what to do when positive, and focused campaigns in the GDA workplace and outreach communities supported by the HRPN, MHU, sub grants and the provision of IEC materials and mobile CT services. Information on linkages to services, living positively and access to treatment will be made available to all CT clients on testing negative or positive.

COMETS will provide technical support for the formation of new and existing support groups in both the workplace and the community focusing on effective referral resulting in client enrollment following HIV testing. Strategies to ensure the inclusion of clients who have tested negative will be an important focus as almost seventy-five per cent of those tested test negative.

The GDA partners will also continue to implement innovative interventions in the workplace and the communities such as the "door to door" campaign, workplace mobile CT, activities around traditional ceremonies and functions, church events, corporate social responsibility programme events, before and after shift on site CT services in the mining sector , and sports sponsored activities with CT services.

During FY 2009 emphasis will be placed on referral processes after CT particularly for those individuals that need to seek further tests such as CD4 and pre ART/ART treatment which has been a challenge for the GDA on site and off site service providers particularly in the work environment where issues of job security and stigma are rampant.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3022.09

Mechanism: NAC - U62/CCU023413

Prime Partner: National AIDS Council, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26594.09

Planned Funds: $80,000

Activity System ID: 26594

Activity Narrative: THIS IS A NEW ACTIVITY:
• To support national testing days, the National VCT Day and the World AIDS Day
• To support radio programs to increase awareness in the community on the importance of knowing ones status and next steps if one is negative or positive

This activity will be linked to the all CT, PMTCT, and prevention activities in the COP.

Part of these funds ($28,000) will be used to print and distribute Information Education and Communication (IEC) materials to support the national testing days – VCT day and World AIDS day.

In 2008 before the VCT day, the planning technical working group lead by National HIV/AIDS/STI/TB Council (NAC) conducted a one and half hour education program addressing counseling and testing (CT) and responding to questions from callers. It was apparent this episode provided a good means for people to call in ask questions, improve awareness as well as share experiences. Working in line with the NACs goal of intensifying prevention through CT, in 2009, a 52 weeks radio program will be aired on radios 2 and 4. NAC will subcontract $ 52,000 of the funds to Media Works through Zambia National Broadcasting Communication (ZNBC) to deliver the messages below throughout the year. Radio 4 casts a wide network of listeners from Livingstone to Chisamba while radio 2 focuses on the line of rail listeners.

Topics to be covered include:
- Importance of CT
- Couples VCT
- PMTCT
- Youths and CT and prevention
- Prevention for positives and negatives
- Adherence including nutrition
- Alcohol and HIV
- STIs
- HIV and TB
- Domestic Violence
-Male circumcision
- Child sexual abuse
- CT in children and disclosure

These topics will be addressed in relation to risk behavior and behavior change. NAC in collaboration with the national prevention theme group will identify experts in the areas above to lead the discussions. NAC will work closely with USAID SHARe and HCP to ensure that messages are not duplicated and where necessary re-in forced.

Media Works will also work with Provincial Health Officies planning radio programs to share experiences and improve of how to best create community awareness through radio.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11101.09

Mechanism: New Communications Procurement

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26714.09

Planned Funds: [redacted]

Activity System ID: 26714

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID clinical activity in FY 2010. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be an overlap between the current and new project so that services continue to be provided to new and existing clients.

A new partner will be selected in 2009 to implement behavior change communication (BCC) activities focusing on expanding access to counseling and testing (CT) services. This activity supports all USG partners providing CT services nationwide, and addresses both Zambia and PEPFAR's goals for increasing the number of people who know their status and the provision of quality CT information.

CT is the entry point into treatment and care programs. In order to expand the use of CT, the new partner will implement a comprehensive BCC approach that is based on research and complements the National Prevention Strategy (NPS). Activities will include developing outreach materials for and training of lay counselors and peer educators; involving people living with HIV/AIDS in the design and dissemination of mass-media messages; and promoting couple, family, and community counseling involving adult and pediatric treatment. All messages and materials will be pre-tested for effectiveness and translated into local languages.

At the same time, the new partner will engage traditional, religious, and community leaders to encourage Zambians to seek testing and know their HIV status and attract more men as CT counselors.

All communications materials consider existing gender roles with the goal of reducing violence, empowering women to negotiate for healthier choices, promoting partner communication/mutual decision-making, and male responsibility.

Technical assistance will continue to be provided to the NAC in the dissemination of the NPS which focuses on scaling-up behavioral change efforts including CT. The new partner will ensure that its activities are also integrated into district and provincial plans ensuring ownership and sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1031.09

Mechanism: Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 12529.26641.09

Planned Funds: $0

Activity System ID: 26641

Activity Narrative: The narrative reflects project closeout for the last three months of Health Communication Partnership's (HCP) project life. There will be no new activities in the field, only financial and logistical close out.

This activity linked with the HCP's activities. This activity also directly supported Population Services International/Society for Family Health (PSI/SFH), JHPIEGO, and Partnership for Supply Chain Management Systems (SCMS) male circumcision activities (MC). HCP's activities indirectly supported the Ministry of Health (MOH), National HIV/AIDS/STI/TB Council (NAC), and USG implementing partner counseling and testing (CT) activities. HCP has also been a key member of the information, education, and communication (IEC) committees of the National Malaria Control Centre and the Ministry of Health's (MOH) child health and reproductive health units.

HCP used PEPFAR and Child Survival funds to benefit more than 900 communities with wrap around behavior change communication (BCC) activities linking HIV/AIDS messages with those related to malaria, family planning, reproductive health, safe motherhood, and child survival.

Community mobilization and BCC, the foundation of HCP's strategy in Zambia, provided a comprehensive approach to promoting counseling and testing services throughout the country. HCP drew on Johns Hopkins University Center for Communication Programs' (JHU/CCP) worldwide expertise 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 supported JHPIEGO's and PSI/SFH's male circumcision (MC) initiatives with strategic communication approaches. In FY 2007, HCP also assisted the MOH, the NAC, and MC service delivery partners, in the development and implementation of a national MC awareness campaign that places CT as a first step to MC. The awareness campaign also included messages regarding AB and stigma/discrimination reduction. Materials for the campaign addressed risk-disinhibition and focused on the importance of knowing one's HIV status, the necessity for consistent safe sex practices, and the need to seek MC services from a trained professional with post-procedural care. The campaign placed MC and CT in the greater context of reproductive health and ensures that clients receive clear counseling on how MC is and is not protective in acquiring HIV; it also emphasized the importance of knowing one's HIV status. A male reproductive health counseling kit was also developed for the campaign. This kit is a practical counseling tool and is accompanied by a more technically detailed male reproductive health handbook, developed in conjunction with ZCCP, for service providers to use in pre- and post-circumcision counseling for clients seeking MC services.

In FY 2008, HCP also developed a short video on the basic information around MC, disinhibition, the need to use a trained service provider, the importance of knowing one's HIV status, and the advisability of MC for men who have tested negative. This video, in seven national languages, was aired for 16 weeks, twice per day, on ZNBC television, and ZNBC Radio 1 and Radio 2, with at the relevant language slots. Local radio stations that HCP has ongoing relationships with in all nine provinces, aired radio messages in the appropriate language twice per day over 16 weeks.

In FY 2009, HCP built on the information campaign to support MC services and HCP addressed specific behavioral issues that emerged from FY 2008 and will continue to emerge throughout FY 2009. HCP will continue to work closely in with its collaborating partner, the Comprehensive HIV AIDS Management Program (CHAMP) HIV Talkline, to ensure counselors are fully prepared to respond to MC questions.

In FY 2009, HCP staff continued to strengthen community links to MC services, working with partners in service delivery (JHPIEGO, PSI/SFH and MOH) to orient counselors to the male reproductive health handbook. Safe motherhood action groups continued to promote knowing one's HIV status. These action groups also promoted MC for men who have tested negative and for male newborns.

Traditional leaders play a key role in all of HCP community-based activities. In provinces that implement MC as a traditional practice, HCP continued to actively engage traditional initiators to promote CT and safe and sterile MC. This work will complement the training efforts of JHPIEGO, PSI/SFH, and the MOH.

Community health education flipcharts, developed by HCP in FY 2007, which include MC information, continued to be used at a community level and at rural health centers to raise awareness of MC.

All activities begin with formative research and are pre-tested 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, promoting partner communication/mutual decision-making, and male responsibility.

HCP's community mobilization efforts have continued to be focused on developing the skills and capacity of individuals, Neighborhood Health Committees (NHCs), and community-based organizations (CBOs). HCP has continued to promote self-reliance and build sustainable programs. HCP continued to be committed to building Zambian capacity and improving the sustainability of the activities being implemented. Trainings in proposal writing (for funds available locally), activity design, and monitoring enable organizations to find local responses to local challenges. All of the over 900 communities involved in this project have utilized these community-level capacity building trainings to promote and mobilize CT at a grassroots level. Training sessions for psychosocial counselors have inspired many to use their own initiative in response to local needs.

HCP continued to play a key role with the NAC, collecting, harmonizing, and sharing national IEC materials. In FY 2006, HCP supported the development of the NAC Resource Center by compiling a database of all HIV/AIDS IEC materials available in Zambia. With USG partners, HCP facilitated 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

Activity Narrative: ownership and continuity of activities.

In FY 2009, HCP conducted an end-of-project survey to measure impact of the activities mentioned above, along with activities listed elsewhere in the COP.

All FY 2008-funded targets will have been reached by September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14410

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14410	12529.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6823	1031.08	Health Communication Partnership	$330,000
12529	12529.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4979	1031.07	Health Communication Partnership	$330,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3082.09

Mechanism: WPHO - 1 U2G PS000646

Prime Partner: Provincial Health Office - Western Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3792.26264.09

Planned Funds: $140,000

Activity System ID: 26264

Activity Narrative: THIS ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Offer testing for children who accompany their parents to all counseling and testing (CT) sites.
• Build capacity of CT staff to integrate prevention for positives and negatives into CT as well as promote couples CT.
• Engage in active community sensitization through working with local leadership on issues surrounding CT such as stigma reduction, benefits of accessing services, availability of services and location, and couple counseling.
• Actively play a coordination and capacity building role among other partners delivering CT in the province to ensure equitable coverage.
• Ensure out of school youth are reached with CT and associated prevention messages.

Activity Narrative
This activity is related to WPHO partner supported activities under counseling and testing (CIDRZ #19501.08, JHPIEGO # 4527.08 and AIDS Relief # 9713.08) as well as all direct CDC supported activities in western province in prevention (# NEW MC WPHO, HVOP #9648.08), care and treatment for both adults and children (HTXS #17817.08, PDTX # NEW), laboratory services (#9799.08) and strategic information (#9696.08).

Western Province has HIV prevalence of 13.1% (Zambia Demographic Health Survey (ZDHS) 2002). Institutional data (from hospitals and health centers) indicate that the prevalence of HIV among patients varies from district to district with Kaoma being highest at 48 % and Kalabo lowest at 25 %. The Ministry of Health through the Western Province Health Office (WPHO) would like to reduce the high prevailing prevalence to as low as possible. The effort will be collectively achieved by working with other partners in HIV prevention in sensitizing the people of western province about the importance of knowing their HIV status and seeking timely treatment and other services. Further more, HIV CT is one of the entry points for ART services and offers an opportunity to disseminate education information on prevention to individuals and couples.

In FY 2009, the objective remains to increase the number of individuals counseled, tested, and receiving their test results through improving access to CT. In order to achieve the above objectives the following activities will be undertaken by the WPHO.

SCALLING-UP OF COUNSELLING AND TESTING SERVICE SITES
This will be an on going activity which was started in FY 2006. At the beginning of the program, there were 16 (10.8%) active sites out of 148 health facilities in the province providing CT services. During the FY 2006, WPHO opened an additional 16 new sites and reactivated 25 sites which were inactive. In 2007 the WPHO continued to scale up to 19 more new sites. By the end of FY 2008 WPHO will have scaled up to an additional eight new sites giving a total of 84 (56.8%) health facilities providing CT services.

In FY 2009 WPHO will increase the number of CT sites by 39 in an effort to cover all centers that have trained health providers. This will result in 123 (83.1%) health facilities providing CT services. A number of new sites will require renovation or minor construction to ensure that CT services operate within the national accreditation criteria. In addition, WHPO will continue to strengthen the existing sites.

In line with the government Provider Initiated Testing and Counseling (PITC) policy, WPHO will reinforce the policy by ensuring that all TB, STI patients and all clients including children accompanying their parents/care takers to health facilities providing CT services are offered an opportunity to know their HIV status through counseling and testing. All patients/clients including children who will test HIV positive will be linked to ART services. WPHO will further support the districts to address the challenges related to stigma and apathy on CT.

COUNSELLING, TESTING AND CARE
By the end of FY 2006 11,009 clients were counseled and tested and received their results. In 2007, the number increased to 24, 076. During the FY 2008, WPHO will support counseling, testing and giving of results to 8,400 giving a total of 43,485 clients counseled and tested.

Western province has a projected population of 955,297. Given the necessary and adequate resources (human, financial, and infrastructure) WPHO would like to counsel and test at least 50% of the population. In FY 2009, WPHO plans to counsel and test 14,000 clients including children which will result in 57, 485 (6.6%) individuals counseled and tested. This percentage falls far below the desired number individuals that require counseling and testing. The number will be achieved by actively engaging the communities through use of trained lay counselors in addition to counseling and testing in health facilities by trained health providers. Use of lay counselors is in line with the Ministry of Health (MOH) policy of empowering lay counselors to undertake counseling and testing which will also bring services as close as possible to households.

WPHO will also focus on working with HIV positive clients in order to prevent transmission and re infection. People living with HIV will also be given an opportunity to participate actively in prevention activities such as drama and giving health education during traditional and church gatherings.

TRAINING
WHPO will support districts to ensure that the hospitals, health centers and other new sites are sustained through training at both facility and community-level.

a) Training in Counseling, Testing and Care
In FY 2006, WPHO trained 59 health providers and 40 Classified Daily Employees (CDE's) and Community Based Volunteers (CBV's) from the seven districts. By the end of FY 2007, an additional 50 health care providers were trained in CTC (Lukulu (twenty) Kalabo (five) Sesheke (five) Senanga (two) Kaoma (one) and Shangombo (one) giving a total of 109 health providers trained. Furthermore, 10 CDEs and 20

Activity Narrative: community based volunteers were trained giving a total of 70 CDEs and community volunteers trained. By the end of 2008, WPHO trained an additional 20 health care providers, (Clinical Officers, Nurses and Environmental Health Technicians) giving a total of 129 trained, using CDC funding. An extra 200 counselors were trained by other partners making a total of 329 (54.8%) health providers trained in CT out of an estimated number of 600 health providers currently in the province. An additional 19 Lay Counselors will be trained giving a total of 89. The number of counselors in the province could be higher given that other components (TB- DCT and PMTCT) also train providers in counseling.

In FY 2009, WPHO will train 100 health providers surpassing the target of 55 resulting in a total of 429 (66.7%) of providers trained in CT in the province. The reason for increasing the number of trainees is to address the gap (approximately 85%) in the number of individuals that require counseling and testing against those that will be counseled and tested 57, 485 (6.6%) by the end of FY 2009. WPHO will also train 100 community based volunteers to support both the 15 new sites and the existing sites (five/new site. remaining 25 will from health centers where they will be critical staff shortage) resulting in 189 community volunteers trained in CT. Global funds will complement the provincial CDC funds in training by supporting training of 100 CBVs and CDEs while the health providers will be trained using USG funds.

b) Training for orientation and updates
WPHO will support districts to carry out refresher courses for health providers trained, community based volunteers including CDEs trained in FY 2006, 2007 and 2008. WPHO will also continue providing updates.

c) Community training and sensitization – New
In FY 2009, WPHO will give awareness of available CT services a priority given that CT is an entry point for encouraging individuals, couples, and communities in knowing their status thus facilitating timely access to treatment and other related services. In addition, the WPHO will support districts to carry out CT campaigns in high risk communities such as fishing camps, Mongu harbor, communities living around border areas, and timber logging camps in the province including saw mills in Sesheke district. WPHO will also develop activities for the radio programs which will be integrated with other components of the cooperative agreement.

HUMAN RESOURCE
Support for human resources is on-going. In FY 2006 the WPHO recruited two counselors to mitigate the impact of shortage of staff in the province (Luvuzi and Mitete health centers in Lukulu). The support for the two counselors continued in FY 2007. However an additional counselor was recruited during the same financial year for Sikongo rural health center in Kalabo district. During the FY 2008, WPHO did not recruit any counselor but supported selected health centers where there is only one health provider through paying of overtime allowances for 20 health providers.

In FY 2009, WPHO using the same criteria will continue paying over time allowances to selected health centers. In addition, the WPHO plans to recruit three full time counselors for health centers serving communities at high risk of HIV transmission. The identification of the three health centers will be guided by the 2007 ZDHS findings.

MONITORING AND EVALUATION ACTIVITIES - New
With the current MOH policy in place that has allowed lay counselors to carry out HIV testing in addition to counseling, there is need to have an effective system of capturing community data on counseling and testing and ensuring quality of CT services. In FY 2009, WPHO is planning to develop data collection tools that will facilitate capturing of community data that is not captured by the current national HMIS tool. With all the counseling activities that the WPHO is planning to undertake including mobile CT, WPHO will develop a quality assurance tool that will be used to support districts in ensuring that CT services at both facility and community levels are of the desired quality. The WPHO will monitor CT services quarterly and biannually during performance assessment. Districts will be supported to monitor the facilities monthly.

SUSTAINABILITY
To ensure sustainability of the program, the WPHO will devolve implementation responsibilities to the respective districts and ensure that districts include CT activities in their annual plans. The WPHO's role will therefore be providing technical support, mentoring, monitoring and evaluation. With the human resource strategic plan of the MOH being implemented, there will be doubling of intakes and outputs from the training institutions which will ultimately improve the availability of human resource in the province. Further, assuming that the improved funding is sustained, infrastructure development will also improve ultimately increasing access to CT services as well as providing space for more service provision in existing facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15558

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15558	3792.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	7181	3082.08	WPHO - 1 U2G PS000646	$100,000
9047	3792.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$100,000
3792	3792.06	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	3082	3082.06	Western Provincial Health Office	$100,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $58,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7070.09

Mechanism: Luapula Foundation

Prime Partner: Luapula Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 15178.26424.09

Planned Funds: $0

Activity System ID: 26424

Activity Narrative: Luapula Foundation is a New Partner Initiative (NPI) project in Zambia. Luapula Foundation has been implementing an HIV Counseling and Testing program in Mansa District, Zambia, since October 2006, and scaled up the program to all districts in Luapula Province with NPI funding beginning in December 2006. NPI funding will come to an end on November 30, 2009 and Luapula Foundation will closeout NPI funded activities and scale down operations. During the last three years of NPI funding for its CT program, Luapula Foundation implemented counseling and testing (CT) in close collaboration with the Society for Family Health (SFH) using their New Start brand for provision of CT. In FY 2008 Luapula Foundation purchased a New Start mobile franchise from SFH for the use in delivery of CT services. Under the New Start franchise, SFH provided supplemental services such as quality assurance and provision of supplies. The activity was also closely linked with the Ministry of Health (MOH), and Mansa Diocese Home Based Care (HBC) who provide care and support of the HIV positive clients, and with United States Peace Corps volunteers (PCVs) who assisted in mobilizing communities to access the mobile CT services offered. To avoid duplication, Luapula Foundation collaborated with other USG partners, MOH under-five and maternity clinics, Zambian Army, Zambia National Service, Prisons Service and Police Service to provide mobile CT.

Over the course of the past three years of implementation of the project, Luapula Foundation has trained 148 lay counselors in all seven districts of Luapula Province. An internationally approved training curriculum was used and the trainings were conducted by qualified trainers contracted for the purpose. All trained counselors achieved certification through the Zambian Counseling Council. Luapula Foundation continued to provide group and individual supervision and refresher courses to ensure quality service delivery. These trainings will assist to provide for a sustainable exit strategy in the various districts by enabling well-trained counselors to continue to provide high quality CT at public health facilities.

Over the course of the three years of the project, Luapula Foundation scaled-up the CT program to provide mobile CT to all districts of Luapula Province. Many rural villagers in Luapula Province had no access to CT services other than through the mobile unit provided by Luapula Foundation, due to distance from fixed site centers and lack of transport. Luapula Foundation provided a CT service to 15,000 adults that offered same day results to the clients. Luapula Foundation augmented government efforts to provide CT to as many citizens as possible by using protocols designed by SFH New Start following national guidelines.

Luapula Foundation, in cooperation with stakeholders, built strong referral systems and created referral directories in all districts served.

Besides the general adult population and adolescents over the age of 16, Luapula Foundation targeted community, business and church leaders, and caregivers/guardians of OVC in order to encourage the general population to come forward for CT. Luapula Foundation worked closely with communities to plan and implement CT activities and referral systems. Luapula Foundation strengthened linkages with community leaders, community-based organizations (CBOs), District AIDS Task Forces (DATFs), and rural development committees.

Luapula Foundation’s NPI Cooperative Agreement ends on November 30, 2009. NPI activities for the two months of FY2010 will concentrate primarily on close-out of the project and review and strengthening of sustainability measures.

The 148 lay counselors trained by Luapula Foundation have been supervised by Ministry of Health Counselor supervisors. In its mobile Counseling and Testing program, Luapula Foundation worked closely with the Ministry of Health (District Health Offices). The lay counselors have been providing counseling services at their local area rural health centers in the times that the mobile activities were not being provided by Luapula Foundation. The lay counselors have also been linked to home based care services in the districts close to the sites to which they report. Local rural health center staff are providing technical assistance to the lay counselors. The Ministry of Health provides the reagents for the testing activities. Therefore, in the absence of mobile CT in rural areas, CT will be provided at RHC.

During the closeout phase of the CT program Luapula Foundation will organize stakeholders meeting to share best practices and program challenges. This activity will include collecting testimonies from community members and program beneficiaries so that Luapula Foundation can share program successes and failures.

In addition, Luapula Foundation will continue to provide technical assistance to stakeholders to enable them to handle possible challenges once NPI funding ceases.

Luapula Foundation will also review challenges identified in the mid-term evaluation report to determine if the project has successfully developed interventions for sustainability of the activities in the communities/sites in which the project was undertaken.

Luapula Foundation will reach no new targets in this closeout phase of the project. However, in FY 2009 Luapula Foundation began exploration of partnerships with the Ministry of Health and the Mansa Diocese Home Based Care program in an effort to provide a comprehensive package of care to HIV positive persons in Luapula Province. This program is expected to provide counseling and testing, treatment, and home based care to those suffering from AIDS. This program will be built on the base of the CT program begun with NPI funding, and funding for the program is actively being sought. Luapula Foundation will continue to stress to stakeholders, partners, and potential partners our commitment to providing gender equity services and will encourage partners and stakeholders to adopt this commitment. This comprehensive program is currently being implemented on a small scale as a pilot in one district with funding obtained from the Stephen Lewis Foundation and additional funding is actively being sought from other sources. Equipment purchased for the NPI Counseling and Testing program with NPI funds will be necessary in the execution of this comprehensive program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15178

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15178	15178.08	U.S. Agency for International Development	Luapula Foundation	7070	7070.08	Luapula Foundation	$0

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7459.09

Mechanism: Family Based Response

Prime Partner: Kara Counseling Centre

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 16728.26421.09

Planned Funds: $0

Activity System ID: 26421

Activity Narrative: The project is scheduled to end in November 2009.

Activity Narrative:
The Kara Counseling and Training Trust (KCTT) Family Based Response (FBR) project is a New Partner Initiative (NPI) project in Zambia which began operations in FY 2007. However, KCTT has been working in Zambia for over ten years This activity has four components, offering a family-based approach to families in their homes; offering CT through mobile approach and advocacy and lobbying for continuation of improved counseling and testing services in Zambia. The period will also include close out activities.

Under the first component KCTT and implementing partners will in 20 outlets provide counseling and testing to individuals. This will be done with a family-based approach by providing counseling and testing to families in their homes. The agreement to undergo counseling and testing as a family will enhance support for members of the family that would test HIV positive. Seven Hundred and seventy five individuals will be counseled in their homes. KCTT estimates that about 1 in 5, 155 of these individuals, will be tested and receive their results. The caregivers will provide counseling to individual families with special needs, especially those who will test HIV positive. In this activity component the funds will be used to pay for HIV testing materials, transport, office rentals, and personnel costs.

The counseling and testing will be carried out by the trained care givers in fifteen districts from six provinces of Zambia, namely, Choma(KCTT outlet), Mazabuka (Ndekeleni Home Based Care) in Southern Province, Chipata (Mthunzi Development Foundation and Action for positive change) in Eastern Province, Lusaka (KCTT outlet and Mututa), Kafue (Kalucha Home Based Care and Kafue Youth Development Project) and Chongwe (Umphawi Organization) in Lusaka Province, Mansa (Group Focused Consultations) in Luapula Province, Kabwe (KCTT outlet) and Chibombo (Mwelebi Keembe Ranch Home Based Care, Foundation for Development of Children and Chipulumutso Counselling and Health Trust) in Central Province, Mongu (Moliswa Children's Foundation and Kuomboka Youth Group) and Kaoma (Frontline Development Trust) in Western Province; Masaiti (Community Health Restoration Programme), Mufulira (Iluka Community Support Group) and Luanshya (Happy Children on the Copperbelt Province; and Kasama (Northern Health Education Programme in Northern Province.

The second approach under this component is the mobile counseling and testing. Counseling and testing under this approach will be done through group counseling of youth and adults aimed at encouraging testing for HIV. This will be carried out in schools, colleges, farms, churches, and market places. For individuals opting to undertake an HIV test, additional individual counseling will be provided. KCTT and its partners from each of its twenty sites will provide this counseling and testing. Two thousand five hundred and eighty four (2584) individuals will be reached through group counseling; KCTT estimates that about 1,033 of these individuals will be counseled and tested for HIV, and receive their results, with a proportion of 50% females and 50% males. Caregivers who are HIV positive and open about their status will be involved and will share their testimonies to demonstrate the benefits of testing. In this activity the funds will be used to pay for HIV testing materials, transport, office rentals, and personnel costs.

The counseling and testing will be carried out by the trained care givers in fifteen districts from six provinces of Zambia, namely, Choma(KCTT outlet), Mazabuka (Ndekeleni Home Based Care) in Southern Province, Chipata (Mthunzi Development Foundation and Action for positive change) in Eastern Province, Lusaka (KCTT outlet and Mututa), Kafue (Kalucha Home Based Care and Kafue Youth Development Project) and Chongwe (Umphawi Organization) in Lusaka Province, Mansa (Group Focused Consultations) in Luapula Province, Kabwe (KCTT outlet) and Chibombo (Mwelebi Keembe Ranch Home Based Care, Foundation for Development of Children and Chipulumutso Counselling and Health Trust) in Central Province, Mongu (Moliswa Children's Foundation and Kuomboka Youth Group) and Kaoma (Frontline Development Trust) in Western Province; Masaiti (Community Health Restoration Programme), Mufulira (Iluka Community Support Group) and Luanshya (Happy Children on the Copperbelt Province; and Kasama (Northern Health Education Programme in Northern Province.

The third component of this activity is advocacy and lobbying for improved counseling and testing services in the country. This will be carried out through participation in national level counseling and testing meetings and reaching 20 key persons per meeting monthly. PEPFAR funding will be used to pay for transport for those coming from outside the district and for meeting expenses.

KCTT and sub partners will work with Residence Development Committees and District AIDS Task Forces for support in the activity implementation after the life of the project and The District Health Management Teams (DHMT) for continued supply HIV test kits and other testing materials. KCTT and sub partners will conduct advocacy meetings promoting the continuation of these activities and continued collaboration with the DHMT and other NGOs and CBOs as mentioned above. KCTT and sub partners will hold meetings with community leaders aimed at preparing the target communities for the end of activities. KCTT has been building capacity in project management -planning, resource mobilization, financial management, Monitoring and evaluation of the sub partners. KCTT will work with sub partners in devising plans for continuation of activities. The devised plans will also include resource mobilization activities.

KCTT will collect and verify of all reports both financial and program reports from program outlets. KCTT and sub partners will close out financially and complete all required deliverables and clarify plans for all equipment / other inventory purchased with the USAID funds. KCTT will hold review meetings with all Sub partners. KCTT will during the close out period prepare audit schedules and the final audit is scheduled for December 2009.

The PEPFAR NPI funds will be used for travel to the districts, stationary and printing and for the meeting logistics.

All October to November 2009 targets will be reached by November 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16728

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16728	16728.08	U.S. Agency for International Development	Kara Counseling Centre	7459	7459.08	Family Based Response	$0

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2933.09

Mechanism: CARE International - U10/CCU424885

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9714.26210.09

Planned Funds: $400,000

Activity System ID: 26210

Activity Narrative: This activity also relates to CARE International activities in TB/HIV (# 3650), PMTCT (# 3573), HIV treatment (#3650) and Laboratory services (#9795) as well as Eastern province counselling and testing activity #3669.08.

According to preliminary findings of the Zambia Demographic and Household Survey (2006-2007) the HIV prevalence rate among adults 15-49 years now is at 14.3%. For Eastern Province alone, the prevalence is 10.3%. Counselling and Testing (CT) for HIV is a key entry point for HIV prevention, care and support. However, only few Zambians know their HIV status. The difficulties communities face in accessing quality CT services could be attributed to lack of information on availability of services, limited services available due to poor infrastructure, inadequate human resources to provide the service, and also due to stigma and discrimination associated with HIV and AIDS.

In FY 2008 CARE International's intervention increased the coverage of and access to CT services in Chipata, Katete, Petauke, Chama, Chadiza, and Lundazi districts of Eastern Province. The work focused on infrastructure rehabilitation and increased community mobilization to encourage uptake of voluntary counseling and testing (VCT) in 31 sites. The activity targeted the general population, including adults, children, couples and individuals. These CT activities were complemented by a comprehensive mobile service in each district. As a result of this support, over 10,000 clients received counseling and testing for HIV and received their results through this funding mechanism. This activity links closely with the EPHO HVCT (# 3669.08) to ensure wider coverage of other districts in the Eastern province and avoid duplication by facility level support in districts that overlap (Chama and Chadiza). Links with treatment and care services, EPHO HTXS (#9751) and EPHO HLAB (#9795) have been established as well.

In FY 2009, CARE International will continue to assist the Government of the Republic of Zambia (GRZ) through the Eastern Provincial Health Office (EPHO) and respective District Health Management Teams (DHMTs) to continue scale up of CT services, through field based staff (lay counselors) as well as strengthening referral networks. CARE International will continue to support scale up CT in the six districts, with increased coverage to 120 health facilities. Links between CT services and ART will continue to be strengthened so clients who test HIV positive and are eligible for therapy will be commenced on ART at an early stage. Once people have been tested and are receiving antiretroviral drugs (ARVs) adherence becomes an important issue. CARE International will continue training health staff and community volunteers (including treatment supporters) in adherence counseling for clients on TB treatment and ART, including PMTCT clients. The training will include helping clients understand what adherence is, how to recognize side effects of the drugs and how to cope with those side effects. Mechanisms to strengthen follow up will be developed and shared during training to ensure that they are culturally appropriate and feasible.

In order to enhance service delivery and motivate health workers to deliver services effectively, CARE International will support the DHMTs to undertake simple infrastructure rehabilitation at 15 Zonal VCT and PMTCT sites. The project will also provide basic equipment and furniture to all the zonal VCT sites that did not receive support in FY 2007 and 2008. In all the districts CARE International will work hand in hand with the PHO and the respective DHMT to conduct a needs assessment of where the needs are greatest.

To increase access in more remote areas, CARE International will implement an integrated mobile CT service in all the six districts. Integrated mobile services include CT, PMTCT and ART services inclusive. Linkages will also be strengthened with other providers of mobile CT services in areas where CARE International operates.

CARE International will work closely with EPHO to provide prevention focused CT. Integration of prevention for both HIV positive and negative clients will be a priority. Additionally, couples counseling and child counseling will be an area of focus in FY 2009 to increase access to care and treatment for all.

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 an equally effective referral system.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15508

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15508	9714.08	HHS/Centers for Disease Control & Prevention	CARE International	7164	2933.08	CARE International - U10/CCU424885	$400,000
9714	9714.07	HHS/Centers for Disease Control & Prevention	CARE International	4948	2933.07	CARE International - U10/CCU424885	$400,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	11144.09	**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:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	5396.26837.09	**Planned Funds:**	$100,000
Activity System ID:	26837		

Activity Narrative: This activity is linked to the State Department activities for UNHCR in Other Prevention (#9469) and HVAB (#9851).

ACTIVITIES HAVE BEEN MODIFIED IN THE FOLLOWING WAYS:
The budget has increased from the $50,000 previously allocated to $100,000 as it includes new VCT activities in Maheba and Mayukwayukwa settlements. The additional $50,000 is from the HVAB (#9851)

The number of Refugees in Kala and Mwange has reduced from 40,000 to 30,994
Number of service outlets providing CT has increased from 2 to 11
Number of people to receive CT has increased from 2,300 to 4,600
Number of individual to be trained in CT up from 45 to 92

The 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. The budget has increased from $50,000 allocated the previous year to $100,000 as it includes new VCT activities in Meheba and Mayukwayukwa settlements. 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 30,994 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.

A consultant has been hired to serve as UNHCR's HIV/AIDS Technical Officer for all PEPFAR programs. The consultant 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.

UNCHR, through one of its implementing partners, Aktion Afrika Hilfe, (AAH) established a confidential testing room within the clinic at Kala camp in Luapula Province, trained 23 people in government certified counseling and testing (CT) programs, and tested 1,150 people for HIV. In FY 2009, AAH will continue to expand on these services and reach more people. Training will focus on couple counseling

In FY 2009, UNHCR will work with another implementing partner, 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. As a sub partner to UNHCR, ZRCS is providing health services for the over 16,000 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 ZRCS.

This activity builds on established comprehensive HIV/AIDS services at Mwange camp. These 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 build 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.

FY2009 will see Implementing Partner, Ministry of Community Development and Social Services, (MCDSS) take an active role in facilitating VCT activities in Meheba and Mayukwayukwa settlements in North Western and Western Provinces respectively. Of the six clinics in Meheba, only two are currently offering VCT services. This is a disincentive for those further from these clinics to access the services. The plan is to have all clinics in the two settlements offering the service. 3 Staff at each of the clinics will be trained in VCT and the clinics equipped to offer privacy for counseling and HIV testing. Mayukwayukwa will also be conducting mobile clinic for VCT. Currently Ministry of Health and CHAZ are focusing on those on ARVs.

As the refugee camp facilities do not currently receive laboratory supplies from the national distribution system, in FY 2009, laboratory supplies and equipment essential for CT services will be procured for one site at each camp and the 9 clinics in the settlements. 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 continue to be undertaken in the camps and the settlements 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 4,600 people in both camps and settlements.

Thirty Eight (38) people trained with FY 2008 PEPFAR funds as VCT HIV/AIDS counselors in Kala (23) and Mwange (15) camps will participate in skill enhancing training to maintain and update their skills and knowledge. In addition, 54 new counselors will be trained in Mayukwayukwa (18) and Meheba (36) settlements in FY 2009, building capacity and sustainability that can be used after return to their country of

Activity Narrative: origin.

UNHCR has established a referral system for HIV care and treatment in the camps and settlements 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 are available. In FY 2009, 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/settlement staff to become aware of the referral services that are available for refugees.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16495

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16495	5396.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7447	3046.08	United Nations High Commissioner for Refugees/PRM	$50,000
9470	5396.07	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	5199	3046.07	United Nations High Commissioner for Refugees/PRM	$50,000
5396	5396.06	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	3046	3046.06	PRM/UNHCR	$24,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 11105.09

Mechanism: New Social Marketing

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26864.09

Planned Funds: [redacted]

Activity System ID: 26864

Activity Narrative: This activity narrative for HIV counseling and testing is a draft and will be revised upon award of the new USAID social marketing activity in FY 2009. The activity will be implemented by a partner to be determined in close collaboration with the following HIV activities implemented by other USG partners: HVOP, HVCT, HBHC, PDCS, PDTX, and HTXS. It is envisioned that there will be a two month overlap between the current and the new project so that services continue to be provided to new and existing clients. Targets will be adjusted based on the actual starting date of the new project.

The partner to be determined (TBD) will implement the following activities with FY 2009 funds: 1) market HIV counseling and testing (CT) through interpersonal communication, radio and television broadcasts, and print media; 2) train 50 counselors to provide client-centered pre and post-test counseling with focus on the "Abstinence/Be faithful/correct and consistent Condom use" approach, partner notification, and risk-reduction plans; and 3) provide CT to 100,000 clients through a chain of fixed and mobile CT outlets/facilities across the country.

The activity will target the general population, including women and men above 25 years, the business community, discordant couples, people living with HIV/AIDS (PLWHA), persons who exchange sex for money and/or other goods with multiple or concurrent sex partners (transactional sex) but who do not identify as persons in prostitution, and incarcerated populations. The activity will also integrate CT with management of STIs, family planning, male circumcision, and male and female condoms.

The activity will fully support the Government of the Republic of Zambia (GRZ)'s National Gender Policy which requires all policies, programs, plans, projects, and national budgets to be gender-sensitive in pursuit of sustainable economic growth, job creation, better household security, and poverty reduction. Approaches to address male norms and behaviors and gender inequities in accessing HIV/AIDS services will include the following activities: conducting surveys on the socio-economic and cultural determinants of male norms and behaviors and gender inequities in accessing HIV/AIDS services; devising context-specific interventions based on the findings from the survey, and developing a monitoring and reporting plan. The activity will also address gender issues within the implementing partner by introducing appropriate internal management structures and personnel processes.

To sustain CT services and the positive health-seeking behaviors created through social marketing of CT, the new partner will support the creation of a viable CT network across local organizations, which will be able to provide quality-assured CT services to individuals, families, and communities at a cost they can afford through improved technical, financial, and management efficiencies. The program will build technical, management, and financial management competencies among local sub-partners so that they are able to provide CT services on their own. Approaches will include the following activities: giving franchise to local organizations to socially market CT services and providing them with financial resources with which to operate; providing training to local organizations to improve their technical, financial management, and general management skills; and providing quality assurance oversight to local organizations providing CT services under the network.

This activity will contribute to the goals and vision of the Zambian Government outlined in the five-year National HIV/AIDS/STD/TB Strategic Framework 2006-2010. Specifically, it will contribute to the strategic objectives of "improving access to and use of confidential counseling and testing" and "mitigating stigma and discrimination against HIV."

All FY 2009 targets will be achieved by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	5252.09	**Mechanism:**	Lusaka Provincial Health Office (New Cooperative Agreement)
Prime Partner:	Lusaka Provincial Health Office	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	17359.26240.09	**Planned Funds:**	$80,000
Activity System ID:	26240		

Activity Narrative: The following activity was introduced for fiscal year (FY) 2008. The funding level for FY 2009 is the same as that for FY 2008.

HIV counseling and testing (CT) is the entry point for antiretroviral therapy (ART) services and offers an opportunity for health promotion including education on prevention of HIV and other sexually transmitted infections The HIV prevalence in Lusaka Province is estimated to be 21 % among adults aged 15-49 years (DHS 2007). These rates continue being the highest in the country despite a decline in the national rates. Lusaka Province Health Office (LPHO) is working in collaboration with partners to curb these high figures. One strategy is to encourage all residents to know their HIV status by going for voluntary CT. Another is scaling-up provider initiated counseling and testing (PICT) in all health centers. The United States Government (USG) aims to support LPHO to build capacity to coordinate and oversee CT services in the province, provide training to various levels of health care providers, and expand CT services in three districts; namely Kafue, Chongwe, and Luangwa. Lusaka district is covered by the Centre for Infectious Diseases Research in Zambia (CIDRZ).

Previously, the focus has been on Lusaka district which has the highest population in the province and therefore the greater disease burden. The provincial population is 2,151,945 (CSO 2000). The population per district is distributed as follows; Lusaka 1,617,843, Luangwa 26,650, Kafue 266,168, Chongwe 196,999. Lusaka and Kafue Districts have an estimated HIV prevalence of 22 percent while Chongwe and Luangwa Districts both have 19 percent. With such high-prevalence rates throughout the province, it is evident that prevention and treatment efforts should be spread out to all areas in the province. The Provincial Health Office would like to scale-up CT services to Kafue, Chongwe, and Luangwa Districts by expanding quality, confidential HIV CT and care through training of staff and community volunteers in counseling skills and improving infrastructure to enhance the counseling environment.

Limited human resources, coupled with an expected increase in patient-load as a result of increased community mobilization, are a barrier to implementing and maintaining services. This human resource shortage negatively impacts morale, supervision, and technical support. Work-related stress and fatigue of counseling staff is another factor affecting service delivery. We estimate that by the end of FY 2009 with training and infrastructure support 9 additional centers will provide counseling and testing services in the target districts.

By the end of FY 2008, 40 health care workers and 75 lay counselors would have been trained in CT for HIV. An estimated 30% of the adult population (92,933) would have received sensitization messages through various forms of media. An estimated 8% (7435) of the total sensitized people would receive counseling and testing and 5,500 would receive their test results. Linkages/referrals between the CT programs and the ART services would have been established.

In FY 2009, the PHO will train 10 health workers and 50 lay counselors in CT for HIV. In FY 2008 it was discovered that the cost of training in general counseling (psychosocial counseling) had greatly increased hence we have reduced the target for this year in order to fit in our budget. Of the 10 health workers, five will be trained in child counseling in order to scale-up pediatric HIV care. We will continue sending sensitization messages through various forms of media such as radio, TV, drama and information, education, and communication (IEC) materials to the target population i.e.30% of the adult population (92,000).

It is expected that 5% (4600) of the target population will seek and receive counseling and testing services and 3,500, will receive their results. The LPHO will work with other USG Zambia President's Emergency Plan for AIDS Relief implementing partners, such as, IntraHealth International in Luangwa and the Zambia Emory HIV/AIDS Project in Kafue in achieving their goal of all residents knowing their HIV status. LPHO will hold bi-annual meetings with partners involved with HIV care and support as a means of enhancing coordination and will continue supporting the strengthening of the linkages and referral systems with the ART programs.

In order to enhance the counseling environment, LPHO will continue support for minor infrastructure development in one site each of the three (3) districts. LPHO will provide onsite technical support and supervision. Quarterly supportive supervision will be done with a view of mentoring district supervisors and thereby building supervisory capacity and ensuring quality of counseling and testing services. In addition support will be provided for quarterly meetings for counselors meetings in each district. This will be done to encourage counselors to deal with work stresses amongst themselves.

To facilitate motivation among the community volunteers, income generating activities will be supported in each district to as an incentive. Treatment supporters will have been trained in project management and will be encouraged to choose suitable activities according to prevailing circumstances. This will reduce the fall-out rate among this cadre and promote sustainability.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17359

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17359	17359.08	HHS/Centers for Disease Control & Prevention	Lusaka Provincial Health Office	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	$50,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2988.09

Mechanism: EPHO - 1 U2G PS000641

Prime Partner: Provincial Health Office - Eastern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3669.26250.09

Planned Funds: $140,000

Activity System ID: 26250

Activity Narrative: THIS IS ACTIVITY UNCHANGED FROM FY 2008. ONLY MINOR UPDATES INCLUDED

Related activities: This activity is linked to all Eastern province funded activities under TB/HIV (# 3791.08), adult and pediatric treatment (#9751.08 and # NEW Peds) laboratory services (#9795.08) and strategic information (#9693.08) as well as partner funded activities under counseling and testing CARE #9714.08 and AIDS Relief #9713.08.

In Eastern Province the estimated HIV prevalence rate among adults aged 15-49 years is10.2%. 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 as reflected in DHS 2007 report. The CT program is in four districts and the Eastern Province Health Office (EPHO) will share sites in Chama and Chadiza to cover gaps with CARE International. EPHO will implement continue to implement in the four districts, Chama, Chadiza, Nyimba and Mambwe.

The provincial tuberculosis (TB) notification rate in 2004 was 263/100,000 population. The syphilis prevalence rates among adults aged 15-49 years is estimated to be 9.3%.

In FY 2006, the United States Government (USG) supported a number of counseling and testing activities, at the EPHO, including rehabilitation and renovation of counselling and testing rooms in the four selected health facilities (Nyimba, Mambwe, Chama and Chadiza); training of 100 community lay counselors and 40 health care workers in adherence counseling; and setting up appropriate referrals to health centers was conducted. In addition the district recording and reporting system was used to document counseling activities as well as fulfill the reporting targets under President’s Emergency Plan for AIDS Relief.

In FY 2007, USG continued to support the EPHO to expand the counselling 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, including all TB patients, supported the plan to train 80 health care providers in HIV/AIDS counselling and rapid HIV testing. These trainings included appropriate referral of HIV positive clients to PMTCT and ART services and emphasis on prevention of transmission of HIV among those who tested positive (positive prevention as well as issues surrounding disclosure and discordance). This training program complemented the training that was provided under activity EPHO HTXS (# 8819) and EPHO HVTB (#9006) in HIV and ARV’s and OI’s; TB/HIV and STI/HIV integration. Due to the current human resource crisis in Zambia, an additional 100 lay counselors were trained in counselling to increase HIV awareness, care and referral of cases that needed further counselling and care to health facilities. These counselors have helped improve adherence among patients on ART as well as patient on both TB and HIV therapy..

During FY 2008 there were eight service outlets out of 48 representing 17% coverage. The EPHO and the District Health Management Teams provided technical supervision to remote sites monthly. Monthly meetings at health center level for monitoring and sharing experiences on the progress counseling and testing in each of the four districts were held. Linkages with other USG funded programs in the area of prevention, and those supported with the Global fund activities (TB) were strengthened through quarterly partner meetings which were held to share experiences and avoid overlap especially during trainings.

Logistics such as HIV test kits were supported by the USG through the Central Medical Stores. The districts held 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 providing HIV testing services to 400 STI patients and 200 HIV/AIDS patients was achieved and approximately 1,322 clients received CT services from the CT outlets. These activities were coordinated by the EPHO and linked to the activities to be implemented by CARE International (HVCT 9713) and resulted in a substantial increase in access to CT in the province in all districts. Additional support for CT was provided by Faith Based Institutions in two districts through Catholic Relief Services HVCT (#9714).

Established structures in terms of human resource, infrastructure, and resource mobilization through the Government of the Republic of Zambia and other donors provided support to ensure sustainability of the program. The activities also included future national health plans, which will secure national funding for the activities. Emphasis on training and incorporation of CT in all service delivery was done and this empowered staff and this surely ensures long term sustainability. Global Fund money was used to support these activities as the EPHO is now integrating all programs and CT is areas that cross cuts in all programs.

By the end of FY 2008, 80 health workers were trained in counselling, and 100 lay counselors from the community were trained to reinforce staff shortage and enhance referrals from the community to the health facility. All participants were drawn from the EPHO four districts. The EPHO through the four districts managed to have 4000 clients counseled and tested for HIV and received their test results including TB.

In FY 2009 this activity will cut across the other programs as a routine activity in PMTCT, TB/HIV/ART/STIs. This will be done during trainings in counseling and testing for health care providers to provide comprehensive counseling and testing through stand alone and integrated VCT services in health facilities in the provision of counselling and testing for diagnostic purposes for in and out patients. The EPHO will scale up CT services to an additional 12 sites in the four districts, giving a total of 20 supported sites. To achieve this the EPHO will work at a five days training of 80 health workers from the two districts in counselling and testing, appropriate referral of HIV positive clients, prevention of transmission and TB screening using a specifically designed questionnaire in the four districts. The EPHO will work with community leadership to promote couple counseling and testing and also work with partners to promote to ensure CVCT and CT for prevention of positives. The EPHO will also through the districts to the community leaders encourage couple counseling and community leaders will be taken through an orientation on how to support this activity.

Due to shortage of human resource, the FY 2009 funds will support the strengthening and expanding counseling and testing services by working at training an additional 100 lay community members in

Activity Narrative: counseling, a total of 50 participants in the two districts Nyimba and Mambwe will be trained in drug adherence. This will work toward removing stigma and discrimination. The district counselors will hold monthly meetings with the health facilities and Hospitals offering CT services. In addition to the monthly meetings, integrated quarterly partners meetings in TB/HIV, ART, PMTCT and STI will be held. Theses are meetings that will be attended by EPHO partners like CHAZ, CIDRZ, CARE International, Provincial AIDS Coordinating Advisors, Corridors of Hope and many more that are in TB/HIV and Counseling programs. This activity is also linked to and funded by other partners like Global funds support to diagnostic counseling and testing and MOH funds for PMTCT and Reproductive health.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15546

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15546	3669.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	7179	2988.08	EPHO - 1 U2G PS000641	$100,000
9005	3669.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$100,000
3669	3669.06	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	2988	2988.06	Eastern Provincial Health Office	$100,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $20,000

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2973.09

Mechanism: SPHO - U62/CCU025149

Prime Partner: Provincial Health Office - Southern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3667.26257.09

Planned Funds: $240,000

Activity System ID: 26257

Activity Narrative: This activity is linked to SPHO funded activities under prevention,# 1706.08 laboratory, #9739.08, adult treatment #9760.08, pediatric treatment # PDTX NEW as well as other partner activities under tuberculosis and HIV, HVTB JHPIEGO (#3644.08) and CHAZ HVTB (#9734.08), counselling and testing, HVCT DAPP (#3678.08), JHPIEGO (#4527.08), Intra Health (15503.08) and, CRS (#9713.08).

The HIV prevalence rate in Southern Province has dropped from 16.2% to 14.5% among adults aged 15-49 years (Zambia Demographic Health Survey (DHS), 2007). According to the DHS 2002, Syphilis prevalence rate among adults aged 15-49 in 2002 was 4.1%.

In FY 2005 and FY 2006, USG directly funded the Southern Province Health Office (SPHO) to expand counseling and testing (CT) services in the 19 TB diagnostic and antiretroviral therapy (ART) centers in Southern Province. In 2006, the SPHO focused on the five highest HIV/TB burden districts; Choma, Livingstone, Mazabuka, Monze and Siavonga where 20 health workers were trained in psychosocial CT and 200 community members were trained as lay counselors. Funds also supported the Mosi-o-Tunya Family Support Unit (FSU) at Livingstone General Hospital (LGH) with logistics for running the FSU and support for counselors.

In FY 2007, the SPHO trained 34 health workers in psychosocial counseling and 20 lay HIV counsellor supervisors along with 270 community members trained as lay counsellors. The SPHO also offered additional training to health workers previously trained in ART and opportunistic infections (OI) management in the following areas;
- ARV drug adherence counseling,
- Prevention of HIV transmission in those who test positive (positive prevention),
- Issues around discordance disclosure, and
- An update on current protocols in HIV testing and HIV management.

In addition, 69% of HIV positive individuals were screened for TB and referred for appropriate management. All these areas were covered in new training in FY 2008.

An additional focus of this activity was on strengthening HIV/STI prevention services and STI treatment services for youth in FY 2007. In FY 2008, this activity was strengthened and directly supported under condoms and other prevention to streamline reporting and have targeted focus on the prevention of STIs including HIV.

In 2008, an additional 300 community lay counsellors and community adherence supporters were trained. The SPHO further expanded the community component of counseling and testing by training 600 community HIV counselors, strengthened linkages with partners like Kara Counseling and Testing Trust, Provincial and District AIDS Task Forces, New Start Centre and other organizations involved in counseling and testing, through quarterly consultative planning and review meetings.

In order to expand the services offered and provide adequate space for counseling, resources were allocated to minor renovations at 3 CT sites in each district of the Southern Province. Direct support continued to be provided to the Mosi-o-tunya Family Support Unit (MFSU) HIV counseling and testing initiative at Livingstone General Hospital. In addition to the MFSU, support was extended to six new Family Support Units at ; Livingstone District, Monze Mission Hospital, Monze District, Choma General Hospital, and Itezhi-tezhi District. It is anticipated that by the end of FY 2008, an estimated 15,000 clients would have been reached.

Expansion of CT services for HIV remains a key activity that helps achieve the goals of the President's Emergency Plan for AIDS Relief (PEPFAR) by strengthening the identification of individuals at high-risk of being infected and linking them to care and support service (SPHO HTXS and SPHO HLAB #9739.08). In FY 2007, USG has continued to support the SPHO to provide couples CT for sexually transmitted infections (STIs) and strengthen linkages with the ART services in 33 sites within the 11 districts in the Southern Province. Quarterly supportive supervision in the districts were conducted by the SPHO technical committee members with a view of mentoring local district supervisors and thereby building supervisory capacity and ensuring quality counseling and testing services.

In addition, two health workers were trained on HIV adherence counseling and rapid testing using standardized guidelines and protocols at the Ministry of Health in each of the 33 ART sites, giving a cumulative total of 108 trained HW. It is hoped that this training of health workers will result in improved adherence by TB patients on ART and improve the cure rate from 77.4% in 2005 to 95% in 2009. 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 80% of all individuals testing HIV positive will receive screening for TB. With the expanded CT services in the province, it is expected that 40,000 individuals will receive counseling and testing for HIV by the end of FY2009

In FY 2009, the SPHO will continue to strengthen and expand CT services as a key HIV intervention by scaling up and support for the implementation of the provider initiated counseling and testing. This initiative has been successful at LGH where all patients have been routinely provided with CT services. This initiative will be scaled up to all the 18 remaining major hospitals in the province. To accomplish this, the SPHO will strengthen the existing diagnostic counseling and testing strategy to include routine counseling and testing of all patients rather than only TB and pregnant mothers. Initial training will be provided to 76 health workers from the 19 major hospitals.

The SPHO will further facilitate the implementation of programs to increase demand for CT services in FY 2009. Although the HIV/AIDS pandemic has been in Zambia for over 20 years, the current uptake of HIV testing services in the province is still as low as 16%.This therefore compels the SPHO to lead and coordinate initiatives to increase the demand for counseling and testing services. To achieve this, the SPHO will work with partners such as Zambia Emory Research Project, Intra Health, Development Aids People to

Activity Narrative: People (DAPP), and the District Health Management Teams to support community based counseling and testing in the province. This will include support to two mobile drama groups in each district, and support community based door to door counseling and testing using the new HIV rapid testing algorithm. In addition, 20 community counselors will be trained per district in HIV testing including members of the mobile drama groups giving a total of 220 for all the 11 districts. The SPHO will support the districts to ensure availability of counselors in all counseling and testing sites at all times including task shifting. To cater for the urban and peri-urban communities, training in community counseling and testing will also include participants from selected work-places within the province.

The SPHO will also continue to address the poor infrastructure in most health facilities by supporting infrastructure improvement in counseling and testing in at least 5 sites in each of the 11 districts.

The SPHO will continue to strengthen the Family Support concept for adults in order to increase the number of individuals accessing counseling and testing services. In this regard, support will continue to be provided at LGH were this module has been successful for Livingstone District, Monze Mission Hospital, Monze District, Choma General, and Itezhi-tezhi district hospitals. Specific focus will be given to developing capacity for couple counseling within the FSU's so as to address the high rate of new HIV in couples as reported by the Ugandan study aimed at developing new strategies for HIV intervention to avert new infections (Lancet infectious diseases, 2008) and the 2007 ZDHS preliminary report. Expertise and training support will be drawn from the ZERHP couples counseling program.

This activity, in addition to the work that JHPIEGO is doing in CT (#4527.08), will collaborate with the mobile CT services targeting mobile population and agribusiness, and the program to provide mobile/boat VCT in Namwala and Itezhi-Tezhi(HVCT #15503.08) through Intra Health.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15552

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15552	3667.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	7180	2973.08	SPHO - U62/CCU025149	$200,000
9018	3667.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	5015	2973.07	SPHO - U62/CCU025149	$200,000
3667	3667.06	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	2973	2973.06	Southern Provincial Health Office	$150,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	2994.09	**Mechanism:**	DAPP - 1 U2G PS000588
Prime Partner:	Development Aid People to People Zambia	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	3675.26223.09	**Planned Funds:**	$450,000
Activity System ID:	26223		

Activity Narrative: THIS ACTIVTY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
- Update on current activities
- FY 2009 plans to include a larger coverage area and increased targets in the same district

Activity Narrative
This activity also relates to activities in counselling and testing (HVCT # 3667.08 and #8814.08) and sexual prevention (HVOP # 17575.08)

Development Aid People to People (DAPP) has been operating in Zambia since 1986. The mission of DAPP is to implement projects that give people knowledge, skills, and tools that will empower them and their families to face the challenges of everyday life and improve quality of life. Through this funding mechanism, DAPP, operating under the Total Control of the Epidemic (TCE) model, will continue with their collaboration with the Ministry of Health since inception in FY 2006. DAPP program design and implementation is innovative, at grassroots level, offering a one-on-one communication, and mobilization strategy for HIV prevention and behavior change. These program implements a personalized community oriented house-to-house counseling and testing (CT) with emphasis on prevention and behavior change, and referrals to care and treatment services.

The project, to date, has reached 20,087 people with counseling and testing services. Sixty-nine people including 55 field officers have been trained in CT following the national training manual. By the end of the fiscal year 2008 half of Mazabuka district will be covered with door to door approach and an anticipated 125 000 people will be reached with CT and prevention messages.

In FY 2009, DAPP will work closely with the Mazabuka District Health Team (DHMT) to scale up the house-to-house CT services to the rest of Mazabuka district to ensure full coverage of the whole district. An additional 50 local residents will be trained as field officers to cover the new half of the district. It is anticipated that 15,000 people will be tested for HIV/AIDS and receive results by the end of FY 2009. Links to referrals for care, treatment and support which include PMTCT, TB, STI and pediatric CT/ART services have been established and will continue working. In close collaboration with the district health management team DAPP will run an integrated model of mobile clinic that is inclusive of CT, PMTCT, and ART services.

DAPP has a history of building effective community partnerships allowing for referral from CT to community networks and initiatives, including income generating activities.
DAPP TCE works with community volunteers (passionates) that are trained in psychosocial CT. All volunteers trained in previous years will carry on the program in the initial half of the district where these activities began even as we move to cover the rest of the district in FY 2009. These will be working under the supervision of the health centers and the hospitals. The passionates will carry on with monitoring the established activities during the three years of activities.

In FY 2009 a total of 40 support groups will be running that were established in the previous years. DAPP programs initiate income generating activities that are designed to be self sustaining because they are initiated and implemented by communities. An example is the piggery that was successfully started with contributions from community members to buy a male and female pig. This set gave rise to eight piglets that where further distributed to PLWHA/members as a male and female set. This multiplier effect has helped many PLWHA and their families to support on-going costs. The passionates are involved with implementation of income generating projects and ensuring sustainable outcomes.

TCE programs are gradually sustainable following the three years of formal implementation by DAPP. The formal program has finished in the first three years ending in FY 2008 and capacity has been built on individuals for sustainability of the program. The program in FY 2009 will continue implementing house-to-house prevention and CT activities, link to mobile ART and community income generating activities to reach the second half of the district, ensuring full coverage of the whole of Mazabuka.

In the first three years of implementation, over 150 people were trained in HIV CT and behavior change communication through the training community volunteers or “passionates” and these will continue to reach 150,000 people 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. It is anticipated that the income generating activities started in the program will help sustain some of the minimal costs of running programs at community level. The community volunteers 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. With any additional plus up funds DAPP would like to carry out some evaluations of their program in Mazabuka.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15516

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15516	3675.08	HHS/Centers for Disease Control & Prevention	Development Aid People to People Zambia	7170	2994.08	DAPP - 1 U2G PS000588	$450,000
8998	3675.07	HHS/Centers for Disease Control & Prevention	Development Aid People to People Zambia	5005	2994.07	DAPP - 1 U2G PS000588	$350,000
3675	3675.06	HHS/Centers for Disease Control & Prevention	Development Aid People to People, Namibia	2994	2994.06	DAPP	$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7161.09

Mechanism: Mobile VCT Services

Prime Partner: IntraHealth International, Inc

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 15503.26236.09

Planned Funds: $500,000

Activity System ID: 26236

Activity Narrative: ACTIVITY NARRATIVE MODIFIED IN THE FOLLOWING WAYS:

- Update on current activities
- Planned activities for 2009
- Targets adjusted

Activity Narrative:

This activity is related to the following counselling and testing activities: SPHO #3667.08; CIRDZ 19501.08; and ZEHRP # 15505.08.

Voluntary counseling and testing (VCT) services are being scaled-up in much of the country, thanks to the efforts of many partners, however, the most rural and remote populations have not been adequately reached. The Zambia Voluntary Counseling and Testing (ZVCT) services coordinate most of the counseling and testing (CT) services in the country, including both non-governmental organizations and government run centers. Most of the 1028 sites (including a few mobile services are along the railroad lines and cover urban and peri-urban populations . Very few are conveniently situated to cover the most remote and rural populations, due to poor roads and a higher cost per person due to transport logistics.

The funding to IntraHealth International (IntraHealth) was intended to expand CT to rural areas starting with two districts: Namwala in Southern Province and Luangwa in Lusaka Province, both of which are rural and underserved. FY 2007 was the first year of activity and the project was also IntraHealth's first presence in Zambia. Year one activities involved setting up the program from scratch, obtaining a letter to work in Zambia from the Ministry of Health, registering the NGO, establishing an office, hiring of key staff, recruiting district coordinators and lay counselors and providing them with training in CT and an orientation to the program. Due to a delay in funding, IntraHealth was only able to begin work in mid-year.

Once started, however, IntraHealth engaged the Zambia Counseling Council (ZCC) to train six trainers in counseling and testing, including IntraHealth's two site supervisors as well as two clinical staff from each district. This training of trainers was followed by the training of 46 lay counselors (24 from Namwala and 16 from Luangwa).

Other partnerships in the first year included one with the Health Communication Partnership (HCP), an NGO operating in Luangwa district. This organization is supplying psychosocial counselors with Information Educational and Communication (IEC) materials in Luangwa. IntraHealth also partnered with Zambia Network of People living with HIV/AIDS (NZP+) and National HIV/AIDS/STI/TB Council (NAC).

In FY 2008, IntraHealth continued to roll out rural VCT through the trained lay counselors in Namwala and Luangwa districts. The momentum during most of this year increased as the counselors gained confidence and experience and more people accepted counseling and testing. The lay counselors were provided with t-shirts, bicycles and shoulder bags to carry their test kits and records. The IntraHealth site supervisors supervised and supported the lay counselors in carrying out their assigned tasks, and held monthly meetings to review their progress and problems. Couples counseling was fostered among the lay counselors in order to facilitate partner notification, reduce post-test violence, and promote prevention for positives in the future. IntraHealth collected the lay counselors' data and reported it back to the district and provincial health offices as well as to the IntraHealth office in Lusaka.

Using lessons learned from implementing mobile VCT the previous year, IntraHealth expanded into two additional districts in the Southern Province in FY 2008: Siavonga and Gwembe. These are two more remote and wet districts, including areas bordering the Zambezi River frequented by fishermen and women and that currently remain underserved. Partnerships were developed with the district health officer and other organizations working in these two districts to leverage resources and identify potential lay counselors who could contribute to counseling and testing clients. IntraHealth investigated the availability of boats to navigate along the river and provide services to the population accessible by river.

IntraHealth collaborated with the Zambia Emory HIV Research Program for training of trainers in couples counseling in FY 2008. These trainers in turn trained psychosocial counselors in couple counseling and partner notification in the districts. IntraHealth also coordinated closely with CIDRZ, which is conducting a similar intervention in Shangombo district.

In FY 2009, the project will continue to support lay counselors in all four districts, Namwala, Luangwa, Siavonga, and Gwembe where IntraHealth worked in the two previous years. In addition, IntraHealth will expand to Sinazongwe and Kalomo districts, also in the Southern Province. Although IntraHealth will have site supervisors for these districts, it will try to maximize partnerships with other organizations in order to extend the leverage of the funding available. This will include sharing transportation, office resources, and doing joint programming. IntraHealth will continue improving on its referral mechanisms to ensure that as many people as possible make it to the referral sites. The mobile VCT's will continue to ensure that CT is offered to people either nearer to their homes or at outposts within their reach. The mobile units will move from village to village providing services. Bringing services nearer to the people provides an opportunity to those who are unable to move to distant VCT centers due to lack of transport, long distance, and lack of time due to competing priorities.

To make this a sustainable program, IntraHealth will work with the DHMTs to strengthen their capacity to supervise and support lay counselors based in clinics and rural area. They will be encouraged to budget for resources for on-going support and supervision for the lay counselors.

Ultimately, IntraHealth will coordinate with the District Health Management Team (DHMT) to send ART, PMTCT (including family planning), and tuberculosis (TB) teams with the mobile CT lay counselors so that treatment will be available to people in the remote areas over time. Lay counselor will refer pregnant mothers to PMTCT and family planning and will address TB with all clients. In the meantime, the emphasis will be on prevention of transmission in those who test positive (positive prevention) and prevention of

Activity Narrative: acquisition of HIV in those who test negative. This will include the couples counseling that was begun in 2008.

In 2009, the DHMT, local chiefs, and community leaders will be enlisted into supporting prevention activities and encouraged to become prevention advocates. IntraHealth will hold meetings with chiefs and headmen in the six districts to discuss HIV prevention, importance of CT, the value of couples CT and the importance of maintaining less risky behaviors among their youths and adults. IntraHealth will undertake gender sensitization activities aimed at self-assessment of gender norms in the community and identification of norms that promote unhealthy behavior and put males and females at risk of HIV infection. It is hoped that transferring such knowledge to the community and engaging them in discussion to identify local solutions to stigma and prevention might foster more sustainable behavior change. IntraHealth will build upon and strengthen its messages for prevention, and will facilitate support groups for People Living with HIV/AIDS (PLWHAs) in the districts. IntraHealth will work with these groups in skill building and will try to link them with microfinance organizations for income generation. Tested men will be requested to be actively involved in sensitization of the community in HIV testing and prevention and this should be inclusive of traditional leaders. IntraHealth will also work with the New Partner Initiative in its Men Taking Action program and “Mothers 2 Mothers” project to promote CVCT. IntraHealth will make programs on gender, gender violence, alcohol, nutrition and healthy living a part of the support groups for PLWHA. IntraHealth will work with CDC Zambia to engage the community into focus groups for a year to observe the impact of their interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15503

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15503	15503.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	7161	7161.08	Mobile VCT Services	$500,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* Family Planning
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 12219.09 **Mechanism:** Jhpiego

Prime Partner:	Johns Hopkins University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	4527.26237.09	**Planned Funds:**	$200,000
Activity System ID:	26237		

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
- Update on current activities
- Plans for 2009
- Increased training targets.

Activity Narrative
This activity is closely linked JHPIEGO's other work in Zambia, focused on strengthening integrated HIV prevention (MC #12519.08, #12524.08, #12530.08, New PMTCT), care and treatment services (including counseling and testing (CT) and palliative care – #DOD) , as well as JHPIEGO's work on integrating diagnostic CT into TB and STI services (#3644.08). It also linked with cross-cutting JHPIEGO's work to promote task shifting through training lay workers in counseling skills.

This activity has two components: 1) training lay workers in HIV counseling and testing using finger prick, and 2) ensuring that trained lay counselors provide quality services and meet the demand for HIV counseling and testing, both in service delivery sites and in the community. Promotion of shifting the task of HIV counseling and testing to lay workers, and strengthening of local training and supervisory capacity are cross-cutting objectives in this activity.

Counseling and testing (CT) is an essential intervention in all HIV/AIDS programs, serving as a key link between prevention, care and treatment efforts. Those who test HIV negative have the opportunity to change their behavior in order to prevent acquisition of the virus in the future. Those who test positive have the opportunity to change their behavior to prevent transmission to their partner(s) and to make informed decisions about seeking appropriate care and treatment including prevention of mother to child transmission (PMTCT), prevention and management of opportunistic infections (including TB and STIs) and, when clinically indicated, antiretroviral therapy (ART).

One of the most devastating impacts of the HIV/AIDS epidemic has been its effect on the healthcare sector. As the need for skilled healthcare workers has increased exponentially due to the burden of disease caused by HIV, TB and other infections diseases, the number of healthcare workers becoming ill as well as the brain drain have increasingly pulled trained personnel away from the health sector at precisely the time that they are most needed.

The acute shortage of nurses and other skilled healthcare workers has resulted in woefully insufficient number of trained counselors for HIV or psychosocial counseling to meet the demand (or potential demand) for counseling and testing.

In light of this acute shortage, JHPIEGO in collaboration with the Provincial Health Offices (PHOs), District Health Offices (DHOs), and other partners, is promoting "task-shifting" wherever possible. Task shifting means that tasks that are commonly conducted by higher-level healthcare workers (e.g., nurses) should be shifted to lower-level providers and even lay people if these cadres can competently conduct them. HIV counseling is a prime example. Lay counselors can provide high quality HIV counseling, provided that they are properly trained and supervised, freeing up professional nurses to perform the clinical skills for which they were trained.

The community (lay) counselors are a link between the community and health care services and are involved in providing group education and counseling and testing both at the community and facility levels. Task-shifting strategy and making greater use of lay counselors is another way of ensuring continuous availability of trained counselors at the service delivery sites.

JHPIEGO works to build local capacity in supporting and expanding CT services. In FY 2008, in order to expand services and strengthen the community outreach around the target facilities, improve the continuity of care and uptake of services, JHPIEGO conducted counseling and testing (using finger prick) training for 120 lay counselors from selected districts of Southern (Livingstone, Monze, Mazabuka,), Western (Mongu and Senanga), and Eastern (Chipata) Provinces.

JHPIEGO worked with the existing management and supervisory teams of PHOs and DHOs to provide supportive supervision and on-the-job training to at least 100 community (lay) counsellors who were trained in FY 2007, as well as quality assurance to programs strengthened during previous years. Quality assurance exercises are focused on the two key components: quality of counseling and quality of testing. The project uses a variety of methodologies to evaluate the quality of counseling, such as client exit interview, mystery client, and chart review. To assure the quality of finger prick testing, internal and external quality control systems were used.

In FY 2009, TBD will continue training of new lay counselors in counseling and testing using finger prick in Southern, Western and Eastern Provinces, in the six districts mentioned above and four additional districts to be selected in coordination with the PHOs, and will train at least 160 community (lay) counselors (16 per district). These lay counselors will provide services in the communities and at the clinics, allowing qualified medical personnel to attend to clinical care duties.

Taking in consideration the number of local and international agencies working to strengthen CT services in Zambia, location of trainings and distribution of trainees will be discussed and closely coordinated with the PHOs and DHOs to ensure that TBD's training activities fit in the local strategy and avoid overlap of efforts.

In addition to training of new lay counselors, JHPIEGO works to ensure that previously trained lay counselors have ample opportunity to apply their new skills and that they provide quality services to the community. With this purpose, in FY 2009, TBD will continue providing supportive supervision and on-site updates, working with 120 community counselors trained in FY 2008. To strengthen local supervisory capacity, TBD will work closely with the PHOs and DHOs to ensure that they are capable to further

Activity Narrative: strengthen the monitoring of the quality of services.

To ensure that community counselors have necessary set of skills to provide services needed in the community, TBD, in addition to the CT skills, will also build their capacity in TB/HIV integration activities under the TBD's TB/HIV program. This program will include training in TB/HIV group education, TB treatment support and ART adherence support at the community level. The districts will be selected in consultation with the PHOs.

These activities will be complimented by the CT and supervision trainings conducted by the provinces themselves; TBD will work in close collaboration with Community-Based TB Organization and Kara Counseling to strengthen their capacity and support the provinces in conducting these trainings. Provinces will further report the number of people reached with counseling and testing through this activity thus it will not be included here to avoid duplication.

TBD will continue providing support to the local management and supervisory teams to ensure that they will soon take the lead in both training and supervision activities and will work to enhance their ability to sustain and expand these programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15527

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15527	4527.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	$200,000
9035	4527.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$235,000
4527	4527.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3017	3017.06	Technical Assistance/JHPIEGO	$235,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3011.09

Mechanism: Comforce

Prime Partner: Comforce

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT **Program Budget Code:** 14

Activity ID: 17357.26219.09 **Planned Funds:** $135,000

Activity System ID: 26219

Activity Narrative: Related activities: Eastern Province Health Office HVCT (#9005), Southern Province Health Office HVCT, (#9018), and Western Province Health Office HVCT (#9047) and all other CT activities under CDC.

Funding in FY 2009 is requested to provide technical assistance (TA) for the scale-up of counseling and testing (CT) access for rural disadvantaged communities, migrant populations, and general population in Zambia. CT is scaling-up rapidly in Zambia and extending access to many rural areas hence increasing the need for oversight and monitoring to ensure quality of services. The TA will make certain that couple counseling and testing (CCT) is prioritized and training for capacity building is provided to partners on couples CT for prevention. Emphasis will be on the new Zambian testing protocols, data management and quality assurance and that appropriate data is being captured at all sites and reported accordingly.

The TA will also ensure that all CT programs are all working in collaboration with government under the MOH and remain within the confines of government health guidelines. The focus will be 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17357

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17357	17357.08	HHS/Centers for Disease Control & Prevention	Comforce	7169	3011.08	Comforce	$85,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $135,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $26,864,913

Program Area Narrative:

Sustaining access to anti-retroviral therapy (ART) is a key U.S. objective, Antiretroviral (ARV) drug procurement and enhancing the capacity of the supply chain management systems are priority areas. Great progress was made in improving the availability of

ARV drugs at the national level during FYs 2005 - 2008.

With about one million Zambians living with HIV/AIDS and 200,000-250,000 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. As of March 31, 2008 there were 172,022 people on treatment, up from 110,000 in August 2007.

In FYs 2005 and 2006, the U.S. Mission in Zambia and JSI/DELIVER took the lead, in close collaboration with GRZ, to facilitate the development of multi-year ARV drug forecasts and quantifications; these are now updated on a quarterly basis. The process included developing the first national, long-term ARV drug procurement plan. The plan encompassed procurements made by the U.S. Mission in Zambia, GRZ, the Global Fund to Fight 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 315 accredited ART sites in Zambia and more are being assessed for accreditation. In FY 2007 this process was strengthened and further refined, to work with the increased number of ART sites that were added in to the system. U.S. Zambia ART Track 1.0 partner Catholic Relief Services/AIDS Relief (CRS) was added to the system after successful accreditation of sites, including four private sites.

Building on improvements made to the ARV supply chain in FY 2006, JSI/DELIVER continued its strong role in coordinating and addressing ARV logistics system issues in FYs 2007 and 2008. Also in FY 2006, the U.S. Mission in Zambia strengthened the logistics system in the Zambia Defense Force Medical Services (DFMS). This facilitated the inclusion of DFMS in the national system enabling them to access drugs through MSL. In FY 2007 USAID/DELIVER focused on supporting the MOH in coordinating ARV drug forecasting and procurement planning capacity at the central level, quantifying required ARV drugs, reinforcing the standardization of ARV drug inventory control procedures at delivery sites, and developing and installing a software tool for ART sites to collect and use for ordering ARV drugs which significantly reduced the time and effort required for ordering and reporting.

In FY 2007, the MOH changed the first line ART regimen in Zambia for new patients to Tenofovir + Emtricitabine (FTC)/3TC + Efavirenz or Nevirapine. Patients on the previously recommended first line therapy were to continue on the old regimen until either treatment failure or toxicities occurred. The decision to change regimens followed concerns about toxicities such as peripheral neuropathy, lipodystrophy and suspected lactic acidosis and was made after wide consultations on best practices by the National ART treatment working group. Anemia was also commonly associated with AZT in Zambian patients. These toxicities sometimes affected adherence to ART and deaths due to suspected lactic acidosis have occurred. The change to the Tenofovir based regimen is expected to lead to better outcomes due to decreased toxicities and better adherence to therapy. The U.S. Mission in Zambia is developing a public health evaluation to assess the cost effectiveness of Tenofovir based ART combination.

In FY 2008, the U.S. Mission in Zambia continued its strong collaboration with GRZ, GFATM, UNITAID/Clinton Foundation to assist the national ART programs in fulfilling demand for ART services. On behalf of the U.S. Mission in Zambia, SCMS purchased the following drugs: 3TC, AZT 100mg, LPV/r syrup, AZT/3TC, ddI 100mg, ddI 50mg, EFV 200mg, EFV 600mg, NFV 250mg, NLF LPV/r133/33 caps, NVP 200mg, and Tenofovir/Lamivudine. This will continue in FY 2009. Purchases may change: 1) as additional ARV drugs become approved by the Food and Drug Administration (FDA) and registered in Zambia, 2) as GFATM donations become solidified, 3) as Clinton Foundation ARV drug donations are scaled down; and 4) if GRZ changes the national ARV treatment protocols. These specific ARV drugs, in conjunction with the ARV drugs procured by GRZ and GFATM, will go directly to MSL where all accredited ART sites (GRZ, faith-based hospitals, NGOs, and work-place/private sector entities) have access to these critical supplies. It is estimated that approximately two percent of the total SCMS budget will be used to procure pediatric ARV drugs; this figure is based on the UNITAID/Clinton Foundation's commitment to provide all required pediatric first line formulations during this time period.

As funding for FY 2009 is a straight-line of the FY 2008 level, the U.S. Mission in Zambia plans to spend $24M on drugs in FY 2009 unless needed additional funding becomes available. In addition, with Track 1.0 funds, CRS is planning to set aside $100,000 as back up for purchasing drugs in case of a stock out from the national supply. As compared with FY 2007 when several partners procured outside of the system, in FY 2008 all procurement was through the MSL. This will continue in FY 2009. All partners will continue receiving their drugs from MSL through the GRZ system, a significant achievement made possible in part by U.S. support. It is estimated that U.S. procurements, in combination with GFATM and Clinton Foundation purchases, will enable Zambia to place 230,000 patients on ART by the end of 2009 (the MOH's target).

The biggest challenge with ARV drug procurement for national ART needs is the anticipated ARV drug procurement financing gap in FYs 2009 and 2010. Two main factors drive the anticipated gap: 1) the increase in patients combined with a steady budget; and 2) the change to the more expensive Tenofovir based regimen. PEPFAR I was to place 120,000 people on treatment by 2008. This goal has already by far been exceeded, supported by level funding with ever increasing demand. At current prices, the Tenofovir based combination costs over $200 more per patient, which has a dramatic impact on the overall finances required. Even if the cost of Tenofovir came down, with current funding levels and demand, the gap would remain. Discussions are ongoing with GRZ for an increased budgetary allocation to ARV drugs. Yet based on current and projected GRZ funding in the 2009 budget, this will not significantly reduce the deficit. Another possible source of funding is the GFTAM. While the outcome of Round 8 application, which includes some ARV drugs, is still pending, Zambia plans a Round 9 proposal focusing on treatment.

The national ARV drug logistics system and the quantification process will assist in achieving a sustainable national ART program following intensive PEPFAR support.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 4139.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 3751.26407.09

Planned Funds: $26,764,913

Activity System ID: 26407

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

This activity links directly with the USAID | DELIVER PROJECT's Health Systems Strengthening activity, the Partnership for Supply Chain Management Systems' (SCMS) activities in Counseling and Testing (CT), Laboratory Infrastructure, and Health Systems Strengthening, Center for Infectious Diseases Research in Zambia (CIDRZ), Catholic Relief Services(CRS)/AIDS Relief, Churches Health Association of Zambia (CHAZ), University Teaching Hospital (UTH), Zambia Prevention, Care and Treatment Partnership (ZPCT), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), UNITAID and the Clinton Foundation HIV/AIDS Initiative.

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 2008, USAID | DELIVER PROJECT provided assistance in strengthening the national ARV drug forecasting, quantification, and procurement systems. With their support, the US Government (USG) purchased over $30 million worth of ARV drugs for the national program in accordance with GRZ and USG rules and regulations.

In 2009 the USG will continue its strong collaboration with GRZ, GFATM, UNITAID 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: zidovudine (AZT) 300mg, zidovudine/lamivudine 300/150mg, didanosine (ddI) 100mg, efavirenz (EFV) 200mg, EFV 600mg, lopinavir/ritonavir (LPV/r) 200/50 mg, nevirapine (NVP) 200mg, tenofovir/emtricitabine (TDF/FTC) 300/200mg. The cost per patient is estimated at $30-40/month depending on regimen, based on the new national treatment protocols enacted at the end of 2007.

To ensure an uninterrupted supply of ARVs, it is estimated that 75% ($18 million) of the FY 2009 funds will be needed for procurement before April 2009 in order to meet the 2009 ARV procurement gap. Furthermore, the remaining 25% ($6 million) of FY 2009 funding, combined with the estimated GRZ, GFATM and UNITAID funding, will only enable Zambia to meet approximately 65% of the targeted 313,000 patients expected to be on ART by the end of 2010. The estimated funding gap for ARV procurement for 2010 is between $40-50 million.

Purchases may change as: 1) additional ARV drugs are approved by the Food and Drug Administration (FDA) and registered in Zambia; 2) the GFATM and Clinton Foundation ARV drug donations change; and, 3) the GRZ increases its purchases of ARVs. USG-funded ARV drugs will be placed in the GRZ's central warehouse, Medical Stores Limited (MSL), where all public sector and accredited NGO/FBO/CBO/work-place/private sector ART programs will have access to these critical supplies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14418

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14418	3751.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6827	4139.08	Supply Chain Management System	$24,000,000
9196	3751.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$20,000,000
3751	3751.06	U.S. Agency for International Development	Partnership for Supply Chain Management	4139	4139.06		$14,000,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3007.09

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 12066.26324.09

Planned Funds: $100,000

Activity System ID: 26324

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Reduction in funding amount needed for ARV Drugs

The funding level for this activity in fiscal (FY) 2009 will decrease from the funding level in FY 2008. This is due to the recent drug accreditation of all AIDSRelief sites that can now access ARV drugs through the government system.

AIDSRelief provides HIV care and services, including anti-retroviral (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 ARV 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 FY 2006, AIDSRelief agreed with the MOH that new patients initiated on treatment in the AIDSRelief-supported sites would receive first-line and second-line generic drugs through the Medical Stores Limited (MSL) logistics supply system. The U.S. Government through John Snow Institute (JSI) Deliver has strengthened the central logistic procurement and supply of ARV medications.

In FY 2009, all AIDSRelief-supported sites will have access to government supply pipeline of drugs. AIDSRelief will keep $100,000 for ART drug supply as a buffer stock and to secure certain ARV drugs unavailable on occasion through MSL. This backup is intended to help avoid emergency stock-outs as the Government of the Republic of Zambia (GRZ) stock reporting and drug forecasting systems are being strengthened. As of June 2008, approximately 3,636 patients (adults and pediatrics) were on second-line and/or drug combinations containing second-line ART. Churches Health Association of Zambia (CHAZ) will continue to store the buffer stock and will also distribute drugs in FY 2009. AIDSRelief will provide ART for nearly 30,000 patients at 19 faith based hospitals and other clinics including the maintenance of over 20,000 patients from 2008 and the expansion of ART to an additional 10,000 patients in 2009-2010.

Targets set for this activity cover the period ending February 28, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15611

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15611	12066.08	HHS/Health Resources Services Administration	Catholic Relief Services	7200	3007.08	AIDSRelief- Catholic Relief Services	$212,000
12066	12066.07	HHS/Health Resources Services Administration	Catholic Relief Services	5249	5249.07	Track 1 ARV	$1,615,895

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $18,300,000

Program Area Narrative:

Quality laboratory services play a crucial role in public health in both developed and developing countries they provide reliable, reproducible and accurate results for disease detection, diagnosis and follow up of treatment. Reliable laboratory results are

important aspects of prevention, care, and treatment of HIV/AIDS, TB and opportunistic infections (OI's). Quality laboratory services require comprehensive coordinated support programs to establish, maintain, and document ongoing testing procedures, and must include effective systemic mechanisms for monitoring, collecting, and evaluating information. Accurate patient diagnosis and monitoring requires Good Laboratory Practices (GLPs), adequate facilities, infrastructure, skills, human resources, management supervision, equipment that is maintained, sufficient lab commodities, waste management, and a user friendly system of data recording and reporting.

The U.S. Mission in Zambia began providing laboratory support to the Government of the Republic of Zambia (GRZ) in 2002. To rapidly expand and improve the quality of laboratory services in Zambia from 2002-2008, the U.S. Mission in Zambia supported five major initiatives. The first was the provision of automated CD4, hematology and chemistry laboratory testing systems which are now operating in most districts throughout the country.

The second initiative established three laboratories to provide early infant diagnosis, using the polymerase chain reaction (PCR) technology. Two laboratories are located in Lusaka -- one at the University Teaching Hospital (UTH) Pediatric Center of Excellence and the other at the Centers for Disease Research of Zambia (CIDRZ) in Kalingalinga -- and a third laboratory is situated in the Arthur Davison Children's hospital in Ndola.

The U.S. Mission in Zambia's third initiative involved strengthening the national TB laboratory network, consisting of 160 GRZ laboratories in 72 districts. Nine provincial hospital laboratories support district and rural health center laboratories. The U.S. Mission in Zambia supports the National TB laboratory, Chest Disease Laboratory (CDL), the UTH TB laboratory in Lusaka, and the regional TB reference laboratory at the Tropical Diseases Research Center in Ndola. These three institutions act as referral and reference TB laboratories provide services in TB culture, drug susceptibility testing, and sensitive TB AFB smear microscopy. They also disseminate material supporting the national quality assurance (QA) program for TB and AFB smear diagnosis to the Zambia laboratory network.

The fourth U.S. Mission in Zambia initiative was to strengthen bacteriology laboratory services in Zambia. In FY 2006-2007, CDC placed the semi-automated blood culture system at six laboratories in UTH, Arthur Davidson Children hospital, and provincial hospitals. An additional three district hospitals receive lab reagents for blood culture.

The fifth and final initiative involved assistance to the Ministry of Health (MOH) and other partners to develop a national QA plan to improve the quality of rapid HIV testing in Zambia through a national trainer of trainers, laboratory infrastructure and services training, provision of QA/QC (quality control) support, specimen transportation, renovation where required, equipment and supply procurement, and provision of equipment services agreement.

The U.S. Mission in Zambia has been providing laboratory reagents and supplies to PEPFAR-supported laboratories since PEPFAR's inception through the Supply Chain Management Systems Project and the national (MOH) Medical Stores Limited. A national laboratory logistics system to track laboratory stock, inventory and the use of laboratory testing records was introduced in FYs 2007 and 2008. The logistics system is in the pre-pilot phase in three provinces. A national roll out is planned (with involvement of CDC trained staff), in FY 2009. This activity will ensure the competent and sustainable laboratory management of test kits, reagents and supplies and full documentation of all occurring transactions.

In FY 2009, the U.S. Mission in Zambia will continue to support activities as described above. In addition, the U.S. Mission in Zambia will provide both financial and technical support to assist the MOH in several activities including: 1) strengthening national QA laboratory program in rapid HIV testing, CD4, and TB by working in close collaboration with other partners such as Zambian Prevention Care and Treatment, UTH, Japanese International Corporation Association (JICA) and the Centre for Infectious Disease Research in Zambia; 2) developing a national external quality assessment scheme (EQAS) for HIV testing, CD4, and TB, to include monitoring and evaluation through management supervision; 3) developing a national laboratory information system that would interface with the established SmartCare system in order to retrieve patient records as well as laboratory data; 4) developing a new five-year national laboratory strategic plan (the current national laboratory operational plan covers the period of 2006-2008) to ensure that continual and sustainable measures are implemented; 5) improving energy supply for laboratories in Zambia to offer a stable and continuous system of supply; and 6) providing technical assistance to plan and design a national public health laboratory in coordination with other partners, (at present, Zambia does not have a national public health laboratory). A national public health laboratory would offer a sustainable resource for continual national quality management and supervision. QA for HIV testing began in FY 2008 in collaboration with UTH, the national HIV reference laboratory.

Furthermore, in FY 2009, the U.S. Mission in Zambia will provide more direct technical support to Provincial Health Offices (PHO's) using a systematic approach in order to improve the quality of laboratory services in all provinces. The U.S. Mission in Zambia will support setting up an early infant diagnosis (EID) laboratory at Livingstone General Hospital to serve the population in the Southern Province where HIV prevalence is as high as 30%. The U.S. Mission in Zambia will also offer technical assistance for the expansion of the EID services at Maina Soko Military Hospital, which is financially supported by the Department of Defense (DOD). DOD will also expand its services in six military-based hospitals in several provinces.

In FY 2009, the U.S. Mission in Zambia will also continue to build local human capacity by providing professional training of laboratory personnel at both in-service and pre-services levels. The U.S. Mission in Zambia will encourage participation in training courses, continued education, skill transfer, hiring and training of local staff, and attendance of conferences and workshops related to laboratory issues. One of the U.S.-planned trainings will be a Good Clinical Laboratory Practice (GCLP) course. The curriculum will include QA/QC, ARV laboratory services, equipment maintenance, supply chain management, lab safety, waste management (sharps and biological), and review of Standard Operating Procedures (SOPs). Furthermore, the U.S. Mission in Zambia will assist the MOH in reviewing the curriculum of laboratory technologists in collaboration with the Clinton Foundation, as need arises.

Furthermore, linkages between the Laboratory Infrastructure and Biomedical Injection and Blood Safety program areas will be established. Technical assistance from the CDC Zambian Laboratory staff to the Biomedical Injection and Blood Safety programs will be provided.

The U.S. Mission in Zambia will continue to coordinate activities and share information with other donors such as the Global Fund to fight AIDS, Tuberculosis, and Malaria, President's Malaria Initiative, TB CAP, and JICA to ensure smooth operations and avoid duplication of resources and effort. With a focus on the missing gaps in strategic laboratory infrastructure interventions including strengthening the national QA program for laboratory testing at both central and regional levels, improving laboratory infrastructure (energy), training, provision of laboratory commodities and technical assistance, the U.S. Mission in Zambia is in an excellent position to further improve the quality and sustainability of laboratory services in Zambia.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	3013.09	**Mechanism:**	CDC Technical Assistance
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	3706.26309.09	**Planned Funds:**	$100,000
Activity System ID:	26309		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

April 2009 Reprogramming: Reduction in overall amount of funds; $600,000 total has been reprogrammed to 3 implementing partners.

To strengthen national laboratory quality assurance programs, strengthen laboratory infrastructure and facilities, build local human capacity, and to provide technical assistance.

This activity is linked to VCT (#9714), PMTCT (# 0631), TB/HIV (#0724), pediatric and adult care and treatment and strategic information (SI #3714) program areas and to all activities in the laboratory infrastructure section (#3701, 3702, 3703, 3704, 3754, 9794, 9795, 9796, 9797, 9798, 9799, 16956, 9524, 3541, 9524, 16420).

Technical expertise, material support, and human resource capacity strengthening are critical for building a sustainable laboratory program for diagnosing and managing treatment of HIV/AIDS, TB, and other opportunistic infections. In FY 2005-2008, the Laboratory Infrastructure and Support Branch of CDC Zambia has made significant progress to support laboratories throughout the four provinces (Lusaka, Southern, Western and Eastern) to provide laboratory services to care and treat people living with HIV/AIDS (PLWHA). Diagnostic capacity for TB and bacterial infections in Zambia is in an advanced stage, more so than many other PEPFAR countries. Automated laboratory equipment (including but not limited to CD4, hematology, chemistry) were procured, installed and maintained. Local staff received training and supervision. Strategic laboratory reagents and consumable acquisitions with national maintenance and service agreements for automated systems were provided.

In FY 2008, this activity supported: 1) expansion of laboratory technical expertise through training and quality assurance (QA) to the Ministry of Health (MOH) laboratories, national reference laboratories, provincial, district, urban and rural health centers and included University Teaching Hospital ; 2) continued to develop, renovate, and expand the pre-service laboratory training center at Chainama College in Lusaka in support for HIV rapid testing, TB AFB smear microscopy, CD4 staging, liver and kidney function testing, and treatment services; 3) implementation and monitoring of a laboratory information system for data management to improve the documentation of patient test results, tracking of reagent procurement and consumption, and 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 in Lusaka Zambia; 6) support much needed renovations and improvements in laboratory infrastructure at key district-level health facilities in Eastern, Lusaka, Southern, and Western Provinces; 7) provide travel support for Zambia CDC laboratory staff for on-site QA/quality control (QC) supervisory training and visits to testing sites throughout the country to ensure proper equipment operations, provide feedback, troubleshoot, and reinforce systems strengthening; and, 8) coordinate with the MOH, UTH, and other partners to develop a national training curriculum for HIV rapid testing and trainer of trainers.

In FY 2009, CDC will focus on strengthening the national QA program for rapid HIV testing in Zambia. In this regard, CDC will conduct the following activities: 1) co-ordinate and provide technical support the MOH, UTH Virology (UTH-VL), and other partners to implement the national QA program for rapid HIV testing according to the national guidelines for HIV counseling and testing; 2) co-ordinate a course for HIV rapid test training of trainers. This will include partners’ laboratory staff as well as CDC Zambian laboratory specialists. A national laboratory training team will be formed; 3) co-ordinate roll out training of the national algorithm that includes the component of quality assurance and quality control for HIV rapid testing to both technical and non-technical laboratory persons in VCT, PMTCT, and integrated HIV/TB programs within the four provinces named above; 4) support CDC laboratory staff to travel within the country to perform on-site training, supervisory visits and re-testing to healthcare facilities within the four provinces that conduct rapid HIV testing. Four CDC local laboratory staff will be assigned as CDC regional laboratory points of contact and be responsible for the QA program of each province. They will work and coordinate closely with the MOH, UTH, and the provincial laboratory personnel to ensure timely feedback and troubleshooting; 5) co-ordinate with Zambian Provincial Care and Treatment program (ZPCT) staff to train and develop skill capacity to standardize the quality of HIV rapid testing in the rest of the country (Central, North, Northeast and North-Western regions where ZPCT is providing technical assistance; 6) co-ordinate and support quality assurance and quality control workshops for rapid HIV testing, TB acid fast bacilli (AFB) smear microscopy, CD4, hematology, and chemistry; 7) provide technical assistance to the MOH and UTH staff to establish a functional national external quality assurance scheme (EQAS) for HIV rapid testing in order to assess the quality and accuracy of sites performing rapid HIV testing. Skill and technology will be transferred to the MOH and UTH staff to generate panels of dried tube specimens consisting of HIV positive and negative samples. The panels will be distributed to sites throughout the country; 8) assist the MOH and UTH staff to collect and analyze data at the MOH central collection point, and disseminate the national EQAS data through workshops, scientific meetings and/or conferences; 9) provide technical assistance to healthcare personnel at sites to follow up on the results, delivery and outcome of the EQAS as well as to troubleshoot and provide technical guidance for corrective action and 10) provide technical assistance to USG SI team and its partners (TDRC and UTH Virology) on laboratory testing related to surveillance activities in Zambia supported by PEPFAR.

In addition, in FY 2009, CDC will focus on providing technical assistance to the MOH through coordination with partners to support the following activities: 1) develop an integrated national QA program for laboratory testing including rapid HIV testing, CD4, early infant diagnosis using PCR, TB smear, and malaria diagnosis. The latter activity will be performed in collaboration with President’s Malaria Initiative (PMI) staff in Zambia; 2) develop a Laboratory Information System in collaboration with other partners; 3) to assess the electrical supply situation at various laboratories in the health centers in remote areas where interruptions are common and assist in developing a sustainable continuous electrical supply; 4) to review the five year national laboratory strategic plan; 5) assist the MOH to review national curriculum for laboratory technologist schools when need arises. Currently, the MOH with support from the Clinton Foundation has started a process to revise the curriculum. The MOH will call upon assistance from CDC when the draft is ready for

Activity Narrative: revision; and 6) provide technical assistance to the MOH such as reviewing its documents (the national medical laboratories policy, the national laboratory safety manual), attending meetings organized by the MOH as well as support the MOH laboratory-related activities when call upon.

Furthermore, in FY 2009, the funds will be used to support the following activities: 1) coordination with donors such as the Global Fund, World Health Organization (WHO), PMI, USAID, and Japanese International Cooperative Agency (JICA) to ensure harmonization and to avoid duplication of funds and technical support; 2) training of provincial laboratory personnel and CDC Zambian laboratory specialists to be diverse in all laboratory testing procedures conducted in clinical laboratories at all levels including laboratory management and QA/QC for supervision purposes; 3) coordination and support to lab-related workshops; 4) continuation of provision of technical assistance and QA through CDC regional laboratory points of contact to laboratories, to ensure the quality of its services for PLWHA is maintained; 5) the national TB laboratory network, the TB AFB QA/QC program, TB culture and drug susceptibility testing for rapid detection of multiple and extreme resistant cases of tuberculosis; 6) continue to support bacteriology laboratories at UTH and provincial general hospitals for diagnosis of HIV-related opportunistic infections; 7) provide technical support and training for the expansion of infant diagnosis utilizing PCR techniques at Maina Soko Military Hospital and Livingstone General Hospital; 8) provide technical assistance to DOD for the expansion of the military clinical and laboratory services in Zambia; and 9) provide technical assistance to other PEPFAR program areas including Biomedical Injection and Blood Safety.

In summary, in FY 2009, CDC will continue to provide support to all the above listed activities to improve and build sustainable laboratory systems in Zambia by strengthening the national QA program and laboratory infrastructure, through provision of technical assistance to support continuous professional development of laboratory personnel by pre- and in-service training; and through coordination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15594	3706.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$1,249,900
9022	3706.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$890,001
3706	3706.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3013	3013.06	Technical Assistance	$1,162,676

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5280.09

Mechanism: ASM - U62/CCU325119

Prime Partner: The American Society for Microbiology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9794.26280.09

Planned Funds: $130,000

Activity System ID: 26280

Activity Narrative: Activity Narrative:

ACTIVITY UNCHANGED FROM FY2008
This activity is linked to TB/HIV (#0724), adults care and treatment program areas and Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), Southern Provincial Health Office (SPHO #9797), Western Provincial Health Office (WPHO #9799), Eastern Provincial Health Office (EPHO #9795), Chest Disease Laboratory (CDL #15510), Comforce (#8996), University Teaching Hospital (UTH #9798) and all activities within the Laboratory section.

Opportunistic infections (OI's) 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 (TB) are currently in place. However, basic microbiology laboratory services for blood stream and other infections such as sexually transmitted infections (STI), which have high morbidity in the HIV infected patients, are limited and lack quality.

In FY 2008, this activity supported technical assistance from the American Society for Microbiology (ASM). ASM technical experts provided support in the areas of TB and OIs. The technical experts conducted a national basic microbiology workshop focused on OIs; provided training for routine bacteriology diagnostics and antimicrobial susceptibility testing; trained on the function and maintenance of the BACTEC 9050; educated laboratory staff and medical personnel on proper blood culture collection techniques, and provided support for development of quality systems for TB diagnostics.

In FY 2009, the ASM will continue to provide in-country expertise for cost effective microbiology services and expand support for detection of STIs, laboratory systems, strategic planning, standardization of protocols for antibiotic utilization, infection control, and good laboratory and clinical practice. The ASM's major emphasis area will continue to be human capacity development. Activities conducted will include training on the most common bacterial infections using basic and advanced diagnostic techniques; improvements in rapid TB culture, and drug susceptibility testing at the national and regional TB reference laboratories, and assistance for development of infection control strategies.

Additional ASM assistance will involve strengthening and development of a quality assurance/quality control programs for basic bacteriology such as gram staining; antimicrobial susceptibility testing; TB and STI diagnostics. This will require on-site training and consultation addressing workflow management, specimen tracking, testing procedures, documents and specimen retention, reporting, reagent preparation and storage, instrument maintenance, competency testing, and proficiency testing. An external quality assurance program for microbiology will include identification and antimicrobial susceptibility testing of unknown pathogens and feedback on results.

Technical experts will continue to provide support to CDC Zambia laboratory staff and local laboratories for strengthening microbiology services and treatment of OIs, working in collaboration with interdisciplinary health care teams and other partners such as JHPIEGO to ensure a sustainable program working within existing health care facilities. The technical experts 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 performed in consultation with CDC-Zambia or other organizations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15563

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15563	9794.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	7183	5280.08	ASM - U62/CCU325119	$130,000
9794	9794.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	5280	5280.07	ASM - U62/CCU325119	$129,999

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $130,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3009.09

Mechanism: TDRC - U62/CCU023151

Prime Partner: Tropical Diseases Research Centre

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 3702.26281.09

Planned Funds: $320,000

Activity System ID: 26281

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

This activity is linked to activities in Chest Diseases Laboratory (CDL) (#15510), Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), American Society of Microbiology (ASM # 9794)), Comforce (#8996), and Supply Chain Management System (SCMS # 9524) within the Laboratory section.

Since 2004, the Tropical Diseases Research Centre (TDRC) Regional Tuberculosis (TB) reference laboratory has provided acid fast bacilli (AFB) smear microscopy services for the Ndola area. In fiscal year FY 2004 and 2005, the United States Government (USG) provided funding to upgrade the laboratory to a "state-of-the-art" facility which completed in May 2005, to support the scale-up of HIV/TB activities. It 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 TB culturing of samples from the Northern region of Zambia. Transportation of specimens from facilities to TDRC for culture has proven difficult. In FY 2008 the Ministry of Health (MOH) established a courier system for the TB drug resistance survey to help with transportation of TB specimens from selected laboratories in the country.

In FY 2008 training for TB laboratory support, equipment, reagents and supplies for liquid TB culture, DNA probe identification of TB isolates, and drug susceptibility testing (DST) was performed. Training was provided to ten laboratory staff on the use of the bio-safety cabinets, reagents preparation, and culture media. Equipment provided included a BACTEC MGIT TB culture and GenProbe DNA Mycobacteria identification system, in addition to a water tank and generator for a backup power supply.

In FY 2009 TDRC aims to receive referral samples from 77 TB diagnostic centers to increase uptake of referred diagnostic and follow-up TB specimens from Copperbelt, North-Western, Luapula, and Northern Provinces. In addition the TDRC Laboratory staff will be focused on further expanding and improving detection of TB and testing of drug resistant TB cases using liquid culture technology in support of the TB/HIV program. The regional laboratory works in collaboration with the national TB reference laboratory, the Chest Diseases Laboratory, (CDL) to improve rapid culture and drug susceptibility diagnostic services and to provide support to the Arthur Davison's Children's Hospital, which is the national pediatric hospital located a few kilometers from TDRC.
In addition TDRC will continue to improve TB diagnosis by implementing direct molecular testing (DMT) for rapid detection of multi-drug resistant (MDR) TB and extensive drug resistant (XDR) TB (line-probe assay). This test will improve the turn around time of results for DMT to 24-48hrs. The test will be used for rapid screening of smear positive TB patients at risk for infection with MDR-TB.

In FY 2009, TDRC will provide support renovation to maintain its laboratory infrastructure. Maintenance services for laboratory and essential equipment will be acquired. Shelves and storage cabinets will be procured and installed. TDRC will procure audio visual facilities for conference calls and continuing education links with CDC as well as procuring supplies, furniture, and audiovisual facilities to equip the continued education center at Ndola biomedical school. This facility shall be used as a conference training center. TDRC will continue to support its staff. The available TDRC TB laboratory staff in FY 2008 will remain the same in FY 2009 –2010.

Furthermore, in FY 2009 the TDRC regional TB reference laboratory will continue to support external quality assurance services for AFB smear microscopy to the provincial laboratories on the Copperbelt, North-Western, and Luapula Provinces. These services will include training, on-site evaluation, proficiency testing, AFB smear microscopy blind rechecking, and feedback to the laboratories. TDRC will respond to the feedback reports for local and rural settings to provide on-site capacity for corrective actions. Training in smear Microscopy and EQA will be provided to two technologists from each of the provinces in the Northern Region to expand capacity for supervision and monitoring of TB/HIV support in the districts. Those to be trained at the provincial level are currently government staff and will share skills with district TB laboratory staff during supervisory visits to ensure laboratory skills are expanded and sustained at all levels of health facilities.

TDRC will co-ordinate with MOH, CDL, and other donors such as the Global Funds, and TBCAP to strengthen EQA for TB AFB smear microscopy in five Northern provinces. Through the PEPFAR co-operative agreement, TDRC provides staff and transport assistance to TBCAP activities.

In addition, in FY 2009, TDRC will build local staff capacity by supporting continuous professional development of laboratory personnel in TB lab related activities in the form of trainings conferences and meetings associated with TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15564

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15564	3702.08	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	7184	3009.08	TDRC - U62/CCU023151	$400,000
9027	3702.07	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	5017	3009.07	TDRC - U62/CCU023151	$190,000
3702	3702.06	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	3009	3009.06	TDRC	$187,324

Emphasis Areas

Construction/Renovation

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 576.09

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9798.26298.09

Planned Funds: $400,000

Activity System ID: 26298

Activity Narrative: ACTIVITY HAS BEEN MODIFIED TO INCLUDE a needs assessment for continual, stabilized power to be supplied for the pathology laboratories at the University Teaching Hospital (UTH) Lusaka.

This activity is linked to Counseling and Testing (CT) (#0631), Prevention of Mother to Child Transmission (PMTCT,#0158), National tuberculosis (TB) program, Adult Care and Treatment programs as well as activities from the laboratory section including The American Society for Microbiology (ASM #9794), Chest Diseases Laboratory (CDL #15510), Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), Lusaka Provincial Health Office, (LPHO #9796), Southern Provincial Health Office (SPHO #9797), Western Provincial Health Office (WPHO #9799), Eastern Provincial Health Office (EPHO #9795), and EGPAF/CIDRZ (#16956).

This activity has several different components involving the UTH laboratories.
One component is to continue to support the UTH - Virology Laboratory (UTH-VL) in Lusaka, which acts as the National Reference Laboratory (NRL) for HIV. In fiscal year (FY) 2008 UTH-VL received support from PEPFAR to develop and manage a national quality assurance (QA) program for rapid HIV testing in collaboration with the Ministry of Health (MOH), its partners and CDC Zambia ($200,000).
In FY 2009, this activity is aimed at assuring the accuracy of HIV test results generated by all facilities conducting rapid HIV testing in Zambia including those facilities incorporating CT, PMTCT, and Adult Care and Treatment programs. Under the direction of the MOH, the NRL will oversee and provide national quality QA to the provincial laboratories and rapid HIV testing sites in collaboration with other PEPFAR partners, Zambian Prevention Care and Treatment program (ZPCT), Japanese International Cooperation Association (JICA) and CDC. The quality of HIV testing will be strengthened at sites at the national level by hiring two additional laboratory personnel, perform minor renovations to one lab and one office, to assist in procurement of lab supplies and reagents with supply chain management systems (SCMS), and purchase of an additional vehicle to include maintenance to meet the demand of the expanding activity. This activity will assist in a needs assessment for continual, stabilized power to be fed into the whole unit. With support from other partners such as MOH, CDC, and JICA, UTH – VL will support and co-ordinate a trainers of trainers course for rapid HIV testing, co-ordinate roll out in Zambia. Trainers at the provincial level will in turn provide supervisory and on-site training visits to rapid HIV testing sites within their provinces, with the help of job aids, and supervisory visits to assist with monitoring and evaluation of the program in-line with MOH national guidelines, and to maintain communications with all sites.
The UTH - VL will build upon the knowledge gained from the establishment of the national external quality assurance system (EQAS) for HIV and use it to implement a national EQAS for CD4 testing.

The second component of this activity focuses on the UTH –TB laboratory ($150,000). The laboratory is well-equipped but lacks the resources for quick turn around times for results. The laboratory has two mycobacterium growth indicator tube (MGIT) 960 instruments which have improved mycobacterium isolation and the Accuprobe instrument which has reduced the time for the identification of mycobacterium tuberculosis complex to four weeks. The TB laboratory is linked to the national TB program, the national reference lab and the PHO's for Lusaka, Eastern, and Western Provinces. In FY 2009, UTH TB will continue to support and strengthen the EQA program for acid fast bacilli (AFB) smear microscopy, culture identification of mycobacterium isolates and drug susceptibility testing (DST) on patients suspected to have Multi Drug Resistant (MDR) tuberculosis and case that are indicative of treatment failure. UTH- TB laboratory will continue to support servicing and certification of the Class II bio-safety cabinets and the MGIT. UTH –TB laboratory will begin to run molecular speciation on all mycobacterium isolates and DST on all confirmed TB isolates to improve the management of TB and MDR cases.

The third component of this activity is the UTH Microbiology laboratory which offers diagnostic services for Lusaka Province and Zambia in general ($50,000). The microbiology laboratory has received direct technical assistance in the form of trainings and workshops (through CDC and ASM) and equipment such as the BACTEC, reagents, and on-site assistance from CDC. Still, inadequacies in material and financial resources have meant that microbiological testing services have been compromised. In FY 2009, this activity will continue to provide and focus on; 1) improving diagnostic capability of the microbiology laboratory at UTH by placing one bio-safety cabinet on one years maintenance and certification and to recruit at least one technologist and one data entry clerk and; 2) supporting the implementation and monitoring of a national external quality assurance program with a pilot in two suitable hospital laboratories where suitable monitoring, evaluation, and support could be given.

All components of this activity focus on the improvement the need to communicate regularly with partners involved in the laboratory program, co-ordinate, and support regular meetings with CDC and other partners, to allow dissemination of activity and improve collaboration to avoid duplication of activities and encourage feedback. The importance of these activities and the need to document and maintain quality in HIV, TB, microbiology, and CD4 testing at a national level is becoming increasingly obvious as these programs expand. Activities in this year were aimed at the development and maintenance of coherent and functioning QA and EQA systems at the national level, to improve the diagnostic capability of both reference and site laboratories around the country by supporting the improvement of; laboratory infrastructure, reagents supply and delivery, maintenance of equipment and back up services in the form of a needs assessment for continual, stabilized power, human resources, and retention through support for travel and attendance of laboratory staff for continual training, in lab related activities to ensure a sustainable program, relevant national training program roll–outs; improve support of data entry, data collection and information dissemination nationally with a comprehensive monitoring and, evaluation system and to work toward accreditation where relevant to improve standards for a better health service for the Zambian population.

UTH Laboratories will continue to provide technical leadership for a sustainable National QA and EQA programs for HIV, TB, Bacteriology, and CD4 with existing clinical facilities, MOH, CDC, and partners to strengthen the capacity in the form of training, supervision, and monitoring and evaluation, and coordination to provide continual quality lab services and programs in Zambia to compliment the national vision

New/Continuing Activity: Continuing Activity

Continuing Activity: 17439

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17439	9798.08	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	7191	576.08	University Teaching Hospital	$600,000
9798	9798.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$320,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 4139.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9524.26408.09

Planned Funds: $10,300,000

Activity System ID: 26408

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

Activity Narrative:

This activity links with the Partnership for Supply Chain Management System's (SCMS) activities in ARV Drugs, Counseling and Testing (CT), and Health Systems Strengthening; USAID | DELIVER PROJECT activities in ARV Drugs and CT; the Centers for Disease Control and Prevention (CDC); Center for Infectious Diseases Research in Zambia (CIDRZ); Catholic Relief Services(CRS)/AIDS Relief; Churches Health Association of Zambia (CHAZ); Zambia Prevention, Care and Treatment Partnership (ZPCT); the Government of the Republic of Zambia (GRZ); the Global Fund for AIDS, Tuberculosis and Malaria (GFATM); UNITAID; and the Clinton Foundation (CF).

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 and supply chain system.

With FY 2008 funding, the USG, the World Bank, UNITAID, and GRZ 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. Beginning with FY 2007 funding and continuing into FY 2008, the USG through SCMS, procured the following items: CD4 reagents (Becton Dickinson FACSCalibur, Becton Dickinson FACSCount); hematology reagents (ABX Pentra 60C+, ABX Micros 60, Sysmex pocH-100i); chemistry reagents (Cobas Integra 400, Ortho Vitros DT60, Olympus AU400, Human Humalyzer 2000); and various consumables (e.g., EDTA vacutainer tubes, needles, disposable gloves and pipette tips).

To better ensure that these valuable commodities will be available in the correct condition, quantity, location and time; SCMS has been working to improve the national HIV/AIDS laboratory logistics system through technical assistance. A key component of this assistance was the design of the new lab logistics system, which was implemented through nationwide training. The new system includes a computerized central management information system that was installed at the Ministry of Health (MOH) Logistics Management Unit. Implementation of a computer software logistics management information system for service delivery sites was also begun with FY 2008 funding.

In 2009, SCMS will continue to procure laboratory commodities in bulk. SCMS will procure at least 50% of the national quantification for laboratory commodities; which will support the ART target of 313,000 patients. SCMS will also continue to strengthen and expand the national HIV/AIDS laboratory logistics system through the following activities:

1) SCMS will quantify and procure USG-funded HIV/AIDS laboratory commodities consistent with resources and policies for rapidly scaling-up HIV/AIDS clinical services;
2) SCMS will coordinate HIV/AIDS laboratory commodity forecasting efforts and will develop procurement planning capacity within the MOH and with other key national stakeholders;
3) SCMS will continue to implement a computerized HIV/AIDS laboratory logistics management information system (LMIS) in at least 50 service delivery sites. The software development will be in conjunction with ZPCT, the Centers for Disease Control (CDC), and the USAID | DELIVER PROJECT, and its related mandate to improve the HIV test kit logistics system;
4) With the completion of the nationwide laboratory logistics system, SCMS will work closely with DELIVER to support the MOH's efforts to network all service delivery sites in the country;
5) SCMS will continue to provide technical assistance and funding support for the creation of service and maintenance contracts for laboratory equipment; which has been identified as a vital need by all stakeholders;
6) SCMS will continue to maintain a system for monitoring the function and condition of laboratory equipment, providing an early warning system for the MOH when repairs or replacements are needed;
7) SCMS will significantly increase the monitoring and evaluation of the HIV/AIDS laboratory supply chain as a whole, and will make improvements and recommendations as needed, taking full advantage of the recently established seven provincial offices.

To complete these activities, SCMS will collaborate with GRZ, GFATM Principal Recipients, and other partners, to train up to 120 key personnel in the newly computerized 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 related 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14419	9524.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6827	4139.08	Supply Chain Management System	$10,300,000
9524	9524.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$8,000,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 6842.09

Mechanism: ZPCT FOLLOW ON

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 16420.26186.09

Planned Funds: [redacted]

Activity System ID: 26186

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the New USAID HIV/AIDS Service Delivery Support Program in FY 2009. Targets will be adjusted based on the actual starting date of the new project. It is envisioned that there will be a four month overlap between the current and the new program so that services continue to be provided to new and existing clients.

A new project to develop laboratory infrastructure in Zambia, to follow the ZPCT project, is currently being developed. This new activity will link to other programs including: HVCT, PMTCT, ARV, HVTB, and HBHC activities, DELIVER 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 GRZ to strengthen and expand laboratory services in the delivery of HIV/AIDS care in the Central, Copperbelt, and the more remote Luapula, Northern, and North-Western Provinces. In FY 2009, the project will strengthen laboratory services in the current 111GRZ laboratories providing HVCT, PMTCT, ART, and/or HBHC services, and to at least 10 additional facilities by providing technical support, supporting renovations, providing equipment, and training staff to provide quality laboratory services. At least half of the supported facilities will have the capacity to conduct more advanced HIV laboratory tests, such as CD4 and lymphocyte tests as a result of this assistance. Additionally, in FY 2009, the project will support the Laboratory Management Information System to track HIV-related laboratory tests, and provide technical assistance and mentoring on this system. The project will work with facilities transporting specimens for HIV-related laboratory tests from health facilities, some with limited laboratory capacity, to referral laboratories. This system greatly improves the ability of more rural facilities to provide quality HIV/AIDS services, leading to same-day test results and an increase in new ART patients. The project will work closely on laboratory activities with CDC, the Clinton Foundation HIV/AIDS Initiative, MSF Spain and the Partnership for Supply Chain Management Systems.

During 2009/2010, the new project will strengthen the expansion of the current activities by providing technical support, ensuring quality services, and building district capacity to manage HIV/AIDS services. The five activity components include: 1) strengthening laboratory infrastructure; 2) improving laboratory quality assurance mechanisms, information systems, and personnel capacity; 3) working with the CDC and other collaborating partners to realize the GRZ's plans for the scale-up of high quality services; 4) providing training of laboratory technicians and ensuring consistency in laboratory supplies through the national logistics system; and 5) participating in national laboratory working groups and national laboratory related activities.

The project will strengthen laboratory infrastructure in all sites that provide the full complement of basic equipment for CD4 hematology and biochemistry and supplies. Additionally, the project will identify and support laboratory renovations if needed. Equipment purchased, such as CD4 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. The project will continue to link ART sites currently without access to CD4 testing to nearby ART facilities with appropriate technological facilities. The project will also work in close collaboration with the GRZ to ensure provision of supplies for CD4 enumeration in the hard-to-reach areas. The project will work with hospitals that currently have capacity for early infant diagnosis and ensure transportation for Dried Blood Spot (DBS) samples. The project will also coordinate with activities supported by the Centers for Disease Control and Prevention (CDC) and collaborate with the Clinton Foundation HIV/AIDS Initiative. In 2009/2010, the number of project supported laboratories with capacity to perform HIV, CD4, and lymphocyte tests will be 60, and approximately 540,000 tests will be performed.

The project will work with the 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. The project will also make certain that laboratory standard operating procedures are at all sites to ensure that all facilities implement proper laboratory practices. Finally, 100 laboratory staff will continue to be trained in commodity management and lab-related activities. Assistance for this second component will be coordinated with DELIVER, SCMS, CDC, and GRZ to avoid duplication of efforts and to ensure that facility-level forecasting and procurements provide constant supplies of required laboratory commodities.

The project's staff will participate in national laboratory groups and lab related activities to share their experiences and expertise with other partners in country, and to participate in the development or review of policies, guidelines, standard operating procedures, and training manuals.

The project will increase program sustainability with the GRZ, by supporting the MOH laboratory quality assurance (QA) assistance plan in collaboration with CDC. The project will work with GRZ to strengthen QA activities and provide support to strengthen the capacity of GRZ hospital laboratories. The MOH, through the Provincial Health Offices, will then assume responsibility for the monitoring of the GRZ hospitals' laboratories' QA program.

By working with GRZ facilities, the project will be 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.

The program will, by 2010, develop public/private partnerships by providing technical support to privately owned health facility laboratories such as for the mines, to enhance provision of quality laboratory services. The program will also link these facilities to the government supply chain for provision of laboratory reagents.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16420	16420.08	U.S. Agency for International Development	To Be Determined	6842	6842.08	ZPCT FOLLOW ON	[redacted]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3051.09

Mechanism: DoD/LabInfrastructure

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 3754.24845.09

Planned Funds: $1,600,000

Activity System ID: 24845

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This activity links with Centers for Disease Control and Prevention (CDC-TA #9022) activities in the Laboratory section, Project Concern International (PCI) and JHPIEGO's assistance to the Military and other Uniformed Services living in camps with comprehensive HIV/AIDS care and treatment programs which include PMTCT, Adult Care and Support , TB/HIV and Adult Treatment activities

The program will contribute to improved service delivery in HIV care and treatment through improvement, and expansion of infrastructure dealing in HIV/AIDS Voluntary Counseling and Testing (VCT), Adult Care and Support and ARV delivery, training institutions, and HIV/AIDS laboratories. Improvement of infrastructure includes renovation of existing examination rooms, laboratory testing facilities and anti-retroviral (ARV) dispensaries to facilitate effective HIV/AIDS care and treatment in military sites. Expansion includes construction of new infrastructure for anti-retroviral treatment (ART) and laboratory facilities which will aid in scaling up the interventions to meet the HIV/AIDS care and treatment for the military and other uniformed service officers, their families and vulnerable populations living in these areas, which at many sites are predominantly civilians who rely on access to the medical facilities at the camps for all routine care. Years of underfunding, coupled with an increasing population have left the military and uniformed services with substantial infrastructure deficits, which are compounded by the remote location of many of the camps, as well as inadequate support from donors and the Ministry of Health.

In FY 2005 – FY2008, the Zambia Defense Force (ZDF) identified eight regional sites located in the following provinces: Copper belt, Southern Lusaka, Eastern, Central, Western and, Northwestern to focus on strengthening their HIV/AIDS treatment and care services. The sites received basic laboratory equipment as well as training by the implementing partners. These sites serve as models for Military medical staff in the regions to rotate through for training in prevention for mother-to-child transmission (PMTCT), HIV/TB care, Adult Treatment and Adult Care and Support. The trainings for staffing Military medical facilities were conducted by Project Concern International (PCI) and JHPIEGO. The funding also included renovation and expansion to the infrastructure of eight sites in the military sites. DOD continued support to the eight regional sites with provision of laboratory reagents and equipment with technical assistance from CDC and training by PCI and JHPIEGO. Renovations and expansion to military health infrastructures facilitated effective service delivery including support for the development of the Family Support Unit at Maina Soko, as well as to the Zambian Defense Forces Nursing College to improve their ability to train nurses. The labs were linked to SCMS to ensure sustainable operations. Activities also included infrastructure improvement and expansion works to 10 sites to facilitate effective service delivery on HIV/AIDS.

IN FY 2009, DOD will continue to support healthcare services to military and uniformed personnel and their families as described above; continue focusing on strengthening military and other uniformed service sites through monitoring performance, provision of equipment and reagents and training of staff with technical support from CDC to provide guidance on appropriate equipment to procure, conduct assessment as well as provide training, mentoring and supportive visits to military personnel. Activities will also include improvement and expansion of ART and laboratory infrastructure on 6 Sites which will aid in scaling up the interventions to meet the HIV/AIDS care and treatment for the Military and other uniformed services. An Early Infant Diagnosis (EID) laboratory will be set up through renovations, procurement of equipment and supplies, equipment maintenance agreements and certification of biological safety cabinets and other equipment. Technical assistance for the expansion of the EID services at Maina Soko Military Hospital will be supported by CDC through the Lusaka provincial health office and CDC Lab technical staff.

The activities will compliment and support the MOH National Lab QA program, to continue to build local capacity and sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14636

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14636	3754.08	Department of Defense	US Department of Defense	6892	3051.08	DoD/LabInfrastructure	$1,600,000
9096	3754.07	Department of Defense	US Department of Defense	5032	3051.07	DoD/LabInfrastructure	$850,000
3754	3754.06	Department of Defense	US Department of Defense	3051	3051.06	DoD/LabInfrastructure	$1,000,000

Emphasis Areas
Construction/Renovation
Military Populations

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	3011.09	**Mechanism:**	Comforce
Prime Partner:	Comforce	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	3704.26220.09	**Planned Funds:**	$500,000
Activity System ID:	26220		

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

This activity is linked to Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #3706.08), Chest Diseases Laboratory (CDL #3703.08), Unive3702.08), University Teaching Hospital (UTH # 9798), EGPAF-CIDRZ (# 16956), Associated Public Health Laboratories (APHL), Ministry of health laboratory Information System (MOH-LIS) in the laboratory infrastructure section.

This activity allows international laboratory experts to spend time in Zambia working side-by-side with Zambian nationals to transfer laboratory technical skills rather than sending Zambian laboratory staff to the United States or other countries for training. With the experts in-country, a larger target population for skills transference is reached. The experts in –country are able to see, work in, and transfer skills relevant to the Zambian laboratory environment and to identify and implement practical solutions and not just transferring Western or developing country laboratory techniques to Zambia.

In FY 2007 this activity allowed one international laboratory expert to work in Zambia to provide technical assistance to more than 150 laboratory technicians in five provinces. The laboratory technical experts worked in-country with partners and CDC staff (including four CDC Zambian public health laboratory technologists) to strengthen national sustainability for good laboratory practices, planning and quality assurance on a daily basis for diagnosis, care, and treatment support.

The funds from FY 2008 contributed to support this laboratory expert to work with the Ministry of Health (MOH), Department of Defense (DOD), CDC Zambian laboratory staff and other partners focusing on 1) rapid HIV testing roll out planning and training, 2) strengthening skills and expanding quality assurance programs for automated- and non-automate laboratory testing procedures such as CD4, hematology, and chemistry for monitoring care and treatment support to persons on ARV and TB therapy as well as carry out duties as described in FY 2007. In addition, the FY 2008 funds was also used to support a HIV virologist to work with partners such as UTH, CIDRZ, TDRC, and CDC laboratory team to establish and strengthen quality assurance program for early infant diagnosis within the country as well as drug resistance testing.

In FY 2009, this activity will support these two laboratory experts to enable them to continue to provide technical assistance to the MOH, DOD, partners and CDC. While the first laboratory expert will continue previously described activities, the second consultant in HIV virologist will work with the MOH, partners, under the direction of CDC Chief for Laboratory Infrastructure and support program to establish and/or strengthen an integrated national quality assurance program for laboratory testing services including HIV rapid testing, CD4, hematology, chemistry, TB, malaria, and bacteriology. This activity provides support for lodging, consultant fees, travel, training costs, needed supplies, and other costs related to work with the MOH laboratory unit, and the national HIV/TB program in Zambia. Technical support from two international experts brings expertise and provides efficient and sustainable human resource capacity building in local laboratory personnel. Continuous onsite in-country training and monitoring will allow several laboratory staff to expand technical expertise as well as in management, leadership and problem solving skills in both provincial and districts laboratories within Zambia.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15514

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15514	3704.08	HHS/Centers for Disease Control & Prevention	Comforce	7169	3011.08	Comforce	$550,000
8996	3704.07	HHS/Centers for Disease Control & Prevention	Comforce	5002	3011.07	Comforce	$550,000
3704	3704.06	HHS/Centers for Disease Control & Prevention	Comforce	3011	3011.06	ORISE Lab	$164,322

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	2998.09	**Mechanism:**	EGPAF - U62/CCU123541
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	16956.26234.09	**Planned Funds:**	$250,000
Activity System ID:	26234		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The level of funding to this activity has been reduced as cost for laboratory services for people living with HIV/AIDS (PLWHA) has been moved to Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) adult and pediatric ART services program and the prevention of mother-to-child transmission (PMTCT) program. This activity is modified to support local human capacity building and quality assurance/control laboratory program.

This activity is linked to adult care and treatment, and to Chest Diseases Laboratory (CDL #3703), Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), Eastern Provincial Health Office (EPHO # 9795) , Lusaka Provincial Health Office (LPHO #9796), Southern Provincial Health Office (SPHO # 9797), and Western Provincial Health Office (WPHO #9799) activities of the laboratory section Under the EGPAF, Project Help Expand Anti-Retroviral Therapy for Children & Families (HEART) and the Centre for Infectious Disease Research in Zambia (CIDRZ) manage a Central Laboratory at Kalingalinga Clinic, which supports the ART Services and PMTCT Programs. The Laboratory team also supports capacity building activities, training and equipment for Lusaka, Southern, Western, and Eastern Provinces and coordinates with the Ministry of Health (MOH) and the CDC in support of the provincial, district, and rural labs that support the ART sites in the provinces. Coordination will be intensified so duplication of activities will not occur.
The main laboratory area of the Central Laboratory is set-up for automated and manual testing of blood samples including CBC, CD4 counting, chemical analysis, and serological rapid testing including HIV and Rapid Plasma Reagin (RPR) syphilis testing. A level II bio-containment suite is used for microbiological testing with two class II bio-safety cabinets. TB culture testing is performed in this suite using the Becton Dickinson Company Mycobacterium Growth Indicator Tube (MGIT) liquid culture system; another suite is provided for TB smear staining and reagent preparation. Two additional suites are available for PCR amplification and detection preparations.

The Central Laboratory performs multiple assays to support Project HEART and other programs and studies. The Central Laboratory has training facilities including a conference room, audio-visual capacity, and IT support for training. The laboratory has a full range of state-of-the-art instrumentation and the human resources to provide laboratory training on- or off-site. The Central Laboratory does support training activities of provincial and district laboratory personnel.

Quality Control and Quality Assurance QC/QA:
Presently the quality of many testing outcomes in the district and rural labs is not as high as in the provincial and central labs. The technical assistance provided by the MOH and all partners is still being scaled up. The laboratory team will work with the MOH to strengthen QC/QA in our rural supported laboratories in the Southern (eight), Eastern (seven), Western (six), and Lusaka (six) Provinces and at the provincial laboratory level CIDRZ work in coordination with ongoing CDC efforts. CIDRZ is an active participant in the Project for Strengthening HIV/AIDS Laboratory Network with CDC, Japan International Cooperation Agency (JICA), and other partners. All QA activities will be coordinated through this committee.

Plans for FY 2009: The Ministry of Health (MOH) has a QA/QC sub-committee to create quality strategies for Zambia. All partners have been encouraged to support the recommendations of the sub-committee to harmonize all activities with the MOH. The CIDRZ Laboratory team will continue to work with the MOH and partners to create quality systems for all supported laboratories through the National QA Plan. All EGPAF/CIDRZ supported training in QA/QC will be harmonized with the National Plan.

Training Plans:
Laboratory staff requires further training in the use and maintenance of existing and new instruments. Two trainings were completed for 25 staff each in FY 2008 focusing on the use, repair, and maintenance of both the existing and newly acquired instruments to ensure sustainability of laboratory capacity. The lab will also expand the week long National Institutes of Health Division of Acquired Immunodeficiency Syndrome (DAIDS) sponsored Good Clinical Laboratory Practice (GCLP) training from 12 Biomedical Scientists/ year to 16 scientists/ year. In addition to this external training, CIDRZ trained 23 rural laboratory technologists in a one week course in “GCLP for rural Zambian laboratories”. The curriculum included QA/QC, fundamentals of the ART program, maintenance of standardized laboratory instruments, supply chain management, waste management (including sharps and biological) and review of the national standard operating procedures for lab testing. A second training of six provincial laboratory supervisors from EGPAF/CIDRZ and MOH laboratories was also provided in 2008.

In FY 2009 the highest priority is to continue the GCLP training for all supported laboratories. GCLP is the cornerstone for all capacity building and was evaluated very highly by the participants as a necessity for improved lab development and quality. We recommend as the first priority three trainings, of 20 lab technicians, in the 1st, 2nd and 4th quarters of 2009. A second priority is training to support the MOH Supply Chain Management Program. CIDRZ will provide a trainer for the MOH Supply Chain Management training in the pilot Eastern Province. The third priority will be establishment of an incentive system to reward higher performing laboratories. It is recommended that one staff member, preferably a supervisor, be supported to attend regional GCLP training provided by DAIDS. The cost for transport and lodging is approximately $2,200/person. This would not only build capacity but also motivate laboratory teams to work hard and be recognized for such performance. Other incentives for high performing teams would be skills training at the Central Laboratory in Lusaka or attend conferences/workshops in lab-related areas for professional development.

Technical Support:
The Laboratory team provides technical support to the provincial, district and rural labs. There is a CIDRZ Lab person in each province that is part of a multi-sector team including PMTCT, TB, ART, Pharm and QA supporting the sites/pharm/labs. These CIDRZ provincial Lab staff mentor district lab staff and ensure supplies are available at the provincial labs. They provide mentoring and technical advice on the existing equipment (chemistry and Hemoglobin and CD4 instruments) and ongoing support in the utilization of the

Activity Narrative: existing provincial reagent ordering system. They are supervised by the CIDRZ Provincial Coordinator. The CIDRZ provincial Lab staff support the CIDRZ supported labs.

12 Guava CD4 machines have been procured and placed in five labs in Eastern, three in Southern, and four in Western Provinces. Six more have been procured in FY 2008 and will also be placed in the provinces. Twenty-seven labs are supported by the laboratory team (not including the Central Lab) four are categorized as large, seven as medium, and sixteen as small. The categories are based on staff numbers, equipment and tests available. The Laboratory team also supports a rural logistics system to transport specimens to sites with the capacity to run the tests. Currently, the CIDRZ laboratory team supports the following labs: Livingstone, Choma, Mazabuka, Chikankata, Nakambala, Magoya, Mbaya Msuma, and Kalomo labs in Southern Province, Chipata, Petauke, Lundazi, Nyimba, Kapata, Chadiza, and Chama in Eastern Province, Sesheke, Lewanika, Senanga, Kalabo, Limulunga, and Kaoma in Western Province and in Lusaka Province Kafue, Chongwe, Luangwa, Kafue Estates, Mweubeshi, and Lukulu. There is no plan to expand support to additional labs in FY 2009 as the program is going to be supporting expansion to satellite ART sites that will feed into existing ART sties. The Laboratory team will coordinate closely with and report to CDC provincial lab contacts and MOH to avoid duplication and waste of resources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16956

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16956	16956.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$1,000,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 2988.09

Mechanism: EPHO - 1 U2G PS000641

Prime Partner: Provincial Health Office - Eastern Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9795.26252.09

Planned Funds: $350,000

Activity System ID: 26252

Activity Narrative: Activity Narrative:

April '09 Reprogramming: Increase in funding amount by $150,000 to bring total funds to $350,000.

This activity is linked to the TB/HIV (#0724), PMTCT, CT and ART in Eastern Province Health Office (EPHO), and the Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), Comforce (#3704), Chest Diseases laboratory (CDL #15510), University Teaching Hospital (UTH # 9798), EGPAF-CIDRZ (#16956) and Supply Chain Management Systems (SCMS # 9524) within the Lab section.

An estimated 40% of the Zambian population lives a walking distance of more than 12 kilometers to the nearest health facility. Availability of laboratory services in most of the more rural districts continues to be limited, due to several factors including shortage of man power and lack of suitable infrastructure and a continual source of power. However, there is still an increasing demand for specialized laboratory investigations to initiate and monitor antiretroviral therapy (ART).

In FY 2007-2008, the United States Government provided support to EPHO for the improvement and implementation of quality assurance/quality control (QA/QC) programs in prevention of mother to child transmission of HIV (PMTCT), counseling and testing (CT), diagnostic counseling and testing (DCT), tuberculosis (TB) HIV and ART laboratory services. The goal of this activity was to build capacity and sustainability at the local level by transferring skills for equipment procurement and maintenance, sample transport, and establish laboratory quality systems within the province by supporting training on orientation of quality improvement on all sites. In FY 2008 in collaboration with CDC, UTH, and CDL the goal of Eastern Province was to reach 15 laboratories.

In FY 2009, EPHO will work with MOH, CDC, and other partners to conduct the following activities: 1) support quarterly meetings on TB and HIV/AIDS for 20 health center laboratory staff. Quarterly quality control supervision in HIV rapid testing in 15 hospitals will be conducted by EPHO and Chipata General Hospital staff to enhance accuracy of HIV rapid testing and reporting and TB sputum microscopy examination.; 2) Improve TB acid fast bacilli (AFB) smear diagnosis by using LED microscopy; 3) strengthen TB diagnosis capabilities by strengthening existing TB laboratory network within the Eastern Province. EPHO will support external quality assurance (EQA) activities in the province by training staff and participating the national TB EQA program using EQA Panels generated from CDL. A one day bi-annual TB/HIV quality control review meetings at the Provincial Health Office for 10 laboratory staff will be conducted, 3) continue to improve clinical laboratory services including CD4, blood chemistry and hematology in support of ART patients care and treatment; 4) conduct supervisory visits to district health centers and hospitals laboratories; 5) ensure smooth functioning of the courier system for dried blood spots (DBS) for early infant diagnosis and sputum samples to the reference Laboratories; 6) continue to renovate laboratory at four healthcare facilities; 7) procure laboratory equipment and supplies and equipment service maintenance contracts; 8) hire an additional laboratory deputy coordinator (biomedical scientist) and a laboratory technologist to assist the provincial laboratory manager to coordinate with the CDC Zambia provincial contact for improving quality of laboratory services, training and all other lab program activities within the Eastern province; 9) support the roll-out of laboratory QA programs for rapid HIV testing, DBS collection, and TB in the Eastern province. Plans will be drafted to identify training sites, participants, dates, and time. The activity funds will support and cover the cost of the training; to monitor and evaluate the performance of staff at testing sites; to support participant transportation to training sites and training materials to ensure smooth, effective and efficient subsequent roll out in all districts at all sites in Eastern Province. In addition, an integrated program to include, laboratory data management, onsite quality assurance that assist in improving and standardizing antiretroviral therapy laboratory services will continue.

Furthermore, in FY 2009, EPHO will also assist the MOH, UTH, and CDC with its national quality assurance (QA) activities in other laboratory testing including CD4. The province will also work with the supply chain management (SCMS) to ensure un-interrupted supply of Laboratory commodities. EPHO will also communicate with partners involved in the laboratory program regularly, co-ordinate and support regular meetings with CDC and other partners, to allow dissemination of activity and improve collaboration to avoid duplication of activities and encourage feedback.
To establish a sustainable program, EPHO will work with existing clinical facilities, MOH, CDC and other partners and strengthen their capacity to provide continual quality Lab services and programs.

The activities will compliment and support the MOH National Lab QA program, to continue to build local capacity and sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15548

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15548	9795.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	7179	2988.08	EPHO - 1 U2G PS000641	$200,000
9795	9795.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$300,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	5252.09	**Mechanism:**	Lusaka Provincial Health Office (New Cooperative Agreement)
Prime Partner:	Lusaka Provincial Health Office	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	9796.26241.09	**Planned Funds:**	$180,000
Activity System ID:	26241		

Activity Narrative: Activity Narrative:

ACTIVITY UNCHANGED FROM FY2008

This activity is linked to the TB/HIV (#0724) activity in Lusaka Provincial Health Office (LPHO), Comforce (#8996), Chest Diseases Laboratory (CDL#15510), Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), EGPAF-CIDRZ (# 16956), Supply Chain Management Systems (SCMS # 9524) and University Teaching Hospital (UTH #9042) within the Laboratory section.

In FY 2007-2008, LPHO received support from PEPFAR to support the national laboratory quality assurance programs within the rural districts of Lusaka Province (Chongwe, Kafue, and Luangwa) in collaboration with the MOH, its partners and CDC Zambia. However, difficulties were encountered in fully implementing the 2007/08 plans due to the late release of funding, human resources, and coordination with multiple partners.

In FY 2009, building upon FY 2008 funds this activity will continue 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. It will assist in the integration of the National TB/HIV activities in the Province. The goal will be to reach the 14 laboratories within rural Lusaka province districts by the end of the FY 2009. Availability of laboratory services in districts outside of Lusaka district is limited due to several factors, which include a lack of human resources, suitable infrastructure and power supply, geography, and the increasing numbers of persons participating in PMTCT and VCT programs at local levels. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations.

In FY 2009, to improve the quality of laboratory testing within Lusaka Province, the LPHO will coordinate closely with the Ministry of Health (MOH), UTH, EGPAF/CIDRZ, and the CDC Lusaka Provincial contact (and other partners) to conduct the following activities: 1) select appropriate trainees from the province to be trained as trainers for rapid HIV testing organized by the MOH, UTH, CDC, and other partners; 2) support coordination for the national quality assurance (QA) and external quality assurance (EQA) programs, with attendance at regular meetings for both HIV and TB and related laboratory topics; 3) continue to support a provincial laboratory manager and one laboratory technologist; 4) support the national HIV rapid test roll out program within the Lusaka Province; 5) identify training sites, participants, and dates; 6) liaise with the Zambian National Blood Transfusion Service (ZNBTS) for testing panels; 7) support participant transportation to training sites and training materials to ensure smooth, effective and efficient subsequent roll out in the rural districts of Lusaka Province; 8) support monitoring and evaluation of sites through the provincial lab manager, and other LPHO staff with technical support from CDC using MOH standardized forms; 9) support attendances of laboratory staff for continued training, conferences and workshops; and 10) communicate with partners involved in the laboratory program regularly, co-ordinate and support regular meetings with CDC and other partners, to allow dissemination of activity and improve collaboration to avoid duplication of activities and encourage feedback.

In addition, in FY 2009, the LPHO will assist the MOH, UTH, and CDC with its national QA activities in other laboratory testing including CD4 testing; continue support for trainings in HIV/TB, acid fast bacilli (AFB) smear microscopy, specimen collection and transportation (included in the HIV/TB and dried blood spots training programs), assist and support a needs assessment for providing an alternative source of power for facility sites in the rural districts of Lusaka Province; LPHO will work with SCMS for commodity procurement to prevent stock-outs in the region and assist in data collection and report dissemination. LPHO will coordinate with the Department of Defense for the expansion of the Early Infant Diagnosis services at Maina Soko Military Hospital. Finally, the LPHO and CDC Provincial contact will meet regularly for updates, assistance and to include information on target review, finances etc for COP reports.

To establish a sustainable program, LPHO will work with existing clinical facilities, MOH, CDC and other partners and strengthen their capacity to provide continual quality Lab services and programs.

The activities will compliment and support the MOH National Lab QA program, to continue to build local capacity and sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15534

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15534	9796.08	HHS/Centers for Disease Control & Prevention	Lusaka Provincial Health Office	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	$350,000
9796	9796.07	HHS/Centers for Disease Control & Prevention	Lusaka Provincial Health Office	5252	5252.07	Lusaka Provincial Health Office (New Cooperative Agreement)	$370,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3010.09

Mechanism: CDL - U62/CCU023190

Prime Partner: Chest Diseases Laboratory

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 3703.26212.09

Planned Funds: $300,000

Activity System ID: 26212

Activity Narrative: Activity Narrative:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: TO STRENGTHEN THE MINISTRY OF HEALTH LABORATORY SERVICE UNIT, THE NATIONAL QUALITY ASSURANCE LABORATORY PROGRAM AND ITS COORDINATION ROLES

This activity is linked with Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #3706.08), Tropical Diseases Research Center (TDRC #3702.08), University Teaching Hospital (UTH #9798), Ministry of Health Laboratory information System (MOH-LIS), Associated Public Health laboratories (APHL), EGPAF-CIDRZ (#16956), adult and pediatric care and treatment and all activities within the Laboratory section.

The Chest Diseases Laboratory (CDL) is Zambia's National Reference Laboratory for Tuberculosis (TB). It is administered under the Ministry of Health (MOH) and has a strong link with the MOH Laboratory Services Unit. This facility is responsible for quality assurance of TB microscopy, culture, and drug susceptibility testing in the TB laboratory network

In FY 2006, the MOH developed a national operational strategic plan to include four laboratory tests as components of its quality assurance program. HIV rapid testing, CD4, chemistry, and hematology were included. The TB external quality assurance (EQA) system has already been established and is supported by United States Government (USG) funding provided directly to CDL, the University Teaching Hospital (UTH) and the Tropical Disease Research Centre (TDRC) for activities in all Provincial levels. District level EQA is supported through direct co-operative agreements with the Eastern, Lusaka, Southern, and Western Provincial Health Offices. The Tuberculosis Control Assistance Program (TBCAP) provides support for EQA at the district level in the northern half of Zambia. Implementation of a quality assurance (QA) program for rapid HIV testing has begun. In this context, there is a clear need to develop and/or strengthen the national QA program for those laboratories performing the testing. In FY 2009, the USG will support the MOH laboratory services unit through the CDL Cooperative Agreement mechanism to strengthen and develop an integrated QA lab program.

While CDL collaborates with the Global Funds, TBCAP, and ZAMBART, PEPFAR funds received from FY 2007-FY 2008 were used to support the placement of five additional laboratory staff at CDL and procurement of equipment and support for supervisory visits to the provinces. As a result of this multi-lateral support, CDL is well equipped to provide technical assistance to two reference laboratories (North Region TB Reference Laboratory at TDRC, and the UTH TB laboratory as well as supporting provincial, district and health centers in all provinces.

In FY 2009, CDL will conduct the following activities with $180,000 available funds; 1) continue to provide support for the extra staff hired at CDL; 2) continue to support CDL staff to supervise the TDRC, UTH TB labs, and district laboratories in conjunction with other partners; 3) procure, maintain, and provide support for the maintenance and servicing of laboratory equipment; 4) procure and/or generate, store, and distribute external quality control materials or panels to be used for the MOH external quality assurance scheme (EQAS). The panels for TB smear diagnosis will be generated at CDL, panels for HIV rapid testing will be developed at UTH Virology laboratory.
4) hire a laboratory QA program manager/coordinator to co-ordinate, develop work plans and execute program activities in collaboration with CDC and its partners; 5) develop, finalize and disseminate the MOH QA plans and guidelines; 6) support for staff training.

In FY 2009 with activity funding ($120,000) MOH will ensure: 1) CD4 panels will be procured from an established organization; 2) oversee the development and execution of the EQAS program within the country for HIV rapid testing, TB, CD4, chemistry, and hematology in collaboration with CDL, UTH Virology, and CDC; 3) collect, enter, analyze, and disseminate data generated from the QA program; 4) co-ordinate and support national QA workshops, laboratory -related meetings and/or trainings and equipment. 5) develop a national public health laboratory (NPHL). In collaboration with CDC and other donors, this activity will support a work plan design and its development in order to establish a NPHL. This would include developing a goal, mission, and functions of a NPHL, designing laboratories and building according to its function; developing a plan for human resources and an operational strategy plus procuring supplies essential for the early stage of this process. The development of a NPHL would establish a sustainable national QA laboratory program and ensure quality laboratory testing and results for Zambia.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15510

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15510	3703.08	HHS/Centers for Disease Control & Prevention	Chest Diseases Laboratory	7166	3010.08	CDL - U62/CCU02319 0	$100,100
8991	3703.07	HHS/Centers for Disease Control & Prevention	Chest Diseases Laboratory	4999	3010.07	CDL - U62/CCU02319 0	$200,000
3703	3703.06	HHS/Centers for Disease Control & Prevention	Chest Diseases Laboratory	3010	3010.06	CDL	$200,000

Emphasis Areas

Health-related Wraparound Programs

*   TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3082.09

Mechanism: WPHO - 1 U2G PS000646

Prime Partner: Provincial Health Office - Western Province

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9799.26266.09

Planned Funds: $400,000

Activity System ID: 26266

Activity Narrative: April '09 Reprogramming: Increase in funding by $150,000 bringing the new total to $400,000.

This activity is linked to Western Provincial Health Office, (WPHO) TB/HIV, ART, CT, PMTCT activities, and Comforce (8996), Chest Diseases Laboratory (CDL #5510), Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), EGPAF –CIDRZ (#16956), Supply Chain Management System (SCMS #9524) and University Teaching Hospital (UTH #9042) Virology within the Laboratory section.

This activity will provide support directly to the Western Provincial Health Office (WPHO) for implementation of a laboratory quality assurance (QA) program within the province. 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, CT, ART, as well as care and treatment support. It will also assist in the integration of the TB/HIV activities in the province.

Western province is a predominantly rural province with an HIV prevalence of 13.1%. It is estimated that 40% of the population are living more than 12 kilometers from the nearest healthcare facility therefore limiting access to healthcare facilities and quality laboratory services. This has negatively impacted on the provision of such services. The human resource constraints in Western province have also compounded the difficulties in providing quality laboratory services.

At the end of fiscal year (FY) 2008, in collaboration with the Ministry of Health (MOH), PEPFAR partners, Chest Diseases Laboratory (CDL), and CDC, WPHO expects to finalize the following activities: 1) scale-up the TB smear microscopy services to 20 new sites; 2) renovate six more district hospital laboratories in order to provide basic bacteriological investigations; 3) employ three laboratory technologist for Mangango, Sichili, and Yuka Mission hospitals; 4) procurement and provision of service maintenance of equipment; 5) support laboratory staff; and 6) conduct quarterly supervisory and technical support to all laboratory facilities within the province.

In FY 2009, to continue to improve the quality of laboratory testing in Western Province, the WPHO will coordinate closely with the MOH, UTH, CIDRZ, the provincial lab chief and CDC field officer, to conduct the following activities;1) select appropriate trainees from the province to be trained as trainers for rapid HIV testing organized by the MOH, UTH, CDC, and other partners; 2) Hiring of a QA/QC Provincial Laboratory coordinator and additional laboratory staff 3) support coordination for the national QA and EQA programs, with attendance at regular meetings for both HIV and TB and related laboratory topics; 4) support the national HIV rapid test roll out program in Western province; 5) identify training sites, participants, dates, and time; 6) liaise with the Zambian National Blood Transfusion Service (ZNBTS) for testing panels; 7) Strengthen TB EQA activities at district levels using panels generated from CDL 8) support participant transportation to training sites and training materials to ensure smooth, effective and efficient subsequent roll-out in all sites in Western province; 9) support monitoring and evaluation of all sites through the provincial lab manager, its staff, and technical support from CDC using the MOH standardized forms; 10) procure laboratory equipment and supplies; 11) support attendances of laboratory staff for continued training, conferences, and workshops; and 11) communicate with partners regularly to allow dissemination of activity and improve collaboration to avoid duplication of activities and encourage feedback.

In addition, in FY 2009, the WPHO will assist the MOH, CDL, UTH, CIDRZ, and CDC with its national QA activities in other laboratory testing including CD4. The WPHO will strengthen TB diagnostic capabilities within the laboratory network in the province by supporting trainings for HIV/TB, EQA for acid fast bacilli (AFB) smear microscopy, improving sensitivity of TB smear diagnosis by using LED microscopy, and participating in the national QA for TB microscopy. WPHO will support specimens collection and transportation; data collection, and report dissemination. The WPHO will work with SCMS for commodity procurement to prevent stock out in its region. WPHO will also support training of ten people in TB microscopy at Evelyn Hone College and employ a laboratory technologist for Sioma Mission Hospital, which serves as a zonal centre providing a comprehensive package for TB, HIV and, Sexually Transmitted Infections.

Finally, the WPHO provincial lab chief and CDC field officer will have regular meetings for updates, assistance and to include information on target review, and finances for the CDC reports. The activities will compliment and support the MOH national laboratory QA program to help build local capacity and sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15560	9799.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	7181	3082.08	WPHO - 1 U2G PS000646	$250,000
9799	9799.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$250,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	2973.09	**Mechanism:**	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	9797.26259.09	**Planned Funds:**	$250,000
Activity System ID:	26259		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This activity is linked to the TB/HIV (#0724) , PMTCT, ART in Southern Provincial Health Office (SPHO), and the Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), Comforce (#8996), Chest Diseases Laboratory (CDL #5510), University Teaching Hospital Virology (UTH #9042), EGPAF-CIDRZ (#16956) and Supply Chain Management Systems (SCMS #9524) within the Laboratory section.

The Southern Provincial capital, Livingstone district, is 500 km from Lusaka. At the end of FY 2007, HIV prevalence in this province was 16.2% with a tuberculosis (TB) incidence rate of 421/100,000. The Province ranks fourth behind Lusaka, Central, and the Copperbelt provinces in terms of the HIV and TB burden in Zambia. Livingstone district continues to report extremely high HIV prevalence (31.2%) and the TB notified cases for the province reduced from 6,103 in 2006 to 6,074 at the end of 2007. The smear positive rate also reduced from 25.8% in 2006 to 24.6% in 2008 and the cure rate has increased from 82.2% in 2006 to 88% in 2008

Availability of laboratory services in most of the more rural districts continues to be limited, due to several factors including shortage of man power and lack of suitable infrastructure, and a continual source of power. However, there is still an increasing demand for specialized laboratory investigations to initiate and monitor antiretroviral therapy.

In FY 2008, The United States Government (USG) provided support to Southern Province for the improvement and implementation of quality assurance/quality control (QA/QC) programs in prevention of mother to child transmission of HIV (PMTCT), counseling and testing (CT), diagnostic counseling and testing (DCT), TB HIV, and antiretroviral therapy (ART) laboratory services. The goal of the activity was to build capacity and sustainability at the local level by transferring skills for equipment procurement and maintenance, sample transport, and establish laboratory quality systems within the province by supporting orientation of quality improvement training at all sites. In collaboration with CDC, UTH, and CDL in FY 2008, 19 laboratories were targeted in Southern Province.

In FY 2009, SPHO will work with MOH, CDC, and other partners to conduct the following activities: 1) ensure smooth functioning of the courier system for dried blood spots (DBS) for early infant diagnosis and sputum samples to the reference laboratories; 2) renovate rooms at the new centre of excellence building to set up a polymerase chain reaction (PCR) laboratory unit where early infant diagnosis will be performed using DBS; 4) procure equipment and materials needed for the district hospital laboratories, procure equipment service maintenance contracts and procure equipment and materials to set up the PCR laboratory in Livingstone; 5) hire one biomedical scientist and one laboratory technologist to perform PCR work in the new PCR lab. SPHO will also hire an additional laboratory deputy coordinator (biomedical scientist) and a laboratory technologist to assist the provincial laboratory manager coordinate with the CDC Zambia provincial contact for improving the quality of laboratory services, training, and all other lab program activities within the southern province.

In FY 2009 SPHO will support the roll-out of Laboratory QA programs for rapid HIV testing currently performed in the CT, DCT, and PMTCT in the Southern province by working closely with the National HIV Reference Laboratory (UTH), CDC laboratory staff, and provincial laboratory coordinating committee. Plans will be drafted to identify training sites, participants, dates, and time. The funds will be used to support and cover the cost of the training; to monitor and evaluate the performance of staff at testing sites, to liaise with the Zambian National Blood Transfusion Service (ZNBTS) for testing panels; to support participant transportation to training sites and training materials to ensure smooth, effective and efficient subsequent roll out in all districts at all sites in Southern Province. In addition, an integrated program to include, laboratory data management, onsite quality assurance that assists in improving and standardizing antiretroviral therapy laboratory services will continue. SPHO will procure equipment and supplies and support key laboratory staff to attend training, conferences, and/or workshops for professional development purposes.

Furthermore, in FY 2009, SPHO will also assist the MOH, UTH, and CDC with its national QA activities in other Laboratory testing including CD4. SPHO will strengthen TB diagnostic capabilities within laboratory network in the Southern province by support staff for trainings in HIV/TB, external quality assurance (EQA) for acid fast bacilli (AFB) smear Microscopy, and improving sensitivity of TB smear diagnosis by using LED microscopy and participating in the national QA for TB microscopy. The province will also work with the supply chain management (SCMS) to ensure un-interrupted supply of Laboratory commodities

In order to strengthen coordination, planning, monitoring and evaluation of laboratory infrastructure and services, the SPHO will improve information flow by communicating with partners involved in the laboratory program, co-ordinate and support regular meetings with CDC and other partners such as SCMS, CIDRZ, and MOH, to allow dissemination of activity and improve collaboration to avoid duplication of activities and encourage feedback. In addition SPHO will continue to support a provincial biomedical scientist and four laboratory technologists at major hospitals; Livingstone, Choma, Monze, Mazabuka by providing needed training and overtime allowances. This cadre of lab personnel will assist the SPHO in coordinating and strengthening laboratory services including technical support to lab facilities in the province. Apart from routine laboratory investigations, they will assist the districts and institutions in ensuring timely reporting of laboratory supplies and information and troubleshooting.

The activities will compliment and support the MOH National Lab QA program, to continue to build local capacity and sustainability

New/Continuing Activity: Continuing Activity

Continuing Activity: 15554

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15554	9797.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	7180	2973.08	SPHO - U62/CCU025149	$200,000
9797	9797.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	5015	2973.07	SPHO - U62/CCU025149	$400,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11020.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 26645.09

Planned Funds:

Activity System ID: 26645

Activity Narrative: NEW ACTIVITY
April '09 Reprogramming: 1) Mechanism change to 'TBD' since former APHL mechanism ended and is currently being recompeted. 2) Increase in funding amount by $300,000.

This activity is linked with CT (#0631), PMTCT (#0158), Chest Diseases Laboratory (CDL #15510), Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), adult and pediatric care and treatment and all activities within the Laboratory section.

In FY 2009, the funds will be used to support the Association of Public Health Laboratories (APHL) to conduct new activities that will provide technical assistance to the Centers for Disease Control (CDC) Global AIDS Program (GAP) and the Ministry of Health (MOH) in Zambia to build laboratory infrastructure in the country through the President's Emergency Plan for AIDS Relief (PEPFAR).

APHL is recognized for its excellence in supporting laboratory infrastructure activities. APHL has developed and established mechanisms to coordinate the assessment and improvement of multiple aspects of international public health laboratory practice. Contributions include training laboratory personnel; providing laboratory training materials (e.g. videos); providing guidance on equipment selection, supporting the procurement and shipment of laboratory equipment and supplies; providing information on technical procedures geared to the in-country environment; providing information on new techniques to streamline laboratory testing; training and mentoring in laboratory management skills; making recommendations on facility upgrades, and introducing quality control and quality assurance practices. APHL looks forward to collaboration with partners in Zambia to provide this assistance.

Specifically, in FY 2009, APHL will address the following areas:
1. Strategic Planning. APHL has developed a strategic planning procedure in collaboration with the Global AIDS Program (GAP)/International Lab Branch (ILB). This procedure has been implemented in five countries successfully. APHL proposes to collaborate with CDC-GAP Zambia to use this procedure as a guideline to develop a planning process and support the development of a five year laboratory strategic plan for Zambia. Zambia has a national laboratory operational plan 2006-2008 that will end this year. The MOH has already started planning and working with their partners to develop a new one
APHL will provide experienced senior consultants: 1) to assist CDC/GAP-Zambia and MOH in the planning process, assist MOH in organizing working meetings for drafting the strategic laboratory plan along with the stakeholders, 2) assist MOH in the development of recommendations for the key issues to be addressed by work groups at a three day planning meeting, 3) assist the MOH and CDC/GAP-Zambia in refining the vision and mission of the national laboratory system, 4) assist MOH in performing a prompt updated SWOT analysis of the current situation of the national laboratory system prior to the Strategic Planning meeting so reference materials and key information would be available to the stakeholders to efficiently develop a draft strategic plan, 5) APHL will provide information on strategic planning, which would include a variety of effective developmental models for this purpose. MOH can select the procedure(s) most appropriate to their situation, and 6) provide assistance in drafting the strategic plan as well as printing and disseminating the final documents to the MOH. APHL will coordinate with CDC/GAP-Zambia to convene a stakeholders meeting for the development of the strategic plan on dates as requested by MOH and CDC.
2. Laboratory power supply. APHL will provide technical assistance to assess current energy issues in Zambia in particular in provinces where electrical power is unreliable and prevents proper functioning of laboratory services thus reducing access to testing and adversely affecting quality of test results. The technical assessment will provide sustainable recommendations for options to provide stable continuous electrical supply for laboratory services, provide design recommendations for a range of options such as solar energy and generator, and develop and present a training workshop for laboratory personnel, sites engineers, and sites administrators on energy use and management. Provide TA to develop and design an appropriate energy system for healthcare facilities so electrical power is available continuously, to supply laboratories, and provide energy training as well as to procure supplies and equipment. The funds will be used to support all of this activity.
3. Technical assistance for improving the capacity and quality of testing services. APHL will provide technical assistance to the MoH as requested by CDC/GAP-Zambia in a) strengthening and standardizing of paper-based and electronic specimen management and reporting systems. APHL has implemented electronic LIMS in Mozambique, Tanzania, and Vietnam and is in the process of implementation in Kenya and Botswana, b) develop, plan, and design public health laboratory.

APHL will continue to provide technical leadership for a sustainable National quality assurance and external quality assurance laboratory program with existing clinical facilities, MOH, CDC, and partners to strengthen the capacity in the form of training, supervision, and monitoring and evaluation, and coordination to provide continual sustainable quality lab services and programs to compliment the national vision.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11089.09

Mechanism: Ministry of Health - 4U41HA02521

Prime Partner: Ministry of Health, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 26653.09

Planned Funds: $150,000

Activity System ID: 26653

Activity Narrative: NEW ACTIVITY

This activity is linked with Strategic Information (#3714), provincial office strategic information activities (#9693, 9696,16979) and adult and pediatric care and treatment program areas, and Chest Diseases Laboratory (#15510), Centers for Disease Control and Prevention – Technical Assistance (CDC-TA #9022), Lusaka Provincial Health Office (LPHO #9796), Eastern Provincial Health Office (EPHO #9795), Southern Provincial Health Office (SPHO #9797), and Western Provincial Health Office (WPHO #9799).

Laboratory Information System (LIS) is another component of laboratory management tools to strengthen and improve laboratory capacity. While most laboratories in the public sector in Zambia (provincial, district, and health centers) are still using paper-based record and reporting systems, several non-governmental organizations (NGO's) have already implemented LIS in their central laboratories using either commercial or institutional software. Currently, there is no standard national LIS that is endorsed by the Ministry of Health (MOH).

There is a need to develop an LIS system in the country in order to collect lab testing data that: 1) can provide rapid and efficient monitoring of laboratory quality, 2) is well interfaced with the national electronic health record system (SmartCare) widely used in the country to ensure fast and accurate clinical services for patients, and 3) the information is rapidly available "in aggregate" to inform national disease and epidemic notification processes, and population level interventions. A routine and systematic data stream of aggregate lab results will be invaluable to the MOH for program monitoring and clinical policy guidance.

In FY 2009 the MOH will use the allocated funds to conduct the following activities: 1) to hire and train a technical laboratory information system specialist with software adaptation, localization, and configuration skills to work closely with the MOH and United States Government (USG) clinical information and laboratory information systems teams in Zambia, 2) Training of the specialist to receive LIS training in other PEPFAR countries, and 3) to conduct LIS training for 80 lab personnel (three one week sessions of 25-30 persons per session).
The hired specialist will be able to evaluate and select options appropriate for the needs of the country. Through this activity local skill and capacity will be built in laboratory information technology within the MOH for sustainability purposes.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Workplace Programs	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$60,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $15,590,000

Program Area Narrative:

The U.S. Mission in Zambia will continue to support the Government of the Republic of Zambia's (GRZ's) Ministry of Health, the Zambia Defense Force, the Central Statistical Office (CSO), the University of Zambia (UNZA), national laboratories, the National Blood Transfusion Service, and the National HIV/AIDS/STI/TB Council (NAC) by: improving 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 the areas of monitoring and evaluation (M&E), epidemiology and surveillance, scientific research methods, health information systems (HIS) including electronic health records (EHR), and information and communication technology (ICT). In addition, the U.S. Mission in Zambia has been a key partner in the implementation of HIV/AIDS-related surveillance, including the ANC Sentinel Surveillance, the Zambia Sexual Behavior Survey/AIDS Indicator Survey (ZSBS/AIS), the Demographic and Health Survey (DHS+), the Service Provision Assessment (SPA), the Nakambala Migrant Farm Workers Health Study, and the PLACE Study. As a result, Zambia is a nation rich in data for decision-making.

The primary strategic information challenges are to: implement, integrate, and institutionalize sustainable systems; triangulate and strengthen the use of data for programmatic decision-making and improved quality of HIV/AIDS services and activities; build infrastructure that supports effective SI systems; and train Zambian professionals to help ensure the sustainability of activities in the strategic information program area. The U.S. Mission in Zambia will support the training of 1,799 people in strategic information and provide assistance to 506 organizations.

The PEPFAR Strategic Information (SI) team in Zambia comprises surveillance, management information systems (MIS), and M&E experts from all five U.S. agencies working in Zambia: USAID, CDC, Peace Corps, DOD, and State. The SI team very much works as a collaborative, consensus-based team that guides all SI and SI-related activities. The team meets twice each month, and there are SI representatives on each programmatic technical working group (TWG). Members of the SI team sit on Zambia TWGs for M&E, surveillance, geographical information systems (GIS), and HMIS convened by the NAC and MOH. SI team representatives also work closely and collaboratively on all national SI activities and priorities, such as: the DHS and Zambia Sexual Behavior survey; integration of HMIS; support for SI for clinical services through SmartCare (the nationally adopted electronic health record (EHR) system designed to support all outpatient clinical services); implementation of the national M&E plan; surveillance systems; sentinel surveillance; and Biologic and Behavioral Surveillance Surveys (BBSSs).

The SI team works closely with partners in all programmatic areas to help set targets and coordinate implementation of information systems solutions. Partners submit targets annually during the COP process, and the SI team works closely with technical program leads to ensure that targets are realistic and achievable. The SI team uses the Zambia partner reporting system (ZPRS) for data management and reporting. Semi-annually and annually, the SI team – using ZPRS – generates partner reports comparing targets to results. These reports are shared with partners, and technical leads engage in discussions with

partners regarding performance.

The SI team has developed an interagency SI strategy that includes strategic goals and objectives, timelines, and resource allocations for all areas of SI: surveillance, surveys, program monitoring, HMIS/SmartCare, and capacity development. This strategic plan is updated by the SI team on an annual basis, and is integrated into the Zambia National Strategic Framework. The U.S. Mission in Zambia supports collaborative planning and implementation for all SI activities with GRZ and other cooperating partners. Key components of this strategy include support for local SI capacity building to achieve long-term sustainability for SI human resources (HR), and support to engineer best protocols, information flows, and procedures into durable systems that persist institutionally long after the original 'engineers' and HR staff have transferred vital SI functions to local management and ownership.

The SI team prioritizes reporting and use of results data through a number of mechanisms. As mentioned above, ZPRS is the partner reporting system for the U.S. Mission in Zambia. Several enhancements are being developed that will facilitate the use of data by partners. The U.S. Mission in Zambia also conducts regular trainings on planning and reporting, with a focus on data quality and utilization for program improvement. The U.S. Mission in Zambia has catalyzed M&E professionals at UNZA to act as in-country experts on training for data utilization. Integrating ZPRS, NAC reporting and the MOH/SmartCare systems, and continuing support for training in data use continue to be priorities. Currently, Zambia satisfies reporting requirements (including those of UNGASS and the Global Fund to Fight AIDS, Tuberculosis and Malaria) on a national level through a combination of NAC, MOH, and donor reporting systems.
Data are sent from facilities to district health offices on a monthly basis and then aggregated at provincial and national levels for national reporting. Data are thus reported as part of the national response, but disconnected system elements remain. As a result, an integration plan has been developed and will be implemented during the FY 2008-2009 time period that includes sharing ZPRS with NAC for possible adoption to enhance district level results reporting.

Zambia has well-functioning data quality (DQ) processes, particularly through SmartCare and ZPRS; DQ will be a continuing training priority in 2009. Overall, data are used by U.S. implementing agencies and national counterparts to inform an evidence-based approach to planning, program revision, resource allocation, capacity development, as well as direct patient services.

Working together with other partners, the U.S. Mission in Zambia 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. U.S. support in FY 2007 contributed significantly to a number of key achievements, including: implementation of the 2006 DHS+; analysis of the 2006 Antenatal Clinic Sentinel Surveillance of HIV and Syphilis (including sentinel sites in UNHCR refugee camps); use of the Sample Vital Registration with Verbal Autopsy (SAVVY) to pilot vital registration systems in Zambia; and the dissemination of results from the 2006 ZSBS, two PLACE studies, and the Service Provision Assessment.

The U.S. Mission in Zambia supports the national roll-out of an electronic clinical information system, SmartCare, which the MOH has adopted for clinical facilities nationwide. In April of 2006, the MOH identified SmartCare as the national electronic clinical information system for any clinic capable of sustaining computer equipment, compelled by the superior reporting and quality care support. By early 2008, SmartCare was deployed in at least one facility in nearly all 72 districts in Zambia, following trainings for provincial and district level leadership. This is part of the implementation of a provincial led 'training of trainers' deployment cascade, using existing personnel to assure sustainability. In 2007 and 2008, major strides were also made in improving information communications infrastructure, and transfering technical expertise to key Zambian staff. Anti-Retroviral Therapy Information System (ARTIS) paper system sites are being converted as infrastructure permits, but precede SmartCare in more rural areas. SmartCare is credited with improving the quality of care, which translates into reduced expenditures for costly second line drugs, labs, or acute care. SmartCare is currently serving over 200,000 patients in 198 facilities. In FY 2008, all remaining sites using CareWare were successfully converted, and Pediatric HIV specialty services were initiated. SmartCare pharmacy dispensation captures sufficient detail to support drug supply chain management and integration with SCMS is underway. Also in FY 2008, a SmartCare based 'SmartDonor' application was developed with the Zambia National Blood Transfusion Service (ZNBTS) and is currently being pilot tested. Similarly SmartCare was ported to Ethiopia and is now being pilot tested in the Durama Administrative Region of Ethiopia. By early FY 2009 clinical functionality will have been extended to all remaining areas of outpatient services, and will increasingly be used to augment inpatient care, and the last remaining major EHR, ZPRS (Zambia Perinatal Record System) will be converted. Also in 2009 links with a Laboratory Management Information System (not yet selected) should be established.

In FY 2008, support to UNZA was expanded to offer additional M&E courses for professionals and MPH students. Between FY 2006 and FY 2008, over 300 student professionals and MPH students were trained in M&E skills. Additional students will be trained in FY 2009. Activities to support the NAC's national M&E system will continue in 2009 with special emphasis on M&E and data use capacity-building at the provincial and district levels. Communications infrastructure upgrades will be expanded in FY 2009 to support integrated information capture and use, including direct support to Provincial Health Offices to procure satellite internet connectivity in remote regions.

In FY 2008, the U.S. Mission in Zambia supported the 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. In FY 2009, the U.S. Mission in Zambia will continue to support the implementation of the 2008 Sexual Behavior Survey/AIDS Indicator Survey, secondary analysis of the 2006 ZDHS, continued implementation of a system to monitor HIV drug resistance emerging during treatment, and to build and transfer capacity in innovative geographic mapping and spatial analysis, data management, statistical analysis, and scientific writing. The U.S. Mission in Zambia will: complete studies of recent HIV infections to estimate HIV incidence in Zambia from 1994 through 2004, and also HIV and HSV-2 in migrant farm workers; strengthen surveillance of AIDS-related malignancies; and partner with the private sector to learn more about risk behaviors that predispose high risk populations such as men who have sex with men to HIV infection. The U.S. Mission in Zambia will also support the CSO to expand the SAVVY System in selected regions in Zambia, to validate the data capture instruments, and to evaluate the SAVVY implementing

process. In addition, the U.S. Mission in Zambia will provide technical assistance to build government capacity to use GIS for planning and monitoring interventions and GIS linked to real-time data will augment the value of the SmartCare system at facility and district levels, as well as nationally.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	12219.09	**Mechanism:**	Jhpiego
Prime Partner:	Johns Hopkins University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	26654.09	**Planned Funds:**	$900,000
Activity System ID:	26654		

Activity Narrative: April 2009 Reprogramming: Updated Mechanism and Prime Partner from TBD

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Per CDC-Zambia request, work with nursing schools to improve pre-service nursing education will be initiated. The rest of the activity is unchanged from FY 2008.

This activity also relates to Ministry of Health (# 3713.08), EGPAF (#3709.08), COMFORCE (#9692.08), CDC-TA (#3714.08).

Activity Narrative

Building upon FY 2008 activities, TBD 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 project sites during the early implementation and use of the growing number of modules in the SmartCare software (formerly called the Continuity of Care and Patient Tracking System [CCPTS]). Within the scope of a cooperative agreement with CDC, TBD will continue to collaborate with the broad consortium of organizations involved in the development and deployment of the SmartCare System nationwide. These organizations include the Ministry of Health (MOH), the CDC-Zambia, Provincial Health Offices (PHO), District Health Management Teams (DHMT), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Centre for Infections Disease Research in Zambia (CIDRZ), AIDSRelief, and the Zambia Prevention, Care and Treatment Program (ZPCT), among others.

In FY 2005 and FY 2006, JHPIEGO supported the early development of the SmartCare software and its pilot and scale-up in Kafue District. Starting in FY 2007, JHPIEGO supported the transition of the SmartCare project from the pilot phase in Kafue District to the nationwide deployment of the system. Working with MOH and CDC-Zambia and in collaboration with other implementing partners, JHPIEGO supported the training of over 500 managers, supervisors and service providers, including District Health Information Officers (DHIOs) and district Maternal and Child Health (MCH) coordinators, district level focal person in ART, PMTCT and TB, as well as all nine Provincial Data Management Specialists (PDMSs). In addition, JHPIEGO has supported staff involved in all phases of deployment of SmartCare, including pre-deployment, orientation, training, and post-deployment supervision of the SmartCare system. Also, JHPIEGO has supported the training of service providers at “independent” service outlets which are service outlets that do not have an implementing partner committed to directly support the deployment of SmartCare and the training of service providers in the use of SmartCare.

In FY 2009, TBD will continue to support the implementation of SmartCare through training, post-deployment supportive supervision visits conducted jointly with provincial, district and other SmartCare implementing partners, provision of logistical support for the deployment, and limited site readiness preparation. TBD deployment staff will work closely with the MOH, CDC-Zambia and other implementing partners to prioritize activities focused on pre- and post-deployment to ensure that there is a synergy of efforts as the nationwide deployment continues. TBD will take a leadership role in the development and implementation of post-deployment supervision methodologies and tools that guide managers and supervisors at all levels to measure gaps between actual and ideal usage of the SmartCare System. These tools not only measure the gaps, but also provide managers and supervisors with the information necessary to guide service providers on how to close the gaps and why it is important.

TBD training and implementation staff will also support 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, CDC-Zambia, EGPAF/CIDRZ, ZPCT, CRS, and other implementing partners. They will make sure that the quality of training is maintained from the PHOs in the districts and collaborate with the SmartCare team in the update and revision of training materials as the system matures.

Increasingly, the MOH is taking the lead in SmartCare collaboration, deployment authority, and field support, and has solicited commitments for infrastructure from all major implementers. The MOH, through collaboration and in close consultation with CDC-Zambia and other implementing partners, developed a very aggressive deployment plan that includes a) training provincial level Trainers of Trainers centrally, b) sending provincial technical leadership back to province to replicate training for district leadership with SmartCare team support, and c) tasking the trained providers with implementation at their districts. So even before the FY 2009 activity period, the efforts of the initial three SmartCare collaborators will be joined by efforts of all other HIV/AIDS care and treatment partners in Zambia, including CRS-AIDSRelief, ZPCT, JHPIEGO, Health and System Strengthening Project (HSSP), and EGPAF.

In building this collaboration around the SmartCare solution, it is clear that the MOH is comfortable taking the initiative on this effort. TBD, in coordination with CDC’s future developments and other CDC partnerships, will leverage its long-term good relationship with the MOH and established ‘trainer’ role. JHPIEGO’s strong technical staff will continue to support the rapid national deployments and most of this activity will be focused on the training and post-deployment supervision. While Zambian electronic medical records (EMR) system now provides services to more than 90,000 patients, with the additional partners starting deployment before the end of October, the rate of growth may increase non-linearly along with the number of electronic clinics, provided there are no supply limitations.

The methodologies employed by JHPIEGO and the SmartCare team as a whole are designed with the express interest in developing a system that can be sustained by the Ministry of Health. By empowering all levels of the Zambian Ministry of Health system with the knowledge and skills to deploy and manage the SmartCare system, from the pre-deployment preparation through post-deployment supervision, it will be within the scope of the MOH and Government of the Republic of Zambia to sustain the SmartCare system as an essential tool in the provision of continuous, quality health care service in years going forward.

In FY 2009, per request from CDC-Zambia, JHPIEGO will start identifying opportunities to improve the

Activity Narrative: nursing pre-service education. It will include identification of gaps in the curriculum content, especially in presentation of evidence-based information and particularly in the area of HIV/AIDS. At the same time, a needs assessment will be conducted to identify gaps in current training methodologies, including development of competencies to manage EMR.

JHPIEGO will work with nursing schools in the development of a learning management system framed around EMR. It will also include the potential development of E-learning materials to enhance the transfer of knowledge, skills and attitudes related to the target competencies (such as TB, STI, OIs, and provider-initiated counseling and testing [PICT]) while simultaneously preparing future providers to work with the EMR as part of the SmartCare approach.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11090.09

Mechanism: Zambia Partners Reporting System

Prime Partner: Social and Scientific Systems

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26657.09

Planned Funds: $200,000

Activity System ID: 26657

Activity Narrative: This activity provides technical support and updating of the Zambia Partners Reporting System (ZPRS) developed by Social & Scientific Systems (S-3) for the USG in Zambia. The 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 onto a web-based system. After de-duplication of targets, the USG SI subcommittee enters data from the ZPRS 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 assisted the USG/Zambia in updating its ZPRS to conform to the most recent OGAC reporting guidelines and provided 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 provided ZPRS technical support for all USG agencies and partners and updated the ZPRS to make it more user friendly for partners. Major upgrades to the system were implemented, including new end-user account types, and new functionality that allow prime partners to directly access the web-based system and upload and edit program results data, including facility template Excel files. ZPRS was also updated to comply with all OGAC requirements, including revisions to the XML mechanism used for two-way communication with COPRS, and enhanced mapping capabilities. In coordination with OGAC, ZPRS also implemented appropriate redaction capabilities to ensure the security of procurement sensitive data.

In FY 2007 and FY 2008, additional reports and other enhancements were implemented when new requirements were identified. Sources for these new requirements included the increased use of ZPRS by other USG staff, and new reporting requirements for the Office of the Director of Foreign Assistance and local implementing partners.

In FY 2009, S-3 will continue to provide the service of enhancing and updating the functionalities of the ZPRS for the FY2009 reporting. The USG/Zambia SI Sub-committee will again 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. All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	11080.09	**Mechanism:**	new USAID health systems strengthening activity
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	26644.09	**Planned Funds:**	
Activity System ID:	26644		

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID health systems strengthening activity in FY 2010. Targets will be adjusted based on the actual starting date of the new project. A two-month overlap between the current and new project has been planned to ensure a smooth transition.

A new procurement on health systems strengthening to follow the Health Services and Systems Project is being developed and will be awarded in 2009. This activity will be linked to the new HIV Care and Treatment activity and current activities carried out by the Centers for Disease Control and Prevention (CDC), and Centre for Infectious Disease Research in Zambia (CIDRZ).

This activity will assist the Ministry of Health (MOH) to support and supervise districts and hospitals to improve data quality and enhance utilization of data for informed decision making. This will be accomplished by strengthening competencies of Provincial Health Offices (PHO) in supervision and technical backstopping for Anti-Retroviral Therapy Information System (ARTIS) which has now been integrated into the revised Health Management Information System (HMIS). PHO and MOH headquarters staff will be trained for this purpose. Additionally, the activity will provide support to the MOH to develop an integrated package of HMIS reference materials for HIV/AIDS services.

This activity will collaborate with CDC to aggregate facility data using SmartCare and facilitate overall integration into the HMIS. It will also collaborate with World Health Organization (WHO) and European Union, which currently provides HMIS support to MOH.

To ensure sustainability, the activity will be implemented with the MOH, Provincial Data Management Specialists, and other partners (ZPCT, CDC, CIDRZ, EU and WHO) to develop, disseminate, and maintain the HIV/AIDS reporting systems which are integrated into the overall Zambian Government HMIS.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	2973.09	**Mechanism:**	SPHO - U62/CCU025149
Prime Partner:	Provincial Health Office - Southern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	16979.26260.09	**Planned Funds:**	$180,000
Activity System ID:	26260		

Activity Narrative: This activity relates to Ministry of Health (MOH) (#3713.08) and Technical Assistance/Centers for Disease Control and Prevention (CDC) (#3714.08).

In FY 2008, the United States Government (USG) with President's Emergency Plan for HIV/AIDS Relief funding provided initial support to Very Small Aperture Terminal (VSAT) internet connection for the province through the Southern Provincial Health Office (SPHO) in Livingstone to improve strategic information activities.

This support for improving internet service and email communication will reduce the isolation through increased access to information. Communication flow between central level and the province was enhanced with this service and helped link the SPHO and the District Health Offices (DHO). 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 and a great contribution of the USG to the MOH technological improvements.

In addition, the FY 2008 funding helped support other activities involved in the implementation and roll-out of the SmartCare system within the province. At the provincial level, support was provided in terms of training of 44 district health managers who included the District Directors of Health(DDH), district manager of planning(MPD), maternal child health coordinators (MCH) and district health information officers(DHIO) in SmartCare software. This was followed by opening of 22 SmartCare sites representing two sites per district. In addition to training of 44 district managers, 44 health facility staff were trained in the use of SmartCare software.

In FY 2008, an additional 58 sites were opened for the SmartCare program bringing the total of SPHO sites to 80.

In FY 2009, the Southern Provincial Health Office (SPHO) will continue to strengthen and provide support to 80 SmartCare sites by training 120 health workers in the use and maintenance of the SmartCare program from both the new and old sites. Support will also be provided in terms of SmartCare supplies such as tonners and other stationery to ensure smooth implementation of the SmartCare program.

The SPHO will further scale-up and open 22 more sites and provide training to 44 facility staff. Support will also be provided to ensure that there is systematic and consistent flow of data from SmartCare facilities to the Southern Provincial Health Office to the Central level of the Ministry of Health for planning and health decision making. The province will further provide support, disseminate and supervise upgrades and other enhancements to SmartCare periodically when changes are made to the system.

In FY 2009, the SPHO will provide support for Internet wireless connections for 19 major hospitals in the province for enhanced information management system. This information technology network connectivity will strengthen the on-going clinical mentorship program which is key in improving the quality of care for TB and HIV/AIDS patients in the province. The availability of internet services will provide an opportunity to the clinical mentors to access latest information and updates in the clinical management of TB and HIV/AIDS. The SPHO will also provide support for maintenance and monthly subscriptions for the network services. The SPHO will maintain a mailing list for provincial mentors for sharing of experiences and lessons learnt from everyday work. An e-discussion forum will therefore be established. The SPHO will also provide subscription for key medical journals (Lancet, AIDS) for access by the clinical mentors.

In FY 2009, the SPHO will continue to strengthen the district and health centre coordination through quarterly planning and performance review meetings with district health managers (DDH, MCH, TB FP, MPD, DHIO, and DA). Strategic information will continue to be collected, aggregated, and analyzed for monitoring and evaluation purposes. It is the responsibility of each DHO to submit strategic information to the PHO through the data management office. In order to strengthen monitoring and evaluation (M&E) and general data management, the PHO will continue to support an M&E officer recruited in 2008 and support 10 Data Associates, one based at each district health office, two at LGH, one at Choma GH, one at Monze Hospital, one Maamba, one Siavonga, one Kalomo, one at Mazabuka and one at the provincial health office respectively. Supplies will be provided for M&E and information management.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16979

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16979	16979.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	7180	2973.08	SPHO - U62/CCU025149	$120,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	3082.09	**Mechanism:**	WPHO - 1 U2G PS000646
Prime Partner:	Provincial Health Office - Western Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	9696.26267.09	**Planned Funds:**	$150,000
Activity System ID:	26267		

Activity Narrative: ACTIVITY UNCHANGED FROM FISCAL YEAR (FY) 2008.

This activity relates to: Ministry of Health (MOH) (#3713.08), and Centers for Disease Control and Prevention (CDC) (#3714.08).

This activity relates to activities in Strategic Information to support the sites supported by the cooperative agreement (CoAg) established with the Western Provincial Health Office (WPHO) to strategically collect and use information in support of the TB and HIV response. This will assist the sites to respond appropriately with sustainable, evidence-based information that will guide development, and cost-effective program interventions.

Through the National Health Management Information System (HMIS), sites will be assisted to monitor results, report results, analyze, and disseminate data with emphasis on routine evaluation of program areas. The National HMIS was revised in 2007. Following the revision, WPHO rolled-out to all the health centers within the province in December 2007. This was done simultaneously with the roll-out of SmartCare in Western Province in April 2008. SmartCare complements the HMIS in that, other than its use to monitor individual patient progress, it will generate antiretroviral therapy (ART), prevention of mother-to-child transmission of HIV, and voluntary counseling and testing reports for programmatic monitoring and evaluation. It is important to not that SmartCare provides the patient level basis on which the aggregate HMIS relies for reporting. The two activities mentioned above are stated in FY 2008 and will continue in FY 2009.

In FY 2008 the WPHO planned to institutionalize healthcare information systems through provision of technical support to existing staff and training of newly qualified staff. The Provincial Health Office provided technical support to Districts on the use of the new HMIS tools and SmartCare. The PHO supported the Districts to provide technical support to the health facilities. Support will be provided to all seven districts and 148 health facilities.

WPHO will produce monthly, quarterly, and ad-hoc reports for programmatic monitoring. During FY 2009, the PHO plans to support production of reports and analytical tools at all levels. The bulletin will reflect statistics on activities under the CoAg during the FY 2009 period.

The PHO will conduct quarterly data review meetings where District Health Information Officers will attend. The meetings will address issues of timely reporting, data quality checks, and data usage. Four quarterly review meetings will be held during the funding period.

In FY 2009, the PHO plans to train 70 health workers in the revised HMIS tools and Smart care. In FY 2009 PHO will train an additional 70 health workers.

The activities for implementation in the FY 2009 will compliment the Ministry of Health activities in Western Province and therefore be an integral part of the PHO and DHO activities.

WPHO under FY 2006 VSAT installed internet facility in four districts of the Province. The remaining three districts have been included for VSAT installation in FY 2009. This will bring to a total of seven sites to be supported by WPHO. In FY 2009 WPHO will provide technical support and pay for annual bandwidth costs for the seven sites.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15561

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15561	9696.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	7181	3082.08	WPHO - 1 U2G PS000646	$100,000
9696	9696.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1022.09

Mechanism: Health Services and Systems Program

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3532.26603.09

Planned Funds: $0

Activity System ID: 26603

Activity Narrative: This activity will last for three months and links to Catholic Relief Services/AIDS Relief, and Center for Infectious Disease Research Zambia (CIDRZ). This activity also links with HSSP's human resource development component under the Other/Policy Analysis and System Strengthening program area.

The Health Services and Systems Program (HSSP) has successfully worked with the Ministry of Health (MOH), and in collaboration with other partners to develop and disseminate standard data elements, data collection, and reporting tools, and to train health facility staff. In FY 2008, HSSP will continue to support and supervise districts and hospitals to improve data quality and enhance utilization of data for informed decision making by strengthening the provincial structures and competencies in supervision and technical backstopping for ARTIS/HMIS. Nine provincial health staff and three MOH headquarters staff will be trained for this purpose. HSSP will also work with CDC to aggregate facility data (SMARTCARE CARD) and facilitate overall integration into the HMIS. It is expected that there will be improvement in the quality of action plans, implementation, and services in general. Reviewing district action plans has revealed that planning is not sufficiently based on evidence or sound epidemiological data, hence the need to focus on improving data utilization at service delivery level.

In 2009 (October to December), HSSP will continue to support and supervise districts and hospitals to improve data quality. HSSP will support provinces in technical support supervision activities building on the skills developed during the project life.

To ensure sustainability, all systems developed with support from HSSP have been part of the on-going overall Health Management Information System (HMIS) review. As implementation of the revised HMIS becomes an established part of the daily activities of the MOH, so will HSSP's contributions to the process. HSSP will continue to work closely with the MoH, Provincial Data Management Specialists, District Health Information Officers and other partners to develop, disseminate, and maintain the HIV/AIDS reporting systems which are integrated into the overall HMIS. HSSP's mandate is to ensure integration of ART, PMTCT, CTC, and TB indicators into the HMIS and ensure usage and maintenance of the developed information system.

All FY 2009 targets will be reached by December 31, 2009. The project will end in December 2009.

All FY 2009 activities will be implemented using FY 2008 funds and hence no budget has been developed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14368

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14368	3532.08	U.S. Agency for International Development	Abt Associates	6803	1022.08	Health Services and Systems Program	$200,000
8795	3532.07	U.S. Agency for International Development	Abt Associates	4942	1022.07	Health Services and Systems Program	$320,000
3532	3532.06	U.S. Agency for International Development	Abt Associates	2910	1022.06	Health Services and Systems Program	$320,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11946.09

Mechanism: CRS-CDC

Prime Partner: Catholic Relief Services

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 16972.26215.09

Planned Funds: $600,000

Activity System ID: 26215

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

April 2009 Reprogramming: Prime Partner changed to Catholic Relief Services

The LinkNet activity will continue to bring the fight against HIV-AIDS to some of the harder-to-reach districts in Zambia. This activity improves the quality of HIV Care, Prevention, and Treatment by establishing locally sustained deployment of the essential health communications, Electronic Health Record (EHR) Systems, and other Health Management Information Systems needed for sustaining quality care in poorly connected remote locations.

This activity is linked to JHPIEGO (3710.08), Ministry of Health (MOH) (3713.08), Centers for Disease Control and Prevention (CDC) Technical Assistance (TA) (3714.08).

These improvements are achieved through a partnering with private partner PrivaServe Foundation for the deployment of reliable quality, locally run ICT (Information and Communications Technology) services in an increasing number of remote hospitals and their communities in Zambia thereby leveraging the scaling-up, support and sustainability of the Zambia Ministry of Health SmartCare Electronic Health Record (EHR) system in clinics in the vicinity of these hospitals - improving the numbers of people receiving care and preventive services, and the quality and sustainability of that care.

As a Public-Private Partnership (PPP) the LinkNet continuation activity will extend the proof of concept demonstrated by PrivaServe Foundation at Macha in 2006-2008, and Mukinge 2008, in a larger number of other similarly remote hospital and clinic locations in Zambia by continuing to replicate the Macha and Mukinge successes. These successes are measured in part by the high degree of local buy-in, community skills acquisition levels, stewardship and other elements of long term sustainability, in addition to the direct and indirect clinical services benefits.

This activity continuation positively affects the quality of treatment to thousands of HIV/AIDS patients, and extends the means to disseminate information directly to (and from) providers, improving management of HIV Care, and Prevention – and as a side effect, improving local retention of otherwise more isolated clinicians. There exists a strong working relationship between LinkNet and CHAZ upon which this collaboration builds.

The individual level EHR information resulting from routine provision of care, will, through SmartCare in aggregate form, automatically feed the national Health Management Information System (HMIS) from these same sites, improving the quality, timeliness and richness of this existing Zambian information stream, and removing the direct burden of manually collecting this service management information that is key for budgeting, logistics, and supply.

The LinkNet activity leverages both the SmartCare urban success and the success of the LinkNet proof of concept for community sustainable ICT rural hospital projects in Macha and Mukinge and in other similar project sites in rural Zambia, to help in the national deployment and linking of this new national health information system.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16972

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16972	16972.08	HHS/Centers for Disease Control & Prevention	Churches Health Association of Zambia	7167	2976.08	CHAZ - U62/CCU25157	$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	3023.09	**Mechanism:**	CSO SI
Prime Partner:	Central Statistics Office	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	3717.26211.09	**Planned Funds:**	$600,000
Activity System ID:	26211		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED FROM FISCAL YEAR (FY) 2008 AS FOLLOWS: Target 13.1 has been changed to 2

This activity relates to: Ministry of Health (MOH) (#3713.08), and Centers for Disease Control and Prevention (CDC) (#3714.08).

The FY 2009 plan aims to build-up and sustain the Central Statistical Office (CSO) and staff expertise in vital registration in Zambia. An important FY 2009 activity is the continuation and expansion of the Sample Vital Registration with Verbal Autopsy (SAVVY) System in selected regions in Zambia. The FY 2009 activity builds upon the Feasibility Study funded in FY 2007 and 2008 by CSO in collaboration with the CDC Global AIDS Program (GAP) in Zambia, utilizing the SAVVY tools and materials developed by the US Census Bureau, Measure Evaluation and the World Health Organization. In FY 2009, the CSO will collaborate with the Ministry of Health (MOH), Ministry of Home Affairs Department of National Registration, Ministry of Local Government and Housing (MLGH), and Ministry of Community Development and Social Services (MCDSS) to expand its surveillance of vital events in Zambia by increasing areas of coverage, examine and support the existing data sources and data capture systems, refining and validating the verbal autopsy questionnaire, capture information on births and facilitate birth registration in selected areas, collecting information on births and deaths from hospitals, clinics and councils close to the sample areas, and evaluating the implementation processes of SAVVY system in Zambia. This vital registration system builds upon current expertise of the CSO and that of other line Ministries in demographic surveillance to estimate the number and causes of deaths and the number of births occurring in sampled areas with baseline census information. In addition to establishing (and re-establishing) the infrastructure to obtain mortality and births data alongside census data in additional targeted samples, this effort will aim to validate the verbal autopsy interview instrument used, and train 80 staff from CSO and other ministries. These will include office staff, interviewers, census enumerators, community health workers, community service providers, verbal autopsy interviewers and supervisors, and other health workers. 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 estimated duration of time from death to notification and completion of verbal autopsy, and time to cause of death coding, will also be captured. The estimated mortality rate observed in the SAVVY areas and communities will be captured. The ability to capture specific causes of death of interest using the verbal autopsy form will also be examined, with observed strengths and weaknesses of the verbal autopsy form used in Zambia. The activity will also yield information on the number of births occurring in selected areas, number of births occurring in hospitals and the number of births that are registered by councils.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15509

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15509	3717.08	HHS/Centers for Disease Control & Prevention	Central Statistics Office	7165	3023.08	CSO SI	$600,100
8997	3717.07	HHS/Centers for Disease Control & Prevention	Central Statistics Office	5004	3023.07	CSO SI	$400,000
3717	3717.06	HHS/Centers for Disease Control & Prevention	Central Statistics Office	3023	3023.06	CSO SI	$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	2988.09	**Mechanism:**	EPHO - 1 U2G PS000641
Prime Partner:	Provincial Health Office - Eastern Province	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	9693.26253.09	**Planned Funds:**	$150,000
Activity System ID:	26253		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Funding has been increased.

This narrative relates to Ministry of Health (MOH) (#3713.08), and Technical Assistance/ Centers for Disease Control and Prevention (CDC) (#3714.08).

Eastern province, has eight districts, is predominantly rural with an overall HIV prevalence of 10.3 % (DHSZ 2007) and a reported tuberculosis (TB) notification of 3171 in 2007. Outside of the provincial capital of Chipata (which has an HIV prevalence of 26.3 % and TB notification rate of 2007 of 380/100/000), access to healthcare facilities and services are limited.

In FY 2009 proposed funding will continue with support to Very Small Aperture Terminal (VSAT) internet connection for the Provincial Health office (PHO) and all eight districts in the province. This will continue to aid the timely transmission and reception of information and data from the rural districts to aid timely decision making. Improved internet services and email communication thereby reduced the isolation through increased access to information from all locations within the province. The availability of good internet access is also an important motivator in that it assists in retaining of staff as it offers an opportunity to access online medical journals for such things as new best practices in health care and also allows for participation in distant learning program. Such investment in technology is a sustainable contribution to essential communication infrastructure. The government of the republic of Zambia's National Development plan places improved information services as a top priority, thereby assuring sustainability of such an investment way into the future.

The second major component will be the continued training, implementation and maintenance of the SmartCare system throughout the province. Typical activities will be around assuring site preparedness, training of various cadres such as facility staff, program managers, district and provincial management on the use of the system (will be on-going due to the still high staff turnover especially at the facility level), assuring data flow between the facilities and higher levels and regular planning and feedback meetings between the provincial management and the district management.

In FY 2009, the EPHO will work at building capacity to 42 staff from the eight districts in use of the SmartCare system. Quarterly SmartCare meetings will be carried out as a way of assuring holistic technical assistance review, data sharing, compilation, and analysis. To establish a sustainable approach to implementation and use of electronic health records systems, the EPHO will work with districts at training eight district staff in data management and audit.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15549

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15549	9693.08	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	7179	2988.08	EPHO - 1 U2G PS000641	$100,000
9693	9693.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3019.09

Mechanism: MOH - U62/CCU023412

Prime Partner: Ministry of Health, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3713.26245.09

Planned Funds: $1,620,000

Activity System ID: 26245

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Training and implementation support will continue, but with a specific focus on data analysis. Assistance will be provided for the hiring of a public health and research staff person to support surveillance and public health activities.

This activity relates to Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Strategic Information (SI) (#3709.08), JHPIEGO SI (#3710.08), AIDSRelief – Catholic Relief Services (CRS) (#3711.08), Eastern Provincial Health Office (EPHO) (#9693.08), Western Provincial Health Office (WPHO) (#9696.08), Zambia National Blood Transfusion Service (ZNBTS) (#9698.08), SmartCare COMFORCE (#9692.08), CHAZ (#16972.08), and CHAZ (new OHSS).

The SmartCare related activities in fiscal year (FY) 2009 have components involving the continuation of programs from 2008, including a continuation of the gradual shift in balance of responsibilities for SmartCare as the requisite specialty skills and human capacity grow at the Ministry. As an instance, procurement of Smart Card supplies (Care Cards) in the initial roll-out stages of SmartCare the care cards have been bought first through CDC and then EGPAF with CDC technical support as this is quite technical, the market is limited, and a small error results in substantial wastage; the Ministry of Health (MOH) would like to move into this procurement responsibility in addition to the responsibilities of projecting needs managing inventory, and distributing the Care Cards to the Provincial Health Offices and District Health Offices which began in 2008.

The MOH central team will continue to conduct the majority the technical support site visits as Quality Control and Quality Assurance checks in the places where SmartCare has been deployed, becomes better institutionalized in 2009. The SmartCare application keeps on undergoing enhancements in order to make it more user-friendly. Training in the new modules and the improved system will be ongoing in 2009, but most trainers already are MOH staff.

The MOH will work with the General Nursing Council in the development of the SmartCare curriculum so that it is incorporated into the nursing curricula, and the new systems strengthening activity though Churches Health Association of Zambia working with the Nurse Training School (NTS) at Macha Mission Hospital will be synergistic with this effort . The training of the examiners and tutors at the nursing colleges will take place during the funding period.

The new MOH E-Learning Centre will continue holding training programs for different categories of staff based on a Training Needs Assessment (TNA). The curriculum for this venue is being augmented by volunteer Microsoft Certified Trainers, as well as MOH staff.

FY 2009 funding will also enable the Zambia MOH to support and expand surveillance of HIV/AIDS and HIV -related morbidity and mortality through the following activities: 1) reporting and dissemination of results of the 2008 Zambia Antenatal Clinic Sentinel Surveillance (ANC SS) and the Zambia Demographic and Health Survey (ZDHS) on estimates of HIV and syphilis prevalence (and recent infections) in relation to important socio-demographic factors and additional laboratory analyses; 2) strengthening the Zambia National Cancer Registry and the Cancer Diseases Hospital in surveillance and reporting of AIDS-related malignancies to enable the MOH to monitor the impact of PEPFAR antiretroviral therapy scale-up on the risk of important AIDS-related complications; 3) supporting the MOH as it works with the Central Statistical Office to implement death registration and to ascertain cause of death in health facilities to obtain mortality data; 4) supporting MOH staff in training in analytic skills and to increase proficiency in data assessment issues that are critical and fundamental to all HIV/AIDS SmartCare, M&E, and surveillance data collection and reporting; 5) assisting the Ministry of Health to hire public health and research technical staff with appropriate academic training and experience to support surveillance and public health activities. This person will aid in health information analysis a) to inform planning, b) to evaluate the impact of health programs, and c) to facilitate health research, evaluation, and communication of health information, to health professionals, policy makers, and the general public.

These activities will increase the proficiency of MOH staff in the systematic collection, analysis, reporting, and use of data, effective communication of results for MOH planning of HIV/AIDS services and program evaluation, and capacity building within MOH so that these activities can be sustained by Zambian health professionals beyond FY 2009/2010.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15538	3713.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	7175	3019.08	MOH - U62/CCU023412	$920,000
9008	3713.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	5009	3019.07	MOH - U62/CCU023412	$750,000
3713	3713.06	HHS/Centers for Disease Control & Prevention	Central Board of Health	3019	3019.06	MOH/CBoH- SI	$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3022.09

Mechanism: NAC - U62/CCU023413

Prime Partner: National AIDS Council, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3716.26246.09

Planned Funds: $550,000

Activity System ID: 26246

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: The narrative has been updated to reflect activity progress and achievements.

Activity is related to National Alliance of State & Territorial AIDS Directors (NASTAD) (3719.08) and University of Zambia (UNZA) monitoring and evaluation (M&E) (3720.08).

The USG will provide continued support to enabling "the Three Ones" principle for monitoring the response to HIV/AIDS in Zambia by supporting the National HIV/AIDS/STI/TB Council (NAC) Strategic Information activities. The funding level remains the same as in FY 2008.

The activity has six components. First, management information system (MIS) at national, provincial and district levels will be strengthened. This will include the roll-out of the NAC management information system (NACMIS), with web-based interconnectivity to the central system, to all the nine provincial centers and nine pilot provincial districts. NAC M&E Directorate will also train 15 trainers of trainers in NACMIS applications to facilitate roll-out of this national database to provincial and district levels. Further, the current maintenance contract will be continued to re-engage a reputable ICT firm for a routine maintenance plan to ensure a functional ICT system at all levels. The overall goal of this work is to create linkages between the NACMIS with SmartCare, Health Management Information System (HMIS), Electronic Management Information System (EMIS), USG-Zambia's Partner Reporting System (ZPRS), and CRIS software to facilitate routine information sharing and data reconciliation between NAC and partners.

The second component of this activity is the monitoring of the HIV/AIDS response using the NAC Activity Reporting Form (NARF) routine data collection system. This activity involves printing the NARF, its distribution, data collection, input and analysis, and development of the Multisectoral Monitoring Report. Quarterly monitoring supervisory visits aimed at carrying out data audits, verification and validation will be conducted at all levels including at facility level to strengthen the NARF data collection system. The supervisory monitoring will also facilitate coordination, alignment, and harmonization of stakeholder M&E with the NAC M&E System.

The third component of this activity is the capacity building and provision of technical assistance to PATF, DATF, Community AIDS Task Forces (CATF), Civil Society, Private Sector and Public Sector in NARF data management, M&E and documentation. NAC will train 30 PATF members, 200 DATF members and a group of 25 Data Officers each from Civil Society, Private Sector and Public Sector in NARF data management, M&E and documentation. Further, NAC M&E Directorate also intends to train 500 Community AIDS Task Force (CATF) members in NARF data management in order to strengthening community response to HIV/AIDS; the M&E Directorate plans to improve capacity for M&E by linking up the NAC capacity building program with the UNZA M&E training so that 20 M&E officers can be supported to receive professional level training in M&E. Similarly the decentralized capacity building efforts will continue through support to provincial and district capacity building teams. NAC also intends to create partnerships with In-Service training institutes at sub-national levels to facilitate training of M&E Officers in M&E and documentation using the standard M&E curriculum. Other activities will include routine updating of the national M&E training modules.

The fourth component of this activity is aimed at improving access to NAC information resources through the rollout of a NAC Resource Center in all nine provincial centers. This activity will also involve establishment of partnerships with other resource centers. Central NAC staff will support provincial centers by providing ICT and media equipment, training of local staff in MIS, production of directories and materials, development of virtual resource center and production and distribution of CD-ROMs with all key NAC documents. The central NAC resource center unit will also support the implementation of the standardized HIV/AIDS indexing system at all levels

The fifth component of this activity is aimed at strengthening the feedback loop and data use at all levels. This will be through facilitation of evidence-based decision-making and planning based on the monitoring and evaluation data. Support will be provided to provinces and districts to improve data presentation and information packaging to tailor it for various audiences. Districts will be supported to set their targets and use projections to arrive at target groups to make the routine data collected more meaningful when considering progress achieved. Routine stakeholder mapping will also be undertaken to ensure that all stakeholders are identified and engaged in the development of the District Multisectoral plan. NAC M&E Directorate will support and facilitate the conducting of routine stakeholder meetings at district levels to promote information sharing and data use.

Finally, as a sixth component, focuses coordination of HIV/AIDS research activities and implementers in-line with the research agenda developed in 2008. NAC will provide material and technical support to the main surveys namely Zambia demographic health survey (ZDHS), sentinel surveillance survey (SSS), ZSBS, and Health Facility Survey. NAC also intends to work closely with research institutions to ensure that research priority areas are pursued by these implementers. One of the key areas of this component will be the linking of M&E findings with operations research. NAC, in collaboration with The Central Statistical Office (CSO), intends to revise the HIV/AIDS epidemiological projections to facilitate the determination of national as well as sub-national targets for the national response.

Funding, in FY 2009, supports the development of a sustainability plan and support for staff to achieve the above components to include the M&E and Research Director, M&E Specialist, MIS Specialist, Statistician and 9 Provincial IT/M&E Officers. In 2009, NAC will develop a sustainability plan to chart the organization's growth and functions through 2012. It is envisioned that this support to the M&E Unit will enable NAC to demonstrate the critical nature of these positions and begin to incorporate them through NAC's government and Joint Financing Agreement budget lines.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15539

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15539	3716.08	HHS/Centers for Disease Control & Prevention	National AIDS Council, Zambia	7176	3022.08	NAC - U62/CCU023413	$550,000
9011	3716.07	HHS/Centers for Disease Control & Prevention	National AIDS Council, Zambia	5011	3022.07	NAC - U62/CCU023413	$400,000
3716	3716.06	HHS/Centers for Disease Control & Prevention	National AIDS Council, Zambia	3022	3022.06	NAC SI	$139,969

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 2998.09

Mechanism: EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3709.26235.09

Planned Funds: $4,890,000

Activity System ID: 26235

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Narrative changes include updates on progress of deployment and system development activities.
This activity relates to: JHPIEGO SI (#3710.08), AIDSRelief-Catholic Relief Services (AIDSRelief) (#3711.08), Ministry of Health (MOH) (#3713.08), Technical Assistance – Centers for Disease Control and Prevention (CDC) (#3714.08), and COMFORCE (#9692.08).

The funding level for this activity in fiscal year (FY) 2009 has decreased since FY 2008. The decreased amount, $1,500,000, has been moved in large part to other local SmartCare implementing partners such as the Ministry of Health (MOH) and Provincial Health Offices ($860,000), as they are now shouldering the majority of the SmartCare deployment costs for logistics and initial trainings, $450,000 to increase allocation to training through our previous lead training partner (now TBA), and the remainder is being used for rural systems support efforts employing new graduates of the Churches Health Association of Zambia (CHAZ)/LinkNet rural information technology (IT) school in Macha. The funds remaining with Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will be used as they were in 2008: purchasing SmartCare workstations and smart cards for the national electronic health record system, and support for ongoing development of required health record elements.
In FY 2005 and early FY 2006 the SmartCare software development effort reflected primarily an effort to merge (into the Continuity of Care framework) the two earlier efforts (the Centers for Disease Control and Prevention (CDC) Continuity of Care EHR Program and the Centre for Infectious Disease Research in Zambia (CIDRZ) Patient Tracking System (PTS) software). The activity of 2007 was focused on increasing the system functionality and preparation for national scale-up training and implementation, which began mid -2007 with the training of more than 150 District Health Information Officers, Maternal Child Health (MCH) Coordinators, District Directors of Health and Management and Planning Directors. This was followed by more in-depth District-focused re-trainings for 64 of the 72 districts by early 2008. In the last 12 months the number of SmartCare clinics has more than tripled to over 200 and about 250,000 patients are enrolled.
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. In 2007, the MOH formally requested support from USG for deploying to 900 locations in the subsequent 18 months, and over a dozen implementing partners are helping to meet this demand, ranging from the Zambian Defense Force to the Peace Corps, and including private mine operated clinics, Microsoft, Churches Health Association of Zambia, and many others.
Uniquely among PEPFAR countries, the Zambian MOH identified this one system as the national standard for electronic clinical systems by April 5, 2006, demonstrating a remarkable achievement of national leadership and consensus, as well as technology assimilation, in a short period of time. The immediate targets of this effort remain constant: the quality of health care in Zambia and 'local ownership' by the MOH. However, as the software is internationalized, it may fill a niche in other PEPFAR countries (eg, Ethiopia), thus further leveraging the investment made in Zambia.
The clinical 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), labor and delivery, and voluntary counseling and testing (VCT). New Pediatric ART and Post-natal care services are being deployed.
Other record systems which have been integrated, or data converted, include: the MOH paper systems, ARTIS, PTS, and CareWare. The Zambia Electronic Peri-natal Record System (ZEPRS), will be converted into SmartCare in FY 2009, SmartCare as a developing country EHR is likely now the largest in Africa, and with the increasing numbers of implementing partners in 2008, the rate of growth of persons served may continue to increase non-linearly in FY 2009 as the number of electronic clinics will continue to increase rapidly.
Continuing in FY 2009, strong emphasis will be given to support for outpatient malaria, TB and STI services in light of substantial interactions of these diseases with HIV care and prevention, and on their own merit. The SmartCare card will increasingly assure and document clinical referral integrity between all ambulatory services such as V/CT, PMTCT, TB, general OPD, and ART, as well as increasing levels of inpatient support, as systems deployments saturate points of service in a community.
The EGPAF activity in FY 2008 included: 1) support for some of the equipment required for the national scale-up; 2) contributing software development resources via subcontractors and the hiring of national staff to the collaborative software development effort guided by the MOH with CDC TA; and 3) ongoing training of the core capacity to support this technology in country, including some supportive and collaborative work with Microsoft volunteer trainers,
In the EGPAF FY 2009, EGPAF appears on target 1) to provide substantially increased SmartCare workstation and smartcard support (via large commodities purchase, to procure a) essential medical record workstations to one third to one half of the 1584 clinics identified in 2007 and b) portable medical records for 1.7 million persons), 2) to continue to provide software resources through contractors but to further transition this work to lower cost contractors based in Zambia, and increasingly to locally employed staff, and 3) to significantly expand support for training through three Peace Corps extension volunteers and/or Crisis Corp volunteers to assist with national scale-up.
In FY 2009, ongoing systems integration activities will include:
1) Replacing yet more of the manual elements of the Zambia Health Management Information System (HMIS), an older manual tally tool for aggregate facility data collection. This will improve data timeliness, quality, and completeness, in the clinics that are prepared to 'go electric'. All facility based HMIS indicators should be produced simply as a report derived from routine recording of patient care data in SmartCare. This information feeds into the HMIS software via a SmartCare report export, improving the sustainability of the HMIS system and minimizing duplication.
2) Collaborating with JSI to provide the terminal point in a facility for the supply chain management system for both drugs and consumable lab supplies. This key integration feature will be implemented in FY 2009, closing the loop for the supply chain, and providing both supply and demand information streams to allow validation of supply distribution and utilization down to the patient level.
3) Implementing support for many more and new health indicators. The mapping capacity created in FY 2007 has developed into a more complete geographic information system (GIS) functionality in 2008, and supports highly scalable displays of MOH and PEPFAR static data in addition to dynamic patient and

Activity Narrative: provider data. This functionality is available at all facility, district, and MOH administrative levels. Specific efforts are being initiated via other partners to encourage automation of linkage of NAC National AIDS Reporting Form data with facility data at district level to further enrich information available for local decision-making.
4) Piloting and deployment support for the SmartDonor version. In August 2008, SmartCare was adapted to serve the clients of the Zambia National Blood Transfusion Service (ZNBTS) and this version is called the SmartDonor system. It is designed to improve the capacity of the ZNBTS to recruit repeat 'safe' donors. This tool is in turn being integrated with the international Blood Safety web-based aggregate reporting system. A new Transfusion module in SmartCare will provide for vein-to-vein tracking for monitoring untoward effects, and capacity will be built via training of ZNBTS staff.
5) Evaluating and implementing an open source Laboratory Information systems (LIS) extension.
6) Incorporating new national HIV/AIDS care standards, user experience, and international guidance into updated reports.
7) Working with orphans and vulnerable children (OVC) service providers to identify the optimal intersection between home based 'well-care' OVC services and health care. Solution may record moving SmartCare client record management and role-based security engineering to a PDA to address system environment constraints for documenting OVC services.
8) Improving the human capacity of the MOH both centrally and in clinics to operationally own and manage this national EHR application by providing localized trainings due to high staff turnover.
9) Supporting continued deployment at MOH sites nationwide, and in those MOH sites supported by different United States Government-funded or privately-funded partners, now including CIDRZ, Catholic Relief Services/ AIDSRelief, ZPCT, Churches Health Association of Zambia, CHAMP, LinkNet, Konkola Copper Mines, Flying Doctors, CDC, Boston University, and others in collaboration with DOD, State, Peace Corps, and USAID, all of whom are now actively engaged with SmartCare national deployment. EGPAF will continue providing logistics support for the MOH rapid scale-up including: maintaining the SmartCare workspace and warehousing, and employing administrative support for the project manager.
10) Mentoring of the ministry software developers and IT support will remain a requirement of all soft-ware contractors in 2009, to build local ownership and capacity. This will be done in part in collaboration with the Microsoft volunteer trainer specific trainings and other technical contributions, in part with CDC-TA and in part with other implementing partners as their field experience increases. This will utilize the new E-Learning Center developed through an MOH PEPFAR cooperative agreement and other venues.
SmartCare will be central to generating data mentioned in the MOH, NAC, and other SI and Systems Strengthening mechanisms.
Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15522

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15522	3709.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7172	2998.08	EGPAF - U62/CCU123541	$6,390,000
9001	3709.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5007	2998.07	EGPAF - U62/CCU123541	$1,150,000
3709	3709.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	2998	2998.06	TA- CIDRZ	$1,600,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	3011.09	**Mechanism:**	Comforce
Prime Partner:	Comforce	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	9692.26221.09	**Planned Funds:**	$300,000
Activity System ID:	26221		

Activity Narrative: The funding level for this activity in FY 2008 will remain the same as in FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

This activity relates to EGPAF SI, JHPIEGO SI, AIDSRelief – Catholic Relief Services (CRS), Ministry of Health (MOH), and Technical Assistance/Centers for Disease Control and Prevention (CDC) and Zambia National Blood Transfusion Service (ZNBTS).

To support the continued transition of software upgrades and development in 2008 to in-country talent, the United States Government (USG) will continue to provide support for the 'lead' professional programmer/developer who is working closely with the SmartCare team on-location in Zambia to continue 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, the Centers for Disease Control and Prevention (CDC) strategic information (SI) section will continue to support 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) assumes more leadership in a new technical area.

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 recent Ministry reorganization and technical gaps.

The high end technical professional possesses experience in developing clinical software applications, including Electronic Health Records (EHR), and will be employed no more than two years (thired in 2007). This lead professional works daily with Zambian colleagues to ensure transparent and shared engineering of the system as it being deployed.

This activity provides a critical one to two 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 EHR (SmartCare). August 31, 2006, the Ministry held a high level meeting to announce to all the Cooperating Partners the plan to deploy SmartCare nationwide. In August of 2007 they announce the MOH intention to deploy the system to 900 sites in less than two years – with support from partners, most specifically PEPFAR. 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.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15515	9692.08	HHS/Centers for Disease Control & Prevention	Comforce	7169	3011.08	Comforce	$300,000
9692	9692.07	HHS/Centers for Disease Control & Prevention	Comforce	5002	3011.07	Comforce	$300,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6853.09

Mechanism: MEASURE Evaluation III

Prime Partner: University of North Carolina

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 14503.26192.09

Planned Funds: $1,250,000

Activity System ID: 26192

Activity Narrative: This activity will contribute to the availability of HIV/AIDS strategic information, including monitoring and evaluation indicators and trend analysis to guide decisions on appropriate interventions, and geographic information and mapping useful for planning, monitoring, and evaluation of PEPFAR activities in Zambia. It consists of three parts: the Zambia Sexual Behavioral Survey/AIDS Indicator Survey (ZSBS/AIS, $450,000); HIV/AIDS component of the Zambia Demographic and Health Survey (ZDHS, $300,000); and secondary data analyses based on both surveys ($500,000).

The first part is a continuation of the planning and implementation of the 2008-09 round of the ZSBS/AIS. The Central Statistics Office (CSO) of the Government of Zambia (GRZ), with technical assistance from the MEASURE Evaluation implementing partners, has completed four bi-annual rounds of the ZSBS/AIS since 1998. Through MEASURE Phase III Monitoring and Assessment for Results (also known as MEASURE Evaluation Phase III), the CSO will complete the 2008-09 ZSBS/AIS by FY 2010. This survey, involving a nationally representative sample of 2,500 men and 2,500 women, adopts an internationally standardized protocol to collect, analyze, and report data on HIV/AIDS program indicators, including HIV/AIDS-related knowledge and attitudes, voluntary counseling and testing, sexual behavior, and orphans and vulnerable children. The protocol calls for the analysis of data disaggregated by sex, residence, and other socio-demographic characteristics and reporting of data in standardized tables and text that discuss trends and compare them from the four previous surveys. In FY 2009, the CSO will prepare for the survey by updating and translating the questionnaire, planning logistics, training interviewers and supervisors, and initiating fieldwork. Supported by an allocation of $450,000 through MEASURE Evaluation Phase III, it will complete data collection, processing, and analysis; host an analysis workshop; write and print the report; and coordinate the national dissemination in FY 2010.

The 2008-09 ZSBS/AIS also provides an opportunity to continue the capacity development activities initiated earlier. These activities aim to strengthen the institutional capacity of the CSO to assume full responsibility for future rounds of the ZSBS/AIS and other surveys. Integrated into the existing organizational structure, the capacity development activities will enhance the technical and management skills of the CSO staff and officials, gradually decreasing their reliance on international technical assistance. Such activities include staff exchanges between the CSO and MEASURE Evaluation Phase III implementing partners; workshops for CSO staff; as well as training and supervisory instruction during survey implementation. As an initial capacity development activity for the ZSBS/AIS, a workshop on survey planning will address and resolve implementation issues that have caused problems and delays in previous survey rounds. A subsequent workshop, along with staff exchanges, will build the analytical skills of the CSO staff, with modules on: preparation and management of data sets; data analysis using the most recent version of Stata and other statistical software packages; preparation and analysis of frequency tables and other univariate statistics; calculation of relevant PEPFAR, UNAIDS, and UNGASS indicators; interpretation and reporting of results; and drafting the technical report of the ZSBS/AIS.

The second part of this activity is a continuation of the data analysis and reporting of the HIV Prevalence Survey in the 2007 ZDHS. ORC Macro, in collaboration with the Ministry of Health (MOH), Tropical Disease Research Centre (TDRC), and University of Zambia (UNZA), collected and analyzed blood samples and basic demographic information from men and women of reproductive age in a nationally representative sample. Data collection commenced in April 2007 and lasted for six months. In FY 2008 and FY 2009, ORC Macro has been working with the CSO, MOH, National HIV/AIDS/STI/TB Council (NAC), and other government agencies to finalize data analysis and produce the preliminary and final reports.

The 2007 ZDHS will provide demographic and health information linked to HIV prevalence data. Along with the 2005 Zambia Service Provision Assessment Survey (ZSPA) and 2008-09 ZSBS/AIS, it can guide evidence-based advocacy, planning, and monitoring and evaluation efforts at the national and provincial levels. To increase access to and use of these data, the project, in collaboration with the CSO, MOH, and NAC, will conduct broad-reaching dissemination activities, supported by an allocation of $300,000 through MEASURE Evaluation Phase III. Such activities in FY 2010 include the:

• Publication of the preliminary and final reports on the HIV Prevalence Survey linked with the 2007 ZDHS;
• National seminar to present and dissemination the HIV/AIDS-related findings of the final report in Lusaka;
• Publication of survey briefs, in collaboration with the CSO, MOH, cooperating partners, NGOs, and other stakeholders, featuring the “top-line highlights” or key findings and policy/programmatic recommendations with easy-to-read text, charts, maps, photographs, and other graphics for government officials, policymakers, and practitioners in non-health sectors involved in the multi-sectoral HIV/AIDS response;
• Publication of brochures with charts, maps, photographs, and other graphics displaying HIV/AIDS data disaggregated by province, residence, and other socio-demographic characteristics; and
• Development of a press packet, including a press release with selected background materials, survey briefs, and brochures, and coordination of a press conference to increase the quality and quantity of coverage of the HIV/AIDS-related findings from the national surveys in the electronic and print media.

Finally, the third part of this activity is a continuation of the secondary data analyses to achieve two goals: (a) understand the epidemiologic and structural features of the increasingly heterogeneous HIV/AIDS epidemic in Zambia and (b) provide further capacity development opportunities for the CSO to use their primary datasets for applied studies on HIV/AIDS.

In FY 2008, the cooperating partners, MOH, and NAC have drafted the HIV/AIDS/STI/TB research strategy and agenda. Based on this effort, topics proposed for secondary data analyses include determining the factors that can explain the:
• Observed changes in the point prevalence of HIV infection in the 2007 ZDHS, compared to previous rounds;
• Differences in the point prevalence of HIV infection between provinces and districts; and
• Extent of multiple concurrent partnerships, especially as they relate to issues such as gender identity and sexuality, in sustaining HIV transmission in the general population.

Conduct of these secondary data analyses in FY 2009 and FY 2010 will entail additional capacity

Activity Narrative: development activities, supported by an allocation of $500,000 through MEASURE Evaluation Phase III, directed to technical staff in the CSO and MOH. These activities include classroom-based and on-the-job training on study design; data management and analysis with Stata and other statistical software packages (especially on merging multiple datasets, preparing tables, and understanding and performing more advanced analyses such as multivariate ordinary least squares and logistic regression); and writing reports for diverse audiences.

Some secondary data analyses, such as the proposed study on provincial and district differences in HIV prevalence, will involve the compilation and analysis of spatial statistics and generation of informative maps through extensive use of Geographic Information Systems (GIS). With a week-long workshop and supplementary supervisory instruction, technical staff in the CSO and MOH can use geo-referenced ZDHS and ZSPA data and produce maps as part of analytical studies and the Zambia Atlas of HIV/AIDS Indicators. In consultation with the CSO and MOH, selected maps will be posted in the global HIV Spatial Data Repository launched by with PEPFAR support in FY 2008.

As with the 2007 ZDHS and 2008-09 ZSBS/AIS, dissemination of findings from the secondary data analyses will occur through the publication of technical reports, study briefs, brochures, and national- as well as provincial-level workshops.

All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14503

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14503	14503.08	U.S. Agency for International Development	To Be Determined	6853	6853.08	MEASURE Evaluation follow on	[redacted]

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3009.09

Mechanism: TDRC - U62/CCU023151

Prime Partner: Tropical Diseases Research Centre

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3718.26282.09

Planned Funds: $1,150,000

Activity System ID: 26282

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:
Commencement of capacity building for basic internet infrastructure for sentinel and TB sites in Northern Zambia will be the major new activity.

This activity relates to Ministry of Health (MOH) (#3713.08), and Centers for Disease Control and Prevention (CDC) (#3714.08).

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. 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 FY 2009, CDC-Zambia will place special emphasis on training in ICT and data management analysis in order to strengthen TDRC expertise in these areas for sustainability of all above activities.

This activity will continue to maintain support of a local area network (LAN) established during FY 2004. FY 2009 funding will allow increased bandwidth utilization from previous upgrade and the expansion of structured LAN and wireless technology coverage to the new tuberculosis (TB) laboratory supported by CDC-Zambia, for efficient operations. FY 2009 funding will also help to procure ICT equipment, deploy offsite data backup, 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. Commencement of capacity building for basic internet infrastructure for sentinel and TB sites in the Northern Zambia will be a new activity.

TDRC will support the Government of the Republic of Zambia (GRZ) in 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). While the MOH is the authorizing institution for national surveys and other surveillance activities, TDRC and the University Teaching Hospital (UTH) Virology Laboratory serve as the implementing institutions the national surveys, laboratories. FY 2009 funding will support the TDRC and UTH in implementing the national surveys, laboratory testing, supervision of sentinel sites, and data analysis and reporting. Additional laboratory testing using existing bio-specimens are planned. Activities related to final testing for the Nakambala Health Worker Study are planned, including specimen shipping. TDRC laboratory and data processing personnel have participated in multiple CDC-Zambia-sponsored trainings in SI and laboratory methods, and worked closely with CDC-Zambia staff in data management, analysis, and reporting. TDRC laboratory staff were trained to perform the BED-CEA assay and testing is currently ongoing to identify recent HIV infections to estimate HIV incidence. Laboratory staff will perform HIV incidence testing, confirm HIV and syphilis testing, and perform testing for other important viruses, including Hepatitis testing.

Funding to the TDRC will 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.

In addition, the TDRC will continue the expansion and upgrading of the central electronic specimen tracking and repository system. Numerous research projects, including large national surveys, that involve collection and storage of biological samples, are conducted each year at the TDRC. A much more efficient process is required, not only to enable scientists to track their specimens as they work, but also enable them to retrieve samples that have been stored for a period of time. Novel techniques for the detection of different diseases are being developed continuously; the existence of an efficient repository system will ensure easy retrieval of samples, and safe archival of biologic specimens. Because Zambia has had a well-developed sentinel surveillance system since the early 1990's there is a wealth of historic data and biologic specimens that require careful archiving.
In FY 2009, TDRC intends to continue with all ongoing surveillance activities in HIV/AIDS/STI/TB. Timely implementation of the National Sentinel Surveillance of HIV/Syphilis in ANC attendees will be key. Apart from existing laboratory analysis for HIV and syphilis from this population, other laboratory analyses will be conducted, included BED testing to estimate HIV incidence and testing for prevalence of other viruses that cause significant mortality and morbidity among HIV infected persons. Additional training will be given to sentinel site staff to collect dried blood spots (DBS) in the same population for estimation of the prevalence of transmitted HIV drug resistance in the ANC population. TDRC proposes to conduct a separate survey in the same sites to determine HIV prevalence and incidence in children in these sentinel sites. TDRC will also participate in the surveillance of HIV/AIDS in prison populations in Zambia.
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, UTH, and district health center staff trained in SI; (3) the successful design and implementation of the Sentinel Surveillance (SS) survey, and successful analysis, reporting and dissemination of the 2008 SS; (4) the successful collection, storage, and management of demographic information and biologic specimens; (5) additional laboratory testing required of surveillance activities and focused studies such as the HIV Surveillance in Prisons 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.

This activity relates to activities in counseling and testing activity, laboratory infrastructure, palliative care, basic health support activity, and HVTB activities.
Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15565

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15565	3718.08	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	7184	3009.08	TDRC - U62/CCU023151	$1,100,000
9028	3718.07	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	5017	3009.07	TDRC - U62/CCU023151	$450,000
3718	3718.06	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	3009	3009.06	TDRC	$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3013.09

Mechanism: CDC Technical Assistance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3714.26310.09

Planned Funds: $1,490,000

Activity System ID: 26310

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN TE FOLLOWING WAYS:
Support to MOH staff in analytic skills training is added.

This activity relates to Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Strategic Information (SI) (#3709.08), JHPIEGO SI (#3710.08), AIDSRelief – Catholic Relief Services (CRS) (#3711.08), Ministry of Health (MOH) (#3713.08), National HIV/AIDS/STI/TB Council (NAC) (#3716.08), SI Central Statistical Office (CSO) (#3717.08), Tropical Diseases Research Centre (TDRC) (#3718.08), Eastern Provincial Health Office (EPHO) (#9693.08), Western Provincial Health Office (WPHO) (#9696.08), Zambia National Blood Transfusion Service (ZNBTS) (#9698.08), and SmartCare COMFORCE (#9692.08).

Continuing work from FY 2008 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, national health surveys, clinical information systems, 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 MOH and the NAC at central, provincial, district levels, the CSO, TDRC, the University of Zambia (UNZA) School of Medicine (SOM), and a number of other partners. Built around the SmartCare the anchor information system project is formerly known as the Continuity of Care and Patient Tracking System (CCPTS). This information system has been adopted by the MOH as a national standard; in the next funding cycle, there will be an evaluation of the SmartCare program. CDC Zambia is continuing to help institute durable systems for quality health services, disease surveillance, and M&E.

The first component relates to direct support to the official CDC office locations and collocated partners 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) Pediatric Center of Excellence, Chest Diseases Laboratory (CDL), Intercontinental Hotel in Lusaka, and a growing number of offices based at the Provincial Health Offices, such as in Livingstone in Southern Province, Chipata in Eastern Province and Mongu in Western Province. This activity will fund the following: (1) continued procurement, maintenance, and replacement of IT equipment for the new Pediatric and Family Center of Excellence at UTH such as computers, consumables and other related equipment for the offices, 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 hardware; (3) training for CDC and partner IT staff in networking and server administration; (4)Continued support to the ZNBTS on linking SmartCare to the national donor retention database and continued salary support for CDC staff.

FY 2009 funds will also 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 (NASTAD) to deliver performance-based ongoing training, mentoring, and scholarships to partners, Provincial AIDS Coordinators, District Planners, and District and Provincial AIDS Task Forces. USG support includes technical assistance and support to national meetings, joint field and quality assurance monitoring; (2) finalize and disseminate a system dynamics evaluation of antiretroviral therapy (ART) treatment success and the role of ancillary services (approved and implemented as a PHE under HTXS in 2008). This exercise engages stakeholders in considering various program options for national ART service delivery sites and supportive services (e.g. food, psychosocial support). The model and its results will be disseminated through conferences, invitational travel, and scholarly manuscripts; (3) develop appropriate tools, manuals and quality assurance processes for SmartCare implementation; (4) Provide technical support to Provincial Health Offices for M&E, SmartCare deployment and performance and data quality assessments; (5) Continue to support Zambian M&E professionals to publish as well as present at regional and international conferences on operational and evaluation research.

Lastly, FY 2009 funds will support the following HIV/AIDS surveillance activities: (1) continue technical and material support to GRZ in its surveillance and reporting of HIV and syphilis prevalence through 27 antenatal clinic sentinel sites (ANCSS) and refugee camps; toward the end of FY 2008 preparations for 2010 round must commence. This activity is conducted in collaboration with the MOH, the CSO, UTH, NAC, TDRC, and United Nations High Commission for Refugees (UNHCR); (2) support the GRZ in its surveillance of HIV incidence and prevalence of other important viral infections over time, and by testing blood specimens from the antenatal clinic sentinel surveillance (1994-2008) 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; FY 2009 funding will allow us, together with partners, 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 and the Cancer Diseases Hospital in their 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) support the CSO to expand the Sample Vital Registration with Verbal Autopsy (SAVVY) System in selected regions in Zambia, to validate the data capture instruments, and to evaluate the SAVVY implementing process. This activity builds upon the Feasibility Study conducted in FY 2007 by CSO in its surveillance and reporting of vital events in Zambia and will add coverage areas beyond the pilot sites. The FY 2009 plan aims to strengthen and sustain the CSO office and expand 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 the prevalence of transmitted HIV drug resistance (HIVDR) observed among young women attending antenatal clinic. Such a system will strengthen the MOH HIVDR Working Group to develop and implement a national strategy for HIVDR resistance monitoring, design and implementation of appropriate study populations in which to monitor HIVDR and to collect information on behavioral and other risk factors associated with increased risk of HIVDR development, technical support to build laboratory

Activity Narrative: 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; (7) through TDRC, support the surveillance of HIV/AIDS in prison populations in Zambia; (8) 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; (9) through MOH, improve Zambia's geographic data layers and data infrastructure needed to utilize geographic information and geographic mapping to support HIV/AIDS monitoring, evaluation, and response.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15595

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15595	3714.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$1,949,900
9023	3714.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$2,240,000
3714	3714.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3013	3013.06	Technical Assistance	$860,768

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5251.09

Mechanism: ZNBTS - U62/CCU023687

Prime Partner: Zambia National Blood Transfusion Service

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 9698.26317.09

Planned Funds: $100,000

Activity System ID: 26317

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
The funding level for this activity has increased significantly in fiscal year (FY) 2009. Minor narrative updates have been made to highlight progress and achievements.

This activity relates to Ministry of Health (MOH) (#3713.08), and Technical Assistance (TA)/ Centers for Disease Control and Prevention (CDC) (#3714.08).

The rapid strengthening of the 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 United States President's Emergency Plan for AIDS Relief 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.
SmartCare is an ideal platform upon which to build a sustainable donor retention data system. United States Government (USG) will continue to support ZNBTS by implementing the SmartCare framework to hold, completely separately, blood and blood donor related information, which will be stored on a different Donor Card than the Care Card used for medical records. Each donor will be provided with a Donor Card which can be used at other ZNBTS donor sites. Although using separate file systems, there will be synergy between the two closely related systems, using one software infrastructure. The issuing of Donor Cards through the blood donor program will help ensure non-stigmatization of card recipients as issued in a non-discriminatory population.

During FY 2009, ZNBTS will implement the blood donor module of SmartCare. This will involve assuring that the necessary equipment is purchased and implemented. In addition, ZNBTS will implement a commodities management system to assure sustained supply chain inventory of blood donor cards.

Additional expenditures will go toward training of users on the use of the Smart Donor system countrywide.

Targets set for this activity cover a period ending September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15606

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15606	9698.08	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	7197	5251.08	ZNBTS - U62/CCU023687	$20,000
9698	9698.07	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	5251	5251.07	ZNBTS - U62/CCU023687	$20,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3007.09

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3711.26326.09

Planned Funds: $960,000

Activity System ID: 26326

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008.

This activity relates to: EGPAF SI (3709.08), JHPIEGO SI (3710.08), Ministry of Health (MOH) (3713.08), Technical Assistance – Centers for Disease Control and Prevention (CDC) (3714.08), and SmartCare COMFORCE (9692.08)

Constella Futures leads the monitoring and evaluation (M&E) component for Catholic Relief Services (CRS) AIDSRelief Zambia. Using in-country networks and available technology, Constella Futures has built strong patient monitoring and management systems that are used to collect data and track strategic information from the Points of Service (POS). Strategic information (SI) 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 availability, 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 SI is to assist clinicians and clinic managers to provide high quality HIV/AIDS care and treatment, assist in chronic disease management, monitor viral resistance, and ensure durable viral suppression.

With the MOH rolling-out SmartCare electronic medical record (EMR) application as the national standard, having migrated all AIDSRelief supported sites on to SmartCare. Constella futures will concentrate on providing support in SmartCare, ensuring that all sites are working efficiently in SmartCare programme.

Systematic site mentoring, exchange visits, and in house evaluations will be used to enhance local partner treatment facilities (LPTF) use and understanding of SmartCare.

The program will ensure that site using new SmartCare to produce accurate reports through data validation, cleaning and analysis at site level.

In FY 2009 the SI team will continue to 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.

Constella Futures will develop an in-house M&E course for LPTF data management staff in collaboration with CDC, The University of Zambia and MOH.

Constella Futures provides training and on-site technical assistance to 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 Constella Futures'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.

In year 2009/10 Constella Futures will carry-out more evaluations, which will cover program implementation, outcome, and impact assessments. The evaluation will incorporate the findings from Quality Assessment/Improvement (QA/QI), Quality of Life Analysis (QLA) and Life Table Analysis (LTA). The focus of these will be to bring out the best practices, lessons learned and promising lessons that will come out of the evaluations and reviews of the AIDSRelief Zambia program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15618

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15618	3711.08	HHS/Health Resources Services Administration	Catholic Relief Services	7200	3007.08	AIDSRelief- Catholic Relief Services	$960,000
8828	3711.07	HHS/Health Resources Services Administration	Catholic Relief Services	4951	3007.07	AIDSRelief- Catholic Relief Services	$450,000
3711	3711.06	HHS/Health Resources Services Administration	Catholic Relief Services	3007	3007.06	AIDSRelief- Catholic Relief Services	$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $190,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3041.09

Mechanism: DoD-PCI

Prime Partner: Project Concern International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 3739.24841.09

Planned Funds: $300,000

Activity System ID: 24841

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity also relates to activities in Health System Strengthening by Project Concern International (PCI) and Jhpiego, PMTCT (JHPIEGO), Adult Care and Support (PCI and JHPIEGO), Counseling and Testing (PCI), Sexual prevention (PCI) and Adult Treatment (JHPIEGO).

The emphasis in this program area is sustainable capacity building by focusing on training and systems support within the Zambia Defence Force (ZDF), and in particular building the capacity of those responsible at central and unit levels for the design, implementation, and Monitoring and Evaluation (M&E) of HIV/AIDS related activities. As a first activity, PCI will continue to support and strengthen ZDF capacity in M&E. Funding for this activity will be used to assess and improve communication systems in ZDF units to increase their capacity in information management, M&E and situation analysis. This activity will build upon ongoing efforts to strengthen and systematize linkages between DFMS facilities and District Health Management Teams (DHMT). These linkages are essential as they allow the DFMS to benefit from DHMTs technical and systems support, medical supplies and community mobilization of the civilian population. This is critical to the longer-term sustainability of DFMS-managed health care services. To further strengthen DFMS capacity, computers, printers, uninterruptible power supply devices and other supplies will be procured to support HIV/AIDS information management at four new model sites for ART, PMTCT, Adult Care and Support and CT. The four sites will be jointly determined by PCI, DFMS and JHPIEGO.

In FY 2006 ZDF appointed three program officers to assist with HIV/AIDS data collection and management. In FY 2007 the three HIV/AIDS program officers from Zambia Army, Zambia Air Force and Zambia National Service were supported to undergo a short course in M&E offered by the University of Zambia. The training was aimed at building their skills in Health Management Information Systems (HMIS) including M&E data collection, management and reporting. Following this training, the HIV/AIDS program officers are responsible for strengthening these areas in ZDF health facilities. Improving the capacity of ZDF staff will also serve as a means of building sustainable institutional capacity in this area. In FY 2009, 54 ZDF HIV/AIDS unit coordinators, 54 Ward Masters and six central HIV/AIDS unit staff will participate in an M&E refresher training to continue building their capacity to monitor, supervise, and report effectively on all HIV/AIDS-related activities on their units. The workshop will be facilitated by PCI staff and an M&E specialist from the National AIDS Council (NAC) to maintain national standards. This activity is an expansion of previous workshops held to address the significant ongoing challenge of obtaining monthly field activity reports from the units, which impedes the monitoring of progress in ZDF health services. During the FY 2006 to FY 2008, PCI has supported M&E training for Ward Masters, who assist unit HIV/AIDS coordinators with data collection and compilation, from each of the 54 ZDF units. The training of ward masters has led to a significant improvement in HIV/AIDS activity reporting. It is expected that annual refresher trainings in M&E will help to identify and jointly address data collection and dissemination, further raise awareness and commitment to the importance of regular data collection, monitoring and reporting, and increase the number of ZDF units that consistently submit their monthly activity reports.

In coordination with DFMS and JHPIEGO, PCI will conduct baseline facility assessments of the four model sites during FY 2009. The baseline assessment will look at among other things infrastructure, catchments' population, human resources, and available equipment and referral opportunities. Based on the assessment results, PCI will provide support to DFMS to build the capacity of these sites to model site standards. PCI will also continue to participate in supportive supervision tours of ZDF units, with leadership from the DFMS HIV/AIDS office (and including the Director General Medical Services, who joins these monitoring tours periodically with DOD/PEPFAR support). The aim of these tours is to monitor the quality of services being provided by various trained cadres of health workers and to provide on-site technical assistance were needed. In addition to these tours PCI staff will monitor HIV/AIDS activities in ZDF units during the mobile CT tour of the units. The two project nurses hired in FY 2007 will accompany the mobile CT units to undertake this monitoring exercise.

An additional activity will be to conduct a prevalence study for the ZDF. The last study was conducted in FY 2004 and was instrumental in the programming of HIV/AIDS activities. This will be conducted with the assistance of CDC and other government partners such as the University of Zambia, Central Statistical Office and the Ministry of Defence

New/Continuing Activity: Continuing Activity

Continuing Activity: 14632

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14632	3739.08	Department of Defense	Project Concern International	6890	3041.08	DoD-PCI	$200,000
8788	3739.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$180,000
3739	3739.06	Department of Defense	Project Concern International	3041	3041.06	DoD-PCI	$200,000

Emphasis Areas	
Military Populations	

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$32,583

Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	$0

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$0

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$0

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$0

Education	
Estimated amount of funding that is planned for Education	$0

Water	
Estimated amount of funding that is planned for Water	$0

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $16,376,028

Program Area Narrative:

The U.S. U.S. Mission in Zambia continues to support and strengthen the Government of Zambia (GRZ) and its citizens to respond to the HIV/AIDS epidemic through a broad range of policy and health systems strengthening interventions. Such interventions form an important component of many U.S. activities. Since 2004, significant progress has been achieved as a result of this partnership, including accelerated engagement of leadership at all levels, fostering increasingly conducive policy and regulatory environments, developing human capacity, building local government and non-governmental institutions, and enhancing coordination and collaborative efforts among the GRZ, bilateral and multi-lateral cooperating partners, faith-based organizations, the private sector, and civil society. Through collaboration with line ministries, the Zambian Defense Forces, NGO, FBO, CBO, and other cooperating partners, and the private sector, the impact of many U.S.systems strengthening interventions will outlast funding.

U.S. partners pursue a myriad of activities that help Zambian institutions plan, manage and implement HIV activities. An important component of that support is building capacity of provincial and district bodies that form the local implementation and coordination bodies for funding from the National HIV/AIDS/STI/TB Council (NAC) and other channels. This support is implemented both through partner technical assistance and a small amount of direct funding through the Joint Financing Arrangement with NAC. An additional new initiative will strengthen coordination and monitoring and evaluation at the national level, through the NAC. U.S. partnerships with the corporate sector will continue to facilitate HIV/AIDS service provision and support the accreditation of private health care facilities. U.S. partners will continue to bolster district and provincial capabilities to supervise health care providers in their purview. U.S. support will continue for the Zambian Health Worker Retention Scheme, renamed from the Rural Retention Scheme. A total of 119 health care workers will receive support, including housing renovations, through FY 2009.

Human and institutional capabilities in both the health and social sectors present a major challenge to effective provision of HIV and other health services in Zambia. The U.S. Mission in Zambia will work with the GRZ to support task shifting to enable trained lay workers to do rapid HIV testing, and to increase access to pain management drugs. The U.S. Mission in Zambia will work with the MOH to disseminate the human resource planning and projection guidelines, and support the provincial health offices to

assess the districts' human resource needs and facilitate the development of the districts' human resource plans. Importantly, the U.S. Mission in Zambia will support health worker training institutions to ensure inclusion of state of the art HIV care and treatment information in pre-service and in-service training curricula.

The U.S. approach to sustainability involves empowering individuals, communities and local organizations helping them determine and pursue their respective roles in health by improving their functionality, developing mutual relationships of support and accountability, and decreasing dependency on external relationships. To that end, some U.S. programs have decreased their support in FY 2009, while others work to build systems that are self-perpetuating.

The U.S. Mission in Zambia will continue to support successful programs at 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 new and mid-career working professionals will continue to be supported. The U.S. Mission in Zambia 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.

The U.S. Mission in Zambia will continue to strengthen military health services by supporting the procurement and logistics management system. The U.S. Mission in Zambia will work with UNAIDS to build the capacity of uniformed personnel by focusing on mentoring and leadership programs for the Zambia Defense Force. Efforts will continue to focus on building resource mobilizations skills, strengthening policy development and implementation, and increased capacity to effectively plan and manage HIV/AIDS activities.

In FY 2009, U.S. partners will continue to assist national procurement efforts and make improvements to HIV-specific and broader essential drugs logistics systems. Employing lessons from the highly successful introduction of the ARV logistics system two years ago, the U.S. Mission in Zambia is in the process of rolling out an HIV test kit logistics system and will roll out the laboratory logistics system in FY 2009. In contrast to ARVs, test kits and laboratory commodities, U.S.-procured drugs for opportunistic infections are a part of the integrated essential drugs system. PEPFAR/Zambia has begun to address this system in a holistic manner, leveraging other U.S. funding (e.g., malaria and family planning) as well as co-financing from the World Bank.

In collaboration with GRZ, NAC, MOH, and other key stakeholders, such as the Churches Health Association of Zambia and the Clinton Foundation, the U.S. Mission in Zambia continues to support the national HIV/AIDS Commodity Security Strategic Plan and associated processes through the national HIV/AIDS Commodity Security Working Group. The plans of this group are used as inputs for Global Fund procurement plans, both for preparing proposals and for procurements under existing grants. The U.S. Mission in Zambia will continue to support the expansion of laboratory and other health information technology and cater to the equipment needs in targeted provincial and district health facilities.

An important component to enhance sustainability is specific interventions designed to build the capacity of indigenous organizations that move them further along the continuum toward the ability to receive direct cooperating partner funding. In FY 2009, U.S. programs will build the capacity of 60 partner organizations through small grants accompanied by intense organizational development technical assistance.

Policy work will continue throughout FY 2009. To specifically address gender violence, in FY 2009 U.S. partners will support programs that address the link between coercion, sexual violence and HIV/AIDS. Through organizational development work with civil society organizations active in this area, U.S. partners will monitor abuse and provide legal services to victims of coercion and sexual violence. Further work will engage Zambian leaders, including Members of Parliament and traditional leaders, to highlight the importance of including violence against women in broader HIV prevention programs. The activity will support development of a substance abuse policy through the MOH due to the links between alcohol, HIV transmission and gender based violence. U.S. partners will continue to work in drafting, refinement, approval and dissemination of codified laws and regulations critical to HIV, such as the draft amendment of the Employment Act and morphine use guidelines.

The U.S. Mission in Zambia, in conjunction with the Swedish International Development Agency (SIDA), forms the bilateral cooperating partners' representation on the Global Fund's Country Coordinating Mechanism (CCM). With 20 grants and four principal recipients across the three diseases, the Zambian Global Fund architecture is among the most complex in the world. Performance of Global Fund grants has been mixed, characterized by long delays punctuated by periods of intense activity once funds actually flow. The CCM has experienced oversight challenges. The U.S. representative will pursue the possibility of U.S. Mission in Zambia technical assistance to the CCM to enhance the body's monitoring and evaluation capability.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	3041.09	**Mechanism:**	DoD-PCI
Prime Partner:	Project Concern International	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	9171.24842.09	**Planned Funds:**	$270,000

Activity System ID: 24842

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity also relates to activities in Strategic Information by PCI, Health System Strengthening (JHPIEGO), PMTCT (JHPIEGO), Adult Care and Support (JHPIEGO), Adult Care and Support (PCI), Counseling and Testing (PCI), Sexual Prevention (JHPIEGO), Sexual prevention (PCI), Adult Treatment (JHPIEGO).

The objective of this activity is to build the Zambia Defense Force (ZDF) capacity in Health systems strengthening with a particular focus on United Nations (UN) peacekeepers. The 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 and local border security operations 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. 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 and local border security operations, PCI and UNAIDS will work to strengthen peer education as a key component of behavior change communication and in reducing stigma and discrimination.

In FY 2008, PCI supported refresher training of the 809 ZDF peer educators who were trained in FY 2004. The peer educators were also provided with logistical support to motivate them to effectively carry out HIV sensitization activities. The training was aimed at building their capacity in communicating HIV prevention messages with their peers in the military bases as well as 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. PCI will continue to support gender mainstreaming 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 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 continue to assist the Defense Force Medical Services (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 Ministry of Health (MOH), National HIV/AIDS/TB/STI Council (NAC), 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 IEC materials. Through all these activities, UNAIDS will ensure that the ZDF HIV/AIDS program reflects the effective mainstreaming of AIDS and gender.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14633	9171.08	Department of Defense	Project Concern International	6890	3041.08	DoD-PCI	$270,000
9171	9171.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $65,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	3050.09	**Mechanism:**	DoD - Defense Attache Office Lusaka
Prime Partner:	US Department of Defense	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	9172.24843.09	**Planned Funds:**	$250,000
Activity System ID:	24843		

Activity Narrative: This activity links with the Project Concern International (PCI) and JHPIEGO's assistance to the Zambia Defense Force (ZDF) comprehensive HIV/AIDS care and treatment programs including Palliative Care TB/HIV and ART programs. The administration of this will be done by the DOD PEPFAR office in Lusaka.

The program will contribute to improved service delivery in HIV care and treatment through System Strengthening and Policy Development. In FY 2005, FY 2006 and FY 2007 DOD supported the Defense Force Medical Services (DFMS) and the Ministry of Defense in coming up with a draft HIV and AIDS Policy. This policy was developed through a series of broad based consultative process involving various stake holders and cooperating partners. After a successful process, the commanders from Zambia Army (ZA), Zambia Airforce (ZAF) and Zambia National Service (ZNS)assented to the document which was officially launched by the Minister of Defense in August 2008. The HIV and AIDS Policy, a landmark achievement for the Defense Force is now available for reference. More funds will be utilized to assist the ZDF come up with an HIV and AIDS Strategic Plan. This document is important because it will operationalize the HIV and AIDS policy.

Family Support Unit: This is a multidisciplinary clinic to include the programs on opportunistic infection management/prevention, palliative care, and post exposure prophylaxis programs, among others. Using funds from this activity, health care providers from the DOD and San Diego civilian sector will offer technical assistance, train providers, and mentor/twin with ZDF counterparts at Maina Soko Military Hospital (MSMH), to develop a joint ARV services/FSU multidisciplinary clinic for their HIV positive patients and their families. ZDF practitioners will also visit Naval Medical Centre, San Diego to engage with their counterparts, learn best practices and improve their professional knowledge. This activity will materially strengthen ARV services, palliative care services, and orphan and vulnerable children (OVC) services delivered at MSMH, with the ultimate intent that MSMH will become the premier military academic medical site in Zambia.

Positive living/Prevention for Positives workshops: Guidelines and materials for positive living and Prevention for Positives workshops were developed with the assistance of Naval Medical Center San Diego (NMCSD). In FY 2007 and FY 2008, workshops were conducted to disseminate this information and 60 care givers were trained. In FY 2009, these workshops will continue, in conjunction with PCI's basic health care and support activity.

Zambian Defense Force School of Health Sciences (ZDSHS) has been opened to recruit more military health providers. The school will be supported with technical assistance and linking with other international schools like the University of San Marcos. Another key focus will be ensuring that HIV/AIDS training is incorporated in pre-service training as opposed to in service training. 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 capability of the ZDF medical staff is beneficial to the entire nation. To address the crippling lack of nursing resources in the ZDF as well as augment civilian care in Zambia, DOD/SD civilian sector nurses will work with and mentor nursing students at the college and train them in basics of palliative care and community health for persons with HIV/AIDS. Additional technical/programmatic assistance will be offered by the Naval School of Health Sciences, San Diego.

Infectious Diseases Institute (IDI): DOD has negotiated an opportunity to send nurses and clinical officers for two week trainings at the IDI at 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. From FY 2005 to FY 2008, 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 2008, clinical officers and nurses from the final model sites will be sent to this 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. In addition, laboratory personnel may receive laboratory training at IDI. In FY2009, ZDF medical officers will be sent to IDI for training in HIV/AIDS management. Other course to be offered to ZDF medical personnel will include laboratory staff to enhance HIV testing.

Military International HIV Training Program (MIHTP): Other activities will be maintaining direct partnerships with NMCSD. The United States Navy has worked in conjunction with the University of California San Diego (UCSD) in training foreign military physicians on 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. Physicians from NMCSD have visited the main military hospital in Zambia and have identified areas where NMCSD can provide assistance. In FY 2009, DOD/SD civilian health care providers will expand their trainings to ZDF clinics outside of Lusaka. 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 ZDF.

Northern Command Hospital: The Zambia Defense Force has recently acquired a hospital in Ndola on the Copperbelt Province. This institution will be referral center and will be a common user service and cater for the health care needs of all the three services mentioned above. This is will be a referral hospital and will cater for the North Western, Luapula, Northern and Copperbelt provinces. MSMH has been the only military referral hospital since 1975 and the opening of the Northern Command Hospital will help to alleviate the burden on MSMH. Once plans have been finalised, DOD will work closely with ZDF leadership to strengthen the HIV/AIDS unit of this hospital, the laboratory and the family support unit.

Whenever possible, DOD will continue to increase gender equity in human capacity development by training equal proportions of males and females in all the programs. These activities will enhance the capacity for ZDF to deliver a well coordinated and comprehensive fight against HIV and will enhance sustainability.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14634	9172.08	Department of Defense	US Department of Defense	6891	3050.08	DoD - Defense Attache Office Lusaka	$150,000
9172	9172.07	Department of Defense	US Department of Defense	5031	3050.07	DoD - Defense Attache Office Lusaka	$223,849

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 2987.09

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3668.24836.09

Planned Funds: $1,100,000

Activity System ID: 24836

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

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 biomedical prevention: injection safety, 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 Health Systems and Services Program (HSSP)/USAID.

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 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 MOH, although significant efforts are ongoing to bring these related services closer together. One area in which the ZDF is challenged is in the overall management and planning for their health services, particularly when it comes to training auxiliary health personnel and ensuring the reliable availability of essential commodities to serve the patients at their various installations. During FY 2009, 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 inadequate professional health staff, to work in the health centres as Ward Masters, a position which also includes administrative and medical responsibilities. They are drawn from defence force branches to participate in three to six months upgrading training, conducted by health personnel within the ZDF. There are different levels/ranks of medical assistants and progression depends on the amount of training received. To attain the highest medical assistant level or rank can take two to three years. 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. As this cadre has been used to fill gaps in the medical services that involve a great deal of medical and administrative responsibility, it is important to ensure they are trained in a standardized and uniform way. Whenever possible, JHPIEGO will continue to increase gender equity in policy analysis and systems strengthening by training equal proportions of males and females in all the programs.

To address deficiencies in Medical Assistant training highlighted by the ZDF, during FY 2006 through FY 2008, JHPIEGO worked with the ZDF and other collaborating partners, such as PCI, in FY 2006 and FY 2007 to develop a system to incorporate HIV/AIDS evidence-based information into training for Medical Assistants and standardize the training as Medical Assistant's progress from one level to the next. This system was developed to address those already deployed (in-service training) as well as strengthening the basic Medical Assistants training program (pre-service education). This complemented, and was coordinated with, ongoing support for strengthening other health worker pre-service training programs. 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.

In FY 2006 – FY 2008, JHPIEGO supported the ZDF faculty/trainers to update 200 deployed Medical Assistants at different levels of Medical Assistant training, and followed them up to ensure that they have retained knowledge from the training and to address any gaps. This follow-up will continue in FY 2009. Also, in FY 2009, JHPIEGO will work with the ZDF and Medical Assistants just starting the training to map out their progression and ensure that it follows the standards developed in FY 2006. Upon completion of training in the core competencies, Medical Assistants will be prepared to disseminate accurate prevention information and to support the seeking of care and adherence to treatment by HIV-infected military personnel. To improve training process and ensure that medical assistants receive latest, evidence-based information, JHPIEGO will continue standardizing knowledge and clinical skills of the ZDF faculty and trainers. 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. JHPIEGO will assist the ZDF in strengthening their planning and management through extensive support of their planning process and develop strategic planning capacity at the DFMS central level. To help the ZDF in planning of the health services, JHPIEGO will help to adapt existing tools

Activity Narrative: such as the Smart Care electronic medical record, 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. JHPIEGO's partner, John Snow International (JSI) Logistics Services, will assist in the area of logistics support through supportive supervision of the 260 ZDF staff previously trained by JSI in procurement, logistics management and forecasting systems. JSI will also monitor the supply chain system for ARVs and HIV test-kits designed with the ZDF in FY 2007 and FY 2008. In FY 2009, JSI will continue to address supply chain system of laboratory commodities by supporting the design and implementation of a system for the ZDF. JSI 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 (JSI/USAID). As a result, the ZDF will be able to plan and manage services as well as avoid stock outs in ARVs, HIV test-kits and commodities.

The SmartCare program that employs Electronic Medical Record system enables providers to create and access updated portable records of the patient's medical history and ongoing treatment plans. The portability of the medical records device is a key feature, as it can follow patients regardless of where they are deployed or transferred. This system is especially useful for the mobile personnel of the ZDF, thereby assisting with continuity of care and treatment. The SmartCare system has been adapted by the MOH and is the standard EMR system used in Zambia. In FY 2009, JHPIEGO will work with the MOH and CDC/Zambia to support the rollout of SmartCare and will support the ZDF to adapt this EMR system in 54 ZDF facilities by providing the necessary hardware including computers, capacity building and site improvement.

These activities are nationwide throughout the ZDF, entailing extensive travel for follow-up supportive supervision of both the Medical Assistants and the procurement and logistics systems. The core of the activities will be conducted by ZDF and DFMS staff to ensure buy-in and sustainability of the programs, but JHPIEGO and JSI will provide support to ensure quality and reliability. These programs will be led by the DFMS with support from JHPIEGO and JSI. All training and systems management will be done by ZDF staff supported by JHPIEGO and JSI to ensure that programs belong to the ZDF and are not dependant on external management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14627

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14627	3668.08	Department of Defense	JHPIEGO	6889	2987.08	DoD-JHPIEGO	$1,300,000
9087	3668.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$810,000
3668	3668.06	Department of Defense	JHPIEGO	2987	2987.06	DoD-JHPIEGO	$500,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $185,298

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	5224.09	**Mechanism:**	NAC-USG Zambia Partnership
Prime Partner:	National AIDS Council, Zambia	**USG Agency:**	Department of State / African Affairs
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	10169.27320.09	**Planned Funds:**	$200,000
Activity System ID:	27320		

Activity Narrative: This activity has been modified as follows: Planned funding amount has been reduced from $250,000 in FY 2008 to $200,000 in FY 2009.

Activity Narrative:
This activity was approved in FY 2008 and will continue in FY 2009. There have been no changes in the targets due to the nature of the activity.

This activity links to and complements CDC HVSI (#3716), NASTAD OHSS (#3719) and SHARe OHSS (#3643).

In line with the UNAIDS "Three Ones" framework and the Paris Declaration, the United States Government (USG), represented by the Department of State (DoS), proposes to continue an activity geared towards increasing country-level ownership and strengthening the national response to HIV/AIDS through a direct partnership with the National HIV/AIDS/STI/TB Council (NAC). The Government of Zambia (GRZ) created NAC in 2002 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 finalized direct support to the NAC through an Embassy grants mechanism that was administered by the Political/Economic Section.

The USG will join the Joint Financing Arrangement for the National AIDS Council to support the overall coordination of the Zambia national HIV/AIDS response. 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 in Zambia, there is a tremendous need to ensure strong cohesion among the cooperating partners toward a coordinated HIV response.

Continuing direct support to the NAC through the DoS in FY 2009 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. In FY 2009, the USG (through the DoS) will continue to directly partner with the NAC to support its mandate as the "one HIV/AIDS coordinating body." There will be six other bilateral cooperating partners that provide direct support to the NAC: Denmark, the Netherlands, Ireland, UK (DFID), Sweden, and Norway.

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 the USG recently signed the 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 Fifth National Development Plan to better address the cross-cutting nature of the epidemic.

In FY 2007, 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, the USG was selected by GRZ to lead donors in the HIV response in Zambia together with the UK Department for International Development (DFID) and UNAIDS.

Until this activity was approved for FY 2007 allowing the USG (through an agreement between the U.S. Embassy and the NAC), to provide direct management and limited implementation support to the NAC, the USG was often left out of joint planning discussions; consequently, USG funding contributions to the national HIV/AIDS response have often not been reflected in the national HIV/AIDS budgeting exercise. Continuing this direct partnership with NAC will further strengthen the 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, the USG will continue to work to ensure the effective functioning of the NAC's technical working groups, which guide the policy and implementation of the national response for prevention, care, and treatment.

More specifically, in FY 2009, the NAC partnership will support improved management of HIV/AIDS decentralized 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 (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.

Activity Narrative: USG involvement in this partnership with the 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16492

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16492	10169.08	Department of State / African Affairs	National AIDS Council, Zambia	7446	5224.08	NAC-USG Zambia Partnership	$250,000
10169	10169.07	Department of State / African Affairs	National AIDS Council, Zambia	5224	5224.07	NAC-USG Zambia Partnership	$100,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 630.09

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3643.26389.09

Planned Funds: $1,900,000

Activity System ID: 26389

Activity Narrative: This activity has been modified in the following ways:
1. Significant expansion of HIV/AIDS leadership strengthening activities for traditional leaders, Members of Parliament, Leaders in Industry, and influential young Zambians

Activity Narrative:

This continuing activity links to JSI SHARe activities HVAB (#8906), HVOP (#8915), HVCT (#9605) and Public Private Partnerships.

The activity has two major components: Strengthening the capacity of HIV/AIDS coordinating structures and strengthening the HIV/AIDS policy and regulatory environment.

Since the mid-1980s, the Zambian government has supported a range of programs to prevent the spread of HIV/AIDS. According to the government, these programs began with a focus on AIDS education and blood screening, and later expanded to include counseling, Clinical Care, epidemiology and research, home-based care, information/education campaigns, condom promotion and recently, HIV care and treatment. In subsequent years, the GRZ sought to involve Non-governmental Organizations (NGO), churches, and the private sector in the HIV/AIDS response. In 2002, the Government enacted the HIV/AIDS/STI/TB Act, which led to the creation of the National HIV/AIDS/STI/TB Council (NAC). Later in 2005, Cabinet approved the national HIV/AIDS/STI/TB policy. While political commitment to combating HIV/AIDS has significantly increased, concentrated political investment and leadership by the Government of Zambia (GRZ) are still critically needed and essential.

Through its HIV/AIDS coordinating structures component, SHARe has provided significant technical assistance for HIV-related institutional strengthening over the past three years. In FY 2006, SHARe provided 54 organizations with support and trained 1,387 individuals in institutional strengthening; through March 2007, SHARe provided support to 28 organizations. From April 2007 through March 2008, SHARe provided 185 organizations with support and trained 312 individuals in HIV-related institutional strengthening. Organizations receiving HIV-related institutional strengthening include the NAC, Provincial AIDS Task Forces (PATF), District AIDS Task Forces (DATF), line ministries, civil society organizations, private sector companies, and chiefdoms.

In FY 2009, SHARe will continue to give critical and valuable institutional capacity-building support to the NAC, PATFs and DATFs, including support to carry out annual organizational capacity assessments (OCA). While NAC receives funding to carry out its activities from many donors and partners, SHARe will continue its current role as the only current USG partner, and indeed the only NAC partner, that is working with the PATFs and DATFs to help build systems and institutional capacity at the local levels to effectively respond to the HIV/AIDS epidemic. The project will work directly with the PATFs and DATFs to assess current functional capacity in responding to the HIV/AIDS epidemic and identify gaps in functional capacity. Further, the project will work with the teams at these two levels to develop plans for implementing guided and evidence-based institutional strengthening, and monitor progress in organizational growth and development over time. USG support through SHARe builds the capacity of the PATFs and DATFs to use available resources for HIV/AIDS from NAC and other funding sources, rationally and effectively.

Based on the successes and achievements made at the PATF and DATF levels through SHARe support, the NAC Secretariat requested for similar institutional capacity assessment and strengthening from SHARe and this support will continue. SHARe will continue to work with NAC to build NAC's capacity to develop its annual action plan and budget, and provide support for the Joint Annual Program Review (JAPR). As part of its Memorandum of Understanding with NAC, and to enhance the support the project provides to NAC, key technical staff from the project will be seconded to NAC to help NAC carry out its mandate, and as part of the sustainability strategy to transfer key technical competencies to counterparts in NAC.

A significant component of the institutional capacity building provided through this project to NAC will also focus on line ministries, civil society, and the private sector and will result in improved multi-sectoral capacities to effectively respond to the HIV/AIDS epidemic. The project will work with national NGOs and institutions including Zambia Interfaith Networking Group on HIV and AIDS (ZINGO), Network of People Living with HIV/AIDS (NZP+), Forum for Youth Organizations in Zambia (FYOZ), Zambian Chapter of Commonwealth Association of Parliamentarians on HIV and AIDS (CAPAH), Football Association of Zambia (FAZ), National Royal Foundation of Zambia (NRF), and selected Chiefdoms to improve HIV/AIDS institutional capacities. SHARe will also work with private sector business associations, Zambia Business Coalition on HIV and AIDS (ZBCA), Livingstone Tourism Association (LTA), and SHARe-supported local NGO/CBO partners, to build sustainable programs through continued strengthening of technical and management capacities and mobilization of resources. Activities will include participatory analysis of current sustainability levels, and development of sustainability plans.

Through its policy and regulatory environment component, SHARe has provided significant support to improving the policy and regulatory framework related to HIV/AIDS over the past three years. In FY 2006 through March 2007, SHARe provided support to 105 organizations and trained 810 individuals in HIV-related policy development. From April 2007 to March 2008, SHARe provided support to 56 organizations including NAC, Line Ministries, Parliament, the Judiciary, and civil society, and trained 57 individuals in HIV-related policy development.

In FY 2009 SHARe will continue to support programs designed to address the link between sexual violence and coercion and HIV/AIDS. This support will include working with partners to enhance protection of girls' rights and to develop mechanisms to monitor abuse to these rights and providing technical assistance to civil society organizations that seek to address abuses against girls, including legal services, counseling and testing, and medical assistance. The project will work with the Women and Justice Empowerment Partners to ensure a coordinated response to addressing gender-based violence (GBV) and HIV/AIDS programming in Zambia.

Activity Narrative: SHARe will continue to engage Zambian leaders including Members of Parliament and traditional leaders to highlight the importance of including education about violence against girls and women in broader AIDS prevention programs. Weak policies, laws, and legal practices that discriminate against women reinforce many of the norms and practices that increase women's vulnerability to HIV/AIDS and limit their capacity to deal with its consequences. The project will support efforts to review, revise, and enforce policies and laws relating to sexual violence and women's property and inheritance rights; enhance women's access to legal assistance; and eliminate gender inequalities in civil and criminal codes. Activities include, policy advocacy that targets policymakers and opinion leaders for adoption of legal protections for women and girls who have been victims of GBV; increasing access to legal aid; and increasing public awareness of the links between GBV and HIV/AIDS.
Alcohol misuse increases the risk of exposure to HIV through its association with high risk sexual and substance abuse behaviors. Alcohol use also plays a major role in perpetuating the behaviors that increase both HIV infection and GBV. Studies indicate that intimate partner violence increases when the perpetrator has abused alcohol. The project will support the development of a substance abuse policy through the Ministry of Health. It will work with organizations that work with youths, men, and women on alcohol abuse and violence prevention activities. The rates of alcohol abuse in Zambia are particularly high among men and SHARe will support programs that address the linkages between gender-based violence and alcohol consumption.

SHARe will continue to work with legal and regulatory bodies and the NAC to improve and enforce laws and policies related to HIV/AIDS and create enabling environments. The project will work in partnership with organizations including the NAC, the Ministry of Justice, Ministry of Labor and Social Security. The project and its partners will continue work in the drafting, refinement, approval, and dissemination of codified laws and regulations critical to HIV/AIDS such as the draft amendment of the Employment Act, Part X, and Morphine use guidelines.

In FY 2009, SHARe will provide 50 organizations with technical assistance in HIV-related policy development and 150 organizations in HIV-related institutional capacity building. SHARe and its partners will train 250 individuals in HIV-related policy development, 1,000 in HIV-related institutional capacity building, and 300 in prevention of HIV-related stigma and discrimination, and 150 in community mobilization for prevention care and/or treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14403

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14403	3643.08	U.S. Agency for International Development	John Snow Research and Training Institute	6821	630.08	SHARE	$2,650,000
8911	3643.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$1,650,000
3643	3643.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$1,950,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	5074.09	**Mechanism:**	DELIVER II
Prime Partner:	John Snow, Inc.	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	16544.26403.09	**Planned Funds:**	$6,400,000
Activity System ID:	26403		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity Narrative:

This activity takes advantage of cross-program synergy by linking with the Partnership for Supply Chain Management System (SCMS) activities in ARV Drugs, Counseling & Testing and Adult Care & Support, the President's Malaria Initiative, USAID Population/ MCH funding, Government of the Republic of Zambia (GRZ), Center for Infectious Disease Research in Zambia (CIDRZ), Catholic Relief Services (CRS)/AIDS Relief, Churches Health Association of Zambia (CHAZ), University Teaching Hospital (UTH), Zambia Prevention, Care and Treatment Partnership (ZPCT), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), UNITAID, and the Clinton Foundation HIV/AIDS Initiative (CF).

The purpose of this activity is to expand assistance for ensuring that ARV drugs, HIV tests, sexually transmitted infection (STI) drugs, and opportunistic infection (OI) drugs procured by the US Government (USG), GFATM, and other partners are in sufficient supply and provided to Zambians at service delivery sites through efficient and accountable logistics supply chain systems. This activity was preceded by several key initiatives in FY 2005 and 2006 conducted by the JSI/DELIVER project, and by the USAID | DELIVER PROJECT in FY 2007 and 2008. Their scope of work was to 1) implement the revised ARV drug logistics supply chain nationwide and to coordinate and centralize the management of ARV drugs; 2) implement the revised HIV test kit logistics supply chain nationwide and to coordinate and centralize the management of HIV tests; and 3) design and pilot test a revised essential drugs (ED) logistics supply chain nationwide in order to coordinate and centralize the management of key OI/STI drugs, antimalarials and contraceptives.

Examples of previous activities include: centralizing the management of ARV and HIV test procurement information and planning; providing technical assistance to GFATM Principal Recipients in the development of ARV drug Procurement and Supply Management Plans (PSM); beginning facility-level computerization of the ARV and HIV test reporting and ordering process; and training more than 3,900 warehouse staff, pharmacists, laboratory staff and other key personnel in the management of the ARV, HIV tests and ED logistics systems.
With FY 2009 funding, the USAID | DELIVER PROJECT will expand efforts to strengthen the effectiveness, efficiency, and sustainability of the national ARV, HIV tests and essential drug logistics systems. Activities will include:

1. Supporting the MOH in coordinating ARV drug, HIV test, and OI drug forecasting and procurement planning capacity at the central level.
2. Supporting the complete transfer of the MOH Logistics Management Unit's (LMU) logistics responsibilities to Medical Stores Limited (MSL).
3. Quantifying required ARV drugs, HIV tests, and OI drugs consistent with resources and policies for rapidly scaling-up antiretroviral therapy (ART) programs.
4. Reinforcing the standardization of ARV drug and HIV test kit inventory control procedures at central, district, and service delivery sites, including the documentation and dissemination of logistics policies and procedures.
5. Institutionalizing pre-service logistics management training within the appropriate schools of pharmacy, schools of nursing and medical schools in Zambia.
6. Evaluating the piloted models for the national ED/malaria/FP logistics system.
7. Implementing standardized ED/malaria/FP inventory control procedures at central, district, and service delivery sites, including the documentation and dissemination of logistics policies and procedures, based on the results of the year-long ED pilot.
8. Continuing installation of the software tool at ART and CT sites to collect and use for ordering ARV drugs and HIV tests; significantly reducing the time and effort required for ordering and reporting.
9. Improving ARV drug, HIV test and ED logistics decision-making processes at the central level through use of aggregated data from health facilities as provided through the national logistics management information systems (LMIS).
10. Significantly increasing the frequency of monitoring and evaluation of the ARV drug, HIV test kit, and ED supply chains, and making improvements as needed, taking full advantage of the recently established seven provincial offices; and,
11. Collaborating with the SCMS project and other partners and stakeholders to address the broader area of HIV/AIDS commodity security.

To complete these activities, the USAID | DELIVER PROJECT, in collaboration with MOH, MSL, and other partners, will train up to 1,500 additional key personnel (e.g., doctors, nurses, pharmacists, and laboratory personnel from the MOH and non-governmental organizations) in both the manual and automated ARV drug, HIV test kit, and ED logistics management systems. Moreover, at the central level, the USAID | DELIVER PROJECT will coordinate multi-year national ARV drug, HIV test kit and key ED forecasts and procurement plans with all key partners, including GRZ and donors. The USAID | DELIVER PROJECT will also be an active member on appropriate national technical working groups, such as voluntary counseling and testing (VCT), Home-Based Care; Treatment, Care, and Support; and ART Implementation working groups. Finally, the 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 Plans for GFATM/Geneva.

Through the continuing development of the national ARV drug, HIV test kit and ED logistics systems, and skills transfer to MOH and non-governmental staff, it is anticipated that these activities will contribute significantly to the MOH's capacity to efficiently manage the national response to HIV/AIDS.

All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16544

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16544	16544.08	U.S. Agency for International Development	John Snow, Inc.	6822	5074.08	DELIVER II	$1,600,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $2,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3028.09

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19498.26026.09

Planned Funds: $301,600

Activity System ID: 26026

Activity Narrative: Other Policy and Health Systems Strengthening is a new program area for Peace Corps Zambia (PC/Z) in FY 2009.

As a part of the USG/Zambia PEPFAR Team, PC/Z contributes uniquely to the HIV/AIDS response by placing experienced Peace Corps volunteers with PEPFAR implementing partners and other national coordination structures to support overall institutional capacity building. Through the buiding of capacity of the local organisations, PC/Z ensures sustainability of the various interventions put in place in response to the epidemic. The Peace Corps program has grown to be an essential link to the rural communities as well as critical resource to help ameliorate the severe human resource crisis in Zambia.

Complementing the United Nations supported Volunteer program at National HIV/AIDS/STI/TB Council (NAC), Peace Corps will place Peace Corps Response Volunteers (PCRV) to enhance organizational capacity. Experienced volunteers will work on strengthening this key coordinating institution to and ensure that the Monitoring and Evlauation systems to support the national response to the HIV/AIDS epidemic are strengthened.

PC/Z will recruit five Peace Corps Response Volunteers who will work with NAC or other organisations to strengthen the coordination of the various programs at provincial level as well as Monitoring and Evaluation of the response. They will work with the Provincial and District HIV/ AIDS Cooordinators to ensure adequate analysis and sharing of the information collected. The information will further guide implementation of the various programs for preventing and mitigating the impact of HIV. Depending on the need, PC/Z may also place Volunteers with other organisations that provide support to NAC to achieve the same goal.

Volunteers will have strong background and skills in Monitoring and Evaluation programs as well as HIV/AIDS, and will thus have valuable insights for planning, coordinatiing and monitoring effective programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19498

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19498	19498.08	Peace Corps	US Peace Corps	7425	3028.08	Peace Corps	$800,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4139.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 9525.26409.09

Planned Funds: $150,000

Activity System ID: 26409

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

Activity Narrative:

This activity links with the USAID | DELIVER PROJECT's activities in Counseling and Testing (CT) and ARV Drugs; the Partnership for Supply Chain Management Systems' (SCMS) activities in CT, ARV Drugs, and Laboratory Infrastructure; the Centre for Infectious Disease Research in Zambia (CIDRZ); Catholic Relief Services/AIDS Relief; Churches Health Association of Zambia (CHAZ); University Teaching Hospital (UTH); Zambia Prevention, Care and Treatment Partnership (ZPCT); 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, the National HIV/AIDS/STI/TB Council (NAC), the Ministry of Health (MOH), the Ministry of Finance and National Planning (MOFNP), and other relevant stakeholders to implement the HIV/AIDS Commodity Security Strategy which was developed with assistance from SCMS and the USAID | DELIVER PROJECT.

The development and initial implementation of a national HIV/AIDS Commodity Security Strategy was based on a comprehensive HIV/AIDS Commodity Security (HACS) needs assessment conducted in consultation with key MOH managers, policy makers, and cooperating partners. The process has provided GRZ policy makers, NAC, donors, and other partners with a strategic plan detailing 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.

In FY 2007, the US Government (USG) authorized SCMS project core funds for the needs assessment and the development of a national HIV/AIDS Commodity Security Strategic Plan. This strategy was developed in close collaboration with GRZ, NAC, MOH, and other key stakeholders, such as CHAZ and the Clinton Foundation. The first step in the process was to conduct 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, and laboratory reagents), and a series of stakeholder meetings were held to seek support for the way forward. In FY 2008, an implementation plan for the HIV/AIDS Commodity Security Strategic Plan was 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, was formed to ensure that activities are institutionalized and in accordance with the GRZ policies and procedures.

With FY 2009 funding, SCMS will continue working with the HIV/AIDS Commodity Security Working Group and the 20 member organizations. In order to support the national HIV/AIDS Commodity Security Working Group, formed under the MOH's leadership, and its implementation of the national strategy, SCMS will provide the following assistance with FY 2009 funding: 1) full-time support to the working group to ensure that the group remains a viable entity; 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 (e.g., national, provincial, district, and community); 4) facilitate GRZ and donor coordination to analyze and make recommendations to harmonize various inputs into the national HIV/AIDS procurement systems; 5) enhance GRZ's commitment to provision of these essential commodities through increased budgetary support; and 6) conduct a supplementary analysis identified in the strategy such as market segmentation, ability to pay, and diversifying the funding base which would inform a longer term national sustainability strategy that could be less dependent on donors for vital HIV/AIDS commodities.

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; long-term implementation of the HIV/AIDS Commodity Security Strategic Plan will greatly assist in achieving this goal.

All FY 2009 targets will be reached by September 30, 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14420	9525.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6827	4139.08	Supply Chain Management System	$150,000
9525	9525.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$150,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	5263.09	**Mechanism:**	VU-UAB AITRP
Prime Partner:	Vanderbilt University	**USG Agency:**	HHS/National Institutes of Health
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	9787.26677.09	**Planned Funds:**	$240,000
Activity System ID:	26677		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
? Highlights on progress made in FY 2008

Summary: The Vanderbilt University-University of Alabama at Birmingham AIDS International Training and Research Program (VU-UAB AITRP; 5-D43-TW00135-10), led by Dr. Sten Vermund, has played an important role in the development and sustainability of research capacity in Zambia. Twenty-nine Zambians have received Masters of Public Health (MPH) from the University of Alabama at Birmingham or Masters in Science (MSc) from the London School of Hygiene and Tropical Medicine; all have returned to work in Zambia. Over 500 Zambians have been trained in-country and over 40 Zambians have been trained in short courses at UAB. The program has been instrumental in strengthening the ability of Zambian investigators to take part in large-scale public health evaluation, service, and research projects, take on leadership positions in initiatives such as PEPFAR, and apply for additional research and public health service funding. VU-UAB AITRP in-country trainees will continue to sustain the current service, 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 in 1998, there has been a high demand for additional primary training as well as continuing education for public health professionals and to continue building institutional capacity in Zambia. Since the beginning of its collaboration with the University of Zambia (UNZA) and the University Teaching Hospital (UTH), the VU-UAB AITRP has continued to work closely with these institutions and the Vanderbilt Institute for Global Health and the UAB Sparkman Center for Global Health to provide biostatistics and research methods training at the UNZA, to build medical informatics capacity, and to improve the overall climate for research with donated journals, guest seminars, and research consultation.

Our goal is to develop Zambian clinical investigators who can be leaders in independent investigation, including research through manuscript submission and grant writing. This is not at all redundant to our AITRP, but is complementary. Our resources do not support both our long term trainees and continued in-country programs of this magnitude. Happily, the CDC-Zambia office concurs with this need and has indicated support for this AITRP supplement to support the ongoing in-country mentorship and training work outlined below.

1. Specific Aims: 1) Train a new generation of HIV/AIDS research leaders in our partner nations, allied closely with institutions that are superbly placed to provide national and regional leadership in HIV/AIDS prevention and care research, emphasizing both physician and nurse-scientist training. 2) Promote the initiation of new HIV- related research that complements and facilitates existing international research endeavors between US and foreign investigators and builds long-term collaborative relationships among international scientists themselves. 3) Track and document the long-term impact of training on Trainee careers, Research capacity of home institutions and Impact of conducted research at institutional, regional, national, and global levels.

I. The FY 2009 funding will support the following three activities:

A. Master's of Medicine (MMed) Capacity Building: The UNZA MMed program is a degree taken in parallel with post-graduate residency training. This degree involved a research project and a full MMed thesis. In Dr. Vermund's ten-year experience of working in Zambia, the program did not meet its didactic goals in perhaps 90% of its graduates. This is demonstrated in the overall poor methodology used for MMed research projects and the inability to get MMed projects published. We aim to hire a Zambian-based consultant to mentor MMed students during the last six months of the project. The mentor will be a senior masters-level researcher (MPH or MMed preferred) with expertise in research methods and biostatistics. We will consult with Dr. K. Bowa, MSc, BSC, MBChB, M Med, FRCS(Glasgow), FCS (ECSA), Assistant Dean of Postgraduate Affairs at UNZA in the consultant selection process. The mentor will guide the MMed students through their research design, implementation, analysis, publication of results, and grant submissions. MMed Tutoring will also be provided by Zambians with masters-level training from universities such as UAB, Emory, LSHTM, University of Nebraska, and the University of Miami. Advanced MMed students will be invited to participate in the training outlined in Section III B. Research awards ($2,500) will be provided to 12 MMed students for their HIV-related research projects. Applications will be vetted and reviewed by Dr. Vermund, Dr. Kristensen, and three UNZA faculty members.

B. Short-term In-country Training: The Vanderbilt-UAB AITRP has conducted three workshops (May 2005, April 2006, and January 2008) in Zambia sponsored by FIC-NICHD-CDC entitled, "Advanced Short Course in Proposal Writing and Manuscript Preparation". The short-courses were focused on upgrading HIV/AIDS/TB/STI-related research capacity among already-trained, experienced Zambian health professionals. Many of the trainees have received MPH or MSc degrees from UAB, LSHTM, or other universities, while others have completed MPH or MMed training at the University of Zambia. All 73 trainees were in positions of academic authority, government service, or non-governmental activity in which they have opportunity to engage in HIV/AIDS/TB/STI-related research. The most recent short-course in January 2008 included in-depth training and small group mentorship solely focused on manuscript writing. Out of the 28 trainees from the 2008 training: 12 manuscripts have been submitted, two are currently in press, and 22 are in development.
We intend to conduct two short courses in scientific writing in 2009 to support HIV/AIDS-related research efforts in-country. We will utilize local expertise and other fiscal support as we have done in the past. Vanderbilt, UAB, and UNZA faculty/staff will lead the short-course training program. We recommend a maximum of 25 trainees per workshop to enhance the contacts between trainers and trainees.

C. UNZA MPH Curriculum Development: The Department of Community Medicine at UNZA is one of the departments in the School of Medicine (SoM) that runs several undergraduate and postgraduate courses in public health. In the MPH program, the department runs, among other modules, the Basic Epidemiology & Biostatistics, Health System Research and Management modules. The main strategy of the project is to create a demand-driven graduate public health education program with a well-defined and clear mission to increase the number of trained public health professionals with specialization in Epidemiology and

Activity Narrative: Biostatistics in Zambia. Our AITRP Co-Investigator Dr. Sybille Kristensen and the UAB administrative staff will assist our partners at UNZA in developing new courses and updating existing courses. Support will be provided for four UNZA faculty (MMed and MPH) to attend a month-long training at The Perinatal HIV Research Unit (PHRU), a research unit of the University of the Witwatersrand in Soweto, South Africa. UNZA faculty will be provided first-hand training in not only prevention of mother to child transmission but on many different aspects of HIV prevention, treatment and care including medical and social research.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15621

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15621	9787.08	HHS/National Institutes of Health	Vanderbilt University	7203	5263.08	VU-UAB AITRP	$240,000
9787	9787.07	HHS/National Institutes of Health	Vanderbilt University	5263	5263.07	VU-UAB AITRP	$50,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1022.09

Mechanism: Health Services and Systems Program

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3529.26604.09

Planned Funds: $0

Activity System ID: 26604

Activity Narrative: This activity is for three months.

Building on FY 2005, FY 2006, and FY 2007 activities of strengthening policy and systems that support HIV/AIDS services, the overall focus for Health Services and Systems Program (HSSP) in FY 2009 will be to work with the Ministry of Health (MOH) to provide targeted technical support; and finalise and disseminate lessons learnt, in the following areas: 1) planning; 2) human resource planning and management (HRPM); 3) pre- and in-service training; and 4) HIV/AIDS coordination and Sector Wide Approach (SWAp).

In the area of planning, in FY 2009, HSSP will support the provincial health offices to review and finalise district action plans, ensuring that HIV/AIDS services are planned for, based on priorities and objectives of the National Health Strategic Plan; and document experiences and challenges in planning for HIV/AIDS services.

In FY 2007, HSSP worked with the MOH to disseminate HIV/AIDS human resource (HR) planning and projection guidelines and plan for HR requirements to deliver a minimum package of HIV/AIDS services. HSSP supported Provincial Health Offices (PHOs) to assess their district HR needs and developed 72 district HR staffing plans. In FY 2008, HSSP will support MOH and PHOs to strengthen the role of Technical Supportive Supervision (TSS) in HR planning and management. In FY2009, HSSP will provide technical support supervision to strengthen district compliance to HR guidelines.

In the area of pre and in service training in FY 2009, HSSP will monitor the use of the National In-service Training Coordination System developed in FY2005 to ensure that skills enhancement is linked to provision of HIV services. In the area of pre-service training, HSSP will monitor the use of the revised curriculum and provide technical support supervision to faculty to ensure that graduates from nurse and other clinical training institutions are adequately trained to provide HIV services. HSSP will also document and disseminate its valuable experiences in curriculum review in order to share knowledge and garner support for strengthening health worker skills in providing HIV services.

In FY 2009 HSSP will also continue to support HIV/AIDS coordination and SWAp activities and specifically provide technical assistance to the SWAp program to assist MOH to meet milestones under the Sector Program Assistance (SPA); and document best practices in the HIV/AIDS service provision such as the referral mechanism at national and district levels, and disseminate for use in improving quality of care for people living with HIV and AIDS (PLWHA).

HSSP will work in collaboration with USG partners and other stakeholders in finalizing its activities and disseminating lessons learnt to ensure continuity. The Provincial Health Office and respective directorates will be encouraged to work independent of the project to review, and monitor and evaluate planned activities.

All FY 2009 targets will be reached by December 31, 2009. The project will end in December 2009.

FY2009 activities will be implemented using carryover funds from FY 2008

New/Continuing Activity: Continuing Activity

Continuing Activity: 14560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14560	3529.08	U.S. Agency for International Development	Abt Associates	6803	1022.08	Health Services and Systems Program	$850,000
8793	3529.07	U.S. Agency for International Development	Abt Associates	4942	1022.07	Health Services and Systems Program	$1,194,000
3529	3529.06	U.S. Agency for International Development	Abt Associates	2910	1022.06	Health Services and Systems Program	$1,194,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5242.09

Mechanism: Local Partner Capacity Building

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 9639.26636.09

Planned Funds: $3,164,428

Activity System ID: 26636

Activity Narrative: This activity also relates to activities in Sexual Prevention: Abstinence/Be-Faithful

The Local Partner Capacity Building (LPCB) Project is designed to enhance the organizational capacity and sustainability of local non-governmental organizations (NGO) that are working to respond to the HIV/AIDS pandemic. Partner organizations (PO) will be found throughout the nine provinces in Zambia in both rural and urban areas, and will comprise of a variety of types of entities including faith-based and community-based organizations. The project specifically focuses on strengthening the management, financial, technical, and M&E capacities of Zambian organizations; it also supports a number of intermediary support organization partners (ISOP) to develop their capabilities and expertise to work directly with local organizations as institutional strengthening service providers. This is an important design component of the project and will be LPCB's legacy—one benefiting both the NGO sector, as well as the professional cadre of organizational development professionals in Zambia. In FY 2008, LPCB has targeted 60 partner organizations from five provinces: Lusaka Province, Southern Province, Copperbelt Province, Eastern Province and Luapula Province. In FY 2009 LPCB will expand to North-Western, Western and Northern Province.

In FY 2009, LPCB will identify 60 partner organizations through the same call for expressions of interest (EOI) that was used for cohorts one and two in FY 2008. This third cohort will identify 30 partner organizations and follow the same course as the first two : an introductory workshop; a core training series; an individualized, facilitated organizational self-assessment; the development of an organizational strengthening plan; the pairing with an ISOP for training, guidance, and mentoring; and, access to a small grant with which to purchase organizational strengthening services to meet the goals of its plan. ISOPs will be matched with POs upon review of the EOIs, and will conduct the bulk of the interventions so as to be well-oriented to the organization and develop a relationship with its members. Mid-year, cohort four will again aim to service an additional 30 organizations, and will again be formed through an EOI. This cohort will comprise organizations from the six provinces where LPCB is active, and will be targeted to applicants operating areas off the line of rail.

While these activities are being undertaken in the focal provinces, partner organizations from cohorts one and two will enter the next phase of the project. To begin, they will be facilitated through a second organizational self-assessment, allowing them to compare their new scores to their individual baseline score from the previous year. During this second self-assessment workshop, ISOP and LPCB facilitators will assist organizations to discuss their progress and determine their next steps in organizational strengthening and program expansion. LPCB will develop a proposal template that requires applicants to design a scaled-up program (justify the scale chosen, describe the approach to be used to scale, elaborate a step-by-step process), as well as to prove that their systems (financial, management, communication, M&E) are able to support such a program. The LPCB technical evaluation committee will select 30 grantees based upon pre-defined grant selection criteria.

In FY 2008 POs were provided with small grants averaging $10,000-$20,000 which were used to complement capacity building training and fund activities such as the development of internal manuals for policies and procedures or the purchase of IT and communications systems. These funds were also used to "purchase" services from participating ISOP's in areas of capacity building where improvement is needed.

LPCB will hold a bidders conference in early FY 2009 to explain to the POs the goal of the grants and the process for applying, and to circulate the proposal template. ISOP assistance to the proposal crafting process is permitted. Proposals will be accepted on a rolling basis over the course of FY 2009, but reviewed by the TAG quarterly. LPCB staff will first vet the proposals to ensure that each has met the overall criteria and has a viable plan for scaling up and the TAG will simply provide guidance on potential partners.

Once grants are awarded, the LPCB M&E Specialist will hold meetings with groups of grantees to review their indicators and clarify LPCB reporting requirements. ISOPs will continue to mentor the partner organizations through the implementation of their grants, and may recommend further organizational support over the course of the implementation period if needed.

ISOPs will have been selected in FY 2008 based on their ability to provide the kinds of institutional training and support needed by the partner organizations, then trained in the LPCB organizational assessment tool. In FY 2009 LPCB staff will mentor six ISOP organizations and individuals to become the primary interlocutors for the partner organizations as the latter make choices that allow them to become stronger, more able entities. LPCB will also assist the ISOPs to take on their own strengthening activities, and organize themselves as a network so that they are most effective in their own collaboration and coordination—which will ultimately affect the quality of the services that they are able to provide to LPCB partner NGOs.

Concurrently, LPCB will provide continuing support to the ISOPs, and aim to expand the groups in number—and to include organizations based outside of Lusaka. For those ISOPs providing institutional strengthening training and mentoring, LPCB staff will continue all-hands bi-weekly meetings for updates on POs and skills building mini-workshops. During FY 2009, LPCB will explore with them the possibility of becoming an association, or a chapter of an existing entity (eg, the Zambian Management Association). In an effort to both encourage this group to work together and develop quality, marketable products—and to reach beyond LBCP partner organizations—ISOPs will provide 20 trainings (for 25 people each, totaling 500 people) in addition to PO members over the course of the fiscal year. Like in FY 2008, these sessions will cover up to seven different topics as a way to provide educational opportunities and improved capacity to individuals (in addition to PO members) working in the HIV response in Zambia. Topics will include those in the core training series such as M&E, USG Compliance, Financial Management and Human Resources but will also aim to capture a different audience with "Time Management", "Running an Effective Meeting", "Board Governance Strengthening and others. LPCB will also integrate gender in its HIV/AIDS activities and takes into account gender determined disparities. The program recognizes that HIV and AIDS affects women and men differently and thus attempts to address specific gender issues such as: roles of males and

Activity Narrative: females in mitigating the impact of HIV/AIDS and the vulnerability of males and females to HIV/AIDS.

For ISOPs focusing on creating and strengthening networks of HIV/AIDS-focused organizations, and on becoming future grant-making entities, all-hands monthly meetings to coordinate networking will continue, and individualized technical assistance and trainings on grant-making will be scheduled according to need.

By design, LPCB's purpose is about changing the dynamic of organizational technical assistance by creating a cadre of Zambian service providers that cater to the needs of those who are on the front lines of fighting the HIV/AIDS pandemic. Over the course of the life of the project, we anticipate a network of top-notch local consultants that understand the particularities of the organizations engage in this battle, both in terms of their individual characteristics and as a committed group with specific funding and reporting imperatives. We also hope to have enabled a large number and range of organizations throughout Zambia to become aware of their organizational assets and liabilities, and understand why attention to the health of their organizations is as critical as the substance of the activities they implement. These organizations will more ably identify and scale up good practices, they will better manage and report on their resources, and they will pay attention to the needs of their staff and volunteers. At the heart of the design of LPCB is sustainability. As illustrated earlier, assessment, training, TA and funding activities are structured to utilize ISOP's early in and throughout implementation. The ISOP model will ensure sustainability and build a cadre of Zambian organizations able to provide the same type of Capacity Building services offered by LPCB. In addition, it is expected that some ISOP's will be strengthened to the level that they should become long term USG partners and will be able to play the same grant making role that LPCB is expected to conduct.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14364

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14364	9639.08	U.S. Agency for International Development	Academy for Educational Development	6800	5242.08	Local Partner Capacity Building	$1,730,550
9639	9639.07	U.S. Agency for International Development	Academy for Educational Development	5242	5242.07	Local Partner Capacity Building	$1,125,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11946.09 **Mechanism:** CRS-CDC

Prime Partner: Catholic Relief Services

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 26686.09

Planned Funds: $150,000

Activity System ID: 26686

Activity Narrative: This activity will strengthen the capacity to train more nurses in rural Zambia. In FY 2009 facilities at the Nurse Training School (NTS) at Macha Mission Hospital will be expanded with full-scale introduction of Information and Communication Technologies (ICT) in the NTS environment.

The NTS at Macha operates at a level of 60 students in a two year training program according to the national standards. There are currently 30 graduates from this program per year that are then placed in Zambian health facilities. The aim of this activity is to double the intake by producing 60 graduates per year without increasing the workload on the teaching staff.

In FY 2009 this activity will implement the necessary infrastructure components to make this possible. One component is building two new, fully ICT-equipped classrooms, linked with the internet. The second component is to assure full presence of computers at all school facilities with each connected to the Internet.

With information available any-time and everywhere, a new way of learning will be introduced. The traditional focus on knowledge acquisition with students having many hours of interaction with limited instructors will be augmented with a problem-solving way of learning. ICTs will facilitate continuous learning and encourage students to work in teams with a focus on skills acquisition rather then knowledge acquisition.

Over one hundred (100) computers, all fully connected to the internet will be deployed at the NTS. This assures availability of information resources for every student in the school at all times. Thus the amount of teacher contact hours per student will be lowered with increased self-study using resources on the Internet.

Complete deployment of ICTs will facilitate integration of the SmartCare system at the student level Allow for the use of SmartCare structured clinical protocols, such as those defined for the provision of ART or PMTCT, based on best practices developed with the Zambia program in urban parts of the country like Lusaka where the PMTCT and ART programs have shown remarkable results of improved patient care.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3013.09

Mechanism: CDC Technical Assistance

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3721.26672.09

Planned Funds: $50,000

Activity System ID: 26672

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
The funding level for this activity in FY 2008 will be substantially reduced in FY 2009, reflecting increased reliance in FY 2009 on local partners for the particular systems strengthening activity of equipment acquisition. Otherwise minor narrative updates have been made to highlight progress and achievements.
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 provided expanded support to laboratory informatics and remained responsive to equipment needs in local health offices in targeted provinces. In FY 2008, some of this type of support was no longer optimal or possible through this mechanism, although, specific ongoing technical support for infrastructure enhancement was provided for the Chest Diseases Laboratory (CDL) and the Tropical Diseases Research Center (TDRC) tuberculosis (TB) laboratory. In FY 2009, CDC will continue to 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 frequent supportive supervision visits by CDC staff to active project sites or for CDC to engage other technical support as required, including a growing emphasis in training for systems strengthening. As an instance, in FY 2009 increased use of computer based distance learning methods will employed, building on successful preparation of DVD based training materials in FY 2008. Lastly, as CDC has staff placements at increasing numbers of locations around the country providing direct support and technical assistance (TA) at provincial health offices, there are increasing communication costs supporting dedicated lines to the central offices, in addition to the infrastructure support at these sites (see also CDC-TA under HVSI).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15596

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15596	3721.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7192	3013.08	CDC Technical Assistance (GHAI)	$500,000
9024	3721.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$500,000
3721	3721.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3013	3013.06	Technical Assistance	$300,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11080.09

Mechanism: new USAID health systems strengthening activity

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 26661.09

Planned Funds: [redacted]

Activity System ID: 26661

Activity Narrative: This activity narrative is a draft and will be revised upon the award of the new USAID health systems strengthening activity in FY 2010. Targets will be adjusted based on the actual starting date of the new project. A two-month overlap between current and the new project has been planned to ensure a smooth transition

A new procurement on health systems strengthening to follow the Health Services and Systems Project is being developed and will be awarded in 2009. This will link with the new Strategic Information activity.

The new activity will assist the Ministry of Health (MOH) to strengthen policies and systems that support HIV/AIDS services in general planning, human resource (HR) planning and management. In the area of planning, the activity will support the MOH to produce technical updates for the annual health sector planning meetings based on priorities and objectives of the National Health Strategic Plan. The activity will also facilitate the compilation of a summary of national health priorities integrating information on HIV/AIDS. Furthermore, a desk review of the 72 district and 22 hospital action plans will be conducted to assess the quality of the plans and the extent to which HIV/AIDS services have been incorporated into these plans. District level managers and planners will improve their skills in using data for planning especially as it relates to HIV/AIDS services to ensure efficient use of scarce resources.

In the area of HR planning and management, the activity will support the MOH and the Provincial Health Offices (PHO) to strengthen technical support supervision to districts in HR planning and management. Specifically, 72 district and 22 hospital action plans will be reviewed to determine the level of inclusion of HR requirement. Technical support supervision will be provided to districts that do not comply with the HR planning guidelines. It is expected that the support system for the utilization of HR planning guidelines will be strengthened in all nine PHOs.

To ensure sustainability, this activity will be implemented within the existing Government structures and plans. The activity will support the MOH to provide leadership in planning; thereby, paving the way for the activity's termination. The activity will collaborate with the MOH Planning Unit to strengthen and further decentralize the district planning process. The PHOs will be encouraged to play a stronger role in the review and monitoring and evaluation of their respective district action plans.

All FY 2010 targets will be reached by September 30, 20010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11020.09

Mechanism: TBD

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3719.26670.09

Planned Funds: [redacted]

Activity System ID: 26670

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
The funding level for this activity in this program area for 2009 remains unchanged. Narrative changes include updates on progress made and expansion of activities. The name of the implementing partner has also been changed from 'NASTAD' to more generic terminology.

In FY 2008, the United States Government (USG) supported National Association of State and Territorial AIDS Directors (NASTAD) to coordinate and provide technical assistance (TA) to the Zambia National HIV/STI/TB Council (NAC) to catalyze the flow of information from the district and provincial levels to the central level with a view to improve system-wide planning, and to facilitate the launching of the University of Zambia Monitoring and Evaluation Center of Excellence (UNZA COE). NASTAD worked in partnership with several PEPFAR partners in Zambia including, Support for HIV/AIDS Response in Zambia (SHARe), UNZA COE, and the Joint United Nations Program on AIDS (UNAIDS). The continued goals for FY2009 will be to 1) to strengthen the sector-wide response to HIV/AIDS particularly in management, leadership, policy development and evaluation of HIV/AIDS activities, 2) to facilitate the synthesis and communication of data at national, province and district levels with a view to improve data use for policy and program development, and 3) to strengthen the capacity of the UNZA COE to train local people in monitoring, evaluation and planning.

NAC continues to strengthen multi-sectoral planning and data use efforts with NASTAD working in tandem with SHARe to support Provincial AIDS Coordinating Advisors (PACAs), District AIDS Coordinating Advisors (DACAs), Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs) and Community AIDS Task Forces (CATFs) intensively in refining, prioritizing, resource finding, implementing, and monitoring HIV/AIDS activities. NASTAD's achievements in FY2008 included, facilitating the development of the national HIV/AIDS research bibliography and agenda, providing TA to 20 DATFs, nine PACA's and two PATFs in data quality improvement, Community AIDS Task Force (CATF) formation, training 190 people from eight districts in community-level M&E, facilitating the launching of the UNZA COE business plan, and collaborating with CDC/Zambia to complete the national M&E manual. NASTAD and SHARe continued to work in close collaboration using their unique approaches to maximize appropriate and timely support as well as geographical coverage.

The mechanism (TBD)'s funding for FY2009 will be used to provide on-going technical assistance (TA) to NAC, three PATFs and 25 DATFs in Southern, Lusaka and Western provinces. The focus of the partner's TA is to strengthen the national system for collecting, disseminating and using data to inform the national response to HIV/AIDS. In addition, funding will be used to strengthen the institutional capacity of the UNZA COE. As part of the activities outlined above, the implementing partner will focus its support to NAC to strengthen data utilization and dissemination, evidence-based planning, the use of data to inform policy and prevention and strengthening the community-level response to HIV/AIDS. These activities should allow Zambia to understand its HIV/AIDS epidemic better and use local data to inform policy and HIV/AIDS programs.

The desired mechanism should be uniquely structured to provide intensive, in-depth support to the districts in need over a sustained period of time using a peer-to-peer approach to technical assistance that focuses on building local skills and systems. As a complement to locally coordinated support, the selected implementing partner should build on the experience and peer-to-peer relationships with the PATF and DATFs built by NASTAD, and where the technical expertise has been jointly developed and delivered.

In 2009, the mechanism will continue to provide hands-on technical support to the three PATFs and 25 DATFs in Southern, Western and Lusaka Provinces. In addition, the partner will provide on-going TA to improve the delivery of M&E courses by the UNZA COE and evidence-based planning by the NAC. USG will continue to support the UNZA to become an in-country training and resource center for capacity building in planning, monitoring, and evaluation. In 2008, NASTAD worked closely with UNZA to implement the M&E Centre for Excellence Strategic and business plans for 2007-2011. The business plan outlined an organizational structure, services areas, potential markets, and fee structure to provide planning, monitoring, and evaluation consultation to HIV/AIDS related organizations in Zambia. In 2009, the mechanism will continue working with UNZA to update the M&E training curriculum, launch a visiting scholars program, secure scientific literature for the centre, link the COE with a related program based in the U.S., and facilitate international accreditation of the COE.

In FY 2007, NASTAD placed a full-time technical advisor at NAC to facilitate continuity in TA provision and to assist with the analysis and use of NAC activity reporting form (NARF) data. In FY 2009, an M&E Officer position will continue to be funded through this mechanism to provide on-going TA to NAC. In addition, the mechanism will collaborate with Voluntary Services Overseas (VSO) to place three systems strengthening volunteers within the NAC system to aid the work of PACAs. In total, three PATFs, 25 DATFs, 90 organizations and 300 individuals will receive TA from this mechanism in FY2009, while the remaining PATFs and DATFs will be supported by other PEPFAR partners. In addition, NASTAD will collaborate with SHARe, UNZA COE and NAC to develop policies and procedures for strengthening the performance of DATFs and PATFs in data triangulation, evidence-based planning, community planning, resource mobilization and HIV/AIDS policy development.

USG has been instrumental in facilitating a joint capacity building plan with NAC and the national M&E Technical Working Group to ensure harmonization of capacity building efforts and procedures in Zambia. 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. The sub-committee has developed a very specific plan to ensure an integrated and coordinated implementation plan. In 2008, a countrywide TA plan was implemented in collaboration with NASTAD, SHARe and USG. The new mechanism will provide enhanced support to this collaboration in 2009 by leading key elements of the plan as identified by the various partners.

Targets set for this activity cover a period ending September 30, 2009.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15541	3719.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	7177	3021.08	NASTAD - U62/CCU32459 6	$250,000
9014	3719.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5012	3021.07	NASTAD - U62/CCU32459 6	$200,000
3719	3719.06	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	3021	3021.06	TA- NASTAD	$200,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11665.09

Mechanism: UNZA M&E

Prime Partner: University of Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3720.26671.09

Planned Funds: $100,000

Activity System ID: 26671

Activity Narrative: In 2008, the United States Government (USG) developed a new formal relationship with the University of Zambia's (UNZA) Department of Social Development through the award of this Cooperative Agreement.

This activity is related to National Association for State and Territorial Directors (NASTAD) and SHARe, National AIDS/HIV/STI/TB Council (NAC), and Technical Assistance/Centers for Disease Control and Prevention (CDC).

In addition to activities outlined below, funding is requested for UNZA to provide enhanced support for scholarships, faculty and minor renovations for its monitoring and evaluation (M&E) program. In addition, support for UNZA will be used by the NAC to ensure that M&E capacity needs are met at provincial and district level, to assist with M&E trainings and to assist with implementation of the data systems integration project. Further, since most of the staff working on this program are all part-time, i.e. they divide time between their normal university work and the CDC project. Additional funding will be required to employ on contractual basis a full time project staff to be responsible for the day to day implementation of the project.

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 USG 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 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 to build their skills in critical areas specific to Zambia. The two short-courses ran again successfully during the two University of Zambia's mid-semester breaks in December 2006 and May 2007. In April and May of 2008, the short course was run which saw the graduation of an additional 63 students. Additionally, NASTAD provided technical assistance to UNZA in developing a business plan for 2007 – 2011.

USG Zambia staff will continue to assist in improving the curriculum and plan to provide selected 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 2007/8 so that the training will continue to be mainstreamed into regular graduate and undergraduate programs. 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. Additionally, the senate of the university has also approved the planning monitoring and evaluation course to be offered not on short time basis but to full time students. It will be open to all students in the school of Humanities and social sciences and even those in medicine. This is just the beginning of the sustainability mechanism UNZA has put in place.

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. In FY 2009, UNZA also hopes to renovate their training rooms and offices to make them more attractive to the larger and more diverse audience the program is attracting. The program will also provide targeted training for institutions like the NAC for the development of capacity at the sub-national levels. In 2009, the program will also pilot the M&E Training for Program Managers, an effort aimed at empowering program managers with the basic M&E knowledge and its usefulness in program cycle.

Financial assistance in FY 2009 will be allocated to support participants' tuition fees (on a competitive basis), field project stipends, and acquisition of more teaching materials, including online data resources to support 100 (since main stream students will need resources for the planning monitoring and evaluation semester course) more students, and thereby support at least 50 different local programs and service outlets with capacity building. This will also improve communication and efficiency among many partners creating and using geographic information to monitor and respond to HIV/AIDS. The increase in the funding amount will also cover the hiring and/or assignment of full-time lecturers for the program who can meet the increasing demands of the growing program. Funds will be allocated towards the refurbishment of current training room and offices. It should be noted that the University has an inbuilt system of sustaining programs. To this extent, even where funding stops and the projects wind up, the university will have introduced programs in its system and therefore incorporated as its own and hence guarantee continuity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15574

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15574	3720.08	HHS/Centers for Disease Control & Prevention	University of Zambia	7189	3026.08	UNZA M&E	$150,000
9030	3720.07	HHS/Centers for Disease Control & Prevention	University of Zambia	5018	3026.07	UNZA (New Cooperative Agreement)	$100,000
3720	3720.06	HHS/Centers for Disease Control & Prevention	National Department of Social Development	3026	3026.06	UNZA M&E	$55,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7921.09

Mechanism: UNZA/SOM

Prime Partner: University of Zambia School of Medicine

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 12536.26684.09

Planned Funds: $700,000

Activity System ID: 26684

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

• Have added a more detailed background section to the University of Zambia School of Medicine and the Masters of Public Health Program
• Have added a section on infrastructure development

This activity links with the Master of Medicine (MMed) strengthening program(#), The laboratory infrastructure and antiretroviral nursing certificate program(#), the Diploma in HIV Medicine program(#), the infrastructure development program(#), the male circumcision training center program(#)

This cooperative agreement was undertaken in order to strengthen and upgrade the Master of Public Health (MPH) degree program at the University of Zambia UNZA so as to increase the number of trained public health professionals in Zambia that are capable of effectively tackling the challenges of HIV/AIDS/TB/STI. The overall goal of this agreement is to create a pool of highly trained public health professionals that should be a key national resource in delivering of care, policy formulation and able to carryout public health evaluations (PHE) in HIV/AIDS/TB/STI.

In this regard, this program area focuses on strengthening the quality and scope of the only Master of Public Health degree program offered by University of Zambia (UNZA) School of Medicine (SOM). An average of 30 students graduate from this program annually and they become leaders in public health delivery including policy making in Zambia. The MPH program in the SOM is a major contributor to the human resource development in public health in Zambia. The funding in the program will strengthen the capacity of the local institution in developing its curriculum and necessary human resources that will be involved in HIV/AIDS work.

To ensure sustainability of the capacity building for public health care delivery in TB/HIV/AIDS/STI in Zambia, FY 2009 funding will help UNZA MPH program to develop concentrations in Epidemiology and Biostatistics by supporting student scholarships and faculty in curriculum development, teaching and resources to develop these programs. Developing these concentrations will enable the MPH program to support and train additional HIV/AIDS health professionals with expertise in public health care delivery, policy formulation and public health evaluation methodology, including study designs, data management, statistical analysis & interpretation, scientific writing, communication of health information, and research results to health professionals' policy makers and the general public.

The FY 2009 application is tackling an area which has been identified by the Government Republic of Zambia and SOM as priority. In achieving these objectives, local experts will be utilized to upgrade the curriculum and the teaching in epidemiology and biostatistics, with the contribution of regionally based and international experts so as to strengthen the quality and competencies of MPH graduates who will in turn effectively contribute to the fight against HIV/AIDS/TB/STI. This has a huge bearing on sustainability in that a pool of able local and international experts will be working together to develop a program locally that is relevant to combat HIV/AIDS/TB/STI. The student scholarships that will be provided will not only be useful to facilitate learning, but will be critical in training leaders in health care delivery, management and policy especially in the area of HIV/AIDS/TB/STI care and treatment. Some of the work will be carried out in organizations that are strong and active in providing HIV/AIDS/TB/STI interventions and this will also improve and strengthen partnerships and synergies for not only providing internship opportunities but also for future collaboration. Another area this activity will focus on in FY 2009 is in strengthening the learning-resource unit at the Department of Community Medicine by procuring additional computers for the computer laboratory and strengthening the internet connectivity for the students to access information and peer-reviewed, international medical journals. This brings another dimension of collaboration as it will cement public private initiatives that the University of Zambia is involved in such as the one with a computer company called NECOR. The University has an understanding with the local private computer company to address acquisition of critical resources such as computers. In this arrangement, for every computer bought by the School of Medicine, this company supplies one extra computer at no cost. This kind of partnership has potential to contribute effectively to the success of the FY 2009 collaborative initiatives. With this arrangement, the long term impact of this funding will have a huge bearing in generating knowledge on effective HIV interventions as well as in understanding the dynamics and determinants of HIV transmission. This kind of knowledge will save lives when translated into practice and policy.

The curriculum under these activities will also emphasize management, care and prevention of pediatric AIDS. In addition, prevention and early access to pediatric care will also be strengthened through training of students in the prevention of mother-to-child-transmission program.

Progress made in FY 2008
In FY 2008, activities were delayed mainly due to the administrative set-up of the award but have since been addressed. Working very closely with CDC-Zambia, the project is currently on schedule in implementing all 2008 activities. The activities that have been implemented are as follows;
• Produced a School of Medicine approved curriculum draft document for the concentrations in epidemiology and biostatistics, with emphasis on HIV/AIDS/TB/STI within the MPH program. The final product will be ready for circulation by end of this calendar year, which is three months before commencement of the course.

• Identification of locally based organizations that are strong and active in providing HIV/AIDS/TB/STI interventions and can provide internships for MPH students. This process is still on-going and it is hoped that a sampling frame of eligible organizations will be completed by December, 2008.

By December 2008, an approved curriculum for the concentrations in epidemiology and biostatistics will be ready. In FY 2009, course outlines of at least three courses offered as part of the Epidemiology and Biostatistics concentrations offered to MPH students will be documented. In addition, upgrades to the learning-resource centre as well as broad band internet connectivity will be achieved. Other deliverables

Activity Narrative: include documenting up to 10 students enrolled in epidemiology and biostatistical tracks. Furthermore, we aim at placing at least three MPH students in locally based organizations working in the area of HIV/AIDS/TB/STI in internship positions.

The UNZA SOM is the only medical school in Zambia. Its first admissions were in 1966 when Zambia's population was about 4 million. The school now serves a population of about 12 million and has had very little building improvements since its inception. For many years the school has been confined to operating below levels due to the out-of-date facilities. Additional funds in FY 2009 are being requested to renovate existing facilities to enhance and upgrade the school to produce adequate health manpower to satisfy the health workforce needs for Zambia for optimal health care delivery in combating HIV/AIDS/TB/STIs/Malaria and other health needs. The proposed project will involve renovating the laboratory and existing student lecture theatre to accommodate seating for 180 persons.

The SOM will procure computers for an electronic medical library to enhance availability, accessibility, and utilization of learning resources via internet for medical students. Currently the available medical library does not have adequate seating capacity, textbooks, and journals for the increased number of health professionals in training. With subsequent fiscal year funding, we intend to improve the learning resources in this library as well. These activities will contribute to the PEPFAR goal of increasing training and development of a well trained workforce to reduce the health workforce deficit in PEPFAR funds recipient countries.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15575

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15575	12536.08	HHS/Centers for Disease Control & Prevention	University of Zambia School of Medicine	7921	7921.08	UNZA/SOM	$100,000
12536	12536.07	HHS/Centers for Disease Control & Prevention	University of Zambia School of Medicine	6189	6189.07		$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11091.09

Mechanism: Community Empowerment Through Self Alliance (COMETS)

Prime Partner: Comprehensive HIV/AIDS Management Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 26691.09

Planned Funds: $0

Activity System ID: 26691

Activity Narrative: The new Community Empowerment through Self Reliance Program (COMETS) project is based on a comprehensive community support and project graduation model designed to enhance critical services including HIV Prevention, Counseling and Testing (CT), and the care of Persons Living with HIV/AIDS (PLWHA) and Orphans and Vulnerable Children (OVC). COMETS is designed to release the latent capacity of rural communities for self-help in these service delivery areas, so as to optimize self-reliance in the promotion of sustainability. COMETS seeks to empower the communities to better negotiate vertically in the health care delivery system for the assured delivery of quality services and commodity supplies.

In FY09, COMETS will expand the two existing GDA's to 12 private sector partners in the mining and agribusiness sectors. The GDA partner workplace programs will enhance and strengthen the rural response to the HIV/AIDS epidemic in underserved rural communities. COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units (MHU) will accelerate the obtainment of national roll-out goals in HIV prevention, CT services and the care and treatment of PLWHA for the assured delivery of quality services and commodity supplies.

COMETS will provide support to local communities through a multi-pronged capacity building process that includes the provision of technical support, training, sub grants for HIV prevention and care, and the establishment of long-term community learning resources. COMETS Mobile HIV Units will accelerate the obtainment of national roll-out goals in CT services and the care and treatment of PLWHA. COMETS will focus on the identified GDA partner community population living within the catchment area of a rural health centers as identified by the MoH's District Health Office (DHO). The size of such communities feeding into a RHC typically ranges between 5,000 and 15,000 individuals.

COMETS will implement a sub grant mechanism to support the HIV activities of the GDA partners, FBOs and CBOs operating within the rural communities. The capacity of community coalition to manage the sub grant review and recommendation process will be developed and applications receiving recommendation will come from the community.
COMETS will strengthen local partnerships, reinforcing both vertical and horizontal linkages, providing technical advice and support to the community in implementing community-level training and M&E activities, maintaining the Community Learning Centre, and developing the community's capacity to raise funds to sustain local activities beyond the life of COMETS.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3043.09

Mechanism: Twinning Center

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3741.27272.09

Planned Funds: $300,000

Activity System ID: 27272

Activity Narrative: All activities are continuing and relate to activities in Health Systems Strengthening (OHSS).

Activity One: Expand Learning Resource Centers to three additional sites in Zambia

FY 2006-2008 Review
This activity is a continued activity from 2006 and 2007 when the American International Health Alliance HIV/AIDS (AIHA) Twinning Center established a Learning Resource Center at Maina Soko Military Hospital and the Defence Force of Health Sciences (DFHS). Initial and subsequent workshops were conducted at Maina Soko and DFHS to ensure staff were properly trained on evidence-based learning through the use of the Internet and ongoing support was established through distance learning.

In 2008, AIHA Twinning Center proposed to expand the Learning Resource Center to three additional military hospitals in Zambia. Due to ZDF restrictions on access to their military bases by non-Zambian military personnel, AIHA's activities were delayed. AIHA will include this Learning Resource Center (LRC) roll-out component in 2009 activities, but will slightly alter this activity to reflect the most urgent needs at the military hospitals. In addition to the LRC component, AIHA will work with LRC staff at Maina Soko and DFHS to increase access to and scale up facility services, medical records, and libraries within the LRC itself.

FY 2009 Proposed Activities
In 2009, AIHA will continue to work on the 5 identified LRCs and will focus on two major components. One component is to roll out the LRC established at the Maina Soko and the Nursing school to 3 additional camp hospitals managed by the Zambian Defense Force. Funding will support the following activities in 3 camp hospitals including the establishment of the resource centre, Internet, and resource materials. The staff will be trained in evidence-based medicine to enable them to use current medical information to treat their clients. This program will operate in 4 provinces in Zambia and will train 30 staff members in 3 hospitals and will benefit the staff and patients accessing services in these camp hospitals.

AIHA will engage Zambia LRC staff as appropriate in providing training and mentoring on the roll out of the Smartcard electronic medical record system. The Maina Soko LRC staff has experience in providing training on data entry into the Smartcare system and could share their experiences in implementing the system at Maina Soko. AIHA will coordinate its involvement in the Smartcare rollout closely with CDC, Jhpiego, and other stakeholders as appropriate.

The second component of this activity is to support the establishment of the telephonic medical consultation lines in the 3 Camp Hospitals to be connected to Maina Soko Hospital as a tertiary and teaching hospital for the ZDF. The three Camp Hospitals that will be involved in this pilot will be selected through consultation with ZDF and DOD. This consultation line is meant to support the junior medical staff during their patient consultations so that they are able to identify and manage minor illnesses without referring patients to Maina Soko. The medical staff will be guided on both diagnosis and management of clients. The funds will support the establishment of this line through a twinning partnership with a US-based institution. The US-based institution will be identified through consultation with DOD and ZDF. The funds will support exchange visits between the partners, appropriate equipment and setting up of the sites to initiate and respond to queries made by the Camp Hospitals. The funds will also support training of the staff in initiating and responding to the queries. In addition, funds will also be used to buy any additional equipment needed to ensure that the responses are timely and the necessary documentation is of good quality and can be received on both ends. This activity will reduce the number of HIV patients referred to Maina Soko and will increase the confidence, knowledge and skills of medical staff at 2 Camp Hospitals in managing the needs of their clients. This activity will train 30 staff in 4 Hospitals (Main Soko and 3 Camp Hospitals).

Activity Two: Providing Technical Assistance to Project Concern International (PCI)

FY 2006-2008 Review
AIHA worked with PCI to provide technical assistance to the mobile health units. AIHA Twinning Center recruited the assistance of a consultant specializing in VCT who worked with PCI to help organize the mobile unit staff and specifications, job descriptions, needs. The consultant travelled with PCI staff during a routine visit to Northern provinces in Zambia and during the course of seven days, over 1200 individuals were tested. When the counselors returned to Lusaka the consultant conducted a follow-up training for 25 PCI staff members.

FY 2009 Proposed Activities
In 2009, AIHA will continue interacting with PCI and the mobile unit to strengthen the operations and AIHA will provide a consultant to assess and improve monitoring. AIHA will logistically coordinate travel for the consultant's travel to Zambia to conduct refresher training with the mobile unit core team including technical assistance for data collection and monitoring systems. As well AIHA will facilitate, coordinate, and manage the exchange program of 5 VCT counselors to the US where they will have the opportunity to work with mobile VCT providers in the States

AIHA Twinning Center Methodology
AIHA will work closely with the sub-partners to ensure that the activities of the program objectives and targets are met. AIHA will ensure partnership objectives are met and within the partnership budget and will also provide management and technical assistance to the partners. AIHA will manage all funding and will conduct on-site monitoring to provide technical assistance and ensure that the objectives are implemented.

AIHA's Twinning Center will also leverage private sector in kind contributions including books and other materials needed to sustain the organizational development of the programs. To establish a sustainable program, AIHA will work with a sub-partner to ensure that they provide ongoing support and mentoring and will also identify local stakeholders that will provide ongoing technical assistance to partners. The contributions of institutional twinning partnerships usually double the value of the initial funding contribution.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15610

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15610	3741.08	HHS/Health Resources Services Administration	American International Health Alliance	6799	3043.08	Twinning Center	$300,000
8810	3741.07	HHS/Health Resources Services Administration	American International Health Alliance	4945	3043.07	Twinning Center	$75,000
3741	3741.06	HHS/Health Resources Services Administration	American International Health Alliance	3043	3043.06	Twinning Center	$150,000

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $12,423,395

Program Area Narrative:

Achievement of PEPFAR goals in FY 2009 -- and over the next five years is highly dependent on adequate staffing not only within the host government structures and U.S. partners in Zambia, but also within the five U.S. agencies at Post that administer, manage, and implement PEPFAR programs. As of October 2008, the U.S. Mission Team has a total of 135 positions working a minimum of 30% effort on HIV/AIDS; of this number, 134 work full-time on PEPFAR activities and programs. All but 8 of these are currently filled and recruitment is underway to fill the vacant positions.

Consensus, collaboration, and frank discussion characterize the team Zambia approach. Thus, many important core strengths are shared across agencies or handled in a cooperative, interagency/section fashion. Examples of these core strength collaborations include:

- State and USAID promote and support advocacy for and create enabling environments for the formulation and implementation of policies and legislation that support quality HIV/AIDS services, protect persons made vulnerable by HIV/AIDS, and reduce stigma

and discrimination;

- Peace Corps and State administer PEPFAR-funded and targeted small grant programs;

- DOD builds modern health care facilities, particularly laboratories, to benefit the military and surrounding communities in high priority areas; CDC provides equipment to the facilities and training for the staff;

- USAID develops and implements innovative, effective programs and community interventions that provide care and support to orphans and vulnerable children (OVC), their caregivers, and families and that care for people living with HIV/AIDS, particularly through home-based and hospice care; while DOD, in partnership with USAID, serves OVC in and near military sites;

- Peace Corps broadens the reach of volunteers through linkages with CDC and USAID partners, broadening the reach of the volunteers; and,

- USAID and CDC provide, manage, and advise on acquisition and assistance mechanisms.

All PEPFAR agencies at post work closely with host government to: quantify projections for HIV/AIDS drugs, commodities and supplies; procure U.S. contributions; build effective logistic management systems; and collaborate with local and international partners to support prevention and health service delivery efforts. In close collaboration, all five U.S. agencies develop and use systems, processes, and tools to ensure the collection and analysis of data to monitor funding and performance while they improve the quality and availability of human resources (whether government, private, NGO or military) addressing HIV/AIDS. Consolidating the U.S. reporting into one format using the Zambia Partners Reporting System has enabled the interagency Strategic Information Subcommittee to streamline reporting.

Specific agencies have unique expertise and abilities that translate into core strengths:

HHS/CDC
- Provides direct technical and financial assistance to multiple national GRZ institutions in support of HIV/AIDS and other public health programs;
- Undertakes and provides technical assistance in the development and implementation of public health evaluations; and,
- Contributes academically rigorous, peer-reviewed scientific and technical advice drawing on its extensive experience in public health response, information systems, monitoring and evaluation, surveillance, epidemiology, laboratory strengthening, disease prevention and control.

USAID
- Builds capacity of public and private sector staff to improve and sustain the delivery of quality HIV/AIDS clinical services at all levels (national to facility);
- Fosters strong responses to HIV/AIDS through non-governmental, faith-based, community-based, and private sectors and through wraparound approaches for prevention, care and treatment in the home, community, workplace, and public and private clinical settings;
- Builds financial, management, and programmatic capacity of government, civil society, faith-based, and the private sector institutions and organizations involved in HIV/AIDS service delivery; and,
- Cultivates partnerships with the private sector to leverage additional financial and in-kind resources through Global Development Alliances and public-private partnerships;

Peace Corps
- Resides and works in local communities, implements programs directly to targeted groups;
- Integrates prevention programs into grass roots food security, income generation, health and education projects; and,
- Provides a broader reach to youth through the work of volunteers.

U.S. Department of Defense – DOD
- Provides dynamic prevention, treatment and care programs;
- Serves as sole PEPFAR liaison to the Zambian military and Zambia Defense Forces Medical Services; and,
- Has construction expertise.

U.S. State Department
- Negotiating agreements with ministries, NAC, and other GRZ entities
- Lobbying ministries and parliament for policy change
- Public diplomacy and outreach
- Interagency coordination and management

BEST PRACTICES IN INTERAGENCY COORDINATION
The success of the Zambia PEPFAR team lies in the overlapping and complementary core strengths of the participating agencies. During our first five years of PEPFAR the team developed several best practices that guide our interagency coordination and ensure we speak and act as "one USG."

First, interagency coordination is led by the PEPFAR Coordination Office within the Department of State (State). State serves as overall liaison with the Government of the Republic of Zambia (GRZ) and donors on PEPFAR at the highest level. In addition, State provides leadership in providing policy, strategic, and budgetary guidance for achieving the goals outlined in the U.S. strategy on HIV and AIDS in Zambia. Finally, State leads and coordinates public affairs around PEPFAR to better inform the

American people about PEPFAR and to enhance awareness of PEPFAR in Zambia.

The Coordinator chairs weekly meetings of all interagency staff working on PEPFAR. These meetings: coordinate interagency process; communicate and clarify policy, guidance, and other updates from OGAC; share technical information from the TWGs; plan and execute strategies to manage near-term issues, and

In 2009, the PEPFAR Coordination Office will be fully staffed to lead these coordination activities. The PEPFAR Coordinator will lead a staff of five, including the PEPFAR Program Manager, Finance and Operations Officer, Development Outreach Coordinator, PEPFAR Small Grants Coordinator, and PEPFAR Administrative Assistant. In addition to five staff in the PEPFAR Coordination Office, the PEPFAR Monitoring, Reporting and Planning Advisor is hired through USAID. Further detail on the Coordination Office is located within the HVMS activity narrative for the Department of State.

Second among our established best practices are the two high-level groups that oversee PEPFAR: 1) Interagency Country Team, and 2) PEPFAR Steering Committee. Country Team meets weekly to make programmatic and operational decisions to ensure a coordinated U.S. MISSION IN ZAMBIA HIV and AIDS program and to strengthen the collaboration between the GRZ and U.S. on HIV/AIDS. The PEPFAR Steering Committee includes the DCM, USAID Country Director, CDC Country Director, Peace Corps Country Director, and Defense Attaché. The Committee makes strategic decisions on the direction and potential impact of U.S. support in HIV/AIDS. These two structures help to set priorities, manage resources, and ensure uniform PEPFAR messaging to cooperating partners and the GRZ.

Third is our system of interagency Technical Working Groups (TWGs). Standing TWGs include 8 subject matter groups and 7 cross-cutting groups. The subject matter groups include: 1) Prevention of Sexual Transmission; 2) Medical Transmission; 3) PMTCT and Pediatric ART; 4) Adult ART; 5) Basic Health Care and Support; 6) TB/HIV; 7) OVC; and 8) Counseling and Testing. The cross-cutting TWGs include: 1) New Partners Initiative; 2) Strategic Information; 3) Management and Staffing; 4) Systems Strengthening; 5) Food and Nutrition; 6) Laboratory; and 7) Male Circumcision. In addition to the in-country TWGs, several members of the Zambia team participate in the OGAC TWGs and share information with the broader PEPFAR team in Zambia. The Zambia PEPFAR Interagency Team also creates ad hoc working groups to respond to important issues as they arise.

In addition, an interagency Management and Staffing Technical Working Group (M&S TWG) was formed to begin the SFR process, led by the PEPFAR Coordination Office. The M&S TWG mapped existing staffing and operational structures and began discussions on potential staffing gaps across agencies. Recruitment has been challenging for key positions, resulting in few qualified applicants. Qualified potential recruits have declined applying for these critical positions, as known work requirements in PEPFAR focus countries are too demanding. Recruitment will continue to be a challenge.

STAFFING FOR RESULTS
As required as a deliverable for the FY 2009 Country Operational Plan (COP), the U.S. Mission in Zambia PEPFAR team conducted the Staffing for Results (SFR) exercise to document how the current PEPFAR structure is operating across the five participating U.S. agencies and how we have worked together successfully over the past four years. SFR in Zambia is being approached as a flexible tool to inform U.S. Mission in Zambia strategic process on management and staffing. The overall vision of SFR in Zambia is to document how the PEPFAR team has worked successfully over the past four years, and to help inform how to better enhance coordination across agencies. The SFR is not intended to establish an immutable staffing structure nor is it intended as a tool for Washington to determine the appropriate staffing configuration for Zambia. This will be used as an internal document to help guide decisions as PEPFAR evolves and as key staff transition.

The U.S. Mission in Zambia PEPFAR team views the SFR as a fluid process. Implementation of SFR will be continuous over the coming years, taking into account the planning necessary for the new embassy compound plans that have already begun. The construction of the new embassy compound (NEC), which will house four of the five PEPFAR agencies, is scheduled to begin in 2008 with expected completion in 2010. The co-location and management consolidation that will coincide with the move to the NEC will significantly influence the structure of SFR in Zambia.

MANAGEMENT & STAFFING BUDGET
The total planned spending on management and staffing for FY 2009 is $12,566,908, or 5.3 percent of the total planned budget for the year.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID:	12224.09	**Mechanism:**	TBD
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Budget Code:**	19
Activity ID:	29783.09	**Planned Funds:**	
Activity System ID:	29783		

Activity Narrative: Hiring consultants for approximately 12 months to coordinate efforts between the GRZ, Cooperating Partners (CP's), National Aids Council (NAC), Ministry of Health (MOH) and the PEPFAR Coordinator's office in thHiring consultants for approximately 12 months to coordinate efforts between the GRZ, Cooperating Partners (CP's), National Aids Council (NAC), Ministry of Health (MOH) and the PEPFAR Coordinator's office in the design and approval of the Partnership Framework. The GRZ's national health strategy expires at the end of 2010; the PF will need to nimbly span the current and subsequent health strategy. e design and approval of the Partnership Framework. The GRZ's national health strategy expires at the end of 2010; the PF will need to nimbly span the current and subsequent health strategy

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 12220.09

Mechanism: Partnership Framework

Prime Partner: To Be Determined

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 29782.09

Planned Funds:

Activity System ID: 29782

Activity Narrative: This activity will fund the necessary working conferences with GRZ and cooperating partners in Partnership Framework design and implementation relating to the below activies. The activies below are funded under a different mechanism.

Hiring consultants for approximately 12 months to coordinate efforts between the GRZ, Cooperating Partners (CP's), National Aids Council (NAC), Ministry of Health (MOH) and the PEPFAR Coordinator's office in the design and approval of the Partnership Framework. The GRZ's national health strategy expires at the end of 2010; the PF will need to nimbly span the current and subsequent health strategy.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11510.09

Mechanism: OGHA

Prime Partner: Office of the Secretary

USG Agency: HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 19502.28100.09

Planned Funds: $163,558

Activity System ID: 28100

Activity Narrative: Under the leadership of the Ambassador, the U.S. Embassy (Department of State) will continue to serve as the coordinating body of PEPFAR. In FY 2009, the PEPFAR Coordination Office will be comprised of six full-time staff that will manage the State PEPFAR programs and coordinate the overall USG effort. The Office will be led by the PEPFAR Coordinator, a GS civil service appointee supported by the HHS/Office of Global Health Affairs mechanism; other PEPFAR Coordination Office staff are described in HVMS #3359 and #3725.

The PEPFAR Coordinator serves as the Ambassador's and Deputy Chief of Mission's principal advisor on PEPFAR. This Coordinator also 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 $269M+ 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 will be funded 100% through PEPFAR funds in FY 2009; salary and benefits will be supported by this mechanism, and travel, training, and other administrative costs will be supported by the Department of State mechanism providing administrative support to the PEPFAR Coordination Office (HVMS #3359)

New/Continuing Activity: Continuing Activity

Continuing Activity: 19502

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19502	19502.08	HHS/Office of the Secretary	Office of the Secretary	8702	8702.08	OGHA	$348,558

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11950.09

Mechanism: State ICASS

Prime Partner: US Department of State

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 26858.09

Planned Funds: $80,000

Activity System ID: 26858

Activity Narrative: This activity has been modified as follows: The planned funding amount has been increased from $40,000 in FY 2008 to $80,000 in FY 2009.

In FY 2009, the Department of State is requesting $80,000 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 $80,000 will support six full-time staff, including the PEPFAR Coordinator and Small Grants Coordinator. Examples of services include use of motorpool, security, computer and systems support, administrative and procurement services, customs/shipping assistance, and financial management services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8140.09

Mechanism: CDC/ITSO

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18055.26689.09

Planned Funds: $366,000

Activity System ID: 26689

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), National HIV/AIDS/STI/TB Council (NAC) and other partners for HIV/AIDS and tuberculosis programs. With the rapid scale-up of PEPFAR activities over the last four years, the staff and infrastructure of CDC-Zambia have continued to grow to support these activities. At the end of Fiscal Year (FY) 2007 CDC-Zambia consisted of 42 individuals, and staffing is projected to reach 49 by the end of FY 2008. CDC-Zambia has offices in four provinces throughout the country (Lusaka, Southern, Western, and Eastern), and four office spaces within Lusaka (US Embassy, Leased Agency Space, Chest Diseases Laboratory (CDL), and University Teaching Hospital (UTH). The information technology needs of CDC-Zambia require that all staff members located at these various sites be supported through appropriate hardware, software, and networking structures.

For FY 2009 CDC-Zambia will continue to purchase the required information technology support package that CDC-Atlanta has designed. The CDC Information Technology Services Office (ITSO) in Atlanta has established a support cost at each CDC Country Office for FY 2009 to cover the cost of Information Technology Infrastructure Services and Support provided by ITSO. This includes the funding to provide base level of connectivity for the primary CDC office located in each country and connecting them into the CDC Global network, keeping the IT equipment located at these offices refreshed or updated on a regular cycle, funds for expanding the ITSO Global Activities Team in Atlanta as well as fully implementing the ITSO Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for the country office.

The requested amount for FY 2009 is based on an 18% cost allocation for services in Zambia. This is a percentage of the total requirement for the five designated Eastern and Southern African offices. It also includes the estimated cost of internet connectivity and hardware and software requirements.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18055

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18055	18055.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8140	8140.08	CDC/ITSO (GHAI)	$253,500

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11163.09

Mechanism: State

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 3359.26867.09

Planned Funds: $810,000

Activity System ID: 26867

Activity Narrative: This activity has been modified as follows: The planned funding amount has been increased from $730,000 in FY 2008 to $810,000 in FY 2009.

Under the leadership of the Ambassador, the U.S. Embassy (Department of State) will continue to serve as the coordinating body of PEPFAR. In FY 2009, the PEPFAR Coordination Office will be comprised of six full-time staff that will manage the State PEPFAR programs and coordinate the overall USG effort: 1) PEPFAR Coordinator; 2) State Project Manager (LES); 3) Ambassador's Small Grants Coordinator (EFM); 4) Finance and Operations Officer (EFM); 5) Development Outreach Communications Officer (LES); and 6) an Administrative Assistant (LES). The description of the PEPFAR Coordinator is included in HVMS #NEW (HHS/OGHA), and the Small Grants Coordinator is included in the Small Grants activity narrative under Orphans and Vulnerable Children, (#3725).

The PEPFAR State Project Manager position was created in FY 2006 to manage all PEPFAR programs administered by State, which amounts to approximately $1M 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 Small Grants Coordinator will be supported 100% through PEPFAR funds in 2009. The description of this position is included in the Small Grants activity narrative, activity ID 3725.

The PEPFAR Finance and Operations Officer is a new position which was added in FY 2009. This is a full-time EFM position responsible for overseeing the State budget expenditures and planning and will assist with overall PEPFAR Coordination Office management, including monitoring USG country budget allocations. This position will serve as the point of contact for all USG reprogramming.

The PEPFAR Development Outreach Communications Officer (DOCO) works with the Public Affairs Section on the implementation of PEPFAR programs and public affairs related to PEPFAR activities. This position also works with the Mission to achieve PEPFAR goals by producing and disseminating information about PEPFAR's activities to the host country government, host country press and media, and through them to the public. The DOCO also compiles success stories for the Mission.

The PEPFAR Administrative 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 all six 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. The State Management and Staffing budget also includes funding to support public affairs and diplomacy activities conducted by the Public Affairs Section and the Ambassador's Office.

ICASS has been described in a separate activity narrative.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18265

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18265	3359.08	Department of State / African Affairs	US Department of State	7619	1174.08	State	$828,148
9584	3359.07	Department of State / African Affairs	US Department of State	5222	1174.07	State	$330,000
3359	3359.06	Department of State / African Affairs	US Department of State	2826	1174.06		$329,255

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8702.09 **Mechanism:** OGHA

Prime Partner: Office of the Secretary **USG Agency:** HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 19502.26502.09

Planned Funds: $0

Activity System ID: 26502

Activity Narrative: This activity is NEW for COP 2009.

Under the leadership of the Ambassador, the U.S. Embassy (Department of State) will continue to serve as the coordinating body of PEPFAR. In FY 2009, the PEPFAR Coordination Office will be comprised of six full-time staff that will manage the State PEPFAR programs and coordinate the overall USG effort. The Office will be led by the PEPFAR Coordinator, a GS civil service appointee supported by the HHS/Office of Global Health Affairs mechanism; other PEPFAR Coordination Office staff are described in HVMS #3359 and #3725.

The PEPFAR Coordinator serves as the Ambassador's and Deputy Chief of Mission's principal advisor on PEPFAR. This Coordinator also 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 $269M+ 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 will be funded 100% through PEPFAR funds in FY 2009; salary and benefits will be supported by this mechanism, and travel, training, and other administrative costs will be supported by the Department of State mechanism providing administrative support to the PEPFAR Coordination Office (HVMS #3359)

New/Continuing Activity: Continuing Activity

Continuing Activity: 19502

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19502	19502.08	HHS/Office of the Secretary	Office of the Secretary	8702	8702.08	OGHA	$348,558

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5669.09

Mechanism: USAID/Zambia IRM Tax

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 10984.26615.09

Planned Funds: $234,000

Activity System ID: 26615

Activity Narrative: In FY 2009, USAID/Zambia will pay an estimated $60,000 USD 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. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14435

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14435	10984.08	U.S. Agency for International Development	US Agency for International Development	6837	5669.08	USAID/Zambia IRM Tax	$1,060,000
10984	10984.07	U.S. Agency for International Development	US Agency for International Development	5669	5669.07	USAID/Zambia IRM Tax	$48,304

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5670.09

Mechanism: USAID/Zambia ICASS

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 10983.26616.09

Planned Funds: $174,000

Activity System ID: 26616

Activity Narrative: In FY 2009, ICASS will support 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 for ICASS services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14436

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14436	10983.08	U.S. Agency for International Development	US Agency for International Development	6838	5670.08	USAID/Zambia ICASS	$200,000
10983	10983.07	U.S. Agency for International Development	US Agency for International Development	5670	5670.07	USAID/Zambia ICASS	$180,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3079.09

Mechanism: USAID Mission Management and Staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 3787.26617.09

Planned Funds: $4,721,537

Activity System ID: 26617

Activity Narrative: The requested funding covers 24 full-time, 3 pro-rated time staff dedicating more than 50% FTE, and 6 pro-rated dedicating less than 50% FTE that supports the Emergency Plan. This includes US Direct Hires, Foreign Service Limited positions, US Personal Services Contractor (US PSC), and Foreign Service National (FSN) staff. USAID management and staffing costs include: salaries, allowances and benefits, training/workshops/conferences, travel and per diem, office supplies, furniture and equipment, and support for periodic technical assistance. Positions dedicated full-time to work on the Emergency Plan include: PHN Director (SO7), USPSC HIV/AIDS Multisectoral Team Leader (SO9), USPSC Senior HIV/AIDS Technical Advisor (SO7), FSN Deputy Team Leader (SO9), FSN HIV/AIDS Human Rights and Advocacy Specialist (SO9), FSN HIV/AIDS OVC and Youth Technical Advisor (SO9), USDH FSL HIV/AIDS Food and Nutrition Advisor (SO9), USPSC PEPFAR Planning, Monitoring and Reporting Advisor (SO9), FSN Administrative Assistant (SO9), the FSN HIV/AIDS Program Specialist (SO7), and the FSN Field Monitor (SO9). 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 funded through the Emergency Plan include: a full-time USDH Contracting Officer, the FSN Acquisition & Assistance Specialist, FSN Financial Analysts and Accountants (providing additional support in this area), FSN Budget Analyst, FSN Monitoring and Evaluation Specialist (50% FTE), FSN Computer Application Assistant, FSN Procurement Supervisor, FSN Supply Clerk, FSN Drivers, FSN Development Outreach and Communication Officer (40% FTE) and logistics support costs for a USDH Program Development Officer.

The USAID/Zambia works under the Ambassador and DCM and in close collaboration with the PEPFAR Coordinators Office, CDC, DOD, Peace Corps, and State Department. USAID/Zambia management and program staff actively participates on the policy group, USG technical working groups, forums and sub-committees to ensure well coordinated efforts across agencies, to reduce duplication and gaps, and to contribute technically to the overall program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14437

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14437	3787.08	U.S. Agency for International Development	US Agency for International Development	6839	3079.08	USAID Mission Management and Staffing	$5,434,450
9191	3787.07	U.S. Agency for International Development	US Agency for International Development	5070	3079.07	USAID Mission Management and Staffing	$4,536,373
3787	3787.06	U.S. Agency for International Development	US Agency for International Development	3079	3079.06	USAID/Zambia Mission Management and Staffing	$2,627,829

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3028.09

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 3724.26027.09

Planned Funds: $465,300

Activity System ID: 26027

Activity Narrative: Peace Corps/Zambia (PC/Z) serves as both a USG PEPFAR partner and an implementing partner, with programs in HVAB, HVOP, HBHC and OHSS. PC/Z's Management and Staffing program area includes the salary, benefits, anticipated travel and training costs for three full-time contract staff that support Volunteers working in these program areas. In addition there are salary, benefits and anticipated travel for a Program Manager, two Program Assistants and a driver under the HVAB, HVOP and HBHC 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 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 Zambia USG PEPFAR team. The Director is also responsible for the design and implementation of an intensive HIV/AIDS training curriculum for 120 additional Volunteers funded by Peace Corps who will then incorporate HIV/AIDS work into their projects in health, education, environment and food security.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16362

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16362	3724.08	Peace Corps	US Peace Corps	7425	3028.08	Peace Corps	$445,400
9631	3724.07	Peace Corps	US Peace Corps	5239	3028.07	Peace Corps	$300,000
3724	3724.06	Peace Corps	US Peace Corps	3028	3028.06		$120,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5681.09

Mechanism: ICASS Defense Attache Office Lusaka

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 10994.24846.09

Planned Funds: $45,000

Activity System ID: 24846

Activity Narrative: DOD has included ICASS costs for FY 2009 to support three members of staff in their PEPFAR office. These ICASS charges go to shared services such as general services: non-expendable property (warehouse), expendable supplies, leasing, motor pool, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14637

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14637	10994.08	Department of Defense	US Department of Defense	6893	5681.08	ICASS Defense Attache Office Lusaka	$30,000
10994	10994.07	Department of Defense	US Department of Defense	5681	5681.07	ICASS Defense Attache Office Lusaka	$30,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3050.09

Mechanism: DoD - Defense Attache Office Lusaka

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 3746.24844.09

Planned Funds: $355,000

Activity System ID: 24844

Activity Narrative: In FY 2005, Department of Defense (DOD) created two positions to be responsible for all DOD funded PEPFAR activities at Embassy Lusaka. The two positions were 1) Program Manager and 2) Program Coordinator. An additional member of staff was recruited called a Program Officer to mitigate the increase of duties and activities in the program. The program is under the direction and leadership of the Defense Attaché at post. The program staff works very closely with the Zambia PEPFAR country team and other stakeholders. A key government partner is the Defense Force Medical Services under the Zambia Defense Forces.

The DOD PEPFAR Program Manager oversees the overall program which covers activities in almost all program areas and has three partners implementing programs directly with the host government military. The major duties of the manager include serving as the Defense Attaché Office's (DAO) principal advisor on HIV/AIDS military programs in Zambia, providing support for Post's PEPFAR Committee and Post's PEPFAR advisory group, representing DOD PEPFAR programs and liaising with the Government of Zambia, other donors and USG implementing partners for coordination, information sharing and other administrative issues. The Manager is also responsible for overseeing partners working with the Defence Force Medical Services (DFMS) and these are Project Concern International (PCI), American International Health Alliance (AIHA) and Jhpiego. The manager is also responsible for the monitoring and evaluation and financial management of the program and interacts closely with the Finance Office at post as well as the Defense HIV/AIDS Prevention Program (DHAPP) in San Diego. The Manager sits on various in country technical working groups TWGs as a DOD representative. This position supervises the DAO PEPFAR Project Coordinator and Program Officer.

The Project Coordinator is responsible for logistics and administrative support as well as contribution to assessment, planning and monitoring of the DOD program. The coordinator also acts as a primary contact for DOD funded infrastructure development program, plans and coordinates the projects with the Contracting Officers at the Regional Procurement Support Offices (RPSO) and interacts closely with the building experts at Ministry of Works and Supply (MOWS). The coordinator also facilitates the procurement of furniture and medical equipment for the sites and all office supplies and monitors the construction budget and provides feedback. The coordinator also sits on various in country technical working groups to represent DOD funded activities.

The Program Officer was hired in February 2008, and is responsible for the clinical programs that DOD is implementing. The officer also serve as an additional resource for M&E support and is responsible for overseeing, monitoring and provides technical support to the program. The officer is also responsible for conducting regular quality assurance checks and monitoring partner activities. The program officer contributes to assessment, planning, monitoring and evaluation of the DOD program. M&E support will involve assessment of tools that partners use to collect data and visitation of ZDF medical services facilities. The officer also sits on various in country technical working groups to represent DOD funded activities.

The management budget covers salaries, administrative costs such as communication, printing and other material costs, vehicle maintenance, office equipment, and travel costs including international travel (for training, meetings and conferences), Core Team travel, and local travel (assessment, M&E and supervisory visits). The funding also covers per-diem and other logistical supports for the MOWS and the coordinator in a process of assessment, reviewing, M&E, and quality assurance of the construction sites. The use of the MOWS technical expertise enables a substantial cost savings in comparison with using contracted or USG labor. This also ensures that all structures are added to the Government pool and are catered for future maintenance and expansion plans if necessary.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14635

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14635	3746.08	Department of Defense	US Department of Defense	6891	3050.08	DoD - Defense Attache Office Lusaka	$370,000
9095	3746.07	Department of Defense	US Department of Defense	5031	3050.07	DoD - Defense Attache Office Lusaka	$520,000
3746	3746.06	Department of Defense	US Department of Defense	3050	3050.06		$550,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3104.09

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 Budget Code: 19

Activity ID: 3617.26311.09

Planned Funds: $2,914,000

Activity System ID: 26311

Activity Narrative: This narrative describes the CDC Zambia Management and Staffing (M&S) needs for both GHCS and GAP funds.

The United States Government (USG) Zambia team's M&S goal, through the CDC office in Zambia, is to have sufficient staff for FY 2009 to provide more technical and programmatic oversight and assistance to all implementing partners in Zambia. The CDC M&S budget in FY 2009 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in the Zambia. Zambia is a land-locked country surrounded by eight other countries. It is divided into nine provinces and 72 districts. It is estimated that over 70 local languages exist. This geographical and ethnic diversity influences the USG staffing needs to provide monitoring of the extensive PEPFAR activities. Direct country project officer oversight at CDC Zambia is in place for 34 implementing partner cooperative agreements covering activities in 15 technical program areas. Ten additional contracts and task orders are also in place for specific management and operational requirements.

To achieve the goals of effective technical assistance (TA) to the Government of the Republic of Zambia (GRZ) and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Zambia has planned for full staffing at 55 positions in FY 2009, an increase of two local positions from the 53 staff approved in the 2008 COP. Presently, 49 approved positions have been filled or are awaiting security clearance. CDC is currently recruiting for the remaining four positions.

In FY 2009, the CDC staffing plan includes six United States Direct Hire (USDH) that are comprised of the Chief of Party, Deputy Director, Chief of Epidemiology and Strategic Information, Chief of Laboratory Infrastructure, Senior Epidemiologist for Operational Research, and Public Health Advisor. One new USDH position was sought and approved in COP 2008. A further breakdown of total staff requested includes 32 technical locally engaged and contract staff, three program management staff, and 14 locally engaged administrative support staff, including seven drivers including those in the field offices. In the attached supporting documents a full USG PEPFAR Zambia organizational chart is attached. The specific disciplines of technical staff were determined through an interagency staffing for results process that allows for complementary staffing across agencies. While some technical positions in program areas are duplicative for agencies, that duplicity is based on the total size of FY 2009 PEPFAR programming and the minimum time required to adequately monitor the field work of partners and provide technical assistance to the GRZ.

M&S costs are inclusive of rent for offices and warehouse space, utilities, office operational costs, office equipment, travel for M&S staff, training for M&S staff, relocation costs of four USDH positions expected in FY 2009, residential leases and post allowances for six USDH positions, security services for offices, fuel, and increased communications costs related to staff growth. Operational costs for three field offices within the provincial health office structure in Eastern, Western, and Southern provinces and one Senior Advisor to the Ministry of Health are also included. The majority of the technical staff work in more than three technical program areas, however, those who can be clearly supported by a technical program area have been backed out of this request. This FY 2009 submission does not include headquarters TA support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15602

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15602	3617.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7193	3104.08	CDC (Base)	$2,914,000
9009	3617.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5010	3104.07	CDC (Base)	$2,790,000
3617	3617.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3104	3104.06		$2,790,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5675.09

Mechanism: CDC/ICASS

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 10987.26312.09

Planned Funds: $850,000

Activity System ID: 26312

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 four 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 2008 49 of CDC-Zambia's 53 approved positions had been filled or were awaiting final security clearance. The total staffing will be brought to 55 in FY 2009. A further breakdown of the staff can be found in the main management and staffing narrative. The total CDC staff on the ground in Zambia is nearly 500% larger than when the PEPFAR program began in 2004. This rapid growth has also seen a growth in all administrative requirements directly related ICASS charges. In addition to staffing increases, CDC's ICASS charges associated with Financial Management and Procurement have continued to increase, with the highest number of "strip code" charges in Financial Management at post.

Additional funds in FY 2009 are being requested to support increased ICASS costs both at post and those incurred at agency headquarters.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15603

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15603	10987.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7194	5675.08	CDC/ICASS	$726,072
10987	10987.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5675	5675.07	CDC/ICASS	$630,931

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5676.09

Mechanism: CDC/CSCS

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 10988.26313.09

Planned Funds: $100,000

Activity System ID: 26313

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 four years, the staff and infrastructure of CDC-Zambia have continued to grow to support these activities. Zambia is now a post where construction of the new embassy compound (NEC) is scheduled to begin by the end of 2008. CDC will be allocated six desks in the NEC. This space will allow for the CDC Director and select administrative staff to collaborate with State Department and USAID staff as needed in a co-located area. The majority of the 55 CDC staff will be in offices on host government property, the Capital Security Cost Sharing (CSCS) costs have been adjusted accordingly.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15604

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15604	10988.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7195	5676.08	CDC/CSCS	$33,548
10988	10988.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5676	5676.07	CDC/CSCS	$379,069

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8139.09

Mechanism: CDC/M&S

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18056.26314.09

Planned Funds: $620,000

Activity System ID: 26314

Activity Narrative: This narrative describes the CDC Zambia Management and Staffing (M&S) needs for both GHCS and GAP funds.

The United States Government (USG) Zambia team's M&S goal, through the CDC office in Zambia, is to have sufficient staff for FY 2009 to provide more technical and programmatic oversight and assistance to all implementing partners in Zambia. The CDC M&S budget in FY 2009 supports the USG interagency team process of providing technical assistance and monitoring of PEPFAR activities across a significant array of implementing partners in the Zambia. Zambia is a land-locked country surrounded by eight other countries. It is divided into nine provinces and 72 districts. It is estimated that over 70 local languages exist. This geographical and ethnic diversity influences the USG staffing needs to provide monitoring of the extensive PEPFAR activities. Direct country project officer oversight at CDC Zambia is in place for 34 implementing partner cooperative agreements covering activities in 15 technical program areas. Ten additional contracts and task orders are also in place for specific management and operational requirements.

To achieve the goals of effective technical assistance (TA) to the Government of the Republic of Zambia (GRZ) and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Zambia has planned for full staffing at 55 positions in FY 2009, an increase of two local positions from the 53 staff approved in the 2008 COP. Presently, 49 approved FY 2008 positions have been filled or are awaiting security clearance. CDC is currently recruiting for the remaining four positions.

In FY 2009, the CDC staffing plan includes six United States Direct Hire (USDH) that are comprised of the Chief of Party, Deputy Director, Chief of Epidemiology and Strategic Information, Chief of Laboratory Infrastructure, Senior Epidemiologist for Operational Research, and Public Health Advisor. One new USDH position was sought and approved in the COP 2008. A further breakdown of total staff requested includes 32 technical locally engaged and contract staff, three program management staff, and 14 locally engaged administrative support staff, including seven drivers including those in the field offices. In the attached supporting documents a full USG PEPFAR Zambia organizational chart is attached. The specific disciplines of technical staff were determined through an interagency staffing for results process that allows for complementary staffing across agencies. While some technical positions in program areas are duplicative for agencies, that duplicity is based on the total size of FY 2009 PEPFAR programming and the minimum time required to adequately monitor the field work of partners and to provide technical assistance to the GRZ.

M&S costs are inclusive of rent for offices and warehouse space, utilities, office operational costs, office equipment, travel for M&S staff, training for M&S staff, relocation costs of four USDH positions expected in FY 2009, residential leases and post allowances for six USDH positions, security services for offices, fuel, and increased communications costs related to staff growth. Operational costs for three field offices within the provincial health office structure in Eastern, Western, and Southern provinces and one Senior Advisor to the Ministry of Health are also included. The majority of the technical staff work in more than three technical program areas, however, those who can be clearly supported by a technical program area have been backed out of this request. This FY 2009 submission does not include headquarters TA support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18056

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18056	18056.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8139	8139.08	CDC/M&S (GHAI)	$587,880

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?			10/1/2009	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes		No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2009?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			10/1/2009	
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 2009?		**Yes**	**X**	**No**

Other Significant Data Collection Activities

Name: HIV Surveillance in Prisons

Brief Description of the data collection activity:

The primary objective of this surveillance is to determine the HIV and syphilis prevalence among prison inmates in urban and rural areas within each of the nine provinces in Zambia. The data obtained will be used to inform policy and programmatic decisions in order to reduce the burden of morbidity and mortality caused by HIV and syphilis in Zambian prisons. This information is urgently needed to plan new strategies to combat HIV in the country's prisons.

Preliminary Data Available:

12/31/2009

Name: BED Calypte Enzyme Immunoassay for the Estimation of HIV-1 Incidence in Generalized Epidemics (2006-2010 ANCSS specimens)

Brief Description of the data collection activity:

The proposed surveillance is a laboratory-based project aimed at estimating the HIV incidence among the 27 sites participating in the HIV/Syphilis sentinel surveillance survey using the BED-enzyme immunoassay and serum samples collected during the 2006, 2008, and 2010 national Zambian Antenatal Clinic Sentinel Surveillance of HIV and Syphilis surveys.

Preliminary Data Available:

12/31/2009

Name: Sample Vital Registration with Verbal Autopsy Pilot in Kapwayambale and Kanyama, Zambia

Brief Description of the data collection activity:

The SAVVY in Zambia aims to provide detailed, accurate and timely data on births and deaths at community level. The SAVVY system, once fully operational and scaled up to the national level, will support and strengthen the reporting, recording, analysis, dissemination and utilisation of vital statistics in Zambia

Preliminary Data Available:

12/31/2009

Name: HIV Surveillance in Children

Brief Description of the data collection activity:

This protocol has not yet been written. Data collection will likely commence late 2009.

Preliminary Data Available:

12/31/2010

Name: HIV Drug Resistance Threshold Survey Using Specimens Collected During the Zambia 2008 HIV Sentinel Surveillance

Brief Description of the data collection activity:

This surveillance aims to examine and monitor the magnitude of HIV drug resistance (HIVDR) transmission in a sample of young women attending first antenatal clinic (ANC) visit for the current pregnancy in two geographic locations in Zambia, Lusaka and Ndola, by taking advantage of data and specimens routinely collected as a part of the biennial Zambia National Antenatal Clinic Sentinel Surveillance of HIV and Syphilis.

Preliminary Data Available:

12/31/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Zambia Global Fund Supplemental 8 Nov 2008.doc	application/msword	11/8/2008		Global Fund Supplemental	JCormier
Zambia Gender Program Area Narrative 8 Nov 2008.doc	application/msword	11/8/2008		Gender Program Area Narrative*	JCormier
Public Private Partnerships Table 8 Nov 2008.xls	application/vnd.ms-excel	11/8/2008		PPP Supplement	JCormier
PPP Program Narrative 8 Nov 2008.doc	application/msword	11/8/2008		PPP Supplement	JCormier
Zambia COP 2009 OVC Waiver 11-8-2008.doc	application/msword	11/8/2008		Budgetary Requirement Justifications	JCormier
Zambia COP 2009 Single-Partner Waiver- EGPAF 11-8-2008.doc	application/msword	11/8/2008		Single Partner Funding	JCormier
Zambia HRH Program Area Narrative 8 Nov 2008.doc	application/msword	11/8/2008		HRH Program Area Narrative*	JCormier
NPI Supplemental 11 Nov 2008.doc	application/msword	11/11/2008		Other	JCormier
FINAL FY09 Executive Summary Zambia 11 Nov 2008.doc	application/msword	11/11/2008	Zambia COP 2009 Executive Summary	Executive Summary	JCormier
Zambia COP 2009 PHE Supplemental 11 Nov 2008.doc	application/msword	11/11/2008	Consolidated document of approved PHE proposals for Zambia.	Public Health Evaluation	JCormier
FINAL Zambia COP09 Amb Letter 14 Nov 2008.pdf	application/pdf	11/12/2008		Ambassador Letter	JCormier
Zambia Functional & Management Org Charts.doc	application/msword	11/13/2008	Functional & Management Org. Charts	Staffing Analysis	ETremont
Zambia Staffing FY09.xls	application/vnd.ms-excel	11/13/2008	Excel Extract of Staffing Database	Staffing Analysis	ETremont
Budgetary Requirements Zambia FY09.xls	application/vnd.ms-excel	11/14/2008	Budgetary Requirements	Budgetary Requirements Worksheet*	ETremont
FY09 Management and Staffing Budget Table Zambia.xls	application/vnd.ms-excel	11/14/2008	M&S Budget Table	Management and Staffing Budget Table	ETremont
Zambia Summary Targets and Explanations Table FINAL 24-11-08.xls	application/vnd.ms-excel	11/24/2008		Summary Targets and Explanation of Target Calculations	JShields
Zambia COP 2009 Salary Support Table 5 Nov 2008.xls	application/vnd.ms-excel	12/11/2008		Health Care Worker Salary Report	MLee