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2008

Zambia

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
FY08 Executive Summary Zambia - 27 sept 07 -FINAL.doc	application/msword	11/14/2007		MLee

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

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Zambia Amb Cover Letter COP08 - 27 sept 07.pdf	application/pdf	9/27/2007		CGarces

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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USAID In-Country Contact	Marta	Levitt-Dayal	HIV/AIDS Team Leader	mlevittdayal@usaid.gov
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Global Fund In-Country Representative	Randy	Kolstad	Population, Health, and Nutrition Director	rkolstad@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$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, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
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	311,000	0	311,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	51,550	0	51,550

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		607,666	0	607,666
End of Plan Goal	600,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	227,516	0	227,516
***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	30,716	0	30,716
8.1 - Number of OVC served by OVC programs	0	380,150	0	380,150
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	298,000	0	298,000

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		120,000	0	120,000
End of Plan Goal	120,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	120,000	0	120,000

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
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	0	327,600
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	55,650	0	55,650
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Care (1)		723,361	100,000	823,361
End of Plan Goal	600,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	331,218	0	331,218
***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	0	30,975
8.1 - Number of OVC served by OVC programs	0	392,143	100,000	492,143
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	423,504	0	423,504
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Treatment		228,450	0	228,450
End of Plan Goal	120,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	228,450	0	228,450
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Human Resources for Health				
End of Plan Goal	0			

(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: Health Services and Systems Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1022.08
System ID: 6803
Planned Funding($): $2,050,000
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: $200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: EQUIP II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 600.08
System ID: 6852
Planned Funding($): $1,100,000
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 Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: Society for Family Health - Zambia
Planned Funding: $250,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: SESTUZ
Planned Funding: $20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia National Union of Teachers
Planned Funding: $20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: BETUZ
Planned Funding: $20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Local Partner Capacity Building

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5242.08
System ID: 6800
Planned Funding($): $2,275,550
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

Mechanism Name: CHANGES2

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 586.08
System ID: 6804
Planned Funding($): $5,849,077
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: American Institutes for Research
New Partner: No

Sub-Partner: Forum for African Women Educationalists of Zambia
Planned Funding: $450,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

Sub-Partner: Adventist Development and Relief Agency—Kabwe Adventist Family Health Institute
Planned Funding: $56,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Copperbelt Health Education Project
Planned Funding: $380,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

Sub-Partner: Family Health Trust
Planned Funding: $400,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

Sub-Partner: Programme Against Malnutrition
Planned Funding: $56,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

Mechanism Name: Twinning Center

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3043.08
System ID: 6799
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: $80,990
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Centre for International Health
Planned Funding: $120,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Mechanism Name: CARE International - U10/CCU424885

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2933.08
System ID: 7164
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Men Taking Action

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7555.08
System ID: 7555
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Catholic Medical Mission Board
New Partner: No

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5249.08
System ID: 7199
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: 293.08
System ID: 6805
Planned Funding($): $298,201
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: $62,920
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Mongu Catholic Diocese
Planned Funding: $88,870
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDSRelief- Catholic Relief Services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3007.08
System ID: 7200
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: $199,046
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: St. Theresa Hospital
Planned Funding: $131,153
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Wusakile Private Hospital
Planned Funding: $720,611
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Sichili Mission Hospital
Planned Funding: $222,888
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Chikuni Mission Hospital
Planned Funding: $191,106
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Katondwe Mission Hospital
Planned Funding: $141,921
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Mukinge Mission Hospital
Planned Funding: $113,766
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Chilonga Mission Hospital
Planned Funding: $202,284
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: St. Francis Hospital
Planned Funding: $356,145
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: The Futures Group International
Planned Funding: $150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Sub-Partner: Kamoto Mission Hospital
Planned Funding: $150,678
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Mwandi UCZ Mission Hospital
Planned Funding: $142,636
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Malcolm Watson Mine Hospital
Planned Funding: $153,787
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Churches Health Association of Zambia
Planned Funding: $650,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Zambian Catholic University
Planned Funding: $150,678
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Constella Futures Group
Planned Funding: $746,220
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Children's AIDS Fund
Planned Funding: $1,986,442
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-HTXD	12066.08	Catholic Relief Services (CRS) provides HIV care and services, including anti-retroviral treatment (ART), primarily to the most marginalized populations through faith based organizations in rural areas throughout Zambia. Recently all of the sites CRS supports were accredited and will now be able to access first- and second-line ARVs. However, it is crucial to have buffer stocks of needed drugs in place while the Government of the Republic of Zambia (GRZ) works to strengthen its stock reporting and drug forecasting systems. This early funding award will allow CRS to ensure availability of first-line and second-line drugs for the 16 sites they will support in FY 2008 without interruption in drug provision.	$212,000	$212,000

Mechanism Name: SUCCESS II

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 527.08
System ID: 6807
Planned Funding($): $5,470,000
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: $178,320
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Chipata Diocese
Planned Funding: $185,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Our Lady's Hospice
Planned Funding: $40,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Jon Hospice
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Ranchod Hospice
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Martin Hospice
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: St. Francis Community
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Cicetekelo Hospice
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Diocese of Mansa
Planned Funding: $227,950
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Mongu Catholic Diocese
Planned Funding: $301,080
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Mpika Catholic Diocese
Planned Funding: $214,510
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Solwezi Catholic Diocese
Planned Funding: $400,340
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Mother Marie Therese Linssen Hospice
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Mother of Mercy Hospice
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Missionaries of Charity
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Sichili Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: St Francis Home Care Program
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Diocese of Chipata Hospices - Lumezi Hospice
Planned Funding: $80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Diocese of Chipata Hospices -Minga Hospices
Planned Funding: $80,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Human Service Trust

Planned Funding: $80,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3083.08

System ID: 6808

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: 3023.08

System ID: 7165

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: Central - Headquarters procured, centrally funded

Mechanism ID: 1025.08

System ID: 6809

Planned Funding($): $1,948,499

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Chemonics International

New Partner: No

Sub-Partner: JHPIEGO

Planned Funding: $354,179

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Manoff Group, Inc

Table 3.1: Funding Mechanisms and Source

Planned Funding: $101,395
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HMIN - Injection Safety

Mechanism Name: CDL - U62/CCU023190

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3010.08
System ID: 7166
Planned Funding($): $100,000
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: 3042.08
System ID: 6810
Planned Funding($): $1,042,966
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: $103,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Catholic Archdioceses of Lusaka
Planned Funding: $105,100
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Copperbelt Health Education Project
Planned Funding: $103,247
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Ndola Catholic Diocese
Planned Funding: $104,100
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Mechanism Name: CHAZ - U62/CCU25157

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2976.08
System ID: 7167
Planned Funding($): $1,175,000
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 Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Nyamphande Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Kafue Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Chikankata Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Mtendere Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Macha Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Monze Mission Hospital
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Zimba Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Chaanga Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Chabobboma Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Riverside Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Chikuni Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Chivuna Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Masuku Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Njase Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative 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 Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Simwatachela Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Siachitema Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Jembo Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Chilala Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Sinde Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Yuka Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Mangango Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

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

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Luampa Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

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

Sub-Partner: Sichili Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Coptic Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Mpanshya Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Katondwe Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: St Francis Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Minga Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Nyanje Mission Hospital
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Kamoto Mission Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: PrivaServe Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Kanyanga Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

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

Sub-Partner: Sikalongo Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Lumezi Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Liumba Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Sub-Partner: Mankunka Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Sitoti Rural Helath Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV

Mechanism Name: Columbia Pediatric Center - U62/CCU222407

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3001.08
System ID: 7168
Planned Funding($): $2,450,000
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

Sub-Partner: Boston University
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: Livingstone Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	3691.08	Columbia University Mailman School of Public Health is a key supporter of pediatric HIV/AIDS services in Zambia. The primary goal of the Columbia program is to provide state -of-the-art care to infants, children, and adolescents with HIV infection. In FY 2008, Columbia will continue to support the development and operation of a Center of Excellence (COE) for pediatric HIV/AIDS care at the University Teaching Hospital (UTH) in Lusaka, as well as scale-up pediatric HIV/AIDS services nationwide by duplicating the development of a similar center at the provincial hospital in Livingstone. The goals of Columbia's program are in line with CDC-Zambia's commitment to improving treatment and care services for children living with HIV/AIDS. Early funding will help ensure supportive supervision and training as UTH continues to scale up services to pediatric patients in Zambia.	$500,000	$1,800,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Comforce

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3011.08
System ID: 7169
Planned Funding($): $1,185,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Comforce
New Partner: No

Mechanism Name: PROFIT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2314.08
System ID: 6811
Planned Funding($): $100,000
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: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: PROFIT LOL PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5225.08
System ID: 6812
Planned Funding($): $100,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DAPP - 1 U2G PS000588

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2994.08
System ID: 7170
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

Mechanism Name: MATEP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2315.08
System ID: 6813
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: $35,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia Export Growers Assocoiation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Hotel and Catering Association of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ministry of Labour and Social Security
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia Central Statistical Office
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mazabuka District Business Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Chipata District Business Association
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: QUESTT

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2915.08
System ID: 6814
Planned Funding($): $800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Education Development Center
New Partner: No

Sub-Partner: Radio Chikaya
Planned Funding: $6,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Radio Mano
Planned Funding: $6,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Radio Yangeni
Planned Funding: $6,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Radio Maria
Planned Funding: $6,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Radio Musi-o-Tunya
Planned Funding: $6,500
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs:	HKID - OVC
Sub-Partner:	Radio Oblate Liseli
Planned Funding:	$6,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC
Sub-Partner:	Yatsani
Planned Funding:	$6,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC
Sub-Partner:	Maranatha
Planned Funding:	$6,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC
Sub-Partner:	Ichengelo
Planned Funding:	$6,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC
Sub-Partner:	Mazabuka
Planned Funding:	$6,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC
Sub-Partner:	Chikuni
Planned Funding:	$6,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC
Sub-Partner:	Mkushi
Planned Funding:	$6,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5250.08
System ID: 7171
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: 2998.08
System ID: 7172
Planned Funding($): $18,686,500
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: $17,375,850
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Africa Directions
Planned Funding: $22,500
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	3709.08	The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a key partner in the fight against HIV/AIDS in Zambia. Additionally, EGPAF supports the Government of the Republic of Zambia (GRZ) and the Center for Infectious Disease Research in Zambia (CIDRZ) in the development and roll out of software and equipment used to capture electronic health records of patients at GRZ ART sites. EGPAF is involved in a range of central HIV/AIDS services in Zambia, and their commitment to quality and effectiveness is highly regarded. This system, the SmartCare program, has grown in scope and scale over the last few years and in FY 2008 it will aim to reach at least 1/3 of health facilities throughout the country with the necessary technology. Early funding for this activity is requested to ensure the procurement of SmartCare commodities to accommodate more patients, sites and geographic locales throughout Zambia.	$1,000,000	$6,390,000
11-HTXS	3687.08	The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a key partner in the fight against HIV/AIDS in Zambia. EGPAF supports the Government of the Republic of Zambia (GRZ) and the Center for Infectious Disease Research in Zambia (CIDRZ), in the expansion of antiretroviral therapy (ART) services through public and private clinics in the Lusaka, Eastern, Western and Southern provinces. EGPAF and CIDRZ supported GRZ ART sites had enrolled 108,578 adults and children and started 67,638 on ART as of the end of July 2007. Presently, 45 ART sites in Lusaka, Eastern, Western and Southern Provinces are being supported by this team. EGPAF is involved in a range of central HIV/AIDS services in Zambia, and their commitment to quality and effectiveness is highly regarded. Early funding for this activity is requested to ensure the continued rapid scale-up of ART services to accommodate more patients, sites and geographic locales throughout Zambia.	$1,250,000	$4,692,000

01-MTCT	3788.08	The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a key partner in the fight against HIV/AIDS in Zambia. In collaboration with the Government of the Republic of Zambia (GRZ) and the Center for Infectious Disease Research in Zambia (CIDRZ), EGPAF is working to bring comprehensive prevention of mother to child transmission of HIV (PMTCT) services throughout the Lusaka, Eastern and Western Provinces of Zambia. EGPAF is involved in a range of central HIV/AIDS services in Zambia, and their commitment to quality and effectiveness is highly regarded. Early funding for this activity is requested to ensure the continued rapid scale-up of PMTCT services to accommodate more patients, sites and geographic locales throughout Zambia.	$750,000	$4,520,500

Mechanism Name: Track 1 OVC: Community FABRIC

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3032.08
System ID: 6861
Planned Funding($): $751,465
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: $375,733
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: Zambia Prevention, Care and Treatment Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1075.08
System ID: 6815
Planned Funding($): $13,456,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Management Sciences for Health
Planned Funding: $682,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Churches Health Association of Zambia
Planned Funding: $245,729
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HTXS - ARV Services

Sub-Partner: Expanded Church Response
Planned Funding: $60,752
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure

Sub-Partner: Kara Counseling Centre
Planned Funding: $90,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Mechanism Name: Track 1 OVC: ANCHOR

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2970.08
System ID: 6817
Planned Funding($): $375,000
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: 2914.08
System ID: 6819
Planned Funding($): $750,000
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: $125,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia Young Women's Christian Association
Planned Funding: $85,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia Girl Guides Associaton

Table 3.1: Funding Mechanisms and Source

Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia Young Men's Christian Association
Planned Funding: $85,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambia Scouts Association
Planned Funding: $45,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Mobile VCT Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7161.08
System ID: 7161
Planned Funding($): $500,000
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: UTAP - U62/CCU322428 / JHPIEGO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3017.08
System ID: 7173
Planned Funding($): $4,300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: Kara Counseling Centre
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: University Teaching Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	Johns Hopkins University
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner:	Khulu Associates
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	Health Communications Partnership
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner:	Society for Family Health
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner:	Community Based TB/HIV/AIDS Organization
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner:	University of Zambia School of Medicine
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	Johns Hopkins University Center for Clinical Global Health Education
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	TheraSim
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HTXS - ARV Services

Sub-Partner:	Johns Hopkins University Point of Care Information Technology
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HTXS - ARV Services

Mechanism Name: DoD-JHPIEGO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2987.08
System ID: 6889
Planned Funding($): $3,150,000
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: $130,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: SHARE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 630.08
System ID: 6821
Planned Funding($): $7,785,909
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: $120,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information

Sub-Partner: Afya Mzuri
Planned Funding: $80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: ZamAction
Planned Funding: $80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Comprehensive HIV/AIDS Management Program

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$1,315,750
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner:	Latkings Outreach Programme
Planned Funding:	$65,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Initiatives, Inc.
Planned Funding:	$536,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Abt Associates
Planned Funding:	$494,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Pact, Inc.
Planned Funding:	$300,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing, HTXS - ARV Services, HVSI - Strategic Information
Sub-Partner:	Pact, Inc.
Planned Funding:	$300,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	N/A
Planned Funding:	$100,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVCT - Counseling and Testing
Sub-Partner:	N/A
Planned Funding:	$500,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: DELIVER II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5074.08
System ID: 6822
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
14-OHPS	16544.08	Early funding is requested to begin the design and implementation of the essential drug system so that the procurement of STI drugs can be better managed.	$900,000	$1,600,000

Mechanism Name: Health Communication Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1031.08
System ID: 6823
Planned Funding($): $5,447,016
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 Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HKID - OVC, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: Save the Children US
Planned Funding: $2,420,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: $934,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: University of Zambia
Planned Funding: $0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: National Arts Council of Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Copperbelt University
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: Zambia Interfaith-based Network Group on HIV/AIDS
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Zambia Center for Communication Programs
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Family Based Response

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7459.08
System ID: 7459
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 Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: Umphawi Organization
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Moliswa Development Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: Mthuzi Development Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Action for Positive Change
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Iluka Community Support Group
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Ndekeleni Development Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: Happy Children Foundation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: Mwelebi Keembe Ranch Home Bases Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: Kalucha Home Based Care
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: Mututa Memorial Day Care Center
Planned Funding: $0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: Group Focused Consultation
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Northern Health Education Programme
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Community Health Education Program
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Luapula Foundation

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7070.08
System ID: 7070
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central 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: 5252.08
System ID: 7174
Planned Funding($): $675,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MOH - U62/CCU023412

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3019.08
System ID: 7175
Planned Funding($): $1,945,000
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: Central - Headquarters procured, centrally funded
Mechanism ID: 7616.08
System ID: 7616
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Mothers 2 Mothers
New Partner: No

Mechanism Name: PEPFAR II Track 1.0 ART AIDSRelief

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8010.08
System ID: 8010
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: PEPFAR II Track 1.0 ART EGPAF

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7997.08
System ID: 7997
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FANTA follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8700.08
System ID: 8700
Planned Funding($): $390,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Measure DHS Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 663.08
System ID: 6824
Planned Funding($): $0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Sub-Partner: Central Statistics Office
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8874.08
System ID: 8874
Planned Funding($): $1,445,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6190.08
System ID: 6816
Planned Funding($): $2,651,923
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD PHE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8694.08
System ID: 8694
Planned Funding($): $115,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Zambia Partners Reporting System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3034.08
System ID: 6835
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: MEASURE Evaluation follow on

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6853.08
System ID: 6853
Planned Funding($): $1,250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Migrant Worker Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7811.08
System ID: 7811
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Public Health Evaluation- OVC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7638.08
System ID: 7638
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Public Health Evaluation- PST

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7639.08
System ID: 7639
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: RAPIDS-SUCCESS follow on

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6843.08
System ID: 6843
Planned Funding($): $2,650,211
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: To Be Determined - PHE HVOP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7879.08
System ID: 7879
Planned Funding($): $0
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: To Be Determined-Multi Country PHE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7866.08
System ID: 7866
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: To be determined-TB PHE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7893.08
System ID: 7893
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: ZPCT FOLLOW ON

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6842.08
System ID: 6842
Planned Funding($): $10,700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: NAC - U62/CCU023413

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3022.08
System ID: 7176
Planned Funding($): $550,000
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: 5224.08
System ID: 7446
Planned Funding($): $250,000
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: NASTAD - U62/CCU324596

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3021.08
System ID: 7177
Planned Funding($): $280,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: Nazarene Compassionate Ministries

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7535.08
System ID: 7535
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: 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 Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Mechanism Name: OGHA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8702.08
System ID: 8702
Planned Funding($): $363,558
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: 3040.08
System ID: 6825
Planned Funding($): $122,276
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: $63,276
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Habitat for Humanity Zambia
Planned Funding: $59,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Y-Choices

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1409.08
System ID: 6826
Planned Funding($): $1,780,242
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: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kawambwa Anti AIDS Club
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Maveve Orphans and Home Based Care
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Henwood Foundation
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Choma Youth Development Organization
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Seventh Day Adventist Church
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: KAYS ARTS Promotion
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Luapula Families In Distress
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Zambezi Development Trust
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kabwe Home Based Care
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kilela Balanda
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Mumena Rural Development Trust
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Adolescent Reproductive Health Advocates
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: United Church of Zambia Youth Group on HIV/AIDS
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Anti-AIDS Teachers' Association of Zambia
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Mwandi Mission Hospital
Planned Funding: $30,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Youth Alive Zambia
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Nchelenge Interfaith Sharing & Learning Initiative Group
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Young Women Christian Association (Mongu)
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4139.08
System ID: 6827
Planned Funding($): $39,650,000
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: $2,650,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXD - ARV Drugs, HLAB - Laboratory Infrastructure

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	9524.08	Early funding is requested to procure drugs to prevent a stock out of essential ARV and STI drugs. Given the uncertainty of the timing of Global Fund monies, early funding is essential for drug procurement. Part of the SCMS early funding request will also be used to procure lab commodities, also to avoid stock outs of key reagents.	$3,000,000	$10,300,000
05-HVOP	12523.08	Early funding is requested to procure drugs to prevent a stock out of essential ARV and STI drugs. Given the uncertainty of the timing of Global Fund monies, early funding is essential for drug procurement. Part of the SCMS early funding request will also be used to procure lab commodities, also to avoid stock outs of key reagents.	$800,000	$1,700,000
10-HTXD	3751.08	Early funding is requested to procure drugs to prevent a stock out of essential ARV and STI drugs. Given the uncertainty of the timing of Global Fund monies, early funding is essential for drug procurement. Part of the SCMS early funding request will also be used to procure lab commodities, also to avoid stock outs of key reagents.	$10,000,000	$24,000,000

Mechanism Name: Infant and Young Child Nutrition Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6187.08
System ID: 6828
Planned Funding($): $750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: PATH
New Partner: No

Mechanism Name: Track 1 OVC: Breaking Barriers

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3038.08
System ID: 6829
Planned Funding($): $641,240
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: PLAN International
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Social Marketing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 695.08
System ID: 6830
Planned Funding($): $4,195,877
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Development Aid from People to People
Planned Funding: $61,179
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: YOUTH ALIVE
Planned Funding: $81,277
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mwami Adventist Hospital
Planned Funding: $107,413
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Livingstone Urban District Health Management Team
Planned Funding: $100,711
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: University Teaching Hospital
Planned Funding: $98,437
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Luapula Foundation
Planned Funding: $74,470
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: BELONG

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2975.08
System ID: 6831
Planned Funding($): $2,024,000
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: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Jesus Cares Ministries
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - 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: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Pact, Inc.
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: St. Anthony Bwafano
Planned Funding: $90,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Zambia Open Community Schools
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Community Based TB/HIV/AIDS Organization
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Sub-Partner: CHAINDA Child and Family Helper Project
Planned Funding: $4,643
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Chitamalesa Family Helper Project
Planned Funding: $4,738
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Rufunsa Child and Family Helper Project
Planned Funding: $5,104
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Sepo Center
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Kalinomute HBC Oragnization
Planned Funding: $5,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Shuko HBC Organization
Planned Funding: $5,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Matero Reference HBC Organization
Planned Funding: $5,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Kuomboka HBC Organization
Planned Funding: $5,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Kampekete CBO
Planned Funding: $4,695

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HKID - OVC

Sub-Partner: Chimusansha CBO
Planned Funding: $5,082
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Mutamina CBO
Planned Funding: $4,638
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Mumpashya CBO
Planned Funding: $4,720
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: BELONG bilateral

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5073.08
System ID: 6832
Planned Funding($): $600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: Africa KidSAFE Initiative

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6188.08
System ID: 6833
Planned Funding($): $700,000
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: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Child Transformation Trust

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	CETZAM
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Lazarous Project
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Mthunzi
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	St Lawrence Home of Hope
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Association of Pope John 23rd Rainbow
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	MAPODE
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HKID - OVC

Sub-Partner:	Lupwa Lwabumi Trust
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HKID - OVC

Sub-Partner:	Sables Drop in Center for Children
Planned Funding:	$0
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Chisomo
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Regional Psychosocial Support Initiative - Zambia
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Friends Of the Street Child
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Barefeet
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: DoD-PCI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3041.08
System ID: 6890
Planned Funding($): $2,305,000
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: 2988.08
System ID: 7179
Planned Funding($): $1,230,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: SPHO - U62/CCU025149

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2973.08
System ID: 7180
Planned Funding($): $1,635,000
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: 3082.08
System ID: 7181
Planned Funding($): $1,465,000
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

Mechanism Name: Data for Decision Making II: GH Tech

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7635.08
System ID: 7635
Planned Funding($): $300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: QED Group, LLC
New Partner: No

Mechanism Name: Corridors of Hope II

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 270.08
System ID: 6834
Planned Funding($): $3,750,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Research Triangle Institute
New Partner: No

Sub-Partner: Family Health International
Planned Funding: $1,641,027
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Zambia Interfaith Non Governmental Organization
Planned Funding: $243,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Zambia Health Education Communication Trust
Planned Funding: $833,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Afya Mzuri
Planned Funding: $626,842
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name: Track 1 – Blood Safety - Sanquin

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5460.08
System ID: 7182
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: ASM - U62/CCU325119

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5280.08
System ID: 7183
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TDRC - U62/CCU023151

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3009.08
System ID: 7184
Planned Funding($): $1,500,000
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

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2929.08
System ID: 7186
Planned Funding($): $2,950,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tulane University
New Partner: No

Sub-Partner: Zambia Exclusive Breastfeeding Services (ZEBS)
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT

Mechanism Name: UTAP - CIDRZ - U62/CCU622410

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3080.08
System ID: 7185
Planned Funding($): $3,520,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tulane University
New Partner: No

Sub-Partner: Centre for Infectious Disease Research in Zambia
Planned Funding: $580,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3368.08
System ID: 7187
Planned Funding($): $1,650,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tulane University
New Partner: No

Mechanism Name: UNICEF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5264.08
System ID: 7188
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: 3046.08
System ID: 7447
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: $22,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Zambia Red Cross Society
Planned Funding: $22,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: HODI Zambia
Planned Funding: $97,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Ministry of Community Development and Social Services
Planned Funding: $97,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name: UAB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8701.08
System ID: 8701
Planned Funding($): $340,000
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: NIH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4142.08
System ID: 7202
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

Sub-Partner: University Teaching Hospital
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HLAB - Laboratory Infrastructure

Sub-Partner: University of Zambia School of Medicine
Planned Funding: $0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HLAB - Laboratory Infrastructure

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UNZA M&E

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3026.08
System ID: 7189
Planned Funding($): $150,000
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: 7921.08
System ID: 7921
Planned Funding($): $510,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: University Teaching Hospital

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 576.08
System ID: 7191
Planned Funding($): $4,035,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University Teaching Hospital
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	9765.08	Since 2005, CDC-Zambia and the Columbia University Mailman School of Public Health have supported the development and operation of a Pediatric and Family Center of Excellence (COE) for HIV/AIDS care at the Department of Pediatrics at the University Teaching Hospital (UTH) in Lusaka. The primary goals of the center are to: 1) increase the number of children engaged in care and receiving antiretroviral therapy (ART); 2) develop a regional training center for multidisciplinary teams (MDT) in pediatric HIV/AIDS care and treatment; and 3) be the prime referral site for children with advanced and complicated HIV/AIDS disease. Emphasis in FY 2008 will focus on trainings to increase human capacity for infant diagnosis and the care and management of opportunistic infections. Early funding is requested for this activity to ensure continuity of care for pediatric ART services at UTH.	$300,000	$1,600,000

Mechanism Name: USAID/Zambia IRM Tax

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5669.08
System ID: 6837
Planned Funding($): $1,060,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Mission Management and Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3079.08
System ID: 6839
Planned Funding($): $5,434,450
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: 5670.08
System ID: 6838
Planned Funding($): $200,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC (Base)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3104.08
System ID: 7193
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	3617.08	The CDC Global AIDS Program (GAP) Office in Zambia has planned for full staffing at 53 positions in FY2008, an increase of 4 technical and 1 administrative support staff (see USG Zambia Staff Matrix COP08). 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, security services for offices, 1 new vehicle for increased CDC Zambia technical staff field support, and increased communications costs related to staff growth in addition to other costs. The majority of the technical staff work in more than three technical program areas, so all salaries have been included in this M&S request, as is consistent with the COP 08 Staffing for Results guidance. The request for early funding is to ensure that basic salaries and operating costs can be met at the beginning of FY 2008 to support the CDC-Zambia team and their efforts on behalf of PEPFAR activities.	$2,000,000	$2,914,000

Mechanism Name: CDC Technical Assistance (GHAI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3013.08
System ID: 7192
Planned Funding($): $4,917,000
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	3574.08	CDC-Zambia will continue providing technical assistance to the Ministry of Health (MOH), the National AIDS Council, and implementing partners in the continued expansion of prevention of mother to child transmission of HIV (PMTCT) services nationally. In FY 2008, 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. CDC will support the national PMTCT program with technical assistance, support for study tours and other relevant programmatic reviews. Early funding will be used to ensure that the buffer supplies are available and that national PMTCT programs can be supported without disruption in services so that Zambia can continue on its path towards reaching this important target population. Local travel for technical staff is also included.	$100,000	$375,000
07-HVTB	3645.08	In FY 2008 the USG will provide supportive technical assistance through supervision to the provinces, districts and health facilities in Southern, Western, Eastern and Lusaka provinces for TB related activities. During these visits, on the job training will be conducted to the staff. 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 electronic medical record system 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. Early funding is requested to continue carrying out trainings and technical assistance throughout the Southern, Western, Eastern and Lusaka provinces to support the TB programs and will allow for support costs, including travel, of technical staff.	$100,000	$200,000

12-HLAB	3706.08	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, tuberculosis (TB) and other opportunistic infections. Transferring skills to Zambian nationals currently in the field is critical, as is building capacity of clinical personnel during training to ensure graduates going to the field are equipped with the necessary laboratory knowledge and skills. USG is providing support to Chainama College in renovating the training laboratory to improve the diagnostic studies in pre-service training for graduating clinical officers and ART curricular for advanced diplomas for clinical officers. Early funding is requested to ensure availability of necessary laboratory supplies, and support for required trainings so that laboratory work can continue on uninterrupted in support of other program area activities.	$500,000	$1,250,000
14-OHPS	3721.08	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. In FY 2008, specific and ongoing support to infrastructure enhancement is required for the Chest Diseases Laboratory (CDL) and the Tropical Diseases Research Center (TDRC) tuberculosis (TB) laboratory. 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 occasional supportive supervision visits by CDC staff to active project sites or for CDC to engage other technical support as required. Early funding is requested to ensure that visits and support can happen in a timely manner so that there is a continuity in services that does not impede the crucial work of these partners.	$100,000	$500,000

13-HVSI	3714.08	Continuing work from FY 2007, 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. CDC provides technical and financial support to the MOH and the NAC at central, provincial, district levels, the CSO, TDRC, the University Of Zambia School of Medicine, and a number of other partners. CDC Zambia is also helping institute durable systems for quality clinical health services, disease surveillance, and M&E. Early funding is requested to support SI technical services throughout the country within these vital partnerships. Funds will allow for necessary equipment purchases and travel for the first half of the year.	$450,000	$1,950,000
11-HTXS	3846.08	In FY 2008, the USG will continue to provide 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. FY 2008 funds will support 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 are engaged with the WHO on ART quality and guideline development for pediatric and adult ART as well as medical information data standards. Occasional travel and local meetings are required on these tasks, and early funding is requested to enable these plans to continue as organized so that the scale up of services is not delayed.	$400,000	$278,000

Mechanism Name: CDC/CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5676.08
System ID: 7195
Planned Funding($): $50,000
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/ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5675.08
System ID: 7194
Planned Funding($): $700,000
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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	10987.08	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 2007 45 of CDC-Zambia's 48 approved positions had been filled or were awaiting final security clearance. The total staffing will be brought to 53 in FY 2008. Early funding is requested for this activity because an initial payment for ICASS services is due prior to the release of the overall finances for the fiscal year.	$300,000	$700,000

Mechanism Name: CDC/ITSO (GHAI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8140.08
System ID: 8140
Planned Funding($): $300,000
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 (GHAI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8139.08
System ID: 8139
Planned Funding($): $536,000
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: 3050.08
System ID: 6891
Planned Funding($): $520,000
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: 3051.08
System ID: 6892
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: 5681.08
System ID: 6893
Planned Funding($): $30,000
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: DOS/ICASS Zambia

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5677.08
System ID: 8020
Planned Funding($): $40,000
Procurement/Assistance Instrument: USG Core
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: 1174.08
System ID: 7619
Planned Funding($): $1,150,000
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: Peace Corps

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3028.08
System ID: 7425
Planned Funding($): $3,888,100
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: 5263.08
System ID: 7203
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

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3044.08
System ID: 6840
Planned Funding($): $478,641
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: $142,064
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Operation Blessing International
Planned Funding: $55,533
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding: $142,230
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Christian Reformed World Relief Committee
Planned Funding: $193,665
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name: RAPIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 412.08
System ID: 6841
Planned Funding($): $17,425,329
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: $1,744,756
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Catholic Relief Services
Planned Funding: $2,551,421
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Expanded Church Response
Planned Funding: $532,475
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Salvation Army
Planned Funding: $844,819
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: CARE International
Planned Funding: $1,175,553
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC, HVCT - Counseling and Testing

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7163.08
System ID: 7163
Planned Funding($): $810,000
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: 578.08
System ID: 7196
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ZNBTS - U62/CCU023687

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	5251.08
System ID:	7197
Planned Funding($):	$20,000
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
1022.08	6803	Abt Associates	U.S. Agency for International Development	GHCS (State)	JHPIEGO	N	$200,000
600.08	6852	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	BETUZ	N	$20,000
600.08	6852	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$250,000
600.08	6852	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	SESTUZ	N	$20,000
600.08	6852	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Society for Family Health - Zambia	N	$250,000
600.08	6852	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Zambia National Union of Teachers	N	$20,000
586.08	6804	American Institutes for Research	U.S. Agency for International Development	GHCS (State)	Adventist Development and Relief Agency—Kabwe Adventist Family Health Institute	N	$56,000
586.08	6804	American Institutes for Research	U.S. Agency for International Development	GHCS (State)	Copperbelt Health Education Project	N	$380,000
586.08	6804	American Institutes for Research	U.S. Agency for International Development	GHCS (State)	Family Health Trust	N	$400,000
586.08	6804	American Institutes for Research	U.S. Agency for International Development	GHCS (State)	Forum for African Women Educationalists of Zambia	N	$450,000
586.08	6804	American Institutes for Research	U.S. Agency for International Development	GHCS (State)	Programme Against Malnutrition	N	$56,000
3043.08	6799	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	African Palliative Care Association	N	$80,990
3043.08	6799	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Centre for International Health	N	$120,000
293.08	6805	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Mongu Catholic Diocese	N	$88,870
293.08	6805	Catholic Relief Services	U.S. Agency for International Development	Central GHCS (State)	Solwezi Catholic Diocese	N	$62,920
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Chikuni Mission Hospital	N	$191,106
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Children's AIDS Fund	N	$1,986,442
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Chilonga Mission Hospital	N	$202,284
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Churches Health Association of Zambia	N	$650,000
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Constella Futures Group	N	$746,220
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Kamoto Mission Hospital	N	$150,678
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Katondwe Mission Hospital	N	$141,921
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Malcolm Watson Mine Hospital	N	$153,787
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mtendere Mission Hospital	N	$199,046
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mukinge Mission Hospital	N	$113,766
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Mwandi UCZ Mission Hospital	N	$142,636
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Sichili Mission Hospital	N	$222,888
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Francis Hospital	N	$356,145
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	St. Theresa Hospital	N	$131,153
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	The Futures Group International	N	$150,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Wusakile Private Hospital	N	$720,611
3007.08	7200	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Zambian Catholic University	N	$150,678
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Archdiocese of Kasama	N	$178,320
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Chipata Diocese	N	$185,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Cicetekelo Hospice	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Diocese of Chipata Hospices - Lumezi Hospice	N	$80,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Diocese of Chipata Hospices -Minga Hospices	N	$80,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Diocese of Mansa	N	$227,950
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Human Service Trust	N	$80,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Jon Hospice	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Martin Hospice	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Missionaries of Charity	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mongu Catholic Diocese	N	$301,080
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mother Marie Therese Linssen Hospice	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mother of Mercy Hospice	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Mpika Catholic Diocese	N	$214,510
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Our Lady's Hospice	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Ranchod Hospice	N	$40,000
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Sichili Mission Hospital	N	$0
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	Solwezi Catholic Diocese	N	$400,340
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St Francis Home Care Program	N	$0
527.08	6807	Catholic Relief Services	U.S. Agency for International Development	GHCS (State)	St. Francis Community	N	$40,000
1025.08	6809	Chemonics International	U.S. Agency for International Development	Central GHCS (State)	JHPIEGO	N	$354,179
1025.08	6809	Chemonics International	U.S. Agency for International Development	Central GHCS (State)	Manoff Group, Inc	N	$101,395
3042.08	6810	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Catholic Archdioceses of Lusaka	N	$105,100
3042.08	6810	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Copperbelt Health Education Project	N	$103,247
3042.08	6810	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Family Health Trust	N	$103,700
3042.08	6810	Christian Aid	U.S. Agency for International Development	Central GHCS (State)	Ndola Catholic Diocese	N	$104,100
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chaanga Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chabobboma Rural Helath Centre	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chikankata Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chikuni Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chilala Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chivuna Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Coptic Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Jembo Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kafue Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kamoto Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kanyanga Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Katondwe Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Liumba Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Luampa Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lumezi Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Macha Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mangango Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mankunka Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Masuku Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Minga Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Monze Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mpanshya Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mtendere Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mwami Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mwandi Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Namwianga Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Njase Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyamphande Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nyanje Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	PrivaServe Foundation	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Riverside Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Siachitema Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sichili Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sikalongo Rural Helath Centre	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Simwatachela Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinde Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sioma Mission Rural Health Clinic	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sitoti Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Francis Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Lukes (Msoro) Rural Helath Centre	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Yuka Mission Hospital	N	$0
2976.08	7167	Churches Health Association of Zambia	HHS/Centers for Disease Control & Prevention	GHCS (State)	Zimba Mission Hospital	N	$0
3001.08	7168	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Boston University	N	$0
3001.08	7168	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Livingstone Hospital	N	$0
2314.08	6811	Cooperative League of the USA	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$100,000
2315.08	6813	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Chipata District Business Association	N	$0
2315.08	6813	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Hotel and Catering Association of Zambia	N	$0
2315.08	6813	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Mazabuka District Business Association	N	$0
2315.08	6813	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Michigan State University	N	$35,000
2315.08	6813	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Ministry of Labour and Social Security	N	$0
2315.08	6813	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Zambia Central Statistical Office	N	$0
2315.08	6813	Development Alternatives, Inc	U.S. Agency for International Development	GHCS (State)	Zambia Export Growers Assocoiation	N	$0
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Chikuni	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Ichengelo	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Maranatha	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Mazabuka	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Mkushi	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Radio Chikaya	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Radio Mano	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Radio Maria	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Radio Musi-o-Tunya	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Radio Oblate Liseli	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Radio Yangeni	N	$6,500
2915.08	6814	Education Development Center	U.S. Agency for International Development	GHCS (State)	Yatsani	N	$6,500
2998.08	7172	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Africa Directions	N	$22,500
2998.08	7172	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Infectious Disease Research in Zambia	N	$17,375,850

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1075.08	6815	Family Health International	U.S. Agency for International Development	GHCS (State)	Churches Health Association of Zambia	N	$245,729
1075.08	6815	Family Health International	U.S. Agency for International Development	GHCS (State)	Expanded Church Response	N	$60,752
1075.08	6815	Family Health International	U.S. Agency for International Development	GHCS (State)	Kara Counseling Centre	N	$90,000
1075.08	6815	Family Health International	U.S. Agency for International Development	GHCS (State)	Management Sciences for Health	N	$682,000
3032.08	6861	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Expanded Church Response	N	$375,733
2914.08	6819	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Girl Guides Associaton	N	$40,000
2914.08	6819	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Red Cross Society	N	$125,000
2914.08	6819	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Scouts Association	N	$45,000
2914.08	6819	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Young Men's Christian Association	N	$85,000
2914.08	6819	International Youth Foundation	U.S. Agency for International Development	Central GHCS (State)	Zambia Young Women's Christian Association	N	$85,000
2987.08	6889	JHPIEGO	Department of Defense	GHCS (State)	John Snow, Inc.	N	$130,000
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Community Based TB/HIV/AIDS Organization	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Communications Partnership	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Johns Hopkins University	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Johns Hopkins University Center for Clinical Global Health Education	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Johns Hopkins University Point of Care Information Technology	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kara Counseling Centre	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Khulu Associates	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	Society for Family Health	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	TheraSim	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Zambia School of Medicine	N	$0
3017.08	7173	JHPIEGO	HHS/Centers for Disease Control & Prevention	GHCS (State)	University Teaching Hospital	N	$0
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Abt Associates	N	$494,000
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Afya Mzuri	N	$80,000
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$1,315,750
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Initiatives, Inc.	N	$536,000
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Latkings Outreach Programme	N	$65,000
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Pact, Inc.	N	$300,000
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Pact, Inc.	N	$300,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	ZamAction	N	$80,000
630.08	6821	John Snow Research and Training Institute	U.S. Agency for International Development	GHCS (State)	Zambia Health Education Communication Trust	N	$120,000
1031.08	6823	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Comprehensive HIV/AIDS Management Program	N	$0
1031.08	6823	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Copperbelt University	N	$0
1031.08	6823	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	International HIV/AIDS Alliance	N	$934,000
1031.08	6823	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	National Arts Council of Zambia	N	$0
1031.08	6823	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Save the Children US	N	$2,420,000
1031.08	6823	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of Zambia	N	$0
1031.08	6823	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Zambia Center for Communication Programs	N	$0
1031.08	6823	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
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Action for Positive Change	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Community Health Education Program	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Foundation for Development of Children	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Group Focused Consultation	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Happy Children Foundation	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Iluka Community Support Group	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Kalucha Home Based Care	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Moliswa Development Foundation	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Mthuzi Development Foundation	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Mututa Memorial Day Care Center	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Mwelebi Keembe Ranch Home Bases Care	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Ndekeleni Development Foundation	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Northern Health Education Programme	N	$0
7459.08	7459	Kara Counseling Centre	U.S. Agency for International Development	GHCS (State)	Umphawi Organization	N	$0
7535.08	7535	Nazarene Compassionate Ministries	U.S. Agency for International Development	GHCS (State)	Christian Reformed World Relief Committee	N	$0
7535.08	7535	Nazarene Compassionate Ministries	U.S. Agency for International Development	GHCS (State)	World Hope International	N	$0
3040.08	6825	Opportunity International	U.S. Agency for International Development	Central GHCS (State)	Christian Enterprise Trust of Zambia	N	$63,276
3040.08	6825	Opportunity International	U.S. Agency for International Development	Central GHCS (State)	Habitat for Humanity Zambia	N	$59,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Adolescent Reproductive Health Advocates	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Anti-AIDS Teachers' Association of Zambia	N	$30,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Choma Youth Development Organization	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Henwood Foundation	N	$10,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kabwe Home Based Care	N	$10,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kawambwa Anti AIDS Club	N	$10,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	KAYS ARTS Promotion	N	$10,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Kilela Balanda	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Luapula Families In Distress	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Maveve Orphans and Home Based Care	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Mumena Rural Development Trust	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Mwandi Mission Hospital	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Nchelenge Interfaith Sharing & Learning Initiative Group	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Seventh Day Adventist Church	N	$10,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	United Church of Zambia Youth Group on HIV/AIDS	N	$10,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Young Women Christian Association (Mongu)	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Youth Alive Zambia	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Zambezi Development Trust	N	$30,000
1409.08	6826	Pact, Inc.	U.S. Agency for International Development	Central GHCS (State)	Zambia Interfaith Non Governmental Organization	N	$30,000
4139.08	6827	Partnership for Supply Chain Management	U.S. Agency for International Development	GHCS (State)	John Snow, Inc.	N	$2,650,000
695.08	6830	Population Services International	U.S. Agency for International Development	GHCS (State)	Development Aid from People to People	N	$61,179
695.08	6830	Population Services International	U.S. Agency for International Development	GHCS (State)	Livingstone Urban District Health Management Team	N	$100,711
695.08	6830	Population Services International	U.S. Agency for International Development	GHCS (State)	Luapula Foundation	N	$74,470
695.08	6830	Population Services International	U.S. Agency for International Development	GHCS (State)	Mwami Adventist Hospital	N	$107,413
695.08	6830	Population Services International	U.S. Agency for International Development	GHCS (State)	University Teaching Hospital	N	$98,437
695.08	6830	Population Services International	U.S. Agency for International Development	GHCS (State)	YOUTH ALIVE	N	$81,277
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	CHAINDA Child and Family Helper Project	N	$4,643

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Chimusansha CBO	N	$5,082
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Chitamalesa Family Helper Project	N	$4,738
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Community Based TB/HIV/AIDS Organization	N	$25,000
2975.08	6831	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
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Jesus Cares Ministries	N	$0
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Kalinomute HBC Oragnization	N	$5,000
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Kampekete CBO	N	$4,695
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Kuomboka HBC Organization	N	$5,000
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Matero Reference HBC Organization	N	$5,000
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Messiah Ministries	N	$0
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Mumpashya CBO	N	$4,720
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Mutamina CBO	N	$4,638
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Pact, Inc.	N	$0
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Rufunsa Child and Family Helper Project	N	$5,104
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Sepo Center	N	$25,000
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Shuko HBC Organization	N	$5,000
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	St. Anthony Bwafano	N	$90,000
2975.08	6831	Project Concern International	U.S. Agency for International Development	Central GHCS (State)	Zambia Open Community Schools	N	$25,000
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Association of Pope John 23rd Rainbow	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Barefeet	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	CETZAM	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Child Transformation Trust	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Chisomo	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Friends Of the Street Child	N	$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Lazarous Project	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Lupwa Lwabumi Trust	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	MAPODE	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Mthunzi	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	New Horizon Ministries	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Regional Psychosocial Support Initiative - Zambia	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	Sables Drop in Center for Children	N	$0
6188.08	6833	Project Concern International	U.S. Agency for International Development	GHCS (State)	St Lawrence Home of Hope	N	$0
270.08	6834	Research Triangle Institute	U.S. Agency for International Development	GHCS (State)	Afya Mzuri	N	$626,842
270.08	6834	Research Triangle Institute	U.S. Agency for International Development	GHCS (State)	Family Health International	N	$1,641,027
270.08	6834	Research Triangle Institute	U.S. Agency for International Development	GHCS (State)	Zambia Health Education Communication Trust	N	$833,600
270.08	6834	Research Triangle Institute	U.S. Agency for International Development	GHCS (State)	Zambia Interfaith Non Governmental Organization	N	$243,000
2929.08	7186	Tulane University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Zambia Exclusive Breastfeeding Services (ZEBS)	N	$0
3080.08	7185	Tulane University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Infectious Disease Research in Zambia	N	$580,000
3046.08	7447	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Afrika Aktion Hilfe	N	$22,500
3046.08	7447	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	HODI Zambia	N	$97,500
3046.08	7447	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Ministry of Community Development and Social Services	N	$97,500
3046.08	7447	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Zambia Red Cross Society	N	$22,500
4142.08	7202	University of Nebraska	HHS/National Institutes of Health	GHCS (State)	University of Zambia School of Medicine	N	$0
4142.08	7202	University of Nebraska	HHS/National Institutes of Health	GHCS (State)	University Teaching Hospital	N	$0
3044.08	6840	World Concern	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	N	$193,665
3044.08	6840	World Concern	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	N	$142,230
3044.08	6840	World Concern	U.S. Agency for International Development	Central GHCS (State)	Operation Blessing International	N	$55,533
3044.08	6840	World Concern	U.S. Agency for International Development	Central GHCS (State)	World Hope International	N	$142,064
412.08	6841	World Vision International	U.S. Agency for International Development	GHCS (State)	Africare	N	$1,744,756
412.08	6841	World Vision International	U.S. Agency for International Development	GHCS (State)	CARE International	N	$1,175,553
412.08	6841	World Vision International	U.S. Agency for International Development	GHCS (State)	Catholic Relief Services	N	$2,551,421
412.08	6841	World Vision International	U.S. Agency for International Development	GHCS (State)	Expanded Church Response	N	$532,475

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
412.08	6841	World Vision International	U.S. Agency for International Development	GHCS (State)	Salvation Army	N	$844,819

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

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

Total Planned Funding for Program Area: $17,812,000

Estimated PEPFAR contribution in dollars	$70,848
Estimated local PPP contribution in dollars	$858,410
Estimated PEPFAR dollars spent on food	$867,533
Estimation of other dollars leveraged in FY 2008 for food	$370,000

Program Area Context:

Efforts by the Government of the Republic of Zambia (GRZ) to Prevent Mother-to-Child Transmission of HIV (PMTCT) began in 1999. Early partners, including the United States Government (USG) and the United Nations (UN), conducted pilot demonstrations and research programs in health facilities in a limited number of target districts. Current partners include the Global Fund to Fight HIV/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 USG/Zambia's Five-Year PEPFAR strategy, the USG 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 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 USG 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 positives 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 semi-annual report reflected that a total of 118,000 pregnant women were counseled and tested in the first six months and given results. Thus Zambia expects to surpass the FY 2007 PMTCT target of 210,000 and accordingly, at least 34,000 HIV positive women will be given ARV prophylaxis. The Zambia 2006-07 Antenatal Clinic Sentinel Surveillance Report is being developed by the Ministry of Health with analytic support from USG and will be available before the end of 2007. The 2004 ANC Survey showed 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 25.0% for urban and 11.8% for rural.

In FY 2007, the USG 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 USG will provide support to 791 sites in PMTCT service delivery 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 USG will provide PMTCT services to 318,500 pregnant women. Despite only 43% of women delivering 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 the services at PMTCT sites.

The core activities implemented by USG partners for PMTCT are: ante-natal care with routine 'opt out' HIV testing; provision of ARVs for PMTCT as per updated national GRZ protocols guidelines based on the WHO three tiered approach; malaria in pregnancy interventions; 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; infection prevention for health workers; and, reporting and data collection activities. In FY 2008, the USG implementing partners will continue 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 pilot provision of performance-based

financing directly to selected districts, as a means to increase district health office ownership of the program.

Building on activities implemented in FY 2006 and 2007, USG will continue to strengthen linkages between the PMTCT program and other HIV related services such as OVC, palliative care, 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, USG partners successfully piloted a model that offers same-day HIV test results and reflex CD4 count for all women testing HIV-positive. Depending on the CD4 count, women are given antiretroviral prophylaxis or combination ART for their own health, following WHO 2006 Revised Guidelines. In FY 2008, USG partners will support the continued roll-out of this model to sites that also offer ART and other HIV/AIDS services. To further increase access to ART services, USG will expand support to the GRZ laboratory sample referral system for transporting blood samples for CD4 testing from health facilities without CD4 machines to sites with CD4 equipment. This system will increase access to necessary laboratory services and provide timely results for PMTCT clients. In addition, grants will be given to private/mining companies to support workplace health facilities to provide PMTCT services and to strengthen referral to off-site facilities. The program will also aim to reduce stigma and discrimination by empowering men and women in the workplace to make informed choices about CT, PMTCT, and ART.

While ARV prophylaxis greatly reduces the chance of HIV transmission, care of infants has been limited by the unavailability of early infant HIV diagnosis in many areas of the country. In FY 2007, three early infant diagnosis (DNA PCR) laboratories are operational in Zambia with support from the USG. In close collaboration with MOH, the Clinton Foundation, and USG-supported partners, these three laboratories will gradually scale-up nationwide availability of early infant HIV diagnosis using dried blood spots. In FY 2007, more than 11,000 HIV-exposed children were tested by DNA PCR; in FY 2008, it is expected that this figure will approximately double. 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.

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 2008, USG 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) will begin in two Provinces, Eastern and Central. Both PMTCT and MIP will 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 long-lasting insecticide treated nets to pregnant women.

In FY 2008, the USG SmartCare team will provide 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 2008.

Due to scarce and unequal allocation of human resources in the public sector, USG partners have continued to pilot innovative PMTCT approaches at the community level. For example, community-based traditional birth attendants will 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.

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

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	715
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	327600
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	55650
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1815

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1075.08 **Mechanism:** Zambia Prevention, Care and Treatment Partnership

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3528.08

Planned Funds: $4,200,000

Activity System ID: 14384

Activity Narrative: This activity links to other Zambia Prevention, Care, and Treatment Partnership (ZPCT) Counseling and Testing (CT) as well as with the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners.

ZPCT will provide support to GRZ to strengthen and expand PMTCT services in 33 districts, many very remote, in Central, Copperbelt, Luapula, Northern, and North-Western provinces, representing 80% of the population in these five provinces. In FY 2007 ZPCT expanded to seven additional districts and covered all the facilities in Ndola, Kitwe, Kabwe, Mansa, Mwense, and Nchelenge districts to support 175 facilities and increase assess to PMTCT services. In FY 2007, ZPCT reached 63,000 PMTCT clients over the 12 month target period, with 11,813 receiving ARV prophylaxis. Since FY 2005, ZPCT assessed and refurbished 175 PMTCT sites.

In FY 2008, ZPCT will continue to provide technical support to ensure quality services and build district capacity to manage the HIV/AIDS services. During FY 2008 ZPCT will close out, handing over program activities to the follow-on project, therefore targets are lower than FY 2007.

The six activity components include: 1) enhancing PMTCT service delivery; 2) promoting PMTCT services; 3) increasing access to CD4 testing services; 4) providing follow-up of HIV-infected mothers and their children; 5) assisting the national PMTCT technical working group to support developing and disseminating national PMTCT guidelines and protocols; and 6) increasing program sustainability with the GRZ.

In FY 2008, under the first component, enhancing PMTCT service delivery, ZPCT will expand support to 199 PMTCT facilities in 33 districts. ZPCT will reach 69,825 women with PMTCT services, and 11,813 of these will receive a complete course of ARV prophylaxis. Program activities will monitor quality of services in all facilities, with a focus on new facilities including the six districts where all health facilities are being supported by ZPCT. All 199 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 (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 USAID | DELIVER PROJECT, and the Partnership for Supply Chain Management Systems (SCMS).

Technical assistance and training will be provided for MOH health care workers (HCWs), lay counselors, and supervisors. In FY 2007, ZPCT trained 300 HCWs in GRZ's full PMTCT provision training course. In FY 2008 ZPCT will train 120 HCWs in the full PMTCT course and 80 HCWs will receive the five-day refresher training. Quality assurance, supervisory, and monitoring systems will also continue to be strengthened.

Under the second component, promoting PMTCT services, ZPCT will continue to implement an intensive strategy to reach pregnant women with comprehensive PMTCT services by strengthening universal counseling of women in ante-natal (ANC) clinics; establishing and/or strengthening outreach of ANC services to reach women in more rural areas; and increase male involvement and integration of PMTCT, CT (with emphasis on reaching discordant couples); and providing clinical palliative care, family planning services, long-lasting insecticide treated nets, ART services and referral for community (nutrition, OVC, home based care) services, through the district referral networks. Same day test results in PMTCT clinics are operational in all 199 facilities. 'Testing corners' (minimal laboratories placed within or in close proximity to the CT area to facilitate same-day test results) will be strengthened to ensure same day CT for pregnant women. Lay counselors are posted at all sites to provide counseling services in support of the already overworked facility staff and will continue to be supported. In FY 2008, ZPCT will also do additional health facility renovations as needed.

The third component, increasing access to CD4 testing services, links PMTCT to ART services. ZPCT will continue to support the linkage between PMTCT and ART services by offering expanded access to CD4 tests for HIV-positive pregnant women. In FY 2008, ZPCT will continue to fund transport of laboratory samples for CD4 testing from ZPCT-supported facilities to sites with CD4 machines to increase access to PMTCT and ART services.

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

In the fifth component, ZPCT will continue providing 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.

ZPCT will also work closely with other partners (community based organizations, non-governmental organizations, faith-based organizations, the United Nations Population Fund), and other USG partners, including Health Communications Partnership (HCP), Catholic Relief Services/SUCCESS, and RAPIDS, to promote increased uptake of PMTCT services through community mobilization. ZPCT will continue to collaborate with church networks to encourage pregnant women to access PMTCT services and to establish support groups. Traditional leaders and male church leaders will be enlisted to encourage partners and discordant couples to be involved in couples counseling and testing for PMTCT. Reduction of stigma and discrimination, and equity of access to PMTCT and related HIV/AIDS services, will be discussed and addressed with partners within a culturally-sensitive context.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to build on the quality assurance activities started in FY 2006. In FY 2007, ZPCT graduated ten districts from intensive technical support. In

Activity Narrative: FY 2008, in collaboration with the GRZ, ZPCT will graduate another ten districts that are providing consistent quality services and will only need limited technical support from ZPCT. The PHOs and DHMTs will assume responsibility for the selected districts by providing all supervision and monitoring activities in these districts in order to better sustain program activities.

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

All FY 2008 targets will be reached by June 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8886

Related Activity: 14444, 14385, 14447, 14446, 14386, 15887, 14387, 14388, 14389

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8886	3528.07	U.S. Agency for International Development	Family Health International	4971	1075.07	Zambia Prevention, Care and Treatment Partnership	$5,633,887
3528	3528.06	U.S. Agency for International Development	Family Health International	2909	1075.06	Zambia Prevention, Care and Treatment Partnership	$2,067,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14385	3526.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,320,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
14389	3541.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,620,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	199	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	69,825	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	11,813	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Community

Community members

Other

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 630.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3677.08

Planned Funds: $50,000

Activity System ID: 14395

Activity Narrative: The Support to the HIV/AIDS Response in Zambia project (SHARe) and its partners have significantly scaled up PMTCT over the past three years. Over the past three years through the Global Development Alliance (GDA), SHARe has provided CT and test results to 905 pregnant women, 89 pregnant women received a complete course of ARV prophylaxis in a PMTCT setting, and 89 health care providers in the GDA company hospitals were trained in PMTCT. In the next six months through March 2007, SHARe provided 3,265 pregnant women with CT and their test results; provided 343 pregnant women with a complete course of ARV prophylaxis in a PMTCT setting; and trained 343 health workers in PMTCT.

In FY 2008, SHARe will continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide support to HIV/AIDS programs in eight private sector companies through two USAID Global Development Alliances (GDAs) in the mining and agribusiness sectors. The Mining GDA includes Konkola Copper Mines, Mopani Copper Mines, Copperbelt Energy Company, Kansanshi Mines, Bwana Mkubwa Mining Limited. The Agribusiness GDA includes Dunavant Zambia Limited, Zambia Sugar and Mkushi Farmers Association.

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

This continuing activity has three components: PMTCT services at on-site facilities, referral to PMTCT sites where on-site facilities are not available, and linkages to supply inputs to the PMTCT process. On-site facilities will continue to be available at Konkola Copper Mines, Mopani Copper Mines, and Zambia Sugar. These facilities follow the national guidelines for PMTCT including opt-out CT for pregnant women, linkages for treatment and nutritional support, rapid testing, and laboratory support at Konkola Copper Mines for PCR testing of infants.

Program activities reduce stigma and discrimination related PMTCT and CT services, empower men and women to make informed choices about CT, PMTCT and ART, reduce the number of OVC, and improve productivity. Workplace and community level IEC and mobilization driven by trained peer educators empower pregnant women to undertake CT and remove the stigma associated with testing and PMTCT. PMTCT counseling is integrated into antenatal care at on-site facilities. An emphasis on HIV care and treatment for parents and infants following the PMTCT program makes it easier to access ART. The PMTCT also reaches the most at risk mobile populations including miners and agricultural workers.

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

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

In FY 2008, 3,000 pregnant women will receive CT as entrance to PMTCT directly through on-site services and 500 pregnant women will receive a complete course of ARV prophylaxis directly. In addition, 10 health workers will be trained in PMTCT.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8913

Related Activity: 14396, 14397, 14398, 14399, 14400, 14403

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8913	3677.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$50,000
3677	3677.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14396	3638.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,628,000
14397	6570.08	6821	630.08	SHARE	John Snow Research and Training Institute	$352,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14399	3652.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14400	3639.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,325,909
14403	3643.08	6821	630.08	SHARE	John Snow Research and Training Institute	$2,650,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$70,848
Estimated local PPP contribution in dollars	$858,410

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	5	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	500	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	10	False

Indirect Targets

Target Populations

Special populations

Miners

Other

Pregnant women

Business Community

Coverage Areas

Central

Copperbelt

Southern

Lusaka

Northern

North-Western

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2933.08

Mechanism: CARE International - U10/CCU424885

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3573.08

Planned Funds: $302,500

Activity System ID: 15506

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

In FY 2008, CARE International will implement prevention of mother to child transmission of HIV (PMTCT) services in three districts of the Eastern Province whilst Center for Infectious Disease Research Zambia (CIDRZ) works in the other five districts. The model will be based on a rural expansion program that will use other health cadres for counseling and testing (CT) and health workers for the implementation of the service. Building on synergies created by the HIV/tuberculosis (TB) work in these districts, a comprehensive package of HIV services will be used to mainstream these services. CARE International in Eastern Province will build partnerships and work in collaboration with EGPAF/CIDRZ and the Ministry of Health to carry out this task.

In order to have a significant impact on reducing the number of HIV-infected infants, PMTCT services need to be provided with all maternal and child health (MCH) services. In 2007, a training needs assessment was conducted in the project areas to assess the capacity of health workers (midwives, nurses, and doctors) to provide basic PMTCT services according to the National Protocol Guidelines. Based on the results of the assessment, training was provided to MCH staff in CT, TB screening, administration of PMTCT prophylaxis as per national protocols and antiretroviral therapy (ART) for women that need it, midwifery, and obstetrical practices to reduce the risk of transmission feeding practices and options for HIV positive mothers, pediatric HIV care and long-term support to mothers, and monitoring procedures (e.g. how to use counseling and blood test registers). The project coordinates activities with CIDRZ and the Provincial Health Office (PHO) through the provincial MCH coordinator. Between 2006 and 2007, CARE International conducted PMTCT trainings in Chama, Chadiza, and Lundazi Districts of the Eastern Province. A total of 171 health workers and community volunteers were trained. Community health cadres were also trained in CT. A total of 15 PMTCT sites were instituted in these rural health centers in both FY2006 and FY 2007.

CARE International in FY 2008 will scale-up from the initial 15 health facilities and will scale-up and roll out PMTCT and CT to 15 new health facilities in the three project districts. This means that in 2008 CARE International will facilitate implementation of activities in a total of 30 sites. As a result of CARE International's capacity building efforts, PMTCT activities will continue to be implemented in the old sites with support and supervision from the district health offices (DHOs).

Routine CT will be provided to all pregnant women to know their HIV status in the 30 PMTCT health facilities. 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. This will involve further counseling on the different options that are available to minimize the risk of transmitting the infection to the baby and this includes prophylaxis for HIV treatment, importance of institutional delivery and education on infant feeding options. These women and the infants will also be given a complete course of ARV prophylaxis. During postnatal period, HIV positive mothers will be referred to the ART clinic for further assessment and management. 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 and ART will be developed and strengthened. For example in cases, where facilities for CD4 testing are not available or are non functioning, CARE will recommend to the PHO and DHOs to identify health staff that can be trained in WHO clinical staging for HIV.

Pregnant women will also be linked to malaria prevention programs such as distribution of ITNs implemented by projects such as RAPIDS and the Ministry of Health.

In FY 2008, CARE International will institute PMTCT services in three of the most underserved districts of the Eastern Province where traditional birth attendants (TBAs) and other community health workers (e.g. home-based care givers) play vital roles in the delivery of safe motherhood and reproductive health services. An innovative approach of incorporating TBAs in the provision of PMTCT services has been identified as an on-going activity from FY 2007 and will be rolled-out in FY 2008. As part of the activity, TBAs are instrumental in delivering PMTCT services to pregnant women at the community level, referral of these women to antenatal care services, and in providing follow-up advice and psychosocial support for women at the community level. A package that encompasses all aspects of the PMTCT protocol is used for training. The TBAs and CHWs will be trained in the provision of psychosocial support to HIV positive women and their families. CARE International will also facilitate the formation and strengthening of support groups for HIV positive women and encourage male involvement through working with key influential community leaders. Communities will be sensitized on prevention of stigma and discrimination for HIV positive women and the importance of providing support and care for these women.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8818

Related Activity: 15518, 15535

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26208	3573.26208.09	HHS/Centers for Disease Control & Prevention	CARE International	10965	2933.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15518	3788.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,520,500
15535	9737.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$225,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	30	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	200	False

Indirect Targets

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Eastern

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2976.08

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 9734.08

Planned Funds: $475,000

Activity System ID: 15511

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

The Churches Health Association of Zambia (CHAZ) is an interdenominational non-governmental umbrella organization of church health facilities formed in 1970. The organization has 125 affiliates that consist of hospitals, rural health centers, and community based organizations. All together these member units are responsible for 50% of formal health care service in the rural areas of Zambia and about 30% of health care in the country as a whole. CHAZ, in collaboration with the Global Fund, started supporting the ART as well as the prevention of mother to child transmission of HIV/AIDS (PMTCT) program during 2006 and currently has 20 sites implementing PMTCT.

In FY 2007, CHAZ supported its mission institutions to meet the needs of the communities they served. The knowledge and skills of the health care providers was strengthened in order to prevent the transmission of mother to child transmission of HIV, and to ensure sound follow-up of HIV-exposed infants. By strengthening institutional capacity, and facilitating active community involvement, CHAZ continued to advocate for community participation and male involvement in PMTCT. Through this intervention, CHAZ addressed issues of gender inequality by providing yet another avenue for HIV positive women to access ART, thus improving their chances for survival and their continued ability to care for their families.

In order to ensure the success of this activity, in FY 2007, all cadres of healthcare providers who care for pregnant women and infants were trained to provide high-quality counseling and care to HIV positive pregnant women, including provision of ARV drugs, and support for infant feeding options. CHAZ continued to strengthen linkages between local partner health facilities and the surrounding communities they served. Community members took part in outreach activities that promoted PMTCT awareness and developed supportive networks for HIV positive women in the post-partum period, especially as it related to maintaining their chosen infant feeding option, and for encouraging infant follow-up for definitive diagnosis.

FY 2008 activities will result in: (1) increased access to quality PMTCT services; (2) quality PMTCT services integrated into routine maternal and child health services; (3) increased use of complete course of antiretroviral (ARV) prophylaxis by HIV-positive women; (4) improved referral to ARV treatment programs; (5) linkage between child health, ART, PMTCT services and increased community participation; (6) increased knowledge of health providers/staff in neonate and child early clinical identification of exposed babies; and (7) early infant diagnosis using DNA-PCR test on dried blood spot.

During FY 2008, CHAZ will continue to strengthen provision of quality PMTCT services in the 25 mission institutions with a focus on coverage and sustainability. This will be accomplished by building the capacity of health care providers in PMTCT and follow-up of HIV exposed infants and HIV positive mothers after delivery. For the infants that test negative after the definitive diagnosis has been made, support will be provided for strengthening of infant feeding options through support of infant feeds. This strategy will also ensure timely treatment provision to infants testing HIV positive. Mothers will also be monitored closely after delivery so that they begin treatment early.

To ensure continued access to routine counseling and testing (CT) for pregnant women, all pregnant women will receive routine HIV testing with improved antenatal clinic (ANC) services at 25 sites. Support will also be provided for establishing referral linkages between the ANC, delivery ward, and ART clinics (general and Paediatric), so that each HIV positive pregnant woman can receive CD4 testing and to determine and provide therapy options. Counseling on infant feeding, with well articulated plans for infant follow-up, will be made during the antenatal period, and this will be followed-up after the dried blood spot test. Referral linkages will also be strengthened between the ANC, delivery wards, and the ARV clinics in all facilities, to ensure appropriate care for the mother and newborn in accordance with the national guidelines. Awareness training of local traditional birth attendants (TBAs) will also be done to ensure adequate peri-partum /post partum interventions for the mothers and newborns where deliveries are done outside the health facilities.

Activities in FY 2008 will include: (1) training antenatal and delivery ward staff on PMTCT interventions; (2) training TBAs; (3) establishing/strengthening referral linkages within the health facility and with selected trained TBAs; (4) strengthening of laboratory capacity to accommodate the increased numbers of HB, CD4 and hematology tests required for pregnant women identified as HIV-positive; (5) Infant feeding training for all cadres of health workers and key women in the communities; (6) training of staff in the 'well-baby clinic' on how to follow-up and make a definitive HIV diagnosis on HIV-exposed infants; (7) strengthening laboratory capacity to send samples to national infant diagnosis of HIV centers; and (8) training of doctors and clinical officers in early diagnosis and timely intervention for the HIV-exposed infant. This component will establish the necessary linkages among the health facilities and communities to ensure adequate infant follow-up, definitive HIV diagnosis, and stronger laboratory capacity.

The final component of FY 2008 activities will address: (1) community mobilization, including a targeted evaluation of male involvement and participation in the PMTCT program through community outreach activities; and (2) awareness training targeted at men. This activity will support awareness campaigns, train community men, and establish or strengthen linkages between the health facilities and the community.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9734

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9734	9734.07	HHS/Centers for Disease Control & Prevention	Churches Health Association of Zambia	5000	2976.07	CHAZ - U62/CCU25157	$280,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Estimation of other dollars leveraged in FY 2008 for food	$20,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	25	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	15,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,400	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	100	False

Indirect Targets

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2998.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3788.08

Planned Funds: $4,520,500

Activity System ID: 15518

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities. Two PHE's have been removed from this activity per OGAC guidance and appear as separate activities.

This activity links with other PMTCT programs with WPHO, EPHO, and CARE International.

The Center for Infectious Disease Research in Zambia (CIDRZ), under the prime partner Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), 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 also two public health evaluations (PHEs) included under this activity. In FY 2008, CIDRZ in partnership with the Government of the Republic Zambia will focus on:

1) Providing PMTCT services to 80% of the health centers in Lusaka, Western, and Eastern Provinces where feasible.

2) 100% of the health centers in Lusaka and 75% in other supported sites offering more effective PMTCT interventions Nevirapine (NVP)-boosted Zidovudine (ZDV).

3) Improving links to care and treatment by implementing highly active antiretroviral therapy (HAART) for pregnant women within maternal and child health (MCH) clinics at selected sites in Lusaka.

5) Scaling-up early infant diagnosis at six weeks using virological testing to all district capitals supported by CIDRZ.

4) Implementing and improving upon performance based funding to districts to promote sustainability.

5) Support the most efficacious PMTCT regimens to all pregnant women with CD4 counts less than 350 at the University Teaching Hospital (UTH) and two Lusaka District facilities.

By working directly with the MOH, Provincial Health Offices, and districts, CIDRZ plans to considerably expand the number of health centers providing PMTCT, from 201 by the end of February 2008 to 250 by the end of February 2009. Therefore the overall PMTCT coverage will be 80% of the health facilities and districts within three provinces of Zambia. Sustainability of the PMTCT program will be achieved through the integration of PMTCT services into routine MCH activities.

CIDRZ is transitioning towards a system where funding is given directly to the districts to implement safe motherhood and PMTCT services with a goal of developing a sustainable model. In this model, districts are given seed money to start of PMTCT services at clinics which are not providing PMTCT services. These funds can be used to orient stakeholders; buy necessary supplies; or other things to promote PMTCT. Districts are also given money for individual clinics to support PMTCT based on the actual numbers of pregnant HIV infected women who are counseled and tested for HIV and who receive ART on a monthly basis. CIDRZ has signed an MOU with each district outlining guidelines for how the individual clinic money can spent. A breakdown of items on which the money can be spent has been agreed upon and includes: community activities; back-up supplies; support for lay counselors or staff within the clinics. On a quarterly basis, CIDRZ will meet with the districts to review the terms of the agreement and review the performance of the individual clinics as well as the district oversight of the safe motherhood and PMTCT programs

The mother-infant rapid intervention at labor and delivery (MIRIAD) intervention was continued and expanded to seven clinics in Lusaka at the end of May 2007. By mid 2008, all clinics in Lusaka, as well as, major district health centers will implement testing in labor as per the national PMTCT guidelines. CIDRZ will continue to support districts to develop networks and referral systems for pregnant women and HIV-exposed infants to access other services offered at health centers and in the communities. This would include the development and strengthening of the existing sample referral system. For example, CD4 and dried blood spot samples are taken from feeder clinics and sent to larger facilities for laboratory processing and then the results are returned to feeder clinics.

A key activity will be referrals to HIV care and treatment programs, including screening of women for a CD4 count to determine eligibility for antiretroviral therapy. In FY 2008, the program will go a step further to implement the provision of ART to eligible pregnant women until six weeks postpartum in selected MCH clinics with an overall goal to improve links to care and treatment and to dramatically reduce the incidence of pediatric HIV. At the UTH, the program will support the implementation of a "Center of Excellence in PMTCT" at the Adult Infectious Disease Center, located just next to the Geriatrics Department. This unit will focus on implementation of the most efficacious PMTCT regimens which are currently available to women who are eligible for HAART based on the most conservative interpretation of the WHO guidelines (all pregnant women with CD4 counts <350 or Stage IV) . This clinic will also provide the highest standard of care with regard to the availability of all relevant lab tests including liver function tests, full blood counts, and viral load as deemed necessary. When the results of the Kesho Bora study are released, we will consider giving all pregnant women HAART regardless of CD4 count or clinical stage. A multidisciplinary approach to the care of pregnant women including consultation and coordination with physicians at the center will be employed.

Currently, all 24 clinics in Lusaka offer early infant diagnosis of HIV. The EGPAF-CIDRZ program aims to test 60% of all infants delivered to HIV-infected mothers in Lusaka at six weeks of age using polymerase chain reaction (PCR). HIV-infected infants will be referred for continued care and treatment. To increase numbers of infants below 18 months tested in MCH, the program will train health care providers and auxiliary staff to identify HIV-exposed infants and infants suspected of HIV infection. In collaboration with the ART program, PMTCT will support the implementation of routine counseling and testing of infants and their parents in hospitalized children and in outpatients' clinics.

EGPAF-CIDRZ will continue to work with CDC to implement the SmartCare system, which will facilitate improved longitudinal care for pregnant women and their infants. Health workers will be trained in counseling, the minimum package of care of PMTCT, logistics, data management, and quality assurance as new and ongoing activities in these districts. Through implementation of the fixed cost obligation model, EGPAF-CIDRZ will support district staff retention and support of auxiliary staff in a bid to address the

Activity Narrative: shortage of staff in MCH departments. To support scale-up of PMTCT in rural areas, CIDRZ has adapted the traditional birth attendant (TBA) manual and has trained and will continue to TBAs to improve PMTCT service delivery in rural settings. As part of this program, EGPAF-CIDRZ will raise community awareness for the PMTCT program through the development of materials and information, education, and communication strategies. The communities, especially men, will be mobilized and encouraged to participate in the PMTCT community outreach programs that promote HIV testing in order for the program to be effective. Finally, CIDRZ will continue to bring two volunteers for one year to support PMTCT expansion, to provide technical assistance, promote knowledge transfer, and provide creative solutions to problems.

The targets set below are to be achieved by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9002

Related Activity: 15506, 15555, 15543

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26226	3788.26226.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10973	2998.09	EGPAF - U62/CCU123541	$4,370,500
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15506	3573.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$302,500
15555	9744.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$225,000
15543	9736.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$225,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	250	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	150,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	28,500	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	325	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

Pregnant women

Coverage Areas

Eastern

Lusaka

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3019.08 **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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 9737.08

Planned Funds: $225,000

Activity System ID: 15535

Activity Narrative: The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

The Ministry of Health of Zambia (MOH) aims to develop an effective and sustainable prevention of mother to child transmission of HIV (PMTCT) program. The MOH also plans to strengthen the PMTCT reporting system, the supply management, and logistics systems for the program. In FY 2007, the MOH with support from the President's Emergency Plan for AIDS Relief (PEPFAR), begun the process of finalizing the monitoring system, through which data will be captured from facility level to national level using both paper-based tools and the electronic based system which, in turn will, feed into the continuity of care project. The data collection tools have been developed as well as the various user manuals. So far 168 provincial and district data managers have been trained, in collaboration with United States Government partners. The system is currently being rolled-out and district maternal and child health coordinators have been trained in the use of this monitoring system. These will serve as trainer of trainers for roll-out into facilities providing PMTCT in their districts. This is timely, and as services are expanded, it is critical to establish national systems for PMTCT program monitoring. The PMTCT-MS has been designed to:
?Standardize data collection and monitoring procedures
?Provide program monitoring information to identify progress and challenges and to improve PMTCT services
?Facilitate standard reporting of national and international PMTCT indicators
?Support a simple, national strategic information system for PMTCT
?Aid in tracking babies exposed to HIV.
?Enable MOH to plan, coordinate and supervise delivery of integrated services as well as informing policy.

The MOH has a shortage of manpower at the central level to effectively coordinate the program nationally, and has challenges with pushing PMTCT logistics to the provinces. In FY 2008, MOH will use this funding to build this capacity. The MOH aims to maintain two positions to provide logistical, monitoring and evaluation technical assistance to the national program with support from CDC. Other activities to be implemented include strengthening the reporting system at all levels of data capture, monitoring visits, training, strengthening the supply chain for the PMTCT supplies, and support for PMTCT buffer logistics

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

In FY 2008, the MOH plans to strengthen the gains achieved by maintaining a robust but simple paper-based monitoring system whilst rolling-out Smartcare. This system will guide ongoing processes of further scale-up, maintain quality of services, improve utilization and inform areas for concerted support supervision as well as obligatory reporting.

The MOH PMTCT Program through the plus-up funds complements and supports other services such as infant and young child nutrition, palliative care, ART services, reproductive health, and strategic information. The PMTCT program is designed to ultimately be sustainable through incorporating the PMTCT services in routine maternal and child health services. The direct funding requested for in this proposal will support these other related services as well. The national routine information system will track contributions made to attaining PMTCT and inform about the outcomes.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9737

Related Activity: 16828, 15506, 15518, 17258, 17257, 14384, 15568, 15573, 15588, 14444, 15511, 14395, 15555, 15543, 15550, 16906, 14421

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26242	9737.26242.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	10977	3019.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16828	16828.08	7555	7555.08	Men Taking Action	Catholic Medical Mission Board	$0
15506	3573.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$302,500
15518	3788.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,520,500
17258	17258.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$189,000
17257	17257.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$275,000
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
15568	3571.08	7186	2929.08	UTAP - Boston University-ZEBS - U62/CCU622410	Tulane University	$2,450,000
15573	9741.08	7188	5264.08	UNICEF	United Nations Children's Fund	$350,000
15588	3574.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$375,000
14395	3677.08	6821	630.08	SHARE	John Snow Research and Training Institute	$50,000
15555	9744.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$225,000
15543	9736.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$225,000
15550	9739.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$350,000
16906	16906.08	7616	7616.08	Mothers 2 Mothers	Mothers 2 Mothers	$0
14421	12533.08	6828	6187.08	Infant and Young Child Nutrition Program	PATH	$750,000
15511	9734.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$475,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2988.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 9736.08

Planned Funds: $225,000

Activity System ID: 15543

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 activities in MTCT: EGPAF/CIDRZ, Care International, and CHAZ.

Eastern Province is divided into eight districts and currently all eight are receiving support for the prevention of mother to child transmission of HIV (PMTCT) services by the United States government (USG)-funded partners, Center for Infectious Disease Research Zambia (CIDRZ), Churches Health Association of Zambia (CHAZ) and CARE International. The sites that provide PMTCT also refer/provide antiretroviral therapy (ART), tuberculosis (TB), and palliative care services to which the women are also referred. As of March 2006, CIDRZ and CARE International had trained 40 health care providers in the minimum package of PMTCT services and instituted 30 PMTCT sites.

In FY 2008, in joint collaboration with CDC/EPHO, CIDRZ and CARE International, Eastern Provincial Health Office (EPHO) will spearhead the scale-up of PMTCT services in the province in-line with the national PMTCT expansion plan. This support will enable key technical staff from EPHO to coordinate, plan, and integrate services with CDC/EPHO, CIDRZ, CARE International, and the Churches Health Association of Zambia. In addition activities will include expanding and linking PMTCT services with other HIV services in all districts of the province through mapping of services during the performance audits conducted by the Provincial Health Office (PHO) every quarter.

In FY 2008, this activity will continue to supplement PMTCT training in the all districts by partnering with CIDRZ, CARE International and CHAZ with training of providers and scaling up the number of PMTCT sites in order to roll-out the services to the rural most populations. The services provided at these sites will be in line with the core PMTCT interventions as stipulated in the protocol guidance. The EPHO will train 175 health workers through this activity. The EPHO working in collaboration partnership with its partners, will ensure that additional PMTCT sites will be established in the districts that are implementing PMTCT across the province. As this is a joint effort with the other partners, it has been agreed that to avoid double counting of targets, the EPHO will only report on the number of health workers trained and the partners in each respective district will report on the other 3 PMTCT OGAC indicators to the USG. The EPHO will ensure through TA that services are established and sites are reporting. Other activities to be implemented will include monitoring visits, training of 50 program managers in the implementation and monitoring of the PMTCT services including Focused Ante Natal Care (FANC), dissemination of national policy and guidelines on PMTCT, strengthening of MCH services, and standardization of PMTCT services.

In FY 2008, in joint collaboration with CIDRZ, CARE International and CHAZ, the EPHO will spearhead the scale-up of PMTCT services in the Province in-line with the national expansion plan. This support will enable key technical staff from EPHO to coordinate, plan, and integrate services with the partners. This activity will include expanding and linking PMTCT services with other HIV services in the province including Pediatric ART services, through mapping of services during the performance audits spearheaded by the EPHO every quarter, as well as the creation of a referral system for HIV/AIDS services.

Support will continue to be provided to strengthen PMTCT services in the Eastern province through improving coverage of counseling and testing amongst pregnant women, improving uptake of prophylaxis among HIV+ pregnant women identified, and 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.

IN FY 2007, 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 provided 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, CHAZ, and CARE International. CIDRZ, CHAZ, and CARE International will continue to provide PMTCT services in districts where they currently work but with the coordination and leadership of the EPHO to ensure uniformity and standardization to the PMTCT services. In order to create a sustainable PMTCT program, the PHO will continue to play a key role in ensuring that supportive supervision is provided to these districts and will coordinate all PMTCT services and implementing partners to ensure optimal resource utilization.

In FY 2008, this activity will supplement the PMTCT training in Chama and Mambwe districts that have not yet initiated PMTCT on large scale, and will supplement training in the other districts with few trained providers in PMTCT service delivery. A total of 175 health providers will be trained through this funding. The EPHO working in collaboration with CIDRZ, CHAZ, and CARE International will ensure through the provision of technical assistance that more sites in the province establish the PMTCT services.

The PHO's involvement in the coordination of the program will ensure geographical coverage and coordinated planning among districts for the integration of PMTCT services into routine maternal and child health units which will lead to the development of a sustainable model where the Government of the Republic of Zambia plays an active role in the continued delivery of PMTCT services.

In FY 2007 the EPHO received plus-up funds to strengthen PMTCT services in the Eastern province through the improvement of coverage of counseling and testing amongst pregnant women, uptake of prophylaxis among HIV+ pregnant women identified through adequately training and mentoring of health workers and community health workers. The EPHO also coordinated training and supervision of PMTCT services through the planning of PMTCT services at district level, the integration and strengthening of PMTCT into maternal and child health. These funds were used to establish support systems that ensure sustainability of the PMTCT scale-up such as improved PMTCT supply chain management, improve the monitoring and reporting system and strengthen the linkage to ART.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9736

Related Activity: 15506, 15511, 15535, 15518

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26247	9736.26247.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	10979	2988.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15506	3573.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$302,500
15518	3788.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,520,500
15535	9737.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$225,000
15511	9734.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$475,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	175	False

Indirect Targets

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Eastern

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	2973.08	**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 of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	9739.08	**Planned Funds:**	$350,000
Activity System ID:	15550		

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 activities in MTCT Zambia Exclusive Breastfeeding Survey (ZEBS).

In support of the Zambia national framework as well as strengthen the capacity of the national health system to provide sustainable HIV/AIDS services, the United States Government 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 districts where they currently work but with the coordination and leadership of the SPHO to ensure uniformity and standardization of the PMTCT services. In order to create a sustainable PMTCT program, the 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.

Southern Province has 11 districts and all districts are providing PMTCT services which have now been scaled up due to the extra technical and financial support provided in FY 2007 by United States Government (USG) supported partner: Academy of Educational Development and ZEBS, (now known as BUCIHDZ). Out of 217 maternal and child health centers in the province, the USG in FY 2007 supported a total of 165 PMTCT sites while the SPHO directly supported 19 sites with training of health workers. In joint partnership with Boston University (BU), the PHO ensured that all the 184 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 (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 will be rigorously strengthened to ensure that all HIV+ pregnant women have their CD4 count done, are given an efficacious regimen for ARV prophylaxis, are screened for TB and further linked ART services for initiation of comprehensive HIV care, and to orphans and vulnerable children (OVC) and palliative services.

In FY 2008, this activity will continue to supplement PMTCT training in the 3 districts not supported by BU (i.e. Namwala, Sinazongwe, and Itezhi-Itezhi) with training of providers and scaling up the number of PMTCT sites in order to roll-out the services to the rural most populations. The services provided at these sites will be in line with the core PMTCT interventions as stipulated in the protocol guidance. The SPHO will train 300 health workers through this activity. The SPHO working in partnership with BU, will ensure that additional PMTCT sites will be established in the districts that are implementing PMTCT and they will extend to four other districts, namely Kalomo, Kazungula, Livingstone and Choma. As this is a joint effort with BU, it has been agreed that to avoid double counting of targets, the SPHO will only report on the number of health workers trained and BU will ensure through TA that services are established and hence will report on the remaining 3 indicators. Other activities to be implemented will include monitoring visits, training of 50 program managers in the implementation and monitoring of the PMTCT services including Focused Ante Natal Care (FANC), dissemination of national policy and guidelines on PMTCT, strengthening of MCH services, and standardization of PMTCT services.

One factor that hinders the PMTCT program is the lack of active male involvement and the SPHO in partnership with Men Take Action will train 250 male community based PMTCT agents/mentors as a key activity in strengthening community participation in the roll-out of this activity. The SPHO's involvement in the coordination of the program will ensure geographical coverage and coordinated planning among districts for the integration of PMTCT services into routine maternal and child health units which will lead to the development of a sustainable model where Government of the Republic of Zambia plays a key role in the continued delivery and sustainability of PMTCT services.

In FY 2008, in joint collaboration with BU, the SPHO will spearhead the scale-up of PMTCT services in Southern Province in-line with the national expansion plan. This support will enable key technical staff from SPHO to coordinate, plan, and integrate services with BU. This activity will include expanding and linking PMTCT services with other HIV services in the province including Pediatric ART services, through mapping of services during the performance audits spearheaded by the SPHO every quarter, as well as the creation of a referral system for HIV/AIDS services.

Support will continue to be provided to strengthen PMTCT services in the Southern province through improving coverage of counseling and testing amongst pregnant women, improving uptake of prophylaxis among HIV+ pregnant women identified, and 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.

In FY 2008, the SPHO will continue with this activity through enhanced coordination of training and supervision of PMTCT services through the planning of PMTCT services at the district level, and the integration and strengthening of PMTCT into maternal and child health. Support systems established in FY 2007 will be used in FY 2008 to ensure sustainability of the PMTCT scale-up such as improved PMTCT supply chain management, improving the monitoring and reporting system and strengthening the referral systems.

A critical activity will be the development and strengthening of follow-up of HIV exposed infants by linking this activity to Integrated Management of Childhood Illnesses (IMCI) and community based village registers and records, as well as pediatric ART services. The initial plan will be targeted at Sinazongwe, Namwala and Itezhi-Tezhi districts with the view of scaling up the model to other district.

In FY 2008, SPHO will strengthen district and health centre PMTCT coordination through quarterly and monthly planning review meetings with Maternal Child Health Coordinators and district Health Information Officers. Strategic information will be collected, aggregated, and analyzed for M&E purposes. It is the responsibility of each District Health Management Team to submit this information to the SPHO through the

Activity Narrative: Data Management Office. To ease this process, the SPHO will continue to support one data associate at each District Health Office and one based at PHO with much needed logistics to ensure smooth data collection, compilation, and submission.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9739

Related Activity: 15568

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26254	9739.26254.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	10980	2973.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15568	3571.08	7186	2929.08	UTAP - Boston University-ZEBS - U62/CCU622410	Tulane University	$2,450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	300	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Southern

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3082.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 9744.08

Planned Funds: $225,000

Activity System ID: 15555

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 activities in MTCT with MOH and EGPAF/CIDRZ.

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 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 prevention of mother to child transmission of HIV (PMTCT) services in the province, provide training, and expand PMTCT trainings to health centers currently not covered by Center for Infectious Disease Research Zambia (CIDRZ). CIDRZ will continue to provide PMTCT services in districts where they currently work but with the coordination and leadership of the WPHO to ensure uniformity and standardization to the PMTCT services being provided in the province. In order to create a sustainable PMTCT program, the provincial health office (PHO) will take a key role in ensuring that supportive supervision is provided to these districts and will coordinate all PMTCT services and implementing partners (CIDRZ) to ensure maximal resource utilization.

Western Province has seven districts of which four currently have PMTCT services provided through CIDRZ. The sites that provide PMTCT also provide antiretroviral therapy (ART), tuberculosis (TB), and palliative care services to which the women are referred. By March of FY 2007, WPHO had trained 82 health care providers in the minimum package of PMTCT services and indirectly supported 42 PMTCT sites in additional to 50 health workers trained by CIDRZ.

In FY 2008, this activity will supplement PMTCT training in Shang'ombo, Lukulu, and Kalabo districts that have not initiated PMTCT and will supplement training in the other districts with few trained providers. An additional 100 health providers will be trained. WPHO and CIDRZ working in collaboration will ensure through the provision of technical assistance that additional sites establish the PMTCT services and the targets on the number of women accessing counseling and testing and ARV prophylaxis will be reported by CIDRZ to avoid double counting. However, the WPHO will report only on the number of health workers trained from their funding. In addition, other activities to be implemented will include monitoring visits, training of program managers in the implementation and monitoring of the PMTCT service, dissemination of national policy and guidelines on PMTCT and standardization of PMTCT services provided in the province across all implementing partners. The PHO's involvement in the coordination of the program will ensure geographical coverage and coordinated planning among districts for the integration of PMTCT services into routine maternal and child health (MCH) units which should lead to the development of a sustainable model where Government of the Republic of Zambia plays an active role in the continued delivery of PMTCT services.

In FY 2008, in joint collaboration with CIDRZ, the WPHO will spearhead the scale-up of PMTCT services in Western Province in line with the national expansion plan. This support will enable key technical staff from WPHO to coordinate, plan, and integrate services with CIDRZ. In addition, other activities will include expanding and linking PMTCT services with other HIV services in target districts throughout the province. This will be achieved through the mapping of services during the services performance audits led by the PHO every quarter.

In FY 2008, the WPHO will continue with this activity through enhanced coordination of training and supervision of PMTCT services through the planning of PMTCT services at district level, the integration and strengthening of PMTCT into maternal and child health. Support systems established in FY 2007 to ensure sustainability of the PMTCT scale-up such as improved PMTCT supply chain management, improving the monitoring and reporting system and strengthening the linkage to ART will be further strengthened in FY 2008. An additional activity will be development and strengthening of follow up of HIV-exposed infants by linking this activity to Integrated Manangement of Childhood Illnesses and community based village registers and records.

In FY 2008, WPHO will strengthen district and health centre PMTCT coordination through quarterly and monthly planning review meetings with MCH coordinators. Strategic information will be collected, aggregated, and analyzed for M&E purposes. It is the responsibility of each District Health Management Teams to submit this information to the WPHO through the Data Management Specialist. To ease this process, the WPHO will continue to support one data associate at each District Health Office and one based at Provincial Health Office to ensure smooth data collection, compilation, and submission.

Direct funding for PMTCT service delivery in line with the national PMTCT protocol guidelines and technical assistance at the provincial level will complement and enhance referrals to other services such as ART, TB/HIV, and palliative care.

The plus-up funds received in FY 07 will be used to strengthen PMTCT services in the Western province through improving coverage of counseling and testing amongst pregnant women, improving uptake of prophylaxis among HIV+ pregnant women identified through adequately training and mentoring of health workers and community health workers. The Western Provincial Health Office will also coordinate training and supervision of PMTCT services through the planning of PMTCT services at district level, the integration and strengthening of PMTCT into maternal and child health. These funds will also be used to establish support systems that ensure sustainability of the PMTCT scale-up such as improved PMTCT supply chain management, improving the monitoring and reporting system, and strengthening the linkage to ART.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9744

Related Activity: 15518, 15588, 15535

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26261	9744.26261.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	10981	3082.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15518	3788.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,520,500
15588	3574.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$375,000
15535	9737.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$225,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	175	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3574.08

Planned Funds: $375,000

Activity System ID: 15588

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

CDC-Zambia will continue providing technical assistance to the Ministry of Health (MOH), the National AIDS Council, and implementing partners in the continued expansion of prevention of mother to child transmission of HIV (PMTCT) services nationally. In FY 2006, direct support was provided in terms of educational materials for the national program, job aids for health workers, an assessment on infant and young child feeding in the context of HIV/AIDS, and national dissemination meetings for both national and international technical updates. In FY 2007, CDC-Zambia 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 continued to support the Government of the Republic of Zambia from FY 2006 to evaluate an inexpensive and less complex approach for use in the diagnosis of infant HIV-1 infection in Zambia. This public health evaluation (PHE) focuses on an inexpensive "boosted" p24 antigen and a much simplified dried blood spot total nucleic acid (TNA) polymerase chain reaction (PCR) assay recently developed at the CDC. 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) PCR assay and the 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). 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 show that it is feasible to provide early infant testing facilities at both rural and urban sites. Further roll-out of PCR testing on infant dried blood spots will be implemented nationwide in FY 2008 based on the courier systems piloted in FY 2007, in collaboration with the Clinton Foundation. For difficult-to-reach rural districts, an evaluation of other potential infant diagnosis testing strategies such as the ultra-sensitive P24 antigen assay (a simple EIA technique) and/or other newer rapid antigen assays will be conducted. This work will be conducted in close collaboration with UTH and with the University of Nebraska-Lincoln, and with CDC Global AIDS Program (GAP) Atlanta.

In FY 2008, 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 without national stock-outs. CDC will support the national PMTCT program with technical assistance and support for study tours and other relevant programmatic reviews.

This activity will support continued technical assistance to the MOH and Tropical Disease Research Center (TDRC) in the design of a PHE of pregnant women to examine the impact of PMTCT programs on subsequent treatment outcomes in women and children (as well as a number of other related outcomes). This PHE will take advantage of and contribute to several activities. These activities include: PMTCT, antiretroviral therapy (ART) treatment, infant HIV diagnosis, pediatric antiretroviral therapy (ART), continuity of care, monitoring and evaluation of programs, outcomes, and surveillance of ART treatment and resistance in adults and children. The Global Fund will provide partial financial support for this research effort whilst CDC-Zambia staff will provide expertise in evaluation design and facilitate the integration of available programs and services. Additional support focusing on malaria during pregnancy and operational research will be provided by the Gates Foundation and the World Health Organization. These efforts provide a timely and unique opportunity for TDRC and CDC-Zambia to leverage innovative developments in several strategic priorities supported by the President's Emergency Plan for AIDS Relief.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9019

Related Activity: 15535, 16492

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26301	3574.26301.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$275,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15535	9737.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$225,000
16492	10169.08	7446	5224.08	NAC-USG Zambia Partnership	National AIDS Council, Zambia	$250,000

Targets

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

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2929.08

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

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3571.08

Planned Funds: $2,450,000

Activity System ID: 15568

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity is linked to SoPHO PMTCT.

Tulane University, through its sub-partner Boston University and local non-governmental agency Boston University Center for International Health and Development, Zambia (BUCIHDZ) (formerly the Zambia Exclusive Breastfeeding Study, ZEBS), and in collaboration with the Southern Provincial Health Office (SPHO) began providing prevention of mother to child transmission of HIV (PMTCT) in FY 2006 in three districts. By the end of 2007, they directly supported government clinics in eight districts while indirectly supporting the government initiative in the remaining three districts of the Southern Province.

In FY 2007, BU received additional funds to strengthen the entire PMTCT program with special emphasis on increasing coverage of rural populations with improved maternal and child health (MCH) services; providing effective PMTCT antiretroviral (ART) prophylaxis; improving the postnatal care for mother-child pairs; establishing infant and young child feeding support and lastly, to train traditional birth attendants (TBAs) in the delivery of PMTCT services. With the plus-up funds, BUCIHDZ also further enhanced the linkage between PMTCT and ART through improved referrals of all pregnant women for baseline CD4 screening. These funds will also permit the expansion of the successful performance-based bursary aimed at improving community outreach in the most rural regions. This bursary is a resource for facilities to strengthen PMTCT specific community outreach programs as well as incorporate PMTCT messages into all other outreach activities. The pilot has proven successful as the numbers of women tested in the field during outreach has increased significantly. Lastly, these funds will be used to continue strengthening MCH programs and efficiently integrating PMTCT services into these services.

Through additional funding, BUCIHDZ also established a comprehensive exclusive breastfeeding (EBF) demonstration project in one urban site (George Clinic, Lusaka) and in three rural sites (in Mazabuka District, Southern Province. Provided the project is successful, this funding will be used to add additional demonstration sites in consultation with national PMTCT partners. There are three specific objectives: 1) to promote and achieve high levels (> 75%) of EBF through six months of age among pregnant HIV-infected women booking in the antenatal clinics; 2) to promote and achieve high compliance with first line ART among HIV-infected pregnant women who qualify according to the national guidelines; 3) to discourage and minimize cessation of breastfeeding or non-EBF among women who learn their infant's negative HIV infection status through early infant diagnosis polymerase chain reaction (PCR).

FY 2008 activities will result in: (1) increased access to quality PMTCT services; (2) improved quality of PMTCT services integrated into routine MCH services; (3) increased coverage of voluntary counseling and testing (VCT) services; (4) higher use of a complete course of ARV prophylaxis by HIV-positive women; (5) improved referral to ARV treatment programs as they are developed within the districts; and (6) expansion of the successfully piloted innovative community-based VCT, and PMTCT program to rural populations not ordinarily reached through facility-based PMTCT services.

In FY 2008, BUCIHDZ will continue expanding PMTCT services in the Southern Province. In collaboration with the SPHO and district health management teams, BUCIHDZ will directly support PMTCT services in 8 districts of Southern Province and in partnership with the PHO support PMTCT services in the remaining three districts. BU will aim to have at least 80% of health centers in these districts establish PMTCT services. As of March 2007, the United States Government (USG) through its partners, Academy for Educational Development and BUCIHDZ were supporting 90 health facilities out of a total of 217 MCH sites in the Southern Province. By the end of FY 2008, BUCIHDZ will provide direct support to 190 sites in all 11 districts (pending direct SPHO support to three districts) and will, in collaboration with the province, provide technical assistance to sites that will be established by district health teams. BUCIHDZ, in partnership with SPHO and district teams will train health workers in these facilities on all components of PMTCT services and integrate these services into routine MCH services, and provide back up commodities for the province. By working in collaboration with the district health teams, capacity will be increased to ensure that sustainable programs are developed and maintained. Additionally, BUCIHDZ will continue to focus efforts on training health workers on data management, ensuring all facilities are correctly filling in government registers, and reporting accurate and timely data to the DHOs for integration into the HMIS. Sustainability of the PMTCT program will be achieved through the integration of PMTCT services into routine MCH activities using existing government health workers and systems. Health workers will continue to be trained in the implementation of the four-pronged approach to PMTCT in counseling, the minimum package of care of PMTCT, logistics, data management, and quality assurance, as well as in the early infant diagnosis package of didactic theory, specimen collection, packaging, transport and follow-up (see Palliative Care Narrative).

BUCIHDZ will continue to support district efforts to develop networks and referral systems for pregnant women to access other services offered at health centers and in the communities, including family planning. These networks are critical for linking HIV-positive pregnant women to antiretroviral therapy (ART) services and developing an approach where all HIV+ women are referred for baseline CD4 counts and women needing ART are referred to the nearest ART center. BUCIHDZ will also provide counseling on appropriate feeding options for infants born to HIV-positive women and those of unknown status. By the end of FY 2008, data on HIV-positive women and infants referred to ART and care services will be available as this information is currently being incorporated as indicators in the PMTCT monitoring system.

Scarce and unequal allocation of human resources for service delivery is the biggest constraint limiting coverage of HIV/AIDS services in Zambia. An innovative approach is crucial to extending human capacity development, especially in the rural areas of Zambia, where access to care is extremely limited. In these areas TBAs play a key role in implementing effective interventions in remote and rural settings. To address the shortfall in counseling services, BUCIHDZ developed an innovative program of community-based training of lay counselors in the provision of pre- and post-test HIV and lactation counseling. A cadre of community members and traditional birth attendants was identified and trained to perform VCT at the health posts and/or within the community. As part of their scope of responsibilities, the TBAs also performed real-time community-based HIV testing using whole blood or oral fluid rapid tests, or linked these counseling services with same-day HIV testing at the corresponding rural health center. Based on the success of this approach, the model will be scaled-up to three other districts in the province by the end of FY 2008.

Activity Narrative:

BUCIHDZ will 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 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.

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8784

Related Activity: 15550

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8784	3571.07	HHS/Centers for Disease Control & Prevention	Tulane University	4938	2929.07	UTAP - Boston University-ZEBS - U62/CCU622410	$2,150,000
3571	3571.06	HHS/Centers for Disease Control & Prevention	Tulane University	2929	2929.06	(UTAP)/ Tulane University/ZEBS	$550,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15550	9739.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Estimated PEPFAR dollars spent on food	$5,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	190	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	50,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	150	False

Indirect Targets

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Southern

Copperbelt

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5264.08
Mechanism: UNICEF
Prime Partner: United Nations Children's Fund
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9741.08
Planned Funds: $350,000

Activity System ID: 15573

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. 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 and child health (MCH). 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 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.

UNICEF also supported GRZ and stakeholders in supporting or 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 MCH cards for HIV status to provide clinical care accordingly and also supported institutionalization of CPT 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 by the CDC.

Another important achievement in FY 2007 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. TBAs 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 2008, UNICEF will continue supporting the PMTCT national program through continued strengthening and support to the above activities instituted in FY 2007. In addition, UNICEF will provide 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 will print national job aids for use by all cadres implementing the PMTCT program, identified are the flip charts for use by lay counselors, training materials for lay counselors and spearhead the revision of the national health worker training curriculum and printing of the training materials for use in the 72 districts of Zambia. UNICEF will also print sufficient copies and disseminate the updated PMTCT protocol guidelines, and procure buffer supplies to strengthen the broader MCH services. With the FY 2008 funding, UNICEF will 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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9741

Related Activity: 15588, 15535

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26286	9741.26286.09	HHS/Centers for Disease Control & Prevention	United Nations Children's Fund	10988	5264.09	UNICEF	$350,000
9741	9741.07	HHS/Centers for Disease Control & Prevention	United Nations Children's Fund	5264	5264.07	UNICEF	$275,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15588	3574.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$375,000
15535	9737.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$225,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7555.08

Mechanism: Men Taking Action

Prime Partner: Catholic Medical Mission Board

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16828.08

Planned Funds: $0

Activity System ID: 16828

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16844

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16844	16844.08	7555	7555.08	Men Taking Action	Catholic Medical Mission Board	$0

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

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

Indirect Targets

CMMB will reach 33,100 adult men. As a result, CMMB will indirectly contribute to 11,100 pregnant women receiving HIV counseling and testing at 22 CHI sites leading to 2,176 pregnant women provided with a complete course of antiretroviral prophylaxis.

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Other

Pregnant women

Discordant Couples

Religious Leaders

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Southern

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7616.08

Mechanism: Mothers 2 Mothers

Prime Partner: Mothers 2 Mothers

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16906.08

Planned Funds: $0

Activity System ID: 16906

Activity Narrative: This activity is linked to PMTCT activities of Boston University, CIDRZ, and ZPCT.

Activities to improve the effectiveness of prevention of mother to child transmission of HIV (PMTCT) services are carried out through facility-based, peer-to-peer education and psychosocial support programs for pregnant women, new mothers and caregivers, all living with HIV/AIDS. There are 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.

With PEPFAR New Partners Initiative support, mothers2mothers (M2M) will increase the effectiveness of PMTCT services through a comprehensive program of facility-based, peer-to-peer education and psychosocial support for pregnant women, new mothers and caregivers living with HIV/AIDS in Rwanda, Kenya and Zambia. All activities have been and will continue to be coordinated with local PMTCT service providers and their partners and will also be carried out in conjunction with provincial, district and municipal health authorities. In Zambia, m2m has the active support of the Ministry of Health (MOH) for Zambia, the Provincial Department of Health for the Southern Province (SPHO), and of the Livingstone District Health Office. Support from the Provincial Departments of Health for Lusaka and Copperbelt Provinces is anticipated. Support from respective District Health Management Boards (DHMB) will be gained as specific sites are selected in each district.

Current M2M programs are located in over 90 health care facilities in four provinces in South Africa as well as in Lesotho, Ethiopia and Botswana. In FY 2008, M2M will sustain programs in ten districts of the Southern, Lusaka, and Copperbelt Provinces in Zambia.

The program partners will be Development AID for People to People (DAPP), a local, Zambian NGO, for in-country program implementation. As a provider of indirect support to local PMTCT programs, m2m and DAPP will support the PEPFAR funded PMTCT activities of Boston University (BU) in Southern Province, Center for Infectious Disease Research-Zambia (CIDRZ) in Lusaka Province, and Zambia Prevention, Care and Treatment Partnership (ZPCT) in the Copperbelt Province.

PEPFAR funding will be used to support the delivery of a cascade of curriculum-based training and education programs designed to improve PMTCT outcomes through education and training of pregnant women and new mothers with HIV/AIDS. The training curriculum provides guidance about PMTCT and ARV treatment tied to maternal and new baby health, with the objective of encouraging these women living with HIV/AIDS to take responsibility for their own health, their child's health, and the health of their partners. Additional critical subjects covered in the training include family planning, couples counseling, and prevention guidance for these PLWHA and their partners ("Prevention with Positives".).

Training begins with mothers2mothers' site co-coordinators (SC) and Mentor Mothers (MM), all of whom are PLWHA. They, in turn, provide curriculum-guided education and support (individual and group) to mothers in PMTCT programs during antenatal care, post-delivery recovery, and their return to clinics after delivery. In addition, working in collaboration with local and provincial government health authorities, indigenous staff (including nurses, lay counselors and other related health providers) also receives this training on PMTCT interventions and wellness care.

With PEPFAR funding, the program will add a complement of trained PMTCT care providers (SC's and MM's) to supplement the resources of frequently overburdened local healthcare providers. Simultaneously, the program will also hone the skills and knowledge of existing indigenous staff. The lasting impact of these activities will make a significant contribution to the sustainable development of the capacity of local organizations.

PEPFAR funding will be used to provide individual and group psychosocial support and empowerment programs for pregnant women and new mothers with HIV/AIDS in order to help them with issues including stigma and discrimination; disclosure; reducing risky behavior among positives and pediatric support. Nutritional support and guidance is also a part of the program. A related activity focuses on providing specific support programs for the MM's and SC's ("Care for Caregivers"), contributing to their own physical and emotional well being as well as that of their clients.

One objective of both group and individual support is specific knowledge transfer around the many issues a women living with HIV/AIDS faces in navigating the PMTCT process. Another outcome is empowering the women to focus on and take responsibility for the health of their babies, and, importantly, their own health as well. By encouraging behaviors that can help mothers sustain their well being, the programs aim to reduce the potential that their children could become orphans and/or vulnerable children (OVC).

Similarly, the programs address the reality of the high rates of violence against women in the communities served, as well as the specific ties between HIV and domestic violence. They provide tactical as well as emotional support aimed at helping women confront this issue and reduce their likelihood of becoming targets and victims.

Working in close partnership with local health and government programs, MM's and SC's become part of the antenatal intake process. In this role, they focus on increasing counseling and testing uptake by serving as committed advocates, working with women like themselves and drawing on their training and their own personal experience. Through this program, the MM's and SC's also provide significant support for Pediatric Counseling and Testing by advocating for pregnant women to return to clinics post-delivery to test their infants, supporting the women in the post-delivery period, and providing referrals of babies to testing and treatment programs.

This activity provides linkages and referrals, specifically by acting as a bridge between PMTCT services and other health services. In active collaboration with local and provincial health officials, m2m will link women and infants with AIDS defining conditions to ARV therapy programs, and refer all ante/post natal women to clinics providing wellness care for themselves and their infants.

M2M will thus contribute to increasing the number of women cared for by PMTCT programs; by improving prevention (PMTCT) outcomes, thus reducing the number of infected children; and by increasing the

Activity Narrative: number of pregnant women, new mothers, and infants receiving treatment by providing a referral system from PMTCT to ARV services.

M2M will be reporting on indirect targets only as they will be working with other PEPFAR supported PMTCT programs in each of the three provinces where they will be providing services. Specific targets will be derived when program sites are selected in each district in consultation and collaboration with respective DHMBs, PMTCT program partners (BU, CIDRZ and ZPCT) and DAPP. Correct tabulation of targets will be completed to ensure that no double-counting results.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14384

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Estimated PEPFAR dollars spent on food $112,533

Public Private Partnership

Targets

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

Indirect Targets

All targets are indirect and related to activities that support of PEPFAR funded PMTCT programs which report on direct targets.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	6187.08	**Mechanism:**	Infant and Young Child Nutrition Program
Prime Partner:	PATH	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	12533.08	**Planned Funds:**	$750,000
Activity System ID:	14421		

Activity Narrative: This ongoing PMTCT activity began in FY 2007 with Plus Up funds and links to other USG supported PMTCT services,. COP 08 reprogramming in August 2008 will reduce funding for this activity by $750,000 due to a shift from Field Support to PATH as the primary mechanism, to a Mission bilateral Nutrition RFA. PATH IYCN is expected to continue its work in COP 08 until it has expended all remaining funds. PATH IYCN should also help USAID plan for a smooth transition for Infant and Young Child Feeding activities funded by Field Support to a Mission bilateral mechanism once an award has been made. The shift in funding results from the need to establish a multi-year bilateral mechanism, and the absence of other funds to establish the mechanism.

IYCN will continue to support local partners through appropriate in-country staffing approved by USAID while funding lasts. USAID Zambia will continue to consider the need for Technical Assistance from PATH IYCN project, and may invest again in PATH IYCN via Field Support if additional funds become available. In addition, USAID Zambia and other USG Zambia agencies will examine existing COP 08 Food and Nutrition funding allocated to other partners to determine if any of the funding should be re-allocated to the Mission bilateral Nutrition RFA or to IYCN via Field Support.

IYCN will continue to link Infant and Young Child Nutrition to existing OVC, HBC, and PMTCT activities, and to provide nutritional support and counseling to benefit HIV positive pregnant women and their exposed infants to minimize HIV transmission. IYCN 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. IYCN will assist USG with assessment and design issues.

In addition, USAID has underscored that IYCN will collaborate actively and openly with the FANTA II activity, and vice versa, to ensure optimal provision of TA and training to USG partners and GRZ. In order to establish sites and services with the reduced funds, IYCN will maintain a partner-friendly and client-oriented approach. IYCN 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. IYCN will also design services and referrals to simplify and facilitate client continuity of care in clinic and community settings, and in-between.

The objectives of this activity remain 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.

IYCN will work jointly with USG Zambia funded partner(s) including FANTA II, and the GRZ, to provide technical assistance, offer training technical advice and materials (though it will not fund all training costs), 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, IYCN-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.

USAID and CDC PMTCT projects will work with IYCN to select five or more “demonstration sites” 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.

The prime partner is the PATH through their Infant and Young Child Network (IYCN). IYCN will provide technical assistance, training, and materials to existing USG PMTCT partners on Infant and Young Child Feeding (IYCF). This will include training, technical advice, and materials, and equipping PMTCT partners/sites for nutritional assessment and counseling, as well as prescription and monitoring of food supplements.

Activity Narrative: Recent research has confirmed the value of exclusive breast feeding for PMTCT clients and their infants. This approach will afford PMTCT partners (ZPCT and ZEBS) an option to improve maternal and infant survival and mortality, through strengthened nutritional assessment, counseling, and support, beyond the first six months of life. It 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.

IYCN will assist USAID Zambia to adapt or adopt the USAID Kenya "Food by Prescription" model, as well as other experience with nutrition assessment and supplementation in Zambia (i.e., CIDRZ, SUCCESS). The models offer opportunities for replication and expansion. Based on a detailed assessment of local food processing capacity, IYCN will assist USAID to make best use of existing private producers to cost-effectively produce (and/or procure) and distribute appropriate food and nutrition support products.

It is anticipated that through technical and training assistance, and design of materials and products, IYCN will be able to support a full range of services including nutritional assessment and counseling and, as required, nutritional supplements to approximately 5,000-10,000 HIV positive women and infants at 5-10 carefully selected sites. This assumes that the women and children will benefit from 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 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, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12533

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12533	12533.07	U.S. Agency for International Development	PATH	6187	6187.07	Infant and Young Child Nutrition Program	$1,000,000

Emphasis Areas

Food Support

Estimated PEPFAR dollars spent on food	$750,000
Estimation of other dollars leveraged in FY 2008 for food	$350,000

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2987.08

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3670.08

Planned Funds: $350,000

Activity System ID: 14621

Activity Narrative: This work is 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 and Palliative Care Basic Health Care (HBHC) and support as well as JHPIEGO's work on integrating diagnostic CT into tuberculosis (TB) and sexually transmitted infections (STI) services for mobile populations.

JHPIEGO is supporting the ZDF to improve overall clinical prevention, care, and treatment services throughout the Zambia Army, Zambia Air Force and Zambia National Service around the country. The goal is to ensure that the ZDF is able to provide quality HIV/AIDS services to all its personnel, as well as to the civilian personnel who access their health system, including pediatric patients. 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) PMTCT, antiretroviral (ART), palliative care, HIV-TB and injection safety programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the USG, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

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

In FY 2005, FY 2006 and FY 2007, JHPIEGO and other cooperating partners such as PCI supported the ZDF in model sites to provide higher quality, comprehensive HIV/AIDS prevention, care, and treatment services, integrating CT and PMTCT with HIV/AIDS care and support, and integrating HIV more strongly into STI and TB services. In addition to the model sites, service providers from many of the other DFMS sites have been included in service provider training and have received supportive supervision visits at their sites.

During FY 2006, JHPIEGO played an integral part in reopening of the Maternal and Child Health Department at Maina Soko Military Hospital (MSMH), which enabled them to begin providing PMTCT services. This department had been closed for the previous four years leaving a large gap in the services provided, given that MSMH is the only military referral hospital. In addition to training PMTCT service providers and establishing quality PMTCT services at eight 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 187 service providers in PMTCT. The Zambia National PMTCT training package covers the following topics: community support for PMTCT; primary prevention of HIV/AIDS; family planning; infection prevention; counseling; HIV testing; ARV drugs for PMTCT; maternal and child nutrition in PMTCT; PMTCT in antenatal care, labor and delivery, and postnatal care for women and infants/children; and record-keeping/logistics management. Support will not be limited to the model sites as staff from many other sites will be included in orientations and trainings. By the end of FY 2007 JHPIEGO was working with model sites in all nine provinces.

JHPIEGO has supported quality integrated PMTCT services at 12 model ZDF sites, and will expand to an additional four model sites in FY 2008. JHPIEGO will train at least 80 service providers in PMTCT to expand service provision and to fill gaps left by service providers deployed for operations. Following the training supervision visits will be conducted to the service providers and sites. These service providers will be trained between September 2008 and September 31, 2009.

JHPIEGO has continued to expand facility-based performance improvement systems by working with ZDF central command and DFMS, as well as base commanders, to develop a system of staff rotation and on-the-job training. The facility-based performance improvement system follows the JHPIEGO Standards Based Management and Recognition (SBM-R) methodology.

Building on the service linkage developed between PMTCT and ART, JHPIEGO has integrated TB and palliative care services to provide integrated support for facility-based HIV/AIDS prevention, care, and treatment. As the result of this intervention, the health care workers 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, supportive supervision visits will continue to the 12 facilities, as well as the four FY 2008 expansion sites.

JHPIEGO has also supported the DFMS to conduct workshops using the orientation package for lay workers on HIV/AIDS prevention, care, and treatment covering CT, PMTCT, Care, and ART as well as linkages to other services such as TB and STIs. It is designed to educate the readers on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations. In FY 2008 an additional 30 lay workers will be trained using this package. This has enhanced advocacy efforts to secure sustained support for these services from both the management as well as the community and client perspective.

Sustainability is at the core of the support JHPIEGO is providing the DFMS. DFMS training capacity has been improved through the training of trainers. JHPIEGO has co-taught PMTCT workshops with the DFMS trainers to help them improve their training skills and address any gaps. DFMS management and supervision capacity has been improved by providing them with the knowledge and tools they need to support service outlets and to assess performance in a standardize way. JHPIEGO has worked to close the divide between initiatives in the MOH and DFMS by making sure DFMS is represented and considered in

Activity Narrative: the planning and execution of national plans, including logistics management information systems, electronic medical record systems, and the dissemination of national guidelines, protocols and plans. In addition JHPIEGO is working to ensure sustainability in the DFMS training institutions through curricula development and the improvement of existing training facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9088

Related Activity: 14630, 14624, 14625, 14428, 14631, 14626

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24830	3670.24830.09	Department of Defense	JHPIEGO	10573	2987.09	DoD-JHPIEGO	$600,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14626	3672.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	16	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	500	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2998.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17258.08

Planned Funds: $189,000

Activity System ID: 17258

Activity Narrative: Title of Study: PMTCT Program Effectiveness

Time and Money Summary: This Study started in FY2007 with a budget of $358,000 and the budget for FY 2008 will be $189,000.

Local Co-Investigator: Drs. Elizabeth Stringer, Benjamin Chi and Jeffrey Stringer are Co Principal Investigators. Dr. Namwinga Chintu is an Investigator.

Project Description:
In this PHE, we will measure PMTCT program effectiveness in designated, Emergency Plan-sponsored districts using a community-based survey methodology. The proposed method will measure population HIV-free survival in the general population of children and among HIV-exposed infants and is designed to minimize biases and provide a population-based estimate. Given the large investments in PMTCT programs both by the Zambian government, the USG, and other donor agencies, development of a standard and reliable measure of PMTCT effectiveness is an urgently needed component for the continued optimization of services and resources.

Evaluation Question:
Direct measurement of PMTCT program effectiveness in the field has proven challenging in resource-limited settings such as Zambia. Early infant HIV diagnosis generally requires nucleic-acid-based (PCR) or ultrasensitive p24 assays, neither of which are feasible in many settings outside Lusaka owing to their expense and technical complexity. Later diagnosis with rapid antibody testing after the cessation of breastfeeding can be done almost anywhere, but when used as a program evaluation tool, it is hindered by the persistence of maternal antibodies for 15-18 months, and suffers from ascertainment bias; babies who die do not return for diagnosis, thus causing an overestimation of program benefit.
Because of these challenges, Zambian decision-makers rely primarily upon collection of various process indicators to measure program success. Many of these indicators are critical steps along the pathway to PMTCT service “coverage,” such as the proportions of women offered testing, accepting testing, receiving a prophylactic intervention, etc. A danger of relying exclusively upon process indicators, rather than directly measured outcomes to assess program effectiveness, is that the process indicator approach has never been validated as a reliable surrogate for effectiveness, and may substantially overestimate it.
The primary focus of this monitoring activity will be to measure directly the gold standard metric of childhood HIV-free survival in selected populations. We propose the development and implementation of community-based monitoring within a variety of communities within Zambia. If validated through our activities, we believe this methodology could have a significant impact on how programs are assessed in settings like ours.

Methodology:
We will employ a community survey methodology that seeks out households with a child less than 2 years of age (who may be alive or deceased). Monitoring activities will consist of 2 parts. First, a questionnaire will be completed regarding patient and family demographics, health care service utilization (including ART and PMTCT), and HIV/AIDS knowledge and attitudes. In addition, we will obtain specimens for anonymous, unlinked testing: a venous specimen or oral swab from the mother and children > 2 years, and dried blood spot (via heel-stick) for children 2 years or less (and any who are still breastfeeding). In households where surveyors identify a birth in the prior 5 years where the mother has died, verbal autopsy interviews will be performed to approximate the cause of death. In these cases (estimated ~ 10% from our experience in Lusaka) the possibility of an AIDS-related maternal death can be estimated via verbal autopsy interviews with family members.
Maternal specimens will be analyzed for maternal HIV antibody status, and, depending upon funding availability, recent infection through the use of “detuned” assays (this latter issue is of particular interest among those who are still breastfeeding). Child specimens will be analyzed for HIV antibody status. Together, these data will allow direct measurement in the population of 1) early and late infection rates among exposed infants; 2) infant, child, and under-5 mortality among all children, with stratification by HIV exposure status; 3) HIV-free survival in the general population and among those exposed to HIV. The precision of the survey’s estimate will be directly linked to the available sample size, which in turn, hinges on the budget. We are proposing a sample size that is adequate to estimate population HIV-free survival rates among HIV-exposed infants within a 5% margin of error.

Status of Study/Progress to Date:

This study is part of a larger multi-country study which includes Cote d'Ivoire, South Africa and Cameroon. The contract was awarded to UAB/CIDRZ in September 2006. The protocols for this multi-country study were submitted to the CDC in February and March 2007 and are currently under review at the IRB of the CDC. The implementation of this PMTCT Effectiveness study in Zambia will begin as soon as IRB approval is granted by the CDC. IRB approval has already been granted by the ethics committees of UNZA and UAB.

UAB has now prepared and signed off on the contracts for the cost effectiveness evaluation which will be done as part of this larger study. We will begin with data collection as soon as IRB approval is granted.

Population of Interest:
Unlike previous work, we propose a community-based (vs. a facility-based) approach to determining PMTCT program effectiveness. As such, households in each community will be sampled within designated census enumeration areas in a random fashion, using demographers from the University of Zambia and a methodology already developed by CDC/CIDRZ for the Lusaka District Community Health Survey.

Budget Justification:

Requested budget will include personnel (including study leader, operations coordinator, data entry clerks, data manager and analysts), administrative costs, survey/field work (to be subcontracted to a group at the University of Zambia), laboratory supplies and reagents. No incentives are provided for participants.

Salaries/fringe benefits: $115,000
Equipment: $0

Activity Narrative: Supplies: $0
Travel: $0
Participant Incentives: $0
Laboratory Testing: $15,000
Other: $59,000
Total: $189,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15518, 15535

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15518	3788.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,520,500
15535	9737.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$225,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Lusaka

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2998.08 **Mechanism:** EGPAF - U62/CCU123541

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17257.08

Activity System ID: 17257

USG Agency: HHS/Centers for Disease Control & Prevention

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

Program Area Code: 01

Planned Funds: $275,000

Activity Narrative: April 08 Reporgramming: Prime Partner: Elizabeth Glazer Pediatric AIDS Foundation, Agency: CDC, Funding Mech: HQ

Title of Study: Elizabeth Glazer Pediatric AIDS Foundation Antiretroviral Pregnancy Registry, a Multi-Country Study.

Time and Money Summary: This Study started in FY2007 and $277,500 from the EGPAF Carryover Budget will be spent. It is anticipated that this activity will need $275,000 from FY2008. This will be a three year study.

Local Co-Investigator: Dr. Wm. Perry Killam, CIDRZ-UAB, Zambian Project Coordinator and Dr. Bushimbwa Tambatamba/LDHMT/MOH; Co-Investigator

Project Description:

In this PHE, we will establish a multi-country voluntary registry of women exposed to antiretroviral therapy (ART) during pregnancy and perform observational surveillance on HIV – positive pregnant women who are exposed to antiretroviral medications during the prenatal period, in order to evaluate the safety of the medications in pregnant women and their infants.

Evaluation Question:

Combination ART delays disease progression and HIV-infected pregnant women are increasingly treated with highly active ART both for their own health and to reduce vertical transmission. Although the use of ART in pregnancy has significantly reduced rates of vertical transmission of HIV-1, some questions remain regarding the safety of these therapies and their potential impact on the infant. The goal of the Antiretroviral Pregnancy Registry is to perform observational surveillance on HIV – positive pregnant women who are exposed to antiretroviral products during the prenatal period in order to evaluate the outcome of the pregnancy and safety of the medications. In particular, the registry will evaluate exposure to ART during the beginning of pregnancy and document the frequency of adverse events including birth defects among infants or fetuses born to mothers exposed to antiretroviral treatment during pregnancy.

Programmatic Importance:
Given the large number of reproductive age women on ART and increasing use of ART during pregnancy, development of a pregnancy registry is a needed component for safe use of ART by determining the potential impact on pregnancy outcome. The results of this targeted evaluation will be used to supplement other human and animal studies in understanding the safety of ART used during pregnancy. It will assist clinicians caring for HIV-infected pregnant women in the management of her ART care.

Status of Study/Progress to Date:

The Protocol has been developed and submitted to the local IRB at the University of Zambia Research Ethics committee and the University of Alabama at Birmingham Institutional Review board. The Operations Manual has been drafted, study nurses interviewed and a PHE Meeting is planned for September 2007.

Methodology:

We will establish a multi-country voluntary registry of women exposed to antiretroviral therapy (ART) during pregnancy and perform observational surveillance on HIV – positive pregnant women who are exposed to antiretroviral medications during the prenatal period. The Registry will be fielded in Zambia and Ivory Coast in two phases. Phase I of the study is expected to begin in September 2007 and will expect to enroll 500 women prospectively over a 6 month period between the two participating countries. As well, a retrospective arm of Phase I will examine reported outcomes of pregnancy from eligible women who delivered in the past 6 months prior to initiation of the prospective arm. This retrospective analysis will be a review of the existing medical record information from Smartcare and ZEPRS electronic databases. Phase II of the study is expected to enroll 1000-1500 participants starting in 2008 and will contain a comparison population. In Zambia, potential participants will be identified through review of the SmartCare and Zambia Electronic Perinatal Records System (ZEPRS) electronic databases, which containing routinely collected information on patients' clinical care visits for Care and Treatment and pregnancy care. The patients' ART regimen and pregnancy status are routinely assessed in the ART clinic, written on standardized forms and entered into the SmartCare electronic database. The pregnancy status, HIV status and ART medication status are routinely collected during antenatal care in the ZEPRS system. Women fulfilling the inclusion criteria on review of the electronic databases will be considered potential participants and will be asked to enroll voluntarily in the Registry. The data gathered will allow for determination of the frequency and distribution adverse events by gestational age at exposure and by various drug regimens being used in resource-limited countries.

Population of Interest:

The population of interest is HIV infected women who are on combination ART then become pregnant. In Zambia, the population will be HIV infected pregnant women on ART attending one of the public health ART clinics in Lusaka District.

Information Dissemination Plan:

It is intended that the results of this EGPAF APR will be published in a peer-reviewed journal with the aim of submitting a paper for publication within six months of EGPAF APR completion. The initial manuscript describing the multi-country results will be created by the Principal Investigator and distributed to study investigators and site staff for input and comments. A final EGPAF APR report will be prepared in collaboration with all Clinical investigators. This report will be provided to all investigators who contributed to the EGPAF APR and the IEC/IRB if required.

Budget Justification:

Activity Narrative: Requested budget will include personnel (data entry clerks, data analyst), contractual cost for modifying the data gathering electronic database and administrative costs. A detailed budget is available upon request or can be found in our pending application to the CDC under EGPAF Project HEART carryover. No incentives are provided for participants.

Salaries/fringe benefits: $155,000
Equipment: $2,500
Supplies: $3,000
Travel: $4,500
Participant Incentives: $0
Laboratory Testing: $0
Other: $110,000
Total: $275,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15518, 15535

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15518	3788.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,520,500
15535	9737.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$225,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Lusaka

HVAB - Abstinence/Be Faithful

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

Total Planned Funding for Program Area: $20,544,658

Estimated PEPFAR contribution in dollars	$66,736
Estimated local PPP contribution in dollars	$287,149

Program Area Context:

The United States Government (USG) supports Abstinence and Being Faithful (AB) messaging and programs in 82% of the districts in Zambia. The USG continues to take 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 2005-2010 National Health Strategic Plan, and the 2006-2010 Fifth National Development Plan. The ZASF and the USG/Zambia Five-Year Strategy under PEPFAR both give high priority to a comprehensive prevention strategy through promoting abstinence, partner reduction, and mutual fidelity among young people aged 10–25, and among adult men and women. The USG supports specific activities within the GRZ strategy, including: life skills training, interpersonal counseling, peer education, age-appropriate information, education and communication (IEC), community and social mobilization, abstinence programs, community-based HIV prevention activities, institutional capacity building, gender disparities, referral systems, and promotion of responsible sexual behaviors. All USG-supported new activities, tools, and manuals are developed in partnership with and approved by the National HIV/AIDS/STI/TB Council (NAC).

The USG collaborates closely with the GRZ, local organizations, community and religious leaders, the private sector, and donors such as the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), the Joint United Nations Program on HIV and AIDS (UNAIDS), United Nations Population Fund (UNFPA), and the World Health Organization (WHO). In FY 2008, the USG will support the NAC to develop and implement the National Prevention Strategy, focusing on the Prevention of Sexual Transmission (PST) components and key messages.

The HIV prevalence rate in Zambia is 16% among the 15-49 year age group (2000-2001 Zambia Demographic Health Survey). Young people constitute the most vulnerable group to new HIV infections: more than 50% of the 10.3 million Zambians are under the age of 20 years and about 8% of young people aged 15-24 years are HIV positive. The May 2007 NAC/UNFPA Rapid Consultancy Report on HIV Epidemic Drivers in Zambia highlighted that sexual transmission is responsible for the vast majority of new HIV infections, which is exacerbated by early sexual debut, multiple and concurrent sexual partnerships, sexually transmitted infections, 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). Harmful traditional practices, poverty, and inequities to access to education and other services contribute to transactional and/or trans-generational sex, and sexual violence and/or coercion into early sexual debut at a young age. Alcohol plays a major role in reducing sexual inhibition among both men and women and in increasing women's vulnerability to forced and/or unprotected sex.

The 2005 Zambia Sexual Behavior Survey (ZSBS) highlighted that sexual debut of young people has increased from 16.5 to 18.5 years, and that there is little change in the number of men and women reporting having multiple sexual partners from 2003 to 2005. The findings of this study have been used to inform policy and program decisions in FY 2008. For example, the GRZ Office of the First Lady worked in partnership with the USG to support the launch and implementation of the delayed debut campaign in FY 2007.

In FY 2007, the USG-supported faith based organizations (FBOs), community based organizations (CBOs), non-governmental organizations (NGOs), schools, and government/private workplaces (including the agribusiness, military, tourism, and mines sectors) to implement AB related activities. These activities targeted in and out-of-school youth, 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 same groups will be targeted in FY 2008. USG partners provided training, community based education, integration of AB messages in male circumcision (MC) counseling, technical assistance, institutional capacity building including supervision, monitoring and evaluation, IEC materials development and dissemination, and support to resource centers. In FY 2006, 1,419,777 individuals were reached with AB messages and 27,200 trained as peer educators. By mid-FY 2007, 732,215 and

65,365 people were reached with AB and Abstinence-only messages respectively, and 20,045 were trained as educators. Despite the significant AB prevention achievements, some USG partners continue to face challenges of limited local implementing partner capacity; high attrition of peer educators, associated with volunteerism fatigue; and, reaching the hard-to-reach populations in rural areas. In FY 2008, USG will reach 1,265,579 individuals with AB messages and activities, of which 172,557 will be for abstinence only, and train 15,476 persons to promote abstinence and/or being faithful.

In FY 2008, USG, 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 AB prevention. Increased focus will be on coordinating training, building knowledge, skills, comfort and confidence of parents to discuss sexuality issues with their children; integrating AB into MC counseling services; redesigning IEC materials to include MC messages; expanding outreach activities aimed at encouraging responsible behavior, delayed sex/secondary abstinence, and messages that promote fidelity and partner reduction. AB 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), and through mass media. Mass media activities re-enforce community mobilization, for example, community radio programs. USG partners working in high prevalence locations will extend appropriate AB education to children as young as seven years of age and to their parents to prevent early sexual debut, abuse, and exploitation. The USG will accelerate AB interventions, targeted at men in the general population and in workplaces to reduce multiple and concurrent sexual partners and sexual coercion. In addition, PEPFAR-funded Peace Corps Volunteers will work with USG partners to enhance AB activities at the community level. The New Partner Initiative will continue in FY 2008 as a way to scale-up AB activities in the country and build local organization capacity.

In FY 2008, USG partners will actively participate in the NAC Prevention Theme Group and the Working Group on PST to develop, disseminate, and implement campaigns. In close collaboration with the NAC, USG partners will also continue to distribute IEC materials and to strengthen the capacity of DATFs, Community AIDS Task Forces (CATFs), and other collaborating partners at the community level to implement evidence-based AB activities. The USG will encourage partners to link AB activities to other prevention/condom programs for high-risk groups, CT, care and treatment services, and incorporate AB messages into post-test counseling, CT sensitization sessions, home-based care, ART services, MC, OVC scholarship programs, and the police sexual violence prevention program. The USG will pay special attention to addressing prevention for positives, gender-based violence, alcohol/HIV transmission issues, and stigma/ discrimination through awareness, education, and advocacy activities. Wrap around activities will include child survival, malaria (through the President's Malaria Initiative), safe motherhood, family planning, male reproductive health, economic growth, and education.

The USG 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 to provide sub-grantees program and financial backstopping. In coordination with the NAC, monthly PST and quarterly USG AB partner meetings (and other coordinating mechanisms) will provide USG AB agencies and partners an opportunity to standardize training, IEC materials, prevention messages, lessons learnt, and best practices. Mapping exercises will assist in preventing duplication of efforts. USG partners will continue to contribute education and training materials to the NAC resource centre and database, and program activity reports to the NAC M&E database. In FY 2008, the USG will conduct a Public Health Evaluation to evaluate AB programs for effectiveness and sustainability.

A high priority for the USG is the implementation of graduation strategies for AB activities through capacity building of local partner organizations. This will include increased capacity-building for local partners to manage programs and to 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.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1515579
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	172537
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	21756

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3011.08	**Mechanism:**	Comforce
Prime Partner:	Comforce	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02

Activity ID: 17577.08 **Planned Funds:** $100,000

Activity System ID: 17577

Activity Narrative: The following activity is newly proposed ¬ for FY 2008.

This activity is linked to all prevention narratives, AB, Other Prevention including Male Circumcision. It is also linked to Counseling and Testing and treatment as we would like appropriate prevention to clearly link to those who are negative and positive. The goals are to work in support of national strategy 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 nearly 16% 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 no 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 and 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 carried in close collaboration with Zambian partners and USG 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15571, 15523, 15589, 15525

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15523	12519.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$465,000
15571	3576.08	7187	3368.08	UTAP - MSS/MARCH - U62/CCU622410	Tulane University	$1,450,000
15589	3578.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$50,000
15525	12524.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$995,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3041.08 **Mechanism:** DoD-PCI

Prime Partner: Project Concern International **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Abstinence and Be Faithful Programs

Budget Code: HVAB **Program Area Code:** 02

Activity ID: 9170.08 **Planned Funds:** $275,000

Activity System ID: 14628

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other/Policy Analysis and System Strengthening (PCI), Other Prevention (PCI), Other Prevention (JHPIEGO), Palliative Care Basic Health Care and Support (PCI), Palliative Care Basic Health Care and Support (JHPIEGO), and Counseling and Testing (PCI) and Orphans and Vulnerable Children (Belong for ZDF)

The first component of this activity involves supporting 30 Anti-AIDS youth groups in Zambia Defense Force (ZDF) primary and secondary schools established in FY 2006 and FY 2007. The 30 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), USG/PEPFAR-funded partners, Baptist Fellowship of Zambia (BFZ) or other sources. The materials selected will be those promoting abstinence until marriage for youths who are not sexually active and secondary virginity for those who are active. PCI will work with other USG AB partners and stakeholders by attending monthly PST meetings and quarterly USG AB partner meetings (and other coordinating mechanisms) this will be an opportunity to standardize training, IEC materials, prevention messages, lessons learnt, and best practices.

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 third activity under this component is to provide other logistic support (mainly stationery) for youth group activities. All these activities will be implemented in close consultation and collaboration with the ZDF education directorate. The goal of this program is to reach 7,500 youths with HIV/AIDS prevention messages and promotion of abstinence, plus reduction of stigma and discrimination against PLWHA.

The next component of this program involves reaching out to military personnel and their families with messages promoting abstinence until marriage and faithfulness to one's partner using chaplains from ZDF and other uniformed services. In FY 2005, BFZ trained 63 chaplains and their assistants in HIV/AIDS prevention, care, counseling, peer support, and palliative care. In FY 2006, 80 chaplains and their assistants participated in training to build on the work done in FY 2005. This was to help the chaplains integrate into their ministry and to the family and their communities, including the "True Love Waits" (TLW) abstinence-based toolkit for use within the military setting. In FY 2007, 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 twelve communities, and churches around selected military bases. In FY 2008 TLW clubs will be established in four additional ZDF communities. The chaplain initiative will continue the family support component aimed at stemming the spread and impact of HIV/AIDS. 80 chaplains and their spouses will be trained to better identify and intervene in issues of violence, especially sexual and spousal abuse. BFZ will give the chaplain 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 100 married couples. Information, education and communication (IEC) materials promoting abstinence, faithfulness, other prevention methods, stigma reduction, counseling and testing, sexually transmitted infection (STI) management, and ART will be reproduced and distributed. The goal of this program is to reach out to 8000 military personnel and their families with messages promoting abstinence and being faithful.

The long-term sustainability of this program lies in the capacity which will be built through the training of teachers, other Anti-AIDS youth group patrons, and chaplains to replicate, scale-up and manage youth-led program in the future. As with other interventions with the ZDF, sustainability is promoted through an emphasis on planning, implementing, and monitoring all activities with leadership from ZDF personnel themselves, supported by PCI and other technical resources, as well as through capacity building through training and through establishing and support ZDF-owned structures such as the drama groups and support groups. In this area, training and mobilization of support from ZDF leadership has also proved very effective at ensuring necessary support and involvement in HIV/AIDS-related programming and intervention. In FY 2008, two leadership workshops will be conducted targeting 60 ZDF members.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9170

Related Activity: 14629, 14623, 14428, 14631, 14633, 14624, 14630

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24837	9170.24837.09	Department of Defense	Project Concern International	10574	3041.09	DoD-PCI	$275,000
9170	9170.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$180,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	7,500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	180	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Discordant Couples

Religious Leaders

Teachers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	7535.08	**Mechanism:**	Nazarene Compassionate Ministries
Prime Partner:	Nazarene Compassionate Ministries	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	16756.08	**Planned Funds:**	$0
Activity System ID:	16756		

Activity Narrative: The Nazarene Compassionate Ministries Zambia program is a New Partner Initiative (NPI) project in Zambia. This is an ongoing activity which began in FY 2007. Nazarene Compassionate Ministries Inc. (NCMI) will rapidly scale up prevention services in Zambia using its faith-based network of churches, indigenous non-governmental organizations, and community-based organizations. NCMI will work through its lead agency Nazarene Compassionate Ministries Zambia (NCMZ), operating in partnership with sub-recipients Christian Reformed World Relief Committee (CRWRC) and World Hope International Zambia (WHIZ). These partners are already working in Zambia under a President's Emergency Plan for Aids Relief (PEPFAR) Track 1.0 OVC partner World Concern International. This ongoing alliance will, under the New Partners Initiative (NPI), provide prevention programs through abstinence and be faithful (AB) messages and train 35,000 youth and adults to promote AB messaging in FY 2008. NCM will use the OVC Track 1.0 platform to disseminate AB messages to older OVC.

The AB prevention program follows the successful peer education model developed by Food for the Hungry and successfully implemented with Track 1.0 ABY PEPFAR funding in Ethiopia, Nigeria, Mozambique and Haiti. The model involves youth-to-youth (Y2Y) groups where trained promoters or youth leaders lead ongoing training to groups of 14 other peers. Training is for the period of twelve months and includes discussions of the Choose Life curriculum. This curriculum was developed by World Relief with supplemental enhancements provided by Food for the Hungry. This program promotes a positive approach to abstinence and uses barrier analysis and behavior change communication methods to identify and overcome barriers to abstinence and faithfulness. NCMI will also ensure that they fully comply with the national prevention strategy and campaigns once it is finalized and takes effect.
The program will make significant progress in FY 2008 toward endline targets by utilizing the multiplication effect of the Y2Y training model in training promoters who will later train their peers in small groups. In FY 2008, the partnership will reach 30,900 individuals with direct AB messages. NCMI will reach an additional 4,100 married individuals with faithfulness messages. NCMI will encourage couples to remain faithful by attending faithfulness classes and primarily in church-based training events, and discordant couples to protect the uninfected spouse through correct usage of condoms.
To support the scale-up of AB programs in Zambia, NCMI affiliate, Helping Hands Africa (HHA), based out of South Africa will provide technical support, capacity building, monitoring and evaluation, and overall program support for its local implementing affiliates and partners.
NCM Zambia will offer AB programs through its network of churches. NCMZ will reach 15,000 youth with AB messages and 1,400 married individuals with be faithful messages. NCM Zambia will also train 1091 individuals to promote HIV/AIDS prevention through abstinence and/or being faithful. The coverage areas for NCMZ will include five locations in North-Western Province namely, Solwezi, Kasempa, Kabompo, Zambezi, and Chavuma districts.
CRWRC will reach 12,600 youth 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), and The Reformed Church in Zambia Eastern Diaconia Services (RCZ EDS) and 1,400 married individuals with be faithful messages. CRWRC will also train 866 individuals to promote HIV/AIDS prevention through abstinence and/or being faithful. Coverage areas will include Lundazi and Chipata districts in Eastern Province, Ndola on the Copperbelt Province, and Mumbwa in Central Province.

WHIZ will reach 3,300 youths and adults with AB messages and 1,300 married individuals with "Be faithful" messages in Mazabuka, Choma, Gwembe, Kazungula, Livingstone and Kalomo districts in Southern Province. WHIZ will also train 248 individuals to promote HIV/AIDS prevention through abstinence and/or being faithful.

The program will promote abstinence among youth and youth leaders primarily through church youth groups and secondary schools through participatory education and behavior change communication techniques. Using an integrated approach, NCMI and its partners will use a variety of creative methodologies to reinforce abstinence and faithfulness messages including videos, school events, sporting events, drama, and music. NCMI will train 4100 parents and guardians in prevention and to support the commitment of their children in remaining abstinent. These parents/guardians will also serve as co-promoters for the Y2Y groups.

For on-going quality assurance of the AB program, NCMI is placing a high priority on strengthening monitoring and evaluation (M&E) systems for the AB program in FY 2008. Dedicated M&E personnel from NCMI and HHA will enhance the M&E system and provide training to local M&E staff in Zambia. Post tests will be given to the youth after every three sessions to ensure that youth are retaining the AB messages. The youth leaders are expected to score 70% in their post tests, and those who fail to score the minimum result will be advised to attend make up sessions. The tests will be prepared centrally and sent to the project sites. Quality improvement and verification checklists (QIVC) will be used in activities such as trainings and counseling sessions to ensure the quality of the service provision.
.
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 will begin with focus group discussions among all community stakeholders that are conducted in preparation of initiating a training cohort in each new geographic location. The role of the 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 receive intensive capacity building support from HHA and NCMI to strengthen their organizational, administrative, financial, human resource, and technology infrastructure. At the conclusion of the project each partner organization will be in a position to sustain and enhance their role in AB programs through their own networks.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16757, 17718

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17718	17718.08	7535	7535.08	Nazarene Compassionate Ministries	Nazarene Compassionate Ministries	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,205	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Central

Copperbelt

Eastern

Northern

North-Western

Southern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 695.08

Mechanism: Social Marketing

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12520.08

Planned Funds: $392,854

Activity System ID: 14423

Activity Narrative: This activity is an integral component of a prevention and care project strategically linked to HVAB, HVOP, and HVCT interventions, including Society for Family Health (SFH) (#8926), Central Contraceptive Procurement (#8872), Health Communications Partnership (HCP) (#8905), International Youth Foundation (#8899), JHPIEGO (#9035), RAPIDS (#8945), Corridors of Hope II (#8939), and CHAMP.

In partnership with the Zambian Ministry of Health (MOH), the National HIV/AIDS/STI/TB Council (NAC), JHPIEGO, and with the support of private funding, Populations Services International (PSI) has already begun implementing a male circumcision (MC) pilot project in Lusaka through its local affiliate, Society for Family Health (SFH). The objectives of this project are to assist in meeting current demand for MC services and develop lessons learned regarding cost-effective, sustainable MC service-delivery models to rapidly scale up services nation-wide. This project is operating in four sites: University Teaching Hospital urology clinic, two private clinics, and a PSI/SFH "New Start" brand counseling and testing (CT) center.

Since the counseling that men receive before and after the MC procedure is an integral part of the MC package, PSI/SFH will use this opportunity to deliver messages stressing the importance of abstinence and being faithful to MC clients. The MC program will also focus on gender, addressing male norms, behaviors, and male reproductive health (with an emphasis on risk reduction). PSI/SFH will use the FY 2008 COP funding to support the implementation of the AB component of MC. Additional funds for MC-related activities will come from other parts of the Country Operational Plan (HVCT and HVOP). PSI/SFH will reach 57,816 MC clients with AB messages by targeting adolescents; people living with HIV/AIDS (PLWHA); incarcerated populations; persons in prostitution; and persons who exchange sex for money/goods, especially individuals with multiple or concurrent partners.

PSI/SFH has already begun training New Start counselors in MC and will expand this training to all counselors in the New Start network and possibly other organizations working in CT as well. With FY 2008 COP funding, PSI/SFH will implement the training of 79 CT counselors in MC so that more staff are able to counsel clients on the benefits, risks, and availability of MC. PSI/SFH will also support the development, printing, and distribution of MC information, education, and communication (IEC) materials promoting AB messages in all of their sites. The development of IEC materials will be done in close collaboration with the MOH, JHPIEGO, and HCP.

All doctors, clinical officers, nurses, and counselors involved in MC service-delivery at implementing sites will successfully complete MC training. Moreover, frequent monitoring of service providers will promote high-quality services. Service providers will be required to maintain the highest quality of service in order to remain in the MC service-provision network. As part of the quality monitoring, client feedback will routinely be reviewed and follow-ups with clients will be used to survey clients, to ensure service and counseling protocols were followed.

All FY 2008 COP targets will be reached by May 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12520

Related Activity: 15772, 14406, 14370, 14439, 14407, 14623, 14424, 14377, 14431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12520	12520.07	U.S. Agency for International Development	Population Services International	4990	695.07	Social Marketing	$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14439	3556.08	6841	412.08	RAPIDS	World Vision International	$2,408,152
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
14377	3794.08	6808	3083.08	Central Contraceptive Procurement	Central Contraceptive Procurement	$600,000
14431	3665.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$1,420,000
14424	3368.08	6830	695.08	Social Marketing	Population Services International	$2,183,179

Emphasis Areas

Gender

* Addressing male norms and behaviors

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	87,600	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Eastern

Lusaka

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 270.08
Mechanism: Corridors of Hope II
Prime Partner: Research Triangle Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3663.08
Planned Funds: $1,400,000
Activity System ID: 14430

Activity Narrative: This activity relates to COH II programming in HVCT and HVOP.

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

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

COH II will focus on providing AB services for the larger communities living in the high HIV prevalence transit and border locations. Seven sites will continue to be covered: 1. Livingstone, 2. Kazungula, 3. Chipata, 4. Kapiri Mposhi, 5. Nakonde, 6. Solwezi, and 7. Siavonga (Chirundu). In addition, COH II will continue to provide mobile services to reach targeted groups who do not have easy access to the static sites. These sites 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 II anticipates reaching 200,000 persons in these areas with AB interventions, of which 50,000 will be adolescents and youth for abstinence only activities. To reach these individuals, COH II will use the cadre of 750 trained outreach workers, on average 107 per site, to implement AB prevention activities and programs.

COH II 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 II through community-based programs will continue to use the participatory research methods developed in years 1 and 2 to identify determinants of the HIV/AIDS transmission among corridor communities, engage the community fully in selecting and implementing appropriate interventions to promote abstinence and faithfulness, leverage resources, and link to education and economic activities.

COH II will 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 three national NGO partners, COH II 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 II'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 II 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 II will continually update the previously-developed timeline for the phase-out of technical assistance (exit strategy) and implement the graduation plan, developed in year 2, that identified the technical and capacity building needs of each local partner. COH II 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 II will continue to collaborate in planning sessions to support and eliminate redundancy with the work of the other USG partners, the National HIV/AIDS/STI/TB Council (NAC) and other donors.

COH II will harmonize its HIV prevention strategies and activities with the National HIV/AIDS Strategic Framework 2006–2010 as well as with the current National Communication Strategy produced in 2005. 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 II will conduct a final evaluation to determine the impact of the A and AB activities and identify lessons

Activity Narrative: learned. The results of this evaluation will be disseminated widely to inform similar ongoing activities. All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8938

Related Activity: 14431, 14432

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8938	3663.07	U.S. Agency for International Development	Research Triangle Institute	4992	270.07	Corridors of Hope II	$1,200,000
3663	3663.06	U.S. Agency for International Development	Research Triangle Institute	2984	270.06	Corridors of Hope	$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14431	3665.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$1,420,000
14432	3664.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$930,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	200,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	50,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Central

Eastern

Southern

Northern

North-Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 412.08 **Mechanism:** RAPIDS

Prime Partner: World Vision International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 3556.08

Activity System ID: 14439

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: $2,408,152

Activity Narrative: RAPIDS, which undertakes care and support activities in 49 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, OVC, and PLWHA within the context of needs and priorities identified at a household level. RAPIDS 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

In FY 2007, RAPIDS expects to reach over 36,396 youth with Abstinence and Being Faithful for Youth (ABY) messaging while over 6,000 will receive training in AB-related activities using a six module training program (required before youth are eligible for livelihood activities). Of the total number of youth to be reached, over 4,751 youth will participate in livelihood training. In FY 2008, RAPIDS plans to reach 45,437 youth directly with ABY interventions. RAPIDS will place additional emphasis on collection and analysis of bio-marker information (teen pregnancy, STI and HIV infection rates) to document the successes, strengths and weaknesses of its ABY approach.

The overall ABY strategy of the program will be modified using the lessons and recommendations from the mid-term evaluation conducted during FY 2007 in order that it is more evidence based. RAPIDS will train local pastors, teachers, and peer educators to promote Abstinence and Be faithful (AB) messages at community meetings, schools, church meetings, one to one counseling, sporting events, during visits to HBC clients, and in work with youth. Faith and school leaders command a very important position of respect in local communities; empowering them to reach youths is therefore a very effective strategy. Through its small grants support, RAPIDS will support 35 small grants with a budget of $375,000 for ABY and livelihood activities. Capacity development training in financial and project management will be extended to these groups.

In FY 2008, 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. Two thousand three hundred sixty five (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. 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. 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. 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 GRZ to contribute to the National Youth Policy field implementation and monitoring.

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 coordination with national AB-related campaigns, messages and material and PEPFAR-funded HCP, RAPIDS will adapt and distribute a variety of AB information, education, communication (IEC) materials. 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 M&E tools to align with overall PEPFAR guidelines and indicators as well as the UNAIDS "Three Ones". RAPIDS will support consortium members in developing ABY M&E systems capable of documenting interventions and demonstrating impact. RAPIDS will encourage documentation of case studies/success stories at all levels.

RAPIDS 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 shall involve identification of key service providers, formalization of collaborative relationships, and follow-ups. RAPIDS' partners and small grantees will greatly intensify efforts to identify and refer at-risk youth, to relevant services such as VCT, sexually transmitted infections (STI) testing, and treatment to extend the reach and impact of expanding HIV/AIDS mitigation activities. The community-based 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 experience and job opportunities. It is anticipated that 1500 youth will be linked to apprentice and internship opportunities.

To prevent transactional sex, RAPIDS will enhance the nutritional status of youth and at-risk OVC by providing life skills training including information and skills in good nutrition and food production appropriate to climatic, environmental, and cultural conditions. Youth will be provided skills in food processing and utilization. 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. 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 SFH, male circumcision will be promoted as a prevention method.

RAPIDS will form linkages with other USG funded programs and GRZ service providers to support youth livelihoods programming, for economic empowerment of youth, and to enhance access to HIV/AIDS information. RAPIDS will work with Micro-Finance Institutions to disburse loans for youth small-enterprise activities. RAPIDS will also work with other organizations including other USG funded partners such as Land-O-Lakes and PROFIT project to develop micro-finance options for youth.

RAPIDS 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 provides training to CBOs and FBOs designed to improve their management skills and

Activity Narrative: ability to access 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.

In addition RAPIDS is providing extensive values-based life skills training and abstinence promotion for youth including 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 may be appropriate to each setting. The youth are linked to private businesses to explore the possibility of workplace-type trainings and with NGOs and/or agricultural extension agents for their assistance in training youth in farming practices and other subjects for sustainability.

The RAPIDS small grants program equips CBOs/FBOs to respond to HIV/AIDS in their communities more effectively through mentorship and training, and helps to sustain the RAPIDS approach to HIV/AIDS mitigation.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8945

Related Activity: 14445, 14440, 14448, 14441, 14449, 14450, 14442, 14451, 14443

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26391	3556.26391.09	U.S. Agency for International Development	World Vision International	11019	412.09	RAPIDS	$413,215
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14440	3558.08	6841	412.08	RAPIDS	World Vision International	$5,392,962
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14442	3555.08	6841	412.08	RAPIDS	World Vision International	$858,028
14443	3566.08	6841	412.08	RAPIDS	World Vision International	$1,567,700

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	45,437	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	45,437	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,266	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3046.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9851.08

Planned Funds: $175,000

Activity System ID: 16493

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.

A consultant has been hired to serve as UNHCR's Monitoring & Evaluation Program Officer for all PEPFAR programs. In FY 2006, this position was supported by a Peace Corps Volunteer. 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 2008, 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) Hodi in Luapula and Northern provinces at Kala and Mwange camps. Meheba and Mayukwayukwa camps host 20,000 refugees from Angola, Rwanda, Burundi, and the Democratic Republic of the Congo (DRC). Kala and Mwange camps host 40,000 Congolese refugees. The MCDSS partnered with UNHCR for the first time in FY 2007. With MCDSS as a sub-partner for PEPFAR this will enhance continued long term sustainability.

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

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

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

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

Activities will also continue in Kala and Mwange camps in FY 2008. IEC material that has been developed in FY 2007 and translated into multiple languages to reach refugees from many different language backgrounds (French, Swahili, and other Congolese local languages) will be reproduced for both camps. These materials will spark discussion among youth and lead them to access the HIV/AIDS prevention services that are available in the camps. Refugee camps also have unique opportunities to reaching many refugees at one time with prevention messages, such as during bi-weekly food distribution.

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9851

Related Activity: 16494, 16495

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26835	9851.26835.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11144	11144.09	United Nations High Commissioner for Refugees/PRM	$125,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16494	3756.08	7447	3046.08	United Nations High Commissioner for Refugees/PRM	United Nations High Commissioner for Refugees	$25,000
16495	5396.08	7447	3046.08	United Nations High Commissioner for Refugees/PRM	United Nations High Commissioner for Refugees	$50,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training
*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Indirect Targets

Target Populations

Other

Refugees/Internally Displaced Persons

Coverage Areas

Luapula

Northern

North-Western

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5242.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 14513.08

Planned Funds: $545,000

Activity System ID: 14513

Activity Narrative: In support of the Five-Year PEPFAR sustainability strategy for Zambia, the LPCB will continue to build financial, leadership, and managerial capacities of local HIV/AIDS partner organizations and will complement existing partner technical and medical skill strengthening efforts. The LPCB will continue to focus on institution strengthening and human capacity development for Zambian governmental organizations, NGOs, faith-based organizations, and professional associations currently implementing promising and successful HIV/AIDS prevention, care, and treatment services in preparation for taking on additional responsibilities and resources as international/US partners implement exit and graduation plans. The LPCB institution-building activity responds to the need for indigenous institutions to embrace financial and reporting systems that ensure accountability, transparency, and efficiency including a set of checks and balances which conform to local laws and donor requirements.

LPCB's objective to strengthen Zambian HIV/AIDS institutions in executive leadership, skills management, and financial systems is just getting started. On behalf of the U.S. Mission/Zambia PEPFAR interagency team, USAID is working through AED/Capable Partners to build up the financial, institutional, and programmatic capacities of selected Zambian organizations that demonstrate the potential to scale-up successful HIV/AIDS prevention, care, and treatment activities. The details of this capacity building activities are clearly spelled out in the Other Policy/Systems Strengthening narrative for the LPCB.

In FY 2008, LPCB will initiate its functioning as an umbrella organization and provide funding to local organizations interested in implementing evidence-based AB activities. LPCB will put out a call for proposals requesting applications to implement NAC led national Abstinence and/or Being Faithful campaigns following OGAC ABC Guidance, such as the "Real Man, Real Woman Campaign", "Safe from Harm", the "HEART Campaign", the Gama Cuulu radio show, and other campaigns to reduce concurrent partnerships. First priority will be given to those local organizations that received capacity building in the previous year, successfully strengthened their systems and leadership, and for larger awards, passed the pre-award survey. Awards will be between $50,000-$200,000 depending on the quality of the proposal, the potential for the organization to achieve evidence-based results. Applicants will need to address male norms and behaviors and other gender issues related to AB. The actual number of individuals reached will be finalized once the procurement process is complete; however, tentative targets are given based on past experience with other partners working in AB.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14364

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14364	9639.08	6800	5242.08	Local Partner Capacity Building	Academy for Educational Development	$1,730,550

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 600.08

Mechanism: EQUIP II

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9712.08

Planned Funds: $800,000

Activity System ID: 14492

Activity Narrative: This activity will be implemented in an integrated approach with the counseling and testing (CT) activities so that AB services will be provided to individuals targeted and reached for CT.

According to the most recent Ministry of Education (MOE) statistical bulletin, over 800 teachers died in 2004. In a two year period (2002-2004), the number of deaths of teachers increased by 30%. To mitigate this crisis, AED/EQUIP II provides technical support to the MOE and leverages World Bank ZANARA Project funding and DFID support for HIV/AIDS line ministry workplace activities to build a sustainable MOE HIV/AIDS Workplace Program. The Ministry's workforce is critically important in continuing education efforts, and includes over 61,000 employees in more than 8,000 schools across the country. Some of these schools are in remote, rural areas with fewer than five staff. While VCT 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 06, EQUIP II continued to reach teachers through implementation of AB prevention activities. With the lessons learned from previous year's activities, the MOE, with EQUIP II's support, initiated Teacher Health Days in July 2006 to increase both HIV/AIDS awareness as well as the uptake of AB 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 new initiative continues in FY 2007 and will expand during the FY 2008 period. In FY 07, it is expected that EQUIP II will meet or exceed its targets.

With funds for COP 08, we will maintain the level of Teacher Health Days proposed under COP 07 while at the same time expanding coverage to rural districts. By the end of FY08, 31 additional districts (a total of 63 districts) will be implementing Teacher Health Days. In order to ensure a sustainable and integrated approach the MOE's Provincial Committees will be responsible for the planning of Teacher Health Days. At the same time, mobile Teacher Health Day units will be formed and consist of 2 Prevention Educators from an existing local partner and a representative from the Malaria Control unit. EQUIP II and its partner will ensure that they are coordinating with the Provincial Committees to provide sensitization during the health days. These units will be responsible for reaching 9 provinces with AB/prevention and other health messages. It is expected that 9,000 people will be reached through these events.
As mentioned under the CT submission, VCT will be made available at these events. In addition, group counseling, individual counseling, distribution of IEC materials and education efforts related to AB will be conducted at the events. (PEPFAR funds will be used exclusively for the HIV/AIDS related activities, with other funds and resources from ZANARA, MOE, and Ministry of Health leveraged to address broader the health agenda).

The communications sent out before the events will come from high-level individuals within MOE 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. A total of 350 educators from the unions will be trained on providing information and counseling related to AB prevention to serve as peer-educators and on -going prevention supporters. The events will include experts that will provide overall education and group counseling. 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.

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

The overall approach of EQUIP II focuses on a philosophy of sustainability. Rather than simply establishing a stand-alone program to meet PEPFAR targets, our program is and will continue to be fully integrated into the MOE. Specifically, staff will continue to be housed within MOE offices and work side-by-side with direct MOE employees already engaged on a work-place program. Our staff members will seek not only to ensure tracking of services, but training of MOE staff in relation to PEPFAR indicators and methods for tracking. IEC materials, lesson plans, and strategies will be well documented and housed within MOE's own file systems. While some outside partners will be engaged, the primary partners working on this effort 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9712

Related Activity: 14493

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26193	9712.26193.09	U.S. Agency for International Development	Academy for Educational Development	10960	600.09	EQUIP II	$400,000
9712	9712.07	U.S. Agency for International Development	Academy for Educational Development	4956	600.07	EQUIP II	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14493	3364.08	6852	600.08	EQUIP II	Academy for Educational Development	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	14,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	350	False

Target Populations

Other

Teachers

Coverage Areas
Central
Copperbelt
Eastern
Lusaka
Southern
Luapula
Northern
North-Western
Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1031.08

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: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3539.08

Planned Funds: $2,937,016

Activity System ID: 14406

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) other ongoing activities. HCP's Abstinence/be faithful activities also support both Zambian and the PEPFAR goals through a comprehensive approach that promotes better health seeking behavior. HCP is working 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 Malaria Control Centre and the Ministry of Health's (MOH) child health and reproductive health units.

HCP uses 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 will continue in FY 2008, consist 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 include the value of abstinence, delayed sexual debut for youth, adult-to-child communication, faithfulness, stigma and discrimination, the importance of knowing your status and getting tested, and positive male role modeling. In FY 2008, HEART contests carried out at a zonal level in 22 districts will reach 38,000 individuals with messages promoting HIV/AIDS prevention through abstinence and/or being faithful.

HCP will also continue to work with in- and out-of-school youth groups by engaging community-based organizations and by using the HEART Life Skills Toolkit to promote open discussion about risky behaviors, problem-solving skills, and to build self-esteem. HCP will also continue to support Creative HEART, a community-based contest that promotes positive adult-child communication through mentoring relationships. HCP will expand its coverage of the HEART program in districts where it is already working. Communities provide in-kind contributions of food, venue, transport, and lodging for contestants. Creative HEART is 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 works 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 2007 trained drama groups reached over 32,000 adults and 20,000 children. In FY 2008, dramas will focus on peer pressure and delayed onset of sexual activity for youth, fidelity and partner reduction for adults, and alcohol use as a contributing factor 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 NGOs, UN agencies, and government organizations.

As part of its exit strategy, HCP, in collaboration with local NGOs and relevant government departments, will hold 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 will also build on the comprehensive multi-media campaign developed in FY 2007 (with Plus-Up funds) for TV, radio, and print which promotes reduction of multiple concurrent partnerships through raising risk awareness. This campaign will increase self-efficacy in avoiding risk and will reach 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 will provide leadership to ensure that this multi-media campaign and other prevention campaigns are in full support of the national prevention strategy, which will be developed in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local 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 will also continue to support the HIV Talkline 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 AB, CT, male circumcision (MC), positive living, discordant couples, and treatment adherence and options. With PEPFAR funding, HCP continues to promote HIV Talkline services through radio and television spots and outreach activities, which has led to a steady increase in caller demand. In FY 2008, 42,000 individuals will be reached with messages promoting HIV/AIDS prevention through abstinence and/or being faithful and information on HIV services. Messages will continue to focus on confidential information and services offered through HIV Talkline. Outreach activities will place an emphasis on increasing the number of callers from rural areas, specifically targeting the general adult population, PLWHA, and caregivers.

HCP will continue to be committed to building Zambian capacity and improving the sustainability of the activities being 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 will be implemented is community-driven, not imposed by HCP. In addition, the activities require community commitment through in-kind support. HCP finds 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

Activity Narrative: 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 dissemintation of the National Prevention Strategy.
HCP continues to work in a technical advisory capacity with the Zambia Centre for Communication Programmes (ZCCP), a local health communication NGO. HCP will support ZCCP to develop their strategic approaches to AB and build their ability to design high quality BCC interventions. Supporting USG partners, HCP facilitates the adaptation and reproduction of IEC materials for partners' programs and plays a key role in promoting collaboration and coordination. HCP work plans are integrated into district and provincial plans, ensuring ownership and sustainability.

HCP will conduct an end-of-project survey in FY 2008, 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 will be employed to qualitatively evaluate the project by involving the community members in the design, implementation, and execution of the evaluation exercise.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8905

Related Activity: 14411, 14410, 14409, 14408, 14407, 14393, 14445, 16360, 14414, 14423

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26637	3539.26637.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	11078	1031.09	Health Communication Partnership	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14414	3857.08	6826	1409.08	Y-Choices	Pact, Inc.	$1,780,242
16360	3722.08	7425	3028.08	Peace Corps	US Peace Corps	$1,842,700
14393	3544.08	6819	2914.08	Track 1 ABY: Empowering Africa's Young People Initiative	International Youth Foundation	$750,000
14423	12520.08	6830	695.08	Social Marketing	Population Services International	$392,854
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
14408	3536.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$335,000
14409	3537.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$290,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000
14411	3534.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$455,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	80,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	440	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Teachers

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1409.08

Mechanism: Y-Choices

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3857.08

Planned Funds: $1,780,242

Activity System ID: 14414

Activity Narrative: This is a Track 1.0 multi-country Abstinence Behavior Change for Youth (ABY) activity that links with other US 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 Zambia National HIV/AIDS/STI/TB Strategic Framework (ZASF) 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 young people aged 10-24 mainly through peer education. The program is implemented through sub-grantees including non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs). FY 2008 funds will be used to provide ABY sub-grants to 15 sub-grantees, 5 of which will be new organizations in new districts. Currently, Y-Choices and its sub-partners are working in five rural provinces: Central, Luapula, North-Western, Southern, and Western (in 12 districts). In FY 2008, Y-Choices will expand to 5 additional districts: Kabompo, Sesheke, Zambezi, Kapiriposhi, and Nchelenge (covering 38 total districts).

Utilizing the networking approach to HIV/AIDS programming, ABY partners will collaborate with other stakeholders in the field to ensure quality services for youth and to avoid duplication of similar activities. Referrals will be encouraged to ensure that sexually active young people who require counseling and testing (CT) and condom services are referred to partner organizations providing these services within the coverage area.

Y-Choices Abstinence and Be faithful for Youth (ABY) activities are conducted mostly through schools and community Anti-AIDS clubs at district/community level, and are guided by the schools' matrons and patrons who are themselves trained as adult mentors. 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 2007, the program had 11 sub-grantees and by mid-year had reached approximately 49,000 youth with AB messages and 26,125 youth with Abstinence-only messages. More than 536 persons were trained to reach out to the youth along with their guardians/parents with AB messages in 171 sites. In FY 2008, Y-Choices will implement ABY activities in 300 new sites. Each of the 15 sub-grantees will cover 10 schools and 10 surrounding communities. A total of 2,000 peer educators and 1,000 adult mentors will also be trained in these sites. Roughly 100,000 youth will be reached with AB messages and 60,000 youth with abstinence-only messages. Approximately 60% of the total youth reached will be girls.

In FY 2008, the major thrust of the program is to support peer-to-peer education and child mentoring outreach by peer educators and adult mentors. The peer educators will provide age appropriate AB messages to fellow peers through outreach activities. The adult mentors, including parents and teachers, will provide guidance to peer educators in their planning and implementation of peer education activities, and promote parent/adult/child dialogue. Dialogue on sexuality issues will be encouraged, 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 activities through trained peer educators, 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 some sub-grantees received funding from other agencies, such as the United Nations Development Program (UNDP), the Zambia National AIDS Network (ZNAN) and the National HIV/AIDS/STI/TB Council (NAC). This was attributed to the strengthened program and financial management capacities, attained through the institutional capacity building provided by PACT Zambia.

To ensure program sustainability, Y-Choices will continue to build the capacities and skills of sub-partner organizations in grants and program management, including: the development of workplans, proposal narratives, organizational strategic plans, community mobilization and advocacy strategies, and financial management. Sub-partners will also build their capacity for program implementation, monitoring and evaluation, and AB message development and dissemination.

Sub-grantees will encourage traditional, religious, and civic leadership to participate in community mobilization and program activities. Y-Choices' partner organizations will ensure linkages and synergy of their 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 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 and violence, male norms, and transactional sex) are adequately addressed. Peer education and mentoring outreach will be complemented by AB messaging through folk media and radio programming in provinces with community radio stations. 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 will develop specific programs 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 and approved by the NAC.

Pact Zambia's Y-Choices will conduct monthly 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 monthly. The template helps in tracking key program data as well as challenges and success stories. Y-Choices plans to conduct the final program evaluation by July 2009.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8922

Related Activity: 14393, 14406

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26390	3857.26390.09	U.S. Agency for International Development	Pact, Inc.	11018	1409.09	Y-Choices	$480,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14393	3544.08	6819	2914.08	Track 1 ABY: Empowering Africa's Young People Initiative	International Youth Foundation	$750,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	60,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Community

Community members

Other

Religious Leaders

Teachers

Coverage Areas

Central

North-Western

Southern

Western

Luapula

Copperbelt

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3368.08

Mechanism: UTAP - MSS/MARCH - U62/CCU622410

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3576.08

Planned Funds: $1,450,000

Activity System ID: 15571

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

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

The Modeling and Reinforcement to Combat HIV/AIDS (MARCH) project strategy in Zambia was initiated in FY 2005. This program explores and addresses factors that perpetuate HIV transmission in the reproductive age group (15-24 and 25+), and promotes the "Abstinence and Be faithful" strategy through advocating for delaying sexual debut and fidelity. The first component is a radio serial drama (RSD) that provides listeners with authentic and realistic examples of people attempting to change risky behaviors associated with multiple and concurrent sexual partnerships that may lead to HIV infection. Through the RSD, characters model risk reduction behaviors including seeking treatment of sexually transmitted infections, and being faithful. The second component consists of reinforcement activities (RAs) that: a) encourage communities to modify social norms and cultural practices which endorse multiple sexual partners, b) provide support to people to change their behavior, and c) link people to existing and forthcoming services. The RAs help to create community dialogue and diffuse stories about behavior change modeled in the RSD.

Start up activities included stakeholder consultations, partner identification, gap analysis of HIV prevention behavior change communication in Zambia, and development of a detailed plan to implement MARCH, in Southern Province and later in Western Province. Formative assessment collected data on factors influencing being faithful and informed a design workshop held in collaboration with Provincial Health Office (PHO), Provincial and District AIDS task forces, HCP, Corridors of Hope and local NGOs working in Southern Province. Workshop participants defined specific behavior change objectives to be addressed by MARCH, and designed the universe of the RSD. Script-writing and RA workshops built capacity among local writers, producers and actors to manage and produce both components of the project with partner organizations. Writing and production is a continuous cyclical process that uses the innovative "Pathways to Change" tools, unique to MARCH and ensure program consistency with behavioral theory and research. In Southern Province, the RSD and the project itself is called Gama Cuulu, which means "facing life's challenges head-on".

In FY 2006 the Gama Cuulu team developed six storylines revolving around a mix of characters just like ordinary people such as farmers, housewives, students, and village elders. Each character models the transition from an "unsafe" to a "safe behavior" over time, providing listeners with role models to emulate and the inspiration to change. For example, Munyati, a farmer married to Mangalita, struggles to avoid extra marital affairs but learns more about HIV, gets tested and overcomes social and personal barriers to eventually remain faithful to his wife. Other storylines focus on partner reduction, modification of cultural norms such as sexual cleansing, and use of HIV treatment services. The RSD went on air in September 2006 in the local language, Tonga, on four commercial and community radio stations and is broadcast throughout the Southern Province. Listener responses suggest strongly that Gama Cuulu has found its place in their lives as a source of information, education and rib-shaking humor every weekend: 40 episodes had been aired by early June 2007.

In FY 2006 and 2007, the RAs targeted community members directly through street theatre and peer education activities in five districts of Southern Province, reaching a total of 11,200 people in the period October 2006-March 2007. In the community street theatre activity, local drama groups wrote and publicly performed plays based on RSD storylines and facilitated community dialogue focusing on locally-identified risks and barriers to safe behaviors. Trained peer facilitators initiated discussion with small groups relating to behavior changes modeled in the RSD and highlighting mediating variables such as psycho-social factors and social norms. Peer educators also distributed Information, Education and Communication (IEC) materials and referred participants to HIV and AIDS-related services. In FY 2007 MARCH started airing Radio Reinforcement programs in which community members participate in on-air discussions about their personal experiences related to the RSD content.

In FY 2007, MARCH rolled out RSD to Western Province with an adaptation workshop to tailor behavior change objectives, the RSD, and RAs to the specific socio-cultural context and to involve of the Barotse Royal Establishment, which rules over the Lozi kingdom of the local Lozi community. The project will maintain a small office in Western Province and work with CDC and PHO to handle questions and build rapport with the local community. The re-versioned Lozi language RSD will launch on community and state radio stations and RAs will start, in October 2007.

In FY 2008, MARCH will continue in both provinces and intends to reach 100,000 individuals with activities for HIV prevention through abstinence and being faithful and to train 150 individuals to promote HIV prevention through abstinence and being faithful. Originally MARCH did not focus on abstinence since it was well-covered by other programs. It will be highlighted in Gama Cuulu as two minor characters become more central to the drama. Twaambo, a 16 year old school girl with a steady boyfriend, is delaying sexual debut and is still a virgin. Mukabanji's personal perception of HIV risk will become more accurate and she will model secondary abstinence. RAs will be developed to address abstinence behaviors.

Outcome evaluation will measure the effectiveness of the MARCH strategy in both Western and Southern Provinces through a lagged quasi-experimental design. The first wave of baseline data was collected in FY 2006. The second wave of data collection will take place in September 2007 and the third survey will be conducted in FY 2008.

In FY 2008, MARCH will add an abstinence component to its current program already addressing the "B" and "C" of ABC. In Zambia, like in many African countries, discussing sexuality with ones own children is a rare phenomenon. Children learn about sexuality from their aunties, uncles or peers. One of the goals of the Families Matter is to equip parents with tools to help overcome barriers to parent-child discussion about sexuality and sex risk factors.

In an attempt increase knowledge about sexual risks among adolescents ages 9-13 and increase delay onset of sexual debut, MARCH will adopt and implement appropriate aspects of the Families Matter Program to equip parents with tools to deliver primary prevention messages to their children. The program

Activity Narrative: will be designed to enhance protective parenting practices through working with two thousand parents to build their knowledge, skills, comfort and confidence to discuss sexuality issues with their children. Focus will be on raising awareness about sexual risks teens face in Zambia while encouraging general parenting practices related to relationship building with their children and monitoring their children's movement to discourage engagement in risky sexual behavior.

The program will begin by conducting formative data to provide baseline to inform how the program should be implemented in Zambia and to provide benchmark for measuring program outcome effectiveness. The program will be piloted in 2 sites in Livingstone district in Southern Province and 2 sites in Mongu district in Western Province with intent for wider expansion the following year. Funding will be used to collect formative data, implement the program such as obtain necessary office and work supplies, transportation, coordinate parent training sessions and data collection on session outcome and hire additional staff to implement the program.

The project plans to intensify activities in physically difficult to reach areas in Western Province as well as conduct a formative assessment in Eastern Province, with intent of rolling out MARCH there. CDC is already working with the PHO in Eastern Province so MARCH would add value to existing interventions. Tulane University, through its sub-partner Media Support Solutions (MSS), has since 2006 been building institutional capacity of Gama Cuulu project office in Livingstone, where both the Tonga and Lozi versions of the RSD are recorded. Gama Cuulu is a registered local organization whose capacity is being built to soon be one of the prime partners implementing prevention activities. MSS is assisting Gama Cuulu to put in place a sustainability plan in which the first step will be to secure sponsorship for the Radio Reinforcement Programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8815

Related Activity: 15572, 15556, 17064

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8815	3576.07	HHS/Centers for Disease Control & Prevention	Tulane University	4947	3368.07	UTAP - MSS/MARCH - U62/CCU622410	$900,000
3576	3576.06	HHS/Centers for Disease Control & Prevention	Tulane University	3368	3368.06	MARCH Project	$299,600

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15572	6572.08	7187	3368.08	UTAP - MSS/MARCH - U62/CCU622410	Tulane University	$200,000
15556	9648.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$140,000
17064	17064.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$115,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Coverage Areas

Southern

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7459.08

Mechanism: Family Based Response

Prime Partner: Kara Counseling Centre

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 16549.08

Planned Funds: $0

Activity System ID: 16549

Activity Narrative: This is an ongoing activity which began in FY 2007. The 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 will be 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. New emphases will include increased linkages to and coordinating with other AB activities funded by PEPFAR, such as RAPIDS, as well as coordinating with Government of the Republic of Zambia (GRZ)-led AB activities/initiatives. The program will continue to build upon the experiences of the FY 2007 scale-up activities. 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 is the training of HIV/AIDS Educators in educating the youth and adults and disseminating abstinence and being faithful (AB) messages. The Educators will also be trained in the use of participatory techniques using video shows. Kara Counseling and Training Trust (KCTT) and eleven partners will train 105 educators who will be able to educate their respective communities through door-to-door campaigns with the aim of reaching individuals in their family settings. The funding will specifically be used to pay for training resource materials, facilitation fees, transport, meals, and lodging for trainers and educators coming from outside their own district during training.

This activity component will be carried out in twelve districts from seven 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) and Chongwe (Umphawi Organization)in Lusaka Province; Mansa (Group Focused Consultations) in Luapula Province; Kabwe (KCTT site) in Central Province; 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 AB messages to youths and adults. This 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 5,040 families, totaling roughly 20,160 individuals (estimated 4 people reached per family x 5,040 families). In this activity component the funds will be used to pay for transport, brochures, office rentals, and personnel costs. This component will also be carried in twelve districts in seven provinces of Zambia: Choma and Mazabuka in Southern Province; Chipata in Eastern Province; Lusaka; Kafue and Chongwe in Lusaka Province; Mansa in Luapula Province; Kabwe in Central Province; Masaiti, Luanshya and Mufulira on the Copperbelt Province; and Kasama in Northern Province.

The third 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 30,240 individuals will be reached. The funding will be used to cover expenses for transport, procurement of television sets, video cassette players, video tapes, batteries and costs for venue. This component will be carried out in twelve districts in seven provinces of Zambia, as above.

In order to ensure sustainability of community education activities using the family based approach, KCTT will work with existing community based organizations in respective districts and will train and involve volunteers from these organizations.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16730, 16729, 16728

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16730	16730.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0
16729	16729.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0
16728	16728.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,400	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	105	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Northern

Southern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3028.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 3722.08

Planned Funds: $1,842,700

Activity System ID: 16360

Activity Narrative: With the assistance of PC Volunteers funded in FY 2005 and FY 2006, local communities have organized HIV/AIDS youth awareness sports camps, helped form anti-AIDS clubs, and set up youth friendly corners and support groups for PLWHA. They have trained service providers and CBOs on using PC's Participatory Community Analysis tools, and assisted in developing income generating activities for OVC and PLWA.

Building on its PEPFAR-funded achievements of the past three fiscal years, PC/Z 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.

Placement of Volunteers at this level makes them well placed to see how well programs and services are reaching the communities and as such they are a great resource for providing insights on the effectiveness of certain services as well as community perceptions and responses to them. Various strategies will be employed to ensure this vital experience and insight is shared with the rest of the USG team e.g. through meetings with Volunteers when they are in Lusaka for different activities as well as meetings with Volunteers when USG team members visit district sites.

Operationally, PC/Z will continue to focus its PEPFAR program on the following three levels of intervention in FY 2008.

First, 22 two-year Volunteers funded in FY 2007 and 17 Volunteers funded under the FY 2006 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 15 PEPFAR-funded Volunteers, with strong HIV/AIDS field experience and more advanced technical skills, for one-year assignments. These will either be Crisis Corps Volunteers (former PC Volunteers with specialized skills) or current high-performing Volunteers who will extend their service for a third year. This proved successful in the previous year and the number of current Volunteers choosing to extend their service for a third year increased due to the introduction of HIV/AIDS training for all Volunteers and the support from an Advisory group with representation from different USG agencies that has been supporting the linkages. The Volunteers will be placed with PEPFAR-funded organizations at the district level or in secondary cities to help build capacity in the area of AB prevention. For FY 2008, PC/Z will place more than one Volunteer with government and other PEPFAR funded organizations covering multiple districts.

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. Programs within schools, Anti-AIDS clubs and sports groups will increase work with boys to address norms of male behaviors that place them and girls at risk of HIV infection.

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. Volunteers and their counterparts will continue to provide workshops and coaching to Banafimbusa and traditional initiators on how to facilitate discussions with youth on abstinence and being faithful.

In FY 2008, 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 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

Activity Narrative: programming, training and other staff positions will be funded through PEPFAR:

Program Manager (current position)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9629

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26024	3722.26024.09	Peace Corps	US Peace Corps	10927	3028.09	Peace Corps	$1,417,100
3722	3722.06	Peace Corps	US Peace Corps	3028	3028.06		$790,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,042	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	7,600	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,578	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Other

People Living with HIV / AIDS

Coverage Areas

Central

Luapula

Northern

North-Western

Eastern

Lusaka

Southern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	586.08	**Mechanism:**	CHANGES2
Prime Partner:	American Institutes for Research	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3363.08	**Planned Funds:**	$2,650,000
Activity System ID:	16450		

Activity Narrative: This activity is linked to CHANGES 2 HKID program.

CHANGES2 will continue to expand its comprehensive skills-based ABY program to strengthen the capacity of teachers, local community organizations and young people to implement ABY activities. This activity will wrap around the CHANGES2 education development activity which includes African Education Initiative (AEI) funds and will leverage existing educational resources to implement ABY activities.

Though the vast majority of school-aged children are not infected and have not yet initiated risky behaviors, one-in-two 15 year-old Zambians are at a lifetime risk of dying of AIDS. Girls are at far higher risk of infection than boys, largely due to intergenerational sex and gender inequality. Using PEPFAR funding, CHANGES2 is delivering activities in schools and communities which target primary school students' knowledge, skills and attitudes and, equally important, the skills and attitudes of teachers and the community about young people, gender, abstinence and transmission of HIV. This is done through in-service and pre-service training of teachers, outreach and small grants to communities, and the training of young people as peer educators.

In FY 2007, CHANGES2 trained 800 teachers at 400 schools in Central, Copperbelt, Lusaka and Southern Provinces to implement AB activities at school and in the surrounding community. This brought the total number of in-service teachers trained to over 2,400 since the program began in FY 2005. CHANGES2 also worked with over 800 community and religious leaders in the surrounding communities to change attitudes and practices, especially those that put girls at risk.

In FY 2008, CHANGES2 will expand to 400 new basic schools and communities in the target provinces, utilizing the existing in-service teacher education system, which CHANGES2 has revitalized and strengthened. Eight hundred teachers and community members will be trained to promote AB. Additionally, in order to more directly impact young people, CHANGES2 will train grade 6 – 9 pupils in each school as AB peer educators. One teacher per school will also be trained to provide support and guidance. Peer education activities will concentrate on changing social norms around gender, abstinence and faithfulness, and coercion and abuse, as well as on community outreach. Two thousand young people and teachers will be trained to promote AB through peer education.

Through these peer educators and trained teachers, it is expected that 150,000 children will be reached with age-appropriate messages. Training will be carried out in selected educational zones within the four focus provinces. Over 4 years of operation, CHANGES2 will have reached over 25% of primary schools and 25% of primary school teachers in the country with AB prevention training and activities. Through close collaboration with and capacity building of the MOE and teacher training institutions (described below), CHANGES2 will actually have a much wider impact.

In addition to revitalizing the in-service training system through training and materials development, CHANGES2 is working with Colleges of Education (COEs) to ensure the sustainability of teacher training in AB prevention. CHANGES2 led the development and initial implementation of an HIV/AIDS Course for COEs in 2006, followed by the roll-out to the remaining six COEs in 2007. In 2008, it is expected that 3,000 student teachers will be reached through this intensive pre-service course which addresses AB, gender-based sexual coercion and violence, and the high rate of infection among girls. The modules have a strong emphasis on participatory teaching methodologies, community outreach and life skills.

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. 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. Parents and communities will learn about the vulnerability of young people to HIV/AIDS as well as AB activities taking place in the school, identify local attitudes and behaviors that put young people at risk and what can be done to support them in abstaining and being faithful. Trained teachers and community members will act as facilitators to guide communities in examining risky gender norms and behaviors. Communities will develop locally relevant action plans and will be eligible to apply for small grants to implement the plans. It is expected that 100,000 community members will be reached with messages on AB prevention.

CHANGES2 will continue to fund small grants for schools and community-based organizations, faith-based organizations and small NGOs implementing AB prevention interventions aimed at young people. The small grants will continue to be administered by four local qualified NGOs: Adventist Development and Relief Agency (Adra Kafhi), Copperbelt Health Education Project (CHEP), Family Health Trust (FHT), and the Programme Against Malnutrition (PAM). These are reputable NGOs with similar grant experience and a good record in the communities. In FY 2007, CHANGES2 provided these NGOs with training in areas such as strategic planning, development of workplace HIV/AIDS policies, and monitoring and evaluation. CHANGES2 will continue to assess the capacity needs of the NGOs and provide necessary capacity development.

As part of its support to OVC, CHANGES2 provides scholarships to 4,300 needy HIV affected secondary school students per year. Three scholarship recipients at each of the 160 participating schools (for a total of 480) will be trained as a peer educator to provide information and support to other young people in AB prevention. This will be implemented by three local NGOs.

CHANGES2 will continue to work with partners to adapt and develop IEC materials which will support its teacher training and school-based and community activities. Life Skills materials will focus on AB through building assertiveness and self-esteem, resisting peer pressure, gender equity, and the value of abstinence before marriage and fidelity within marriage. There will also be a focus on harmful male and female social norms and behaviors.

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

CHANGES2 increases sustainability of its programs by implementing all activities through existing Zambia

Activity Narrative: Government structures, so that capacity is continuously built within the MOE. In-service training utilizes MOE personnel from national, provincial, district and zonal levels, to ensure that the knowledge, methodologies and materials for effective AB prevention are in place even after the program ends. The development of the pre-service HIV/AIDS Course and the training of College Tutors in the course will lead to continuously expanding impact as trained teachers graduate from COEs every year with improved skills for implementing AB prevention. Additionally, the capacity of the local NGOs which will implement the small grants will be strengthened through support for financial management, monitoring and evaluation and fundraising. This training and support will assist these indigenous NGOs to continue to grow and initiate HIV/AIDS prevention activities after PEPFAR support comes to an end.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8851

Related Activity: 14371

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8851	3363.07	U.S. Agency for International Development	American Institutes for Research	4957	586.07	CHANGES2	$2,000,000
3363	3363.06	U.S. Agency for International Development	American Institutes for Research	2828	586.06	CHANGES2	$2,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14371	3362.08	6804	586.08	CHANGES2	American Institutes for Research	$3,199,077

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	250,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,280	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Teachers

Coverage Areas

Central

Copperbelt

Lusaka

Southern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12519.08

Planned Funds: $465,000

Activity System ID: 15523

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 is linked to JHPIEGO programs in HVOP, HVCT and OPHS as well as activities being conducted by the Health Communications Partnership (HCP) and JSI/Deliver.

Zambia is currently one of the leading countries in terms of integrating Male Circumcision (MC) into the compendium of HIV/AIDS prevention activities. JHPIEGO has been supporting the male circumcision program in Zambia for several years, beginning in 2004 when they teamed up with the government to begin work on small scale efforts to strengthen existing male circumcision services to meet existing demand. This early work in Zambia has informed the international efforts of WHO and UNAIDS, and the training package that JHPIEGO developed with the Ministry of Health in Zambia formed much of the basis for the new international WHO/UNAIDS/JHPIEGO training package. Likewise, assessment tools used in Zambia also provided background for the WHO toolkit. The Government of the Republic of Zambia (GRZ) has established an MC Task Force under the Ministry of Health (MOH) and the Prevention Technical Working Group of the National AIDS Council, of which JHPIEGO plays a key role.

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

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

In FY 2008 JHPIEGO will target reaching at least 6,000 individuals with AB messages delivered through a various communications media that will ensure the most even coverage possible. One of the key aspects will be the on site service providers who focus on delivering comprehensive prevention messages including AB as well as other prevention methods resulting in clients receiving all the prevention information necessary to make an educated decision relating to MC services.

By working with and supporting the MOH in the development of AB strategies and messages JHPIEGO will ensure that the messages being provided are done with the voice of the GRZ and form part of the prevention messages already developed and disseminated by the MOH and other government institutions. This will support the sustainability of prevention message development and dissemination by providing the MOH the framework with which to develop new messages and initiatives.

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 AB as integral part of MC education; and (3) support the development of counseling protocols that include AB messages during MC service delivery, and train counselors on the importance of AB messaging within this service.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12519

Related Activity: 14406, 14623, 14627, 14410, 15567, 14426

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12519	12519.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$465,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000
14426	3369.08	6830	695.08	Social Marketing	Population Services International	$1,464,274
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Special populations

Most at risk populations

Military Populations

Coverage Areas

Copperbelt

Eastern

Lusaka

Southern

Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	2914.08	**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:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3544.08	**Planned Funds:**	$750,000
Activity System ID:	14393		

Activity Narrative: International Youth Foundation (IYF) has a Track 1.0 multi-country cooperative agreement 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 PEPFAR goals of HIV prevention. IYF and its partner organizations ensure linkages and synergy of their ABY activities to other HIV/AIDS stakeholders and US Government (USG) partners such as the Health Communication Partnership, Population Services International/Society for Family Health, PACT Y-Choices, and RAPIDS. IYF also networks with government structures at the district level, such as the District AIDS Task Forces.

IYF is an ongoing program implementing its activities through five sub-grantees. All five sub-grantees- Zambia Red Cross Society, Zambia Scouts Association, Zambia Girls Guides Associations, Zambia Young Men's Christian Association, and Zambia Young Women's Christian Association- received 12-month grants in FY 2007 to begin activities. The sub-grantees implement activities in 11 districts of North-Western, Southern, Copperbelt, Central, and Luapula Provinces; and the sub-grantees collaborate with each other during technical committee meetings to share lessons learned and ensure consistent messaging.

IYF's program addresses four objectives: 1) community mobilization and participation; 2) information, education, and communication (IEC); 3) local organization capacity development; and 4) quality assurance and support supervision. In FY 2008, IYF will train 1,000 peer educators, 45 training of trainers (TOTs), and 85 trainers in ABY/HIV prevention messages. The trainings will encourage the practice of abstinence and fidelity, and secondary abstinence. Youth will also learn how to handle peer pressure.

The five sub-grantees will use standardized training materials and tool kits. IYF will work closely with its sub -partners to ensure that quality peer education training and consistent and appropriate ABY content are used. The program will reach 38,400 individuals (22,700 in- and out-of-school youth, and 15,700 adults) with ABY age-appropriate messages through a series of one-to-one contacts, guided group peer education interactions, and community outreach. Approximately 60 percent of the youth reached will be girls. The peer educators will also refer young people to available counseling and testing, and other HIV/AIDS related services.

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

IYF will also work with communities to advocate for HIV prevention messages to ensure that they are culturally sensitive, especially on issues related to gender, discussing sexual matters with young people, child sexual abuse, sexual behavioral patterns, including risky behaviors that predispose young people to HIV/AIDS, and HIV/AIDS mitigation. Existing in-country IEC/behavior change and communication (BCC) materials on AB will be disseminated during outreach events to ensure consistent AB messaging. Materials to be disseminated will come primarily from HCP and Population Service International/Society for Family Health's delayed sexual debut campaign. IYF will continue to distribute the national Real Man, Real Woman campaign posters (in English, Nyanja, and Bemba).

In FY 2008, IYF will continue to strengthen the roles of parents and other influential adults in ABY via the parent-to-child communication program, 'Safe from Harm.' In FY 2007, a PSI helped train a core set of trainers from current sub-partner organizations. These trainers will utilize 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 reduce the incidence of sexual coercion and exploitation of younger people, IYF will conduct advocacy and sensitization meetings in communities. The focus will be on male norms, challenging norms about masculinity, including the acceptance of early sexual activity, multiple sexual partners for boys and men, and transactional sex. This is a deliberate effort to impart positive gender sensitive attitudes, practices, and behaviors in male young people at an early age as a long-term strategy to address sexual violence and exploitation of young girls and women.

Sub-grants will be provided to the same five organizations for the duration of the project provided that performance and financial reports are acceptable. IYF works closely with the sub-grantees to build their capacity to develop appropriate activities which reflect program objectives, targets, and a set budget.

In FY 2008, IYF will continue to provide technical assistance to sub-grantees to build their technical and program management capacities in writing proposal narratives, developing workplans and budgets, financial management, monitoring and evaluation, and reporting. On-site monitoring visits will be conducted regularly to provide assistance and ensure quality. Sub-partner staff will be trained in the management of peer education programs. To enhance coordination, standardization, and learning, IYF will collaborate with other USAID-supported ABY partners, through the USG AB partner working group.

For monitoring and evaluation, IYF has developed a participatory M&E system that will be used to monitor progress towards achievement 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, where peer educators will be able to discuss the progress and difficulties of project implementation with communities. IYF Plans to conduct end of term evaluation in the first quarter of 2009.

To improve the sustainability of this programming, all activities are implemented through existing Zambian IYF partners. In addition, technical support is provided to build also organizational and human capacity of local partners to implement ABY interventions. Each partner organization is encouraged to integrate project activities into existing programs and structures (e.g., youth camps, anti-AIDS clubs, and Girl Guide patrols). In the last quarter of FY 2008, IYF in consultation with the sub-partners, will begin discussions on the

Activity Narrative: development of a graduation strategy to be accomplished by FY 2009.

Through a small grant of $100,000 from Johnson and Johnson IYF will provide peer educators with incentives including T-shirts, bags, and a binder containing reporting tools. The grant will also support the development of a toolkit for supervisors and a series of capacity building workshops for the partners.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8899

Related Activity: 14445, 14406, 14414, 14423

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26385	3544.26385.09	U.S. Agency for International Development	International Youth Foundation	11016	2914.09	Track 1 ABY: Empowering Africa's Young People Initiative	$557,413
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14414	3857.08	6826	1409.08	Y-Choices	Pact, Inc.	$1,780,242
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14423	12520.08	6830	695.08	Social Marketing	Population Services International	$392,854

Emphasis Areas

Gender

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

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	38,400	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,130	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Coverage Areas

Central

Copperbelt

Luapula

North-Western

Southern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	630.08	**Mechanism:**	SHARE
Prime Partner:	John Snow Research and Training Institute	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3638.08	**Planned Funds:**	$1,628,000
Activity System ID:	14396		

Activity Narrative: This activity relates to JSI SHARe activities SHARe MTCT, HVCT, HKID, HBHC, HVTB, HTXS, HVSI, OHPS.

The government of Zambia, in collaboration with support from donors and partners has made great strides in providing HIV/AIDS prevention, care, treatment, and mitigation services to the Zambian people. However access to these services, though much improved, is still limited and a lot remains to be done to make these services available to all the Zambians who need them. Prevention of new HIV infections continues to be a major focus of Zambia's response to the HIV/AIDS epidemic and must continue to be a key component of the national response. With the adult (15-49) HIV prevalence at 16%, Zambia has a significant in-built momentum for accelerated spread of HIV infection, if enough attention is not paid to efforts to prevent the spread of HIV. Additionally, the wider access to Anti-Retroviral Therapy (ART) for people living with HIV/AIDS requires that individuals on ART, who are now living longer, are also provided with information to help them live positively, including prevention messages. The Support to the HIV/AIDS Response (SHARe) Project will continue to partner with the National HIV/AIDS/STI/TB Council (NAC) and other partners to provide and support Abstinence/Be Faithful HIV prevention activities and messages that are relevant for PLWHAs, individuals who are HIV negative, and for individuals who do not yet know their HIV status. SHARe will support the implementation of the national prevention strategy and campaigns, be an active member of the National AIDS/STI/TB Preventing Sexual Transmission working group, and participate in the PEPFAR/USG AB forum.

SHARe has significantly scaled up support to prevention through abstinence/be faithful programs over the past three 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. In the six month period between October 2006 through March 2007, SHARe has already reached 144,685 individuals with AB messages and trained 1,773 persons in AB. As part of this scale up, SHARe will incorporate AB prevention messages at social mobilization events through the Livingstone Public Private Partnership (PPP).

In FY 2008, SHARe will continue to strengthen the capacity of NGOs, public and private sector workplaces, two Global Development Alliances (GDAs), Provincial AIDS Task Forces (PATFs) and District AIDS Task Forces (DATFs), and Rapid Response Fund CBO/FBO Grantees to implement AB programs that support the Government of Zambia (GRZ) and the Presidents Emergency Plan for AIDS Relief (PEPFAR) goals.

SHARe implements comprehensive AB programs in workplaces and communities targeting adolescents, men, women, the business community, PLWHA, and Most at risk populations including truckers, miners and agricultural workers, and incarcerated populations. SHARe works in four public ministries: the Ministry of Agriculture and Cooperatives which includes permanent and migrant workers, Ministry of Home Affairs which includes the police and prisons, Ministry of Transport and Communications which includes truckers, and Ministry of Tourism which includes wildlife scouts and the Judiciary. Within each Ministry, peer educators are trained to provide AB prevention messages in the workplace and/or communities. SHARe also works with private sector businesses and markets through four local NGO partners: Zambia Health Education and Communications Trust (ZHECT); ZamAction; Afya Mzuri; and Latkings. SHARe uses innovative community prevention approaches such as drama, peer group discussions, and social mobilization events. SHARe engages and involves communities in the response to the HIV/AIDS epidemic through a rapid response funding mechanism. CBO/FBO grantees and chiefdoms have been supported through this mechanism to ensure that the community-based AB programs are responsive to local needs. Support to strategic planning and policy development that incorporates AB prevention will be provided to the Network of Zambian People Living with HIV/AIDS (NZP+) and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO). SHARe also works with chiefdoms to facilitate dissemination of comprehensive AB messages, on-site CT, and appropriate referrals for care and treatment during traditional ceremonies. In FY 2005, SHARe initiated mobile AB and CT services in informal market places in Lusaka. SHARe's partners conduct mass sensitization sessions and provide one-on-one interpersonal AB counseling with vendors. The informal market strategy has been very successful and will be expanded to markets outside of Lusaka.

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

SHARe will continue to support and work with its five local NGO partners working in AB prevention (Afya Mzuri, ZamAction, ZHECT, CHAMP and Latkings) to build sustainable programs through strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of current sustainability levels, sharing of sustainability strategies of successful NGOs, development of sustainability plans. It's sub-partner CHAMP will continue work with the eight mining and agribusiness companies that are part of the two USAID Global Development Alliances (GDAs) and the Livingstone Tourism Public Private Partnership to develop sustainability plans for HIV/AIDS workplace and community outreach activities using private sector funds and linking to government resources for IEC material. SHARe will work with public sector ministries and DATFs to ensure that HIV/AIDS policies, work plans, and budgets are developed to sustain their HIV/AIDS workplace activities.

In FY 2008, SHARe and its partners including the GDAs will train 1,000 persons in AB. Trained educators will reach 250,000 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 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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8906

Related Activity: 14395, 14397, 14398, 14399, 14400, 14401, 14402, 14403

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26386	3638.26386.09	U.S. Agency for International Development	John Snow Research and Training Institute	11017	630.09	SHARE	$1,478,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14395	3677.08	6821	630.08	SHARE	John Snow Research and Training Institute	$50,000
14397	6570.08	6821	630.08	SHARE	John Snow Research and Training Institute	$352,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14399	3652.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14400	3639.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,325,909
14401	3641.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,150,000
14402	3642.08	6821	630.08	SHARE	John Snow Research and Training Institute	$230,000
14403	3643.08	6821	630.08	SHARE	John Snow Research and Training Institute	$2,650,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$66,736
Estimated local PPP contribution in dollars	$287,149

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	250,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 2315.08
Mechanism: MATEP
Prime Partner: Development Alternatives, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3548.08
Planned Funds: $430,000
Activity System ID: 14382

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

The major part of MATEP's PEPFAR targets is being met through the project's Tourism Component and Market Access Component. MATEP's principal implementation partners are the Hotel and Catering Association of Zambia (HCAZ), the Zambia Export Growers Association (ZEGA), and ZEGA Training Trust (ZTT). In previous years, MATEP in collaboration with ZEGA, NZTT, and the Southern Africa Trade Hub developed a specific HIV/AIDS program to be implemented with Zambia's horticultural and floriculture exporters.

The program will be extended in FY 2008 and MATEP will reach over 4,000 individuals in ZEGA member farms and surrounding communities through community outreach HIV/AIDS prevention programs. In FY 2008, 70 individuals will be trained as Awareness Educators for delivery of abstinence/be faithful prevention and awareness messages. MATEP will also deliver HIV/AIDS abstinence/be faithful prevention and awareness messages during Export Training and sensitization programs to another 100 individuals. In addition MATEP will coordinate and link its partners to the nearest CT service providers and to USG partners providing mobile CT services in each geographical area.

In the Tourism Component, MATEP developed a similar HIV/AIDS program that equips HCAZ member establishments with cost-effective interventions that limit the spread of infection and mitigate its impact, such as staff turnover and lower productivity costs. Over 8,000 individuals in the establishments and surrounding communities will be reached through these community outreach HIV/AIDS prevention programs and a total of 110 individuals will be trained to deliver prevention messages. Community outreach programs for HIV/AIDS prevention will also be pursued as part of tourism training activities; MATEP will work with HCAZ to introduce an HIV/AIDS program that promotes abstinence and/or being faithful programs into business training workshops for owners and managers of small and mid-sized lodges and guesthouses. A total of 400 individuals that will participate in the training workshops will receive HIV/AIDS abstinence/be faithful prevention and awareness messages.

In FY 2008, MATEP will replicate in the Ministry of Tourism an HIV/AIDS program designed and implemented with the Ministry of Labour and Social Security (MLSS) in 2007. MATEP will assist the Ministry in developing an HIV/AIDS policy checklist that could be used by the tourism inspectors during their inspection exercise with companies and train 20 tourism inspectors both on HIV/AIDS policy issues and in HIV/AIDS prevention and awareness. The trained tourism inspectors will reach 2,500 individuals with HIV/AIDS messages.

The CEO of ZEGA identified the high prevalence of HIV/AIDS on farms as a major constraint to the international competitiveness of Zambia's horticulture/floriculture export industry. This challenge facing the industry led to discussions with MATEP and the Southern Africa Trade Hub to develop HIV/AIDS prevention activities which would strengthen the capacity of ZEGA and NZTT so that the association could deliver HIV/AIDS services to its membership. The activity adapted an approach the Trade Hub HIV/AIDS advisor has undertaken successfully with South African fruit and vegetable exporters.

The ZEGA activity is implemented in four stages. Stage I is mobilization and sensitization of ZEGA member farms as participants and contributors in HIV/AIDS prevention. Stage II is design and planning of specific programs that address needs of each ZEGA member. Stage III is training of individuals from each farm who would conduct the prevention programs. Stage IV is roll-out of the programs to farm workers themselves and the surrounding communities.

MATEP worked with BizAIDS to develop an appropriate ZEGA training program, based on the PEPFAR Guidelines of A, B, and C (February 2006). Working with The Health Communication Partnership (HCP), five HIV/AIDS prevention leaflets were identified, translated into Nyanja and Bemba, and reprinted in English for distribution to program participants for implementing the program.

The training program is conducted on site at ZEGA member farms. Each training session lasts two days with approximately 20 individuals attending. The number of trainees selected for each of the farms is based on the ratio of one Awareness Educator for each 120 farm workers. Surrounding communities are included for message delivery, too. A rollout schedule of message delivery is prepared along with a schedule for monitoring delivery of HIV/AIDS prevention and awareness messages. The rollout is followed by continual monitoring and feedback as it progresses.

In 2006, MATEP's HIV/AIDS Coordinator planned and implemented program activities in 13 ZEGA member farms in the Lusaka and Chisamba areas. In 2007, another 6 ZEGA member farms were targeted, this time with the programs run jointly with NZTT/ZEGA. In FY 2008, NZTT/ZEGA will take responsibility for planning and implementing the program. The program will target new ZEGA members in areas such as Mukushi and Serenje. MATEP will explore linkages to pursue on the ground during implementation for possible collaboration.

Previously MATEP presented options for a sustainable ZEGA HIV/AIDS program at the ZEGA Annual General Meeting. The options included obtaining greater contributions from ZEGA members and the assistance of other partners. In FY 2008, MATEP will continue working with ZEGA to bring this plan to fruition.

In 2007 MATEP's HIV/AIDS Coordinator with assistance from HCAZ/CEO, planned and implemented an HCAZ HIV/AIDS program similar to the one developed for ZEGA. The program targeted hotels, lodges, and guesthouses in Lusaka, Central, and Copperbelt provinces of Zambia. In FY 2008, HCAZ will slowly assume responsibility of the program and will lead its extension to the Eastern province and other provinces of Zambia HCAZ members.

Activity Narrative: In addition to the above, MATEP will continue working with HCAZ to incorporate HIV/AIDS abstinence/be faithful prevention programs into business training workshops for owners and managers of small and mid-sized lodges and guesthouses. Along with HIV/AIDS A/B prevention messages, MATEP's HIV/AIDS training emphasizes the importance of integrating HIV/AIDS prevention as part of business decision-making by HCAZ members.

In FY 2008, MATEP will also assist HCAZ to develop a HIV/AIDS workplace policy framework which will be used to guide the industry in developing HIV/AIDS workplace policies in their individual establishments all over Zambia.

In FY 2008, MATEP will replicate the HIV/AIDS program designed and implemented with the MLSS in FY 2007 in the Ministry of Tourism and train tourism inspectors that will reach individuals in various institutions with HIV/AIDS prevention and awareness messages.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8879

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26384	3548.26384.09	U.S. Agency for International Development	Development Alternatives, Inc	11015	2315.09	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

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Central

Copperbelt

Lusaka

Southern

Eastern

Northern

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7070.08

Mechanism: Luapula Foundation

Prime Partner: Luapula Foundation

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15176.08 **Planned Funds:** $0

Activity System ID: 15176

Activity Narrative: Luapula Foundation is a New Partnership Initiative (NPI) partner in Zambia. Luapula Foundation has been implementing an AB prevention program in Mansa District, Zambia, since October 2001. In FY 2007, Luapula Foundation received an award under the PEPFAR New Partners Initiative (NPI).

In the second year of implementation, Luapula Foundation will continue to implement abstinence and be faithful (AB) prevention 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 nongovernmental organizations (NGOs) and churches. In addition, Luapula Foundation will work in close collaboration with community leaders such as 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.
One of the objectives of Luapula Foundation under NPI for FY 2008 is to expand the AB program into Kawambwa and Milenge Districts. The Foundation will also continue work in Samfya and Mwense Districts. Luapula Foundation will expand provision of Life Skills training for youth, teachers, and other youth caregivers. Luapula Foundation will support formation of Life Skills Education clubs in schools, and empower youth to conduct peer education as an outreach activity. Luapula Foundation will introduce community outreach in AB prevention and identify and distribute IEC materials approved by the National HIV/AIDS/STI/TB Council (NAC).

In FY 2007, Luapula Foundation provided training to 60 teachers in Life Skills Education delivery and supported formation of Life Skill Education clubs. In FY 2008, Luapula Foundation will train more teachers and other caregivers in Life Skill and support formation of Life Skill Education clubs for in school youths. Luapula Foundation will also conduct workshops and refresher courses for trained Life Skill Educators in order to exchange best practices in AB delivery.

Luapula Foundation's AB program will continue to support peer-to-peer education and child mentoring outreach by educators and adult mentors. The peer educators will provide age-appropriate AB messages to fellow peers through outreach activities. The adult mentors, including parents and teachers, will provide guidance to peer educators in their planning and implementation of peer education activities and will promote parent/adult/child dialogue on sexuality issues, with an emphasis on abstinence and fidelity as key HIV preventive measures among youth and adults.

Luapula Foundation will continue to train youth and adult educators in effective AB messaging and community mobilization. In addition, Luapula Foundation will link prevention activities to OVC programs. The core group leaders, trained in conservation farming under OVC program, will facilitate dissemination of the AB message to fellow farmers and the community at large. The training of these peer educators, teachers, and farmers will help to ensure sustainability of the prevention program.

In achieving the above, Luapula Foundation will continue to use a program of Life Skills education that will provide youth and adults with accurate age-appropriate information regarding HIV transmission and prevention measures. Life Skills education will also include topics such as avoiding peer pressure, good decision making skills, identification of traditional and cultural issues leading to transmission of HIV, and effective methods for parents and/or guardians to transfer information to their children about sensitive issues not generally addressed in the Zambian tradition and culture. Life Skills Education has been a part of the Luapula Foundation program base since its inception in 2001. Through interaction with other US partners and lessons learned from FY 2007, Luapula Foundation has improved on its Life Skill Education and outreach approaches. This will provide a strong base for the FY 2008 AB activities.

Luapula Foundation will encourage Life Skills club members to bring the AB prevention message to their out -of school peers in the communities. Additionally, they will provide small grants to support their efforts and support income generation activities within the clubs. Youth and adults will communicate amongst themselves to share experiences, strategies, materials, and approaches to AB messaging. Luapula Foundation will facilitate the experience sharing through meetings.

To expand on outreach, Luapula Foundation will continue with community outreach approach to promote HIV/AIDS prevention through abstinence and/or being faithful and will conduct HIV transmission awareness in the communities through use of various channels such as school clubs, drama groups, and local radio stations.

Luapula Foundation is cognizant of the fact that a number of USG and other partners in AB have developed acceptable IEC material for Zambia. Luapula Foundation will identify and continue to distribute locally available 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 will incorporate gender concerns, as HIV/AIDS affects males and females differently. The communication strategy will ensure 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 will use complementary approaches, including peer education and mentoring outreach along with AB messaging through drama groups and radio programming.

Luapula Foundation will follow 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 will encourage teachers and peer educators to collaborate with other stakeholders in the field to ensure quality services for youth and avoid duplication of activities. Luapula Foundation counseling and testing (CT) program will refer sexually active young people and adults who desire CT and create awareness about the availability of CT services.

In FY 2008, Luapula Foundation will reach 5,000 youth and adults with the AB prevention messages and will train 30 teachers and other caregivers in the dissemination of the AB prevention message. In addition, Luapula Foundation will facilitate the formation of 30 Life Skills Education Clubs in 30 schools.

Activity Narrative: Luapula Foundation will attend USAID Chief of Party (COP) meetings, the USG AB forum, and the NAC Preventing Sexual Transmission working group in order to exchange views on best AB practices and avoid duplication of efforts.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15177, 15178

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15177	15177.08	7070	7070.08	Luapula Foundation	Luapula Foundation	$0
15178	15178.08	7070	7070.08	Luapula Foundation	Luapula Foundation	$0

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	30	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Luapula

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	2314.08	**Mechanism:**	PROFIT
Prime Partner:	Cooperative League of the USA	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	3547.08	**Planned Funds:**	$100,000
Activity System ID:	14380		

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 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 and FY 2007, PROFIT expanded its HIV/AIDS prevention work and reached out to a larger number of farmers.

In FY 2008, PROFIT, working together with Afya Mzuri, will reach 45,000 people in rural areas across 11 districts of Zambia with abstinence and being faithful messages, and train an additional 150 peer educators selected from within rural communities to carry out the sensitization and continue it beyond the life of the program. In addition PROFIT will coordinate and link its partners to the nearest CT service providers and link to USG partners providing mobile CT services in each geographical area. It is intended that 50% of individuals will be women. It is envisioned that Afya Mzuri will continue to provide technical guidance and assistance to the peer educators who have already been trained under our previous partner.

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

The strategy to achieve the PEPFAR targets is based on five pillars: (1) Peer Educator Training; (2) Motivation and monitoring of existing PROFIT peer educators; (3) Production of IEC materials; (4) Mass Sensitization; and (5) Monitoring and Evaluation.

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

With its new partner, Afya Mzuri, PROFIT will work with the already successfully trained 500 PROFIT Peer Educators who are still operational in the districts from previous CHAMP activity. Under the FY 2008 program, Afya Mzuri will ensure that these educators continue to be motivated and mentored to maintain their enthusiasm and continue their work in their respective communities. This process will involve regular review meetings. A monitoring program will be developed to keep track of their activities.

IEC materials on HIV/AIDS, and specifically on AB, will be distributed focusing on the communities to be targeted under the PROFIT project. These will be produced in English and translated into local languages to ensure an effective transfer of knowledge to the communities targeted. IEC materials will include brochures, leaflets, banners and posters. PROFIT will coordinate with HCP and the National AIDS Council to ensure standardized messages and to reduce development costs.

With a core of 500 existing Community Peer Educators and with a further 150 to be trained during the FY 2008 program, all mass sensitization events will be conducted by the PROFIT Peer Educators, supported where necessary by PROFIT or Afya Mzuri staff. The training course for Peer Educators on conducting mass sensitizations are five days long and include not only the subjects covered in the mass sensitization but also communications skills, adult learning and participant centered learning. The actual mass sensitizations take place over a day. Subjects covered include descriptions of HIV/AIDS and its symptoms, dispelling myths regarding HIV transmission and AIDS, issues relating to vulnerability to the disease such as gender, prevention interventions, the definitions of abstinence and faithfulness, and the importance of behavior change in disease prevention. It is anticipated that over 45,000 rural people are to be reached in these sessions conducted by the Peer Educators in the FY 2008 program.

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

Long term sustainability is an integral component of this activity. The active roles played by local and small-mid sized enterprises serve to benefit local communities and businesses for years to come. The organizations with whom PROFIT works have experienced the loss of manpower through the pandemic and have taken on HIV prevention AB messages/activities as their own. HIV/AIDS prevention and awareness

Activity Narrative: messages/activities are delivered through volunteers (peer educators) within the local firms and small- mid sized enterprises communally vested in the prevention of HIV/AIDS. Based on the active participation of the organizations currently and their willingness to absorb considerable costs to promote HIV prevention messages and awareness and encourage strong, healthy workforces, firms will remain vested and continue to educate and sensitize their communities with the HIV prevention messages for many years into the future.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8878

Related Activity: 14381

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26383	3547.26383.09	U.S. Agency for International Development	Cooperative League of the USA	11014	2314.09	PROFIT	$200,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14381	9617.08	6812	5225.08	PROFIT LOL PPP	Cooperative League of the USA	$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	45,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

Central

Lusaka

North-Western

Southern

Western

Eastern

HMBL - Blood Safety

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

Total Planned Funding for Program Area: **$4,000,000**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Zambia has a comprehensive national blood transfusion program aimed at ensuring equity of access to safe and affordable blood throughout the country. Blood transfusion needs in Zambia are currently estimated at 100,000 units (450 mls each) of blood per year. Since the initiation of the President's Emergency Plan for AIDS Relief (PEPFAR) funding in August 2004, mobile collection sites have increased from 9 to 21 while blood collection has increased drastically from a baseline of 8,715 units in 2004 to 20,000 units for the quarter ending June 2007 and it is likely that the target of 80,000 units by March 2008 will be exceeded. About 40-45% of the collected blood is transfused in children under the age of five years and 20% in complicated pregnancies. With support from PEPFAR, transfusion sites will have increased from 81 to 118 by the end of FY 2008 covering all nine provinces and operating in all of the 72 districts. Not only has previous funding allowed for the expansion of collection sites, the purchase of 18 vehicles and five trailers for transporting blood it has also allowed for the acquisition of nine large blood storage refrigerators for the nine regional sites and 81 small blood storage refrigerators for the blood transfusion sites. About 710 providers have been trained on safe blood operations. There is strong collaboration between the ZNBTS and other donors such as World Bank and the Global Fund to ensure funding for blood safety are coordinated and streamlined for efficiency.

The Zambia National Blood Transfusion Service (ZNBTS) is the government unit responsible for ensuring safety, an adequacy, and an equitable supply of blood throughout the country. ZNBTS continues to face challenges such as (1) needing to rapidly increase blood collections to meet the estimated national demand of 100,000 units of blood per year by 2009; (2) increasing the percentage of regular repeat donors from 32% in 2005 to 85% in 2006; (3) reducing HIV discards from 8% to 1% by 2007, and; (4) stretching limited resources against increasing operations.

Funding from 2004-2007 has considerably expanded ZNBTS activities. The blood safety system in Zambia comprises the coordinating centre in Lusaka and nine regional blood transfusion centers in each of the nine provinces. Together these facilities are responsible for donor mobilization, collection, laboratory screening and distribution of blood; maintaining 81 hospital-based blood banks located in government and mission hospitals. They are also responsible for blood grouping and cross-matching and monitoring of transfusion outcomes for their respective hospitals of location. There are over 112 facilities, including government, mission, military and private facilities that are currently involved in the clinical use of blood. The existing blood transfusion infrastructure is fairly developed and equipped with the requisite equipment for blood collection, testing, distribution, and cold chain maintenance. Government, mission, military and private hospitals receive tested blood and blood products from the nine regional centers. Since its inception, additional staff have been employed, operational and financial support has been extended to all regional centers, and management has been strengthened. As a result, mobile collection teams have increased steadily from nine to nineteen in 2005 and to 21 in 2006. The main strategies applied to ensure safety and adequate supplies of blood include: recruitment and retention of voluntary non-remunerated blood donors from low risk population groups; application of strict criteria for selection of blood donors; procurement of standardized and adequate blood storage refrigerators. Updated blood screening equipment; mandatory laboratory screening of blood for HIV, Hepatitis B and C, and syphilis; promotion of appropriate clinical use of blood; appropriate staff training and capacity building; and continuous improvements in management and coordination have all contributed to the successful strategy.
The blood safety program in Zambia is a national program covering the whole country. The collection, laboratory screening, and distribution of blood is the responsibility of the nine provincial blood banks. Clinical transfusion of patients is currently conducted by 112 hospitals and clinics throughout the country, including public, private, military and faith-based facilities. The total transfusion needs in Zambia are estimated at 100,000 units per year and the current operations are at about 80%. Under the current arrangement, all blood collections and screening are done by ZNBTS, while other partners are mainly involved in the clinical use of blood. In 2005, HIV prevalence in donated blood increased from 6% to 8%, mainly due to the rapid scale-up of blood collections (93,370 units for the first 20 months of PEPFAR support), which largely depended on first time donors. As of June 2007 the rate of HIV discards in donated blood reduced to 3.14% while the total discards in the same period was 9.54%, down from the baseline of 15% in 2004. The aim is to reduce HIV prevalence among donors to 1%. The percentage of voluntary, non-remunerated blood donation currently stands at 88%. Currently, 100% of blood collected throughout the country is screened for HIV and other blood borne infections. Stock-outs of test kits in donation sites are negligible.

Currently, a national blood transfusion policy and strategic plan exist. Since mid 2005, ZNBTS has embarked on the development of an appropriate legal and regulatory framework for blood transfusion services in Zambia. In the past, the lack of an appropriate blood donor tracing system contributed to over-reliance on first time donors, instead of regular, repeat donors, which led to increased discards. However, ZNBTS has developed and is now implementing a MS Access database as a blood donor tracing system, which will be given a special emphasis in 2008. To further strengthen the system and improve the efficiency and accuracy of the blood donation data CDC Zambia will provide technical, material and financial support for the implementation of a smart card based donor management system as part of the roll out of the national SmartCare 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 of clinicians and medical school students in the appropriate methods of rational use of blood; improving and expanding capacities for production of various blood components; and strengthening the systems for monitoring blood transfusion outcomes.

The ZNBTS has initiated discussions with VCT centers in order to facilitate the referral of blood donors who test positive for follow up care, treatment and support and this activity will be continued in 2008. An additional focus of the link with the VCT centers will be to encourage people testing HIV negative to consider enrolling as regular blood donors. The ZNBTS has submitted their action plans and organizational chart for inclusion in the restructured Ministry of Health and if approved the ZNBTS will receive core operational funds through the Ministry of Health.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	118
3.2 Number of individuals trained in blood safety	460

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 578.08

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: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 3607.08

Planned Funds: $3,500,000

Activity System ID: 15605

Activity Narrative: The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

In FY 2008 the ZNBTS will continue to provide safe blood through the 118 transfusion outlets and will aim to provide 80,000 units of blood while focusing on a reduction in the number of discarded units. During the course of the year 450 health staff will be trained in the provision of safe blood.

The Rapid Strengthening of Blood Transfusion Program is a national program aimed at scaling-up blood transfusion activities to ensure efficient, effective, equitable, and affordable access to safe blood transfusion services throughout Zambia. The program is supported by the President's Emergency Plan for AIDS Relief (PEPFAR) with a 5-year grant that ends in March 2010.

Zambia has a comprehensive national blood transfusion program aimed at ensuring equity of access to safe and affordable blood throughout the country. Blood transfusion needs in Zambia are currently estimated at 100,000 units (450 mls each) of blood per year. Approximately 40% of the patients transfused are children under the age of five years and about 20% are mothers due to complicated pregnancies. Since the initiation of PEPFAR funding in August 2004, the blood transfusion system has been restructured into a nationally coordinated service with: the national coordinating center in Lusaka; nine provincial blood transfusion centers, which are responsible for donor recruitment, collection, testing and distribution of blood; a network of 117 blood transfusion outlets, responsible for blood grouping, cross-matching and monitoring of transfusion outcomes at the respective hospitals; and a network of blood transfusion outlets providing clinical transfusion services to patients, which include public, faith-based and private hospitals and clinics. Mobile blood collection teams have also increased from 10 to 21, while blood collections have drastically increased from the baseline of approximately 8,000 units per quarter in 2004 to about 20,000 units for the quarter ended June 2007 and it is projected that the total collections for the year ending March 2008 may exceed the target of 80,000 units. Transfusion outlets have increased from 90 to 117 sites, as at July 2007, covering all the nine provinces and all the 72 districts. Trends towards reductions in discards due to TTIs have also started showing, with the total discards reducing from the baseline of 15% in 2004 to 9.54% for the quarter ended June 2007, and HIV discards reducing from 6% to 3.14% during the same periods. PEPFAR funding has allowed for significant scaling-up of blood collections, purchase of 18 vehicles and five trailers for transporting blood, purchase of nine sets of TECAN Elisa systems for the provincial blood banks; and about 710 staff and providers have been trained in safe blood operations. Tenders for procurement of additional donor services, laboratory and cold chain equipment approved under the PEPFAR Track 1 funding for Year 3 are in progress.

The Zambia National Blood Transfusion Service (ZNBTS) has developed an MS Access database for blood donor tracing system. However, to further strengthen the system and improve the efficiency and accuracy in the capturing and management of blood donation data, the CDC local office has agreed to provide ZNBTS with technical, material and financial support towards the development and implementation of a smart card based blood donor management system. CDC has also provided a total of US$20,000 for strategic information management activities.

Over the past year, ZNBTS has considered 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 to HIV would be referred, with their consent, to selected reputable health facilities for further counseling and advice on how to live positively and access to free antiretroviral therapy if necessary; and 2) persons who test negative for HIV at voluntary counseling and testing centers (VCTs) would be encouraged to visit ZNBTS blood banks and become repeat blood donors. Funding for this activity would be used on activities related to the establishment of these linkages with reputable VCT centers, including sensitization of donors.

The GRZ, through the ZNBTS, will ensure that these activities are included in the annual plans for sustainability.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9049

Related Activity: 15562, 15606

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26316	3607.26316.09	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	10998	578.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15562	10356.08	7182	5460.08	Track 1 – Blood Safety - Sanquin	Sanquin Consulting Services	$500,000
15606	9698.08	7197	5251.08	ZNBTS - U62/CCU023687	Zambia National Blood Transfusion Service	$20,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	118	False
3.2 Number of individuals trained in blood safety	450	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Host country government workers

M&E Specialist/Staff

Other

Lab technicians

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5460.08

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: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 10356.08

Planned Funds: $500,000

Activity System ID: 15562

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to ZNBTS (#9049). Sanquin has provided useful technical assistance, supervisory quality support, and residential training for the Zambia National Blood Transfusion Service (ZNBTS) since the inception of PEPFAR in Zambia. Sanquin will continue to support areas that enable the ZNBTS strategy which includes improved quality assurance, development of blood products, donor recruitment, donor retention, and expanded laboratory capacity. Lead experts from 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 is to bring ZNBTS staff to the Sanquin headquarters in the Netherlands for one month on-site residential training focused on training-the-trainer and managerial aspects of operations. There, staff are able to gain practical experience in quality assurance, management, donor services, laboratory supervision, and quality systems for blood transfusion services.

In 2007, Sanquin designed and launched a Master's degree program in blood safety with 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 formats. Students will then be required to spend a period of 4-6 months in the Netherlands working with Sanquin to develop comprehensively practical management skills. In January 2007, two people 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.
Also 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 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 process flows of the blood bank operations in order to alter the Lusaka blood center building. With the designed alterations the building will be in compliance with general accepted GMP and GLP guidelines.

In FY 2008, Sanquin will continue to provide valuable trainings for ZNBTS and hospital staff, namely training to assist clinicians in areas such as the usage of blood components into cryoprecipitate, fresh frozen plasma, platelets and packed red blood cells; supporting up to 115 sites. For that aim, the blood component preparation activities of the blood bank need to be improved and expanded. Sanquin will actively advise in setting-up Transfusion Committees in Zambian hospitals with an aim to improve for the clinical use of blood products.
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 context.
Furthermore Sanquin will advise in identifying suitable counterpart institutions, meetings, and workshops that provide for knowledge sharing and continuous medical education for professional staff.
It is to be expected that a newly designed blood bank building in Kabwe will be constructed. Sanquin will provide knowledge and advise as was provided for the Lusaka building.
Throughout all donor centers the use of barcodes will be introduced in order to improve safety of blood collections, together with the introduction of electric mix weighing equipment (standardization).
Finally, the donor selection procedure will be improved by introducing general excepted techniques for the measurement of hemoglobin concentrations in donors. Equipment, reagents and training of staff is needed to meet these standards.

In general the ZNBTS is improving step-by-step the primary process of the blood bank. In the coming year's 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 process and implementations.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10356

Related Activity: 15605

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26279	10356.26279.09	HHS/Centers for Disease Control & Prevention	Sanquin Consulting Services	10983	5460.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15605	3607.08	7196	578.08	ZNBTS - Track 1 - U62/CCU023687	Zambia National Blood Transfusion Service	$3,500,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	115	False
3.2 Number of individuals trained in blood safety	10	False

Target Populations

Other

Lab technicians

Trainers

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: $2,298,499

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

The transmission of HIV through unsafe but largely preventable medical practices accounts for a small percentage of transmissions in Zambia (up to five percent). The National Infection Prevention Working Group (NIPWG) has been and will continue to spearhead activities to strengthen infection prevention (IP) practices, including injection safety (IS). In addition, the Infection Prevention Strategic Plan has been finalized and incorporated into the National Health Strategic Plan 2005-2010. Through Track 1.0 funding, the United States Government (USG) is supporting the Ministry of Health (MOH) and the Ministry of Defense (MOD) to assess and address major areas of concern namely: blood safety, handling and processing of sharp instruments, handling and disposal of clinical waste, and management of logistics and procurement of IS/IP commodities. With USG support, the National Infection Prevention Guidelines have been developed and disseminated to all health care managers. Training in IS/IP is being provided to health care providers around Zambia. In line with the USG/Zambia five-year strategy of providing technical assistance, supplies, and training to prevent medical transmission of HIV, the USG will continue to work with the Government of the Republic of Zambia (GRZ) to reduce and/or prevent un-safe injection practices, and to increase the availability and use of post-HIV exposure prophylaxis (PEP).

The USG program promotes injection safety through training of health care managers and providers; procurement of injection safety commodities; dialogue with health care managers and policy makers on the need to allocate sufficient resources for injection safety; and, development and implementation of guidelines and policies to promote proper disposal of clinical waste. The USG program also works with communities and their respective leaders to foster behaviors that reduce the risk of medical transmission of HIV, including reducing provider and consumer bias for injections and staying away from clinical waste disposal sites.

From FY 2005 through FY 2007, the USG has supported the MOH to train a total of 572 health-care workers in IS/IP in 38 of the 72 administrative districts of Zambia. In FY 2007, the USG supported the MOD to train 200 health-care workers in IS/IP covering all 54 MOD health facilities in the country. Follow-up supervisory visits of health care workers provided with IS/IP training have demonstrated an overall improvement in IS/IP practices. Supervisors have noted improvements in handling and processing of sharp instruments, disposal of used injection equipment, and in hand washing. From FY 2005 through FY 2007, the USG has also supported the orientation of health care managers from the MOH and the MOD on how to promote and sustain IS/IP activities in their facilities. Follow-up visits with managers have demonstrated that they all have integrated IS/IP activities in their annual work plans. In addition, all the districts/facilities reached with IS/IP training have adopted and implemented the standard PEP protocol.

In FY 2008, the USG will support the MOH to implement IS/IP activities in 18 new districts, which brings a total of 56 districts that have been reached since FY 2005. The program will train 15 health care providers from each of the 18 districts (totaling 270 providers) and five trainers of trainers (TOT) from each of the nine provinces (totaling 45 TOT), translating into 997 providers trained in IS/IP nationally. During FY 2008, the USG will support the MOD to train an additional 150 health care workers across all the 54 MOD health facilities.

For the past three years, the USG has procured commodities such as disposable needles, sharps boxes, protective boots, utility gloves, plastic aprons, color coded bin liners, and disinfectant solutions for the MOH and the MOD. In FY 2008, the USG will focus on strengthening linkages between front-line health providers and managers responsible for forecasting and procurement to ensure that the right types and quantities of IS/IP commodities are procured and delivered on time. To ensure ownership and sustainability of the commodity security system, the USG will work in close collaboration with the procurement units of the MOH, MOD, and the Medical Stores Limited (MSL).

From FY 2005 through FY 2007, the USG has supported the MOH, the NIPWG, the Environmental Council of Zambia (ECZ), and other stakeholders in the revision and dissemination of the infection prevention guidelines; the development of the national healthcare waste management guidelines; and in finalization the post-HIV exposure prophylaxis protocol. In FY 2007, the USG also provided leadership to the NIPWG in advocating for, and drafting of, the national infection prevention policy. In FY 2008, the USG will support the adoption and implementation of the national healthcare waste management guidelines and the infection prevention policy to ensure that investments in IS/IP are sustainable. The policy will compel institutions to build capacity to anticipate, recognize, evaluate, and manage factors, including IS/IP, that might impair health at the workplace. The policy will also define stakeholder role as it relates to: institution of the hierarchy of controls protocols, recording and reporting exposure to risk, disposal of clinical waste, involvement of the labor movements, and compensation. In addition, the USG will continue to support the NIPWG to ensure that the IS/IP indicators are integrated into the national Health Management Information System (HMIS). An integrated information system will also be key in sustaining the USG investments in IS/IP activities in Zambia.

The USG has also worked in collaboration with other non-USG partners such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the National HIV/AIDS/STI/TB Council (NAC), the ECZ, the Medical Council of Zambia (MCZ), and the Global Access to Vaccines Initiative (GAVI) to leverage resources to support IS/IP activities. With FY 2008 funding, the USG will continue to strengthen these partnerships and ensure that USG partners also integrate IS/IP activities into their existing programs so that IS/IP practices become sustainable over time.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety	465

Custom Targets:

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 1025.08

Mechanism: Injection Safety

Prime Partner: Chemonics International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 3543.08

Planned Funds: $1,948,499

Activity System ID: 14378

Activity Narrative: The aim of the Medical Injection Safety Project (MISP) is to reduce and/or prevent medical transmission of HIV due to poor injection safety (IS) and infection prevention (IP) practices, which can account for up to five percent of all HIV transmissions. MISP promotes blood safety, safe handling and processing of sharp instruments, and correct handling and disposal of medical waste. The major factors contributing to poor IS and IP practices in Zambia include: human resource constraints within the health sector; restrictive budgets; limited availability of necessary equipment and commodities; weak support and supervision systems (weak management controls); and provider and consumer bias for injections.

MISP works with and/or has provided technical updates to a variety of other in-country PEPFAR partners, including: JHPIEGO working with the Zambia Defense Forces (ZDF); Zambian Prevention, Care, and Treatment Partnerships (ZPCT); the Centre for Infectious Diseases Research in Zambia (CIDRZ); Catholic Relief Services (CRS); Health Services and System Program (HSSP); and with a wide range of other counseling and testing partners to support the Ministry of Health (MOH) in mitigating the spread of HIV.

From FY 2005 through FY 2007, MISP has trained 572 healthcare workers in IS/IP in 38 of the 72 districts of Zambia. Follow-up supervisory visits to sites reached with IS/IP training have demonstrated improved IS/IP behavior, including the implementation of the standard Post-HIV Exposure Prophylaxis protocol. In FY 2008, MISP will implement IS/IP activities in 18 new districts, translating into a national coverage of 56 districts from FY 2005 through FY 2008. The project will also train 15 health care providers from each of the 18 districts (totaling 270 providers), translating into a total of 842 providers trained in IS/IP. In FY 2008, MISP will follow up and make supervisory visits at the 18 districts to provide technical assistance. Greater emphasis will be placed on the transfer of IP/IS knowledge and skills to health care workers with the highest threat of predisposition to medical transmission of HIV (phlebotomists, injection dispensers, and clinical waste handlers). To enhance sustainability, MISP will continue to interface with other partners and the private sector to leverage each other's resources into IS/IP activities, through joint planning, training, development of guidelines, etc. Further, MISP will train five trainers of trainers in each of the nine provinces (totaling 45 trainers), who will in turn continue to oversee the IP/IS training program with support from the MOH, the provincial health offices (PHO), and other stakeholders. The Project will work closely with managers and supervisors, facility-based infection prevention committees, and focal point persons to foster ownership and sustainability of the activities.

In FY 2007, MISP will collaborate with USG partners and non-USG partners, such as: the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the National HIV/AIDS/STI/TB Council (NAC), the Environmental Council of Zambia (ECZ), and the Medical Council of Zambia (MCZ), the MOH, the Medical Stores Ltd (MSL) and the district health management teams (DHMT) to strengthen the IS/IP commodity security system. In FY 2008, MISP will focus on strengthening linkages between front-line service providers and the managers responsible for forecasting and procurement to ensure the right types and quantities of IS/IP commodities are promptly procured and delivered. MISP will also strengthen communications and follow-up between facilities and the districts, and between the districts and MSL. To enhance ownership and sustainability of the IP/IS commodity security system by the MOH, MISP will continue to collaborate with the procurement and distribution units of the MOH and MSL. The project will also procure and distribute essential equipment and supplies to the 18 districts that will receive training in FY 2008.

In FY 2007, MISP held one advocacy meeting attracting 30 participants (mainly managers and community leaders) from the nine provinces. In addition, the project conducted a series of formative research activities to inform the development of appropriate behavior change and communication (BCC) materials. In FY 2008, MISP will continue to hold advocacy meetings with facility managers and community leaders to facilitate the prioritization and inclusion of IP/IS activities in the work plans of health facilities. MISP will also utilize the BCC materials developed in FY 2007 to increase IS/IP awareness and reduce demand for unnecessary injections. In addition, results from the formative research conducted in FY 2007 and the mid-term evaluation (to be conducted in FY 2008) on IS/IP practices will continue to be disseminated to key stakeholders, including the MOH.

In FY 2007, MISP provided leadership to the National Infection Prevention Working Group (NIPWG) in advocating for, and drafting the national infection prevention policy. The project also worked closely with the ECZ in finalizing guidelines on the management of health care waste. In FY 2008, the project will support the implementation of the national infection prevention policy. The policy will compel institutions to build capacity to anticipate, recognize, evaluate, and control factors that may impair health and well-being at the workplace, including IS/IP-related factors. The policy will also define stake-holder role as it relates to: institutionalization of controls protocols hierarchy, recording and reporting exposure to risk, disposal of clinical waste at the clinic level, involvement of labor movements, and compensation. In addition, MISP will continue to assess waste management systems in the 18 target districts and provide technical assistance, as needed. As part of the sustainability strategy, the project will continue to collaborate with the ECZ and the MOH in the implementation of policies and guidelines on the management of clinical waste. MISP will also strengthen collaboration with other USG partners involved in counseling and testing to ensure proper handling and disposal of medical waste.

MISP, through its leadership role on the NIPWG, will also continue to support the MOH to work towards incorporating the IP/IS indicators into the National Health Management Information System (HMIS). At the same time, the project will support the NIPWG to implement its own performance monitoring plan.

By working with and supporting the MOH, the PHO, and the DHMT, MISP is building local capacity and establishing frameworks to promote sustainability of program investments. At the local level, the program works with health facilities and DHMT to include IP/IS activities in their own action plans and budgets. At the national level, the project will help to develop and disseminate guidelines and standards, and integrate IP/IS concepts into other programs areas.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8876

Related Activity: 14631, 15887, 15527, 15528, 15615, 14375, 15567

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26402	3543.26402.09	U.S. Agency for International Development	Chemonics International	11024	1025.09	Injection Safety	$800,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000
14375	3569.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,000,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
15527	4527.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$200,000
15528	12530.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$255,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	315	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Central

Eastern

Luapula

Northern

North-Western

Southern

Western

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 2987.08

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 3676.08

Planned Funds: $350,000

Activity System ID: 14622

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 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 USAID-funded Injection Safety 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 (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) 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 USG, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites relying on Medical Assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout the country. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the 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. IP/IS have been highlighted by the management of the DFMS and by other cooperating partners as an area that needs improvement.

Through its role in helping to lead the National Infection Prevention Working Group (NIPWG), JHPIEGO has ensured the ZDF becomes an active working group member and that the ZDF benefits from strengthening of IP/IS and is harmonized with national efforts. This working group includes representatives from the MOH, National HIV/AIDS/STI/TB Council (NAC), non-governmental organizations, and private sector, Environmental Council of Zambia (ECZ), Medical Council of Zambia (MCZ), and General Nursing Council among others. One of the priority areas is the management and proper disposal of medical waste, which is an on-going issue throughout the country.

In FY 2005, FY 2006 and FY 2007, JHPIEGO's support to the ZDF was generating support for sustainable solutions in IP/IS for the entire DFMS. Response to initial work shows that DFMS personnel have underestimated the shortcomings in this area, and are enthusiastically moving forward to improve their services and standards. This has resulted in their identification of needs for whole-site training, which is essential to change IP/IS standards and practices, and they are working to supplement the training provided through this program. Between FY 2005 and FY 2007, over 600 service providers and service outlet managers from over 50 sites were trained and oriented in IP/IS practices and principles including proper health care waste management. Following training, sites received essential commodities and supplies to ensure immediate implementation of improved IP/IS practices. To ensure that IP/IS knowledge and practices are carried forward JHPIEGO has helped build the DFMS training capacity by training IP/IS trainers and co-teaching with them to ensure quality as they conducted follow-on training. JHPIEGO and DFMS have conducted supportive supervision visits, after training, to address gaps and ensure best practices are implemented appropriately. In addition PEP protocols developed were implemented and tested at key sites.

JHPIEGO has continued to expand facility-based performance improvement systems by working with ZDF central command and DFMS, as well as base commanders, to develop a system of staff rotation and on-the-job training. The facility-based performance improvement system follows the JHPIEGO Standards Based Management and Recognition (SBM-R) methodology.

In FY 2008, 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 to ensure quality training. JHPIEGO will continue with the model of providing seed amounts of essential commodities while ensuring that future procurements by the ZDF include the necessary IP/IS commodities and supplies. JHPIEGO and ZDF staff will jointly conduct supportive supervision visits throughout the ZDF to ensure knowledge transfer and to provide "on-the-spot" training to address any gaps. Facility-based performance improvement systems will continue to measure change in IP/IS standards. The training of the service providers will take place between September 1, 2008 and September 30, 2009.

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, ECZ, and NIPWG to continue to seek and implement sustainable solutions for improved medical waste management and disposal.

JHPIEGO's approach to minimizing the transmission of HIV will ensure greater sustainability of IP/IS practices by focusing on the development of DFMS training and supervision capacity and the facilitation of the development, dissemination, and implementation of guidelines and protocols for IP/IS, PEP and medical waste disposal systems. JHPIEGO also seeks sustainability of the activities by working with all the

Activity Narrative: stakeholders in the ZDF 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9091

Related Activity: 14621, 14378, 14623, 14624, 14625, 14631, 14626, 14627, 14634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24831	3676.24831.09	Department of Defense	JHPIEGO	10573	2987.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14621	3670.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14378	3543.08	6809	1025.08	Injection Safety	Chemonics International	$1,948,499
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14626	3672.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$300,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	150	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: $12,427,000

Amount of total Other Prevention funding which is used to work with IDUs	
Estimated PEPFAR contribution in dollars	$59,767
Estimated local PPP contribution in dollars	$165,775

Program Area Context:

Zambia faces a generalized HIV/AIDS epidemic with about one in six adults infected. The USG in Zambia is rapidly scaling-up prevention activities that target specific at-risk populations with outreach programs including partner reduction interventions, diagnosis and treatment of sexually transmitted infection (STI), counseling and testing (CT) services, consistent condom use, male circumcision, and post-exposure prophylaxis (PEP).

A workshop conducted by the National HIV/AIDS/STI/TB Council (NAC) identified a number of key drivers of the HIV epidemic: multiple and concurrent partnerships, low and inconsistent condom use, gender inequity and inequality, harmful practices and traditions; low levels of male circumcision, high levels of untreated STIs; high levels of stigma and discrimination for people living with HIV/AIDS; high levels of sex work, transactional and intergenerational sex, unregulated availability of cheap alcohol and widespread alcohol abuse, and the opening up of previously isolated districts to economic development.

Twenty-one percent of couples are discordant. Thirty-four percent of sex workers and 11% of long distance truck drivers consume alcohol daily. Only half of sex workers (51.8%) and truck drivers (59.5%) consistently use condoms. The 2005 Biologic and Behavioral Surveillance Survey (BBSS) indicates 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 the military personnel are infected with HIV.

In Zambia, the prevalence among men who have sex with men (MSM) is yet unknown. USG Zambia is taking initiative to investigate HIV prevalence and risk behaviors among MSM and those who have sex with both men and women in order to design and develop effective and targeted prevention and treatment programs for these populations. The 2004 MSM study undertaken by Zambia Association for the Prevention of HIV and Tuberculosis (ZAPHIT) indicates that although all 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.

The Government of the Republic of Zambia (GRZ) gives high priority to increasing the availability of condoms, addressing male norms, and improving timeliness and effectiveness of STI treatment. To encourage ongoing collaboration and a consistent message at the national level, the National HIV/AIDS/STI/TB Council (NAC) convenes a national Prevention Theme Group and a forum on the Prevention of Sexual Transmission (PST). In FY 2007, the USG will support the NAC in developing the National Prevention Strategy and key prevention messages. In FY 2008, the USG and its partners will implement and support this strategy.

The USG supports a comprehensive set of Other Prevention interventions: the purchase, promotion, and distribution of condoms; behavior change communication (BCC) and education; STI management; post-exposure prophylaxis (PEP); substance abuse treatment; male circumcision; and linkages to other services.

The USG's Other Prevention interventions are targeted primarily at the most at-risk populations (MARPs). MARPs have been identified through the Zambia Sexual Behavior Survey (ZSBS), the PLACE study, and high risk peer educators trained to identify and reach out to other high-risk individuals. MARPs include: discordant couples, those engaged in transactional and intergenerational sex, sex workers and their clients, men who have sex with men (MSM), mobile populations, transport workers, cross-border traders, prisoners, refugees, fishing communities, transients, migrant workers, refugees, sexually active youth, STI patients, victims of sexual violence, and uniformed civilian and military personnel.

In FY 2008, programs will continue to focus on understanding and reducing sexual networks in areas with high HIV prevalence using a combined ABC approach, identifying and assessing individual and community risk factors, and involving PLWHA and their partners as leaders in HIV prevention. In FY 2008, the USG will finalize and disseminate results of the MSM HIV prevalence and behavior study and disseminate the baseline data from the MARCH program on sexual behaviors. In addition, USG will work with partners and the communities to implement prevention for positives and explore effective ways to increase condom use. USG will assess the effectiveness of current BCC to determine future direction. In FY 2008, the USG will also conduct the next round of the BBSS.

To ensure availability of condoms and fill the high unmet need, in FY 2007, the USG purchased 15 million condoms and donated 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 $2 million 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, strengthen the Ministry's logistics management system, and procure public sector female condoms. The USG-procured condoms will be socially marketed to increase correct and consistent use while simultaneously reducing stigma and taboo. The USG-procured condoms will be strategically distributed to commercial outlets and non-governmental organization (NGO) networks. Public and private health workers will be trained on condom use. The USG is targeting at least 2400 rural and urban condom service outlets in FY 2008. Condom sales will be complemented by communications and behavior change interventions targeted to reduce high-risk behaviors.

For partner reduction and condom use among the most at-risk populations (MARPs), the USG uses media, interpersonal BCC, and involves communities and leaders in identifying solutions and initiating behavior change. For example, USG partners have

trained drama groups to deliver prevention messages to the Zambia Defense Forces (ZDF) using scripted stories; developed videos focused on stigma and discrimination; and developed a radio program to address gender issues and strengthen negotiation skills to delay sexual debut. The USG will use education to address HIV risk behaviors and will train peer educators in both private and public workplaces and within communities to deliver prevention methods. In FY 2008, the USG will standardize training packages and caregiver incentives across partners. In FY 2008, about 687,000 individuals will be reached with community outreach that promotes HIV/AIDS prevention through other behavior change.

In the area of STI management, the USG promotes and supports routine HIV CT for STI patients and supports improved STI diagnoses and treatment by: assisting the GRZ to revise STI management guidelines and protocols; training health care workers, lab technicians, lay counselors, and peer educators; and supplying STI test kits, lab equipment, and drugs to the ZDF, GRZ, and non-governmental static and mobile services. CT services have now been linked or integrated into STI management. In FY 2008, the USG will train about 3,600 health care workers, lab technicians, lay counselors, and peer educators, and expand and scale-up STI services into new areas.

The USG collaborates with law enforcement agencies to prevent and respond to sexual violence, including the provision of PEP. In addition to sexual violence, substance abuse has been linked to the spread of HIV in Zambia. In FY 2008, the USG will implement culturally appropriate interventions and messaging around the risks of alcohol abuse as related to HIV and continue to work and scale-up PEP services to victims of sexual violence.

In FY 2007, the USG undertook formative research to assess the feasibility of scaling-up existing male circumcision (MC) services, and to evaluate policy issues and barriers surrounding the provision of services. Partners developed technical information and educational materials for both the provider and client, focused on the importance of undergoing circumcision by a trained professional, risk-disinhibition, and post-procedure care. The GRZ also initiated a MC steering committee. In FY 2008, the USG will continue to scale-up MC services in sites that provide integrated services such as STI treatment, CT, and family planning programs. In addition, the USG will work with implementing partners to ensure prevention is well integrated into MC services.

To ensure that prevention is linked to care and treatment, USG prevention interventions provide referrals to PMTCT, ART, CT, support networks, and STI diagnosis and treatment.
Interventions are targeted in geographic areas of high-risk. The USG is strengthening and expanding services and activities at border sites; along in-land high volume transit points, truck and bus parks; at bars, nightclubs, hotels, and guesthouses; in fishing communities, urban centers, military bases, and refugee camps; at STI and TB clinics; and on farms that use seasonal labor. The USG is currently covering all 72 districts with condom and other prevention activities. 60% of districts have intensive condom promotion and outreach activities; low intensity activities are being implemented in 40% of the districts, some of which are hard-to-reach rural areas with poor infrastructure and low-density populations. Approximately 80% of the military and their dependents will be covered in FY 2008.

To ensure the sustainability, USG partners will strengthen the capacity of local NGOs, public and private sector workplaces, high-risk communities, the GRZ, health facilities, BCC programs, and the ZDF to plan, monitor, and implement other prevention programs and facilitate social change to reduce sexual transmission.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	2498
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	693855
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3732

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 2987.08
Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12526.08
Planned Funds: $150,000
Activity System ID: 14623

Activity Narrative: This program builds on, and links closely, with JHPIEGO's DOD funded work in HIV/TB, ART and HBHC as well as CDC funded work in Other Prevention, HIV/TB and Counseling and Testing.

JHPIEGO is supporting the Zambia Defence Forces (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, 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, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites relying on Medical Assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout the country. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the MOH public sector mainly because the ZDF has its own heath system running independently from the national one.

Military personnel are subject to high risk of both sexually transmitted infections (STIs) and HIV, as a result of the housing and social situations they find themselves 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 linking into the logistics management information system (LMIS) for ARV drugs and HIV test kits, as well as 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 messages and 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 (DTC) into TB and STI services more effectively. In consultation with various partners and the Ministry of Health, these materials were adopted as the national DTC training package. JHPIEGO will use this package as the basis for integrating counseling and testing into STI services providing prevention counseling and linking patients with HIV care and treatment services.

JHPIEGO will focus on strengthening service providers' knowledge and skills in STI and HIV prevention counseling working with the ZDF Medical Services to better integrate counseling and testing (CT) into STI services integrating a "no lost opportunities" approach to prevention counseling as well as care for HIV infected clients to better STI services. This will be done using group-based training for skills and knowledge targeting 75 ZDF STI service providers. These training activities will be conducted by ZDF trainers with co-teaching and supportive supervision provided by JHPIEGO. The training does not end at the conclusion of a workshop. Follow-up supportive supervision to the service outlets will be conducted jointly with DFMS supervisors to ensure that the skills and knowledge are being correctly applied and to provide on the spot guidance addressing any gaps. This funding will go towards reproducing materials and training ZDF personnel in Syndromic management of STIs. The training of the service providers will take place between September 1, 2008 and September 30, 2009.

JHPIEGO has continued to expand facility-based performance improvement systems by working with ZDF central command and DFMS, as well as base commanders, to develop a system of staff rotation and on-the -job training. The facility-based performance improvement system follows the JHPIEGO Standards Based Management and Recognition (SBM-R) methodology.

The sustainability of this effort is a major focus of the work and is reinforced through using training capacity already developed within the ZDF Medical Services. This training capacity will be strengthened through co-teaching and supportive supervision provided by JHPIEGO. 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. With a focus on building local organization capacity JHPIEGO has work with DFMS staff at every step to develop the supervision tools and skills and in FY 2008 will encourage DFMS staff to take the lead in conducting assessments of services and addressing gaps.

Sustainability is at the core of the support JHPIEGO is providing the DFMS. DFMS training capacity has been improved through the training of trainers. JHPIEGO has co-taught workshops with the DFMS trainers to help them improve their training skills and address any gaps. DFMS management and supervision capacity has been improved by providing them with the knowledge and tools they need to support service outlets and to assess performance in a standardize way. JHPIEGO has worked to close the divide between initiatives in the MOH and DFMS by making sure DFMS is represented and considered in the planning and execution of national plans, including logistics management information systems, electronic medical record systems, and the dissemination of national guidelines, protocols and plans. In addition JHPIEGO is working to ensure sustainability in the DFMS training institutions through curricula development and the improvement of existing training facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12526

Related Activity: 14629, 14630, 14624, 14625, 14626

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24832	12526.24832.09	Department of Defense	JHPIEGO	10573	2987.09	DoD-JHPIEGO	$150,000
12526	12526.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14626	3672.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3041.08	**Mechanism:**	DoD-PCI
Prime Partner:	Project Concern International	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	3733.08	**Planned Funds:**	$350,000
Activity System ID:	14629		

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other/Policy Analysis and System Strengthening (PCI), Abstinence/be faithful (PCI), Palliative Care Basic Health Care and Support (PCI) , Palliative Care Basic Health Care and Support (JHPIEGO), Counseling and Testing (PCI) and the Orphans and Vulnerable Children (Belong for ZDF).

The first component is continued support to two existing drama groups and technical assistance in developing HIV/AIDS-related scripts and performances. Since FY 2003, the drama groups, consisting of 39 members, have traveled to all 54 Zambia Defense Force (ZDF) facilities throughout the country spreading messages on abstinence, faithfulness, and the correct and consistent use of condoms, HIV counseling and testing, stigma reduction, the influence of alcohol on risk behavior, and other key messages identified through regularly updated qualitative research with the target group to ensure continued maximum relevance and acceptance.

Feedback from ZDF leadership, officers, and enlisted personnel alike indicates that the tours are extremely well accepted and are effective at increasing HIV/AIDS-related knowledge and promoting positive behavior change in ZDF personnel, their family members, and local communities surrounding the bases. Given the isolated nature of many of the ZDF sites, these drama performances are often the only exposure many of these communities, both military and civilian, have to HIV/AIDS prevention messages. In FY 2008, the drama groups will continue to be supported to visit all the 54 ZDF units, camps and operational areas. Some of these visits will be in conjunction with the mobile CT units as a means of pre-CT community mobilization, and will reach an estimated 20,000 individuals.

The military is categorized as a high-risk group. According to a study conducted in 2004, about 30% of military personnel reported having sex with multiple partners in the past 12 months, which is more than three times higher than the general population rate, and condom use especially among those with multiple partners was found to be very low. Therefore, PCI will support the ZDF in promoting change in gender social norms that predispose women to HIV such as sexual violence and abuse. The plays will also promote prevention methods such as correct and consistent condom use, along with promoting abstinence and faithfulness. In FY 2007, the play developed by the drama groups focused on ART adherence, fidelity in marriage, and excessive alcohol consumption.

CT, PMTCT and ART will continue to be key focus areas, in order to strengthen links with these USG-supported activities of the ZDF. The performers will receive refresher training in Theatre for Development, a locally adapted behavior change communication strategy developed in collaboration with the Open University of Zambia. This method uses qualitative research methods together with performance arts such as song, drama, poetry, and dance for a targeted audience. PCI will continue to measure the impact of the drama tours (using pre-and post-exposure questionnaires as part of the intervention itself) to ensure quality and effectiveness of the drama tours. The training also serves as an opportunity for ZDF participants to conduct on-site qualitative research with the target population and to integrate current, key messages into updated performances.

Information, education and communication (IEC) materials promoting abstinence, faithfulness, other prevention methods, stigma reduction, counseling and testing, sexually transmitted infection (STI) management, and ART will be reproduced and distributed during the drama tours, HIV/AIDS sensitization tours by HIV/AIDS unit personnel and HIV+ personnel, mobile CT visits, monitoring visits, new recruit training and other occasions. PCI is a member of the “Prevention of Sexual Transmission” group that has recently been recognized by the National HIV/AIDS/STI/TB Council (NAC) as forum in one of their theme groups. One role of this group is to ensure that all partners are giving consistent, evidence-based messages which are approved by NAC.

The second component of this activity is to continue assisting in the mobilization of people living with HIV/AIDS (PLWHA) to encourage their involvement in HIV/AIDS prevention activities. Whereas in 2003-2004 there were no openly positive ZDF personnel participating in the HIV/AIDS prevention, care, and support program, to date there are over 200 individuals associated with the ZDF actively participating in the program through HIV/AIDS sensitization with their colleagues, peer education, and support group formation, which has been initiated at five ZDF units. In 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 provide training and technical support to HIV-positive ZDF personnel in organizing and programming visits to 54 military units to promote counseling and testing, ART, and stigma reduction. This group will also participate in HIV/AIDS leadership workshops for 60 ZDF senior leaders, which have proved to be extremely successful at engaging ZDF leadership and support at different levels for HIV/AIDS prevention activities in ZDF units.

In all prevention activities, the role of alcohol in the transmission of HIV will continue to receive emphasis. Current training materials developed by PCI and the Defense Force Medical Services (DFMS), including the peer leader training guides, educational videos (“Watch Out Soldier” and “HIV positive: No longer a death sentence”) and 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 planning, implementing, and monitoring all activities with leadership from ZDF personnel themselves. PCI and other technical resources will support these endeavors such as drama troupes and support groups. In this area, training and mobilization of support from ZDF leadership has also proved very effective at ensuring necessary support and involvement in HIV/AIDS-related programming and intervention. Most ZDF sites are accessing free condoms through their respective DHMTs. DFMS has solicited for bicycles for Peer educators from Zambia National Response to HIV/AIDS (ZANARA).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8786

Related Activity: 14628, 14623, 14624, 14630, 14428, 14631

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24838	3733.24838.09	Department of Defense	Project Concern International	10574	3041.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14628	9170.08	6890	3041.08	DoD-PCI	Project Concern International	$275,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	54	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	99	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 270.08

Mechanism: Corridors of Hope II

Prime Partner: Research Triangle Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3665.08

Planned Funds: $1,420,000

Activity System ID: 14431

Activity Narrative: The Corridors of Hope II (COH II) is a contract under Research Triangle Institute (RTI) that follows on from the original Corridors of Hope Cross Border Initiative (COH). COH II both continues the activities of COH and expands the program to ensure a more comprehensive and balanced prevention program. COH II has three basic objectives focusing on other prevention, AB activities, and CT services. These three program areas fit together and are integrated as a cohesive prevention program.

In FY 2005 and FY 2006, the original COH trained 50 outreach workers and 188 high risk women, such as queen mothers and sex workers, as peer educators; reached over 500,000 men and women with other prevention behavior change messages through interpersonal counseling and group discussions. The project also provided technical support to 33 trucking companies for HIV prevention and workplace programming. COH had over 900 condom outlets that were socially marketing condoms to high risk groups, including sex workers and their clients.

COH II started in FY 2007. Based on Zambia-specific HIV/AIDS epidemiological data, findings of the Priorities for Local AIDS Control Efforts (PLACE) study and the Zambia Sexual Behavior Study, other behavioral and biological data, and lessons learned from COH services, COH II 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 II implements a range of appropriate outreach services in bars, clubs, truckstops, and other key gathering places. COH II 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 2008, COH II 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 II 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 50 targeted condom service outlets will be established. To reach these individuals, COH II will work through the 750 individuals the project trained in years 1 and 2 in inter-personal behavior change communication for partner reduction and correct and consistent condom use. COH II 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 II 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 II activities 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. COH II will continue to provide interpersonal counseling to address the social and behavioral sexual norms that lead to HIV transmission. COH II will strengthen services and counseling services related to sexual violence, multiple and concurrent partnerships, drug and alcohol abuse, and transactional sex. COH II will use an integrated approach to ensure women's legal rights. COH II will continue a specific focus on providing appropriate services targeted at sexually active 15 – 24 year olds. Condom promotion and distribution will continue to be targeted at spots frequented by MARPs. COH II will continue to work with law enforcement and health facilities to ensure PEP provision and counseling for victims of sexual violence.

COH II will continue to address the issue of HIV and alcohol at COH II 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 II will develop key messages in collaboration with SHARe, the National HIV/AIDS/STI/TB Council (NAC), district AIDS task forces (DATFs), and the Health Communication Partnership Zambia (HCP). COH II 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 II will harmonize its HIV prevention strategies and activities with the National HIV/AIDS Strategic Framework 2006–2010 as well as with the current National Communication Strategy produced in 2005. COH II 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 II's mandate is to sustain other prevention services and activities beyond the project period. COH II 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

Activity Narrative: 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 continue to use their training provided in years 1 and 2 in STI management using national guidelines and others trained by COH II earlier will link with those providing PEP counseling for victims of sexual violence. In conjunction with its NGO partners, COH II will implement the timeline developed in years 1 and 2 for the phase-out of technical assistance and implement the full graduation plan that identifies the technical and capacity building needs of each local partner leading up to graduation. COH II will work in close collaboration with other USG and other donor funded projects working in the COH II locations, particularly HCP, PSI Social Marketing, CIDRZ, ZPCT, CRS AIDSRelief, CHANGES 2, Equip II, and RAPIDS, and will network and collaborate with Ministry of Health (MOH) HIV/AIDS services. COH II will collaborate with the Prevention of Sexual Transmission Group and participate in the USG Other Prevention group to eliminate redundancy with the work of other USG partners, NAC, and other donors.

COH II will conduct a targeted behavioral surveillance survey (BSS) focused on sex workers, truck drivers, and youth to compare the results in relation to those at the end of COH I. Maintaining the same groups from previous surveys will allow rigorous analysis of the results across the BSS's that have been carried out. In year 3, COH II also will measure changes in behavior among the broader population served by the project against baseline data gathered in year 2.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8940

Related Activity: 14430, 14432

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8940	3665.07	U.S. Agency for International Development	Research Triangle Institute	4992	270.07	Corridors of Hope II	$1,420,000
3665	3665.06	U.S. Agency for International Development	Research Triangle Institute	2984	270.06	Corridors of Hope	$1,405,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14430	3663.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$1,400,000
14432	3664.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$930,000

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

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Miners

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Community

Community members

Coverage Areas

Central

Eastern

Southern

Northern

North-Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	695.08	**Mechanism:**	Social Marketing
Prime Partner:	Population Services International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	3368.08	**Planned Funds:**	$2,183,179
Activity System ID:	14424		

Activity Narrative: This activity is an integral component of a prevention and care project strategically linked to HVAB and HVCT interventions, including Population Services International/Society for Family Health (PSI/SFH), Central Contraceptive Procurement, Health Communications Partnership (HCP), International Youth Foundation, JHPIEGO, RAPIDS, Corridors of Hope II, and Comprehensive HIV/AIDS Management Programme (CHAMP).

In FY 2008, Population Services International (PSI), through its local affiliate, Society for Family Health (SFH), will expand and enhance outreach activities encouraging individuals to be faithful and promoting consistent and correct condom use to specific populations. PSI/SFH is currently covering 60% of Zambia's districts with intensive condom promotion and outreach activities. PSI/SFH is implementing lower-intensity activities in the remaining 40% of districts which include hard-to-reach rural areas with poor infrastructure and low-density populations.

In FY 2008, PSI/SFH's provincial outreach workers and volunteers will reach 298,655 individuals with balanced HIV-prevention messages using interactive materials. Activities will specifically target: (1) sexually active males and females, particularly youth in tertiary educational institutions; (2) men and women engaged in concurrent sexual partnerships; (3) commercial sex workers and their partners; (4) men and women at their workplaces; incarcerated persons; and (5) people living with HIV/AIDS (PLWHA). PSI/SFH will continue to target these groups with risk-reduction messaging, condoms, and counseling and testing (CT) promotion. Activities will promote consistent condom use, fidelity, they will help individuals complete a personal risk assessment, and PSI/SFH will refer clients to facilities for CT and diagnosis and treatment of sexually-transmitted infections (STIs). PSI/SFH's communication strategy involves a wraparound approach where HIV-prevention messages are integrated into family planning, child survival, and malaria messages for specific groups.

To reach high-risk groups, such as those engaging in transactional sex, PSI/SFH will conduct interpersonal behavior-change outreach activities in locations frequented by high-risk target groups like bars, night-clubs, filling stations, truck parks, fish camps, and hair salons. A fish-camp program will target migrant fish-camp traders in Southern and Luapula Provinces with partner-reduction and condom-use messages through a field office on the shore of Lake Mweru, a major seasonal fishing and fish-trading center.

PSI/SFH will increase the sustainability of the interpersonal communications programs by training and supporting public sector health-care providers to disseminate prevention messages utilizing flipcharts and materials developed in FY 2007. Close collaboration with the public sector and faith- and community-based organizations will also enable PSI/SFH to target more PLWHA.

PSI/SFH's youth-focused behavior-change program targets 18–26 year olds in tertiary educational institutions through a combination of interpersonal outreach activities, CT services, and peer education programs. In FY 2008, PSI/SFH will train and support 100 campus-based peer educators and student group leaders to disseminate prevention and CT messages. Trainings will build capacity in tertiary educational institutions and associated student groups to coordinate sustainable HIV-prevention programs.

In FY 2007, PSI/SFH officially handed over the "Real Man, Real Woman" delayed sexual debut campaign to the National HIV/AIDS/STI/TB Council (NAC). In FY 2008, PSI/SFH will continue to provide related technical support and training to the NAC and other implementing partners.

In FY 2008, PSI/SFH will also enhance the impact of interpersonal communications with a mass media campaign addressing concurrent relationships and partner-reduction. PSI/SFH will develop a robust communication campaign based on evidence from qualitative and quantitative research, with an emphasis on developing communication strategies that promote faithfulness. The campaign will address gender equity by working towards revised male norms and societal behaviors around HIV/AIDS to help empower women and to strengthen their decisions and negotiation skills relating to sex. PSI/SFH will work closely with HCP in the implementation of this activity.

In FY 2007, PSI/SFH leveraged USAID support by signing a memorandum of understanding with UNFPA for female condom procurement, promotion, and training. PSI/SFH will significantly scale up the promotion of female condom distribution and promotion activities, particularly in Lusaka and Copperbelt Provinces. Low- and middle-income women will be targeted in 150 hair salons. Training efforts will focus on 17 PSI/SFH CT counselors and 300 hair dressers, private clinic staff, community mobilizers, and other implementing NGOs. Other distribution activities will include workplace programs that include uniformed personnel and the integration of product promotion at PSI/SFH's "New Start" CT centers and "Horizon" post-test programs.

Based on a couple-years protection figure of 120, PSI/SFH will distribute 10 million Maximum Classic male condoms and 244,000 Care female condoms procured by USAID through its Central Contraceptive Procurement mechanism with FY 2008 COP funding. This translates into 85,367 couple-years of protection. PSI/SFH will ensure sustainability by establishing private sector partnerships with distributors and wholesalers and by building the capacity of Zambian staff to increase their technical and management capabilities. These condoms will be distributed to 2,060 outlets throughout the country, ensuring nationwide coverage.

In partnership with JHPIEGO, the Zambian Ministry of Health, the NAC, and using private funds, PSI/SFH has already begun implementing a male circumcision (MC) pilot project in Lusaka. The objectives of this project are to assist in meeting current demand for MC services and to develop lessons learned regarding cost-effective, sustainable MC service-delivery models to rapidly scale up MC services nation-wide. This project is operating in four sites: University Teaching Hospital urology clinic, two private clinics, and a New Start CT center. PSI/SFH will reach 15, 580 men with MC messages through these sites; and 1,584 of the men are expected to undergo circumcision. In addition, PSI/SFH will continue to develop MC services at four additional New Start CT centers, depending on availability of funds.

Three components comprise this MC service delivery package: (1) provision of the male circumcision procedure; (2) counseling and communications on HIV prevention and testing, STI evaluation and treatment, men's general reproductive health, and family planning; and, (3) linkages to other reproductive health and HIV/AIDS services, including CT. The MC program will focus on the emphasis area of gender,

Activity Narrative: addressing male norms and behaviors. Counseling includes a discussion of male reproductive health with an emphasis on risk-reduction. Clients are encouraged to discuss safe sexual behavior and family planning with female partners. All doctors, clinical officers, nurses, and counselors involved in MC service-delivery at implementing sites will successfully complete MC training. Frequent monitoring of service providers will promote high-quality services. Service providers will be required to maintain the highest quality of service in order to remain in the MC service-provision network; client feedback and follow-up will be used to ensure service and counseling protocols are followed.

While this activity's emphasis is on service delivery, PSI/SFH will coordinate with the MOH, JHPIEGO, and HCP, to develop and disseminate communication materials. In collaboration with the national MC task force and US Government MC implementing partners, an MC kit will be developed to ensure that providers have the necessary supplies for one procedure. This kit will be available at subsidized rates or provided free of charge, depending on the provider.

This activity will contribute to the Zambian Government's goals and vision outlined in its five-year National HIV and AIDS Strategic Framework 2006-2010. It will contribute to the strategic objective of "intensifying prevention with special emphasis on youth, women, and high-risk behaviors."

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8925

Related Activity: 14430, 14445, 14406, 15523, 14423, 14439, 14410, 14450, 14426, 14442, 14432

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8925	3368.07	U.S. Agency for International Development	Population Services International	4990	695.07	Social Marketing	$3,030,000
3368	3368.06	U.S. Agency for International Development	Population Services International	2830	695.06	Social Marketing	$2,580,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14439	3556.08	6841	412.08	RAPIDS	World Vision International	$2,408,152
15523	12519.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$465,000
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14430	3663.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$1,400,000
14423	12520.08	6830	695.08	Social Marketing	Population Services International	$392,854
14426	3369.08	6830	695.08	Social Marketing	Population Services International	$1,464,274
14432	3664.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$930,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000
14442	3555.08	6841	412.08	RAPIDS	World Vision International	$858,028

Emphasis Areas

Gender

* Addressing male norms and behaviors

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	2,060	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	197,200	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 4139.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 12523.08

Planned Funds: $1,700,000

Activity System ID: 14415

Activity Narrative: This activity links directly with 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 Strengthening, and Policy Analysis/Systems Strengthening.

For FY 2007 Plus-Up funds were used to serve as a bridging activity 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, Plus-Up funds assisted US Government (USG) projects and the Ministry of Health (MOH) ensure that the necessary MC kits were available at chosen sites. Previously SFH and JHPIEGO were procuring the different commodities needed to make up an MC kit in limited quantities. These kits were provided to the chosen facilities.

The key activities during the bridging activity in FY 2007 included sending staff to the different national meetings focused on MC to ensure that supply chain issues are 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 (MOH) 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 in FY 2008. It will also be important to determine if there are ample supplies of kit commodities to supply health facilities on a timely basis using the existing MSL managed distribution system. For most MOH sites, the commodities that would make up an MC kit would be ordered from Medical Stores Limited as part of their 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 2008 funding, SCMS will review the pricing of the different products in a kit and determine the most cost efficient manner to procure these products as the scale-up of the national program warrants larger USG support for commodity purchases. In FY 2008 there will also be the need to conduct more field visits to ascertain the stock situation at the facilities. Another key activity will be to develop a national logistics strategic plan for the support of MC activities. This plan will become more important as more organizations begin supporting MC activities throughout the nation.

Of the $9 million Plus-Up funding allotted to Zambia in August 2007, this activity will receive an additional $1.4 million for the procurement of sexual transmitted infection (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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12523

Related Activity: 15525, 14424, 14405, 14419, 14420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26404	12523.26404.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11026	4139.09	Supply Chain Management System	$300,000
12523	12523.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15525	12524.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$995,000
14424	3368.08	6830	695.08	Social Marketing	Population Services International	$2,183,179
14405	9520.08	6822	5074.08	DELIVER II	John Snow, Inc.	$3,000,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000
14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Emphasis Areas

Male circumcision

Food Support

Public Private Partnership

Targets

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

Target Populations

General population

Children (under 5)

Boys

Children (5-9)

Boys

Ages 10-14

Boys

Ages 15-24

Men

Adults (25 and over)

Men

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Community

Community members

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1031.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3538.08

Planned Funds: $1,100,000

Activity System ID: 14407

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) activities in Abstinence/be faithful (AB), Palliative Care, Orphans and Vulnerable children (OVC), Counseling and Testing (HVCT) and ARV Services. It also supports 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 uses PEPFAR and Child Survival funds to benefit more than 900 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, provide a comprehensive approach to promote better health-seeking behavior through interventions targeting MARPs in 22 districts. HCP draws 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 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. At the same time, HCP facilitates synergistic networks among community organizations and the involvement of community leadership structures to ensure that activities are responsive to local needs. Working within these community structures in close partnership with other US Government (USG) partners, HCP will promote HIV prevention through a balanced Abstinence, Being faithful, correct and consistent Condom use (ABC) approach. Part of HCP's mandate in FY 2008, will be to focus on communications on partner reduction, correct and consistent condom use, and promotion of knowing one's HIV status.

In FY 2008, HCP will continue to provide technical support for ongoing activities organized by trained peer leaders. These activities will reach families of uniformed personnel and will emphasize knowledge of HIV status, correct and consistent condom use, provision of social support to those who are ill, anti-stigma messaging, and reduction of concurrent partners. At prisons, similar activities will be implemented for people who are incarcerated. In FY 2008, HCP will also reach 6,400 individuals with HIV prevention messages.

As part of its exit strategy, HCP, in collaboration with local non-governmental organizations and relevant government departments, will hold refresher workshops for the active uniformed services peer leaders. The refresher workshops will equip peer leaders with updated HIV/AIDS information, behavior change strategies for prevention and information on male circumcision. Relevant tools and IEC materials will also be provided and HCP will also help cement linkages with local organizations and other service providers.

HCP will build on the comprehensive multi-media campaign developed in FY 2007 (with Plus-Up funds) for television, radio, and print which promotes reduction of concurrent partnerships through raising risk awareness. This campaign will increase self-efficacy in avoiding risk and will reach 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 will provide leadership to ensure the multi-media campaign and other prevention campaigns are conducted in full support of the national prevention strategy; which will be 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, will be complemented with in-depth information on behavior change and the development of respectful, gender-equitable relationships between men and women. Influential leaders will be encouraged to serve as role models for men in order to affect change in the male norms and behaviors that undermine risk avoidance efforts. HCP-trained community drama groups in remote, rural communities will continue to perform scripted drama and facilitate discussions on partner reduction, knowledge of HIV status, and stigma reduction, reaching at least 13,200 people. In FY 2008, HCP will focus 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.

As in FY 2007, HCP will continue 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 2007 to support culturally appropriate interventions and messaging about the risks of alcohol abuse as related to HIV/AIDS. HCP will continue to ensure that issues related to alcohol abuse are integrated in communication interventions.

HCP will expand 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 will promote risk reduction through reduction in concurrent partners, knowing one's status, using condoms correctly and consistently, and male circumcision. HCP will continue 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 will develop a high profile, national events and popular artists to promote HIV risk reduction. With the House of Chiefs, the coordinating body for Zambia's traditional leaders, HCP will build 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 are 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 will design activities that support 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 are implemented are not only chosen by communities, they also require community commitment through in-kind support.

HCP continues 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 continues to work with the Zambia Centre for Communication Programmes (ZCCP), a local health communication NGO in a technical advisory capacity. HCP will support ZCCP in developing strategic approaches for preventing the sexual transmission of HIV and will build ZCCP's ability to develop high quality, behavior change communications interventions. HCP also facilitates 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 will conduct an end-of-project survey to measure impact of all of the above mentioned activities. The Participatory Ethnographic and Evaluation and Research (PEER) method will also be employed to qualitatively evaluate the project by involving the community members in the design, implementation, and execution of the evaluation exercise.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8904

Related Activity: 14406, 14409, 14410

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26638	3538.26638.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	11078	1031.09	Health Communication Partnership	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14409	3537.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$290,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	19,600	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3046.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3756.08

Planned Funds: $25,000

Activity System ID: 16494

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9469

Related Activity: 16493, 16495

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26836	3756.26836.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11144	11144.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16493	9851.08	7447	3046.08	United Nations High Commissioner for Refugees/PRM	United Nations High Commissioner for Refugees	$175,000
16495	5396.08	7447	3046.08	United Nations High Commissioner for Refugees/PRM	United Nations High Commissioner for Refugees	$50,000

Emphasis Areas

Gender

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

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	80	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70	False

Indirect Targets

Target Populations

Other

Refugees/Internally Displaced Persons

Coverage Areas

Luapula

Northern

North-Western

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 2973.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 17064.08

Planned Funds: $115,000

Activity System ID: 17064

Activity Narrative: Oct 08 Reprogramming: Additional funding will be used to implement a partner reduction program. Prevention activities will be intensified as outlined in the Zambia National Strategic Framework 2006-2010, to engage innovative strategies to influence behavior change and expand the UTH prevention activities investigation with HIV positive couples and also with couples at Chipata General Hospital. Training, as well as staff transport will also be provided to implement prevention for positives in a clinical setting.
Two hundred and fifty couples will be grouped in five cohorts that will meet monthly for a period of one year. The cohorts will be exposed to communication skills for negotiating safe sex and how to use both male and female condoms correctly.

This activity is linked with the other activities supported by the USG for the SPHO including counseling and testing, TB/HIV, and ARV services.

Southern Province reports an HIV prevalence of 16.2%, STI incidence rate for above 5 years at 22.3 /1000 and Tuberculosis (TB) incidence rate of 415/100,000,. The Province ranks third behind Lusaka and the Copperbelt provinces in terms of HIV and TB burden in Zambia. Livingstone district, which is the provincial capital of southern province, reports extremely high HIV prevalence (30.8%), STI incidence rate of 30.6 /1000 and TB notified cases for the province was 6,103 at the end of 2006.

In FY 2007, SPHO provided support for establishment and strengthening of Youth friendly corner services in the 11 districts in 55 health facilities out of the provincial total of 222 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 IEC materials, audio visual equipment (TV and VCR), support for community sensitization and strengthening health facility implementation including orientation of staff and peer HIV, counseling. This was an additional activity that was supported under counseling and testing. By the end of FY2007, over 15,000 youth were reached with integrated information on STI, HIV, ANC, abortion, condom use, family planning and other prevention strategies.

The youth 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 youth running the centers is high. This is why training involves both health care workers who are more permanent and the fluid population of youth. This has the advantage of services continuing as youth move on in life with education and career development opportunities. Health staff continue to mentor and train new recruits. Once the youths move on with their lives and careers, they have the benefit of carrying with them knowledge and life skills about HIV/AIDS and related services and are able to act as peers for the communities that they train/study and work with.

In FY08, Southern Provincial Health Office (SPHO) will increase access to counseling and testing services for young people as a continuing strategy in the prevention of STI/HIV infection by providing direct support to 11 Districts Health Offices in the establishment and strengthening of Youth Friendly Reproductive Health Services (YFHS). This activity will focus on strengthening HIV/STI prevention services employing the friendly opt out approach incorporating health care provider initiated counseling and testing and STI treatment and management services. By ensuring that prevention of unplanned pregnancies through the provision of safe and appropriate contraceptive methods for the adolescents are in place, the SPHO will further contribute to reduction in the number of HIV exposed infants in the province. This will be accomplished through training of 100 health providers from 100 sites to work with young people. This will increase the sites which offer YFHS to 155. 110 peer HIV counselors will be trained, 2 from each of the old 55 sites.

By the end of FY2008, 70% of health facilities in the province shall offer complete package of Adolescent friendly health services. The program shall target the youths aged 10-24 yrs and reach 20,000 young people with integrated information on SRH/ STI/TB/HIV/AIDS and ART services by the end of FY08.

The SPHO realizes that in the majority of health facilities the youth corners do not have facilities and services that attract the patronage of the youth which in turn hinders the the control of STI/HIV amongst this population. Thus support will be provided for refurbishment (renovations/extensions and furniture) of the sites by renovating 3 YFHS corners in each of the 11 districts including supply of IEC materials (caps, bags, T-shirts, canvas, flyers, brochures), audio visual equipment (TVs, VCRs, radios, camera and video recorders and tapes), and provide transport support (bicycles and funds) for outreach activities in the communities. This activity will be enhanced by the support to dramas groups in all the 155 sites.

Quarterly supervisory visits will be provided to at least 6 sites in each district for performance improvement. The data collection tools developed by WHO will be adopted and used for monitoring the 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 TB and STIs including HIV. Linkages to TB/ART services will also be strengthened.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15551, 15552, 15553

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15551	3649.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$400,000
15552	3667.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000
15553	9760.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	155	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	210	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Southern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	7921.08	**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:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	17574.08	**Planned Funds:**	$40,000
Activity System ID:	17574		

Activity Narrative: Preliminary work from an assessment conducted in collaboration with the University Teaching Hospital (UTH) and University of Miami show promising results that with proper techniques couples can talk about sex and build confidence in encouraging one another to engage in safe sexual practices. Concurrent partnerships is the main driver of HIV infection in Zambia, like is the case in most countries in southern Africa. It is critical to go beyond making sexually active youth and adults aware of condoms and where to find them to engaging them in intensive conversations about safe sex and demonstrations on proper ways to use condoms. These preliminary findings identified that most men in the study do not know how to properly put on a condom and also have never used condoms due to fear of loosing erections. These preliminary findings also show that when men and women have skills on how to use condoms they are more confident and do use them.
Prevention continues to challenge in Southern Africa including Zambia where prevalence continues to remain high. PLWA are living longer as the number of discordant couples increase. In attempt to diversify and intensify prevention, UNZA will use the funds to scale up a prevention for psotives program to Western, Southern and Eastern Provinces of Zambia. Funds will be used to scale up the program in these provinces and provide build capacity of the PHOS to scale up the intervention in their districts and provide monitoring supervison.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	2	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Southern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	2994.08	**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:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	17575.08	**Planned Funds:**	$200,000
Activity System ID:	17575		

Activity Narrative: The following activity is newly proposed for FY 2008. This activity will be linked to the CDC activity with Southern Province Health Office for Palliative care TB/HIV.

In FY 2008, CDC will work with a DAPP in Zambia to expand HIV prevention, care, and treatment programs among migrant and non-migrant farm workers in Southern Province. In FY 2006 and 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 families that they leave behind in their hometowns, and the temporary families that they are likely to establish in their place of work are all in need of specific HIV prevention interventions. Additionally, people living in areas that cater to large influxes 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 STI transmission and acquisition. Activities through this funding mechanism will 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 VCT regularly, the importance of correct and consistent condom use, and the importance of reducing the number of sexual partners. Approximately 5,000 individuals will be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. In addition, 75 people will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. Eight (8) condom outlets will be established to distribute condoms to migrant workers and their partners in conjunction with education sessions.

The majority of people will be 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) and immunosuppression, practice talking with a spouse about sex, STIs, attending couples counseling, and ways to seek out friends and family who are living with HIV to be open to them and encourage them to have good nutrition, adhere to treatment regimens, and prevent further transmission of HIV. These activities are expected to promote behavior change and combat stigma. An additional important component of the activities will be 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. Persons in prostitution and who 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. Additional activities may include organizing recreational activities to provide workers with alternative meeting places other than at bars, working with widows to ensure that they are tested for HIV and receive appropriate care, and.

In order to ensure sustainability of the program and to promote lasting behavior change, the partner will work with the Provincial and District Health Offices in Southern Province and work within their strategic framework for activities in FY 2008. Additionally, many large farms in Southern Province have established basic HIV programs for their workers and the partner will work through these programs to create the capacity for their expansion and garner support from their head management offices.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Workplace Programs

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	8	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Southern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3083.08
Mechanism: Central Contraceptive Procurement
Prime Partner: Central Contraceptive Procurement
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3794.08
Planned Funds: $600,000
Activity System ID: 14377

Activity Narrative: This activity is linked to Population Services International/Society for Family Health (PSI) and Corridors of Hope II.

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. These condoms will be distributed by PSI/SFH and will be socially marketed to high-risk groups through 2,462 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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8872

Related Activity: 14424, 14431

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26401	3794.26401.09	U.S. Agency for International Development	Central Contraceptive Procurement	11023	3083.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14431	3665.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$1,420,000
14424	3368.08	6830	695.08	Social Marketing	Population Services International	$2,183,179

Targets

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

Indirect Targets

Target Populations

Special populations

Most at risk populations

Mobile populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 630.08
Mechanism: SHARE
Prime Partner: John Snow Research and Training Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6570.08
Planned Funds: $352,000
Activity System ID: 14397

Activity Narrative: This continuing activity strengthens the capacity of local NGOs, public and private sector workplaces, two Global Development Alliances (GDAs), District AIDS Task Forces (DATFs), and Rapid Response Fund CBO/FBO Grantees to implement Other Prevention activities and facilitate social change to reduce sexual HIV transmission.

Support to the HIV/AIDS Response in Zambia (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 and trained 727 individuals. Over the next 6 months alone, from October 2006 through March 2007, SHARe and its partners reached 89,825 individuals with other prevention messages beyond AB and provided training to 1,636 individuals.

SHARe works in Other Prevention through four public ministries: the Ministry of Agriculture and Cooperatives which includes permanent and migrant workers, the Ministry of Home Affairs which includes the police and prisons, the Ministry of Transport and Communication and the Ministry of Tourism/Zambia Wildlife Authority.

SHARE will focus on new interventions that reduce the transmission of HIV/AIDS including alcohol consumption and Gender-based Violence. SHARe will integrate strategies aimed at reducing harmful levels of alcohol consumption which negatively impact on HIV/AIDS prevention efforts. The use of alcohol audits will be incorporated into HIV/AIDS screening. SHARe will work Faith Based and Traditional Leaders to discourage harmful traditional practices that fuel HIV/AIDS transmission such as dry sex, sexual cleansing, and wife inheritance and other harmful practices such as concurrent sexual partners, intergenerational sex, and transactional sex. SHARe will support the development and implementation of the national prevention of sexual transmission strategies and campaigns.

SHARe also works with private sector businesses and informal market places through five local NGO partners: Zambia Health Education and Communications Trust (ZHECT), CHAMP, ZamAction, Afya Mzuri and Latkings. Other prevention strategies will focus on innovative community prevention programs in areas with high migrant populations, miners, and market vendors. SHARe will support Rapid Response Fund CBO/FBO Grantees and chiefdoms to design and implement Other Prevention activities in accordance with the OGAC ABC guidance and national campaigns to ensure that the activities are responsive to local needs. For example, traditional leaders will be provided with information and support to promote the discontinuation of harmful traditional practices that facilitate HIV transmission, such as widow cleansing, dry sex, and early marriage.

Other Prevention programs will provide education to address HIV high risk behaviors among Most at Risk Populations (MARPs) that go beyond AB and focus on partner reduction, correct and consistent use of condoms, and knowing one's status. Emphasis will be placed on information on behavior change focusing on promoting respectful relationships between men and women. SHARe will continue to address the needs of high risk workers in the public sector in the Ministry of Agriculture and Cooperatives, Ministry of Home Affairs, Ministry of Transport and Communications, and the Ministry of Tourism/Zambia Wildlife Authority and in the Livingstone Public Private Partnership. SHARe will support the development and implementation of HIV/AIDS services in the prisons. Working in close collaboration with UNAIDS and other USG partners, SHARe will focus on ensuring that the incarcerated population have access to other prevention services. SHARe will continue to work with NGO partners to provide Other Prevention messages to high risk private sector employees and communities in the formal and informal sectors. SHARe will strengthen DATFs and Rapid Response Fund CBO/FBO grantees to promote Other Prevention messages which include topics such as prevention of gender-based sexual violence, transactional sex, and intergenerational sex in their communities, and the impact of alcohol abuse on HIV transmission. In addition to leveraging private sector resources, SHARe will assist the four government ministries in effectively advocating and planning for resources from the USG, the Global Fund, and the World Bank to carry out activities in Other Prevention.

SHARe will manage direct grants to eight GDA companies for workplace and community Other Prevention efforts to reach the Most at Risk individuals among GDA companies such as migrant laborers, miners, and discordant couples. CHAMP and GDA companies have already trained 8,155 peer educators in the GDA network. Trained peer educators will continue to implement Other Prevention education, promote condom use, refer for STI management, prevent and treat sexual and gender-based violence, promote partner reduction, and create referral links to Post-exposure Prophylaxis, CT and ART.

Sites with Most at Risk Populations will be linked to socially marketed and free condoms through collaboration with the District Health Offices and the Society for Family Health. Sites with clinical facilities will continue to provide STI diagnosis and treatment services, and will be encouraged to provide Post-exposure Prophylaxis (PEP) 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. Private sector partners will continue to contribute directly and through technical support, including access to free CT and ART.

SHARe will work with and support its five local NGO partners working in Other Prevention (Afya Mzuri, ZamAction, ZHECT, CHAMP and Latkings) to build sustainable programs through strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of current sustainability levels, sharing of sustainability strategies of successful NGOs, and development of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using private sector funds, while public sector ministries and DATFs will ensure the sustainability of their HIV/AIDS workplace activities through public sector and other donor funding.

In FY 2008, SHARe will reach 60,000 individuals with Other Prevention activities and services through public and private sector workplaces, communities, NGOs, Rapid Response CBO and FBO Grantees, DATFs, and GDA companies and train 500 individuals in other prevention nationwide. SHARe will continue to 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.

All FY 2008 targets will be reached by September 30, 2009.

Activity Narrative: This continuing activity strengthens the capacity of local NGOs, public and private sector workplaces, two Cl

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8915

Related Activity: 14395, 14396, 14398, 14399, 14400, 14401, 14402, 14403

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26387	6570.26387.09	U.S. Agency for International Development	John Snow Research and Training Institute	11017	630.09	SHARE	$302,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14395	3677.08	6821	630.08	SHARE	John Snow Research and Training Institute	$50,000
14396	3638.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,628,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14399	3652.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14400	3639.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,325,909
14401	3641.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,150,000
14402	3642.08	6821	630.08	SHARE	John Snow Research and Training Institute	$230,000
14403	3643.08	6821	630.08	SHARE	John Snow Research and Training Institute	$2,650,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$59,767
Estimated local PPP contribution in dollars	$165,775

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	False

Indirect Targets

Target Populations

Special populations

Miners

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Business Community

Discordant Couples

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 2998.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 12525.08

Planned Funds: $255,000

Activity System ID: 15519

Activity Narrative: Title of study: Evaluation of safety and acceptability of neonatal circumcision in Zambia using Gomco and Plastibell methods

Time and money summary: 1 year

Local Co-investigator: Dr. E Stringer, CIDRZ, Dr. Chipepo Kankasa, UTH and a Paediatric MMED student, TBN.

Project description: Three recent studies in Africa have shown that male circumcision reduced acquisition of HIV in men. No studies have been done on neonatal male infants, but we can infer from the recent trials that circumcision at birth would have many health benefits including decreased acquisition of HIV. Infant circumcision is routinely performed in the United States without complications, but is not widely done in Africa. Its safety and acceptability has not been formally evaluated in Zambia, specifically. We will evaluate the safety and acceptability of two techniques of neonatal circumcision in a variety of different settings around Zambia.

Neonatal circumcision has an estimated complication rate ranging from 0.1% to 35%. [American Academy of Pediatrics] The majority of complications relate to infection or bleeding. Meatitis and meatal stenosis can also occur. The Gomco technique employs a reusable surgical instrument but requires more surgical skill to avoid bleeding complications. With the Plastibell technique, the plastic bell that is used to demarcate the surgical incision is left in place for up to a week following the procedure. There is believed to be less bleeding complications with this technique – especially in a setting where doctors may not be performing the procedure – but the foreign body at the surgical site may predispose to infection.

Evaluation questions: 1) Evaluate the safety of neonatal circumcision in Lusaka, Chipata, and Kafue. 2) Describe baseline minor and major complications 3) Evaluate the acceptability among providers and patients of neonatal circumcision

Programmatic importance/anticipated outcomes: As neonatal circumcision becomes one component of Zambia's plan to prevent HIV, it is important to understand the safest and most acceptable techniques to use; the most appropriate people to train in the procedure; as well as the best ways to educate both providers and communities. We hypothesize that the Gomco method is the safest and most acceptable, however, this has not been the case in the United States. The information gained will inform scale up measures of neonatal circumcision.

Methods: Over this one year period, we will circumcise 1400 infants, alternating between Gomco and Plastibell each week (i.e. week 1 Gomco, week 2 Plastibelle, week 3 Gomco, etc). Infants will be followed up at one week, one month, and three months. We will evaluate rates of bleeding at the time of the procedure and subsequently, and rates of infection at each follow-up visit. We will also evaluate infants for evidence of Meatitis and meatal stenosis. We will also collect information on the type of provider trained and location; provider experience (i.e. number of circumcisions he or she has performed), and individual infant characteristics. We will categorize any complication as major or minor. In addition to the evaluating the safety of neonatal circumcision, we will develop questionnaires which will be used to capture the best methods of training; providers' attitudes towards neonatal circumcision; parent's attitudes towards neonatal circumcision; and communities attitudes towards neonatal circumcision.

The primary outcome will be the proportions of infants experiencing any complication among circumcisions performed with a Plastibell vs. Gomco. Our proposed sample size will allow us to distinguish between a 1% complication rate in the Gomco group versus a 3% complication rate in the Plastibell group (80% power, alpha = 0.05, not correcting for clustering effect of the week-by-week randomization).

Population of interest: The population of interest would be healthy full term male infants born within 24-48 hours determined to be good candidates for circumcision and weighing no less than 2500gm. Parents will be identified while still pregnant and educated on the pros and cons of neonatal circumcision.

Information Dissemination Plan: The information gained from this evaluation will be presented to the Ministry of Health and disseminated in each area in which the evaluation took place.

Budget justification for Year 1 budget (please use US Dollars):

Salaries/fringe benefits: $55,000
Equipment: $20,000
Supplies: $30,000
Travel: $20,000
Participant Incentives: Follow up $15,000
Laboratory testing: $0
Other: $115,000
Total: $255,000

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12525

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27883	12525.27883.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10973	2998.09	EGPAF - U62/CCU123541	$187,738
12525	12525.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5007	2998.07	EGPAF - U62/CCU123541	$255,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

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

Target Populations

General population

Children (under 5)

Boys

Coverage Areas
Eastern
Lusaka

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3017.08	**Mechanism:**	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	12521.08	**Planned Funds:**	$200,000
Activity System ID:	15524		

Activity Narrative: The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

This activity is linked closely with JHPIEGO programs funded by CDC in HVTB, HVCT and HTXS as well as DOD funded programs in HVTB, HVOP and OHPS. This activity links to activities in HVTB and HVCT being conducted by partners, particularly CARE, EGPAF, CRS, FHI ZPCT and TBCAP, PCI, SHARE and Provincial Health Offices, as well as to HTXS and HBHC clinical activities (EGPAF, CRS, ZPCT, and CHAMP).

Members of the military are at particularly high risk of HIV and STIs. These populations are away from their families for extended periods. They often have multiple concurrent sexual partners, placing them at high risk of infection with HIV or other STIs. Access to health services among these populations is often limited, meaning that men and women who do suspect they have an STI may not receive treatment in a timely way, increasing the chance of passing the infection on to others, and while we know that there is a high risk of HIV in STI infected persons and the role of STIs in HIV transmission, STI services have not routinely and effectively offered HIV counseling and testing until recently. At the same time, the Zambia Defense Forces (ZDF) have not benefited from the same level of investment as in the public Ministry of Health (MOH) system. JHPIEGO, as a key partner to MOH in a number of HIV/AIDS technical programs, aims to help bridge this gap. In addition, ZDF sites are spread throughout Zambia in all nine provinces and are often located in very remote and hard to reach locations presenting further logistical challenges in service provision.

Data coming from the Defense Force Health facilities from June 2005 to November 2006 shows a high burden of sexually transmitted infections. A tour of Lusaka based ZDF health care facilities supported by DFMS and PCI revealed that there was: • shortage of manpower trained in Syndromic Management of STIs; • non availability of Treatment Guidelines for Syndromic management of STIs; • Lack of STI specific IEC materials; • shortage of drugs used for the treatment of STIs• Lack of light sources, vaginal speculums and examination couches, screens; • weak health information systems (e.g. medical record keeping, maintenance of and registers); • Lack of community engagement in prevention and control of STIs.

In fiscal year (FY) 2005, JHPIEGO began work with mobile populations of sugar cane workers in Mazabuka and the ZDF Medical Services in 4 sites to strengthen the integration of diagnostic HIV counseling and testing (DCT) into TB and STI services (activity ID # 9035) and increased access to and utilization of HIV prevention, care, and treatment services. JHPIEGO has been supporting the ZDF in integration of CT into TB and STI services with over 90% of TB patients accepting HIV CT and subsequent referral to ART for those testing positive. Between FY 2005 and FY 2007, over 80 ZDF providers and 250 community lay counselors from the initial 12 sites were trained in appropriate counseling and testing skills.

In FY 2007, JHPIEGO used the plus –up funds to provide the National STI case management guidelines to ZDF health facilities as well as training of 150 health care providers in Syndromic case management of STIs.

With the additional funding in 2008, JHPIEGO will continue with the work to strengthen training of healthcare workers within the defense forces in the management of STIs and make available copies of the Zambia National STI case Management Guidelines. These guidelines are not readily available in for use by the clinicians caring for these high risk populations. Training will emphasize the syndromic approach to STI management, risk assessment and risk reduction counseling. The standard available training materials will be used for these trainings. Targeted interventions contribute to the overall goal of reducing STI prevalence and slowing HIV transmission. In order to expand and sustain quality STI services and considering the negative effects of the prevailing high staff turnover in the ZDF facilities, JHPIEGO will carry out the following activities: • Make available the MOH National STI Syndromic Case Management Guidelines for Zambia; • Training 150 ZDF healthcare workers in the management of STIs by conducting seven, five-day provider training workshops, site strengthening by providing basic tools and equipment required to provide quality services and also continue offering supportive supervision to all sites and on job mentorship to at least 50 previously trained health care workers; This will be done in conjunction with the ZDF supervisors. The activities will enable ZDF to expand and sustain quality STIs services in order that more patients seen at military clinics can access timely and appropriate care. The above is in addition to the 75 health care providers to be trained under DoD- JHPIEGO activity.

The trainings planned will draw on the pool of trainers developed in the Zambia Defense Forces starting in FY 2006 and JHPIEGO staff will co-train and observe. Using this methodology will work toward sustainability in the continuing education initiatives that the Zambia Defense Forces will periodically need to undertake to keep their health service providers up-to-date on the best practices in STI syndromic case management as well as other areas of health care.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12521

Related Activity: 14415, 14625, 15527, 15528, 15887, 15578

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12521	12521.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$275,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14415	12523.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,700,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
15578	3658.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
15527	4527.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$200,000
15528	12530.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$255,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	170	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 12524.08

Planned Funds: $995,000

Activity System ID: 15525

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 is linked to JHPIEGO programs funded by CDC in HVCT, HVAB and OPHS as well as activities being conducted by the Health Communications Partnership (HCP) and the Partnership for Supply Chain Management.

Zambia is currently one of the leading countries in terms of integrating Male Circumcision (MC) into the compendium of HIV/AIDS prevention activities. JHPIEGO has been supporting the male circumcision program in Zambia for several years, beginning in 2004 when they teamed up with the government to begin work on small scale efforts to strengthen existing male circumcision services to meet existing demand. This early work in Zambia has informed the international efforts of WHO and UNAIDS, and the training package that JHPIEGO developed with the Ministry of Health in Zambia formed much of the basis for the new international WHO/UNAIDS/JHPIEGO training package. Likewise, assessment tools used in Zambia also provided background for the WHO toolkit. The Government of the Republic of Zambia (GRZ) has established an MC Task Force under the Ministry of Health (MOH) and the Prevention Technical Working Group of the National AIDS Council, of which JHPIEGO plays a key role.

The focus for this activity will be to support the six model sites developed in FY 2007 to consolidate their MC service delivery ensuring that comprehensive services are being provided to clients including standardized counseling, service provision and follow-up monitoring of clients. Emphasis will be placed on developing institutional capacity to train new service providers in the comprehensive approach to MC service provision. Within this framework, JHPIEGO will continue to strengthen the environment for scaling-up MC services gauging suitable expansion sites for FY 2008. JHPIEGO is a member of both of the national coordinating bodies working on male circumcision currently and will continue to support these groups, the Male Circumcision Task Force under the Ministry of Health and the Prevention of Sexual Transmission Working Group under the National AIDS Council.

In FY 2007, JHPIEGO worked with the model sites to ensure that they met the minimum standards to provide quality MC services, and trained 50 clinicians to provide MC services as well as 50 counselors to support male reproductive health and male circumcision services. 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. JHPIEGO 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, JHPIEGO 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 will identify additional sites suitable for the expansion of male circumcision services based on demand and the maximization of service coverage. These sites will benefit from the training sites developed in FY 2007 for the government's effort to expand MC services and make them available as part of the basic health care package. The training institutions will allow for structured mentoring of service providers from expansion sites. This structured mentoring will take a comprehensive approach as expose service providers to each of the steps included in providing MC services. MC services start the moment a client visits a service outlet and receives counseling on MC and male reproductive health and continue through the follow-up of clients after surgery. Target institutions will include Ministry of Health and Zambia Defense Forces sites, and possibly Churches Health Association of Zambia sites depending on the site selection criteria and outcome of the assessment of preparedness outlined in the policy/systems support activities.

It is expected that these model institutions will provide counseling and MC services to approximately 6,000 clients, more than tripling the current MC provision. For a new service like male circumcision, the number of clients reached is difficult to predict and will depend on the success of IEC and mobilization programs which will be running in parallel to the MC service scale up. This support will support: (1) training of counselors and clinicians; (2) conduct an assessment of preparedness for male circumcision scale-up, focusing on key target areas where MC work has not been initiated, testing and using the WHO tool kit, and working with WHO staff to pilot test these tools in the process; (3) facilitate a thorough pilot testing of the international WHO/UNAIDS/JHPIEGO clinical training package, in conjunction with WHO; (4) work with the Zambian team to adapt this package, and to develop associated service delivery guidelines; and (5) develop and pilot test performance standards for male circumcision, to standardize and enhance performance and quality improvement and supervision of MC services.

In addition, the funding will be used to integrate MC as integral part of the prevention package accompanied by clear and effective patient education.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12524

Related Activity: 14407, 15589, 14415, 14410

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12524	12524.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$995,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
15589	3578.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$50,000
14415	12523.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,700,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	6	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Target Populations

General population

Adults (25 and over)

Men

Special populations

Most at risk populations

Military Populations

Coverage Areas

Copperbelt

Eastern

Lusaka

Southern

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 2988.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9647.08

Planned Funds: $90,000

Activity System ID: 15544

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 is linked with the other activities for the Eastern Province Health Office (EPHO) including counseling and testing and the CDC new activity for EPHO in ARV services.

Chipata District in Eastern Province has a very high HIV prevalence of 25.9% and syphilis prevalence of 8.8% (Antenatal Clinic sentinel surveillance, 2004) among pregnant women aged 15-44 years. Adolescents contribute considerably to the high prevalence of HIV with16.2% of women in Chipata aged 15-19 testing HIV-positive during the 2004 ANC sentinel surveillance. Special reproductive health services focusing on youth is a key activity to reduce STI and HIV transmission among adolescents. Chipata district has started prevention and counseling and testing programs for this age group and the District Health Management Team (DHMT) has begun to establish 30 Youth Friendly Corners in urban and peri-urban health centers. In FY 2007, Chipata DHMT will strengthen the Youth Friendly Corner services as well as expand the concept to include all of the 39 health centers in the district in order to reach youth with HIV prevention messages and link them to the services available in their communities. These Youth Friendly Corner services are needed to address gaps in the current services in reaching all youth and especially at-risk youth.

The Youth Friendly Corners are critically needed to address existing gaps in current services; youth are not able to be reached, especially at-risk youth. These corners are rooms reserved specifically and conveniently for adolescent peer educators and trained health providers in which youth friendly services are provided to adolescents. It has been observed in some studies by non-governmental organizations and the district health management teams that: 1) youth found it difficult to access health services from health institutions because of age differences with health providers and that the health services were not satisfying the needs of young people, and 2) Youth Friendly Corners act as the entry and exit points for all youth clients presenting with STIs, HIV,TB infections and for those seeking safe reproductive health options. Cases requiring further attention of health workers are referred to the appropriate services for follow-up.

Other activities carried out in these corners are peer counseling, community mobilization through drama, focus group discussions, door-to-door campaigns, health education talks, and recreational activities (sporting activities and educational modeling). The Corners also provide an opportunity for dissemination of condoms to sexually active mature youth when appropriate. Youth who express interest in being tested for HIV are referred to the nearest clinic where they can receive counseling and testing for HIV.

To ensure quality services for the youth, a trained health worker at each Youth Friendly Corner who has a sincere desire to work with youth provides knowledge and skills to them. The program relies heavily on youth volunteers and the turn-over rate is high as the youth access further training or become employed. To ensure adequate numbers of peer counselors and peer educators, ongoing training of new peer counselors and educators is required. In FY 2007, 40 new staff will be trained to provide HIV/AIDS prevention programs that are not exclusively focused on abstinence and/or being faithful. An important component of the Youth Friendly Corner approach is to conduct sensitization sessions within certain high-risk communities. In FY 2007, 1,000 individuals will be reached through community outreach HIV/AIDS prevention programs that are not exclusively focused on abstinence and/or being faithful.

This activity will support the Youth Friendly Corner program of Chipata district through the Provincial Health Office by strengthening the 30 sites that have already been established and expanding to open nine more sites where youth friendly services will be offered. In addition, all sites will strengthen their sensitization activities in the community and behavior change sessions in high-risk areas and events. Increased awareness on the issue of integrated reproductive health among the youths will be created through reorientation of all health care staff.

In future years, the EPHO plans to scale up the Youth Friendly Corner approach to the seven other districts within Eastern Province. Activities to strengthen the Youth Friendly Services will be included in the annual district and health centre health plans in order to ensure sustainability of the programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9647

Related Activity: 15589, 15546, 15547

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26248	9647.26248.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	10979	2988.09	EPHO - 1 U2G PS000641	$120,000
9647	9647.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15589	3578.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$50,000
15546	3669.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$100,000
15547	9751.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	59	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,400	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	79	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3082.08	**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:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	9648.08	**Planned Funds:**	$140,000
Activity System ID:	15556		

Activity Narrative: Additional funding will be used to implement a partner reduction program. Prevention activities will be intensified as outlined in the Zambia National Strategic Framework 2006-2010, to engage innovative strategies to influence behavior change and expand the UTH prevention activities investigation with HIV positive couples and also with couples at Mongu General Hospital. Training, as well as staff transport will also be provided to implement prevention for positives in a clinical setting.
Two hundred and fifty couples will be grouped in five cohorts that will meet monthly for a period of one year. The cohorts will be exposed to communication skills for negotiating safe sex and how to use both male and female condoms correctly.

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 is linked with the other activities for the Western Province Health Office including counseling and testing , ARV services and laboratory infrastructure and support.

Mongu District in Western Province has a very high HIV prevalence of 28.2% and syphilis prevalence of 11.7% (Antenatal Clinic ANC Sentinel Surveillance, 2004) among pregnant women aged 15-44 years. Adolescents contribute considerably to the high prevalence and 17.0% of women in Mongu aged 15-19 years were found HIV positive during the 2004 ANC sentinel surveillance. To serve the youth better in Mongu district, the concept of Youth Friendly Corner services is an important component. This is where a room at a health facility is reserved specifically and conveniently for adolescent peer educators and trained service providers in which youth friendly services are provided to adolescents. These services are a point for access to health services, condom collection, and social activities. The centres are typically manned by both health care workers who are more permanent and the fluid population of youth. This has the advantage of services continuing as youth move on in life with education and career development opportunities. Health staff continue to mentor and train new recruits. Once the youths move on with their lives and careers, they have the benefit of carrying with them knowledge and life skills about HIV/AIDS and related services and are able to act as peers for the communities that they train/study and work with.

Youth Friendly Corners act as the entry and exit points for all youth clients presenting with STIs, HIV, or TB infection, and for those wanting to discuss reproductive health issues. This activity supported the Youth Friendly Corners program of Mongu district through the Provincial Health Office (PHO) in FY 2007. The support was utilized to strengthen the eight existing sites and allowed for expansion to eighteen additional sites. Here, youth friendly services have been offered as well as sensitization and behavior change sessions in high-risk areas and during events. As there has been no survey to determine what youths like or do not like about the Youth corners, by the end of FY 2007 the WPHO will develop an exit interview questionnaire in order to guide the future support to the centers and increase their effectiveness.

Some of the activities planned and implemented in these corners are: peer education, which involves outreach through community sensitization by drama groups, mobile video shows, radio programs and the peer counseling activities which includes one-to-one counseling and referring appropriate clients to trained health workers for further management. As a result of the outreach services conducted by peer educators during the first half of 2007, 1109 youth attended the Youth Friendly corners in 4 health facilities and of these 843 were counseled and tested for HIV with 355 testing positive. In FY 2008 partnerships will be created with traditional gate keepers to integrate youth friendly services during traditional ceremonies as well as the Ministry of Youth and Sport, the Mongu Catholic Diocese to support the 3 Youth Resource Centers in the district. The corners also provide an opportunity for dissemination of condoms to sexually active mature youth who cannot abstain and choose to protect themselves. To achieve quality results in these corners, trained health personnel with a sincere desire to work with youth are posted nearby the site to provide knowledge, skills, and guidance to the youth. Youth who utilize these centres will be encouraged to know their HIV status and referred appropriately to the nearest VCT centre, where they can receive counseling, testing and results for HIV. Youth Friendly services are particularly popular with STI clients and all such clients will be counseled for HIV and routinely tested.

The district has 30 health facilities and by the end of 2007 only ten will offer youth friendly services. The main challenges that have been experienced in the implementation and expansion of services in the district are: 1) inadequate funds to run the services; and 2) lack of transport to coordinate the activities at both the district and health centre levels resulting in these services being confined to urban and peri-urban areas only. There is also poor and inadequate building infrastructure at health facility levels to accommodate the health services. There is also a lack of knowledge among youth and to some extent health facility staff about the services available, which also contributes to sub-optimal provision of youth friendly services.

Special reproductive health services focusing on youth is a key activity to reduce STI and HIV transmission among adolescents. Mongu district has started prevention and counseling and testing programs for this age group. In collaboration with Adolescent Reproductive Health Advocates (ARHA), the District Health Management Team (DHMT) has set up several Youth Friendly Corners in eight of the thirty urban and peri-urban health centers. Mongu DHMT will strengthen the Youth Friendly Corner services as well as expand the concept to ten additional health centers. By the end of FY 2007, 18 of the 30 health centers in Mongu district will have established Youth Friendly Corners. To achieve this, the district will need to address the transportation problem to facilitate the coordination. There is also a need to build capacity among the youth and health care workers in appropriate services, to renovate existing spaces, and to procure furniture for the youth services at health centers. Another key activity is the re-production of information, education, and communication materials already in existence in appropriate local languages to be used for advocacy and education among the youths and the communities.

The program relies heavily on volunteers and the turn-over rate is high as the trained youth go for further training or become employed full-time. To ensure adequate numbers of peer counselors and peer educators, ongoing training of new peer counselors and educators is required. In FY 2007, 40 individuals will have been trained to provide HIV/AIDS prevention programs that are not exclusively focused on abstinence and/or being faithful. An important component of the Youth Friendly Corner approach is conducting sensitization sessions within certain high-risk communities. The success in use of non-monetary incentives to reduce turn-over of volunteers will be assessed. In FY 2007, 1,500 individuals will be reached through community outreach HIV/AIDS prevention programs that are not focused exclusively on abstinence and/or being faithful.

Activity Narrative:

In FY 2008, with the same level of funding, all current activities with the youth will be continued and an additional six new district sites with Youth Friendly services will be established. An additional 40 individuals will be trained in 2008 and it is hoped that at least an additional 1500 clients will be reached during this period.

To ensure sustainability, the Government of the Republic of Zambia through the District Health Management Team and health centers will include the youth friendly services in the annual health plans. In the following years the PHO plans to scale up the Youth Friendly Corner approach to the other health centers in Mongu district and other districts in Western province.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9648

Related Activity: 15558, 15559, 15560

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26262	9648.26262.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	10981	3082.09	WPHO - 1 U2G PS000646	$150,000
9648	9648.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15558	3792.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$100,000
15560	9799.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	24	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Other

People Living with HIV / AIDS

Coverage Areas

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3578.08

Planned Funds: $50,000

Activity System ID: 15589

Activity Narrative: PUBLIC HEALTH EVALUATION

Title:

The title of the PHE is “Assessment of HIV Infection and Related Risk Behaviors of Zambian Men Who Have Sex With Men (MSM) in Lusaka, Zambia.” FY 2008 will be year 2 of the study, which began in September of FY 2007 and will end in FY 2008. To date, a budget of $75,000 has been received and expended, and expected additional monies needed for completion total of $50,000, which is being requested for FY 2008.

Co-Investigators:

The local co-investigators are: Marc Bulterys, Qualifications: MD, MPH, PhD, Director, CDC GAP- Zambia, Victor Mukonka, MD, Director of Public Health and Research, Ministry of Health, Alwyn Mwinga, MBChB, MSc, DTM&H MMed, Associate Director for Science, CDC GAP-Zambia and Elizabeth Onjoro Meassick, PhD, Associate Chief for Behavioral Science Treatment, Care and Prevention, CDC, GAP-Zambia.

Purpose of the Project, Methodology and Assessment Objectives:

The Purpose of this Public Health Evaluation it to 1), assess and estimate HIV prevalence and related sexual risk behavior among n= 433 Zambian MSM in Lusaka, including the extent of MSM sexual interaction with the female population. Respondent-driven sampling (RDS) will be used to identify and reach 433 MSMs. Those reached through RDS will be screened for eligibility. Those eligible will be enrolled into the assessment. Specific objectives of the assessment include:

1.Successfully train staff in informed consent procedures, RDS methodology, behavioral assessment using ACASI, HIV counseling and testing, referral tracking, and other procedures.

2.Identify “seeds” (initial MSM contacts), and successfully screen and enroll eligible seeds into the assessment.

3.Successfully screen and enroll eligible men into the assessment who are referred through coupons from “seeds” and previous participants. Keep track of referrals by ID number; verify coupon authenticity; ensure allowable maximum of 3 referrals per participant.

4.Screen potential participants for eligibility over the phone, and if eligible, schedule an assessment appointment at the office.

5.Conduct the assessment appointments including: re-screen for eligibility; process informed consent for participation; gather behavioral data using ACASI; complete HIV counseling and testing; provide HIV prevention, care, and treatment referral information and assessment referral coupons for other potential participants; distribute reimbursement for participant time and travel.

6.From the data for n=433 Zambian MSM in Lusaka, determine HIV prevalence and 95% confidence interval. Analyze for demographic, behavioral and other factors associated with HIV infection.

7.From the data for n=433 Zambian MSM in Lusaka, determine rates of sexual and substance-using risk behavior. Analyze for demographic, psychosocial and other factors associated with sexual risk behavior.

8.Establish community and scientific advisory boards to inform the assessment during the data collection period.

9.Appropriately disseminate findings and implications from the assessment for the purposes of improving HIV prevention and treatment services for MSM and perhaps other populations (e.g., female partners) in Zambia.

2), allow USG Zambia to design and develop effective and targeted prevention and treatment programs for MSMs. According to the 2004 MSM study undertaken by Zambia Association for the Prevention of HIV and Tuberculosis (ZAPHIT) indicates that although all the respondents that were surveyed had knowledge about HIV/AIDS and the common modes of transmission, 70% of them were not aware that they could be infected with the virus through anal sex.

Progress to Date:

Progress of the study includes: training of three MSMs as Voluntary counseling and testing counselors, formation of both the community and scientific advisory boards, training of project staff on data collection methodology Respondent-driven sampling (RDS) and use of ACASI computer program. Also, renovation of office space with sound proof walls for privacy. Being gay is illegal in Zambia this it was necessary to identify and renovate a space that can provide greater privacy. Purchase of project supplies including office supplies, equipments and compute programs, and office furniture.

Information Dissemination Plan:

Information dissemination plan includes the following: Findings from the study will be packaged and shared with the Ministry of Health and the National AIDS Council to help inform the national prevention strategy. Dissemination will be done through sharing reports and making presentations on the research findings. Also three stake holder meetings will be held to share findings and brainstorm on way forward including next steps.

Planned FY 08 activities include the following:

Budget justification for FY 2008 monies: Budget requested within the overall budget is $50,000 for FY 2008. Costs will support continuation of data collection, short-term hire of data analysts for input and analysis of data, support to stakeholder meetings with MOH, NAC, and other partners and to continue to

Activity Narrative: support the continue the monthly community and Scientific Advisory Board meetings. It is also hoped that technical assistant will be provide to help MSM community organize an advocacy voice. Support for appropriate dissemination is also included for print reproduction and presentation to technical working groups or an appropriate international conference.

Salaries/fringe benefits (local contracts): $ 25,000
Equipment: NA
Supplies (paper, forms, pens etc): $. 2,000
Community and Scientific Advisory Board meetings: $. 6,000
Laboratory supplies: $ 5,000
Stake holder meetings: $ 5,000
Travel (international): $7,000
Total: $ 50,000

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9020

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9020	3578.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5016	3013.07	CDC Technical Assistance (GHAI)	$32,000
3578	3578.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3013	3013.06	Technical Assistance	$20,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Coverage Areas

Lusaka

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 576.08
Mechanism: University Teaching Hospital
Prime Partner: University Teaching Hospital
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12522.08
Planned Funds: $125,000
Activity System ID: 15576

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

The Zambia Children New Life Center (a shelter for sexually abused children in Lusaka's Linda compound) was started up in February of 2002 as a result of increasing cases of reported child sexual abuse in Lusaka as well as financial support and recognition through the Rebook Human Rights award for young human rights activists. The main objective of the centre is to work towards prevention and protection of children against sexual abuse and promoting 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 and more recently a link has been established with the one-stop centre for post exposure prophylaxis (PEP) at the University Teaching Hospital Department of Pediatrics.

Among the achievements of the centre have been: the recognition of the centre (many of the children are referred by the police, social welfare department, or NGO's and individuals); increased public awareness with resultant increase in reporting of sexual abuse cases in Lusaka, particularly in Linda compound; support from organizations like World Food Program to help feed the children; and some successful income generating activities within the community. The centre has also managed to win limited financial assistance from Kindernotehilfe in Germany and Cordaid Netherlands to pay towards educational programs, income generating activities, food and rentals. On average 40 children are seen every month.

Funding from PEPFAR in 2007 supported training in the community to raise awareness in HIV/AIDS transmission through child sexual abuse. Recognition and prevention of sexual abuse in children requires a number of key elements be taken into account and noted. These trainings are conducted in such a manner that people interacting with children are able to identify some key elements, "tell tale signs" of sexual, physical and emotional abuse. To date most of the trainings have been confined to Linda compound. Among the trained personnel are teachers, church leaders, police, parents and caregivers and other key community leaders as well as children themselves. It is hoped that by extending the trainings to other areas of Lusaka, we will be able to identify another suitable site to establish a second centre in the coming year. As of FY 2007, there was no formal referral system between the various players who handle the complex issues around child sexual abuse. The funding is being used to establish a formal referral system between the police, law enforcement agencies, schools, hospitals, and churches.

In FY 2008, additional funds will be used to set up another shelter for temporary refuge for abused children in Mazabuka district. Mazabuka has had among the highest reported case of child sexual abuse in Zambia. It has also been strategically chosen as a number of new activities under the Pediatric Centre of Excellence and Family Support Unit counseling and testing activities will be extended here in 2008, providing an opportunity to refer children appropriately and integrate with existing services. Funds will be utilized to continue community sensitizations and training. 400 community leaders in Mazabuka will be trained and referral systems will be strengthened. Lessons learnt in establishing referrals from FY 2007 will be extended to FY 2008 activities. Efforts will also be made to document the number of referrals between the various partners.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12522

Related Activity: 15578, 15579, 15580, 15581, 15582, 15585, 15586

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26290	12522.26290.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15578	3658.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15579	3758.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15580	9716.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
15581	9717.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
15582	9718.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000

Emphasis Areas

Gender

* Increasing women's legal rights

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Community

Community members

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Lusaka

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3368.08

Mechanism: UTAP - MSS/MARCH - U62/CCU622410

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 6572.08

Planned Funds: $200,000

Activity System ID: 15572

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 is a sub component of the MARCH program. It is linked to activities in counseling and testing and ART services through the Southern Provincial Health Office activity with CDC, home based care activities and HIV/TB activities. The Modeling and Reinforcement to Combat HIV/AIDS (MARCH) project in Zambia was initiated in FY 2005. This program explores and addresses cultural factors particular to Zambia that continue to perpetuate HIV transmission among married people. One overall strategy employed is to promote the "Be Faithful" strategy through advocating for fidelity. However, MARCH also aims to advocate for change in cultural practices that continue to expose individuals 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 programs produced and disseminated by the MARCH HVOP activity.

In FY 2006 to FY 2007 the first phase of the project was implemented, with the development of the storylines which revolve around a mix of characters who are like community members in the Southern Province of Zambia. They are farmers, housewives, students, and village elders. Each character models a transition from an "unsafe" to a "safe behavior" over time and thus provides people with a model from which to draw inspiration to change. For example, Munyati, a farmer married to Mangalita, struggles to cut off his extra marital affairs but learns more about HIV and overcomes several barriers to eventually remain faithful to his wife. He learns to use condoms correctly and consistently and along the way, he and his wife will get tested for HIV. Another example is Chali, a 22 year old street boy who engages in shoddy deals and drinks alcohol excessively. His behaviour leads him to catching an STI, getting it treated, using condoms consistently, reducing alcohol intake and finally taking responsibility over his family after his mother dies. Other storylines focus on modification of certain cultural norms, and use of HIV treatment services to ensure appropriate care and adherence to treatment.

In FY 2008 the project intends to continue airing the Tonga and Lozi Radio Reinforcement Discussions where community members will participate and comment on their personal experiences in relation to the subject matter in the Radio Serial Drama. Several such Radio RA programs have been aired in FY2007 and received an overwhelming response prompting this to be a tentacle of the implementation strategy.

Airing of weekly episodes of the RSD in the local language, Tonga, which started in September 2006 has continued on four radio stations. By the end of 2007, a total of 64 Episodes of the radio serial drama based on research were aired out of a total of 88 that will have been written and recorded, ready for airing. MARCH will continue writing episodes and producing the serial drama using Pathways to Change, a set of MARCH tools which ensure consistency with behavioral theory and research on HIV and behavior in Zambia and ensures that behavior change is based on modeling and not messaging. The Tonga-language drama will continue airing on both commercial and community radio stations and be transmitted throughout the Southern Province. The project has also rolled-out MARCH to Western Province at full scale, with an adaptation workshop to tailor the RSD, RAs and the key behavior change objectives to the specific socio-cultural context of the Lozi community. A design and script writing workshop was held in FY 2007 and through local consultation and formative research findings, the Southern province program has been adapted to suit the Western province target audiences. Pilot episodes were developed and extensively pre-tested prior to the team embarking of the production of the first 13 episodes. Airing of the drama is due to start in October 2007.

The Lozi-language drama is to be aired on state and community radio stations throughout Western Province. The drama will include a component targeting migrant fishermen and fish traders who frequent the Zambezi River habours for fish orders. It will also deal with abstinence and/or delayed sexual debut especially among girls that have undergone the traditional initiation called 'Mwalanjo' in the Lozi local language.

Building on implementation of activities in FY 2007, the MARCH program will continue to focus on behavior change and social norms. The activities will aim to modify cultural practices that continue to expose individuals to HIV infection such as male norms around the definition of virility, polygamy, sexual cleansing, wife inheritance, dry sex and initiation ceremonies and will support accurate personal risk assessment for becoming infected with HIV. Methods of prevention for positives will also be highlighted, and reduction of alcohol abuse. With sustained behavior change the goal, community-based reinforcement activities will be conducted that spur discussions among men and male social group leaders, and 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. 25,000 people will be reached through 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 RSD, 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 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 reinforcement activities. MARCH also works closely with Health Communication Partnership (HCP) and Corridors of Hope II to learn from their experiences working in Southern Province with communication activities.

Another area of emphasis may be male circumcision, common in some pockets of Western Province. The idea will be to build on this 'best practice' while encouraging correct and clinically safe circumcision of young men. The project intends to intensify activities in physically difficult to reach areas in Western Province. Increased funding for FY 2008 will enable the project to acquire reliable transport for conducting activities in both Southern and Western Provinces.

Outcome evaluation will measure the effectiveness of the MARCH strategy in both Western and Southern Provinces through a lagged quasi-experimental design. The first wave of baseline data was collected in FY 2006. The second wave of data collection will take place in September 2007 and the outcome survey will

Activity Narrative: be conducted in FY 2008. The program is routinely monitored through ongoing assessments of the RSD, RAs and through community competitions to check on how popular the RSD is and also to ensure that the communities are actively listening to the program.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8816

Related Activity: 15571, 15589, 17064, 15566, 15592, 15551, 15552

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26285	6572.26285.09	HHS/Centers for Disease Control & Prevention	Media Support Partnership	11042	11042.09	Media Support Partnership	$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15571	3576.08	7187	3368.08	UTAP - MSS/MARCH - U62/CCU622410	Tulane University	$1,450,000
15589	3578.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$50,000
17064	17064.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$115,000
15566	3653.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$2,074,000
15592	3645.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$200,000
15551	3649.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$400,000
15552	3667.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Southern

Western

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3028.08

Mechanism: Peace Corps

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9677.08

Planned Funds: $800,000

Activity System ID: 16361

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 in FY 2005 and FY 2006.

The work of PC/Z will continue to contribute to the US Mission's Five-Year Strategy by being closely aligned to the Zambian Government's strategies and by strengthening partner organizations to contribute to the 2-7-10 goals.

In FY 2008, 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.

Operationally, PC/Z's PEPFAR program will focus on the following three levels of intervention.

First, 22 two-year Volunteers funded under this COP and 16 Volunteers funded under the FY 2006 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 10 PEPFAR-funded Volunteers, with strong HIV/AIDS field experience and more advanced technical skills, for one-year assignments. These will either be Crisis Corps Volunteers (former PC Volunteers with specialized skills), or current high-performing Volunteers who will extend their service for a third year. This proved successful in the previous year and the number of current Volunteers choosing to extend their service for a third year increased due to the introduction of HIV/AIDS training for all Volunteers and support from the PEPFAR team in linking them with organizations. The Volunteers will be placed with organizations at the district level or in secondary cities to help build capacity in Other prevention. For FY 2008 PC/Z will place more than one Volunteer with government and other PEPFAR funded organizations covering multiple districts.

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 continue to reach sexually active youth through community health centers by working with staff to train peer educators and to establish "youth-friendly corners." This has proved an effective way to promote prevention messages, disseminate materials, and when appropriate, provide information on the correct use of condoms to sexually active youth in a conducive environment and format.

Banafimbusa 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 through abstinence, being faithful, and when appropriate, correct and consistent use of condoms. Use of condoms after marriage for discordant couples will also be emphasized, along with the importance of testing and counseling.

In FY 2008, PC/Z will continue to manage its Volunteer Activities Support and Training (VAST) program, which enables communities to carry out small projects, training and educational events related to condoms and other prevention. All Zambia Peace Corps Volunteers will be eligible to request VAST grants for purposes approved in the COP.

PC/Z will 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9677

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26025	9677.26025.09	Peace Corps	US Peace Corps	10927	3028.09	Peace Corps	$551,200
9677	9677.07	Peace Corps	US Peace Corps	5239	3028.07	Peace Corps	$500,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	16,200	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,312	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Central

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	3013.08	**Mechanism:**	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	19499.08	**Planned Funds:**	$90,000
Activity System ID:	19499		
Activity Narrative:	Additional funds are being provided for technical assistance to prevention for positive program at the Western, Southern, Eastern and Lusaka provinces.		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:			

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3007.08

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 12325.08

Planned Funds: $200,000

Activity System ID: 15542

Activity Narrative: Zambia has a population of approximately 11.5 million citizens (US Department of State, 2007), and overall HIV prevalence is nearly 16% among the general population and 13% among men (Zambia Demographic Health Survey, 2002). Currently, there is very limited prevention for positives activities implemented by any of our partners specifically targeting positives, negatives and out of school. It is apparent that as the populations if PLWAs increase with availability of drugs those programs also incorporate prevention for positives programs with proven success.

Funds will be used to run intensive prevention programs for negatives and positives including adult out of school youth. Funds will be used to hire additional youth staff, provide mobility to underserved areas in Livingstone and Lusaka, implement youth program in Siavonga in collaboration with other partners, do community mobilization, obtain the necessary supplies and hire additional staff to carry out the work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12325

Related Activity: 17357, 14426, 15552, 15578, 15579, 17359

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26320	12325.26320.09	HHS/Health Resources Services Administration	Catholic Relief Services	11001	3007.09	AIDSRelief- Catholic Relief Services	$200,000
12325	12325.07	HHS/Centers for Disease Control & Prevention	Population Services International	6148	6148.07		$73,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15578	3658.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15579	3758.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
17357	17357.08	7169	3011.08	Comforce	Comforce	$85,000
15552	3667.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000
17359	17359.08	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	Lusaka Provincial Health Office	$50,000
14426	3369.08	6830	695.08	Social Marketing	Population Services International	$1,464,274

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	4	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas
Copperbelt
Lusaka
Southern

HBHC - Basic Health Care and Support

Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06

Total Planned Funding for Program Area: $16,221,864

Estimated PEPFAR contribution in dollars	$150,604
Estimated local PPP contribution in dollars	$588,896
Estimated PEPFAR dollars spent on food	$797,242
Estimation of other dollars leveraged in FY 2008 for food	$100,000

Program Area Context:

Home-based care (HBC) and hospice care, two major sub-components of palliative care (HBHC), are long-established in Zambia. However, in 2007, comprehensive HBHC, including pain relief, remained a relatively new concept. The World Health Organization (WHO) defines HBHC as meeting all patient needs and minimizing suffering of people living with HIV/AIDS (PLWHA), by mobilizing clinical, psychological, spiritual, and social care from time of HIV infection, in the home, community, hospice, workplace, and clinical settings.

The USG in Zambia continues to promote the concept of comprehensive adult and child HBHC packages, including pain management, as well as a package of preventive HBHC services, such as routine provision of low-cost, safe water treatment ("Clorin"), bednets to prevent malaria, and Cotrimoxazole to reduce opportunistic infections (OIs). USG Zambia HBHC partners will emphasize quality assurance. They will document the training, tools and indicators they use to promote and monitor quality.

A major, multi-country Public Health Evaluation (PHE) of palliative care, designed and implemented by the OGAC HBHC TWG, is underway. Zambia will factor in the findings in COP FY 2007-08, and base any HBHC PHE on the priority directions indicated.

Under the PEPFAR Zambia Five-Year Strategy, and in collaboration with the Ministry of Health (MOH), National HIV/AIDS/STI/TB Council (NAC), and other donors, USG Zambia will continue a transition to more comprehensive HBHC. In FY 2005-7, the USG supported significant shifts in palliative care: 1) a paradigm shift from end-of life care only, to PC adult and child packages and preventive care that extends and improves quality of life; 2) establishment of stronger linkages between PC and ART; and 3) increased collaboration with the GRZ on policy and guidelines, including those for pain management and prophylactic use of Cotrimoxazole (CTX).

The final CTX policy is expected to take effect in 2007, resulting in routine prophylaxis for all PLWHA via clinical and community PC settings. USG Zambia expects progress on pain relief too. The MOH has accepted the first order for oral morphine from hospices.

USG is the largest PC donor in Zambia. Other external donors include Development Corporation of Ireland, the Netherlands, Germany, UNAIDS, the World Bank, and the Global Fund. Combined, donors support PC activities in all nine provinces.

Accomplishments in FY 2006-7: the USG helped the GRZ re-define HBHC in Zambian national health and HIV/AIDS strategies. The Twinning Initiative, and the African Palliative Care Association (APCA), more fully engaged the Palliative Care Association of Zambia (PCAZ) as a national HBHC professional association. USG partners achieved a 31% increase in PC clients, up from 152,054 PLWHA in FY 2006, to 220,565 in the FY 2007 SAPR (gender-balance, 44% male, 56% female). This meets the 2008 USG goal. (These figures include active military in 60 districts (83% geographic coverage) of all nine provinces) The MOH approved a national Home-Based Care manual, with USG partner support. In FY 2006-07, two new NPI-funded projects began to provide palliative care and will continue in FY 2008.

Other milestones: 1) the USG Palliative Care Forum (PCF) continued to coordinate USG PC efforts; 2) PCAZ improved its

capacity as a sustainable source of guidance, training, advocacy, and standards; and 3) progress made on pain management. The MOH, showing greater leadership on HBHC policy, chairs the national Palliative Care Pain Management Advocacy Team, which was launched in June 2006. It includes other ministries, the NAC, the Drug Enforcement Commission (DEC), the Pharmaceutical Regulatory Authority of Zambia (PRA), USG partners, and NGOs. By June 2007, the MOH had agreed in principle, to authorize key HBHC providers outside main hospitals to dispense oral morphine to PLWHA.

USG Zambia adheres to September 2006 OGAC Food and Nutrition guidelines. Food and nutrition support involved less than 1% of Zambia PEPFAR funds to provide therapeutic and/or supplementary foods to vulnerable groups targeted by OGAC. A CRS SUCCESS targeted evaluation (TE) in FY 2005-6 indicated statistically significant, positive impact of nutrition supplements. Food for Peace (FFP) food aid in Zambia decreased by 90% in 2007, making less available for PLWHA. However, USG Zambia received 2007 Plus Up funds of $750,000 for targeted therapeutic feeding, as well as $1,000,000 for targeted infant and young child feeding. USG Zambia will continue to target HIV positive children with multi-vitamin/micronutrient supplements.

In FY 2007, USG Zambia linked pediatric HBHC services to P-ART and PMTCT services. The goal is early initiation of pediatric treatment, to reduce infant mortality from the current estimate of 50% by age two. USG Zambia will direct 10% of USG ART and PC resources to infants/children in FY 2008. HBHC 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 and for timely, appropriate weaning. USG Zambia will better document referrals in FY 2008 by setting up feedback loops.

Also new in FY 2007-8 is a focus on better management of HIV-related cancers, e.g., lymphoma and Kaposi's sarcoma, esp., at the new Cancer Center in Lusaka. It will serve as a resource and reference facility.

Remaining challenges include: few Zambians know their status (13%); over 200,000 (about 20%) of PLWHA (up from 10% last year) have sought or received HBHC services; HBHC still needs to be integrated into the HMIS/NAC reporting systems and databases; limited access to pain medication all settings; low numbers of health professionals trained as HBHC providers (vs. large numbers of trained volunteer caregivers); lack of quality assurance mechanisms; and volunteer retention. USG Zambia will continue to promote better geographic coverage, including remote areas, and better coordination of both services and training of all palliative care providers.

In FY 2008, USG will focus on: better volunteer caregiver retention and reduction of burnout; better training of health professionals; and more supervisory support. Using new fingerstick blood collection protocols, the USG will expand CT to identify more PLWHA, and refer them immediately for HBHC. Asymptomatic PLWHA will receive appropriate "early" services, such as nutritional and behavior change counseling. This will enable them to: remain healthy longer; return to work sooner; delay intensive, end-of-life care and need for ART; and delay or avoid orphanhood of their children. The USG will provide more mobile and fixed CT services. USG Zambia will receive technical assistance from FANTA and IYCN to promote a comprehensive, centralized, standardized approach to therapeutic and supplementary foods and nutrition.

USG Zambia plans to emphasize early initiation of care immediately after HIV diagnosis, resulting in increased services to Stage 1 -2 PLWHA. Also, all ART providers will have a HBHC narrative for COP 08 for the first time. These two factors will lead to an increase in total number of individuals reached. USG Zambia will carefully de-duplicate clinical and community palliative care numbers to report a reliable, accurate total number of PLWHA.

The USG will continue to build the capacity of the MOH, NAC, Provincial Health Offices, District Health Management Teams, District AIDS Task Forces, and faith- and community-based organizations. Significant private support will also help boost USG funded efforts. In FY 2007, for example, private U.S.-based corporations, OGAC and PMI donated 500,000 bed nets.

The USG will also help the GRZ to standardize HBHC training, improve national policies and protocols, strengthen infrastructure (e.g. clinics, hospices, and labs), establish a national hospice accreditation system, implement facility-based quality assurance/ improvement programs, develop and strengthen HBHC health information, support GRZ to provide a comprehensive package of HBHC services, and strengthen the PCAZ. Continued capacity building of Zambia's faith-based and community-based HBHC providers will include fund-raising skills and improved financial management capabilities to ensure the continuation of HBHC after PEPFAR ends.

USG Zambia partners will collaborative and coordinate with the USG Zambia and GRZ to tackle these challenges. Individual partner narratives now reflect the overall priorities. Certain partners will take the lead on specific issues. For example, SHARe will take the overall lead on policy development, gender issues (including reducing violence against women, and involving more men in HBHC) and leadership. PCAZ and SUCCESS will take the lead on hospice accreditation standards. RAPIDS will take the multi-sectoral and household lead. AIDS-Relief, CIDRZ, and ZPCT will take the lead on clinical issues. JHPIEGO will lead on quality assurance issues.

Coordination of training across all HBHC partners will remain a challenge, given the large coverage geographic area, and the localized nature of community care-giving. USG Zambia will nevertheless increase efforts to coordinate training across and among all HBHC partners, as well as to collaborate with providers of CT, ART, PMTCT and OVC services. This should result in cost savings to the USG and a more sustainable model for Zambia.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	858
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	331218
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	11988

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	576.08	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	12330.08	**Planned Funds:**	$520,000
Activity System ID:	15577		

Activity Narrative: An additional $170,000 USD will be used to support the purchase of a fully equipped mobile health unit and provision of comprehensive primary health care services to children as close to their homes as possible. The team will work with the local community leaders in order to ensure that the community is aware of the schedule of visits by the mobile team. The services will include regular growth and development monitoring, immunizations, health education, clinics for the sick, psychosocial and HIV counseling services, as well as linkages with local community initiatives that will positively impact children's health care. The success of this mobile initiative will determine the scale-up of similar activities in the coming years to areas outside the Lusaka District, especially if this demonstrates a better coverage of children in HIV/AIDS treatment and care programs.

In FY 2007, this activity linked to the United States Government (USG) support for the development of the University Teaching Hospital (UTH) Pediatrics Centre of Excellence (PCOE) and also to the support provided to the adult antiretroviral therapy (ART) clinic. This activity has three separate prongs, one dealing with physiotherapy for HIV complications, micronutrient supplementation and management of Opportunistic Infections (OI's) in children, and running of a mobile pediatric counseling and ART unit.

Some patients on (ART) recover with complications. Neurological complications such as paraplegia, quadriplegia, and neuritis are common in patients on ART due to opportunistic infections (OIs) and HIV-related malignancies. Arthritis is another common complication in HIV/AIDS patients. As part of palliative care, these patients need rehabilitation in order to recover some degree of function and have an improved quality of life. UTH, being a tertiary referral center receives a large number of such patients. The Physiotherapy Department at UTH currently does what it can to actively re-habilitate these patients; however, resources are limited and requires improved conditions and equipment in order to adequately assist these patients.

As part of our strategy to improve palliative care for HIV/AIDS patients, part of the funding requested for this activity in 2007 has been used to purchase some of the needed equipment, such as a shortwave diathermy, interferential combo machine, and an electric massager. As the main referral center for rehabilitation, UTH will use the funds to bring its re-habilitation center to meet basic standards and also act as the training center and build capacity through providing technical assistance to other provincial centers as the activities are scaled-up in FY 2008 and subsequent years. As part of FY 2007, the Physiotherapy Department strengthened the referral system within five Lusaka Urban District Clinics so that most of the patients could be seen as close to their homes as possible. The limitation of this plan however is that the clinic facilities are inadequately equipped to provide physiotherapy.
By the end of FY 2007, the UTH Physiotherapy Department will have trained 15 physiotherapists in the latest advances in HIV/AIDS care and ART-related complications and extend the training to physiotherapists in Lusaka District Urban Clinics, who in turn will work closely with the home based care groups within the clinic catchment area. 500 HIV positive patients, including both adults and children will benefit from this at the end of the FY 2007. In FY 2007, this activity linked to the USG support for the development of the PCOE (#8993) and the support provided to the adult ART clinic (#9000).

In FY 2008, with the same amount of funding (100,000), this activity will continue to expand training of physiotherapist within UTH and also extend training and services to Livingstone in the Southern Province. A total of 15 physiotherapists will be trained in Livingstone and it is hoped that in the second year another 500 patients will benefit directly from the services. Activities will include strengthening the referral links between the clinics and the main referral hospital as well as between clinics and community/home based care services already supported by the USG (#8946) and other organizations so that the patients can be provided with continued home-based physiotherapy upon discharge from the hospital..

An additional but separate activity under this program is to support the management of OIs, preventive therapies, micronutrient supplementation, and provision of insecticide treated bed nets (ITNs) to vulnerable HIV positive children (150,000 USD). This activity relates to UTH (#9043, #9044, and #9765) and HTXS (#8993). In FY 2006 and 2007, the President's Emergency Plan for AIDS Relief (PEPFAR) funding supported the development and operation of the PCOE for HIV/AIDS care at the UTH. This is a tertiary level health center and a national referral hospital in Lusaka and a similar centre will be opened in the tertiary hospital for the Southern Province, the Livingstone General Hospital. Up to 75% of HIV-infected children develop symptoms in the first two years of life. They often succumb to serious infections like tuberculosis (TB), pneumonia, malaria, and persistent diarrhea. Effective preventive interventions do exist but are often not available in these tertiary level health care settings.

In 2007, CDC supported the procurement of supplies which helped prevent and treat serious infections like pneumonia, (especially Pneumocystis carinii pneumonia (PCP), TB, malaria and persistent diarrhea, as well as provide nutritional support through micronutrient and vitamin supplementation in order to provide comprehensive care to all HIV-positive children who may not necessarily be eligible for antiretrovirals (ARVs). Cotrimoxazole prophylaxis is offered to all HIV positive children for PCP (and also has benefit in preventing malaria, and some diarrheal illnesses); however, the appropriate syrup formulation is not always readily available. Intravenous cotrimoxazole makes a difference between life and death in admitted patients with severe PCP, but again this is not available. Isoniazid (INH) prophylaxis for HIV positive children to prevent TB though recommended nationally, is not currently given due to the non-availability of the appropriate formulation as currently only combination forms of INH with rifampicin or ethambutol are available. This activity will ensure that these drugs (isoniazid and cotrimoxazole) are available in the appropriate formulation.

Studies have shown that HIV positive children are more susceptible to malaria.
ITNs have proved very effective in preventing malaria in children living in high areas of transmission. Though the malaria program under Global Fund (and soon support from Presidents Malaria fund) does support provision of ITN's the focus has been mainly on the rural populations. This activity will ensure that all hospital beds, at both UTH and Livingstone General, have ITNs that are treated regularly and also provide ITNs to all HIV positive children attending the ARV clinic. Malaria is endemic in all areas of Zambia and hospital acquired malaria is a frequent occurrence.

Providing nutritional care has been another area of focus in FY 2007. Micronutrient deficiencies are common in HIV-infected and HIV-exposed children. The most common deficiencies are vitamin A, iron, and

Activity Narrative: zinc. Children who are weaned early as part of a prevention to mother to child transmission intervention are also more vulnerable to deficiencies. Vitamin A supplementation is given routinely as part of the national immunization schedule. This proposal will procure multi-vitamin and daily multiple micronutrient supplements for all HIV positive children, to include those in the malnutrition ward. On discharge from the hospital the children will be referred to RAPIDS (#8946) for continued nutritional support and home-based care in the community.
In FY 2008, with the same level of funding (150,000 USD) the activities under the micronutrient and management of OI's program will be continued as described for 2007 and it is anticipated that 1,000 additional children will benefit from these activities by the end of FY 2008. A total of 15 health care staff will be given refresher training in the management of opportunistic infections, including Isoniazid prophylaxis and intra-venous administration of Co-trimoxazole.
:
In FY 2008, an additional activity under this funding will be the set up of a mobile Pediatric unit (100,000 USD) that can reach out to disadvantaged children in the remote parts of Lusaka district. The services will include regular growth monitoring, immunizations, health education, clinics for 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. Funds from this activity will be used largely to employ a complement of full-time dedicated staff that can provide a range of comprehensive primary health care services to children as well as the purchase of consumable supplies. By the end of the first year of this mobile initiative, it is hoped that at least 500 children will have received HIV related palliative care. CDC will assist with the purchase of a fully equipped mobile unit under activity # 9025 to reach these disadvantaged children in peri-urban populations.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12330

Related Activity: 15585

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12330	12330.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	30	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 9770.08

Planned Funds: $30,000

Activity System ID: 15590

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

Since 2004, the United States Government (USG) has provided support for the purchase of back-up tuberculosis (TB), opportunistic infection (OI), and sexually transmitted infection (STI) drugs to supplement limited supplies available in the Zambia Defense Forces (ZDF) health facilities. In FY 2006, the Centers for Disease Control and Prevention (CDC) provided technical assistance and built capacity of the ZDF to provide effective and comprehensive palliative care to those in the armed forces and their families. These funds were used to provide technical assistance and treatment of OIs, TB, STIs to 1,200 patients in the ZDF. This activity, combined with the support provided by the ZDF, has resulted in a higher quality of care for people living with HIV/AIDS (PLWHA) within these institutions. In FY 2006, this activity supported building capacity for five new voluntary counseling and testing (CT) sites in Lusaka and Livingstone. Funds were used to provide technical assistance in setting-up CT sites, monitoring, and furnishing these facilities with the necessary laboratory equipment to carry-out CT activities. In collaboration with the district health and hospital management teams, CDC procured basic furniture and equipment to bring the new sites into a functional state. The Ministry of Health is currently strengthening the supply chain management system for drugs, test kits, and laboratory supplies with support from the United States Government (USG) (activity # 9524).

In FY 2007, the focus of this activity has shifted to providing technical assistance and capacity building to both the ZDF and University Teaching Hospital (UTH) to address the wide range of OIs, including support to the diagnosis and management of STIs and back-up drugs for TB, STIs and OIs and laboratory supplies. The USG hopes to ensure a comprehensive and sustainable package of palliative care services to Zambian people living with and also affected by HIV/AIDS, specifically those who are now living longer due to antiretroviral drugs. All palliative care services and activities funded by the USG in Zambia are now coordinated by the newly formed USG Palliative Care Forum. The forum, represented by all USG partners was established to coordinate palliative care approaches and activities within the USG and at the national level to work with and link closely with the Zambia Palliative Care Association tasked with the development of a national palliative care strategy, guidelines, and standard operating procedures.

In FY 2008, the CDC will work closely with the UTH Pediatric Centre of Excellence (Activity # 12230) to support the creation of a mobile pediatric clinic. Children living in many disadvantaged remote communities of Lusaka are unable to access basic health care services mainly due to abject poverty. The set-up of this mobile pediatric clinic will entail the purchase of a fully equipped mobile health unit and provision of comprehensive primary health care services to children as close to their homes as possible. The team will work with the local community leaders in order to ensure that the community is aware of the schedule of visits by the mobile team. The services will include regular growth and development monitoring, immunizations, health education, clinics for the sick, psychosocial and HIV counseling services, as well as linkages with local community initiatives that will positively impact children's health care. The success of this mobile initiative will determine the scale-up of similar activities in the coming years to areas outside the Lusaka District, especially if this demonstrates a better coverage of children in HIV/AIDS treatment and care programs

CDC Zambia will provide technical support to the Department of Pediatrics and Child Health at the University Teaching Hospital in the set up of mobile pediatric clinics in the peri urban communities of Lusaka. These will be comprehensive clinics that will provide primary health servies including HIV counseling and testing services for children in peri urban Lusaka.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9770

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26304	9770.26304.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$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

Emphasis Areas

Human Capacity Development

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Lusaka

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 630.08

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3640.08

Planned Funds: $200,000

Activity System ID: 14398

Activity Narrative: Support to the HIV/AIDS Response in Zambia (SHARe) and its partners have gained considerable experience in introducing palliative care into HIV/AIDS workplace programs in the public sector, into outreach programs supported by private companies in surrounding communities, and into communities through CBOs and FBOs.

SHARe and its partners have significantly scaled up support to direct palliative care over the past three years. From October 2004 to September 2005, SHARe did not work in palliative care. The next year, from October 2005 to September 2006, SHARe and its partners provided palliative care to over 13,120 individuals and trained 715 volunteers. Over the next 6 months alone, from October 2006 through March 2007, SHARe and its partners provided palliative care to 10,196 individuals, and trained 202 volunteers.

SHARe partners with 57 private sector businesses and 10 markets through four local NGO partners: Zambia Health Education and Communication Trust (ZHECT), Comprehensive HIV/AIDS Management Program (CHAMP), ZamAction, and Afya Mzuri. SHARe also works with four public sector ministries: Ministry of Agriculture and Cooperatives (migrant workers); Ministry of Home Affairs (police and prisons); Ministry of Transport and Communications (transport companies and truckers), and Ministry of Tourism/Zambia Wildlife Authority (wildlife scouts and employees of lodges and tourism businesses). Palliative Care in the workplace includes psycho-social counseling and links to nutrition and medical care for opportunistic infections. SHARe, will continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance to eight companies in two USAID Global Development Alliances (GDA) in the mining and agribusiness sectors: Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over $2 million will be leveraged from the private sector for the two GDAs. SHARe also provides 20 Rapid Response Fund Grants to CBOs and FBOs, and to coordinating bodies such as Network of Zambian People Living with HIV/AIDS (NZP+) and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO) for community-based palliative care.

In FY 2008, SHARe will continue to support and work with its four local NGO partners, Afya Mzuri, ZamAction, ZHECT and CHAMP to build sustainable programs by providing technical support in palliative care to workplace programs, through strengthening of technical, management capacities, and mobilization of financial resources. Activities will include participatory analysis of their current levels of sustainability, sharing of sustainability strategies with successful NGOs, development and implementation of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using own private funds, while public sector ministries will ensure the sustainability of their HIV/AIDS workplace activities through public sector and other donor funding.

SHARe will continue to provide direct grants to the eight GDA companies in support of palliative care activities in workplace programs and surrounding communities. Palliative care services will be delivered at 37 on-site facilities strengthened to provide such services. The standard package of palliative care for HIV-infected adults and children includes pain relief, cotrimoxizole, psychosocial support, succession planning, legal services, treatment of opportunistic infections, and strengthening of palliative care programs managed by physicians. The program emphasizes integrating prophylactic medications against opportunistic infections. Services at Mkushi Farmers Association sites, Kansanshi Mining, Bwana Mkubwa Mining and Copperbelt Energy include psychosocial counseling.

The GDA companies will work with off-site facilities providing palliative care including those of the Ministry of Health, FBOs, and programs providing nutritional supplements. CHAMP and GDA members will provide technical support to the trained palliative care providers in the GDA companies. Trained providers in the workplace and communities will provide direct HIV-related palliative care to PLWHA.

SHARe will continue to work with all its partners to provide quality assurance, quality improvement and supportive supervision to trained palliative care providers in ministries, private and public sectors, and communities to provide direct care and/or link those in need of palliative care to existing services. Wherever possible and appropriate, SHARe will link community-based and workplace partners with the Care and Compassion Campaign initiated by ZINGO.

In 2008, SHARe will reach at least 4500 individuals with palliative care directly through public and private sector workplaces, communities, Rapid Response Fund Grantees, and GDA members and train 300 individuals in palliative care.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8908

Related Activity: 14396, 14399, 14400, 14390, 14403

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8908	3640.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$200,000
3640	3640.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14396	3638.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,628,000
14399	3652.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14400	3639.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,325,909
14403	3643.08	6821	630.08	SHARE	John Snow Research and Training Institute	$2,650,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$50,604
Estimated local PPP contribution in dollars	$338,896

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	37	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Indirect Targets

Target Populations

Special populations

Police

Miners

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	5225.08	**Mechanism:**	PROFIT LOL PPP
Prime Partner:	Cooperative League of the USA	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	9617.08	**Planned Funds:**	$100,000
Activity System ID:	14381		

Activity Narrative: This activity is linked to the Production, Finance and Technology (PROFIT) Project's HVAB activity and is the second year of a public-private partnership (PPP) between OGAC, two USAID programs (Food for Peace (FFP) and USAID/Zambia), Land O' Lakes, and private Zambian food processors for the sustainable, private sector development of food supplements for people living with HIV/AIDS (PLWHA). The objective is to produce affordable, appropriate, fortified foods for PLWHA. Examples of such products include the "Food by Prescription" commodity in Kenya at 22 cents/day.

In FY 2007, OGAC provided $250,000 to support this PPP. USG/Zambia will contribute $100,000 of its PEPFAR funding in FY 2008 through PROFIT. Land O' Lakes will be the key implementing partner in this PPP. USAID will leverage $250,000 in resources from Food for Peace ($60,000 from Land O'Lakes' Title II Institutional Capacity Building Award (ICB) and $190,000 from the Land O' Lakes FFP Dairy Development Cooperative Agreement). Private sector contributions and investments through Land O' Lakes and Zambian Food Processors will be valued at $250,000. This is a total leveraged of $500,000.

The need for fortified foods for malnourished PLWHA in Zambia is well documented. According to the World Health Organization: "HIV progressively damages the immune system, which can … lead to … weight loss and diarrhea….HIV-related conditions can lower food intake by reducing appetite and interfering with the body's ability to absorb food. HIV also alters metabolism, which … leads to increased energy and nutrient requirements for people with HIV.... Care for people living with HIV and AIDS needs to include … a healthy, balanced diet … rich in energy, protein and micronutrients."

PROFIT is a five-year USAID economic growth initiative, started in FY 2005 and implemented by a consortium of organizations with strong experience in production, finance, and technology initiatives in Zambia. Cooperative League of the USA (CLUSA), Emerging Markets Group (EMG), and International Development Enterprises (IDE) work in collaboration with a diverse group of Zambian organizations representing both the public and private sectors including key Government of Zambia (GRZ) institutions, Zambian NGOs, and small, medium, and large private sector firms. As HIV/AIDS has had a negative impact on Zambia's agricultural production, using a wraparound approach the USG will continue to leverage the existing platform and human resources of the PROFIT Project to implement this public-private partnership.

This activity will support the continuation of the production and marketing of fortified foods using a business model that will: (1) build the capacity of sustainable food businesses in Zambia to produce fortified foods for PLWHA; (2) provide the platform for fortified foods processing and marketing operations in Zambia; and (3) provide technical innovations and assistance in fortified foods product development, processing and marketing.

Land O'Lakes will continue to contribute its strength in food technology and its experience in working with the food processing sector in Zambia to develop new/improved fortified foods that effectively address the critical nutritional requirements of people living with HIV/AIDS and build a local private-sector capacity to effectively develop and deliver high-quality, nutritionally dense processed foods at an affordable price on an ongoing basis. Land O' Lakes will ensure the nutritional and dietary appropriateness of any fortified foods by coordinating closely with the Food, Nutrition, and HIV/AIDS Advisor and Maternal and Child Health Advisor at USAID and other nutrition experts in Zambia.

This activity will result in: (1) Three appropriate, new enriched food products made available for malnourished PLWHA to use as a dietary supplement; (2) Three Zambian food processors with sustainable capacity to develop nutritionally balanced and dense foods for the benefit of malnourished PLWHA; and (3) NGOs/PVOs having access to additional nutritious foods to distribute through CBOs, FBOs, clinics, and other channels to effectively assist PLWHA that require nutritional supplementation.

In addition, best industry practices will be shared between the USG and Zambia that will align USG, U.S. food industry, host country food industry, NGOs, and government toward nutrition innovations that comply with international health and food quality standards, and OGAC Palliative Care and Food/Nutrition Guidance as mutually beneficial supply relationships between Zambian food processors and NGOs/PVOs are established. Distribution to PLWHA will occur through processors selling their nutritional products into multiple market channels such as: (1) food assistance and HIV/AIDS household care networks of NGOs/PVOs, i.e., World Food Programme (WFP), RAPIDS, SUCCESS, and others; (2) retail channels as branded consumer products: markets, kiosks to a limited extent; and (3) institutional sales: clinics, workplace, schools, hospitals, GRZ. It is anticipated that provision of products through channels (1) and (3) only will occur with the funds from this request.

As part of the project, the technical staff of NGOs/PVOs will act as advisors, assuring that there is wide distribution when the products become market-ready. Land O'Lakes will utilize its own grant resources and FY 2007 PEPFAR funds to help food processors commercialize these products with the hopes of capturing consumer demand. If these products become commercialized, it is anticipated that a percentage of profits earned by processors from sale of retail products will be applied as a "cross-subsidy" to reduce the price to NGOs/PVOs for the products used in food aid. The food industry will access the best food and nutrition science from the Land O'Lakes network, and apply its experience and know-how on local food tastes and market positioning, creating foods that meet the special needs of many Zambians.

Anticipated positive impacts on the people most affected by the HIV/AIDS crisis in Zambia include: (1) The food industry will invest in the development of affordable, nutritiously dense foods that are widely distributed to reach Zambian PLWHA in need of nutritious foods in consultation with NGOs; (2) In Zambia, PLWHA will have access to safe, microbiologically clean, wholesome, processed food of standardized quality, packaged for safe handling and storage, and labeled will be enhanced; (3) The needs of HIV+ food processing industry employees will be addressed via programs that prevent stigma and offer services to prolong life, and retain people as productive workers.

In FY 2007, 2500 malnourished People Living with HIV/AIDS will be provided with dietary nutritional supplements as a result of fortified foods product development and processing. In FY 2008, it is estimated that at a minimum an additional 2500 malnourished PLWHA will receive dietary supplements and that fortified foods will be marketed in a number of provinces.

Activity Narrative: Sustainability is expected to be achieved early in the initiative, because it is a private sector undertaking, built on the concept of a profit-making effort to develop products that people can afford to buy and that they value. USG funding will only provide technical assistance to assist private food processing companies to develop new formulas and to position them in “niche” markets, such as PLWHA and others affected by malnutrition. The private companies provide the investment in plant, equipment and workforce. The private companies then undertake marketing campaigns and distribute the products. The initiative is seen as an innovative model that the USG may wish to replicate elsewhere. In conclusion, this initiative should result in sustainable products made by sustainable companies, distributed and sold at affordable prices through sustainable retail channels.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9617

Related Activity: 14380

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9617	9617.07	U.S. Agency for International Development	Cooperative League of the USA	5225	5225.07	PROFIT LOL PPP	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14380	3547.08	6811	2314.08	PROFIT	Cooperative League of the USA	$100,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support	
Estimated PEPFAR dollars spent on food	$50,000
Estimation of other dollars leveraged in FY 2008 for food	$100,000

Public Private Partnership	
Estimated PEPFAR contribution in dollars	$100,000
Estimated local PPP contribution in dollars	$250,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1075.08
Mechanism: Zambia Prevention, Care and Treatment Partnership
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3526.08
Planned Funds: $1,320,000
Activity System ID: 14385

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) PMTCT, ART, Counseling and Testing (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.

This activity will strengthen and expand clinical palliative care services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. ZPCT is supporting 33 districts which represent 80% of the population in the five provinces and is covering all the facilities in Ndola, Kitwe, Kabwe, Mansa, Mwense, and Nchlenge districts. In FY 2007, ZPCT reached 69,690 clients with clinical palliative care services through support to 210 facilities in the 33 districts. In FY 2007, 300 HCWs were trained in the ART/OI full and refresher curriculum. In FY 2008, ZPCT will train 120 HCWs in ART/OI management and 80 in the refresher ART/OI course. In addition, ZPCT initiated a comprehensive quality assurance/quality improvement program to monitor and improve service provision in all 210 facilities. In FY 2008, 80,550 clients will receive palliative care services in 210 ZPCT supported facilities.

During FY 2008, ZPCT will consolidate the expansion of FY 2007 by providing technical support to ensure quality services and build district capacity to manage the HIV/AIDS services. During FY 2008 ZPCT will close out, handing over program activities to the follow-on project, therefore targets are lower than FY 2007.

Palliative care activities include four components: 1) strengthening palliative care services within health facilities; 2) increasing referral linkages within and between health facilities and communities working through local community leaders and organizations; 3) participating in and assisting the 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.

In the first component, strengthening palliative care services within health facilities, ZPCT will continue to support 210 health facilities including all the facilities in Kabwe, Kitwe, Ndola, Mansa, Nchelenge, and Mwense districts. In FY 2008, ZPCT will do additional health facility renovations as needed. 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, referrals of HIV positive PMTCT clients, 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. ZPCT will also liaise closely with the USAID | DELIVER PROJECT and the Partnership for Supply Chain Management Systems (SCMS) on forecasting drug supply requirements.

In the second component, increasing referral linkages within and between health facilities and communities, ZPCT will build on Zambia's long history of working with Faith-Based Organizations (FBOs) and Community -Based Organizations (CBOs) that provide home-based care for people living with HIV/AIDS (PLWHAs). These organizations serve as critical partners for facility-based programs supported by GRZ and USG. Therefore, as in FY 2007, ZPCT will work closely with these established entities to strengthen referral networks linking clinical palliative care services with community-based programs. Through the referral network, clients will be referred to home based care programs for nutrition, legal services, violence prevention, and other HBC services. For example, ZPCT through its sub-partner Churches Health Association of Zambia (CHAZ), is providing on-going technical assistance and training in clinical palliative care and linking those services to local home-based care programs. ZPCT is also coordinating with the Ndola Diocese home-based care program, Catholic Relief Services/SUCCESS, and RAPIDS to better link clinical services to related community programs. In FY 2008, wrap around activities will include collaboration with Tuberculosis Control Assistance Program (TB CAP) in training health care providers, developing TB/HIV materials, renovating health facilities, and strengthening the patient referral system.

Community mobilization activities, implemented by ZPCT and partners, are another approach to strengthen referrals in palliative care within and between health facilities and communities. ZPCT will continue to work with existing community groups, such as Neighborhood Health Committees, for activities related to stigma reduction, gender, male involvement, and promotion of clinical palliative care and support services. ZPCT will also work with community-based care givers, traditional healers, and other key community leaders to increase community involvement, build community volunteers' capacity, and involve PLWHA in palliative care services at the community level to reduce stigma and discrimination and thereby improve quality and efficiency of these services. ZPCT uses materials developed by or adapted from materials produced by the Health Communication Partnership (HCP).

In the third component, ZPCT will continue its participation in and provision of assistance to the USG Palliative Care Forum as well as coordinate with the Palliative Care Association of Zambia to develop a national palliative care strategy, guidelines, and standard operating procedures. Through these efforts, ZPCT aims to improve access to quality clinical palliative care services, promote use of evidence-based practices, share lessons learned in project implementation, and support the revision of national palliative care guidelines and protocols in accordance with GRZ policies.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to build on the quality assurance activities started in FY 2006 in partnership with the MOH. In FY 2007, ZPCT graduated ten districts from intensive technical support. In FY 2008, in collaboration with the GRZ, ZPCT will graduate another ten districts that are providing consistent quality services and will only need limited technical support from ZPCT. The PHOs and DHMTs will assume responsibility for the selected districts by providing all supervision and monitoring activities in these districts in order to better sustain program activities.

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

All FY 2008 targets will be reached by June 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8884

Related Activity: 14384, 14447, 14446, 14386, 16416, 15887, 16419, 14388, 14389, 16420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8884	3526.07	U.S. Agency for International Development	Family Health International	4971	1075.07	Zambia Prevention, Care and Treatment Partnership	$1,721,000
3526	3526.06	U.S. Agency for International Development	Family Health International	2909	1075.06	Zambia Prevention, Care and Treatment Partnership	$1,365,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
14389	3541.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,620,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	210	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	80,550	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas
Central
Copperbelt
Luapula
Northern
North-Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3043.08

Mechanism: Twinning Center

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3728.08

Planned Funds: $155,000

Activity System ID: 14363

Activity Narrative: This activity links to CRS SUCCESS HBHC (#9180) and all other HBHC activities funded by USG Zambia.

USAID will continue to manage this twinning support for palliative care activity and channel funds for American International Health Alliance (AIHA) Twinning Center through HHS/HRSA. AIHA will provide south-south twinning support for Palliative Care in Zambia, in partnership with the African Palliative Care Association (APCA) and its local affiliate/sub-partner, the Palliative Care Association of Zambia (PCAZ), which will receive approximately 80% of these funds.

In FY 2005 and FY 2006, AIHA collaborated with APCA to provide technical assistance to the USG/Zambia mission and PCAZ through a series of assessment and mentoring visits. To date, AIHA, APCA, and PCAZ have reached a number of milestones. The PCAZ has a new, stronger management structure, led by a new National Coordinator with strong management and business development skills as well as palliative care experience. The PCAZ is now a larger, stronger membership organization. PCAZ helped develop a USG Joint Palliative Care strategy in 2005, and participates in the USG Zambia Palliative Care Forum. PCAZ has become a leader in taking palliative care for HIV/AIDS forward in the country. In late June 2006, APCA organized a study tour to Uganda for Ministry of Health (MOH), PCAZ, pharmaceutical board, and drug enforcement officials to learn about pain management and pain relief drugs (opiates). As a direct result, upon their return, the Zambian participants formed a National Pain Management Advocacy Team. They are now moving forward rapidly to advocate for new policy, guidelines, and regulatory change to permit the use of opiates more widely for pain relief in HIV/AIDS care.

Starting in FY 2006, AIHA will have a regional Palliative Care technical advisor posted in South Africa to support Zambia. AIHA and APCA staff will also make trips to Zambia as will AIHA twinning organizations to provide technical assistance for the development/refinement of business plans for PCAZ and the GRZ, to develop and conduct palliative training courses, and to assess progress in the area of palliative care in Zambia.

In FY 2007, AIHA and APCA will continue to strengthen the PCAZ secretariat and executive functions, making the PCAZ Board a more effective governing body. The partnership will also focus on strengthening PCAZ's role as a voluntary coordinating body for Zambian palliative care institutions and care givers. Particularly, the partnership will focus on the development of policy and advocacy skills within PCAZ, and capacity to facilitate and manage palliative care trainings for all professional levels of HIV/AIDS palliative care givers. Further, training will enable the PCAZ Secretariat to mobilize resources, including developing grant proposals and seeking funding from other sources, such as the Global Fund for AIDS, TB, and Malaria. Finally, PCAZ will implement the membership recruitment plan developed in FY 2006, and will also advertise to increase membership and associated dues. This is a means to develop sustainable revenue streams for the PCAZ, as part of its long-term business plan.

The APCA/AIHA partnership will continue to work together to strengthen PCAZ's ability to provide quality services, thus attracting members. The activities will include: (1) A training of trainers program in palliative care to scale-up and expand the program - eight participants out of all attendees will be trained further through clinical placements to become master trainers-of-trainers within six months; (2) a country specific advocacy workshop, focusing particularly on policies for pain medication procurement, prescription and availability for PLWHAs in the advanced stages of AIDS and on easing prohibitive Zambian drug enforcement practices that target pain medications; (3) adaptation and implementation of APCA standards of palliative care and outcome scale, revision of national training manuals and material based on the revised palliative care standards, and the development and implementation of M&E data collection tools to ensure adequate quality and access to palliative care; and (4) publication of a quarterly palliative care newsletter to keep members of medical and other caregiving communities informed of possible opportunities, new developments, and evidenced-based best practices. PCAZ will train 150 palliative care medical providers/caregivers in state-of-the-art palliative care for PLWHA.

To build sustainability, AIHA will continue to support twinning partnerships between US and regional palliative care organizations and PCAZ to strengthen local human and organizational capacity in Palliative Care. AIHA will support regional palliative care premier institutions such as APCA (which includes the University of Cape Town, Sun Gardens Hospice in Pretoria, Hospice Uganda, and Zimbabwe Home-based Care programs). AIHA will collaborate with USG partners working on palliative care in Zambia (including SUCCESS, ZPCT, RAPIDS, PCI, JHPIEGO, and CDC partners) to provide mentoring, train palliative care health care providers and managers, develop palliative care courses and training programs, and facilitate technical information sharing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8809

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8809	3728.07	HHS/Health Resources Services Administration	American International Health Alliance	4945	3043.07	Twinning Center	$100,000
3728	3728.06	HHS/Health Resources Services Administration	American International Health Alliance	3043	3043.06	Twinning Center	$100,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	150	False

Indirect Targets

Target Populations

Other

Trainers

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 527.08
Mechanism: SUCCESS II
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3568.08
Planned Funds: $3,100,000
Activity System ID: 14374

Activity Narrative: This activity is a continuation from FY 2007. New activities and emphases include: focus on the palliative care prevention package (including "Prevention for Positives"); 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. SUCCESS II will continue to provide a quality package of adult and child palliative care, which will include pain management in hospices. SUCCESS II will emphasize prevention for positives such as avoiding risky sexual behavior, promoting abstinence and faithfulness, and reducing alcohol intake. Lastly, SUCCESS II will emphasize sustainability and capacity building for it partners.

In FY 2008, CRS will continue to provide quality, community-based palliative care (HBHC) services through six Catholic Diocese home-based care programs and ten faith-, community-based hospices in seven provinces. In FY 2007, SUCCESS reached 33,984 PLWHA with home-based and hospice care. In FY 2008, the SUCCESS II project will operate in seven provinces and support 13 hospices serving at least 38,320 PLWHA 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 99 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 will link 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. SUCCESS II will strengthen linkages to and from 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.

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.

The HBC service package includes home visits, basic nursing care, pastoral and psychosocial support, malaria prevention, nutrition counseling, targeted nutritional supplements for malnourished PLWHA in line with PEPFAR guidelines, 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) newly infected but asymptomatic; 2) house- or bed-bound with advanced illness; or 3) clients on ART returning to healthy, active living with adherence support. 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 Other 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 support the provision of oral morphine for quality pain management elsewhere and will continue to work with MOH to ensure that the initiative is extended further to HBHC providers throughout Zambia. SUCCESS II will award block grants to qualifying hospices to help them attain and maintain acceptable standards of care. Block grants may pay for medical equipment, training, staff/patient transport, and quality improvement. SUCCESS II will work with the Twinning Center to support the Palliative Care Association of Zambia (PCAZ. PCAZ will facilitate training and policy development. PCAZ will provide sustainable PC leadership in Zambia, including training for caregivers and technical assistance to the GRZ in designing national Palliative Care guidelines and standards.

SUCCESS II will continue to refine the quality of home-based care and hospice services and partners. 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 build partner organizational capacity. It will increase referrals to pediatric services; ART and PC, 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. Trained volunteer caregivers, supervised by nurses, continue to form the backbone of this model. To ease gender-based burdens in care giving, SUCCESS II will actively recruit male and youth caregivers. In FY 2008, SUCCESS II will train over 2,000 individuals to provide HIV palliative care. SUCCESS II offers its volunteers monthly support meetings, refresher trainings, tools for work, and CT services to boost retention.

SUCCESS will 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 provide targeted nutritional supplements to malnourished PLWHA in line with OGAC and

Activity Narrative: GRZ guidelines. SUCCESS II will provide food and nutritional support with estimated value of $525,000. SUCCESS II will leverage FFP and WFP food to obtain food rations for food insecure PLWHA and families, in a wrap-around model. SUCCESS will participate in efforts by FANTA and IYCN to determine nutritional needs, and promote better nutritional assessment, counseling, and support in all palliative care activities, in coordination with GRZ agencies such as the National Food and Nutrition Commission (NFNC), NAC and the MOH Nutrition focal persons.

For sustainability, CRS will continue to build the capacity of diocesan and hospice partners, training providers and staff at multiple levels as well as training trainers. CRS will support PCAZ master trainers to carry out HBHC training with diocesan home-based care programs and hospices, and work with PCAZ to implement national PC standards and guidelines. SUCCESS will support efforts by AIHA, PCAZ and others to establish professional accreditation standards and procedures for all palliative care services and facilities.

SUCCESS II will share best practices, lessons learnt across partners through meetings, exchange visits, and disseminate end-line evaluation results. SUCCESS II will continue monitoring, for data accuracy, and use performance and service data as tools to adjust program components.

To further promote sustainability, SUCCESS II will build Catholic Diocese management capacity through organizational development, strategic planning, financial accountability, and policy development. Catholic Church structures in Zambia, and their significant, enduring complementary role in the GRZ health system, will outlive external funding. One advantage of SUCCESS II is the reach of Zambian Catholic structures into rural communities. Partners are encouraged to link with local government institutions and community/traditional leaders.

To diversify funding, SUCCESS II supports partners in accessing other funds as well linking with USAID Economic Growth and Development implementing partners using their market survey and research resources. In FY 2008, CRS will continue to support partners in their sustainability strategies.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9180

Related Activity: 14363, 14440, 14372, 14375, 14376

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26398	3568.26398.09	U.S. Agency for International Development	Catholic Relief Services	11022	527.09	SUCCESS II	$775,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14440	3558.08	6841	412.08	RAPIDS	World Vision International	$5,392,962
14363	3728.08	6799	3043.08	Twinning Center	American International Health Alliance	$155,000
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14375	3569.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,000,000
14376	3734.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,370,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food	$525,000
Estimation of other dollars leveraged in FY 2008 for food	$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	99	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	38,320	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,000	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas
Eastern
Luapula
Northern
North-Western
Southern
Western
Lusaka
Central
Copperbelt

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7535.08

Mechanism: Nazarene Compassionate Ministries

Prime Partner: Nazarene Compassionate Ministries

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17718.08

Planned Funds: $0

Activity System ID: 17718

Activity Narrative: Nazarene Compassionate Ministries Inc. (NCMI) will rapidly scale up palliative care services in Zambia using its faith-based network of churches, indigenous non-governmental organizations (NGOs), and community-based organizations (CBOs). NCMI will work through its lead agency Nazarene Compassionate Ministries Zambia (NCMZ), operating in partnership with sub-recipients Christian Reformed World Relief Committee (CRWRC) and World Hope International Zambia (WHIZ). These partners are already working in Zambia as sub-partners under a President's Emergency Plan for AIDS Relief (PEPFAR) Track 1.0 OVC grant to World Concern International. In FY 2008, this on-going alliance under the New Partners Initiative (NPI) will provide palliative care to 6,193 people living with HIV/AIDS (PLWHA) through home-based care services offered through 150 locations. NCMI will use the OVC platform already established under the OVC Track 1.0, to identifying palliative care clients. Conversely, the palliative care platform being established will also be used for identifying OVC. To prevent any duplication, NCMI partners will coordinate with other USG home-based care programs such as RAPIDS and SUCCESS and participate in the USG palliative care forum.

NCMI affiliate, NCM-Zambia will offer palliative care to PLWHA through its network of churches. Through home-based care, NCM Zambia will reach 1,113 PLWHA with services that include frequent home visits, basic nursing, health and nutrition support, symptomatic treatment, psychosocial counseling, and end of life planning. The coverage areas for NCM Zambia will include three locations in Lusaka Province including Kafue, Chongwe, and Lusaka districts; Solwezi, Kasempa, Kabompo, Zambezi, and Chavuma district will be covered in North-Western Province.

CRWRC will serve 2,130 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). Coverage areas will include Lundazi and Chipata districts in Eastern Province, and Kalulushi and Kitwe on the Copperbelt Province.

WHIZ will serve 2,950 PLWHA with palliative care services in Mazabuka, Choma, Gwembe, Kazungula, Livingstone, and Kalomo districts in Southern Province.
To support the scale-up of palliative care programs, NCMI affiliate, Helping Hands Africa (HHA), based out of South Africa will provide technical support, capacity building, monitoring and evaluation, and overall program support for its local implementing affiliates and partners.
The palliative care program will make significant progress in FY 2008 toward endline targets by expanding coverage into new geographic areas not previously reached by the program. In these new target communities, NCMZ and its partners will conduct an inventory of PLWHA that are located within a two kilometer radius from the local church, volunteer, or community based organization (CBO). Home-based care coordinators from each agency will train a total of 1,052 community volunteers to conduct an inventory of PLWHA to determine the services that are needed, identify potential beneficiaries, and identify the groups already engaged in home-based and palliative care services in the community. The identified beneficiaries will receive basic information on HIV/AIDS, hygiene, medicines, and food supplements, when available. Special consideration will be given to PLWHA and the chronically ill who are unable to access food and medical support due to pain and inability to reach health centers.
Palliative care efforts will focus on mobilizing and certifying volunteer home visitors; this includes developing an individualized care plan for each beneficiary. The care plan will feature basic care, home nursing, hygiene, food supplementation, psychosocial counseling, and end of life care; referrals for treatment, medical services, and linkages to wrap-around services provided by other community resources such as food security, education, skills development, and economic self-sufficiency will also be provided. Those clients in need of special care will be referred to health centers for further management and antiretroviral treatment. Volunteers and caregivers will receive home-based care kits to help them look after the clients. For motivation, volunteers will receive a bicycle, food packs (when available), to enable them reach the clients and reduce volunteer burnout. Volunteers and caregivers will be trained and supervised by trained nurses. NCMI will actively participate in the USG Zambia Palliative Care Forum and the Palliative Care Association of Zambia to enhance efficiency and effectiveness of program activities and ensure clients are offered quality palliative care services that are in keeping with best practices and national standards. In coordinating with other service providers, NCMZ and its partners will strengthen its referral network and continue learning best practices from other providers in the area of palliative care provision.

For ongoing quality assurance of the palliative care program, NCMI is placing a high priority on strengthening monitoring and evaluation (M&E) systems in FY 2008. M&E personnel from NCMI and HHA will enhance the M&E system and provide training to local M&E staff in Zambia. Quality improvement and verification checklists (QIVC) will be used in activities such as trainings and counseling sessions to ensure the quality of the service provision. Pre and post tests will also be utilized to ensure that training sessions are being understood by the volunteers.

The program is designed for sustainability by building ownership from within at 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. A local commitment of resources is part of the planning and implementation process. This local ownership and long-term commitment will be achieved by establishing local coordinating committees of key community leaders and volunteers and training and empowering these committees to assist the PLWHA in their communities. In nearly every community served by the project, local churches and church leaders will be sensitized and trained to take an active role in mobilizing volunteers, obtaining local resources, and participating in the local coordinating committees serving PLWHAs. The involvement of the local churches in serving PLWHA is 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 will be trained and mobilized for the long term care of PLWHA that will last beyond the initial investment of the NPI.

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

All FY 2008 targets will be reached by September 30, 2009.

Activity Narrative: Nazarene Compassionate Ministries Inc. (NCMI) will rapidly scale up palliative care services in Zambia usin

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16756

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16756	16756.08	7535	7535.08	Nazarene Compassionate Ministries	Nazarene Compassionate Ministries	$0

Emphasis Areas

Local Organization Capacity Building

New Partner Initiative (NPI)

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$92,350

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	150	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,193	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,052	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas
Copperbelt
Eastern
North-Western
Southern
Lusaka

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 2998.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17073.08

Planned Funds: $100,000

Activity System ID: 17073

Activity Narrative: The following activity is newly proposed ¬for FY 2008. This is to capture the ARV Services patients that are receiving palliative care services.

This activity links with the Zambia Prevention, Care, and Treatment Partnership, PMTCT, AR, Counseling and Testing (CT), Tuberculosis (TB)/HIV, and Laboratory Support 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 ART services, it provides services in treatment of opportunistic infections (OI) including TB, sexually transmitted infections (STI), 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 training on OI management, cotrimoxazole prophylaxis, STI, and TB screening.

Because of the role of STI in HIV transmission it was felt that a more targeted approach would be beneficial in this high risk population. Center for Infectious Disease Research in Zambia (CIDRZ) in collaboration with the Lusaka District is piloting a targeted program to strengthen STI diagnosis and treatment and has trained 40 people to date. The program focuses on integrating comprehensive STI training packages into general ART care and training targets all health care providers. Specific TB training and guidelines have been developed to increase screening and improve the diagnosis of TB in HIV-infected patients.

In collaboration and support from the World Food Program (WFP) and Project Concern International, a US non governmental organization, patients enrolling into the home based care program are assessed for evidence of malnutrition and food insecurity. Those found to be food insecure are eligible to receive monthly WFP food rations (food aid commodities provided largely by Food for Peace) distributed from the ART clinic. Severely malnourished patients are eligible for PEPFAR funded food and nutritional support, and will be referred to any such programs operating in the area. Patients with severe malnutrition are nutritionally rehabilitated and provided with psychosocial support through home based care programs. These services will be extended to Livingstone by February 2008 and to four more provincial sites by February 2009 depending on continued WFP support to food insecure patients. Negotiations are on going with WFP for expansion and continued support. Project HEART will support up to 68 clinics in 22 districts.

Project Heart is on target to enroll 78,000 clients on ART and over 125,000 people into the care program by end of FY 2007 at 54 sites in 22 districts and provides clinical palliative care services through these sites. In FY 2007, Project HEART trained 420 health professionals in ART/OI/STI/Pain management through full and refresher courses.
One-hundred and sixty five nurses were trained in diagnostic counseling and testing. This was part of a new patient triage system where all TB patients are offered HIV testing at enrollment in TB treatment and those testing positive for HIV are referred to ART services. Seventy-two health care workers were trained in TB/HIV co-management. One-hundred and twelve health care workers will be trained in TB/HIV patient flow, monitoring and integration. This training focuses on outlining the interaction between HIV and TB, clinical presentation, and treatment of co infected patients. In addition, clinical care systems to integrate TB/HIV care at the clinic level are discussed with participants.

Twenty health care workers will be trained in advanced pediatric care to help them recognize and cope with the special clinical and palliative needs of pediatric patients. Didactic sessions will be supplemented by interactive relevant case studies highlighting advances in pediatric care. The case studies will integrate preventive and curative aspects of care in Zambia.

Fifteen health care workers will be trained in Women's Health with focus on screening and treating cervical cancer. The training will cover; the anatomy and physiology of the cervix, natural history of cervical cancer, differentiation between normal and abnormal cervix, visual inspection of cervix with acetic acid and digital cervicography, and use of cryosurgery as a safe and effective method of treating cervical cancer precursors in the outpatient setting.

Forty health care workers will learn about STI/HIV syndromic management. This includes assessment of patients at risk for STI especially as a tool for the prevention of HIV transmission. The training focuses on the signs and symptoms of both bacterial and viral STI, syndromic treatment, contact tracing, and prevention. The recognition of herpes simplex type 2 is reviewed including the provision of suppressive therapy as needed.

In FY 2008, Project HEART will train 200 Health professionals in initial ART/OI management and 120 in the refresher ART/OI course. 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 2008, this will be done mainly by district and provincial teams with limited guidance and assistance from CIDRZ staff.

In FY 2008, up to 120,000 clients will receive clinical palliative care services at 68 sites in 22 districts in Eastern, Southern, Lusaka, and Western provinces of Zambia. Project HEART will consolidate on FY 2007 efforts by providing technical support to ensure quality services and build capacity to manage clinical palliative care services. There will be training in HIV Triage and master training. The first is a three-day didactic training and a one day practical course that comprises lectures, case studies and interactive activities. In practical sessions participants practice taking patient histories, physical examinations, assessments and patient management. The master training consists of a four-day didactic and practical training, followed by two weeks of clinical mentoring.

Clinical palliative care activities will include; 1) strengthening palliative care services in health facilities; 2) increasing referral linkages within and between ART facilities, community HBC, and hospice care; 3) participating in and assisting the Ministry of Health (MOH) and the National AIDS Council to develop a strategy, guidelines, and standard operating procedures for provision of quality clinical palliative care in ART sites; and 4) increasing program sustainability with the GRZ. In the first component, Project HEART will continue to support up to 68 ART facilities in 22 districts. In addition to the ART/OI/STI/TB training mentioned above, health professionals will also be trained, using GRZ-approved curriculum, to provide cotrimoxazole prophylaxis, assess and manage pain. Patient and family education and counseling,

Activity Narrative: 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 will be covered. 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. Project HEART will also work closely with the USAID/Deliver Project (#9520) and Partnership for Supply Chain Management Systems (#9196) on forecasting drug supply requirements.

In the second component, Project HEART will build on Zambia's long history of working with Faith-Based Organizations (FBO) and Community-Based Organizations that provide home-based care for PLWHA. These organizations serve as critical partners for facility-based programs supported by GRZ and USG. Therefore, Project HEART will work closely with these established entities to strengthen referral networks linking clinical palliative care services with community-based programs. CIDRZ will continue to link with Catholic Relief Services and other local FBO for referral of enrolled patients to more comprehensive home based care programs.

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 GRZ policies.

In the final component, 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 assurance activities started in FY 2006. In FY 2008, 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 (lab, pharmacy, quality assurance/quality control, 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.

Different models will apply for rural versus urban settings. The CIDRZ provincial teams will initiate a new model of scale-up such that new rural sites will be implemented by district offices with oversight and technical assistance by CIDRZ. Provincial offices will also include timelines and plans to transition program responsibility to MOH.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	68	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	123,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	240	False

Target Populations

General population

Children (under 5)

- Boys

Children (under 5)

- Girls

Children (5-9)

- Boys

Children (5-9)

- Girls

Ages 10-14

- Boys

Ages 10-14

- Girls

Ages 15-24

- Men

Ages 15-24

- Women

Adults (25 and over)

- Men

Adults (25 and over)

- Women

Other

People Living with HIV / AIDS

Coverage Areas
Eastern
Lusaka
Southern
Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 2929.08

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

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 12331.08

Planned Funds: $350,000

Activity System ID: 17069

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

Anti-retroviral (ARV) treatment services and Prevention of Mother to Child Transmission (PMTCT) activities are rapidly being scaled-up in the Southern Province of Zambia including pediatric treatment which was introduced at the Southern Provincial Hospital in 2007.

In 2007, Boston University (BU) developed palliative care services to support children who are HIV-infected, HIV-exposed or have been the subject of HIV-exposure through child sexual abuse. In FY 2008, BU will continue to provide palliative care to children who are HIV-infected, HIV-exposed or have been the subject of HIV-exposure through child sexual abuse. Specifically funds will 1) insure that co-trimoxazole is available and being prescribed to all children born to HIV-infected women within the overall Southern Province PMTCT Integration Program; 2) actively promote breastfeeding among HIV-infected children; 3) provide psychosocial therapy to HIV-exposed and infected children in the Child Sexual Abuse Clinic in Lusaka; 4) facilitate referral to the Pediatric Center of Excellence; and 5) where possible actively promote the capture into ART care all children who are identified as HIV-infected. BU has special expertise in and is assisting with the implementation of psychosocial assessment and treatment for HIV-infected children identified at the University Teaching Hospital (UTH) Child Sexual Abuse Clinic in Lusaka. Child sexual abuse services and post-exposure prophylaxis of HIV services are intended to soon be provided in Livingstone (Southern Province). BU's participation in the development and implementation of this pilot program will be key to its success in Livingstone.

In 2008 BU will provide technical data management, monitoring and evaluation assistance to the Child Sexual Abuse Clinic (CSAC) at University Teaching Hospital (UTH) in Lusaka. BU will coordinate with UTH and the director of CSAC to build an efficient data management system using the Teleforms system, and provide technical assistance for data analysis. This monitoring and evaluation system will improve follow up and care of HIV-exposed children, indirectly improving palliative care services. Additionally, BU will provide technical expertise in the area of psychosocial support and trauma-based therapy. With extensive experience in this area in other developing countries, BU technical staff will develop, validate and implement culturally appropriate, psychosocial measurement tools which are currently unavailable in the country. BU plants to integrate these child-friendly and psychosocial aspects to all components of the CSAC clinic. It will support two full time CSAC staff members as well as a part-time data manager. BU's expert in mental health and child trauma will build local capacity by training all staff at the CSCA clinic in psychosocial measurement tools and child-friendly methodology. Child sexual abuse services and post-exposure prophylaxis of HIV services will soon be offered in Livingstone Provincial Hospital (Southern Province), and will ideally benefit from the locally trained staff and the psychosocial measurement tools.

Another component of this activity is a continuing to pilot a program on early infant HIV diagnosis that that was stated in 2007. Funding for this activity will be used to continue strengthening palliative care services and linkages to support adults and children infected with and affected by HIV/AIDS.

The funding will be used to establish and strengthen palliative care support for mothers and children. Parts of the Southern Province are very rural and services are scarce and far apart from one another, and extra effort is needed to establish sustainable palliative care linkages to support treatment and PMTCT services. Palliative care support will include: infant care and follow-up support for HIV infected children and mothers including the provision of infant and adult cotrimoxazole; nutritional supplements where necessary; bed nets; and building linkages with home based care programs in the province. Funding will also be used to support training for home based care within a rural setting.

In FY 2008 BU will 1) identify large numbers of exposed (at risk) children and ensure that infant and adult cotrimoxazole is available and being prescribed as per MOH guidelines; 2) actively promote breastfeeding among HIV-infected children and strengthen infant feeding counseling; 3) facilitate referral to the Livingstone Pediatric Center of Excellence; 4) work with partners including CIDRZ and the Clinton Foundation to increase the availability of early infant diagnosis and refer all children who are identified as HIV-infected to ART treatment centers; and 5) strengthen linkages between PMTCT sites and identified home based care programs in the province, including, but not limited to, RAPIDS, SUCCESS and Mothers 2 Mothers.

Additionally, BU will use this funding to integrate the Early Infant HIV Diagnosis training into the existing PMTCT training package, as well as include this program in its in-service facility based monitoring program. Therefore, all participants trained in PMTCT will also be competent in the didactic DNA PCR theory as well as specimen collection, packaging, transport and follow-up. BU will coordinate with the Clinton Foundation and/or CIDRZ to ensure specimen transport is available throughout Southern Province

Another component of this activity will continue working with the Southern Provincial Health Office and District Health Offices to implement wrap-around palliative care activities benefiting people living with HIV/AIDS (PLWHAs) and their caretakers. Target areas will include communal areas, schools, and clinics, strategically located to serve both the host facility and the local community.

Home-based care training will be provided to approximately 200 community members, and will be coordinated with other partners currently working in home based care such as RAPIDS and CIDRZ. In addition to working with communities to improve nutrition, community workers will be trained to actively identify and refer people to local HIV/AIDS services, such as counseling and testing or treatment evaluation. Health promotional strategy techniques, such as the ART adherence "Buddy System" and the formation of support groups will also be taught to the community workers.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12331

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12331	12331.07	HHS/Centers for Disease Control & Prevention	Tulane University	4938	2929.07	UTAP - Boston University-ZEBS - U62/CCU622410	$150,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,800	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Lusaka

Southern

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3007.08

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17070.08

Planned Funds: $100,000

Activity System ID: 17070

Activity Narrative: The following activity is newly proposed for FY 2008.This activity links with the Zambia Prevention, Care, and Treatment Partnership PMTCT, ART, Counseling and Testing (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.

Though AIDSRelief Project is primarily a provider of antiretroviral therapy (ART) services, this involves treatment of Opportunistic Infections (OIs) including TB, STIs 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 seven provinces. AIDSRelief Project will support 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 assumes greater health care support and responsibility for itself. 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 includes management of all OIs 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 2007, AIDSRelief reached 41,000 clients with clinical palliative care services through support to 16 facilities in the 15 districts. In FY 2007, AIDSRelief trained 200 health professionals (doctors, nurses, clinical officers) in ART/OI/Sexually Transmitted Infections (STI)/Pain management through full and refresher curriculum. AIDSRelief follows the National Standards for ART and OIs. In addition, specific on-site mentoring is conducted by the family-centered AIDS resident team.

In FY 2008, AIDSRelief will train 288 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 2008, 48,000 clients will receive clinical palliative care services in 16 supported facilities. During FY 2008, AIDSRelief will consolidate on FY 2007 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 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.

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 HBC and hospice care; 3) participating in and assisting the MOH, the National AIDS 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 16 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 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 in clinic settings as part of the overall package of clinical 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. AIDS Relief will also liaise closely with the USAID/Deliver Project and Partnership for Supply Chain Management Systems (SCMS) on forecasting drug supply requirements.

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 2007, 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.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14384, 16416, 14388, 15537, 16420

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
15537	9754.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	48,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	288	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Copperbelt

Eastern

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7459.08

Mechanism: Family Based Response

Prime Partner: Kara Counseling Centre

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC **Program Area Code:** 06

Activity ID: 16730.08 **Planned Funds:** $0

Activity System ID: 16730

Activity Narrative: This is an ongoing activity which began in FY 2007. 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 expand their programs, but also build capacity of local partner organizations in systems strengthening and enhance their own sustainability for the long term. New emphases will include increased linkages to and coordinating with other palliative care activities funded by 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.

This activity has several components. One component is to train caregivers and family members in palliative care and antiretroviral therapy (ART) adherence respectively. The training will equip the caregivers with knowledge on identification of HIV/AIDS disease progression for them to be able to identify and refer clients who need to start treatment. Family members will acquire skills on how to ensure that their family members on ART continue taking medication without missing doses.

The caregivers will each attend to up to 10 PLWHA and will be able to provide with a full range of palliative care services and support following the OGAC guidance, including a Kara specialty, psychosocial support for positive living. PEPFAR funding for the training will go principally to address the costs for training resource materials, facilitation fees, transport, and meals and lodging for trainers and caregivers during training. Specific target populations to be reached by trained caregivers will be PLWHA in their homes and the affected family members, that is, adults and children.

This activity component will be carried out in 12 outlets: three Kara Counseling, Training Trust (KCTT) outlets, and nine 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]) in Lusaka Province; Chibombo District (Mwelebi HBC and Foundation for Development of Children with one outlet each); 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) and Masaiti District (one outlet for Community Health Restoration Programme) in the Copperbelt Province. Overall, 120 community home-based caregivers will be trained.

The second 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. Tools for work will be provided to motivate the caregivers. Each caregiver will receive a bicycle to serve as transport, a kit for basic home based care containing disposable examination gloves, soap, a hand towel, pain killers, and anti-diarrhea drugs. In the rainy season gumboots, raincoats and umbrellas will be given to encourage the caregivers to continue to visit their patients despite the rains and muddy surfaces. The palliative care program will be strengthened by using the Government of Zambia national guidelines on nutrition for PLWHA, involving nutritional assessment, counseling, and therapeutic feeding. The trained community home-based caregiver will provide education on personal hygiene and health to patients and immediate family members, and information on how to prevent opportunistic infections (O.I.s). 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. While PLWHA will be targeted, funding will be used for an array of interventions. For asymptomatic PLWHA, PEPFAR funding will be used for skills training in farming, welding, carpentry, tailoring, printing, tie dye, batik making, and knitting to enable them to generate income for their households. Farming would also help them produce some food for themselves. Skills training will also be provided to PLWHA whose health improves after commencement of ART. The skills learnt and applied will boost the self esteem of the PLWHA.

The PLWHA who will be manifesting HIV related signs and symptoms (usually in the symptomatic stage) will be referred for ART and the treatment of opportunistic infections while those that are severely malnourished as per OGAC guidelines will be given therapeutic food support. This funding will go specifically to support the procurement of therapeutic food supplements for malnourished PLWHA, the training of caregivers in palliative care and family members in adherence, skills training for PLWHA, and procurement of caregiver's home-based care kits, and protective clothing. FBR HIV/AIDS palliative care activities will be operated and supported in 12 Districts of five provinces, namely Southern Province, Northern province, Lusaka Province, Central Province, and Copperbelt Province. This component of the activity will provide support to 12 service outlets and reach 1200 individuals.

The final component of this activity is for KCTT to participate 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.

Partners will work with KCTT in implementing this activity in their respective communities, thus promoting sustainability of programs. The training and involvement of volunteers in activity implementation will ensure continuity and community ownership of activities. The participating partners will also gain experience in the proper use of funds which they will be able to apply in the implementation of future activities.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$69,892
Estimation of other dollars leveraged in FY 2008 for food	$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Central

Copperbelt

Lusaka

Northern

Southern

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1031.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3536.08

Planned Funds: $335,000

Activity System ID: 14408

Activity Narrative: 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.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8902

Related Activity: 14406, 14407, 14409, 14410, 14411, 14398, 14374, 14447, 15614

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26639	3536.26639.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	11078	1031.09	Health Communication Partnership	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
14374	3568.08	6807	527.08	SUCCESS II	Catholic Relief Services	$3,100,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
15614	9703.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$1,043,000
14409	3537.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$290,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000
14411	3534.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$455,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Religious Leaders

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 4139.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 12527.08

Planned Funds: $1,500,000

Activity System ID: 14416

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 Strengthening, and Policy Analysis/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 develop a national forecast and procurement plan and to procure Co-trimoxazole drugs 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 will be added to the national ARV ordering and reporting system to better ensure its availability for ART patients. In FY 2008, roughly 52,000 adult patients will receive cotrimoxazole (pediatric cotrimoxazole is being provided by the Clinton Foundation with UNITAID funding).

Finally, it should be noted that as with USG-funded ARV drugs, the cotrimoxazole 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.

All FY 2008 results will be achieved by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12527

Related Activity: 15577, 14447, 15569, 14404, 14417, 14418, 14405, 14420

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26405	12527.26405.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11026	4139.09	Supply Chain Management System	$2,900,000
12527	12527.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5072	4139.07	Supply Chain Management System	$1,300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15577	12330.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$520,000
14417	3750.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$2,000,000
14404	9522.08	6822	5074.08	DELIVER II	John Snow, Inc.	$1,800,000
14405	9520.08	6822	5074.08	DELIVER II	John Snow, Inc.	$3,000,000
14418	3751.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$24,000,000
14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 695.08
Mechanism: Social Marketing
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9514.08
Planned Funds: $155,570
Activity System ID: 14425

Activity Narrative: This activity is linked to Palliative Care: Basic health care and support interventions that include Catholic Relief Services (CRS)/SUCCESS (#9180), CARE (#8819), Project Concern International (PCI) (#8787), and RAPIDS (#8946).

Launched in 1998 with technical support from CDC and funding from USAID, Population Services International's (PSI) local affiliate, Society for Family Health (SFH), currently sells more than two million bottles of Clorin brand safe water home treatment solution annually. PSI/SFH consistently promotes the sale water treatment to urban and rural populations through drama and mobile video unit shows, communication sessions, radio spots, and an animated TV advertisement. Clorin is sold through a variety of channels—predominately wholesalers (37%), distributors (26%), public clinics (14%), and non-governmental organizations (NGOs) (13%).

In March 2006, CDC conducted a targeted technical evaluation on Clorin. Based on the recommendations from this evaluation, PSI/FSH contracted out the production of Clorin to a private Zambian pharmaceutical company, Pharmanova. The partnership with Pharmanova uses a business model that ensures that consumer prices remain low over time. One of the recommendations of the CDC evaluation was to redesign the Clorin bottle and Clorin bottle cap to incorporate features that would make it easy for users to measure and dilute the solution correctly. In FY 2008, PSI/SFH will launch the new Clorin bottle and bottle cap that are more user friendly.

While the primary target of Clorin is households with children under five, an important secondary target is people living with HIV/AIDS (PLWHA). Consequently, PSI/SFH intends to increase its distribution of Clorin to PLWHA via home-based care (HBC) programs, public clinics, and through post-test clubs nationwide. Traditionally, PSI/SFH has sold Clorin in bulk to organizations such as CARE, CRS/SUCCESS, and RAPIDS for distribution in their home-based care (HBC) programs. PSI/SFH will donate Clorin to home-based care programs rather than selling it. This requires the full cost of production and distribution ($0.33 per unit) be covered for PLWHA rather than being subsidized as it is to the commercial sector with partial cost recovery. USAID Child Survival Health funds will continue to support the use of Clorin as a socially-marketed product for other key target groups.

The distribution of Clorin has been and will continue to be augmented by the safe water education campaigns conducted by the PSI/SFH's Horizon post-test program. In FY 2007, the safe water campaigns reached an estimated 1,500 PLWHA in five PSI/SFH-run Horizon programs, and an additional 1,500 PLWHA through Horizon programs run through faith-based organizations and workplaces. In FY 2008, PSI/SFH will support the training of approximately 93 HBC and public clinic staff on the importance and benefits of consistently and correctly treating household drinking water. Special emphasis will be placed on correct dosing using Clorin's specially-developed bottle cap. Further, PSI/SFH will train 10 Horizon post-test program coordinators to conduct community education sessions in basic hygiene and correct and consistent household drinking water treatment practices. Combined with communications encouraging good hygiene, such as regular hand washing and proper storage, the USG expects that Clorin will play a significant role in keeping PLWHA healthy.

PSI/SFH will ensure sustainability by providing partner organizations with the necessary materials and guidance to educate PLWHA on the benefits, techniques, and importance of water treatment. With free product available, Clorin will be more accessible to Zambian NGOs that support HBC initiatives, but cannot afford to buy it for PLWHA. Given the wide availability and affordability of Clorin in the private sector, beneficiaries beyond the scope of this program will also benefit. Further, the transfer of Clorin production to a local, private-sector company not only establishes a unique public-private partnership model, but also helps to ensure knowledge transfer and a more stable source of quality supply.

In FY 2008, PSI/SFH intends to distribute 440,000 bottles of Clorin via four key USG organizations: CARE, CRS/SUCCESS, PCI, and RAPIDS. In sum, these bottles will treat an estimated 293,000, 000 liters of water and prevent more than 577,988 episodes of diarrhea. This amount will provide 36,666 PLWHA and their families with a one-year supply of Clorin.

This activity will contribute to the goals and vision of the Zambian Government outlined in the five-year National HIV/AIDS Strategic Framework and to the strategic objectives of "strengthening home-based care and support programs" and "promotion of appropriate nutrition and positive living for PLWHA."

All FY 2008 targets will be reached by May 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9514

Related Activity: 14440, 14374, 14630, 15507

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9514	9514.07	U.S. Agency for International Development	Population Services International	4990	695.07	Social Marketing	$217,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14374	3568.08	6807	527.08	SUCCESS II	Catholic Relief Services	$3,100,000
14440	3558.08	6841	412.08	RAPIDS	World Vision International	$5,392,962
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
15507	3650.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$515,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

People Living with HIV / AIDS

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 412.08
Mechanism: RAPIDS
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3558.08
Planned Funds: $5,392,962
Activity System ID: 14440

Activity Narrative: This activity is connected with other RAPIDS activities including HVAB, HTXS, HVCT, PMTCT and HKID, especially new NPI HBHC partners in need of mentoring, such as Kara/FBR and Nazarene Compassionate Ministries. New activities and emphases 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 using 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. RAPIDS will also build on extensive malaria control activities begun during FY 2007 to reduce malaria-related illness in PLWHA. In FY 2008, RAPIDS will link closely to hospices and refer clients for hospice. RAPIDS will ramp up routine Cotrimoxazole prophylaxis for all HIV-infected clients possible . Lastly, RAPIDS will increase the emphasis on sustainability and capacity building in the last year of PEPFAR.

RAPIDS, which undertakes care and support activities in 49 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 2008, RAPIDS plans to provide home-based palliative care and support to 51,855 PLWHA.

To ensure quality service delivery, RAPIDS will build the capacity of clients, their families, caregivers, and their nurse supervisors through training, provision of material support, and technical assistance. Quality Assurance (QA) will be a priority. QA mechanisms will include caregiver checklists, patient chart review, and monthly care improvement meetings between caregivers and nurse supervisors.

Palliative care services will 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. In its work with PLWHA, RAPIDS will support Prevention for Positives programming. For example, RAPIDS will counsel PLWHA on behavior change (reduction in alcohol intake to decrease risky sexual behavior), nutrition, and provide appropriate, factual information 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 addition, RAPIDS will continue to strongly advocate to the Government of Zambia (GRZ) for a home based palliative care policy and delivery framework in Zambia. RAPIDS will 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. These linkages will contribute to the overall goal of the program. FY 2008 will see an expansion of interventions and linkages in HBHC and move towards a full continuum of care. 2007.

RAPIDS plans to administer some of HBHC activities through 35 sub-grants with a budget of $510,000 to strengthen HBHC community based groups. To improve quality of care, RAPIDS will, through private and corporate donations, provide nurse and volunteer caregiver kits. While continuing to solicit in-kind donations of kits, RAPIDS will also explore more sustainable means to produce and re-supply kids in Zambia using local products, providers and facilities.

Client 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 consortium public/private partnerships with USA corporations Gifts-In-Kind (GIK) programs. Such items will include raincoats, bags, shoes and bicycles. RAPIDS will intensify “care for caregivers” interventions to ensure that caregivers meet their basic needs while continuing to support PLWHA.

RAPIDS will work with the National Malaria Control Center, PATH, PMI, and other stakeholders to promote use of Insecticide Treated Bed Nets (ITNs). RAPIDS will try to secure a significant number of ITNs and more may be procured through GIK. PEPFAR funds will support ITN warehousing, internal distribution, transport, training, awareness raising, and monitoring by caregivers.

RAPIDS will help develop and implement of the palliative care pain relief strategy document. Palliative care and management of simple and moderate pain, endorsed by World Health Organization (WHO) will be a major intervention, as part of the minimum standard of care for PLWHA for regular prophylactic use of simple to moderate pain management drugs.

RAPIDS will provide targeted nutritional supplements for PLWHA according to national and PEPFAR Guidance. RAPIDS will participate in and support efforts by FANTA and IYCN to determine nutritional needs, and promote better nutritional assessment, counseling, and support in all palliative care activities in Zambia, in close coordination with GRZ agencies such as the National Food and Nutrition Commission (NFNC), NAC and the MOH Nutrition focal persons. PLWHA will receive nutrition counseling and education.

Seed distribution coverage will expand in FY 2008. In general, FY 2008 RAPIDS will intensify formation of Positive Living Groups with livelihood options.

RAPIDS will continue to train caregivers and HBHC health providers on combating stigma and discrimination by increasing understanding of the disease and the challenges faced by PLWHA; encourage participation of PLWHA in the design and implementation of projects; and promote 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, for example, to reduce violence against women related to HIV diagnosis or discordant HIV results.

Activity Narrative: RAPIDS provides capacity building to community committees currently working on home-based care and support activities, and is scaling-up successful support groups and youth groups, as well as broadening the anti-stigma message.

RAPIDS will work through communities and mobilizes community committees as the primary mechanism for providing care and support to PLWHA and vulnerable households. These community committees will draw membership from a broad spectrum of community stakeholders to ensure multisectoral representation and a holistic and coordinated response to caring for the community. RAPIDS will mobilize communities to take the lead in mitigating the impact of HIV/AIDS as the key to long-term sustainability in the response to HIV/AIDS.

RAPIDS will train CBOs and FBOs to not only provide care and support to PLWHA, including children and adolescents, but to train in such critical areas as advocacy and paralegal support. RAPIDS will facilitate linkages between communities and other service providers. RAPIDS will provide training to local community-based organizations to improve management skills and the ability to access existing HIV/AIDS resource streams. RAPIDS has designed and will implement 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.

RAPIDS HBHC activities are integrated into existing government and NGO district structures and comply with the "Three Ones". RAPIDS will also contribute to the sustainability of the HIV/AIDS response in its work 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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8946

Related Activity: 14439, 16730, 14441, 14443, 14442

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26392	3558.26392.09	U.S. Agency for International Development	World Vision International	11019	412.09	RAPIDS	$925,379
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14439	3556.08	6841	412.08	RAPIDS	World Vision International	$2,408,152
16730	16730.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14442	3555.08	6841	412.08	RAPIDS	World Vision International	$858,028
14443	3566.08	6841	412.08	RAPIDS	World Vision International	$1,567,700

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	311	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	51,855	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	6,553	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3041.08

Mechanism: DoD-PCI

Prime Partner: Project Concern International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3737.08

Planned Funds: $610,000

Activity System ID: 14630

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other Prevention Activities (PCI), all Other/policy analysis and system strengthening relating to the Zambian Defense Force (ZDF) by PCI, JHPIEGO and DOD, Abstinence/be faithful (PCI), PMTCT (JHPIEGO), Palliative Care Basic Health Care (HBHC) and TB/HIV (JHPIEGO), Counseling and Testing (PCI), HIV/AIDS treatment/ARV services (JHPIEGO), Condoms and Other Prevention (PCI and JHPIEGO) and Abstinence and Be Faithful (PCI).

This program aims to ensure that chronically ill HIV positive patients in the military health facilities receive comprehensive HBHC services that include medical care, treatment of opportunistic infections, pain management, psycho-social support, legal services, material support, nutritional supplement, referral and adherence to anti-retroviral treatment (ART), and other HIV-related services. Through this activity, PCI will support Defense Force Medical Services (DFMS) to provide quality HBHC services to HIV-positive patients including ZDF members, their family members, and people living in the surrounding community. The ZDF serves as the only source of such care for communities surrounding the base, given the remote nature of most ZDF units.

PCI will support DFMS to undertake this comprehensive program in all 54 ZDF units in the nine provinces, with a focus on 12 existing model sites (Maina Soko Military Hospital in Lusaka, ZAF Livingstone, Tag-urgan Barracks in Ndola, ZNS Kitwe, Gondar Barracks in Chipata, Chindwin Barracks in Kabwe, ZNS Mbala and ZNS Kamitonte in Solwezi, L85 in Lusaka, ZNS Luamfumu in Mansa, Luena Barracks in Kaoma, and ZAF Mumbwa), and four additional model sites (to be established in FY 2008). This activity will be integrated with other DOD-PCI and JHPIEGO activities, to ensure effective referrals between CT, TB/HIV, STI, HBHC, 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 tets at the nearest health facility with this capability. Clients that are commenced on ART are closely monitored by community-based ART adherence supporters trained by JHPIEGO in FY 2006. Most of these clients are registered on HBHC and benefit from HBHC services provided by trained HBHC care givers.

Capacity building will include formal and informal training for HIV/AIDS unit staff including the, HBHC coordinators, HIV/AIDS unit coordinators, and ZDF caregivers. Logistical support to enable ongoing supervision and monitoring of palliative care activities by the DFMS is provided, and linkages with indigenous sources of technical support such as the Palliative Care Association of Zambia (PCAZ) have been made in order to ensure that the ZDF has access to technical input, national palliative care guidelines, and training packages adapted to their situation and needs.

In FY 2004 and FY 2005, 295 caregivers were trained. PCI's training of caregivers in comprehensive palliative care was coordinated with PCAZ to ensure the consistency of the training and care services with those of other USG-funded programs. An additional 140 caregivers were trained in FY 2006 and FY 2007. These caregivers are actively involved at all 54 ZDF units in 9 provinces, responsible for identifying and registering chronically ill patients both among military personnel and their families, as well as from non-military populations in surrounding communities, providing community level care services in support of families, and referring patients to DFMS or other health facilities for additional care and treatment services. Adherence support for clients on ART has been added to the training modules in support of the expansion of ART services at both ZDF and Ministry of Health (MOH) facilities. Caregivers are also trained to carryout out a nutritional assessment of their clients. This is important in order to determine those who qualify for nutritional support. In FY 2008 PCI will support the training of 80 additional caregivers in palliative care. 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 HBHC services will be closely monitored by two nurses employed by PCI in FY 2007. A check list on minimum standards for HBHC developed by the National AIDS Council will be used for monitoring.

PCI will continue to support the development and provision of HBHC kits for clients and their caregivers. These HBHC kits have been evaluated in collaboration with the DFMS, Ministry of Health, and PCAZ and include patient education materials relating to medicines, doses, nutrition, physical fitness, and referral information printed in local languages. Care givers kits contain pain killers, anti-diarrhea medicine, anti-fungal creams, multi vitamins, bleach, disinfectant, gloves wool and bandages The kits are refilled on a monthly basis according to the number of patients reflected in the HBHC registers and monthly field reports. In addition to clients' HBHC 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 will evidence of severe malnutrition. Material support to the caregivers, such as bicycles, umbrellas, bags and shoes, will be provided as a means of facilitating their work and motivating their continued participation.

In FY 2006 and FY 2007, PCI supported the training of 200 support group members in ZDF units using the 18 ZDF "stay healthy" master trainers who were trained in FY 2006 with support from the DOD twinning program. In FY 2008, PCI will support the training of additional 20 "stay healthy" master trainers and 200 support group members. The effectiveness of training will continue to be assessed and monitored through pre-and post-training tests, as well as with support from the twinning program. The workshops will focus on promotion of health and wellness, with support in dealing with HIV symptomology, depressive symptoms, stigma, and beliefs about illness, adherence to ART, behaviors, self-efficacy, and substance use. Positive living materials developed by the Health Communication Partnership (HCP), the Academy for Educational Development (AED)/USAID, and other local groups were reviewed by the DOD 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 counseling, with emphasis on ministry skills relating to the individual and the family, including marital relationships, parenting, and development of peer support systems. Training sessions also deal with child and spousal abuse, addictive behaviors, management of family crisis, illness, death, trauma, and setting up family crisis services at a targeted number of bases and their communities. In FY 2006, BFZ trained 63 military and police chaplains in palliative care including spiritual counseling. They also provided on site technical assistance to 17 clergymen at ZAF Livingstone which is one of the model sites for palliative care and CT. In addition, they reproduced an HIV/AIDS manual used in faith-based communities for use by the chaplains. In FY 2007, an additional 80 chaplains and their assistants participated in training to build on the work done previously and

Activity Narrative: help the chaplains relate it to ministry for the family and their communities. In FY 2008, chaplains will be supported to continue providing the above services to ZDF bases.

In order to ensure the sustainability of the activity, PCI works in close collaboration with the DFMS HIV/AIDS unit, which has through PEPFAR support established a palliative care office, through which all activities are planned, implemented and monitored. Sustainability is also promoted through ongoing supportive supervision visits by HBC trainers, DFMS and PCI clinical staff, HIV/AIDS unit coordinators, and PCI, in order to reinforce the training and to identify and address any performance and/or training gaps.

The target of this activity is to have 6000 people benefiting from HBHC services at the 12 model sites and other ZDF medical sites. These are clients that will have been provided with HBHC services through caregivers, military chaplins or support groups of PLWHAs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8787

Related Activity: 14621, 14628, 14629, 14623, 14624, 14625, 16547, 14428, 14631, 17454, 14627, 14634, 14633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24839	3737.24839.09	Department of Defense	Project Concern International	10574	3041.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14621	3670.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14628	9170.08	6890	3041.08	DoD-PCI	Project Concern International	$275,000
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Estimated PEPFAR dollars spent on food	$60,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	54	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Religious Leaders

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 2987.08
Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12404.08
Planned Funds: $200,000
Activity System ID: 14624

Activity Narrative: This program will build upon, and links closely with, JHPIEGO's DOD funded work in Other Prevention, TB/HIV and ART as well as CDC funded work in TB/HIV and Counseling and Testing.

JHPIEGO is supporting the Zambia Defence Forces (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) 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, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites relying on Medical Assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout the country. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the MOH public sector mainly because the ZDF has its own heath system running independently from the national one.

Military personnel are subject to high risk of both STIs and HIV, as a result of the housing and social situations they find themselves in due to the nature of their work. While the effort to expand access to and utilization of 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 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 linking into the logistics management information system (LMIS) for ARV drugs and HIV test kits, as well as being incorporated in more activities (trainings, assessments, etc.). This is particularly true in the area of STI programs, though it also extends to HIV/AIDS care and treatment.

STI patients must be effectively counseled and tested for HIV, and referred to HIV care and treatment services in a timely manner. Based on successful approaches in integrating CT into antenatal care for PMTCT, JHPIEGO adapted Centers for Disease Controls counseling protocols and training materials to incorporate diagnostic testing and counseling (DTC) into TB and STI services more effectively. In consultation with various partners and the Ministry of Health, these materials were adopted as the national DTC training package. JHPIEGO will use this package as the basis for integrating counseling and testing into STI services linking patient with HIV care and treatment services.

JHPIEGO will focus on strengthening service providers' knowledge and skills in STI diagnosis and care in STI clinics / outpatient services addressing basic knowledge with more advanced skills and knowledge for STI care in HIV patients. At the same time JHPIEGO will work with the ZDF Medical Services to better integrate counseling and testing (CT) into STI services linking care for HIV infected clients to better STI services. This will be done using different approaches including group-based training for basic skills and knowledge targeting 50 service providers followed by on-the-job training (OJT) working onsite with service provider teams using a mentoring / case-based practical approach targeting 50 service providers. These training activities will be conducted by ZDF trainers with co-teaching and supportive supervision provided by JHPIEGO. Follow-up supportive supervision to the service outlets will be conducted to ensure that the skills and knowledge are being correctly applied and to provide on the spot guidance addressing any gaps. The training of the service providers will take place between September 1, 2008 and September 30, 2009.

JHPIEGO has continued to expand facility-based performance improvement systems by working with ZDF central command and DFMS, as well as base commanders, to develop a system of staff rotation and on-the-job training. The facility-based performance improvement system follows the JHPIEGO Standards Based Management and Recognition (SBM-R) methodology.

The sustainability of this effort is a major focus of the work and is reinforced through using training capacity already developed within the ZDF Medical Services. This training capacity will be strengthened through co-teaching and supportive supervision provided by JHPIEGO. 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. With a focus on building local organization capacity JHPIEGO has work with DFMS staff at every step to develop the supervision tools and skills and in FY 2008 will encourage DFMS staff to take the lead in conducting assessments of services using the (SBM-R) tool and addressing gaps.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12404

Related Activity: 14630, 14625, 14626, 14623

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24833	12404.24833.09	Department of Defense	JHPIEGO	10573	2987.09	DoD-JHPIEGO	$200,000
12404	12404.07	Department of Defense	JHPIEGO	5029	2987.07	DoD-JHPIEGO	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14626	3672.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

HVTB - Palliative Care: TB/HIV

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

Total Planned Funding for Program Area: $11,707,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Tuberculosis (TB) is one of the leading causes of morbidity and mortality in people living with HIV/AIDS (PLWHA) in Zambia. The TB notification rate has increased four fold since the beginning of the HIV epidemic in the mid 1980s. In 2005, 53,267 cases of TB were notified to the national program giving a notification rate of 484/100,000. The World Health Organization (WHO) estimates that the prevalence of HIV in adults with active TB is somewhere between 60 and 70 percent. Because of the close opportunistic link between TB and HIV (double burden of disease), the Zambia National HIV/AIDS/STD/TB strategic plan has identified the treatment of TB as one of the key objectives in mitigating the spread, limiting the co-morbidity, and minimizing the socio-economic impact of HIV/AIDS in Zambia.

The implementation of the Government of the Republic of Zambia (GRZ) HIV/AIDS/STD/TB national strategic plan 2005-2010 is a collaborative effort between the GRZ itself, the Global Fund against HIV/AIDS, TB and Malaria (Global Fund), the President's Emergency Plan for AIDS Relief (PEPFAR), the Tuberculosis Control Assistance Program (TBCAP) funded by USAID through a global cooperative agreement with the Netherlands Tuberculosis Foundation (KNCV), and other implementing partners. Funds from the Global Fund have been and will continue to support the national TB program (NTP) to implement the 'Stop TB'

strategies, including the Directly Observed Treatment Short-course (DOTS) strategy. PEPFAR has been and will continue to support 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 USG has been and will continue to be represented on the National TB/HIV coordinating Committee, a committee that elaborates TB/HIV policies and oversees their implementation.

The implementation of the PEPFAR TB/HIV activities has been through direct collaboration between the Ministry of Health (MOH), the USG, and non-USG implementing partners. From FY 2005 through FY 2007, the USG partners have been supporting the MOH and private health-care providers to integrate TB and HIV activities including the provision of provider-initiated and voluntary counseling and testing (VCT) to all TB patients, and referral of HIV-infected TB patients for HIV services, including Anti-Retroviral Treatment (ART).

In FY 2006, the USG 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 2007 JHPIEGO, with support from the USG, will work with the Ministry of Health to develop guidelines to address TB infection control and prevent TB transmission in HIV care settings and this activity will continue in FY 2008 with dissemination and operationalisation of the guidelines The DCT guidelines have now been adopted and form part of the national TB/HIV counseling guidelines. The USG has also supported the GRZ to develop a DCT training manual for Zambia. With further support from the USG, the MOH has already trained 500 front-line health-care workers in DCT across Zambia. In FY 2008, the USG will support the MOH to train an additional 3,985 providers in DCT and will include other training linked to collaborative TB/HIV activities. DCT training will increase the capacity of the Zambian health-care system to scale up the provision of routine counseling and testing for HIV for TB-infected clients. Likewise, more HIV-infected clients will be screened for TB. By the end of 2006, close to 50% of all TB cases notified nationally were offered HIV testing and counseling based on data collected using the revised national data collecting forms and registers.

Building on the work begun in 2002, the USG is also providing direct support to the MOH to reduce TB-related morbidity and mortality in Zambia. The USG has supported the MOH to strengthen the capacity its national reference laboratory, the Chest Disease Laboratory (CDL), to provide quality-assured TB-smear microscopy services in Zambia. In addition, the USG has provided support to the MOH to develop a regional TB reference laboratory to enhance the capacity to provide quality-assured TB microscopy and culture services. The regional TB reference laboratory has improved equity of access to quality-assured TB microscopy and culture services by the northern provinces of Zambia.

Before 2006, Zambia faced major challenges in collecting data on TB/HIV activities. The health management information system (HMIS) and the TB data collecting and aggregating tools (TB patient cards and TB patient registers) did not have provision for entry of HIV data. However, with support from the USG, the national TB/HIV coordinating committee has revised the TB patient cards and registers to include data on HIV. The USG support covered development, production, and distribution of patient cards and registers to provinces and districts. The availability of the revised patient cards and registers has enabled the NTP to collect nation-wide data on the implementation of the TB/HIV activities in Zambia. At district and provincial level, quarterly review meetings are held to review the data and supervision of the sites occurs during the regular technical support supervisory visit from the higher level to the lower level. The capacity of the central unit to provide support supervision was strengthened through direct USG support to the ministry for the hiring of a TB/HIV focal person and support for supervisory visits.

The physical separation between TB and ART services has been another big challenge to the implementation of TB/HIV activities in Zambia. ART is often provided in ART-specific clinics, which might be far from TB service centers. Therefore, 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 lessen the burden on patients with TB/HIV co-morbidity, the USG has and will continue to strengthen the link between TB and HIV services to ensure effective cross-referral between the two services. Other 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. In addition, health-care workers have and will continue to receive training in providing co-trimoxazole prophylaxis to HIV-infected patients (in consonance the national guidelines).

In FY 2008, the USG will continue to partner with other donors to support the MOH to build and expand on the scope of activities implemented from FY 2005 through FY 2007. Support to the integration of TB and HIV services will be channeled through several implementing partners, including faith-based organizations. The activities will include: community awareness through development, production, and dissemination of information, education, and communication materials; commodity support, including procurement of rapid HIV test kits and other laboratory supplies through SCMS, training, and supervision. PEPFAR will also provide direct funding to four provinces to improve the human resource base, infrastructure, and space for VCT within the facilities. In addition, TBCAP will support the implementation of DOTS and TB/HIV activities in the other five provinces. With this support, the GRZ will increase the number of outlets providing TB/HIV services to 877 and the number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease to 30,975. The USG will also provide direct funding to the NTP to support supervision and TB/HIV collaborative meetings at the national, provincial and district levels. In addition, the USG will support the NTP to enhance its capacity to manage Multi-drug resistant TB (MDR-TB) through the development of guidelines, training, and provision of suitable infrastructure. By the middle of 2007 a total of 50 cases of MDR TB had been reported to the central unit and the national drug resistance survey to be conducted in 2007 with support from other partners will provide an updated prevalence figure. The rate of MDR TB according to the survey conducted in 2000 was 1.8%.

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 USG will also promote the integration of TB/HIV activities between USG and non-USG partners involved in the world of TB and HIV.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	827
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	30975
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	3985
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	25370

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2987.08	**Mechanism:**	DoD-JHPIEGO
Prime Partner:	JHPIEGO	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3673.08	**Planned Funds:**	$500,000
Activity System ID:	14625		

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 and with the work of Project Concern International (PCI) supporting Counseling and Testing (CT) and palliative care, as well as JHPIEGO's work on integrating diagnostic CT into TB and STI services for mobile populations.

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, including pediatric patients. 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) PMTCT, antiretroviral (ART), palliative care, HIV-TB and injection safety programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the USG, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites depending on Medical Assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the MOH public sector mainly because the ZDF has its own heath system running independently from the national one.

While the number of HIV-infected patients receiving improved palliative care has expanded within the ZDF in the past two years, the majority of services are provided through a few outlets, and the standardization of systems and services needs continued strengthening. Continued expansion requires development and support for increasingly remote sites, where services are needed but, by their location and nature, the cost effectiveness of delivering these services is reduced, a fact which is compounded by the complexity of working with the ZDF and each of the three individual branches, each with their own authority and chain of command.

JHPIEGO will utilize and build on the experience and tools developed in the larger public sector MOH ART expansion programs and particularly the HIV-TB Working Group which JHPIEGO has extensively supported, and will continue to develop and strengthen linkages between the ZDF and MOH programs.

Tuberculosis (TB) and HIV co-infection is estimated to be as high as 70% in Zambia. Military personnel are subject to high risk of both TB and HIV, as a result of the housing and social situations they find themselves in due to the nature of their work. While the effort to expand access to and utilization of ART services has resulted in a growing number of HIV infected individuals receiving ART, there has been a lag in emphasizing the care for those same patients when it comes to diagnosis and treatment of TB and other opportunistic infections (OIs). Through JHPIEGO's work on integrating HIV diagnostic counseling and testing into TB services for mobile populations, more TB patients will be able to access HIV testing and care and treatment services. The focus of this activity, building on our work in FY 2006, is to ensure that patients enrolled in HIV care are adequately screened for TB, and that caregivers are able to recognize, diagnose and manage TB and other OIs.

During FY 2006, the ZDF's local capacity was strengthened with the training of 12 ART and TB staff as trainers and mentors, who in turn were supported to train at least 160 service providers in the diagnosis of TB and other common OIs associated with HIV/AIDS. In addition, the eight ZDF model sites received intensive on-the-job training and mentoring, which was intensive and costly but essential to address the complexities of TB and OI presentation given limitations in diagnostic skills and tools. The benefit of JHPIEGO support will not be limited to the model sites, however, as staff from many other sites will be included in orientations and trainings. By the end of FY 2007 JHPIEGO was working with model sites in all nine provinces.

In FY 2008, JHPIEGO will support 16 model ZDF sites (initial 12 model sites plus four additional sites in FY 2008) providing comprehensive and integrated HIV/AIDS prevention, care and treatment programs, including timely diagnosis and care for TB and other opportunistic infections.

This work will utilize and build on the experience, tools and methodologies developed in the larger public sector MOH TB, ART and OI management programs, which JHPIEGO has extensively supported, and will continue to develop and strengthen linkages between the ZDF and MOH programs. JHPIEGO will continue to expand the local ZDF capacity by supporting the training of 80 service providers in TB diagnosis and management using ZDF training capacity developed in FY 2006 and FY 2007. While expanding and improving the diagnosis and treatment of TB and other OIs among HIV/AIDS patients, JHPIEGO will also work to strengthen the linkages between the TB services and the HIV/AIDS care and treatment services. JHPIEGO/Zambia will continue seeking opportunities to create linkages with other collaborating partners, such as PCI, and work with the ZDF to ensure a synergy of efforts. These service providers will be trained between September 2008 and September 31, 2009.

To support performance improvement systems and quality HIV care, supportive supervision visits will continue in all16 model sites. JHPIEGO will also support the DFMS to conduct workshops using the orientation package for 30 lay workers (e.g. managers, clergy, community leaders, and caregivers) on HIV/AIDS prevention, care and treatment orientation package, covering CT, PMTCT, Care and ART as well as linkages to other services such as TB and STIs, to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations. This will further enhance advocacy efforts to secure sustained support for these services from both the management and the community / client perspective.

To ensure sustainability, JHPIEGO works within the existing ZDF structures and plans. JHPIEGO facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. JHPIEGO

Activity Narrative: also assists the ZDF with the implementation of a facility-level quality improvement program. The goal is to leave behind quality systems to ensure continuity of services after the program concludes.

JHPIEGO will continue to strengthen and expand facility-based performance improvement systems, this time by taking a low profile and allowing the mentored staff from model sites take a lead role in the supervision and mentorship programs and only provide technical assistance where need be. To ensure sustainability of quality work force JHPIEGO will work with the ZDF to identify one capable institution in order to institutionalize the human capacity building. This institution will be developed to provide continued in-service training on the various programs undertaken by JHPIEGO during the past years of work with ZDF.

Additional Funds: With the additional $200,000, JHPIEGO will train 100 community counselors/treatment supporters (CCTS) in counseling, HIV care services, treatment support and adherence support, based on the TB DOTS model of community treatment support. In addition, JHPIEGO will print 1000 home visit diaries for use by CCTSs to monitor patients and record vital patient information including missed drug doses, patient activity levels, patient health status, side effects, etc.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9090

Related Activity: 14630, 14624, 14631, 14626, 14636

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24834	3673.24834.09	Department of Defense	JHPIEGO	10573	2987.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14626	3672.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$300,000
14636	3754.08	6892	3051.08	DoD/LabInfrastructure	US Department of Defense	$1,600,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	16	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	80	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3011.08 **Mechanism:** Comforce

Prime Partner: Comforce **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 15635.08

Planned Funds: $150,000

Activity System ID: 17631

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.

A senior level international TB expert with both management and technical expertise in all levels of mycobacteriology was requested in FY2007 to augment the existing MoH leadership in order to secure and sustain accreditation for the Chest Diseases National TB Laboratory. This person will work full time onsite in the National TB Laboratory for a minimum of one year working with MoH, USG and other TB laboratory partners to maximize efficiency in training efficiency and human resources. A strong internal and external quality assurance program in all areas of TB laboratory activities will be developed for TB smear microscopy, culture, isolate identification and drug susceptibility testing which include both first and second line testing to detect multiple drug resistant (MDR) and XDR tuberculosis.

The person will work with MoH to strengthen operational and administrative systems. Support will be provided to the national TB national quality assurance technologist on sample transport for data management, documentation, test result feedback and customer services in smear microscopy, rapid culture, drug susceptibility testing and health and safety issues in providing services from rural and urban health care centers to sustain international accreditation standards for the national laboratory.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 15635

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15635	15635.07	HHS/Centers for Disease Control & Prevention	Comforce	5002	3011.07	Comforce	$150,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3001.08

Mechanism: Columbia Pediatric Center - U62/CCU222407

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17633.08

Planned Funds: $650,000

Activity System ID: 17633

Activity Narrative: The following activity is newly proposed for FY 2008.

In March 2005, Columbia 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. Target sites include UTH in Lusaka Province and the Livingstone General Hospital in Southern Province. The PCOEs serve as: 1) model facilities to provide state-of-the art comprehensive pediatric/adolescent HIV care and treatment services, 2) referral centers for district clinics, and 3) training/dissemination centers for Zambia. Columbia supports the PCOEs design and implementation by serving as a technical assistance provider, supporting capacity building activities (including training and staff augmentation), and procuring targeted commodities.

In FY 2008, an additional area that Columbia University will address is pediatric tuberculosis (TB). Diagnosis and treatment of tuberculosis is a global challenge, particularly in children. Tuberculosis and HIV co-infection rates range from 11 – 64% in Sub-Saharan Africa. A postmortem study in Zambia showed that among HIV positive children over 12 months of age, TB accounted for 32% of deaths and contributed as the third most common cause of death in these children. It is estimated that the TB rate in the first 4 years of life in children born to HIV-infected mothers is ten times higher than that in non-HIV infected mothers and 30 times higher in HIV-infected than uninfected children.

ICAP proposes to provide technical support in the area of pediatric tuberculosis, through technical support, capacity building, clinical mentorship and training. ICAP will work with the Centers of Excellences as well as several additional hospitals within the Southern Province to enhance diagnosis and treatment of TB in HIV infected and exposed children and families receiving care at the centers. ICAP will also work directly with the Provincial Health Office in the Southern Province to establish algorithms and protocols to enhance diagnosis and management of HIV exposed children in households of adults with TB/HIV. Finally, ICAP will support South-to-South exchanges and learning opportunities with pediatric HIV TB experts from South Africa to foster improved radiographic and diagnostic capacity of providers and program managers responsible for caring for children with HIV and TB in Zambia.

TB Diagnosis and Management at the Centers for Excellence
Currently through PEPFAR support all children admitted to the hospital wards in the Departments of Pediatrics at the UTH and Livingstone General Hospital are routinely offered HIV counseling and testing with same day results. ICAP would like to use the 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 5 years. A screening algorithm will be adapted to include history of tuberculosis related symptoms, clinical indicators, and history of TB contact within the household. The use of Tuberculin Skin Testing (TST) testing will be explored to establish the feasibility and efficacy to determine TB infection status in this population. All children without evidence of active TB disease (based on history, examination and a negative TST response) will be considered for a 6 month course of Isoniazid prophylaxis against tuberculosis based on national TB program recommendations.

Most children are exposed to TB through adult caregivers within the household/childcare setting. For this reason, a routine TB screening questionnaire will be administered to the adult caregivers of all children testing HIV positive. This questionnaire is used routinely for TB screening in a number of ICAP-supported adult care and treatment programs and 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. All pediatric household members will be screened for both HIV and TB.

ICAP will work with the multidisciplinary teams at the COEs to establish routine 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 adult screening questionnaire will be adapted for pediatric use. Furthermore, the feasibility of TST will be assessed in the group of children who are immunologically reconstituted and stable on HAART. Children in the outpatient department in whom TB has been excluded will also be eligible for a course of INH prophylaxis.

ICAP will provide technical support to the COE to enhance the diagnosis of TB in children with HIV infection. This will be accomplished through direct technical and clinical support and mentoring on site, through the development of TB/HIV specific training and further exchanges with experts in TB/HIV in South Africa. See below for further description.

Provincial Health Office in the Southern Province
ICAP will work with the PHO in the Southern Province to strengthen pediatric HIV/TB activities within the region. 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, ICAP will expand upon work currently focusing on adults to include infants, children and adolescents. ICAP will explore the feasibility of instituting the following activities:

All children and adults diagnosed with TB are currently routinely counseled and tested for HIV. ICAP will work with the National TB program to help strengthen the implementation of the routine testing in follow up care of children with TB

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.

ICAP will also work with the PHO to develop practical algorithms and guides for diagnosis of TB in pregnant women and facilitate implantation of these algorithms. TB takes a particularly large toll in pregnant and postpartum women with HIV where the risk for progression from latent to active TB disease is accelerated and impacts morbidity and mortality in the woman and well as her infant. ICAP will work with the PHO to adapt the TB screening questionnaire and pilot its use at two PMTCT programs to assess the feasibility and efficacy of identifying TB in pregnant and postpartum women.

Activity Narrative:

Supporting Training and South-to-South Exchanges for enhanced TB/HIV care in children
ICAP will support several training and mentorship activities in the area of pediatric HIV /TB. Pediatric staff at the COEs have already participated in the South-to-South partnership with Tygerberg Hospital at Stellenbosch University in Cape Town South Africa. The institution is well recognized for it's expertise in the area of pediatric TB and has been at the forefront of research in the field. ICAP is working with pediatric TB experts at Tygerberg to develop methods to disseminate knowledge and expertise to other high prevalence HIV/TB settings. There are several opportunities currently under discussion:

A symposium on pediatric TB was held last year at Tygerberg Hospital. Plans are underway to hold another symposium with greater attention to issues around TB/HIV co-infection. ICAP will support participation of 3 -5 key staff from the COEs and other facilities to attend the meeting in South Africa.

Experts from South Africa will be invited to Zambia to participate in a TB/HIV symposium for approximately 15 to 20 site staff where key subject areas around diagnosis, management and treatment of TB in the context of HIV infection will be reviewed and discussed. Special attention will be paid to enhancing skills of practioners to read pediatric x-rays. The meeting will be designed to inform policy decisions as well as to provide formal didactic sessions to clinical providers and program managers.

ICAP will work with experts in South Africa to develop other opportunities for exchange of expertise and learning. Other opportunities that will be explored will include expansion of the South-2-South program to enable at 5 pediatric HIV experts from Zambia to spend 1-2 weeks at several TB programs in Cape Town including Brooklyn Chest where they can gain expertise in diagnosis and management of HIV/TB including reading x-rays of children with pulmonary disease. This will be followed up with training of 30 health staff in Zambia to transfer knowledge from the South African program.
An estimated 300 children will be reached with dual HIV and TB services at the end of FY 2008

ICAP, in conjunction with UTH and National TB program will hire a Zambian Pediatric TB/HIV advisor who will provide technical support, training and logistics management working closely with the Ministry of Health and the National TB Working Group. This will help build capacity in Zambia and allow for future sustainability of program in Zambia. Funding for this activity will be used to purchase commodities including the TST tests and accessories, Isoniazid for TB prophylaxis as a single formulation (currently only combination formulations available), local training activities, and support to the proposed South-2-South exchange program

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	300	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	35	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	350	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

People Living with HIV / AIDS

Coverage Areas

Southern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3080.08

Mechanism: UTAP - CIDRZ - U62/CCU622410

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17634.08

Planned Funds: $196,000

Activity System ID: 17634

Activity Narrative: April 08 Reporgramming: PPartner: Tulane Unversity, CDC, Funding Mech: HQ
This PHE is continuing
Title of study: Enhanced TB screening to determine incidence and prevalence of TB in a cohort of ART clinic patients
Time and money summary:
Timeframe: The study is anticipated to start in March 2008 with data collection to be complete by December 2009. Data analysis and results dissemination will be completed by April, 2010.
Total projected budget: $394,097
Year 1 projected budget: $196,000

Local Investigators:
Stewart Reid, MD, FRCP(C), MPH
Medical Director, Centre for Infectious Disease Research in Zambia (CIDRZ)
Anticipated Role: Principal Investigator

Bushimbwa Tambatamba-Chapula, MBChB, MPH
District Director of Health, Lusaka Urban Health Management Team
Anticipated Role: Co-Investigator

Nzali Kancheya, MD, MPH, MMED
TB Service Coordiator, Centre for Infectious Disease Research in Zambia (CIDRZ)
Anticipated Role: Co-investigator

Jennifer Harris, MPH
TB Research Coordinator, Centre for Infectious Disease Research in Zambia (CIDRZ)
Anticipated Role: Co-investigator

Project description:
It is hypothesized that there may be a significant amount of un-diagnosed TB among HIV-infected persons in Zambia due to atypical symptom presentation and limitations in diagnostic technology. ART clinic enrollees are a high-risk group for active TB and are currently being screened for TB only when symptomatic. This study will thoroughly screen a cohort of 700 new ART clinic enrollees for prevalence and 1-year incidence of TB using symptoms, light and fluorescence microscopy, chest radiography and culture. In addition, the usefulness and cost-effectiveness of each diagnostic tool will be evaluated.

Evaluation questions and hypothesis:
Hypothesis: Studies from sub-Saharan African countries suggest there could be a significant amount of undiagnosed TB disease in HIV-infected persons due to limitations in existing diagnostic technologies and atypical presentation of symptoms in this population.
Objectives:
1. Determine the prevalence of undiagnosed TB among a cohort of 700 new enrollees at an HIV Care and Treatment Clinics
2. Determine the 12-month incidence of PTB in a cohort of 700 HIV-infected patients
3. Evaluate the value of each available diagnostic tool for the diagnosis of TB in this setting
3.1Determine the association between culture-confirmed disease and symptoms, smear results, chest x-ray results
3.2Compare the yield in cases detected with differing combinations of screening tools
4. Determine the cost effectiveness of each diagnostic tool in this setting

Programmatic importance/anticipated outcomes:
Prompt and accurate diagnosis of TB in co-infected patients is critical to reduce the need for treatment with combined TB and antiretroviral drugs, to reduce the incidence of immune reconstitution inflammatory syndrome (IRIS), improve patient outcomes and reduce nosocomial spread. However, the lack of routine screening and limitations in the existing diagnostic technology likely result in many TB cases in HIV-positive adults going undiagnosed. The results of this study will be used to evaluate current TB screening practices within Zambian ART clinics and guide TB screening policy revision.

Methods:
Beginning in January 2008, all consecutive ART clinic enrollees at Kalingalinga Health Center will be screened until a sample size of 700 is reached. For the primary analysis of prevalence and incidence, all persons on TB treatment at time of enrollment and subjects who develop extra-pulmonary TB will be excluded, but their diagnoses will be recorded for estimations of all types of TB in our sample. This study will focus on pulmonary TB (PTB) due to limitations in the capacity definitively diagnose extra-pulmonary TB in this setting and the importance of identifying and treating PTB for infection control purposes.
Patient screening and cohort development: In addition to standard enrollment procedures, all new patients will be asked to provide a spot sputum sample during their enrollment visit regardless of whether or not they have TB-related symptoms. They will be instructed on proper expectoration technique and requested to provide an additional early morning sample the following day, followed by a third sample when they return to the clinic the next day, per Zambian sputum collection guidelines. Previously-enrolled patients will continue to receive symptom-based TB screening based on present standard of care. In addition, when patients return with the second sputum specimen they will be requested to undergo radiographic chest examination as part of the diagnostic assessment. This will be provided free of charge and will be interpreted by the clinic physician.
At the health center lab, a portion of the sample will be prepared for CM and examined by the technician. Evidence of AFB will be considered smear-positive. The remainder of each sample will be sent directly to the CIDRZ Central Lab for re-examination by fluorescence microscopy and for TB culture (with biochemical testing and PCR analysis to differentiate MTB from mycobacteria other than tuberculosis). Drug sensitivity testing will be performed on all MTB cultures.
All patients who are smear-positive by at least one sample will be enrolled in Zambia's national TB program as soon as they receive their positive smear result and will be provided with directly-observed-therapy per national guidelines. Zambia has a well-established TB Program with a TB Clinic at Kalingalinga Health Center. Patients who are smear-negative may be treated empirically for TB based on radiographic results and clinical discretion of a doctor. Any patient who has a positive culture, regardless of smear status, will be treated for TB per national guidelines. Patient locator information will be kept on all patients so they can

Activity Narrative: be found if they have a positive culture but were not initially diagnosed with TB. Any patient found to have drug resistant TB will be discussed with the national TB program for further management decisions. The same procedures will be followed at the 6- and 12-month visits or if a patient presents with interim TB-related symptoms in order to evaluate incident TB. Study screening will be performed in addition to, not as a replacement for, the standard symptom-based screening at the ART clinics. Thus, if patients present with TB symptoms at visits other than the specified study visits, they will be assessed for TB.
Data Collection: All demographic and clinical data will be collected from the SmartCare electronic patient tracking system in which all pertinent demographic and clinical data is routinely entered as part of standard HIV care. Additional study data including FM results will be collected on study forms and entered into a study database that will be linked to SmartCare. All patient records and consent forms will be monitored by a study nurse and kept in confidential, locked files. Over a 2-3 week period during the course of the study, we will perform a micro-costing exercise where we collect person-time and unit cost data from the clinic and laboratory. Time sheets and commodity usage charts will be developed and our staff trained in their use. The CIDRZ Central Lab will record fluorescence microscopy results for all samples sent to them for quality control comparison with results from the clinic labs.

Data Analysis:
Objective 1: The prevalence of undiagnosed PTB in our sample of HIV-infected patients will be determined using a positive TB culture as the case definition.
Objective 2: The incidence of PTB in our sample of HIV-infected patients during their first year of care will be determined using a positive TB culture as the case definition.
Objective 3.1: The association between culture-confirmed disease and symptoms, Z-N and florescence smear results, chest x-ray results will be examined using log-binomial regression.
Objective 3.2: The sensitivity, specificity, positive predictive value, negative predictive value and increase in case detection yield for differing combinations of symptoms and diagnostic tools will be calculated.
Objective 4: The data from the micro-costing exercise will be combined with budget /expenditure information from the Lusaka District and CIDRZ to make estimates of each strategy's cost-effectiveness ratio. Our primary perspective will be that of the health care system, and our primary outcome measure will be cost per correct diagnosis made.

Population of interest:
The population of interest is new ART clinic patients in Lusaka. Patients enrolling for HIV Care and Treatment represent a unique opportunity to screen and treat TB in a high-risk population. Beginning in January 2008, all consecutive ART clinic enrollees at Kalingalinga Health Center will be screened until a sample size of 700 is reached. The A sample size of 700 patients will allow us to estimate the prevalence and incidence of TB in our sample with a precision of 0.02 at a significance level of 0.05. The Kalingalinga ART clinic was opened in May, 2004 and has had an average enrollment of 100 new patients per month in 2007. At this enrollment rate, it is expected that that cohort enrollment will take 8 months. If it is determined that consent is required, then enrollment may take a few months longer since not all patients will agree to screening.

Preliminary results will be shared with the Ministry of Health and interested stakeholders at a dissemination meeting to be held when initial data analysis is complete. Data will also be shared at relevant conferences and submitted to peer-reviewed journals.

Budget justification for Year 1 budget:

Salaries/fringe benefits: $157,434
Equipment: $3,000
Supplies: $1,000
Participant Incentives: $3,713
Laboratory testing: $28,853
Other: $2,000
Total: $196,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Coverage Areas

Lusaka

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1075.08

Mechanism: Zambia Prevention, Care and Treatment Partnership

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3542.08

Planned Funds: $1,500,000

Activity System ID: 14386

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) 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.

Approximately 62 percent of tuberculosis (TB) patients are HIV positive, and TB is the most common opportunistic infection (OI) in HIV patients. However, very few TB patients are offered CT and related services. For this reason, in FY 2005, ZPCT began a partnership with and will continue to support the Centers for Disease Control and Prevention (CDC) and GRZ to ensure consistency in TB/HIV training and service protocols and to improve availability of TB testing equipment and related commodities. ZPCT will also continue its support to the GRZ in strengthening and expanding TB/HIV services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. ZPCT is supporting 33 districts which represent 80% of the population in the five provinces and is covering all the facilities in Ndola, Kitwe, Kabwe, Mansa, Mwense, and Nchelenge districts.

In FY 2007, ZPCT continued tracking TB/HIV clients, and through counseling and testing corners, provided CT to 7,000 TB clients and TB treatment to 4,300 ART clients over the 12 month period. In addition, TB is included in the ART/OI training program in which 300 providers were trained in TB/HIV treatment in FY 2007. In FY 2008 CT will be provided to an additional 5,250 TB clients and 3,225 clients in HIV care will receive TB treatment over the nine month period. During FY 2008, ZPCT will close out, handing over program activities to the follow-on project, therefore targets are lower than FY 2007. In FY 2008, ZPCT will consolidate the expansion of FY 2007 activities by providing technical support to ensure quality services and build district capacity to manage the HIV/AIDS services.

This activity includes four components: 1) integration of CT in TB clinics; 2) strengthening and expansion of TB services among HIV-infected individuals; 3) training for health care workers and lay counselors in cross-referral for TB/HIV and other opportunistic infections (OIs); and 4) increasing program sustainability with the GRZ.

In the first component, ZPCT will continue strengthening integration of HIV CT into TB clinics in the 210 ZPCT-supported facilities. TB clients are offered CT as part of the basic package of services within TB clinics and, if necessary, referred for further testing and support services, such as determining ART eligibility among HIV-infected TB patients. Those eligible will be offered ART on-site or referred to nearby ART facilities if ART is not available at the facility. The TB/HIV link will be further strengthened in facilities offering CT to ensure that all TB patients who are co-infected are identified and provided with appropriate care and treatment services. Furthermore, CT services will be offered to the TB patient's family, with emphasis on reducing stigma and discrimination associated with TB and HIV. In FY 2008, 5,250 TB clients will receive CT services.

The second component, strengthening and expanding TB services for HIV-infected individuals, involves TB diagnosis among all HIV-positive patients for reducing the incidence of TB Immune Reconstitution Syndrome and for offering appropriate TB and/or ART services. ZPCT will train 200 clinical staff in ART/OI management, including TB/HIV. Laboratory equipment, such as microscopes, will be procured as needed to strengthen diagnosis of TB in selected ZPCT health facilities that currently have weak TB diagnostic capacity. In FY 2008, ZPCT will do additional health facility renovations as needed, to assist with quality control and infection prevention which is an integral part of the MOH ART/OI training. Through these interventions, 3,225 HIV-TB co-infected persons will receive needed TB treatment over the nine months.

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

ZPCT will also continue to work at the national level with GRZ and USG partners, such as CDC, as well as through the national TB and ART Technical Working Groups, to ensure that policies and guidelines including quality assurance activities are optimal for TB/HIV linkages at all levels of the health care system (e.g., national, provincial, district, and community). In addition, Family Health International is a partner with The Royal Netherlands Tuberculosis Foundation (KNCV), Japanese Anti-Tuberculosis Association (JATA), and World Health Organization (WHO) in the USAID Child Survival Fund's Tuberculosis Control Assistance Program (TB CAP). In FY 2008, wrap around activities will include collaboration with Tuberculosis Control Assistance Program (TB CAP) in training health care providers, developing TB/HIV materials, renovating health facilities, and strengthening the patient referral system. This partnership is enhancing the existing working relationship with the Ministry of Health (MOH) and reinforcing the National HIV/AIDS and TB Strategic Plans by: 1) strengthening and expanding quality DOTS programs in Central, Copperbelt, Luapula, Northern, and North-Western, provinces; 2) improving collaboration between TB and HIV partners and programs; 3) increasing community involvement and awareness of TB; and 4) strengthening public/private partnerships to combat TB and HIV. ZPCT will coordinate all TB/HIV activities with the MOH and TB CAP, and collaborate with TB CAP in training health care providers, developing TB/HIV materials, renovating health facilities, and strengthening the patient referral system, including linkages with TB/HIV services such as community based palliative care and psychosocial support.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with the Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to build on the quality assurance activities started in FY 2006. In FY 2007, ZPCT graduated ten districts from intensive technical support. In FY 2008, in collaboration with the GRZ, ZPCT will graduate another ten districts that are providing consistent quality services and will only need limited technical support from ZPCT. The PHOs and DHMTs will assume responsibility for the selected districts by providing all supervision and monitoring activities in these districts in order to better sustain these program activities.

By working with GRZ facilities, ZPCT is able to establish a sustainable program by training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures,

Activity Narrative: implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening health information systems. ZPCT's goal is to leave behind quality systems to ensure continuity of quality TB/HIV services after the program concludes.

All FY 2008 targets will be reached by June 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8888

Related Activity: 14384, 14444, 14385, 14447, 14446, 16416, 15887, 16419, 14388, 14389, 16420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8888	3542.07	U.S. Agency for International Development	Family Health International	4971	1075.07	Zambia Prevention, Care and Treatment Partnership	$1,927,000
3542	3542.06	U.S. Agency for International Development	Family Health International	2909	1075.06	Zambia Prevention, Care and Treatment Partnership	$265,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
14385	3526.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,320,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
14389	3541.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,620,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	210	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,225	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 2988.08

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: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3790.08

Planned Funds: $315,000

Activity System ID: 15545

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

Eastern Province includes eight districts, which are predominately rural with an overall HIV prevalence of 13.2% and a reported incidence rate for tuberculosis (TB) of 259/100,000 in 2004. Outside of Chipata, the provincial head quarters (which has an HIV prevalence of 26.3% and TB notification rate in 2004 of 380/100,000), access to health-care facilities and services are limited. TB/HIV integration activities were initiated by CARE International using USG funds in FY 2005 and 93 health-care workers, from the 3 highest population districts (Chipata, Katete, and Petauke) were provided with some level of TB/HIV integration training. The largest barriers to implementing and maintaining TB/HIV integration were due to limited human resources, coupled with an expected increase in patient-load.

In FY 2006, the USG provided funds to the Eastern Provincial Health Office to support four disadvantaged districts namely, Mambwe, Chama, Chandiza and Nyimba. This support enabled the province to train 19 health staff 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 coordinating officer who is based in the provincial health office and is responsible for coordinating TB/HIV activities, supervision, trainings, surveillance, and program monitoring and evaluation. The TB/HIV coordinator has been working closely with the Provincial TB/HIV committee and Provincial TB officer in coordinating activities in the province and providing joint supportive supervision.

Other than the USG support, the districts have been receiving support from the Global Fund to scale-up TB control by strengthening directly observed treatment strategy (DOTS). Another key partner is CARE International (#8819), which also previously supported TB control activities in the area for the past three years. Due to the limited access to health care facilities and acute shortage of facility-based healthcare staff in Eastern Province, special emphasis was placed on the development and support of community volunteers to provide TB/HIV integrated care.

In FY 2007, Chama, Mambwe, Chadiza, and Nyimba districts 88 health staff were trained in TB/HIV integration with support from the USG with an additional 124 health staff from the four districts trained in diagnostic counseling and testing. A total of 120 lay counselors from the community will have been trained by the end of FY 2007 in TB/HIV collaborative activities to strengthen community support and awareness. Monthly community sensitization meetings with the Neighborhood Health Committee, church, and other community leaders would be held. Monthly supportive technical supervision from the province and the districts to the service outlets will be implemented. In order to enhance the capacity for monitoring and evaluation of TB/HIV program, technical supervision 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. Monthly district and quarterly provincial meetings were held to monitor the program activities at district, health center, and community levels. To increase on TB/HIV collaborative activities, all four districts participated in the World TB day commemorations. Linkages between the TB programs and other USG funded home-based care programs would be strengthened to ensure continuum of care for the HIV infected TB patients by the end of FY 2007.

By the end of FY 2007 an assessment of infrastructure would be carried out to identify sites that require minor renovations and refurbishment in order to ensure the availability of appropriate infrastructure to provide the counseling and testing for TB patients and to reduce transmission of TB in clinic settings. It is estimated that one site per district will benefit from these renovations.

An estimated 678 TB patients will have been diagnosed by the end of FY 2007 and 65% of these (441) will receive counseling and testing for HIV. It was also estimated that 880 HIV positive clients will be diagnosed and 30% (264) to be screened for TB disease.
To enhance equity in coverage and ensure standardization of TB/HIV services CIDRZ worked with the PHO to provide technical assistance and build its capacity in the integration of TB/HIV care in provincial and district hospitals. Additional technical capacity was provided by the Clinical Care Specialist assigned by HSSP who is resident at the PHO and a CDC Field Office Manager who would be placed in the PHO in FY 2007.

By mid 2007 out of 52 health facilities providing treatment for TB in the 4 districts, 45 reported HIV testing for TB patients though very few of the staff have been trained in diagnostic counseling and testing. Of the estimated number of 678 TB patients, 70% (475) will receive counseling and testing for HIV and be referred for HIV care and treatment including ART. It is also estimated that 900 HIV positive clients will be diagnosed and 40% (360) will be screened for TB disease. It is estimated that 75% of TB patients referred for ART services will receive HIV care and support. The TB patients found eligible for ART will be commenced on treatment according to the national guidelines. A system to track the referrals and the TB patients commenced on ART treatment will be developed. Isoniazid preventive treatment (IPT) for HIV positive clients does not currently form part of the national program guidelines for TB/HIV activities and hence will not be implemented. How ever, should the ministry of health adopt this intervention, the PHO will implement IPT.

In FY 2008, 300 health care providers will receive training in TB/HIV integration activities both at health facility and community levels. Among these are 100 health trained staff and 200 community volunteers. The training for the health staff will focus on the Diagnostic counseling and testing (DCT). The community volunteers will be trained in lay counseling and adherence support for both TB and ART treatment. Quality of care will be assured by supportive supervision to the staff and community volunteers after the training.

The Provincial project management team and the District Health Management Team (DHMT) will conduct quarterly supervision to the trained staff and the community volunteers will be provided with technical support monthly by the health center staff.. The DHMTs will conduct quarterly TB/HIV technical review meetings for the health centre staff where data will be analyzed and validated before submission to the province. Quarterly meetings will also be organized for the community TB/ART lay counselors and adherence treatment supporters to share experiences and submit reports to the health centers. There will be quarterly TB/HIV technical review meetings organized by the provincial health office to analyze and validate the data from the four districts.

Activity Narrative:

The provincial health office will strengthen the Provincial TB/HIV Coordinating committee and quarterly meetings will be held to focus on the integration of the program in the districts. The District TB/HIV Coordinating committees will be established in the four districts and quarterly meetings will be held

Renovations to infrastructure to create space for TB/HIV/laboratory services and to prevent the spread of infection will be done. Each district will identify one site for these renovations.

With an additional $75,000 plus-up funds for TB/HIV, the EPHO will renovate an additional one to two sites per district based on results of the assessment and will focus on clinics with the highest number of ART patients. In addition training will be conducted for staff in the provincial hospital and the district hospitals in the guidelines on prevention of TB in health care settings under development by JHPIEGO .

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9006

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26249	3790.26249.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	10979	2988.09	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

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	475	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	312	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	520	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3019.08

Mechanism: MOH - U62/CCU023412

Prime Partner: Ministry of Health, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 12445.08

Planned Funds: $500,000

Activity System ID: 15536

Activity Narrative: Activity Narrative:

The funding level for this activity in FY 2008 has increased from FY 2007. 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 activity.

This activity provides support for the national implementation of tuberculosis (TB) and HIV activities through the following: 1.) collaboration on TB/HIV activity meetings at National and Provincial levels; 2) provision of technical support to the provinces and districts through supervision; 3) collaboration on 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: national integration of TB and HIV services through TA 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 level TB/HIV coordinating body within the MOH was convened with the following membership: staff from TB, HIV, Counseling and Testing (CT) units in MOH; multilateral organizations; research groups; faith based organizations; non-governmental organizations; and community representatives. This body was tasked with developing and implementing a single, coherent TB/HIV strategy and communication message based on the best existing evidence. As a result, national guidelines for the implementation of TB/HIV activities were developed based on the World Health Organization (WHO) Interim Guidelines for TB/HIV collaboration. Additional support was provided for the revision of TB data collection 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 Diagnostic Counseling and Testing (DCT) using the National training of trainer's session for the initial group of 25 trainers in DCT using the national training module adapted by JHPIEGO.

By the end of FY 2007, the USG will have provided continued support for regular meetings of the TB/HIV Coordinating bodies at the National and Provincial levels. Other activities supported during 2007 include the production and dissemination of the TB/HIV guidelines to the Provincial tuberculosis (TB)/HIV Coordinating bodies and orientation of health staff on provision of routine counseling and testing to TB patients. Further support during FY 2007 provided technical supportive supervision to the districts for the implementation of these guidelines in conjunction with other partners such as USAID Child Survival Fund's for Tuberculosis Assistance Program (TBCAP) and WHO.

The increased work load in the National TB program coupled with shortage of human resource has impacted negatively in the implementation of some TB/HIV collaborative activities. To strengthen the human resource capacity in the National Program, during FY 2007, the United States Government (USG) supported the Ministry of Health (MOH) with the placement of a full-time TB/HIV Officer. 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. To further strengthen the program, a TB/HIV review meeting is being supported by the USG with participants drawn from the National TB program, Provincial Focal persons, Partners, Focal persons from some hospitals and selected districts. During this meeting, data from all the provinces will have been compiled, analyzed and used for planning.

With the FY 2007 plus-up funds, technical supportive supervision is being provided to all provincial health offices and 35 districts. Through this supervision, the TB/HIV Program officers continue to identify the strengths, weaknesses, opportunities and threats to the program and offer appropriate technical advice on strategies to strengthen the program.. During FY 2007, a total of 800 health care providers will have received on the job training.

In FY 2008, the USG will continue the support outlined above and expand activities in the following areas to ensure sustainability: provide support for the quarterly meetings of the National and Provincial TB/HIV Coordinating bodies and ensuring that they strengthened including monitoring and evaluation activities; provide support regularly scheduled National TB/HIV review meetings and providing technical support during these meetings; ongoing staffing support for the TB/HIV officer placed at the MOH; provision of supportive technical supervision to all the provincial hospitals and 50% of districts every quarter, with coverage of all districts by the end of FY 2008. In order to enhance the capacity for monitoring and evaluation of TB/HIV program, the technical supervision visits will include 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 addition, the NTP has begun addressing the issue of Multi Drug Resistant (MDR) TB and has developed a notification system for MDR cases nationwide and has appointed an MDR working group that is a sub-committee of the main TB/HIV committee. This committee has been tasked with developing the guidelines for the management of MDR TB and a training program for clinicians and 4 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 has begun 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 will be used to complete the building that will serve as an isolation facility for all cases of MDR TB. Training will be provided in the management of MDR TB for the clinicians and nursing staff that will provide care in this facility and personal protective equipment will 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

Activity Narrative: 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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12445

Related Activity: 15590, 15552, 15546, 15558, 15594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26243	12445.26243.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	10977	3019.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15590	9770.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$30,000
15558	3792.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$100,000
15546	3669.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$100,000
15552	3667.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000
15594	3706.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	850	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3644.08

Activity System ID: 15526

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: $650,000

Activity Narrative: The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

These activities are linked with HVCT and HVTB activities, CARE, CRS HVCT, CARE HVCT, and PCI HVCT and also JHPIEGO's DOD work on TB/HIV.

In Zambia, rates of HIV and TB co-infection are more than 60% and TB is one of the leading causes of death among PLWHA. To ensure appropriate care for TB patients, HIV counseling and testing should be integrated into TB programs. Likewise, it is important that patients diagnosed with HIV are appropriately monitored, screened, and treated for TB and other opportunistic infections (OIs).

JHPIEGO is working to strengthen the integration of HIV/AIDS and TB care and treatment services in Southern, Western and Eastern Provinces, through: 1.) Training for diagnostic HIV counseling and testing (DCT); 2.) On-the-job training (OJT) for diagnosis and management of opportunistic infections; 3.)Training of community counselors and treatment supporters; 4.) Supportive supervision in clinical training skills.

TB patients must be effectively counseled and tested for HIV, and referred to HIV care and treatment services in a timely manner. Based on successful approaches in integrating CT into antenatal care for PMTCT, in FY 2005, JHPIEGO adapted 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 provided CT to 1,300 clients. 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 capacities in DCT clinical training skills in 50 MOH TB focal point persons from all the nine provinces of Zambia as well as in staff from other implementing partners' programs.

In FY 2006 and FY 2007 JHPIEGO continued to work with the Southern and Western Provincial Health Offices (PHOs) to build capacity to expand the integration of HIV into TB services. Working with the local provincial trainers in FY 2006 and FY 2007 an additional 125 health care providers from ten new sites were trained in DCT, in addition to the provinces' own programs of training beyond this number. To ensure that these programs are sustainable, JHPIEGO will strengthen and expand the capacity at the provincial level in training skills, supervision and monitoring, through joint training and supervision activities in Southern and Western Provinces. 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 went on to train 80 service providers. In FY 2008, JHIEGO will work with these trainers to conduct additional workshops targeting at least 100 ZDF service providers from sites nationwide. This number will be in addition to the 80 ZDF health care providers who will be trained in TB diagnosis and management under the DoD-JHPIEGO TB/HIV (activity #9090.)

JHPIEGO will also continue FY 2007 plus-up funding initiatives to develop district level DCT clinical training skills by ensuring that in FY 2008 new trainers receive support in their first trainings by pairing them with experienced trainers to aid in the consolidation of their training skills. JHPIEGO will also train 40 new trainers to account for the attrition of trainers. Other support will be provided through the further development of materials including guidelines for the prevention of transmission of TB in health care settings, printing of training packages, guidelines, job aids, and dissemination of these guidelines at provincial level to all the 9 provinces for the provincial managers and representatives from the DHMTs, as well as continued support to local management and supervision teams to strengthen the implementation of standardized clinical pathway models and patient record forms adapted /developed in FY 2006 for DCT within TB services. To cover all the provinces and district, a total of 3000 copies of the Clinical guidelines on Prevention of TB in Health Care Settings and 3000 copies of the Orientation package will be printed.

The guidelines will be disseminated at central level, to all partners and to all the nine provinces using the orientation package developed from above. A total of 10 dissemination workshops will be conducted. One dissemination workshop will be conducted in each province for the Provincial Managers and representatives from the DHMTs. A total of about 400 people are expected to be reached during the dissemination supported by JHPIEGO. The provincial management will in turn assist the District management to conduct dissemination workshops for health care providers in each district.

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 FY 2005 shows that significant effort in hands-on mentoring and on-the-job training can dramatically improve care and treatment for HIV patients.

Structured on-the-job training (OJT) is a non-traditional, intensive approach to in-service training in that it involves a highly experienced clinician spending at least two weeks at a service outlet working with a team of providers in their environment. It includes daily rounds together with structured, case study reviews, allowing the teams of providers to work through diagnosis, clinical decision-making, and management of TB and other OIs, building upon the national OIs and ART training materials. Between FY 2005 and FY 2007, using clinical experts from the University of Zambia (UNZA) and University Teaching Hospital (UTH), JHPIEGO provided OJT to 130 health care providers (including nurses, clinical officers and doctors) from Livingstone General Hospital, Lewanika General Hospital and Mazabuka District Hospital along with selected staff from hospital-affiliated health centers (HAHC). In FY 2008 an additional 75 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 2006 and FY 2007, JHPIEGO will increasingly involve the Clinical Care

Activity Narrative: Specialists from the Provincial Health Offices and the experienced clinicians from the Provincial Hospitals or other larger facilities, to build local capacity to support and expand this program from the Provincial level. Thus supervision, monitoring of the training and quality of services will increasingly be carried out by the respective Provincial Health Offices with the support of JHPIEGO and the UNZA/UTH clinical experts as needed.

Based on the TB DOTS model of community treatment support programs, HIV treatment programs are similarly developing community treatment and adherence support programs. With the high rates of TB-HIV co-infection, tremendous opportunities exist to increase the synergies in these programs and ensure that TB treatment supporters are able to refer for and support HIV services, and visa-versa.

Between FY 2005 and FY 2007, 185 community counselors/ treatment supporters (CCTSs) were trained in Livingstone, Mazabuka and Mongu districts in support of the sites where DCT and OJT activities were conducted. FY 2008, JHPIEGO will draw upon earlier-trained CCTSs and local government or NGO staff, building local capacity to expand and support these programs. In order to ensure sustainability of the program the local trainers will increasingly take the lead in training and supervision activities, supported by JHPIEGO and our local partners (Kara Counseling and Community-Based TB organization (CBTO) as needed. The aim in FY 2008 is to train 100 CCTSs in 10 districts in Southern and Western Provinces and it is expected that these trainers will conduct their own training activities using resources from the MOH, Global Fund and other USG support, thus further expanding the pool of community resources in order to attain geographical coverage of the services.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9032

Related Activity: 14625, 15614, 15507, 14410, 15615, 15508

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9032	3644.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$1,260,000
3644	3644.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3017	3017.06	Technical Assistance/JHPIEGO	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15614	9703.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$1,043,000
15507	3650.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$515,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000
15508	9714.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$400,000
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	315	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Orphans and vulnerable children

Coverage Areas

Southern

Western

Eastern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2976.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3651.08	**Planned Funds:**	$200,000

Activity System ID: 15512

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.

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 which was formed in 1970. The organization has 129 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 CDC 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, TB and Malaria were signed. In July 2005, CHAZ signed as additional agreement under Round 4 of The Global Fund to scale ART services in Church Health Institutions.

The comparative advantage CHAZ has is its area of operation which mainly is rural, thus heavily involved in the development and utilization of community-level volunteers to assist with TB treatment adherence and support by regular community volunteer visits to the patients home to 'directly-observe therapy' and to provide a basic check-up. This is an innovative and cost-effective way to address severe health care human capacity shortages by multiplying skills and knowledge through the population and further empowering community members to appropriately care for such patients. Evidence has shown that such community-based treatment supporters have improved TB treatment adherence and outcomes.

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 CDC, 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 diagnostic counseling and testing (DCT). Training was also extended to 115 TB community treatment supporters who were trained in the DOTs and TB/HIV implementation. Treatment supporters were also provided with bicycles to enhance community DOT and patient follow up at community level.

Suffice to say that the 34 health workers trained in DCT fall short of the 200 target that CHAZ set for itself in FY07. This underachievement is due to the fact that at the time our training activities were about to commence, the National TB and Control Program in the Ministry of Health embarked an exercise to review the training manual and the data reporting tools(registers and report forms). CHAZ made a decision to delay training in order to make use of the new training manual, report form and patient register. This activity also affected the training of community treatment supporters as only 115 were trained against the 400 that was targeted for in FY07.

To further strengthen linkages between TB and HIV/AIDS activities and strengthen the Stop TB Strategy in Zambia, CHAZ will in FY08 continue with and strengthen activities begun in FY07 in order to scale up to 44 sites. This geographic and programmatic expansion will be 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 will continue with following strategies/activities:

•Facilitate and strengthen therapeutic TB/HIV meetings at community level for co- infected patients/clients;
•Strengthen integration of TB/HIV at all levels through quarterly meetings;
•Increase number of frontline health care workers trained in DCT from 34 to 250. The training will address issues related to TB and HIV treatment. After training, health facility workers will provide 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 will receive follow up technical supervision from the district, provincial, CHAZ and National program to sharpen their skills.
•Increase number of community treatment supporters trained in basic TB/HIV link and counseling from 115 to 600. It is expected that these will supervise treatment in 1,309 co-infected patients that are unable or unwilling to make regular visits to the health facilities;
•Design and produce IEC materials using both electronic and print media on TB/HIV. Use of local drama performances will also be encouraged to create awareness in TB control;
•Strengthen the referral to ensure that health care workers are competent in the use of data collection and reporting systems at CHAZ health facilities and community levels
•Strengthen the monitoring and evaluation at CHAZ health facilities by improving capacity of the TB desk at CHAZ secretariat with the employment of one TB officer; To enhance the capacity for monitoring and evaluation of TB/HIV program the technical supervision visits will include a component of training in the use of information for management decisions at health facility level.
•Improve infrastructure (minor renovations and improve ventilation) for TB/HIV services at CHAZ (mission) health facility level: This activity will facilitate 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 would be specific to the sites and may include improving the ventilation in waiting areas.

In FY08, activities will be implemented in the same 4 Provinces (Southern, Western, Eastern, and Lusaka). Support of community volunteers/treatment supporters will be enhanced to provide quality home-based care that includes TB/HIV integration elements such as skills for linking home-based TB patients to HIV counseling and testing and HIV care services including ART services. Despite the rural set up of most of the CHAZ health institutions, it is expected that about 75% of the TB patients referred to ART services will receive care and support. The TB patients found eligible for ART will be commenced on treatment according to the National guidelines. A system to track the referrals and ART treatment will be developed. Standardized training will also be given to community-volunteers so that they may continue to provide home -based care for patients found to be TB/HIV co-infected e.g. TB and ART treatment adherence, monitoring for treatment of side effects. This type of service delivery is especially appropriate for TB/HIV patients as are generally sicker and less able to reach health facility-based care.

Community treatment supporters will be provided with bicycles and home-based care kits each. In this way, we hope to improve their morale, strengthen volunteer retention and improve service delivery. Utilization of

Activity Narrative: already existing structures and systems such as home care programmes and involvement of community volunteers can promote community participation and programme ownership, thereby leading to program sustainability. CHAZ can boast of decades of community mobilization and partnerships experience through mission hospitals and health centres in rural Zambia. We 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 programmes at both the health facility level and community. It is hoped that CDC funding will also facilitate a strong linkage between the Global Fund component of the TB and HIV/AIDS programmes. CHAZ is not implementing the use of Isoniazid preventive therapy to HIV infected clients since it does not form part of the national guidelines for TB/HIV activities. How ever, should the Ministry of Health adopt this intervention, CHAZ will implement IPT. The National guidelines recommends the use of IPT in under five (5) children whose mothers are sputum smear positive for TB and CHAZ will implement this activity.

CHAZ is confident that planned activities and targets set for FY 08 will be accomplished given the fact that we now not only have trainers in each of the nine provinces in Zambia; the training manual and data reporting tools including patient registers and reporting forms are operational. FY08 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 (2000) who receive counseling and testing for HIV and received their test results at USG supported TB service outlet.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8992

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26214	3651.26214.09	HHS/Centers for Disease Control & Prevention	Churches Health Association of Zambia	10968	2976.09	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

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	44	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2933.08	**Mechanism:**	CARE International - U10/CCU424885
Prime Partner:	CARE International	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3650.08	**Planned Funds:**	$515,000
Activity System ID:	15507		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

Continuing from work began in fiscal year FY 2007; CARE International will expand the coverage of tuberculosis (TB) and HIV activities in the districts of Chipata, Petauke, Katete and Lundazi. These activities include the need to strengthen both the capacity (technical and physical) of health service providers and community volunteers as well as expand and institutionalize multi-level linkages between the response to TB and HIV/AIDS.

CARE International will implement a program to increase the coverage of integrated TB/HIV activities to more remote areas in the targeted districts. The focus is on testing for both TB and HIV in order to address the increasing incidence of co-infection. By the end of the budget period of FY 2008, CARE International, working with District Health Management teams in the four districts, will have implemented TB/HIV activities in all the 117 (100%) sites in the four districts. This will be achieved through training of health workers in TB, counseling skills and training of community health workers in TB/HIV linkages. Of a total of 3,411 TB patients to date, 1,595 (47%) were counseled and tested for HIV.

Linking the testing and referral services to the provision of community based care for those found to be positive for either infection will greatly increase the uptake of testing, improve treatment adherence and consequently, reduce the incidence of onward transmission. In a way similar to the prevention of mother to child transmission (PMTCT) component, linkages to organizations, both US Government-supported (e.g. Center for Infectious Disease research in Zambia) and non-USG supported (e.g. Mwami Mission Hospital) will be maintained to ensure a linked and comprehensive response within the province. Specifically, CARE International proposed interventions aimed to assist the government by increasing the expertise of field-based staff and lay volunteers while building stronger referral networks so that the planned national response can reach beyond its current extent.

Strengthening community-focused responses and networks will be the platform for information, education and communication (IEC) work centered upon reducing the stigma and discrimination surrounding both TB and HIV/AIDS. Materials previously developed by CARE International in collaboration with HIV/AIDS Alliance will be used to support the IEC work.

The program will continue scaling up combined TB/HIV service in all the 117 sites in the four districts in FY 2008 by upgrading health worker skills in diagnostic counseling and testing using the nation training model. The training program will be based on a “training-of-trainers’ model and will include training and supervision in train skill of the trainers through collaboration with JHPIEGO and with technical support from CIDRZ. A total of 200 health workers will be trained in collaborative TB/HIV actives such as ART patient referrals for TB in the four districts. 200 health workers from the ART for TB and refer for TB treatment were necessary. An additional 255 community health workers will receive training in TB/HIV. Current work has revealed significant weakness in regard to data collection, management and analysis. Some training will be specifically focused on this issue and health workers will be trained in documentation and record keeping.

Additional community members (in particular home based care volunteers and community health advisors) will be trained in the basics of TB and HIV/AIDS, caring for those infected and working with community level support groups and referral systems. Community volunteers will be provided with information on the availability service outlets and encouraged to refer those needing care to these facilities. These will add significant capacity to the various civil society actors who, along with faith-based organizations are providing the majority of care and support services in the province. CARE International will work with the district health management teams to ensure their requisitions for laboratory reagents, testing kits, drugs for opportunistic infections and other supplies are processed through the government system early to avoid stock outs. A total of 15 sites in selected clinics, based on needs, will be rehabilitated in order to scale up VCT and TB diagnosis and reduce the risk of transmission of TB.

With an additional $75,000 plus-up funds CARE proposes to renovate/rehabilitate five sites spread across three of the districts targeted for TB/HIV support: Lundazi, Petauke, Katete. During the coming 12 months CARE will work with the DHMTs and the Provincial Health Office to establish which five sites will be covered and collect bids etc, as appropriate so as to be able to commence the part of the program once the follow-on award is confirmed. Criteria for site selection will centre on what improvements (inc. equipment purchase if necessary) can be easily maintained and continued by those charged with managing the health facilities with realistic budget allocations. Where practical the DHMT will be encouraged to select facilities which are more remote as these are less likely to have received support of this nature in the recent past.

Of the targeted 3,500 TB patients, 2,450 (70%) will receive HIV counseling and testing over the period October 2007 to September 2009 and those testing positive will be referred for HIV care and treatment. These will result in approximately 1,500 HIV infected individuals being referred for HIV care and treatment. Supportive supervision for TB/HIV activities in the districts will be carried out in conjunction with the provincial TB officer and the provincial TB/HIV officer. Regular review meetings will be linked to TB Directly Observed Treatments (DOTS) review meetings. CARE International is a member of the national TB/HIV coordinating body and this will help to ensure that all the programs implemented are in line with the national strategy for TB/HIV activities and the overall national health strategic plan.

The provincial Health office is also being funded by the USG and supports the other four districts in the province in TB/HIV collaborative activities and also supervises the implementation of the overall health care services in the province.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8819

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26209	3650.26209.09	HHS/Centers for Disease Control & Prevention	CARE International	10965	2933.09	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

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	117	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,450	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	455	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	3013.08	**Mechanism:**	CDC Technical Assistance (GHAI)
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3645.08	**Planned Funds:**	$200,000
Activity System ID:	15592		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to activities in counseling and testing, laboratory infrastructure, palliative care: basic health support activity, and HVTB. Provision for the following activities in support of the national implementation of TB/HIV activities is being requested: 1) technical assistance for development and evaluation of surveillance system for TB/HIV implementation; 2.) Provide supportive technical supervision to the Southern, Western, Eastern and Lusaka provinces; 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, counseling and testing (CT) units in MOH; multilateral organizations; research groups; faith-based organizations; non-governmental organizations; and community representatives.

This body was tasked with developing and implementing a single, coherent TB/HIV strategy, policy, and communication message based on the best existing evidence. As a result national guidelines for the implementation of TB/HIV activities were developed based on the World Health Organization (WHO) Interim Guidelines for TB/HIV collaboration. Additional support was provided for the revision of TB data collection forms and registers, based on WHO forms that incorporate the collection of HIV data. The USG produced the revised patient treatment form, identification card, and registers that have been distributed to all provinces and districts. Technical support was provided for the orientation of health staff in the new forms. In addition the USG co-funded, with the MOH, WHO, and JHPIEGO, a training of trainers session for an initial group of 25 trainers in diagnostic counseling and testing using the national training module adapted by JHPIEGO (#9032).

In FY 2007, the USG provided technical support to the Ministry of Health for the evaluation of surveillance systems for TB/HIV implementation. A pilot evaluation of the revised TB/HIV reporting and recording system in Southern (21 health facilities) and Copperbelt provinces (17 health facilities) was conducted. The findings showed that the recording and reporting systems needed strengthening and there was need to conduct a country wide evaluation. The USG will directly fund the NTP to conduct a National TB/HIV surveillance system in all the provinces in FY 2008. The findings of this national evaluation will bring out the strengths and weaknesses of the program and will facilitate proper planning to make the NTP achieve better out comes in TB/HIV activities. Technical assistance for this evaluation will be provided by the USG.

In FY 2008 the USG will provide 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 will be conducted to the staff. It is expected that 100 health care providers will receive on the job training. The supervision will be combined with the National TB program staff.

To sustain policy and clinical decision-making for future expansion of national TB activities, CDC has assisted the MOH in establishing an Electronic Health Record (EHR) standard that now includes TB data as well as HIV and other opportunistic infections (OI's) data. In the last year, this EHR, 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 EHR system and smart card carries a longitudinal record of a client's medical history, including prior illness, physical findings, lab results, symptoms, problem list with diagnoses, and treatment plan for all these services. A paper and electronic copy of patient information is maintained at all clinics visited, and paper records are still used for primary data capture in most settings. Accessible and integrated information provides one basis for improved TB care, and this will become available in the higher density settings in 2007. As the core element of the 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 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.
Targets set for this activity cover a period ending September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9021

Related Activity: 17357

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26305	3645.26305.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17357	17357.08	7169	3011.08	Comforce	Comforce	$85,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Eastern
Lusaka
Southern
Western

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3082.08

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: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3791.08

Planned Funds: $400,000

Activity System ID: 15557

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to activities in counseling and testing, laboratory services, palliative care: basic health support activity, and TB/HIV activities.

Western province is a predominately rural province with an HIV prevalence of 13.1% and reported tuberculosis (TB) incidence rate of 481/100,000 in 2004. Outside the provincial capital of Mongu, with an HIV prevalence rate of 22% and TB notification of 881/100,000 in 2004, access to health care facilities and services are limited. Many TB / HIV patients have to travel 20-25km on foot in sandy terrains to the nearest health facility. External funding and support to this province has traditionally been low.

In FY 2008, the goal is to increase access by increasing; the number of service outlets providing treatment for TB to HIV individuals; the number of HIV infected clients attending HIV care/treatment services that are receiving treatment for TB disease; the number of health providers trained in providing treatment for TB to HIV infected individuals; the number of registered TB patients who receive HIV counseling, testing and receive results at the United States Government (USG) supported site. It is hoped that the above will both strengthen the existing TB/HIV collaborative services and increase coverage. In order to achieve this goal WPHO, will undertake the following activities:

In FY 2006 the plan was to scale-up to 22 (15%) new sites from the previous five (3%) sites out of the existing 147 health facilities, and scale-up to 20 more new sites in the FY 2007 which would have resulted in 47(32%) new sites. This will not be the case as the number of new sites increased following the training of more staff by the program and other partners such as JHPIEGO. 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 sites providing same will increase to 87 (59%). For the FY 2008, it is planned that 27 new sites will be established making a total of 114 (77.5%) sites.

Available data for the first quarter 2007 indicate that, of 738 TB patients seen, 527 (71.4%) were screened for HIV and out of these, 311(59%) were HIV positive. Of these, 120 (38.5%) were put on ART. It is estimated that by the end of FY 2007, 3000 TB patients will be seen and out of these 2,100 will be HIV positive. Assuming that 1,400 (70%) of these patients will be tested.
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. The national guidelines recommend the use of Isoniazid to children under five whose mothers are sputum smear positive TB patients.

In FY 2008, it is estimated that 3,000 TB patients will be seen in the seven districts. Due to constraints such as limitation in counseling and testing facilities, it is estimated that 70% (2400) will receive counseling and testing over 12 months. Given that 70% HIV positive prevalence in TB patients this will result in 1,700 individuals receiving treatment for TB. Those found to be co-infected with TB/HIV will be referred for appropriate HIV care including ART. TB screening of HIV infected patients will be a key component of these activities and it is expected that this support will result in the routine screening for TB disease for an estimated 1500 (50%) people accessing HIV services.

In FY 2006, 111 health workers were trained in TB/HIV activities (95 in Diagnostic Counseling and Testing, 20 in DOTs and 16 microscopists in TB slide and HIV testing). In FY 2007 an extra 240 health providers would have been trained in TB/HIV collaborative activities (50 in TB screening, 20 in DOTs, 120 community treatment supporters and 50 in DCT). In FY 2008, 111 health providers will be trained (45 in DCT, 20 in DOTs, 20 in TB screening and 26 community supporters). As a result of these trainings and expansion to 27 new outlets, it is hoped that 2,400 HIV infected clients attending HIV care will receive TB treatment. The trainings will be carried out for health providers and community volunteers in 27 new sites. In addition, health providers in facilities providing PMTCT, VCT and ART who are not trained in TB/HIV collaborative activities will be targets for training.

45 health providers will be reoriented in DCT in order to up date the providers in any emerging issues. The training will include among other issues screening HIV infected persons for TB

In order to strengthen the availability of equipment, drugs and other supplies and cut down on avoidable stock outs and wastage, 32 health providers will be trained in logistics management.

In order to strengthen monitoring of MDR and adverse reactions, 32 health providers will be trained in pharmacovigilance.

The importance of adhering to standard infection prevention practices in health facilities and in particular facilities providing TB/HIV collaborative activities can not be over emphasized. Generally infection control in health facilities in the province is poor. To this effect, WPHO is planning to renovate Mongu chest clinic to provide an enabling environment for practicing IP practices and orient health providers in infection.

With an extra $100,000 in plus-up funds WPHO will facilitate adherence to the guidelines on Prevention of TB in Health Care settings which are currently being developed by JHPIEGO by undertaking the following activities:
1.Renovate 4 health centers (Nanjuca, Nkeyema, Shangombo, Libonda) to which the ART services are being scaled up to during FY 2008. These health centers are usually congested putting the HIV positive patients at risk of getting infected with TB. Senanga and Lewanika chest clinics will also be renovated.
2.Support the dissemination of the updated national infection prevention guidelines in all the 7 districts of the province.
3.Train and orient health providers in infection prevention.

In FY 2006, the program recruited and supported five staff (one each at PHO, Mongu Urban Health Clinic (HC), Sikongo in Kalabo and Luvuzi and Mitete HCs in Lukulu). In FY 2007, the program would have further recruited one additional staff for Nalwei health center and continued supporting four health providers at Sikongo, Luvuzi, Mitete, and Mongu chest clinic. This support activity will continue in 2008. In addition, an additional six health providers (Clinical officers/Nurses) will be recruited in five Zonal health facilities with

Activity Narrative: populations between 6,000 and 8,000 (Mbanga, Mulobezi, Mutomena, Libonda and Sihole) to boost up staffing in two of the health facilities and in three health centers meet the human resource requirements for establishing TB/HIV collaborative activities.

In FY 2006, supportive supervision was integrated in the PHO routine performance assessment. In FY 2007 the supportive supervision will be conducted quarterly to all the seven districts in addition to the routine provincial and district performance assessment. During the FY 2008 the WPHO will continue providing supportive supervision quarterly to seven districts and continue support to district health offices to carry out supportive supervision to health facilities at least once in a quarter focusing on program activities. In addition the WPHO will develop supportive supervision guidelines for TB/HIV collaborative activities. The Provincial Health office will monitor performance and identify areas for capacity building in TB/HIV collaborative activities which will also be complimented by the routine bi annual performance assessment. . Technical supervision will be conducted quarterly to provide knowledge and skills to the health staff and community volunteers. The province will ensure that there is uninterrupted supply of drugs, HIV test kits and TB/HIV test reagents.

By the end of FY 2007, one provincial and seven district coordination committees will have been established. In FY 2008, support the committees will continue meeting giving strategic direction to the activities implementation. The WPHO will also continue coordinating activities undertaken by other partners such as CIDRZ, CHAZ, and other Faith based organizations and others.

In FY 2006, two health facilities (Mitete and Muoyo) were renovated and extended using funds solicited by CDC from a private foundation. By the end of FY 2007, Nalwei health center would have been renovated to provide space for TB/HIV diagnosis and collaborative activities.

In FY 2008, four health facilities among those earmarked as new sites (Mbanga, Mulobezi, Mutomena, Libonda and Sihole) will be renovated to facilitate the provision of TB/HIV collaborative activities. The Provincial Health office will provide guidance to minimum requirements for infrastructure, staffing and equipment for these facilities. The aim is to reduce the infection transmission from untreated sputum smear positive TB patients to HIV infected patients in TB/HIV clinical care settings.

In order to increase community awareness TB/HIV collaborative activities and therefore ultimately increase demand for the services at least one meeting in each district for sensitization of community gate keepers (Chiefs, Indunas, headmasters etc), support 14 drama groups (two in each district) as well as developing information, education and communication materials in the local language will be held. It is hoped that the sensitization will be complemented by the GAMMA CHULU activities.

The activities for implementation in the FY 2008 will be included in the Provincial and District action plans for 2008 and therefore compliment the Ministry of Health activities in Western Province.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9046

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26263	3791.26263.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	10981	3082.09	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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	114	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,700	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	126	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Western

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	2973.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	3649.08	**Planned Funds:**	$400,000
Activity System ID:	15551		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to activities in counseling and testing activity, laboratory infrastructure, palliative care: basic health support activity, and HIV/TB activities.

Southern Province reports an HIV prevalence of 16.2% and Tuberculosis (TB) incidence rate of 415/100,000 as at the end of 2006. The Province ranks third behind Lusaka and the Copperbelt provinces in terms of HIV and TB burden in Zambia. Livingstone district, which is the Provincial capital of Southern province, reports extremely high HIV prevalence (30.8%) and TB notified cases for the province was 6,103 at the end of 2006. The smear positive rate was 25.8% with a cure rate of 82.2 % in the same year. The provincial statistics show that 67.1% of TB patients are co-infected with HIV whilst local data from the Livingstone General Hospital, Maramba and Dambwa Clinics suggest that over 70% of TB patients are HIV infected. Based on performance assessment standards of 80%, SPHO targets to raise the acceptance rate of TB patients testing for HIV to 80% in 2008 as the data collection tools were only available in the 3rd quarter 2006.

Building on the successful implementation of the TB/HIV collaborative activities since 2005, the USG provided funds directly to the Sothern Province Health Office (SPHO) for the scaling-up of the services in all 11 districts in the province in 2007. The direct support to the SPHO provided an opportunity to strengthen the capacity for a more rapid scale-up of activities and ensure sustainability of the program by enhancing local ownership. The 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.

The SPHO further trained 152 health workers in Diagnostic Counseling and Testing (DCT) using the national training manual 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 (222). Staff have been trained in DCT in 93 sites, whilst psychosocial counselors have been trained to provide TB/HIV services in an additional 87 sites. By the end of FY2007, direct district support would result in training of an additional 300 health workers in TB/HIV collaborative activities. The training provided is based on the training of trainers' model utilizing the core group of trainers resulting from the USG supported activities of JHPIEGO in FY 2006 and FY2007 (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 includes the CDC Field Office Manager, the Clinical Care Specialist employed through HSSP, Clinical Care Specialist, Provincial TB Focal Point Person, Provincial Biomedical Scientist and Data Management Specialist, all employed through the MoH based at the SPHO. As a result of the support an estimated 70% (4200) of the 6000 expected TB patients will have received counseling and testing services.

The SPHO works with the district health offices to ensure that linkages between the TB/HIV program and existing home based care programs funded through the USG (SUCCESS and RAPIDS) and other donors are well coordinated. Six hundred (600) community based treatment supporters that are currently used to supervise directly observed treatment for TB patients will receive additional training in TB/HIV integration and adherence counseling with the potential to provide support for adherence to ART by the end of 2007. The Ministry of Health supports the implementation of the DOTS strategy with funds from the Global Fund.

In order to ensure accuracy of data and quality of care, the SPHO and district health offices will conduct quarterly program monitoring and technical support supervision (TSS) visits to the health centers and provide technical assistance to address identified areas of weakness. As a result of this activity an estimated 3,000 HIV infected individuals would have received TB treatment according to national guidelines.

As part of the national guidelines for the implementation of TB/HIV activities, the program ensures that all HIV infected individuals in ART and PMTCT sites receive screening for TB. It is expected that 65 % of all individuals testing HIV positive will receive screening for TB. 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

To further enhance equity in coverage of TB/HIV services, the SPHO will work with CIDRZ and Boston University (BU) to provide technical assistance in the integration of TB/HIV care in the sites where CIDRZ and BU support exists in ART/PMTCT clinics.

Twelve (12) new TB diagnostic centers will be opened in the five highest HIV/TB districts in the province (Livingstone, Monze, Mazabuka, Siavonga, and Choma) by the end of 2007 using resources from the USG. These sites will be supported for infrastructure improvements to create a conducive environment for client TB HIV activities by March 2008. .

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 continue to be supported. Membership on this committee is drawn from the TB Program, Clinical Care Unit (which oversees HIV/AIDS care), and ART Program, community care and advocacy groups, and HIV counseling/testing partners. This committee shall continue to meet on a quarterly basis. Similar structure will be established and supported at district level.

Regular review meetings, linked to TB directly observed treatment strategy (DOTS) review meetings and symposia which are co-funded by the Global Fund will continue to be held. The SPHO will continue to support the linkage of all activities and trainings to other funded programs like the Global Fund against TB, HIV, and Malaria.

In FY08, the SPHO will continue to strengthen the community component of integrated TBHIV management

Activity Narrative: through the training of 600 Community treatment supporters bringing the total to 1200 in the province. The SPHO will provide support towards training of 300 HW in DCT, in order to provide integrated TB/HIV services in 200 (90%) of the 222 facilities in the province. The Provincial and district TB/HIV coordinating committees will be strengthened and quarterly district supervisors meetings supported as a way of strengthening supervisory capacities at district level. This activity will be carried out as a part of quality assurance including increasing the proportion of HIV patients being screened for TB. 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. Thirty percent (30 %) of the total funding to this activity will be directed at infrastructure improvements in order to reduce the risk of transmission of TB in 10 sites with a focus on clinical areas where patients may have undiagnosed TB. The sites to benefit from this activity include Livingstone district (Livingstone General Hospital, Maramba Clinic, Dambwa Clinic), Kalomo(Siachitema HC and Zimba Hospital), Choma(Shampande Clinic), Sinazongwe Hospital, Itezhi-tezhi hospital, Siavonga Hospital and Gwembe Hospital respectively. The renovations will be specific for the site and may include improving the ventilation in waiting areas.

With an additional $100,000 Plus-up funds for TB/HIV the SPHO will renovate an additional 4 sites in the province, focusing on the sites with the largest number of ART patients. In addition the PHO will conduct training in the guidelines on Prevention of TB in Health Care settings under production by JHPIEGO. for key hospital staff in the 11 districts with a goal of training 25 staff. Additional funds will be used to fully equip the TB ward at the Livingstone General Hospital constructed by the Department of Defense (DoD) and provided with basic furniture and equipment by CDC.

As a result of this support to the SPHO, 80% of an estimated 7,000 TB patients, will access TB diagnostic services, and receive HIV counseling and testing over 12 months. The SPHO will use the recently revised TB registers and forms to capture this data. 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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9017

Related Activity: 15552, 15554

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26256	3649.26256.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	10980	2973.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15552	3667.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000
15554	9797.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	200	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,225	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	5,600	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Southern

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID:	5252.08	**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:**	Palliative Care: TB/HIV
Budget Code:	HVTB	**Program Area Code:**	07
Activity ID:	9702.08	**Planned Funds:**	$275,000
Activity System ID:	15533		

Activity Narrative: The funding level for this activity in FY 2008 will increase from FY 2007. Minor narrative updates have been made to highlight progress and achievements.

Lusaka province has four districts, with the largest district being the capital of Zambia, 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. In the second quarter of 2007, of a total of 590 TB patients notified in the three districts of Chongwe, Kafue and Luangwa, 405 (68%) received counseling and testing for HIV. Lusaka district is well served with health services and receives considerable support for the implementation of programs through USG support to Centers for Infectious Diseases research in Zambia (CIDRZ).

By end of FY 2007 the USG would have directly funded the Provincial Health Office (PHO) to expand and support the TB/HIV integration activities in the three districts of Kafue, Chongwe and Luangwa. This will result in the expansion of the TB/HIV integration activities that the USG has supported in Lusaka district through EGPAFG/CIDRZ and will result in the development of an additional 12 sites, bringing the total number of sites in the three districts to 25. The PHO will support the formation of a Provincial TB/HIV coordinating committee that will be tasked with the strategic direction and supervision of the TB/HIV integration activities throughout the province. Membership on this committee will include representation from the TB Program, Clinical Care Unit (which oversees HIV/AIDS care), antiretroviral therapy program, community care and advocacy groups, and HIV counseling/testing partners. Technical assistance for the implementation of the program will be provided by CIDRZ.

Limited human resources, coupled with an expected increase in patient-load as a result of TB/HIV integration, have been a barrier to implementing and maintaining TB/HIV integration. This human resource shortage negatively impacts morale, supervision, and technical support. To address this, PHO will support a TB/HIV coordinating officer that will be placed within PHO. This officer will be responsible for coordinating TB/HIV activities, supervision, trainings, surveillance, and program monitoring and evaluation and will work closely with the Provincial TB/HIV committee, and the provincial TB officer to coordinate activities in the province and provide joint supportive supervision. Coordination of activities will be achieved through quarterly meetings with other partners funded by the USG for TB/HIV activities, such as CIDRZ and JHPIEGO.
By the end of FY 2007 support will also be provided to employ 4 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.
Integrated TB/HIV training will be carried out in selected districts by PHO, in collaboration with JHPIEGO. In FY2007, 93 health workers and 207 community treatment supporters will be trained in TB/HIV. This training will provide skills and knowledge to health workers and the community as TB/HIV integration scale up is undertaken. In FY 2008, 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. Support will be given for training 60 health workers in TB/HIV integration. Refresher trainings and/or technical updates will be provided for all 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 2008, support will be provided for training of 100 community volunteers and for capital investment in income generating activities.
The focus for 2008 will be consolidation of TB/HIV activities in the sites that will have opened in FY2007. Another area of focus will be 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 2 visits per month to districts while support will be provided for weekly district to site supervision.

A training of trainers (TOT) program will have been developed to provide trainers in all districts based on the national training curriculum. These trainings will focus on providing the skills for routine HIV counseling and testing of TB patients and management of TB, HIV, and TB/HIV patients. The training will also include TB screening for all clients testing positive for HIV in settings such as ART services, Prevention of Mother to Child Transmission (PMTCT) and Sexually Transmitted Infections (STI) clinics. Support will be provided for minor renovations to improve the physical infrastructure in selected health centers to provide integrated TB/HIV activities. Cognizance is made of the fact that HIV+ individuals are susceptible to communicable diseases due to their lowered immunity. In this case smear positive TB patients would easily transmit the disease to HIV positive clients and also to health care providers. In view of this, support will be provided for infrastructure renovations to improve ventilation and allow in sunlight as infection prevention measures. This will be done on 2 sites for each district in FY 2008. The renovations will be specific for the site.

With an additional $75,000 plus up funds for TB/HIV, LPHO will renovate one additional site per district in the 3 districts to improve the infrastructure and enhance infection prevention. The sites will be selected based on need and taking into account the volume of patients on ART. In addition PHO will conduct training for staff at the hospital level in the Prevention of TB in Health Care settings currently being developed by JHPIEGO (Activity # 9032) in all 4 districts in the Province. It is estimated that an additional 20 staff will be trained in the national infection control guidelines.

All activities and trainings will be linked by PHO with activities that are supported by recent district-level funding from the Global Fund to fight AIDS TB, and Malaria (GFATM). The GFATM has directly funded these districts to scale up TB control by strengthening DOTS and TB/HIV integration and care. Technical support and guidance for the use of this funding will be provided by PHO. As a result of this support, TB patients will be tested for HIV in these three districts. Those found to be HIV positive will be referred for appropriate HIV care. TB screening of HIV –infected patients will be a key component of these TB/HIV integration activities. Links between TB and other USG funded home based care programs will be established in order to ensure a continuum of care for the HIV infected TB patients. Regular review meetings will be linked to TB directly observed treatment strategy (DOTS) review meetings and co-funded

Activity Narrative: by the Global Fund supported TB DOTS program.

Of an estimated 1,600 TB patients in the three districts, 90% (1440) will receive counseling and testing over 12 month and approximately 1008 (70%) will test HIV positive and be referred for HIV care and treatment. Of the estimated 1750 patients receiving HIV services 70% will receive routine screening for TB disease at least once. 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. How ever, should the Ministry of Health adopt this intervention, the PHO will implement IPT. The National program has guidelines on the use of IPT in under five (5) children whose mothers are sputum smear positive for TB.

Links will be strengthened between the TB and ART services in order to ensure that all HIV infected TB patients are referred for ART, with screening to be based on the national guidelines. It is estimated that about 80% of TB patients referred to the ART services will receive care and support. The TB patients found eligible for ART will be commenced on treatment according to the National guidelines. A system to track the referrals and ART treatment will be developed. Support will be provided for monthly meetings between the 2 departments to share information. In order to ensure a continuum of care, the districts will develop links with USG funded and other organizations providing palliative care in a home based care setting. This will be achieved through district TB/HIV coordinating bodies. Formation of these bodies will be supported by PHO and the composition will be similar to the provincial body which will have been formed in FY 2007. Health centers will be supported to facilitate the formation of support groups for TB/HIV patients.

To ensure sustainability, the trained staff will continue to provide skills and knowledge. The activities will be enshrined in the GRZ district health plans.
Targets set for this activity cover a period ending September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9702

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26239	9702.26239.09	HHS/Centers for Disease Control & Prevention	Lusaka Provincial Health Office	10976	5252.09	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

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	25	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	975	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	310	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Lusaka

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3080.08

Mechanism: UTAP - CIDRZ - U62/CCU622410

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3653.08

Planned Funds: $2,074,000

Activity System ID: 15566

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

HIV in sub-Saharan Africa is causing an increase in incidence of HIV-related tuberculosis (TB). Data from FY 2005 – FY 2006 shows 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. Adequate systems were not in place to encourage TB patients to learn their HIV status and refer them from TB to ART clinics. As a result, two vertical systems exist within most health facilities and many co-infected patients do not receive the coordinated care they need or are lost to follow-up. Encouraging TB patients to learn their status and integrating services is essential to improving clinical outcomes of co-infected patients and the primary focus of CIDRZ TB/HIV activities.

CIDRZ role in TB/HIV integration began in FY 2005 when they partnered with the Lusaka District Health Management team and piloted a number of TB/HIV integration activities at one district clinic. As part of a new patient triage system, all TB patients were requested to undergo Diagnostic Counseling and Testing (DCT) as part of their enrollment in TB treatment with follow-up to ensure that HIV-positive patients enrolled in HIV care. This was successful in identifying and referring patients to HIV care and has been expanded to 11 Lusaka clinics with the target of reaching 22 District clinics by end of FY 2007. Current data shows that 74% of TB patients have accepted an HIV test and 69% were HIV-infected.

CIDRZ TB/HIV integration activities include: (1) training in the diagnosis and clinical management of TB in HIV-infected persons; (2) establishment of referral and communication systems between TB and HIV clinics; and (3) systematic monitoring and follow-up of activities.

Lusaka District notifies more than 90% of the TB cases in Lusaka Province and one-third of national cases. In 2007, the USG funded CIDRZ to provide technical and financial support to implementation of TB/HIV activities. Since Lusaka District will have 100% coverage by the end of FY 2007, the goal for FY 2008, is to expand this support for TB/HIV integration to Eastern, Western, Southern and Lusaka Provinces as well as strengthen systems in sites based upon lessons learned in FY 2007. Activities are done in partnership with provincial, district health offices, and CDC in order to build-upon and strengthen current activities . The priorities for FY 2008 are:

1.Scale-up technical support for implementation activities to 35 facilities for a total of 57 facilities (22 in Lusaka district, 35 outside of Lusaka District)
2.Increase capacity and strengthen systems through training of lay/community workers and infrastructure development
3.Continue monitoring and evaluation of integration activities to improve operations.

With the focus shifting to sites outside of Lusaka District in FY 2008, CIDRZ will provide technical support to 35 sites in Eastern, Western, Southern and Lusaka Provinces. CIDRZ will ask provincial and district health officials to identify programs and clinics that need support and coordinate services with CIDRZ-supported ART clinics in these areas. We anticipate providing training or refresher training to about 12 staff at each facility including medical and clinical officers, nurses, and pharmacy technicians. They will be trained in TB/HIV epidemiology, diagnosis, treatment, coordination of care and DCT. CIDRZ will work with the district teams to develop a model for integration of services specific for their locality that will focus on improving patient flows and development of job descriptions for nurses and clinicians involved in providing integrated services. Training will be provided to the district staff to enhance their ability to monitor the program data with oversight from CIDRZ, with a view to transition to direct district oversight within a year or two. Currently, isoniazid preventive therapy (IPT) has not been adopted by MOH. Should MOH adopt or advocate piloting of IPT programs, CIDRZ will incorporate this into integration models. All TB/HIV co-infected patients are targeted in integration activities including men and women, children and adults.

One of the major challenges encountered in FY 2007 was the shortage of health care staff. At larger clinics, there are not enough nurse-counselors to counsel and test all TB patients and follow them up into ART care and treatment. As a result, CIDRZ plans to train 50 community workers (which may include TB treatment supporters, lay counselors, and peer educators) during the remainder of FY 2007 and an additional 70 during FY 2008.. This task-shifting will relieve some of the current staff burden as well as provide skill training and work experience for a cadre of community workers. Roles and responsibilities for such community workers are still under development through discussion with MOH staff and partner organizations. Once roles are specified, trainings will be developed using materials from CDC, WHO, MOH, CIDRZ and partner organizations.

Infrastructure was a significant challenge during FY 2007. Infection control is a growing issue in Lusaka ART clinics due to continued patient enrollment leading to crowding in hallways and waiting areas. In an area with a high TB burden and limited diagnostic technology, it is likely that there are infectious patients in these waiting areas. Measures to prevent transmission are needed. Renovations to increase counseling space and reduce nosocomial transmission in waiting areas will be made in ten clinics in FY 2007, and it is anticipated that renovations will be required in an additional ten clinics during FY 2008.

With $425,000 plus up funds for TB/HIV, and working with CIDRZ's ART team, an assessment will be done of all Lusaka ART clinics to identify approximately 5 clinics among those needing infrastructure renovations to improve ventilation and change traffic flow patterns.

Another pressing issue is the availability of TB diagnostic centers. Lusaka has over 16,000 TB cases per year with more TB treatment centers than TB diagnostic centers. The Lusaka District Health Management Team (LDHMT) has identified four TB treatment centres- Lilayi, Chazanga, State Lodge, and Mandevu – that need a laboratory for sputum smear microscopy. TB suspects referred from these centers to TB diagnostic centers are often lost in the process because they have to travel to further health centers. CIDRZ would like to renovate clinic space at these 4 centers to accommodate a lab for smear microscopy, provide these centers with microscopes, and support training of lay microscopists through a program

Activity Narrative: developed by our partner organization, ZAMBART.

In an effort to improve LDHMT capacity for program monitoring, CIDRZ will purchase 3 computers for the LDHMT TB/HIV/STI/Leprosy program staff and work with them to coordinate monitoring systems between LDHMT and CIDRZ.

One of the strengths of CIDRZ programs is intensive follow-up, monitoring and evaluation. This helps to ensure that activities continue as intended and that quality is not compromised. With the expansion to provincial sites in FY 2008, systems will be developed to collect data from non-local sites and decentralize follow-up visits through collaboration with provincial and district health offices.

All TB/HIV integration activities are designed to be sustainable and operate within the current district clinic structure. CIDRZ is working with MOH staff to integrate services within the confines of staff capacity and will continue efforts to expand and strengthen collaboration. Rather than providing services directly, CIDRZ is training district nurses, doctors, clinical officers, treatment supporters, and peer educators as well as helping them evaluate and re-organize their systems for greater efficiency and to ensure sustainability. Data monitoring and supportive supervision will be provided in conjunction with DHMT. CIDRZ is a member of the National TB/HIV coordinating body.

CIDRZ also completed and is conducting several operations research studies during FY 2007 with USG funding.. These include a survey of TB laboratory diagnostic capacity in 15 Lusaka district clinics. Many clinic labs were found to be understaffed and/or not have enough microscopes to handle the number of sputum smears. To explore potential solutions to this, CIDRZ will evaluate the use of fluorescence microscopy in 5 district labs, beginning in FY 2007 and continuing through FY 2008. CIDRZ has recently acquired a Bactec MGIT liquid culture instrument which is currently being validated. Based on these two assessments, fluorescence microscopy and TB culture will be integrated into present diagnostic algorithms in a manner appropriate for the Zambian setting.

In FY 2008 a study will be conducted to determine the prevalence of TB in HIV-infected persons. A cohort of new ART-clinic enrollees will be screened for TB with symptom evaluation, physical exam, sputum smear, chest radiography and culture. This cohort will then be followed for 12 months to determine the incidence of TB among ART clinic patients during their first year of care.

Results from all operations research activities and program monitoring will be evaluated and published in a timely manner for programs in similar environments to benefit from lessons learned.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9037

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
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

Emphasis Areas

Construction/Renovation

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	57	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,700	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	490	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	11,300	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Lusaka

Eastern

Southern

Western

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3884.08

Planned Funds: $124,000

Activity System ID: 15601

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 will link to activity. The following activities are being requested:
1) Printing of the Participants manual for training TB/HIV treatment supporters. 2) Printing of TB/HIV news letter. 3) Support for attending International seminars and conferences.

Tuberculosis 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. 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 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 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 order to expand the community based Stop TB strategy, health workers and community volunteers needed standardized knowledge and skills.

In 2005, the USG 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 Ministry of Health institutions, Non governmental organizations, community based organizations and faith based organizations when training the TB treatment supporters.
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.

In FY 2008, the USG will develop and produce 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 every volunteer to be trained in the country will be given a copy of the Participant's hand book for training TB/HIV treatment supporters.

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 TB/HIV activities indifferent provinces and districts are shared.

In FY 2008, the USG working in close collaboration with the Ministry of Health National TB program will 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 quarterly TB/HIV news letter will be produced and distributed to all stake holders. It is hoped that this news letter 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 2008, international seminars and conferences will be attended to sharpen knowledge and skills and share experiences with other players in TB/HIV programs.
Additional support will be provided for the TB/HIV international expert hired through the Comforce mechanism (see Activity #)

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9010

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26306	3884.26306.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$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

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3007.08

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 9703.08

Planned Funds: $1,043,000

Activity System ID: 15614

Activity Narrative: The funding level for this activity in FY 2008 has increased from that of FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

Tuberculosis (TB) is a major cause of morbidity and mortality in people living with HIV and needs specific attention. Routine quality testing of TB patients for HIV is an efficient means of identifying HIV in the community. The major emphasis of this activity will be on Health Care Financing and Quality Assurance and Supportive Supervision. Other emphases will include training, community mobilization/participation, strengthening of networks and referral linkages, and activities that will contribute to infection control.

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 CRS AIDSRelief program are screened for TB based on symptoms and exposure history, and all patients being prepared for ARV drugs receive TB screening, this activity will be implemented in the following components:

(1) Enhancing laboratory capacity to diagnose TB accurately;
(2) Establish and strengthen referral linkages between CRS AIDSRelief facilities and the Zambian government TB directly observed treatment strategy (DOTS) sites to ensure timely diagnosis and treatment;
(3) Ensure accessibility to information, education, and communication (IEC) materials on the relationship between TB and HIV at health facilities as well as surrounding communities;
(4) 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.

To ensure routine screening and accurate diagnosis of TB in all patients enrolled for HIV care at all 16 AIDS Relief health facilities and four (4) CHAZ supported Health Facilities, this activity will involve building acid-fast bacilli laboratory capacity and providing access to chest X-ray to diagnose sputum-negative cases of TB. A few sites will benefit from small renovations as additional safety measures for lab workers. Additional training to prepare providers to recognize extra-pulmonary TB in HIV+ individuals will also be conducted. 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. Specifically, funds will be used to strengthen laboratory infrastructure at AIDSRelief facilities to conduct TB diagnostic tests, to ensure that chest X-ray is available for all sputum-negative individuals, especially those who qualify to commence antiretroviral therapy, 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 an outside laboratory for culture.

Ensuring that patients diagnosed with TB at CRS AIDSRelief 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. Special attention will be placed on patients who are on ARVs and anti-TB treatment simultaneously. Funding towards this component will go to supporting training of all cadres of clinical staff (doctors, 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 CRS AIDSRelief 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 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 AIDSRelief facilities with HBC for patients co-infected with HIV and TB. This will improve the linkages with other USG supported programs like SUCCESS-RAPIDS. 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.

Up to 60 health workers will receive specific training on TB/HIV as it relates to their job responsibilities. It is estimated that a total of 4,000 persons living with HIV/AIDS will be treated for TB under CRS AIDSRelief using drugs obtained through the National TB program and is not included in the budget. All patients who are diagnosed and treated for TB under CRS AIDSRelief 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 CRS AIDSRelief facilities, train medical records staff, laboratory staff and clinicians on entering information on suspected cases, TB screening, diagnosis, treatment, and follow-up laboratory tests for patients seen at the health facility.

The education and sensitization component under this activity will include the development of a communication strategy to sensitize the communities served by CRS AIDSRelief on the linkage between TB and HIV. Funds will be directed at working with local organizations to develop, print and 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 sixteen CRS AIDSRelief health facilities and four CHAZ supported facilities and surrounding communities will benefit from having IEC materials available.

Funds will be used for infrastructure improvement at outpatient clinics (OPD) in five (5) CRS AIDSRElief/CHAZ sites in order to reduce the risk of nosocomial transmissions among patients due to congestion as a result of scale up.

The training of health staff and community volunteers providing care in both urban rural mission health facilities will ensure sustainability of the program.

With the extra funding of $ 150,000 AIDSRElief will increase the capacity in three (2) CHAZ supported sites and upgrade one (1) AIDSRelief site to conduct sputum investigations. 750 patients will be targeted.

Activity Narrative:

Patient care will include ensuring routine screening and accurate diagnosis of TB in all patients enrolled for HIV care at the three (3) CHAZ supported Health Facilities, this activity will involve building acid-fast bacilli laboratory capacity and providing access to chest X-ray to diagnose sputum-negative cases of TB. Three (3) sites will benefit from small renovations as additional safety measures for lab workers and infection control in the outpatient departments.

Specifically, funds will be used to strengthen laboratory infrastructure to conduct TB diagnostic tests, to ensure that chest X-ray is available for all sputum-negative individuals, especially those who qualify to commence antiretroviral therapy, and to provide training and ongoing technical assistance to laboratory staff in sputum diagnosis of TB, training 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 an outside laboratory for culture.

It is further planned to strengthen the dual referral system between AIDSRelief facilities with HBC for patients co-infected with HIV and TB. This will improve the linkages with other USG supported programs like SUCCESS-RAPIDS. 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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9703

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26322	9703.26322.09	HHS/Health Resources Services Administration	Catholic Relief Services	11001	3007.09	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

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	22	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,750	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	60	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,400	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Copperbelt

Eastern

Lusaka

Northern

North-Western

Southern

Western

HKID - OVC

Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08

Total Planned Funding for Program Area: $19,991,000

Estimated PEPFAR contribution in dollars	$62,735
Estimated local PPP contribution in dollars	$15,443,604
Estimated PEPFAR dollars spent on food	$333,008
Estimation of other dollars leveraged in FY 2008 for food	$450,000

Program Area Context:

In Zambia, despite the scale of the orphans and vulnerable children (OVC) problem, the Government of Zambia (GRZ) and USG are making progress in OVC policy and programming. As per the USG/Zambia Five-Year Strategy, Zambia is achieving annual targets and continues to rapidly scaling up OVC services. The USG has been instrumental in strengthening the capacity of the government, local organizations, communities, schools, workplaces, and families to provide care and support to OVC, facilitating policy changes, and leveraging non-PEPFAR donor and private sector resources.

The GRZ estimates that there are 1.2 million orphans, of which 801,000 are AIDS orphans. Most OVC support in Zambia comes from NGOs and FBOs. The 2004 OVC Situation Analysis identified 428 OVC support organizations. Unfortunately, government coordination of OVC support and care services remains an issue because coordination meetings have been irregular and sometimes non-existent. Support to OVC is implemented and managed across several sectors through numerous government agencies, including: the National HIV/AIDS/STI/TB Council (NAC); Ministry of Education (MOE); Ministry of Sports, Youth and Child Development (MSYCD); Ministry of Health (MOH); and the Ministry of Community Development and Social Services (MCDSS).

To coordinate OVC efforts, the GRZ has established a multi-sectoral National OVC Steering Committee (NOSC). NAC implements an OVC Technical Working Group, and the MCDSS is initiating a Social Protection Team. The NOSC chaired by the MYSCD, is represented by GRZ ministries, Central Statistics Office, NAC, NGOs, UN agencies, traditional leaders, donors, and FBOs; and is tasked with responsibility to address high level policy, social service, and M&E matters. The NAC OVC Technical Working Group is tasked with technical oversight. In FY 2006, the NOSC updated and costed the OVC Mid-Term Action Plan and approved the National Child Policy, which includes an OVC chapter. The GRZ has integrated the Mid-Term Action Plan and budget into the National Development Plan for 2006-2010. While there has been impressive progress on the policy and strategy front, the OVC support and care efforts at the district and community level are still not well coordinated and leadership for the OVC response remains unclear. The joint HIV/AIDS Cooperating Partner (donor) group considers OVC coordination a key issue.

FBOs provide the most organized institutional response to the orphan crisis. There are a number of umbrella organizations and networks that fund and build capacity of local OVC programs. However, the limited supervision and training of OVC caregivers provided through small community-based organizations puts into question the quality and completeness of care being provided to OVC. This problem will be solved in two ways: first all prime partners will focus developing the capacity of FBOs to provide quality services; and second, a comprehensive capacity of FBOs will be developed through Organization Capacity Development Project that will come on line in early FY 08. The OVC problem is growing in the Zambian Defense Force as the impact of the AIDS epidemic increases. In addition, many military families take in AIDS orphans though they lack sufficient resources. Low military salaries and the high costs of school fees, books, and uniforms limit the number of children families can send to school.

The USG is the largest contributor to OVC support in Zambia. Other donors that support OVC include: the Development Corporation of Ireland, DFID, UNICEF, SIDA, GTZ and the World Bank's small grant mechanism. In FY 2006, the USG assisted in the dissemination, training, and implementation of the National Child Policy.

By mid-FY 2007, the USG reached 264,063 OVC with essential services and trained 10,000 caregivers in all 72 districts. All USG activities are coordinated through the USG OVC Forum to avoid overlapping and duplication. The forum meets on a monthly basis and is a platform for partners and USG staff to share information, PEPFAR guidance, and best practices, and to map activities. In FY 2005, this forum developed a Zambia USG OVC Strategy which is in line with the PEPFAR OVC guidelines. In 2007, the USG OVC forum conducted a review of the OVC strategy to access the level of progress towards its implementation.

In FY 2008, the USG will continue the further scaling up of support to OVC throughout the 72 districts, implement the USG/Zambia OVC Strategy and action plan, and link all OVC activities more closely to the GRZ OVC framework. As a result, the USG will reach 492,143 AIDS-affected OVC, well above the PEPFAR 5-year target, and train 38,739 caregivers. The USG/Zambia team will ensure that all OVC programs are implemented in accordance with the OGAC OVC guidance. In FY 2008, the USG will put emphasis on: (1) expanding OVC care and support geographically in the areas with the most OVC; (2) integrating OVC support into home-based and hospice care, ART, and in military, and workplace programs; (3) increasing CT access for OVC and linking children living with HIV to ART; and (4) improving the quality and comprehensiveness of OVC services. The following are the services provided the OVC: education and vocation training, health, shelter and care, psychosocial support; food and nutrition; protection and economic empowerment. The USG will continue to coordinate all OVC activities to maximize program coverage, avoid overlaps and duplicative efforts, and ensure quality care and support.

In FY 2008, USG will support 20 OVC activities, including eight Track 1.0 OVC projects, two NPI projects, and a small grants

program through the State Department in Zambia. The USG OVC Forum will continue to carefully coordinate and map OVC activities and provide a platform for OVC partners to share good practices, lessons learned, materials, and M&E tools and strategies. The USG will continue to support Zambia's unique education and OVC wraparound approach that works with the Ministry of Education to produce interactive radio instruction broadcasts for OVC who are unable to access formal education, and leverages African Education Initiative (AEI) funds for scholarships to non-AIDS orphans. USG partners will provide education support to OVC in preschool and grades 1-9, and scholarships to 8,000 orphans in grades 10-12 who have lost one or both parents to AIDS or and those who are HIV positive. The USG will continue to leverage Food for Peace and World Food Program food assistance for malnourished and food insecure OVC. USG will further leverage private resources for OVC support through U.S. and Zambian public-private partnerships. In addition, the USG will expand support to children on the street and those at risk of ending up on the street. In 2008, the USG will focus on providing support to under-five children who are normally overlooked in OVC programming. USG will operationalize guidelines that will have been developed with FY 2007 plus-up funds to respond to the needs of under-five OVC and also ensure that OVC activities are coordinated with infant and young children nutrition activities. OVC partners will also be taught how to link OVC activities with clinical activities within clinical settings.

In order to serve the most vulnerable OVC, USG 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.

To ensure sustained OVC interventions, the USG will use a three-pronged approach. The first approach will focus on strengthening the national OVC coordination and policy formulation and implementation. The USG will work with the National OVC Steering Committee, NAC, and other ministries to establish a coordinated OVC action plan, and will work with the MSYCD, MOE, and MCDSS to build their capacities to provide district and community OVC social services. The USG has now placed two advisors in both the MSYCD and MCDSS through the RAPIDS program in order to strengthen their capacity. Second, USG will put more emphasis on increasing the capacity of local partners to implement quality OVC programs. And third, the USG will strengthen the capacity of OVC families and caregivers, including child-headed households, to meet the needs of OVC at household level. At national level, the USG will work with the Central Statistics Office and NAC to strengthen the national M&E system to enable it to track OVC inputs, outputs, and outcomes, and to use GIS technology to map OVC programs and services. At project level, USG will further strengthen OVC partner M&E systems. The USG OVC forum has developed an OVC database which is being adopted by all OVC partners. This database has helped OVC partners avoid double counting and strategically plan program expansion.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	392143
*** 8.1.A Primary Direct	236562
*** 8.1.B Supplemental Direct	156254
8.2 Number of providers/caregivers trained in caring for OVC	38739

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7459.08	**Mechanism:**	Family Based Response
Prime Partner:	Kara Counseling Centre	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	16729.08	**Planned Funds:**	$0
Activity System ID:	16729		

Activity Narrative: This is an ongoing activity which began in FY 2007. 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 will be 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. New emphases will include increased linkages to and coordinating with other OVC activities funded by PEPFAR, such as RAPIDS, as well as coordinating with Government of the Republic of Zambia (GRZ)-led OVC activities/initiatives. The program will continue to build upon the experiences of the FY 2007 scale-up activities.

This OVC activity has several components. The first component is training OVC caregivers in comprehensive care and support of orphans and vulnerable children using national protocols and following the USG OVC strategy and OGAC guidelines. The training will enable caregivers to provide psychosocial support to children with a family-based approach. The training will also enable caregivers to provide guidance to OVCs, who live in the same household with the OVC, on how to care for OVC. The funding under this component will be used to pay for resource materials, transport, and lodging and meals during training. KCTT and the implementing partners (Ndekeleni Home Based Care, Moliswa Children's Foundation, Foundation for Development of Children, and Happy Children) will train 95 caregivers in seven districts and five provinces (Lusaka, Southern, Central, Western, and Copperbelt) and seven districts

The second component of this activity is provision of holistic care and support to 700 identified OVC. This care and support will be in the forms of health care, psychosocial support, education, entrepreneurship skills training, and food and nutritional 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 four implementing partners will pay for medical fees, medicines, and transport to health facilities for ailing OVC. Trained caregivers will provide psychosocial support to the 700 OVC through one-to-one counseling; the counseling process will involve other family members. KCTT and the implementing partners will train 100 out-of-school OVC in entrepreneurship skills. The trained OVC will be linked to micro-finance institutions for soft loans for income generation. KCTT and the four partners will facilitate peer support among the OVC. KCTT and the partners will provide food to 700 individual OVC. In order to ensure food security at the household level, grandmother and child-headed households will be linked to Government Ministry of Agriculture and Programme Against Malnutrition. The funding under this component will be used to pay for school requisites (books, uniforms, shoes and fees) for 600 school-going OVC, fees for entrepreneurship training, and food and security funds for micro-financing. The funds will also be used to pay for procurement of bicycles, safety boots, and umbrellas for caregivers. The implementation of this activity component will be in five provinces and include three KCTT sites located in three districts, Lusaka, Choma and Kabwe from Lusaka Province, Southern Province and Central Province respectively. The sites from four partners are in four districts, Mazabuka, Mongu, Chibombo and Luanshya from Southern Province, Western Province, Central Province and Copperbelt Province respectively.

The third 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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16549, 16730, 16728

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16549	16549.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0
16730	16730.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0
16728	16728.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$33,008
Estimation of other dollars leveraged in FY 2008 for food	$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	700	False
8.1.A Primary Direct	600	False
8.1.B Supplemental Direct	100	False
8.2 Number of providers/caregivers trained in caring for OVC	95	False

Indirect Targets

The HBHC activity benefit indirectly affected persons that are dependent of the care clients, in particular Orphans and Vulnerable Children who are members of the affected households. The Care givers trained and working under the Family Based Response program will help the clients prepare for the future of their children by them developing wills, helping families through the bereavement process and by applying the Continuum of Care linking the surviving spouses and orphaned children to other programs. An estimated 800 OVC will indirectly benefit from this activity.

Target Populations

Other

Orphans and vulnerable children

Coverage Areas
Central
Copperbelt
Lusaka
Southern
Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3042.08

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: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3740.08

Planned Funds: $1,042,966

Activity System ID: 14379

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), 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 and marginalized peri-urban areas of Lusaka and in rural areas of Zambia's Central, Eastern and Southern Provinces.

The goals of the CBCO program are to improve the quality of life for over 16,000 OVC by ensuring that OVC have sustained access to essential services and are protected from all forms of abuse, to develop the capacity of sub-partners and community institutions to support high quality OVC programming, and to share lessons learned, models, and best practices for replication of successful approaches. CBCO served a total of 8,642 OVC from FY 2006 to FY 2007 and 845 caregivers have been trained. In FY 2008, CBCO and its sub-partners will provide support to approximately 16,000 OVC and train at least 3,000 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 of school, by paying for school fees, uniforms, and other scholastic materials. A rigorous targeting process will be undertaken by sub-partners with the participating communities to identify eligible OVC. 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, and link them to relevant and quality vocational and tertiary training programs, provided they commit to supporting their younger siblings.

The majority of the CBCO beneficiaries live in rural and peri-urban areas, and either greatly or considerably depend on agriculture for both food and income. As a long-term capacity building strategy for such households, significant efforts will continue to be directed at increasing both the food and nutritional security, and household income by training caregivers in high-impact sustainable agricultural technologies, who will identify the most vulnerable OVC guardians through the already established Savings and Loans Associations (SLA), train and provide them with quality agricultural inputs. CBCO will train caregivers and the OVC guardians in best nutritional practices especially for under-five OVC. This will include cooking demonstrations using locally available foods. The program will continue to implement the livestock multiplication project that started in FY 2007, using the "Pass a gift" model, through the organized SLA groups.

In FY2007, 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 12 and also delivered PSS for guardians during weekly SLA meetings for easy reach. Further CBCO delivered Life Skills for OVC aged between 12 and 17 years through youth clubs. In FY 2008, CBCO will mobilize more Kids and Youth Clubs, and ensure that all SLAs have on-going PSS for guardians. CBCO will further train OVC guardians in early childhood development skills in order for them to adequately engage the under-five OVC and ensure quality child growth.

CBCO will continue to promote the protection of OVC rights and to reduce stigma and discrimination. In FY 2007, more effort was directed towards strengthening continuous monitoring of OVC for protection against the various forms of abuse by zoning each site and placing OVC mentors who regularly visit OVC households to identify and manage cases of abuse. In FY 2008, 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 leader, and the Victim Support Unit respectively.

In FY 2007, CBCO trained SLA facilitators and supported them to mobilize and train/mentor SLAs in their respective sites in order to strengthen the capacity of OVC households to generate income and access to credit. A good number of SLA groups were formed, saved significant amounts of money, commenced the loaning process, and engaged in income generating activities (IGA). In FY 2008, this intervention will be scaled-up to ensure all OVC households belong to SLAs. CBCO will develop extra materials training SLA members in entrepreneurial skills to equip them with practical skills in business planning and management. 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 a school year, so that they could be able to use their portion of savings on other household expenses.
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 PMTCT, ART and HBC. 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. The program will also support linkages to the food security, micro-finance, and educational sectors by involving the Ministry of Agriculture in trainings; referring matured SLA groups to fully-fledged micro-financing institutions and 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, annually. All the data is gender-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 13-17 years, as part of beneficiary participation. The program will also ensure this age group has representation in the community OVC

Activity Narrative: 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 FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8877

Related Activity: 14438, 14372, 14391, 14413, 14441, 14540, 14427, 14428, 14422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26415	3740.26415.09	U.S. Agency for International Development	Christian Aid	11031	3042.09	Track 1 OVC: Community-based Care of OVC	$753,041
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14427	3654.08	6831	2975.08	BELONG	Project Concern International	$2,024,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	16,000	False
8.1.A Primary Direct	8,800	False
8.1.B Supplemental Direct	7,200	False
8.2 Number of providers/caregivers trained in caring for OVC	3,000	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 586.08

Mechanism: CHANGES2

Prime Partner: American Institutes for Research

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3362.08

Planned Funds: $3,199,077

Activity System ID: 14371

Activity Narrative: This activity links with the CHANGES2 ABY program.

CHANGES2 will continue to provide scholarships, peer education and livelihood training and support to AIDS affected orphaned and vulnerable children (OVC) in secondary school. This activity wraps around and leverages resources from the African Education Initiative (AEI) girl's scholarship program in the six target provinces and the CHANGES2 education development project funded by USAID.

As of 2006, it is estimated that over 801,000 Zambian children have lost one or both parents to AIDS. AIDS is putting unprecedented pressure on traditional community structures for supporting orphaned children. Zambia is experiencing a growing number of households headed by children and poor elderly grandparents. AIDS orphans are more likely to drop out of school than their non-orphaned counterparts. This often leads to a cycle of despair, poverty, risky behavior, and HIV infection. In order to assist these children, the GRZ and partners have provided scholarships to many needy OVC in primary school. CHANGES2 provides scholarships to needy OVC in secondary school.

Basic school is technically free in Zambia, with pupils paying only for books and other school supplies. However, high school is prohibitively expensive for the most needy. The young people supported by CHANGES2 scholarships are among the poorest in Zambia. They have all been affected by HIV/AIDS: many live with elderly grandparents who also care for many other children; others are in child-headed households, with no surviving adults to care for them. For these bright young people, a high school scholarship means the difference between dropping out of school after Grade 9 and completing high school.

In FY 2007, PEPFAR supported scholarships to over 5,000 AIDS-affected OVC. Over the three years of the program, CHANGES2 has disbursed more than 11,500 scholarships.

In FY 2008, CHANGES2 will provide scholarships to 8,000 OVC in grades 10 – 12 in Lusaka, North-Western, Copperbelt, Southern, Central and Eastern Provinces.

According to the most recently available MOE data, in 2006, approximately 58% of high school students were male, 42% were female. A larger proportion of scholarship recipients will be girls in order to address this gender inequality in high school enrollment.

At each of the participating schools there is a selection committee composed of community members, religious leaders, students and teachers. The committee reviews applications and ensures that the most needy and deserving OVC receive scholarships. CHANGES2 will continue to train, monitor and support these selection committees in order to ensure the fairness and transparency of the selection process. AEI and CHANGES2 work synergistically to compliment each other with AEI scholarships provided to girls through grade nine. Those who complete grade 9 and qualify for high school are given scholarships through CHANGES2.

The comprehensive scholarship package includes tuition, boarding and meals where applicable, uniforms, books, transportation between the school and home for those who must travel and a small amount of spending money for basic needs such as soap and toiletry items. Many of the recipients are also trained as HIV/AIDS Peer Educators. All female recipients receive Comfort Kits. Because the scholarships cover an entire school year and often include meals and lodging for the student during the school year, making this intervention cost effective yet relatively more expensive than other OVC programs which provide a different type of support.

CHANGES2 will train 1,600 scholarship recipients (ten per school) as HIV/AIDS Peer Educators in FY 2008. The peer educators will work with the teacher who oversees the anti-AIDS Club at the school to promote AB prevention, involve males in order to promote positive behavior and address harmful social norms around male behavior, encourage mutual respect between males and females, address violence and coercion, decrease stigma and discrimination, and support OVC and people living with HIV/AIDS. In 2008, this training will include a component of information and guidance about different career and work-related options soon-to-graduate students realistically have, and how to effectively pursue those options.

Female scholarship recipients will continue to receive Comfort Kits with locally manufactured re-usable sanitary pads. The kits also contain booklets with information on puberty and avoiding HIV infection. It is expected that this low-cost input will lead to increased attendance among girls, who often miss school when they are menstruating, as well as increased self-esteem. While the pads themselves are inherently more sustainable than disposable pads, CHANGES2 will work with Home Economic Departments at select scholarship schools to train students in sewing the kits. This will further ensure the continuation of this activity after PEPFAR funding has ceased.

The scholarships will be administered through sub-grants to the Copperbelt Health Education Programme (CHEP), Family Health Trust (FHT) and the Forum for African Women Educationalists in Zambia (FAWEZA). CHANGES2 will continue to provide extensive capacity building support to these local NGOs to efficiently provide scholarships and support. The NGOs will receive CHANGES2 support and training as needed so that they have sound financial management and reporting, competently implement scholarship support activities and are able to seek additional funds when PEPFAR funding ends. CHANGES2 will also strengthen systems at the school level to ensure that schools receiving scholarship support are actively and effectively addressing issues of quality education, gender equality and sound financial systems. Additionally, CHANGES2 will continue to work with MoE on coordinating all scholarship programs to ensure that the maximum number of the most needy OVC receive support.

CHANGES2 will collect data on relevant indicators from NGO partners. Staff will continue to 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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8850

Related Activity: 16450

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8850	3362.07	U.S. Agency for International Development	American Institutes for Research	4957	586.07	CHANGES2	$2,000,000
3362	3362.06	U.S. Agency for International Development	American Institutes for Research	2828	586.06	CHANGES2	$2,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16450	3363.08	6804	586.08	CHANGES2	American Institutes for Research	$2,650,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	8,000	False
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

North-Western

Southern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	293.08	**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:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3635.08	**Planned Funds:**	$298,201
Activity System ID:	14372		

Activity Narrative: This activity relates to activities in CRS Success HBHC; HTXS, and HVCT; other track 1.0 OVC projects, and RAPIDS HKID.

This is the fifth year of operations for this Track 1.0 OVC Project, Support to OVC affect by HIV/AIDS, implemented by Catholic Relief Services (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 2006, CRS OVC reached 3,658 OVC with various services, including: educational assistance, psychosocial support; child protection; health, shelter and economic empowerment through the training of 73 care givers. In FY 2007, the project focused on provision of 3 core services, namely child protection, education, and psychosocial support. As at end of August 2007, the program had served a total of 10,867 OVC and trained 330 caregivers.

In FY 2008, the CRS OVC project will ensure that OVC have access to high quality services. In addition, the project will ensure that faith based organizations (FBOs) and community-based organizations (CBOs) have sustained capacity to deliver high quality OVC services. To reach these objectives, the project will intensify community mobilization. At least 20 community mobilization activities aimed at raising the awareness of OVC issues will be conducted by the Diocesan partners at the project level. The target group includes but 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, and 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. 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 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 early childhood development skills in order for them to adequately engage the under-five OVC and ensure quality child growth.

The project will focus on these three services to ensure that children receive at least three services for them to be counted as primary direct beneficiaries. Other children will be reached with less than three services among the core services will be counted under supplemental direct support. The project estimates that it will reach 15,500 OVC (13,000 Direct and 2,500 Supplemental) in FY 2008 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. As result 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. CRS will train 270 volunteer caregivers in psychosocial skills, basic counseling skills, monitoring and evaluation, child protection issues and nutritional education.

CRS will provide partners with guidance in quality assurance by conducting site visits, providing technical support, and systematic feedback on financial and programmatic reports. In addition, CRS will build the capacity of partners in programmatic and financial management through trainings and site visits. Utilizing the capacity and trainings from CRS, the partners will in turn train and support 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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8852

Related Activity: 14374, 14379, 14438, 14391, 14413, 14441, 14540, 14422, 14375, 14376

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26198	3635.26198.09	U.S. Agency for International Development	Catholic Relief Services	10963	293.09	Track 1 OVC: Support to OVC Affected by HIV/AIDS	$1,044,171
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14374	3568.08	6807	527.08	SUCCESS II	Catholic Relief Services	$3,100,000
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641
14375	3569.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,000,000
14376	3734.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,370,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	15,500	False
8.1.A Primary Direct	13,000	False
8.1.B Supplemental Direct	2,500	False
8.2 Number of providers/caregivers trained in caring for OVC	270	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

North-Western

Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 630.08

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3652.08

Planned Funds: $200,000

Activity System ID: 14399

Activity Narrative: This activity is linked to JSI SHARe activities HVAB, HTXS, HVCT, HVOP, HBPC, HVSI, HVTB, MTCT and OHPS.

Support to the HIV/AIDS Response in Zambia (SHARe) has significantly scaled up support to Orphans and Vulnerable Children (OVC) over the past three years. From October 2004 to September 2005, SHARe did not provide support to OVC. The next year, however, from October 2005 to September 2006, SHARe and its partners provided direct care to 1,418 OVC and trained 514 OVC caregivers. In the following six months alone, from October 2006 to March 2007, SHARe and its partners provided care to 1,499 OVC and trained 484 caregivers.

In FY 2008, SHARe will continue to strengthen workplace and community support for OVC and their caretakers. SHARe will continue to partner in OVC support with private sector businesses and markets through three local NGO partners: Zambia Health Education and Communications Trust (ZHECT), ZamAction, and Afya Mzuri. SHARe supports workplace and community OVC public sector programs through four ministries: the Ministry of Agriculture and Cooperatives which includes both permanent and migrant workers, the Ministry of Home Affairs which includes both the police and prisons, the Ministry of Transport and Communications which includes transport companies and truckers, and the Ministry of Tourism/Zambia Wildlife Authority which includes wildlife scouts and employees of lodges and tourist businesses. SHARe will provide support to community OVC through Rapid Response Grantee CBOs and FBOs such as the Zambia Interfaith Network Group on HIV/AIDS (ZINGO), NZP+, and chiefdoms. Efforts will focus on developing the skills and capacities of individuals and the communities in self reliance and supporting sustainability. Trained OVC providers will continue to provide direct care and work with USG-funded programs such as Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS), Catholic Relief Services Success Project, and the Quality Education Services through Technology project (QUESTT) to link OVC with additional services available in their communities.

SHARe, will continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance on OVC programming to eight companies in two USAID Global Development Alliances (GDA) in the mining and agribusiness sectors: Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over $2 million will be leveraged from the private sector for the two GDAs.

With many employees caring for OVC, beneficiaries of SHARe's workplace activities have expressed the need to integrate support for OVC into normal workplace policies and services. In FY 2007, SHARe provided technical assistance to private and public partners to incorporate OVC care and support into workplace programs. A number of innovative practices in OVC programming have emerged. For example, First Quantum, one of the GDA companies, with technical support from SHARe has set up an OVC support group which provides food, vocational and skills development, and refers to other USG partners for care and medical treatment. In FY 2007, SHARe also conducted a study of OVC support originating from the private sector workplace.

In FY 2008, SHARe will continue its efforts to encourage NGO and public sector partners to include OVC support. SHARe and its implementing partners will provide quality assurance, quality improvement and supportive supervision to trained OVC providers to address the needs of OVC and their caretakers.

SHARe will continue to manage direct grants to the eight GDA companies that support OVC activities through workplace and community programs. This activity consists of strengthening of OVC programs, support to improving the quality of OVC care, links to opportunities for income generation for caregivers, in particular orphan-and grandparent-household heads, and links to interventions to improve nutrition.

Support to OVC builds upon opportunities identified by GDA companies. Using a support group model, caregivers learn about child development, OVC psychosocial issues, and HIV prevention. Community providers have been trained in care and support of OVC which includes counseling and testing, palliative care, basic health support, and TB/HIV ART treatment for caregivers, youth, and children. Providers promote testing to ensure that children who test positive access care and pediatric ART services, while those who test negative are provided with prevention information. OVC providers link OVC and their households to educational assistance, agricultural support, and microfinance to enhance sustainable household resilience. Older OVC are linked to companies for possible jobs, on-the-job training, and internships. The GDAs will in addition provide inputs to the OVC program directly and through linkages.

In FY 2008, SHARe will reach 3,000 OVC directly through public and private sector workplaces, communities, NGOs, Rapid Response CBO and FBO Grantees, DATFs, and GDA companies, 1,500 with primary and 1,500 with supplemental direct support, and train 300 OVC caregivers. SHARe will target OVC in Katete, Petauke, Solwezi, Mkushi and Ndola districts.

SHARe will increase the sustainability of its four local NGO partners providing technical support on OVC care within and through workplace programs, including Afya Mzuri, ZamAction, ZHECT and CHAMP, through strengthening of technical and management capacities, and mobilization of financial resources. Activities will include participatory analysis of their current levels of sustainability, sharing of sustainability strategies of successful NGOs, and development of sustainability plans. GDA companies will ensure the sustainability of their OVC activities using private sector funds and linking to existing OVC programs. SHARe will advocate with Public sector ministries and District AIDS Task Forces (DATF) to sustain OVC activities through employees, public sector financing, and other donor contributions.

SHARe will also continue to implement a comprehensive M&E system that gathers data on the number of individual OVC served and people trained in OVC care and support from their partners primary data collection level of trained volunteers through to partner consolidation, electronic submission to the project, and reporting to GRZ and USG.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8912

Related Activity: 14395, 14396, 14397, 14398, 14400, 14401, 14402, 14403

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8912	3652.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$200,000
3652	3652.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14395	3677.08	6821	630.08	SHARE	John Snow Research and Training Institute	$50,000
14396	3638.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,628,000
14397	6570.08	6821	630.08	SHARE	John Snow Research and Training Institute	$352,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14400	3639.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,325,909
14401	3641.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,150,000
14402	3642.08	6821	630.08	SHARE	John Snow Research and Training Institute	$230,000
14403	3643.08	6821	630.08	SHARE	John Snow Research and Training Institute	$2,650,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$62,735
Estimated local PPP contribution in dollars	$363,604

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,000	False
8.1.A Primary Direct	1,500	False
8.1.B Supplemental Direct	1,500	False
8.2 Number of providers/caregivers trained in caring for OVC	300	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Business Community

Coverage Areas

Copperbelt

Eastern

Lusaka

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2970.08

Mechanism: Track 1 OVC: ANCHOR

Prime Partner: Hope Worldwide

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3647.08

Planned Funds: $375,000

Activity System ID: 14391

Activity Narrative: This activity relates to other 1.0 OVC projects and RAPIDS HKID activities.

HOPE Worldwide Zambia has been implementing a Track 1.0 OVC program, the Africa Network for Children Orphaned and At Risk (ANCHOR), since FY 2005. HOPE Worldwide Zambia (HWZ) is a branch of HOPE Worldwide, a faith-based organization based in South Africa, which has expertise in care and support for orphans and vulnerable children (OVC) and People Living with HIV/AIDS (PLWHA), and transfers knowledge and skills to and enhances the capacity of communities and organizations to initiate and own local responses to OVC. The goal of HWZ for the ANCHOR Project, over a period of five years, is to strengthen and scale up community based interventions to provide comprehensive care and to improve the quality of life for 19,935 OVC in Lusaka district. This goal will be achieved through three strategic objectives: increasing comprehensive care and support for OVC; strengthening the capacity of families to cope with their problems; and, mobilizing and strengthening community-based OVC responses. In FY 2007, HWZ reached 6,000 children exceeding the target of 5,170 children; with various services. In FY 2008, HWZ will reach 7,300 OVC with various services,, and train 320 caregivers/service providers.

HWZ OVC activities will link closely with other USG partners implementing community based interventions to provide comprehensive care, and to improve the quality of life for OVC. In addition, HWZ will work with other USAID OVC partners through the USG Zambia OVC Forum including major bi-lateral OVC projects to share lessons learnt and prevent overlap of activities. HWZ will also work closely with the Government of the Republic of Zambia (GRZ) through district and provincial offices to ensure effective communication and support to OVC from the government.

HWZ and local Rotary clubs (RFFA) will be the primary implementing partners. ANCHOR's implementation plan is based on HOPE Worldwide's experience in community-based OVC care and support approach based on the SIYAWELA model developed in South Africa. The model focuses on facilitating the mobilization and provision of local multi-level support (medical, psychosocial, educational, income-generating and nutritional) for OVC, their families and PLWHA. HWZ will also strive to create an atmosphere in communities where men and women will promote gender equality, strive to 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 2008 will include continued provision and facilitation of direct support for OVC, and strengthening family and community capacity to respond to OVC needs. HOPE Worldwide's Africa office and Emory University will facilitate training on monitoring and evaluation and data analysis, while Coca Cola will provide advocacy, products for special events, and mobilize other corporate partners.

In FY 2008, HWZ will continue to establish and facilitate community OVC, support groups and 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 clubs are gatherings that 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. HWZ will also ensure the gender needs of boys and girls are also taken into consideration during activity implementation.

HWZ will take a dual approach in addressing the needs of children who are under five. First, all caregivers will be trained in addressing the needs of under five children. And secondly, caregivers will ensure that all children who are under-five are monitored and linked to appropriate services, such as local clinics.

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 and mentor local organizations in OVC care and support as well as use community mobilization strategies to promote community action and coordination. ROSI, grown out of ANCHOR, will help existing OVC organizations build their programmatic and organizational capacity and increase the reach. Child Care Forums will be developed where necessary to promote local multi-sectoral networking for OVC support.

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 Corpus Globe, Shoprite, Natural Valley Limited, Fairview Hotel, Barclays Bank, Doughachi Ads, and Trolleycom. These private partners supplement the much needed staff, OVC and Caregiver trainings, nutritional support, material support, legal support and educational support for OVCs. As a result of this collaboration, HWZ leveraged $80,000 in FY 2007. This figure might go up in FY 2008 depending on the response that will be received by the private sector and the efforts that will be put in. HWZ will continue to approach these companies 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 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8896

Related Activity: 14379, 14438, 14372, 14413, 14441, 14540, 14422

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26417	3647.26417.09	U.S. Agency for International Development	Hope Worldwide	11033	2970.09	Track 1 OVC: ANCHOR	$285,814
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars $80,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	7,300	False
8.1.A Primary Direct	3,020	False
8.1.B Supplemental Direct	4,280	False
8.2 Number of providers/caregivers trained in caring for OVC	320	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Lusaka

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2915.08
Mechanism: QUESTT
Prime Partner: Education Development Center
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3545.08
Planned Funds: $800,000
Activity System ID: 14383

Activity Narrative: The Quality Education Services Through Technology (QUESTT) project is an educational program designed to improve the quality of education and provide education to children who do not have access to formal schools. It assists the Ministry of Education (MOE) to produce interactive radio instruction (IRI) broadcasts for children in community and government schools. Communities adopt IRI by appointing an adult to organize children around the interactive broadcasts, and facilitate their learning. In government schools the broadcasts are used to supplement the normal teaching. It is a high quality, versatile learning system that is easily adapted to low resource learning conditions and which penetrates into even the most disadvantaged communities. In FY 2006 with support from PEPFAR, QUESTT initiated HIV/AIDS broadcasts for OVC on HIV/AIDS life skills through two community radio stations in addition to the regular basic education interactive radio programs. 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.

The comprehensive HIV/AIDS life skills curriculum empowers OVC with knowledge, attitudes and skills to set goals for themselves and make better choices in challenging situations. The radio programs build on the existing MOE life skills materials for basic education, using drama in the local languages and interactive radio methodology to provide basic HIV/AIDS life skills to OVC and their caregivers. Curriculum and training is in areas such as self-awareness, decision making, coping with stress and emotions and interpersonal skills, as well as reproductive health and other health issues. HIV/AIDS related life skills curriculum and training will help create a positive social environment by promoting abstinence, as well as mitigating stigma, child abuse and gender violence, and by promoting VCT for adults. The caregivers will learn how to acquire and practice good nutrition, seek healthcare, and provide psycho-social counseling support through appropriate social and health services. These programs will link the OVC to other support programs in their area.

The children listen to a fifteen-minute drama with their families once a week. Each drama illustrates a life skills topic, followed by questions for the whole community, adults and children, to discuss. The next day the children listen to a fifteen-minute broadcast with their teacher. The broadcast provides follow-up to the drama and deals with the issues highlighted in the drama and the questions for discussion. The teacher guides the children through the broadcast and the follow-up activities with the help of a printed guide, including homework to complete with their caregivers. This makes the children active agents in family-based behavior change. The community listening groups provide feedback to the community radio station through completing printed feedback forms each week, which provide the basis for a third broadcast, in which a local expert answers questions and gives advice to the communities. Some communities which have cell phone coverage will be provided with cell phones to enable them to participate actively in the broadcast. The communities which receive cell phones will also be able to use the phones as a means of generating income to support the community school. The community-based discussion groups enhance the support given to OVC, providing a forum to reinforce and reflect upon both the OVC issues and the network of support services available to them. The project will conduct workshops in the communities to establish these groups and train the members, and they will receive follow-up visits and monitoring from the producers in the community radio stations to ensure that they are working effectively. The teachers in the schools will receive training before the broadcasts start and the producers and other MOE officials will visit them regularly to collect feedback on the impact of the program.

In FY 2007 this program targeted OVC in community and government schools and their caregivers in 16 districts through four community radio stations in Livingstone, Chipata, Petauke, and Kasama. In FY 2008 the program will continue to target the teachers, community members and children and children reached in 2007 and will extend coverage to three districts in Luapula Province, three more districts in Southern Province, four districts in Central Province and five districts in Western Province. Producers in the community radio stations will receive training in the production of dramas and feedback programs to enable them to continue to provide similar programs after the end of the project.

In FY 2006 the program reached 2,000 teachers, 3,000 community members and 50,000 children. In FY 2007, the program reached an additional 1,000 teachers, 2,000 community members and 30,000 children. In FY 2008 the program will provide essential OVC care skills to 4,500 teachers, 8,500 community members and 100,000 children in 32 districts in Central, Eastern, Luapula, Northern, Southern and Western Province.

In order to monitor the impact of the radio programs, data will be collected from the listening groups and the teachers. Records will be kept of the number of caregivers and OVC in each community and the number of listeners each week. Each month the community listening groups will submit reports to the community radio stations, which will be analyzed to provide ongoing feedback for the producers.

As part of the sustainability strategy, QUESTT will develop the capacity of communities and community radio stations to provide comprehensive life skills support for OVC by creating a network of caregivers consisting of teachers, parents and guardians and other community members associated with the community schools.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8881

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8881	3545.07	U.S. Agency for International Development	Education Development Center	4970	2915.07	QUESTT	$400,000
3545	3545.06	U.S. Agency for International Development	Education Development Center	2915	2915.06	QUESTT	$400,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	100,000	False
8.1.A Primary Direct	0	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	13,000	False

Indirect Targets

This activity is expected to reach 100,000 OVC through its unique radio program in the most rural and remote areas of Zambia.

Target Populations

Other

Orphans and vulnerable children

Teachers

Coverage Areas
Eastern
Northern
Central
Lusaka
Southern
Luapula
Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7070.08	**Mechanism:**	Luapula Foundation
Prime Partner:	Luapula Foundation	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	15177.08	**Planned Funds:**	$0
Activity System ID:	15177		

Activity Narrative: The Luapula Foundation is a New Partner Initiative (NPI) project in Zambia. Luapula Foundation is in its second year of implementation. Luapula Foundation will implement activities that provide 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 will work 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.

Luapula Foundation has been implementing an OVC program in Mansa District, Zambia, since 2001. In FY 2006, Luapula Foundation received an award under the PEPFAR New Partners Initiative (NPI). In FY 2007, with the NPI award, Luapula Foundation expanded the OVC project into Samfya and Mwense. In FY 2008, Luapula Foundation will expand the OVC project to include Kawambwa and Milenge Districts.

The primary goal of the activity is to provide support to OVC in a sustainable manner that includes empowering caregivers' within OVC households to become self-reliant and able to provide educational, nutritional, and psychological support to the OVC for whom they are caring. Luapula Foundation will scale up its community–based interventions by providing comprehensive care to improve the quality of life for OVC in the targeted districts. Luapula Foundation provides 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 provide small grants to trained OVC and caregivers; training of teachers and OVC caregivers in child psychosocial needs, facilitation of legal assistance, and child health care

Luapula Foundation is indirectly supporting under-five OVC in nutrition/food by training OVC guardians in conservation farming. However, once the overall country guidelines on care for under-five OVC are finalized, Luapula Foundation will extend support in this area and improve services for under-five OVC.

While carrying on with support to their old caseload of OVC, Luapula Foundation will identify new OVC through a selection methodology that involves community and church leaders, and teachers from selected schools. Luapula Foundation will further conduct an OVC needs assessment. After the assessment, the Foundation will enroll selected and assessed OVC in programs that will meet the identified needs of the children.

Luapula Foundation will continue to support the OVC in nutrition/food requirements by training 240 caregivers/guardians in conservation farming techniques for food security and income. In addition, 120 caregivers trained in conservation farming in FY 2007 will receive advanced training in food storage and in child rights. Most caregivers/guardians caring for OVC live in rural areas and are peasant farmers.

Luapula Foundation will provide direct support to identified OVC to meet educational needs, which includes payment of school fees and school requirements such as school supplies and uniforms. Luapula Foundation will provide functional literacy classes, trade skills, and entrepreneurship training to out of school OVC. Luapula Foundation will also provide small grants in the form of capital and equipment to start businesses for trained caregivers and OVC.

Luapula Foundation will train 40 teachers from basic schools in Mansa, Samfya, Mwense, and Kawambwa districts in child counseling. This training will enable trained teachers to provide psychosocial support to sponsored OVC. Luapula Foundation will further facilitate OVC with protection by linking OVC with available legal aid tasked with protecting the children from abuse and neglect.

Luapula Foundation will ensure sustainability by training the OVC caregivers in methods of farming that will provide for food security of the family, training caregivers in methods of transfer of skills to other community members, and by training caregivers in psychosocial support of OVC and in children's rights. OVC caregivers enrolled in conservation farming will become food secure and self-sustaining over a period of three years. Food security and sustainability will be measured by the OVC caregiver/guardian's ability to: provide each family member with at least two meals per day year round; sell excess crops to purchase other items needed in the home such as soap, salt, sugar and clothing; and supplement the educational support offered by Luapula Foundation to the OVC for whom they care. This supplemental educational support may be in the form of the guardians providing a portion of the school fees, transport to and from school, school supplies, or school uniforms required by the OVC. Luapula Foundation will evaluate their old caseload of caregivers/guardians to ascertain their ability to support OVC and possible reduction or weaning from the OVC program support.

With the above interventions, Luapula Foundation will provide primary direct support to improve the quality of life for 784 OVC. In addition, Luapula Foundation will provide supplemental care to 2,300 OVC.

Luapula Foundation will continue to work with other USAID OVC partners through the USG/Zambia OVC Forum to share best practices and prevent overlap of activities. Luapula Foundation will also work closely with the Government of the Republic of Zambia (GRZ) through district and provincial offices to ensure effective communication and support to OVC.

In addition, Luapula Foundation will further strengthen its Monitoring and Evaluation (M&E) system to ensure accurate reporting of information. The strengthening of the M&E system will be done in conjunction with technical assistance (TA) offered by the local USAID mission as well as by USAID Washington through contractors assigned to Luapula Foundation for this purpose.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15176, 15178

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15176	15176.08	7070	7070.08	Luapula Foundation	Luapula Foundation	$0
15178	15178.08	7070	7070.08	Luapula Foundation	Luapula Foundation	$0

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,084	False
8.1.A Primary Direct	784	False
8.1.B Supplemental Direct	2,300	False
8.2 Number of providers/caregivers trained in caring for OVC	280	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Luapula

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3044.08

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: Orphans and Vulnerable Children

Budget Code: HKID

Activity ID: 3743.08

Activity System ID: 14438

Program Area Code: 08

Planned Funds: $478,641

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 FY 2004 and expands 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 such as the Nazarene Compassionate Ministries (NCM), Reformed Church in Zambia Eastern Diaconia Services (RCZ-EDS), World Hope International Zambia (WHIZ), the Reformed Community Support Organization (RECS), and Operation Blessing International (OBI).

In FY 2008, World Concern will provide care and support for 10,269 OVC, train 564 caregivers, and continue to build the capacity of 17 CBOs besides technical support to the existing FBOs and CBOs that were recruited from year one to three. World Concern and its partners will continue to develop and strengthen networks with government, other FBOs and NGOs, and USG funded OVC projects. World Concern will enhance efficiency and effectiveness of program activities and ensure OVC quality care. Special consideration will be given to HIV positive OVC and children whose parents or guardians are unable to support them due to illnesses caused by HIV/AIDS. These children will be linked to VCT, ART, and PC services. The project will continue to follow the established identification and selection process to identify eligible OVC. The Church OVC committees first identify and recommend the OVC to World Concern staff. Thereafter, the staff verifies the eligibility of each OVC by conducting an assessment at household level using assessment and registration form. If an OVC qualifies, he/she is enrolled in the program. It is expected that OVC support activities will continue in the community, even after the grant expires, through volunteers, the established CBOs, and the animal and seed loan rotation program.

The project will develop close linkages with relevant government ministries and institutions. The project will continue to promote gender equality in the support rendered to both OVC and Caregiver groups. Caregiver and OVC registrations in the program shall continue to carry a balanced gender composition. World Concern has a deliberate policy of gender-balance regarding participation in project implementation.

OBI will use formative and summative research to develop the key Behavior change television messages for a series of radio and television public service announcements (PSAs) to an audience of the approximated Zambia National Broadcasting Corporation (ZNBC) standard of 1,816,320 people. Working through indigenous advertising agencies, focus group discussions with adults and OVC and an initial round of surveys will provide information on the challenges to transforming public perceptions on OVC and HIV/AIDS to form the basis of behavior change communication (BCC) message points. The PSAs will be pre-tested in country again in collaboration with the CTO and USAID. The overall goal is to effectively use mass media to raise awareness of, and support of the Zambian society for OVC, focusing on advocacy for the protection of property and assets of families, capacity-building for the elderly and child-to-child caregivers, raising awareness to create a supportive environment for OVC, and safer norms and behaviors using the Abstinence and Being Faithful (AB) model. OBI will target ZNBC radio listeners and TV viewers and will collaborate closely with ZNBC and other media organizations.

RECS and RCZ EDS will work on the Copperbelt and the Eastern Provinces of Zambia to increase OVC and caregiver's income levels through IGA programs OVC will benefit through nutrition and educational support. OVC support will be integrated in the community through the involvement of trained community volunteers, FBOs and CBOs. RCZ EDS will encourage the active participation of both female and male volunteers and beneficiaries. It will conduct gender sensitization workshops and support existing women's groups with training, food security aid and health-related activities. The project will also continue to ensure that youths (OVC between 13-17 years) continue to take a prominent role in the project. Youths who head households will continue to benefit from skills training provided to caregivers. Other services provided to them include psychosocial support, age appropriate reproductive health, HIV/AIDS awareness and prevention, CT, and referral for other clinical services.

WHIZ will work with the Pilgrim Wesleyan Church communities located in Southern and Lusaka Provinces. Selected families and caregivers will be targeted for agricultural and small-scale entrepreneurship start-up loans. The targeted families and caregivers will under-go livelihood/IGA skills training in farming, gardening, animal multiplication and animal husbandry projects, sewing and tailoring and carpentry. Income generated from these projects will be used to cater for OVC's school, medical, food and clothing needs. Other areas in which training will be provided to the targeted communities include community health in general and HIV/AIDS in particular, peer education skills, OVC care, HBC, and functional literacy.

RECS will work on the Copperbelt, Northern, and Luapula Provinces. RECS will mobilize and strengthen its FBOs by training and supporting volunteer members and caregivers in psycho-social counseling, Home Based Care, IGAs, 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 OVC who will be exposed to available health care, social, and education services.

NCM will train church and community volunteers as caregivers that will support OVC. NCM will work with churches in Southern Province and Luapula Province. Program activities will involve training, awareness and establishing methods of sustaining the OVC programs that will be introduced. Each identified family/caregiver will receive skills training in OVC/Home Based Care, nutrition and prevention of common community diseases including HIV/AIDS, to empower them to address problems in each respective household.

CCAP R&D will provide care to OVC and also train caregivers in Lundazi district in Eastern Province of Zambia. The goal is to alleviate poverty and improve living conditions of OVC. CCAP R&D will organize churches and communities and to empower them to support and provide for the needs of OVC. CCAP R&D will help OVC to access education, good nutrition, different skills and quality care and support through a supported caregiver. Communities and local organizations will be trained and encouraged generate income through contributions, farming/gardening and other IGAs.

The sustainability strategy entails enhancing the capacity of churches to continue to provide the services to both church members and community members at large.

All FY 2008 targets will be reached by September 30, 2009.

Activity Narrative: This activity relates to other 1.0 OVC projects and RAPIDS HKID

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9198

Related Activity: 14379, 14372, 14391, 14413, 14441, 14540, 14422

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26411	3743.26411.09	U.S. Agency for International Development	World Concern	11028	3044.09	Track 1 OVC: Community-based Care of OVC	$925,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	10,269	False
8.1.A Primary Direct	10,269	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	564	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

Southern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 2975.08

Mechanism: BELONG

Prime Partner: Project Concern International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3654.08

Planned Funds: $2,024,000

Activity System ID: 14427

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. In FY 2006, BELONG reached 63,124 OVC and trained 153 caregivers. In FY 2007 (October 2006 to March 2007), BELONG reached 46,297 OVC (4,661 with primary direct services and 41,636 with supplemental support) and trained 350 caregivers. In FY 2008, BELONG will reach 66,546 OVC, will train 9,000 caregivers, and will strengthen 258 community schools and community based organizations in providing OVC care and support. Five thousand caregivers will be reached with economic strengthening initiatives and are included in the targets above.

BELONG is an active member of the USG/Zambia OVC Forum and will seek to collaborate and link with other OVC efforts such as the RAPIDS project, other Track 1.0 OVC projects operating in Zambia, and other donor supported and GRZ efforts. Partners implementing the BELONG project in Zambia include PCI as the prime agency, Pact Inc., Bwafwano, a pioneer of community-based care and OVC support, Zambia Open Community Schools (ZOCS), a local NGO supporting OVC in community schools, and other community-based organizations.

In FY 2008, BELONG will increase the availability of critical OVC support services, including quality formal or informal education, literacy, and numeracy training, life skills education, medical care, nutritional support, and psychosocial support. Channels for reaching OVC include expanded collaboration with PCI's major local partner, Bwafwano, which will involve increasing Bwafwano's capacity to reach OVC through their home-based care program. Bwafwano will continue to work through the 37 established OVC committees and community leaders where it has an established presence in Lusaka and Central Provinces, and expand into new areas in rural Lusaka, Buccaneer and Ngwerere. Training will be provided to 50 volunteer caregivers in these new catchment areas to strengthen their capacity to provide care and support for OVC in a community setting.

BELONG will conduct community sensitization activities to raise awareness on the role of OVC committees and to address issues affecting OVC, including stigma and discrimination. BELONG and its partners will bring essential support services to school children in approximately 250 community schools in Lusaka, Western, and Southern Provinces, where it is expected to reach a total of 63,047 OVC, in addition to those reached by Bwafwano. These services will include access to education, nutritional support, HIV/AIDS and life skills education, psycho-social support, and other services in these schools. BELONG will support HIV/AIDS prevention through behavior change communication for children in target community schools. Caregivers at these schools will also be trained in psychosocial support, food and hygiene education, first aid, income generation, and school management.

PCI will continue to identify new children through the home-based care platform using the OVC community committee members, home-based care or OVC caregivers and self referrals to home-based care community centers and community schools. PCI will develop and strengthen referral linkages between community schools and DHMT clinics in their geographical areas and home-based care organizations so that children are able to access Voluntary Counseling and Testing (VCT) services, Antiretroviral Therapy (ART) services and other health services. Through partnership with home based-care organizations in the surrounding communities, PCI will encourage referral of children to palliative care services and ART adherence support services.

PCI will continue to promote child/youth participation in decision making, monitoring and evaluation. In FY 2008, children will be represented in the provincial community schools committees (PCSC) and will continuously participate in making key decisions on the management of community schools. PCI will 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.

PCI will sensitize the PCSCs and communities, with which it collaborates for school-aged OVC, about the needs of infants and young children. PCI will help the community recognize its positive practices as well as needs of the under-five children that are not being adequately met. PCI will 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 support community schools to include promotion of under-5 healthy habits such as nutrition education (breastfeeding, weaning); water purification and basic hygiene; promotion of immunizations; promotion 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. BELONG will use a wraparound approach to leverage nutritional supplements from PCI's Food For Education (FFE) Program that will be implemented in collaboration Land O'Lakes and other key stakeholders amounting to $100,000.

BELONG will strengthen the capacity of households providing care for OVC, especially women and older OVC household heads, to support themselves and their children through economic empowerment initiatives. This component will increase economic empowerment of participating households by adapting the WORTH model in partnership with Pact. The model will be used in mobilizing and forming successful women's groups that generate income based on the principles of self-help and empowerment. Through WORTH, OVC caregivers will be provided with access to literacy training, savings-led micro-finance and the development of micro-enterprises. A range of learning materials that guide the groups in business management, savings-led credit systems and literacy skills have been adapted and translated into the local language, Nyanja, and have been provided to all members. To date, 5,000 women have been enrolled, and seven community-based organizations are working with PCI to support this program component, with technical assistance from Pact. From July 2006 to August 2007, over 200 groups have been formed; total group savings as at August 24, 2007 were K119, 863,000.00 (almost $30,000); literacy levels have improved among the rural women; over 2,000 women have their own micro businesses, and 11,550 OVC are benefiting indirectly through the Worth model.

Activity Narrative: BELONG will continue to build the capacity of a network of local non-governmental organizations (NGOs), community based organizations (CBOs), and faith based organizations (FBOs) to provide quality services to OVC. BELONG will work with Bwafwano as a primary partner to implement the detailed organizational capacity assessment plan that was developed in FY 2007 and which will be implemented in part through the "Centers of Learning" component and in part via other mechanisms of training, mentoring, on-the-job training, and technical support; including support to Bwafwano to mentor other identified local organizations that have been selected for participation in the BELONG network.

BELONG will work with select local organizations and increase their capacity to serve as "Centers of Learning" in order to facilitate rapid scale-up of services. This component forms a major part of the BELONG project's strategy for sustainability. The project will work to strengthen Bwafwano and other "Centers of Learning" to serve in this network of learning, improving their abilities to assess and respond to capacity building needs. These centers will provide mentoring and coaching in their designated network to improve the quality of OVC care. BELONG will document lessons learned and successful methodologies for serving vulnerable children and their caretakers. Building on the monitoring and evaluation (M&E) system currently in use, BELONG will further strengthen its M&E system to track output and outcome indicators and also to ensure that duplication and double counting are eliminated. BELONG will build the M&E capacity of their local partners. BELONG will expand to new districts and identify new partners to facilitate increased numbers of OVC have access to services, ensuring that end line targets are met.

BELONG's sustainability strategy includes, an emphasis on working together with and strengthening the capacity of local organizations through technical and organizational support, joint capacity assessment and planning to address areas of technical and management needs (including strategic planning, financial management, and resource mobilization), and networking (linking less well-developed organizations with each other and with more established organizations for mentoring through the centers of learning and with sources of technical support in government and the NGO community). BELONG's close collaboration with the Ministry of Education and the Ministry of Community Development and Social Sciences, Zambia Open Community Schools and its ongoing advocacy efforts to improve government support for quality education targeted at the most vulnerable children at community schools will also help schools sustain their support to OVC. All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8924

Related Activity: 14379, 14438, 14372, 14391, 14413, 14441, 14540, 14428, 14422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26429	3654.26429.09	U.S. Agency for International Development	Project Concern International	11039	2975.09	BELONG	$963,169
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$100,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	66,547	False
8.1.A Primary Direct	23,237	False
8.1.B Supplemental Direct	43,310	False
8.2 Number of providers/caregivers trained in caring for OVC	9,000	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Lusaka

Southern

Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	5073.08	**Mechanism:**	BELONG bilateral
Prime Partner:	Project Concern International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3730.08	**Planned Funds:**	$600,000
Activity System ID:	14428		

Activity Narrative: This activity links to ZDF HBHC (#8787), ZDF HVOP (#8786), and ZDF AB (#9170) activities, other Track 1.0 HKID activities, and RAPIDS HKID (#8947).

The implementation of this activity is through a bi-lateral buy-in to the Project Concern International BELONG Track 1.0 orphans and vulnerable children (OVC) Project to provide care and support to AIDS-affected OVC within and associated with the Zambia Defense Force (ZDF). This activity is under the technical guidance and management of USAID with strong DOD collaboration. Due to the high HIV prevalence and AIDS-related illness and deaths in the ZDF, the number of OVC associated with the ZDF is growing. The precarious position of OVC is worsened by the fact that AIDS widows of deceased ZDF personnel often do not receive their husbands' benefits for long periods of time, sometimes waiting for support for up to five years. During this waiting period, AIDS widows have a very difficult time meeting the basic needs of their orphaned children. These widows and their children suffer enormous stigma and frequent exploitation. The financial situation of an AIDS widow and her children might be particularly strained if a proper will was not prepared before her husband's death and family resources like property and investments are seized by relatives. Those living outside the barracks are even more vulnerable, as they must pay rent and utilities. This can lead to psycho-social trauma, malnutrition, discontinuation of education, and neglect for the AIDS-affected OVC.

Prior to PEPFAR, there was no assistance available for the ZDF in OVC support. In FY 2005 and FY 2006, USG has been working with CARE International to assist ZDF with identifying priority issues and assistance needs involving AIDS-affected OVC who are taken care of by military families and OVC of military personnel who have presumably died from AIDS. In FY 2008, BELONG will adapt 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 2008, BELONG will build capacity of parents, guardians, and school teachers to provide care and support and link to existing psychosocial, educational, medical, and other required support to OVC and their guardians. Building on BELONG strategies, and accounting for the needs identified by the ZDF, AIDS-affected OVC will be identified through one or more of the following channels: a) through PEPFAR supported home-based care programs managed by the ZDF; b) through lists compiled by ZDF personnel of AIDS widows awaiting their benefits, or other families caring for AIDS-affected OVC; or c) through schools catering to ZDF OVC. There are three kinds of schools attended by AIDS-affected OVC: 1) schools situated on the military base; 2) government schools situated just outside the military cantonments; and 3) community schools located in civilian communities surrounding the military bases, which are managed by Parent Community School Committees (PCSCs). BELONG will use its many years of experience providing educational support to OVC to work with all genres of school.

Using the community school platform, PCI will sensitize the PCSCs and communities with which it collaborates for school-aged OVC, about the needs of infants and young children. PCI will help the community recognize its positive practices as well as needs of the under five children that are not being adequately met. PCI will also support community schools to include promotion of under-5 healthy habits such as nutrition education (breastfeeding, weaning, etc.); basic hygiene; promotion of immunizations; promotion micro-nutrients supplementation and deworming 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

Using the HBC platform, PCI will build capacity among the HBC organizations on or around ZDF camps to integrate services for all OVC in their HBC work. The strategy will consist of training HBC volunteers in basic pediatric AIDS care, including pain relief, management of opportunistic infections, and referral to health centers for treatment and prophylaxis, including cotrimoxazole, ART, OI (such as tuberculosis and PCP pneumonia) and cotrimoxazole treatment and prophylaxis adherence support, counseling and emotional support. HBC volunteers will also be trained to make referrals to PMTCT programs and other government health services to ensure follow-up of enrolled mothers, care for the mothers and children, health education regarding child care, nutrition, breastfeeding, malaria prophylaxis and promotion of bed-nets, 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 10 sites to assess the needs of individual OVC and in the provision of psychosocial support to OVC and their guardians, using training materials developed for use in FY 2005 and FY 2006. These caregivers will in turn sensitize parents/guardians on the importance of psychosocial support, education, medical care, HIV testing, and pediatric ART. They will also help in identifying children who are experiencing loss and grief and will organize activities to help OVC build their resilience and meet their needs for self esteem and positive coping skills. Psychosocial support activities will include dissemination of information on HIV/AIDS prevention and children's rights. This will be done in collaboration with other organizations.

Other types of support which may be provided include support for education (assistance with fees where necessary, teaching and learning supplies, and support to improve the quality of schooling, as below); nutritional support; shelter; and other types of critical material assistance, depending on the needs identified for each child. BELONG will work closely with the ZDF to ensure ZDF-associated AIDS orphans receive their rightful benefits in a timely manner. Recreation will also be used as a strategy to disseminate information and to reach out to children who are out of school i.e. (Youths between 13 -17 years of age). This will maximize the number of OVC to be reached in the communities including those being cared for by military or ex-military guardians, or by widows or widowers of military staff. Untrained teachers in community schools will be trained in teaching methodologies and class management in order for them to provide quality education to OVC. PCSCs will be trained in community resource mobilization and participation and in school and financial management. Community OVC Committees (COVCCs) and PCSCs will be trained to identify and implement OVC advocacy activities in their communities. The composition of PCSCs or selection of participants will allow for military or ex-military guardians to benefit from the training.

In addition to psycho-social support, AIDS affected OVC ages 0-17 will be linked to medical care. Guardians will be encouraged to take the children for HIV testing if they have signs of chronic illness or

Activity Narrative: growth faltering. Those found to be HIV positive will be referred to ART centers for further management. The goal of this program is to provide holistic care and support to 7,000 OVC in FY 2008. Many AIDS widows fail to manage their benefits optimally once received, due to a lack of entrepreneurial (business) skills. The project will therefore provide basic business skills from the 10 sites for widows waiting to get their spouse benefits. This will empower the widows with sustainable ways of taking care of their children.

Community mobilization and participation is an ongoing and underlying process of the activity, building on those initiated in FY 2005 and FY 2006. In order to promote sustainability and develop a sense of ownership and responsibility and to catalyze community collective action around issues of OVC, the project will strengthen the capacity of the District OVC Committees (DOVCCs) and COVCCs, including military and ex-military households, in community and resource mobilization. BELONG will document the participation of military or ex-military personnel or AIDS widows in these committees. BELONG will strengthen linkages with existing service providers or potential donors to scale up activities aimed at supporting OVC. These will include activities to ensure COVCCs and PCSCs refer children to counselors, healthcare providers, and Family Support Units where these exist. Currently, some of the schools are used as centers for child health activities. Discussions will be held with district health staff and neighborhood committees to conduct school health services (such as de-worming and hygiene education) to cater for older OVC. ZDF, through the office of the OVC program manager will actively be involved in the planning, implementation, and monitoring of the OVC program. This will promote ownership of the program by ZDF.

The activity is designed to put in place sustainable community level support structures for OVCs, including a focus on capacity building of community level structures such as the PCSCs, DOVCCs and COVCCs; improving infrastructure; and promoting involvement and ownership by communities and the ZDF of activities designed to address OVC priorities.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9720

Related Activity: 14379, 14438, 14372, 14391, 14413, 14441, 14540, 14427, 14422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28621	3730.28621.09	U.S. Agency for International Development	Project Concern International	11686	5073.09	BELONG bilateral	$550,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14427	3654.08	6831	2975.08	BELONG	Project Concern International	$2,024,000
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,000	False
8.1.A Primary Direct	1,500	False
8.1.B Supplemental Direct	3,500	False
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Indirect Targets

It is expected that out of the 200 care givers trained, each will in turn reach at least 3 other service providers per initial caregiver trained resulting in indirectly reaching 600 caregivers.

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Eastern

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	6188.08	**Mechanism:**	Africa KidSAFE Initiative
Prime Partner:	Project Concern International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	12534.08	**Planned Funds:**	$700,000
Activity System ID:	14429		

Activity Narrative: Project Concern International'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 FY 2008, PCI will reach 12,000 OVC, as the network expands to other parts of the country. The primary beneficiaries of the program are children (generally 18 years of age and under), 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 200 providers to provide effective services to street children. Children will be provided with services in at least three 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, and Barefeet, a performing arts group.

In FY 2008, the KidSAFE program will 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, and child care 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 will help 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 (immediate or extended) or members of the community 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.

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.

Due to the fact that substance abuse constitutes one of the main barriers for children on the streets to access services, PCI will 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. In addition, PCI will 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 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.

As described above, this project is primarily focused on youth, and youth 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.

Activity Narrative:

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. Quarterly 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.

PCI will support UNICEF and GRZ in carrying out an assessment on women and children. The 2008 situation analysis will be a comprehensive analysis of children- and women-related issues in national development. The analysis will generate current evidence on vulnerabilities, responses, achievements, opportunities and challenges in improving results for OVCs.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12534

Related Activity: 14379, 14438, 14372, 14391, 14413, 14441, 14540, 14427, 14428, 14422

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26883	12534.26883.09	U.S. Agency for International Development	Project Concern International	11171	6188.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14427	3654.08	6831	2975.08	BELONG	Project Concern International	$2,024,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,000	False
8.1.A Primary Direct	3,500	False
8.1.B Supplemental Direct	8,500	False
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	412.08	**Mechanism:**	RAPIDS
Prime Partner:	World Vision International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	3559.08	**Planned Funds:**	$7,198,487
Activity System ID:	14441		

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. New activities and 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 begun 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 increase the emphasis on sustainability and capacity building in the last year of PEPFAR.

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 49 of the 72 districts in Zambia. RAPIDS uses a household approach, creating a basis for supporting youth, OVC, and PLWHA within the context of the household.

In FY 2008, RAPIDS will continue to scale up care and support to OVC. In FY 2007, RAPIDS expects to reach 196,595 OVC, while in FY 2008, the program plans to reach 199,185 OVC and train 7,967 caregivers. RAPIDS will 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. RAPIDS will intensify care of OVC under five years of age through Child Health Week, i.e., deworming children with mebendazole, and supplementation of Vitamin A as well as through ITN distribution. Caregivers will facilitate referrals of potential HIV+ infants and children for 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 enhance the capacity of FBOs/CBOs by providing up to approximately 31 sub-grants valued at a total of about $300,000 (though the amounts will vary by partner) to expand OVC outreach. Partnerships with FBOs/CBOs will help train caregivers, peer educators, and clergy in OVC care and support.

RAPIDS will provide volunteer caregivers with non-cash incentives and tools for work (bicycles, clothes, shoes, umbrellas, apparel, Insecticide Treated BedNets (ITNs), and care kits). Enhancement of access to education for the children will include offsetting fees; providing school uniforms, shoes, and books; teacher capacity building; and rehabilitating community schools' structures. RAPIDS will collaborate and coordinate with CHANGES II on scholarships for secondary school children.

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 Youth, Sport and Child Development, to help disseminate and operationalize the National Child Policy (approved by Cabinet and launched in June 2006) and the GRZ Mid-Term OVC Plan 2005-2007 and contribute to the development of the National Plan of Action for Children. RAPIDS staff, members of district structures, and the media, will identify advocacy issues and a process for policy formulation. RAPIDS will continue to support the "Populations Impacted by HIV/AIDS Media Awards," held annually for best media coverage on issues of HIV/AIDS.

RAPIDS will continue to provide non-clinical support to Family Support Units (FSUs) which target children living with HIV/AIDS (CLWHA) next to hospitals and health centers in Ndola, Lusaka, Livingstone, and a hospital in the northern region, to be identified during FY 2007. RAPIDS will support quality psychosocial pediatric support to CLWHA and their parents/guardians, specializing in play therapy. Involving HIV+ 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.

Through its collaboration with the Malaria Control Centre and PMI, RAPIDS will provide ITNs to prevent malaria accompanied by IEC material and malaria education in partnership with the Malaria Focal Point Persons of the MOH/DHMT. To support OVC livelihoods and food security, RAPIDS will continue to provide agricultural inputs, seed, livestock, and small scale irrigation equipment to OVC households and caregivers, accompanied by training in sustainable agricultural practices, food processing, and utilization. RAPIDS will support alternative livelihood options, such as small business development, linkages to micro-finance institutions, and income generating activities for households in urban areas, and provide appropriate training. RAPIDS will provide nutrition training to 16,000 severely vulnerable households. Gender mainstreaming and gender equity will be ensured. 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 the vulnerable girl child.

USG agencies and 27 OVC partners will continue to operationalize the 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),

Activity Narrative: NAC and the MOH Nutrition focal persons.

RAPIDS will mobilize communities as the key to long-term sustainability in the response to HIV/AIDS in Zambia. The training of caregivers will ensure capacity of the community to serve the households. Training of community committee members contributes towards sustainability. 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 (One coordinating mechanism, One framework, and One M&E system).

To further the sustainability of local organizations efforts, RAPIDS provides training and sub-grants to CBOs and FBOs supporting OVC. The training will improve programmatic and management skills and the provision of quality services and access to other existing HIV/AIDS resource streams. RAPIDS technical and material support for the development of prevention activities includes equipping HIV/AIDS educators within FBO/CBO institutions with a life skills "training of trainers" program to help provide further training to supervisors, peer educators, and staff within their respective institutions and organizations.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8947

Related Activity: 14439, 14440, 14442, 14443, 14445, 14448, 14450, 14451, 14449

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26393	3559.26393.09	U.S. Agency for International Development	World Vision International	11019	412.09	RAPIDS	$1,235,186
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14439	3556.08	6841	412.08	RAPIDS	World Vision International	$2,408,152
14440	3558.08	6841	412.08	RAPIDS	World Vision International	$5,392,962
14442	3555.08	6841	412.08	RAPIDS	World Vision International	$858,028
14443	3566.08	6841	412.08	RAPIDS	World Vision International	$1,567,700

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Estimated local PPP contribution in dollars	$15,000,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	199,185	False
8.1.A Primary Direct	140,102	False
8.1.B Supplemental Direct	59,756	False
8.2 Number of providers/caregivers trained in caring for OVC	7,967	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3040.08

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: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3738.08

Planned Funds: $122,276

Activity System ID: 14413

Activity Narrative: This activity relates to other RAPIDS HKID 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, Sustainable Income and Housing for Vulnerable Children (SIHOVC) through two local partners: Christian Enterprise Trust of Zambia (CETZAM) and Habitat for Humanity Zambia (HFHZ).

OI and its partners have improved their services to OVC over the years. They served 1144 OVC in FY 2006 and from October 1, 2006 to March 31, 2007 they served 2159 OVC. In FY 2006, HFHZ through funding from international partners bought and distributed 750 insecticide treated mosquito bed nets (ITN) to OVC families. Each family received three bed nets. The distribution followed a workshop on the dangers of malaria, how to prevent malaria and how to treat the ITN's. More than 2000 posters and leaflets on ITN's donated by the national Malaria Control Centre in Lusaka were also distributed. In December 2006 and February 2007, HFHZ visited all the ITN recipients to conduct demonstrations and provide chemicals for re-treating the ITN's.

In FY 2007, OI provided microfinance support to guardians of 2,173 OVC who in turn provided food, clothing, education and other services to OVC. OI trained 1,066 caregivers in OVC care and HIV/ADS awareness. In addition, Habitant for Humanity Zambia (HFHZ) project provided shelter to 270 OVC by building 29 houses in Kawama, Nkwazi and Ibenga affiliates in the Copperbelt province and renovating 37 OVC houses through coordination with other USAID partners such as CETZAM, Hope World Wide, Salvation Army, and PCI Belong.

To improve the economic situation of families caring for OVC, OI has been providing micro-finance assistance for clients involved in selling food stuff at market places, small scale rearing and selling of chicken, and selling grocery goods at small stands. These businesses are being operated in high density residential areas (shanty compounds) where OI 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, such as such as Bwafwano, help identify OVC in need of assistance. Where OI and its partners operate, OVC are identified through community volunteers and affiliates in communities. OI and its partners verify the OVC that are identified by community volunteers through home visits to make sure they meet the OGAC OVC programming guidelines.
OI collaborates with other USG implementing partners through the USG OVC forum to implement complementary activities. For example, CETZAM provides micro loans to Project Concern International OVC beneficiaries to strengthen economic capacity of OVC caregivers and promote sustainability of the program.

In FY 2008, OI and its partners will reach 5,058 OVC by providing shelter and micro finance, (the later is used to provide food, nutrition and education support) and will train 1,010 caregivers on how to care for OVC. Parents and guardians will be encouraged to link to the OVC to other services that they are unable to provide such as palliative care, CT, ART and others. CETZAM will continue to provide microfinance (micro-loans and insurance) and business management training to OVC caregivers while HFHZ will provide shelter and housing for the OVC, and train caregivers in succession planning and property rights. OI and its partners do not have expertise in working with under-five OVC and as a result they will participate in the training that will be provided by Project Concern International in FY 2007 funding for addressing the needs of younger OVC. OI and its partners involve older OVC (youth from 14-17 years) youth-appropriate activities during house constructions, HIV/AIDS awareness, and business training. Youth that are heads of OVC households are also trained as caregivers.

OI and its partners in Zambia will 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. OI and its partners 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. For example, all houses for OVC are constructed on council land so they can obtain title deeds and the children are protected from property grabbing.

HFHZ has continued to work on a small scale because of the high cost per OVC of houses built or renovated. So far, HFHZ has constructed 57 houses and renovated 48 houses. Activities are based on Habitat for Humanity International's regular programming and specific targeting, and program design for OVC has been demonstrated in the other implementing countries for this grant namely, Mozambique and Uganda. As HFHZ scales up, construction costs become more cost effective. HFHZ will directly provide house construction or renovations and repairs to OVC headed families or to families who are providing care for OVC in order that these OVC have safe and healthy shelter. HFHZ will collect baseline information on the number of OVC cared for by HFH homeowners in the existing program and will assess the shelter needs of OVC in communities where it is proposing to work.

HFHZ will continue to involve local and religious leaders, CBOs, and churches in the communities to participate in responding to shelter needs of OVC. HFHZ will involve local volunteers along with OVC beneficiaries to build safe, healthy houses. As some of the projects are planned for Lusaka, costs per shelter in this region are expected to be relatively high. Housing will be provided in partnership with RAPIDS and other track 1.0 OVC projects.

HFHZ will directly provide training for caregivers and HIV/AIDS affected families to increase awareness of HIV/AIDS, ability to prevent infection, increase the capacity to provide care, and increase their knowledge of women and children's rights. HFHZ will also provide training to OVC youth in house construction and/or maintenance in order to strengthen their capacity to provide for themselves.

The activities will be sustainable beyond PEPFAR funding support because CETZAM will continue to provide microfinance services as it has already established a sustainable network of offices and trained loan officers. The project will create partnerships between OVC clients and HIV/AIDS services providers to ensure continuing support after completion of the PEPFER funding. CETZAM will also promote

Activity Narrative: sustainability by ensuring that households gain the skills and the capacity to continue income generating activities beyond the current funding.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8919

Related Activity: 14379, 14438, 14372, 14391, 14441, 14540, 14422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26428	3738.26428.09	U.S. Agency for International Development	Opportunity International	11038	3040.09	Track 1 OVC: Sustainable Income & Housing for OVC	$15,574
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

* Increasing women's access to income and productive resources

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,058	False
8.1.A Primary Direct	1,000	False
8.1.B Supplemental Direct	4,058	False
8.2 Number of providers/caregivers trained in caring for OVC	1,010	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3038.08

Mechanism: Track 1 OVC: Breaking Barriers

Prime Partner: PLAN International

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 3736.08

Activity System ID: 14422

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: $641,240

Activity Narrative: This activity relates to other track 1.0 OVC projects, RAPIDS HKID, and HCP HKID.

The Breaking Barriers (BB) is a track 1.0 Orphans and Vulnerable Children (OVC) project that began in 2006. Funding for BB was sourced by Plan USA on behalf of the Hope for African Children Initiative (HACI), an initiative which was made up of the following organization; CARE, Family Health Trust, PLAN, and the Society for Women and AIDS in Africa-Zambia, World Vision Zambia and the Zambia Interfaith Networking Group on HIV/AIDS. Following the closure of HACI on 30th June 2007, Plan Zambia has taken over the management and implementation of BB.

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.

The goal of the Breaking Barriers' project, over a four year period, is to expand sustainable, effective, quality OVC programs in education, 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. This goal will be achieved by expanding sustainable, effective and quality OVC programs in education, psychosocial support and community- based care for children and families affected by HIV/AIDS, using an extensive network of schools (both formal and non formal) and religious institutions as a coordinated platform.

BB will be implemented in Mazabuka and Chibombo District in 12 communities where RAPIDS or any Track 1 USG partner has no activities; hence there will not be duplication of work. In these communities BB aims to scale-up OVC access to education, life skills, psychosocial support (PSS), and by strengthening existing educational, religious and community institutions, resources and infrastructures. BB will further reduce the incidence of orphanhood at an early age of the child's life by prolonging the child-parent relationship by linking them to home-based care and ART and by providing physical and emotional support to parents/guardians of the OVC. The program builds on the expertise of Plan Zambia, government infrastructure, and the resources of both secular and faith-based communities all of which are exceptionally positioned to mitigate the impact of HIV/AIDS.

In FY 2007, only 2,031 OVC were reached with supplemental direct services compared to the planned target of 10,000 because funding was withheld pending an external audit which has since taken place. In FY 2008, BB will reach at least 12,000 OVC (6,500 girls and 5,500 boys). Of the 12,000 OVC, 5,000 will be primary direct while 7,000 will be supplemental beneficiaries of integrated program activities focusing on the provision of a comprehensive package of education through school improvement and support with learning and teaching material, psychosocial support, HIV/AIDS prevention through training of youths as peer educators, home care services and advocacy for children rights. BB will train 180 OVC volunteers in referring for palliative care and ART services and succession planning/will writing, 48 youths in peer education and 60 community and religious leaders in stigma, denial and discrimination reduction will achieve this.

Forty Early Childhood Care and Development (ECCD) caregivers from 8 centers will be trained in psychosocial skills and childcare. This will improve the service delivery to children in their care. Eight Center Parent Committees will be assisted with small scale farming inputs (seed and hoes) to scale up their nutritional support to the ECCD centers. To ensure that the life of the mother is prolonged, Plan will link their OVC services with Traditional Birth Attendants (TBA) and Community Health Workers trained in the Prevention of Mother to Child Transmission (PMTCT). This will work in two ways. When the mother of a household with OVC is pregnant, she will be referred for PMTCT. Also, when a PMTCT client has OVC in the home, the trained TBA and health workers will refer the children for OVC services.

To ensure effective service delivery and volunteer retention, caregivers will receive non-cash incentives and tools for work in form of bicycles. BB will train sixty community and religious leaders in children's rights as stipulated by the Convention on the Rights of the Child (CRC) to which Zambia is a signatory. Training leaders in child rights will ensure the creation of a supportive environment where children are able to realize their full potential in order to serve their communities as responsible and productive citizens. Two documentaries advocating the rights of children will be aired on two national days (World AIDS Day and Day of the African Child). The BB program will develop, print and distribute 5,000 pamphlets and 200 posters advocacy messages on rights of children.

BB will train Community Care Coalition (CCC) groups in project management, resource mobilization, and community based M & E. School Improvement Program (SIP) committees will be trained in management, record keeping and OVC care. The composition of SIP committees which includes children allows the views of children to be heard and form the basis for future programming. This approach is also designed to ensure that programs are sustainable at the community level.

Selection/identification of OVC is done by community structures such as Resident Development Committees, SIP and the church, who work in liaison with the Plan Community Development Facilitators. However, in schools where learning and teaching aids will be supplied, it will be difficult to disaggregate the children according to PEPFAR requirement because the supplies will not be given to individual children but to the schools. In addition, BB will provide small animal husbandry to OVC/PLHA households for livelihood household security.

Plan will continue networking with civil societies such as the Young Women's Christian Association (YWCA), Women, Law and Development in Africa (WiLDF) and Ministry of Community Development and Social Services and the Global Movement for Children Zambia Chapter through advocacy related activities and collaboration. This will ensure that the rights of children 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 District Orphans and Vulnerable Children Committee and the District HIV/AIDS Task Force.

The Breaking Barriers' project M&E plan will track process, outputs and outcomes to measure the success

Activity Narrative: of BB in education, psychosocial support, home-based care in OVC households, capacity building, and in promoting an enabling environment for PLWHA and OVC. The Plan M&E plan will track process, outputs and outcome to measure the success of Breaking Barriers' Program in education, psychosocial support, home-based care in OVC households, capacity building, and in promoting an enabling environment for PLWHA and OVC. M&E will be coordinated by a team that will include M & E, Program Unit Managers, Program Unit Program Coordinators, Advisors and other partners. This team will meet quarterly to review progress towards program objectives and share best practices. In addition, the M&E Coordination team will refine the program M&E frameworks and tools. They will also develop a joint Program Monitoring Plan that will include quarterly monitoring visits in which progress will be ascertained, changes identified and appropriate recommendations made. The M&E plan will incorporate required PEPFAR indicators for OVC Programming and Program and System Strengthening feeding into the BB and other National indicators. Tracking tools which disaggregates all OVC reached and other OVC by gender, status and age group will also help measure progress of the project towards attaining the objectives.

BB will actively participate in the USG OVC forum on a regular basis to prevent duplications and overlaps and share best practices. In order to ensure sustainability of the services, Plan will continue to strengthen the capacity of communities and households to meet the needs of OVC.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8923

Related Activity: 14379, 14438, 14372, 14391, 14413, 14441, 14540, 14409

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26410	3736.26410.09	U.S. Agency for International Development	PLAN International	11027	3038.09	Track 1 OVC: Breaking Barriers	$805,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14540	3729.08	6861	3032.08	Track 1 OVC: Community FABRIC	Family Health International	$751,465
14409	3537.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$290,000
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,000	False
8.1.A Primary Direct	5,000	False
8.1.B Supplemental Direct	7,000	False
8.2 Number of providers/caregivers trained in caring for OVC	250	False

Indirect Targets

Target Populations

Community

Community members

Other

Orphans and vulnerable children

Coverage Areas

Central

Southern

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1031.08

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: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3537.08

Planned Funds: $290,000

Activity System ID: 14409

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) ongoing activities in Abstinence/be faithful, Other Prevention, Palliative Care, Counseling and Testing, and Treatment/ARV Services. It also supports the U.S. Government (USG) partners providing orphan and vulnerable children (OVC) care and support services, and addresses both Zambian and the President's Emergency Plan for AIDS Relief (PEPFAR) goals for increasing the number of orphans and vulnerable children receiving care through community mobilization and the provision of quality information on educational, nutritional, and psychosocial support.

HCP uses PEPFAR and Child Survival funds so that more than 900 communities will 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 behavior change communication, the foundation of HCP's strategy in Zambia, provide a comprehensive approach that promotes better health-seeking behavior through the support for and promotion of OVC services throughout the country. HCP draws on 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 is also 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 will continue to disseminate correct and consistent OVC information and referrals within the 22 HCP-supported districts in Zambia's nine provinces.

In FY 2008, HCP will continue 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 will develop 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 2008, HCP will consolidate the best of the programs broadcasted during the past three years and HCP will hold a one week workshop for community radio stations on the use of this package. The workshop will also consolidate the skills of community radio stations in developing 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 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 will continue to work with local communities, Neighborhood Health Committees (NHCs), and the Ministry of Health on these activities. These organizations will eventually assume leadership and ownership of the activities while linking with other support organizations to ensure sustainability.

HCP will continue 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 will continue to be committed to building Zambian capacity and improving the sustainability of the activities being implemented. For example, HCP supports the development and implementation of community-level action plans that promote positive health and social development, and inclusiveness of and support for those infected or affected by HIV/AIDS. 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 counselors have inspired many to use their own initiative in response to local needs.

HCP continues 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 are also integrated into district and provincial plans, ensuring ownership and continuity of activities.

In FY 2008, HCP will conduct an end-of-project survey to measure impact of all of the activities mentioned

Activity Narrative: above, as well as other HCP activities mentioned elsewhere in the COP.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8903

Related Activity: 14406, 14407, 14408, 14441, 14411

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26640	3537.26640.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	11078	1031.09	Health Communication Partnership	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
14408	3536.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$335,000
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14411	3534.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$455,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3032.08

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: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3729.08

Planned Funds: $751,465

Activity System ID: 14540

Activity Narrative: This activity relates to other track 1.0 OVC projects, RAPIDS HKID, and HCP HKID.

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. In FY 2007, FABRIC worked through 17 FBOs to reach 4,500 OVC in five districts with food and nutrition, education, psychosocial, and heath support. The number of OVC reached surpassed the target set for the year. Of the total OVC reached, over 70% received support in at least three core primary direct services. In FY 2008, FABRIC will provide support to 11,000 Orphans and other vulnerable children (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 by HIV/AIDS.

In FY 2008, FABRIC will continue providing technical assistance to its local partner, the Expanded Church Response (ECR) in project management, OVC technical areas, and monitoring and evaluation to ensure that they have appropriate knowledge and skills to support quality OVC activities in their communities. FABRIC will continue to strengthen ECR's grant making and grant disbursement mechanisms and its capacity to provide technical and managerial support to FBOs. FABRIC will also continue to focus on improving ECR's overall knowledge and skills in OVC programming. This includes ensuring that an effective and reliable data collection system for monitoring and planning is used by ECR and their local FBOs partners, data collected is of high quality, in line with USG, GRZ, and FABRIC strategies and expectations. Capacity building activities includes training, supportive supervision, and mentoring, and will provide ECR staff with skills to set priorities/target and provide quality services.

The second project component is capacity building to ECR and their local partners to ensure program sustainability. In FY 2008, in addition to 152 caregivers trained in FY 2007, FABRIC will train 100 caregivers about how to integrate immunization, food and nutrition, deworming, TB and malaria prevention information into their messages, especially for OVC under five years. Training will also encourage activities and services for adolescent OVC, including referral for reproductive health education services. FABRIC will continue and strengthen the OVC identification process which is done by trained FBO care givers and at household level using a child and Household Assessment form, which a criteria for eligible OVC.

FABRIC will continue strengthening ECR's grant management capacity and will provide technical and managerial support to FBOs. Monitoring activities will focus on improving and ensuring quality in the established OVC projects. Regular supervisory visits to monitor the quality of service provided will be conducted by the FABRIC Director and monitoring and evaluation officer.

In FY 2008, FABRIC will improve ECR's technical ability to support the trained OVC care givers as they implement psychosocial support, basic nutrition counseling, and educational support activities. FABRIC will continue to encourage guardians to be more resourceful in the use of local available foods e.g. groundnuts, beans and soya and to provide food preparation counseling. 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 (Food for assert). Educational services will include material support to vulnerable children and includes items that will facilitate school attendance such as textbooks, exercise books, pencils, school bags and uniforms. In addition, FABRIC will provide recreational, socialization and play opportunities including day, weekend and/or holiday camps. Older OVC (Youth 14-17) will continue to be involved in making decision in what they what 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 FABRIC 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 ART, anti-malaria, CT and any other ailments. FABRIC will also train OVC guardians in early childhood development skills in order for them to adequately engage the under-five OVC and ensure quality child growth.

FABRIC will continue to support six of the 18 FBOs with income generating activities (IGAs). Although the IGAs have been running only for 5months, Poultry (chicken) layering and brick making have proved to be more effective. They are able to get good profit as market is readily available and both chickens and bricks are on high demand in both urban and rural parts of the country.

The third project component is the delivery of essential services to OVC according to assessed needs. In FY 2008, FABRIC, through ECR, will continue to support the 17 local partners to expand and improve quality of OVC services. These partners will reach 4,000 OVC with psychosocial support, educational programs, nutritional support, health care, and, through referrals, legal and other services. In FY 2008, FABRIC will train 100 new OVC caregivers who will in turn train the OVC primary caregivers in caring for OVC, including those infected with HIV. Selection and training of secondary caregivers will continue to emphasize male involvement. In particular, an effort 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 and support of OVC. Secondary caregivers will be trained to mobilize primary caregivers to participate in national child health week, especially for under five year olds.

In the final component, collaboration with GRZ and linkages with other stakeholders, FABRIC and its local partner ECR will work closely with government representatives and local leaders, including provincial and district authorities, and with recognized community and religious structures, such as Community AIDS Task Forces and Pastors fellowship, to ensure they are supportive of project activities. FABRIC will continue to link the projects to the appropriate government services. In collaboration with the Zambia Prevention, Care and Treatment Partnership, FABRIC will establish and support community-level counseling and testing and referral for antiretroviral therapy in Luanshya district. More than two-thirds of the households under the FABRIC program will benefit from an ITN distribution program by RAPIDS. ECR and the local FBOs will also be encouraged and 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

Activity Narrative: the benefits to the OVC, their caregivers and families. Linkages will be made for ERC 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. In FY 2007, FHI leveraged private funding ($6,000) to support income generating activities for six FBOs and will continue to give financial management guidance to these in FY 2008 to ensure OVC directly benefit from the profit.

The FABRIC approach is aimed at ensuring the OVC programs are sustainable and will continue after the project concludes. Through building the capacity of ECR and its local partners, FABRIC is increasing the technical expertise, financial management and organizational capacity of local partners while strengthening their networking skills and collaboration with other implementing partners and the GRZ.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9184

Related Activity: 14379, 14438, 14372, 14391, 14413, 14441, 14422, 14427, 14428, 14409

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26416	3729.26416.09	U.S. Agency for International Development	Family Health International	11032	3032.09	Track 1 OVC: Community FABRIC	$1,032,938
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14372	3635.08	6805	293.08	Track 1 OVC: Support to OVC Affected by HIV/AIDS	Catholic Relief Services	$298,201
14391	3647.08	6817	2970.08	Track 1 OVC: ANCHOR	Hope Worldwide	$375,000
14413	3738.08	6825	3040.08	Track 1 OVC: Sustainable Income & Housing for OVC	Opportunity International	$122,276
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14422	3736.08	6829	3038.08	Track 1 OVC: Breaking Barriers	PLAN International	$641,240
14427	3654.08	6831	2975.08	BELONG	Project Concern International	$2,024,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14409	3537.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$290,000
14379	3740.08	6810	3042.08	Track 1 OVC: Community-based Care of OVC	Christian Aid	$1,042,966
14438	3743.08	6840	3044.08	Track 1 OVC: Community-based Care of OVC	World Concern	$478,641

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	11,000	False
8.1.A Primary Direct	8,250	False
8.1.B Supplemental Direct	2,750	False
8.2 Number of providers/caregivers trained in caring for OVC	100	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Religious Leaders

Coverage Areas

Copperbelt

Lusaka

Luapula

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1174.08 **Mechanism:** State

Prime Partner: US Department of State **USG Agency:** Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3725.08

Planned Funds: $300,000

Activity System ID: 16910

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

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 OVC this project will serve are those who are geographically located beyond the reach of PEPFAR prime partner activities.

The Ambassador's PEPFAR Small Grants Fund is designed to assist communities and local organizations with projects that promote HIV/AIDS prevention, and care and support for orphans and vulnerable children (OVC) at a grassroots level. The Small Grants scheme will help to build local capacity by encouraging new partners in underserved areas to submit applications for review. Programs are designed to continue to promote stigma reduction associated with HIV orphanhood, strengthen OVC care and treatment service linkages on the community level, and benefit OVC caregiver families and child-headed households with increased support. Applicants will be encouraged to work closely with current USG partners (e.g. RAPIDS Activity ID #3559) to establish sound referral systems and to ensure continuity.

Many HIV/AIDS programs and activities are concentrated in major districts with a high prevalence HIV/AIDS rate, leaving gaps in the smaller towns and communities. In particular, residents of remote rural areas receive very few, if any, services, other than what is provided by CBOs. People in these areas are living on subsistence income with nothing extra and even a small infusion of resources makes a huge difference in their ability to function.

Successful FY 2006 projects include producing a children's book to be used as a tool for HIV-positive parents to reveal their status to their children, and may serve as an invaluable reference to reduce stigma. Other projects include skills training for heads of families in child-headed households, pigeon-rearing as an inexpensive method of improving the nutrition of OVC, and training in caring skills for orphan caregivers.

The FY07 the program has expanded its geographic spread. Projects selected were prioritized using current OVC service delivery maps to specifically target underserved rural areas.

For FY08 the Small Grants Program will fund 15-20 innovative grassroots organizations to conduct HIV/AIDS programs for 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.

Funds for FY08 will also provide support for two part-time Small Grants Coordinators. These positions will develop project guidelines, promotional materials, application and other documents as well as coordinating review of applications, and determining qualification of projects. These positions will also be responsible for project monitoring and evaluation, and providing close program management to selected programs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9585

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26829	3725.26829.09	Department of State / African Affairs	US Department of State	11139	11139.09	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

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	1,500	False
8.2 Number of providers/caregivers trained in caring for OVC	150	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

HVCT - Counseling and Testing

Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09

Total Planned Funding for Program Area: $21,199,394

Estimated PEPFAR contribution in dollars	$352,713
Estimated local PPP contribution in dollars	$1,184,510

Program Area Context:

Counseling and Testing (CT) is essential to the US Government's (USG) Five-Year Strategy, representing an important link between prevention programs and referral of HIV positive persons and their families for services. 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). 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) and Community AIDS Task Forces (CATFs). The USG 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. As of August 2007, Zambia had 783 MOH accredited static CT sites, in all 72 districts. Currently, USG supports 62 districts, representing 86% of the population. In March 2006, GRZ issued national HIV CT guidelines calling for routine, opt-out HIV testing and use of finger-prick when appropriate in all clinical and community-based health service settings where HIV is prevalent and where anti-retroviral therapy (ART) is available. These guidelines encourage using rapid HIV tests, and emphasize that testing be voluntary and based on informed consent. In June 2006, GRZ conducted the first national VCT Day to increase access to CT services and encouraged testing across the country. In FY 2006, 168,363 people were tested for HIV and received their results, and in the first six months of FY 2007, 168,315 people were tested, showing an increase in the trend. In FY 2008, USG partners will support the national CT and treatment goals of reaching 1,000,000 and 160,000 persons respectively (National HIV/AIDS Strategic Framework), by supporting 756 CT sites, and reaching 469,134 persons with CT services. The USG will also continue to scale-up CT services and strengthen local partner capacity by working through the New Partners Initiative.

In FY 2008, USG will continue the 2007 activities to support training of health care workers and lay counselors in CT and commodity management. Other priorities include CT linkages with tuberculosis (TB), sexually transmitted infection (STI) diagnosis and treatment sites, ante-natal (ANC) clinics, and family support units (FSUs). In FY 2008, additional emphasis will be placed on couple counseling and testing, including enhancing strategies for disclosure between couples, 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. Increased support has been included 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, in military facilities and among the defense forces; in peri-urban and rural mobile sites; in refugee camps; and 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.

USG will continue to expand trainings for people living with HIV/AIDS (PLWHA) to advocate for CT, and mobilize communities to increase demand for CT (where available, PEPFAR-funded Peace Corps Volunteers will help ensure community involvement). In FY 2008, 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 TB; under-five and ante-natal 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. 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 USG partners will coordinate and communicate selection of catchment areas to avoid duplication of efforts.

In FY 2008, 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 2008, 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. USG will continue to support a network of branded private sector clinics, both stand-alone and mobile, to serve people unable or unwilling to access public sector CT. The branded network approach assists in developing 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.

In FY 2008, the USG partners will target adult men and women, children, and adolescents/youth. The USG 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, mostly teachers. To serve mobile populations, sex workers, truckers, traders, customs officials and other uniformed personnel the USG will provide CT services along borders and high-transit corridors. Finally, to increase pediatric HIV testing, the USG 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 care givers. Wrap around activities will include child survival, malaria (PMI), safe motherhood, and family planning.

Despite these many efforts, CT expansion, especially in rural, remote areas, continues to face many challenges as revealed in the 2005 Zambia Sexual Behavior Survey in which only 13% of adult Zambians know their HIV status. Examples of these obstacles include: weak logistics system to distribute HIV test kits to CT sites, limited availability of CT staff, and gender inequities in access to CT services.

In FY 2008, USG will continue its strong collaboration with GRZ, GFATM, JICA, the Clinton Foundation/UNITAID, and ZANARA in procurement of HIV test kits. The USG 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. Screening test remains Abbott Determine, confirmatory test is now Unigold, and tie-breaker is Bioline. Some partners have started training service providers/lay counselors in finger-prick testing and the use of the new recommended tests, and scale up is in progress.

In FY 2008, USG will continue to procure the three types of test kits through the Partnership for Supply Chain Management Systems. The procurement process is closely linked with the development of a rigorous logistics management information system and the use of software to monitor stock levels in order to ensure an uninterrupted supply of HIV test kits. For this reason, JSI/DELIVER will assist GRZ and other key stakeholders to develop forecasting and quantification skills, provide timely consumption data, and strengthen the national HIV test kit supply chain. It is anticipated that in FY 2008, all accredited CT sites will access HIV test kits through the national system.

With an enhanced focus on strategic CT interventions, which includes increasing the number of CT providers, procuring HIV test kits, expanding mobile CT services for hard-to-reach populations, and strengthening referral networks for prevention, treatment, and care services, the USG is well positioned to contribute to the Emergency Plan's global 2-7-10 goals and to achieve the USG Five-Year Strategy objectives.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	625
9.3 Number of individuals trained in counseling and testing according to national and international standards	5179
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	398134

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	7555.08	**Mechanism:**	Men Taking Action
Prime Partner:	Catholic Medical Mission Board	**USG Agency:**	U.S. Agency for International Development
Funding Source:	Central GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	16844.08	**Planned Funds:**	$0
Activity System ID:	16844		

Activity Narrative: The Catholic Medical Mission Board (CMMB) is working in partnership with Church Health Institutions (CHIs) in the implementation of the Men Taking Action (MTA) Project. The MTA project is a New Partner Initiative project funded through USAID for three years which will be concluded at the end of this fiscal year. The major underpinning for this project is the fact that Zambian men exert significant control and influence at community and household level in the health seeking behaviors of people and have the potential to positively change the tide of HIV transmission and demand for HIV care and prevention services, including counseling and testing (CT) and prevention of mother to child (PMTCT) services.

The CMMB MTA team will continue training, supervising, and supporting the CHIs. As in the last two years, through outreach programs CHIs will mobilize and educate community men and promote positive attitudes and behaviors so that men can significantly contribute to stigma reduction related to HIV/AIDS and adapt and maintain behaviors that protect them and their partners from HIV/AIDS. In FY 2008, the funding for the MTA project will build upon the programs previous years' successes by continuing to support the training of CHI staff, community capacity-building, and promotion of CT. In those areas without CT capabilities, the funding will establish CT facilities.

FY 2008, CMMB will target ten CHI sites and respective catchment's communities. Using the results from the knowledge, attitudes, and practices study (KAP) and lessons learnt so far, CMMB will train eight CHI health staff at each of the ten targeted sites involved, for a total of 80 CHIs. This training will include review of the latest HIV/AIDS information, the routine provision of PMTCT and general VCT, and an orientation into the MTA program. CMMB will also train ten community health workers (CHW) at each site (for a total of 100 CHWs) to mobilize and educate men to change behaviors in order to increase PMTCT uptake, ANC visits, testing, and counseling of men. The community leaders to be trained will include CHWs, traditional healers, chiefs, headmen, indunas, the clergy, civic leaders, and other influential members in the various targeted communities, and will function as the MTA-CPEs.

CMMB will support CHI staff and CHWs to mobilize and conduct education sessions focused on men in the communities. Those with pregnant partners/wives attending antenatal care (ANC) at CHIs will increase their knowledge of HIV/AIDS and support for PMTCT services, and be encouraged to go for CT. With CMMB' assistance, 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. Education sessions will continue to be conducted at the other 21 sites actively engaged in the MTA project. MTA education sessions will continue being conducted on quarterly basis to 100 men per session as well as ten special sessions at CHIs to reach 25 men who are husbands to pregnant women attending ANC. Therefore a total of 27,500 adult men will be reached by end of the year in 2009. We estimate at this stage of project implementation, 80% of men reached through these education campaigns will accept HIV testing and receive their results.

After the training sessions, CMMB will visit each new site monthly and each old site (those 21 trained in 2007 and 2008) quarterly to help conduct community sessions and to monitor the progress of the CHWs and CHI staff. CMMB will review the progress of each site—including tracking data, ensuring that each CHI monitors the attitudinal change that results in increases in CT and accessing treatment and care—with the CHI staff during each of these visits.

CMMB has identified three sites where counseling and testing services are not available in the general population or are too inconvenient to access. In these sites the project will institute mobile testing in close collaboration with CHAZ and CHI management teams. The CMMB-MTA program will assist the CHI, in close collaboration with CHAZ, to train professional health staff (a total of nine) and commission the provision of general CT services. This will ensure availability of testing and counseling of men after a MTA education meeting in the general community. CMMB will leverage the services of existing organizations where feasible, particularly with organizations providing mobile testing.

During FY 2008, CMMB will also focus on assisting the CHIs and their partner network organization involved in HIV care and prevention programs to sustain the good practices learnt so far in the MTA program. The project will continue addressing two key factors to promote sustainability: integration and partnership. We shall closely monitor, and where necessary, provide technical support to ensure that HIV/AIDS information, materials, and approaches developed are integrated into routine in-service trainings of professional health staff (Nurses, Clinical Officers and physicians), CHWs, network leaders, traditional healers, and civic leaders. Further, we shall assist the CHIs to integrate the social mobilization and education campaigns related to the MTA project into the regular outreach programs involving CHI staff and CHW. By the end of FY 2008, all CHIs and MTA-CPEs will conduct community education sessions and ensure that the testing and counseling sessions happen according to the CHI's MTA action plan with minimal CMMB support only.

During this period, CMMB will also prepare the final project evaluation, and disseminate the lessons learnt, challenges, and way forward to the stakeholders. It is our hope that because the CMMB MTA team will work with partners to develop their capacity to engage donors, communities and others, the good practices demonstrated in this project will be sustained after project completion. As the program is centered at the existing CHIs, and employs existing staff, MTA trainings/orientation workshops, regular support supervisions, systems development and other inputs will help sustain the capacity of the CHIs.

All targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16828

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16828	16828.08	7555	7555.08	Men Taking Action	Catholic Medical Mission Board	$0

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	3	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	9	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,250	False

Indirect Targets

CMMB will indirectly benefit 19 CT sites not directly supported by USG funding at which 6,975 individuals will receive counseling, testing and receive their results. CMMB will train 80 health workers and 110 community leaders. CMMB will reach 21,800 men will be reached through community outreach with AB, PMTCT, and CT messages and as a result 16,350 will receive CT services. CMMB will reach 11,300 men at CHI, and of these 9440 will receive CT services.

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

Religious Leaders

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3046.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	5396.08	**Planned Funds:**	$50,000
Activity System ID:	16495		

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.

There are currently approximately 40,000 Congolese refugees residing in Kala and Mwange camps. HIV/AIDS Interagency Task Forces have been established in the camps and are comprised of members from UNHCR, implementing partners, refugee leaders and camp administration. The implementing partners also work with district and national HIV/AIDS programs to ensure they are operating under guidelines established for Zambia.

A consultant has been hired to serve as UNHCR's Monitoring & Evaluation Program Officer for all PEPFAR programs. In FY 2006, this position was supported by a Peace Corps Volunteer. 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.

PEPFAR funding in FY 2007 has been received and activities will start in October 2007. With this funding, UNCHR will work through one of its implementing partners, Aktion Afrika Hilfe, (AAH) to establish a confidential testing room within the clinic at Kala camp in Luapula Province, train 30 people in government certified counseling and testing (CT) programs, and test 400 people for HIV. In FY 2008, AAH will continue to expand on these services and reach more people.

In FY 2008, 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 subpartner to UNHCR in FY 2008, ZRCS is the only organization providing health services for the over 20,000 refugees in Mwange Camp. All sectors are strictly managed within the humanitarian and project standards of the United Nations High Commissioner for Refugees (UNHCR) who closely monitor the level of service delivery for refugees and 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 building on skills already learned. Counselors will learn higher level counseling techniques that will enable them to be better equipped to provide client centered one-on-one HIV test counseling.

As the refugee camp facilities do not currently receive laboratory supplies from the national distribution system, in FY 2008, laboratory supplies and equipment essential for CT services will be procured for one site at each camp. The supplies include test kits, needles, syringes and gloves. The camp will offer services to the surrounding Zambian community in addition to serving the refugee population.

Large-scale sensitization programs will continue to be undertaken in the camps to ensure that all refugees are aware of the CT services available and the advantages to knowing one's status for HIV. The demand for CT services is expected to increase rapidly from the current rate following these communication campaigns. The current program aims to provide CT services for 2,300 people in both camps.

Thirty (30) people who were trained with FY 2007 PEPFAR funds as VCT HIV/AIDS counselors in Kala camp will participate in skill enhancing training to maintain and update their skills and knowledge. In addition, 15 new counselors will be trained in Mwange camp in FY 2008, building capacity and sustainability that can be used after return to their country of origin.

UNHCR has established a referral system for HIV care and treatment in both camps for those who require further access to HIV/AIDS care and support outside of the provisions that are available in the camps. This system ensures the refugees and host community beneficiaries are able to access more comprehensive services in nearby towns where services for STI treatment, psycho-social counseling, and nutrition services are available. In FY 2008, the camps will continue to build a broader network among the organizations providing these services in nearby towns and a training session will be held for all camp staff to become aware of the referral services that are available for refugees.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9470

Related Activity: 16493, 16494

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26837	5396.26837.09	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	11144	11144.09	United Nations High Commissioner for Refugees/PRM	$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16493	9851.08	7447	3046.08	United Nations High Commissioner for Refugees/PRM	United Nations High Commissioner for Refugees	$175,000
16494	3756.08	7447	3046.08	United Nations High Commissioner for Refugees/PRM	United Nations High Commissioner for Refugees	$25,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	45	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,300	False

Indirect Targets

Target Populations

Other

Refugees/Internally Displaced Persons

Coverage Areas

Luapula

Northern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	600.08	**Mechanism:**	EQUIP II
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3364.08	**Planned Funds:**	$300,000
Activity System ID:	14493		

Activity Narrative: This activity will be implemented in an integrated approach with the EQUIP II AB activities so that AB services will be provided to individuals targeted for and reached with counseling and testing (CT).

According to the most recent Ministry of Education (MOE) statistical bulletin, over 800 teachers died in 2004. In a two year period (2002-2004), the number of deaths of teachers increased by 30%. To mitigate this crisis, AED/EQUIP II provides technical support to the MOE and leverages World Bank ZANARA Project funding and DFID support for HIV/AIDS line ministry workplace activities to build a sustainable MOE HIV/AIDS Workplace Program. The Ministry's workforce is critically important in continuing education efforts, and includes over 61,000 employees in more than 8,000 schools across the country. Some of these schools are in remote, rural areas with fewer than five staff. While VCT 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 testing. and worked in 67 service outlets.

With the lessons learned from previous year's activities, the MOE, with EQUIP II's support, initiated Teacher Health Days in July 2006 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 new initiative continued in FY 2007 and will expand during the FY 2008 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 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 FY 2006 and FY 2007 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. Teachers' Health Days 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, "Teacher Health Days" will first be implemented in 4 districts during the first quarter, 6 during the second quarter, 8 during the third quarter, and 10 during the last quarter. As such, by the end of FY 2008 Year, more than 65% of the districts in 6 Provinces will be implementing Teachers' Health Day.

In FY 08, based on funding provided to the unions for getting teachers to the events, through coordinated efforts with mobilization agents/focal point people in each district, and through clear messages sent from the head of MOE (both the Permanent Secretary and Minister) marketing the events and their importance, we will reach approximately 35 individuals (teachers and their families) per event. While it is anticipated that not all District Health Clinics will be able to manage such events four times a year, based on an assumption of engaging 28 different district health clinics, averaging two to three quarterly health days each, we anticipate a total of (28 *2.5 = 70) seventy clinic health days reaching a total of 2,450 individuals in remote locations with CT services. CT services will be offered to all individuals attending Teacher Health Days. In addition, and under the separate submission for EQUIP II's AB activities, prevention activities and education will also be supported at these events.

To further increase testing among employees of the MOE, EQUIP II will also work via a sub-contract with CHAMP, a local NGO, to bring mobile testing to both urban and rural schools and, where possible, union events. As in FY 2006, the EQUIP II program will partner with the Society for Family Health (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 Teachers Health Days, and union events where feasible. At all times where CT is offered, AB information will also be provided. EQUIP II will reach 4,000 individuals with CT accessible through mobile testing in urban and rural schools and, where possible, union events.

The overall approach of EQUIPII focuses on a philosophy of sustainability. Rather than simply establishing a stand-alone program to meet PEPFAR targets, our program will continue to be fully integrated into the MOE. IEC materials, lesson plans, and strategies will be well documented and housed within MOE's own file systems. While some outside partners will be engaged, the primary partners working on this effort will be the unions and MOE itself, thereby ensuring that the activities are supported by organizations that can continue providing such services long-after funding under PEPFAR has ceased.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8848

Related Activity: 14492

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26194	3364.26194.09	U.S. Agency for International Development	Academy for Educational Development	10960	600.09	EQUIP II	$600,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14492	9712.08	6852	600.08	EQUIP II	Academy for Educational Development	$800,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	6,450	False

Target Populations

Other

Teachers

Coverage Areas
Central
Copperbelt
Eastern
Lusaka
Southern
Luapula

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5074.08
Mechanism: DELIVER II
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9522.08
Planned Funds: $1,800,000
Activity System ID: 14404

Activity Narrative: This activity links with the Partnership for Supply Chain Management System (SCMS) activities in HIV Test Kit procurement and Policy Analysis/Systems Strengthening, as well as with the Government of the Republic of Zambia (GRZ), the Center for Infectious Disease Research in Zambia, Catholic Relief Services/AIDS Relief, Zambia Prevention, Care and Treatment Partnership (ZPCT), University Teaching Hospital, Churches Health Association of Zambia, Japanese Development Agency (JICA), the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), UNITAID, and the Clinton Foundation HIV/AIDS Initiative.

The purpose of this activity is to continue to strengthen and expand the supply chain system for HIV test kits that are procured by the US Government (USG), GFATM, JICA, UNITAID, GRZ, and other partners. USAID | DELIVER PROJECT, in cooperation with the Medical Stores Limited (MSL), will ensure a sufficient supply of HIV test kits at service delivery and mobile sites through an efficient and accountable logistics supply chain system. This activity was preceded by several key initiatives in FY 2005 and 2006 conducted by JSI/DELIVER, and by The USAID | DELIVER PROJECT in FY 2007; which began to implement the revised HIV test kit logistics supply system nationwide, and to coordinate and centralize the management of HIV tests.

Specifically, the USAID | DELIVER PROJECT is centralizing the management of HIV test kit procurement information and planning; providing technical assistance to GFATM Principal Recipients in development of HIV tests Procurement and Supply Management Plans; conducting the national HIV tests supply chain design; and training more than 1,000 laboratory technicians, counseling and testing (CT) counselors, nurses, and district and provincial supervisory personnel. The training offered provides personnel with an orientation to the new standard operating procedures for the recently designed HIV test kit supply chain system. The USAID | DELIVER PROJECT is also updating the design of a software program that was installed to manage the national HIV test kit inventory control and information system at the central level. This computer program is placed at the newly formed Ministry of Health (MOH) Logistics Management Unit (LMU); which is based at the MOH's central warehouse, Medical Stores Limited (MSL). This software assists GRZ in collecting and analyzing national HIV test consumption data.

In FY 2008, The USAID | DELIVER PROJECT will expand efforts to strengthen the effectiveness, efficiency, and sustainability of the national HIV test logistics system. Activities will include:

1. Coordinating HIV tests forecasting and procurement planning capacity at the central level, with special focus on the LMU;
2. Quantifying required HIV tests, consistent with resources and policies for rapidly scaling-up CT programs;
3. Reinforcing the standardization of HIV tests inventory control procedures at central, district, and service delivery sites, including the documentation and dissemination of HIV tests logistics policies and procedures;
4. Developing and installing a software tool for laboratories and CT sites to collect and use for ordering HIV tests. For laboratories the software development will be in conjunction with ZPCT, Centers for Disease Control (CDC), and SCMS's efforts to develop a compressive laboratory management software package. At a minimum, this software will allow the sites to print off a hard copy of the current manual form to fill out manually at the site; but several sites will use the optimal process of downloading electronic reports generated on-site and transmitting the reports to the MOH LMU central database.
5. Improving HIV tests logistics decision-making processes at the central level through the use of aggregated data from laboratories and CT sites as provided through the national HIV tests logistics management information system (LMIS);
6. Improving the warehousing conditions and practices at both the central and facility levels;
7. Monitoring and evaluating the HIV test supply chain and making improvements as needed; and
8. 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 the MOH, MSL, and other partners, will train up to 1,000 additional key personnel (e.g., doctors, nurses, pharmacists, and laboratory staff from governmental and non-governmental organizations) in the new national HIV test kit logistics management system. Moreover, at the central level, The USAID | DELIVER PROJECT will coordinate multi-year national HIV test 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 the National HIV/AIDS/STI/TB Council's Voluntary Counseling and Testing (VCT) and Home-Based Care Technical Working Group. 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 (PSM) Plans for GFATM/Geneva.

Through the continuing development of the National HIV Test Logistics System and skills transfer to the MOH and non-governmental staff, it is anticipated that these activities will contribute significantly to the MOH's capacity to efficiently manage the National HIV Test Logistics System.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9522

Related Activity: 15567, 15615, 14387, 14417, 14420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9522	9522.07	U.S. Agency for International Development	John Snow, Inc.	5074	5074.07	DELIVER II	$1,800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000
14417	3750.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$2,000,000
14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Target Populations

Other

Lab technicians

Trainers

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	1031.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	12529.08	**Planned Funds:**	$330,000
Activity System ID:	14410		

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) activities. This activity also directly supports 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 support the Ministry of Health (MOH), National HIV/AIDS/STI/TB Council (NAC), and USG implementing partner counseling and testing (CT) activities. 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.

HCP uses 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, provides a comprehensive approach to promoting counseling and testing services throughout the country. HCP draws 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 for service providers to use in pre- and post-circumcision counseling for clients seeking MC services. Simple take-away brochures for use at CT and other sites for those who test HIV negative were included in the kits. The take-away brochures described MC as a risk-reduction option that can be considered, but it emphasized that MC is not 100% protective and safe behaviors must still be practiced (specifically: abstinence, delayed sexual debut, partner reduction and condom use).

In FY 2007, HCP also developed three one-minute television and radio spots focusing on 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. These spots, in seven national languages, were aired for 16 weeks, twice per day, on ZNBC television, and ZNBC Radio 1 and Radio 2, with alternating languages and themes. Local radio stations, that HCP has ongoing relationships with in all nine provinces, aired radio messages in the appropriate language twice per day over 16 weeks.

In FY 2008, HCP will build on the information campaign to support MC services and HCP will address specific behavioral issues that emerged from FY07 and will continue to emerge throughout FY 2008. HCP will continue to work closely in with its collaborating partner, the Comprehensive HIV AIDS Management Programme (CHAMP) HIV Talkline, to ensure counselors are fully prepared to respond to MC questions.

During FY 2007, HCP trained 25 staff, in 22 districts in all nine provinces, who are working in nearly 900 communities to raise awareness and to correctly convey information about MC, including continuing practicing safer sex, being faithful, and knowing one's HIV status. In FY 2008, HCP staff will continue to strengthen community links to MC services. Safe motherhood action groups will continue to promote knowing one's HIV status. These action groups will also promote 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 will continue 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, will continue to be used at a community and 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 are and will continue to be focused on developing the skills and capacity of individuals, Neighborhood Health Committees (NHCs), and community-based organizations (CBOs). HCP will continue to promoting self-reliance and build sustainable programs. HCP continues 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 continues 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 are integrated into district and provincial plans, ensuring ownership and continuity of activities.

Activity Narrative: In FY 2008, HCP will conduct an end-of-project survey to measure impact of the activities mentioned above, along with activities listed elsewhere in the COP.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12529

Related Activity: 14406, 14407, 14408, 14409, 16416, 14426, 15887, 15527, 15528, 14417, 14411

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26641	12529.26641.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	11078	1031.09	Health Communication Partnership	$0
12529	12529.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4979	1031.07	Health Communication Partnership	$330,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
14408	3536.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$335,000
14409	3537.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$290,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
15527	4527.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$200,000
15528	12530.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$255,000
14417	3750.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$2,000,000
14426	3369.08	6830	695.08	Social Marketing	Population Services International	$1,464,274
14411	3534.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$455,000

Emphasis Areas

Local Organization Capacity Building

Male circumcision

Wraparound Programs (Health-related)

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4139.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3750.08

Planned Funds: $2,000,000

Activity System ID: 14417

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. In FY 2007, 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 $4 million worth of HIV test kits for the national program in accordance with GRZ and USG rules and regulations.

In FY 2008, 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 services. On behalf of the USG, SCMS will purchase three types of test kits for various testing procedures based on the GRZ's 2006 revised HIV testing algorithm: screening (Determine), confirmatory (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 in 2008 and 2009. In 2009, USG's HIV test kit contribution will allow for approximately 1,800,000 tests or 70 percent of all HIV tests conducted. In collaboration with the aforementioned partners, approximately 1,000,000 persons will be tested nationally in FY 2008.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9523

Related Activity: 15567, 14404, 14426, 15887, 15615, 14387, 14418, 14419, 14420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26406	3750.26406.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11026	4139.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
14404	9522.08	6822	5074.08	DELIVER II	John Snow, Inc.	$1,800,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000
14426	3369.08	6830	695.08	Social Marketing	Population Services International	$1,464,274
14418	3751.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$24,000,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000
14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 695.08 **Mechanism:** Social Marketing

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3369.08

Planned Funds: $1,464,274

Activity System ID: 14426

Activity Narrative: This activity is an integral component of a project linked strategically to HTXS, HVAB, and HVOP interventions, including Population Services International/Society for Family Health (PSI/SFH), Centers for Disease Control and Prevention (CDC), Peace Corps, the Centre for Infectious Disease Research in Zambia CIDRZ, Catholic Relief Services/ AIDS Relief, Health Communications Partnership (HCP), Zambian Prevention, Care & Treatment Partnership (ZPCT), the Comprehensive HIV/AIDS Management Programme (CHAMP), and CARE International.

Population Services International (PSI), through its local affiliate, Society for Family Health (SFH), augments the Government of the Republic of Zambia (GRZ) efforts to provide HIV counseling and testing (CT) to as many Zambians as possible by implementing the "New Start CT Network." New Start is a socially marketed service-delivery mechanism that promotes CT through mass media and interpersonal communication, while simultaneously supporting a franchised network of branded, high-quality CT centers. As of July 2007, PSI/SFH was already operating eight New Start fixed centers and seven New Start mobile units. By the end of FY 2007, the network will comprise eight fixed centers and nine mobile units. The Kitwe and Lusaka centers are directly managed by PSI/SFH and they operate as centers of excellence. All other sites are managed through partnerships between PSI/SFH and public and private institutions. To address the emphasis area of local organization capacity building, PSI/SFH provides human and operational resources, technical assistance, monitoring and evaluation services, and training to partners in the network.

PSI/SFH produced operations manuals define standard procedures to help ensure consistent implementation. The franchised network approach strengthens technical and human resource capacities among public and private sector affiliates, ensures quality and consistency, and boosts demand for CT services. It promotes coordination and collaboration among community- and faith-based organizations (CBOs and FBOs) and public sector partners. PSI/SFH leads the entire network of franchises in reporting under the national health management information system.

In FY 2008, PSI/SFH will emphasize increasing the quality of services by incorporate positive-living counseling and a more client-centered approach to risk-reduction counseling (i.e. a focus on partner-reduction and concurrent partnerships). PSI/SFH will train 33 counselors to provide client-centered post-test counseling focusing on: the "Abstinence/Be faithful/correct and consistent Condom use" approach, partner notification, and risk-reduction planning, with a focus on discordant couples. PSI/SFH will provide special counseling training to its staff based at the two Lusaka-based New Start centers to address male reproductive health issues and male circumcision (MC) as part of PSI/SFH's MC pilot activity. PSI/SFH will also conduct routine surveys using trained counselors to ensure that facilities provide quality CT services.

PSI/SFH will continue to provide a supportive role to the Ministry of Health (MOH) by actively contributing and advising on national developments related to CT. In FY 2007, PSI/SFH provided technical support in developing a national quality assurance plan and national CT guidelines, including a policy shift to finger-prick testing. PSI/SFH also promotes CT on behalf of the National HIV/AIDS/STI/TB Council (NAC).

In FY 2008, PSI/SFH will continue to promote and advertise the New Start brand through interpersonal communication, radio and television broadcasts, and print media on behalf of all CT centers affiliated with the network. The mass communication campaign entitled "Know for Sure", which seeks to regularize and destigmatize CT among the general population, will also continue. To address the emphasis area of gender, PSI/SFH will focus on increasing the number of men and couples accessing CT and will address issues pertinent to discordant couples. Currently, 4% of PSI/SFH's clients are couples (an average of 196 couples per month).

Mobile CT services enable PSI/SFH to reach underserved and rural populations, and represent 60% of all New Start client intake. Services will continue to target specific populations by working with key partners, such as the International Organization for Migration, to reach refugees; Kanfinsa Prisons, for incarcerated populations; private companies (e.g. Sandvik), to reach couples and individuals at their workplace; the Ministry of Education, to reach teachers; and, CARE International, to reach people living with HIV/AIDS.

Post-test services remain an important component of the program. In FY 2008, PSI/SFH will also focus on integrating services already provided by sub-grantees, including syndromic management of sexually-transmitted infections, family planning, antiretroviral therapy, youth programs, and orphans and vulnerable children support. Referrals for care after testing can be challenging as immediate referral systems and established psycho-social and medical post-test services are limited in many areas served by mobile units. To support mobile units, community mobilization and follow-up care and support will be accomplished via linkages to other partners such as ZPCT, CARE, CIDRZ, CHAMP, and CRS.

As of June 2007, 318 individuals had graduated from New Start's comprehensive "Horizon" post-test program, an intensive 10-week positive-living curriculum targeting HIV-positive individuals and discordant couples to provide information, counseling, and skills to reduce risk to themselves and others. The program also provides information about positive living, including legal and human rights issues—which, in turn, helps to reduce stigma and discrimination. In FY 2008, the Horizon program will be expanded through partnerships with local FBOs and CBOs. Synergies with other non-governmental organizations offering CT services will be utilized to expand the Horizon network to other provinces.

The program will address the problems of stigma and discrimination through improved access to quality-assured CT services and referral of all HIV-infected clients for treatment, care, and support. Already, in rural and peri-urban areas, as well as in mobile CT programs, a decrease in stigma has led to an increase in CT uptake. PSI/SFH plans to leverage other donor funds to offer expanded services at New Start centers and mobile CT units. Integrating other critically-needed health services with CT will diminish potential stigma issues in both urban and rural communities associated with attendance at a CT facility.

Finally, PSI/SFH will reach 52,800 Zambians with CT through New Start. By maintaining the sub-grant/partnership model, PSI/SFH will continue to strengthen CT technical capabilities of Zambian organizations by: (1) improving laboratory capacity to perform HIV testing; (2) increasing human resource capacity through training; (3) developing CT protocols and procedures; (4) increasing the availability of CT; and, (5) creating linkages to treatment, care and support services. The partnership model helps build a foundation for a more straightforward exit strategy for PSI/SFH in CT service delivery and a more sustainable transition to full service delivery by partnering organizations.

Activity Narrative:

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."

PSI/SFH will support the implementation of MC services described in its HVOP narrative. As CT is an integral part of MC, PSI/SFH will leverage the skills and experience of its counselors to provide high quality CT to MC clients.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8926

Related Activity: 15571, 16360, 14406, 14423, 14407, 15589, 16361, 15572, 14424, 15570, 14411, 15593, 15617, 14388

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8926	3369.07	U.S. Agency for International Development	Population Services International	4990	695.07	Social Marketing	$2,050,000
3369	3369.06	U.S. Agency for International Development	Population Services International	2830	695.06	Social Marketing	$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
15571	3576.08	7187	3368.08	UTAP - MSS/MARCH - U62/CCU622410	Tulane University	$1,450,000
16360	3722.08	7425	3028.08	Peace Corps	US Peace Corps	$1,842,700
14423	12520.08	6830	695.08	Social Marketing	Population Services International	$392,854
14424	3368.08	6830	695.08	Social Marketing	Population Services International	$2,183,179
16361	9677.08	7425	3028.08	Peace Corps	US Peace Corps	$800,000
15572	6572.08	7187	3368.08	UTAP - MSS/MARCH - U62/CCU622410	Tulane University	$200,000
15589	3578.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$50,000
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
14411	3534.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$455,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
15593	3846.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$278,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Male circumcision

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	17	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	64	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	62,800	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Community

Community members

Other

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Teachers

Coverage Areas
Lusaka
Copperbelt
Eastern
North-Western
Southern
Luapula
Central
Northern
Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 412.08
Mechanism: RAPIDS
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3555.08
Planned Funds: $858,028
Activity System ID: 14442

Activity Narrative: This activity is integrally connected with other RAPIDS activity areas including HVAB, HTXS, HKID, and HBHC. New activities and emphases include: more direct CT than in the past; a shift to finger-stick protocol recently 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. Lastly, RAPIDS will increase the emphasis on sustainability and capacity building in the last year of PEPFAR. 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).

RAPIDS, which undertakes care and support activities in 49 of the 72 districts in Zambia, is a consortium of six international and local organizations: World Vision, Africare, CARE, 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, children living with HIV/AIDS (CLWHA), and OVC. RAPIDS CT will target providing VCT to 18,653 clients in FY 2008. RAPIDS expects to have reached 11,661 individuals in FY 2007, and will increase that number significantly in FY 2008 through the shift to finger-stick methods, the provision of additional training, and mobilization of its HBC and OVC volunteer caregivers, youth networks, and facilitation for on-site CT services.

RAPIDS will provide training to 118 health care providers who are part of the home-based care programs in counseling and testing. RAPIDS will purchase and distribute testing kits to trained health care providers and where these kits already exist, health providers will be linked to the local district level supply chain of VCT kits. The health care providers will conduct CT for clients referred by lay counselors as well as through mobile outreach services in the communities. RAPIDS will also build the capacity of trained counselors under the Family Support Units in using rapid testing kits so that FSUs are able to expand their outreach services into the communities. The trained health care providers will also train caregivers as lay counselors using national and international standards in order for them to provide counseling at household level and refer clients to both mobile and static CT services for professional counseling and testing. Strong linkages will be made with GRZ health centers at district level to ensure 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' focus shall be on home/family- based testing. Through the household or family centered approach, interventions will be conducted reaching a target population which includes OVC, youth, and home-based care (HBC) clients and their family members. RAPIDS will work with existing partners currently providing CT services in order to scale-up their activities. In addition to direct counseling and testing, RAPIDS will continue with its CT referrals and will develop a system to link post-test clients to prevention, care, and ART services. Those that are HIV positive will be linked to PLWHA support groups or encouraged to create new groups. CT promotional materials developed by other USG programs such as HCP will be accessed and distributed. 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 forge 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 plan 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, with attention to the risk of violence for married women who seek CT without advance knowledge or consent of their spouse. RAPIDS will target youth-at-risk and children in HIV/AIDS affected families with 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 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 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8944

Related Activity: 14439, 14440, 14441, 14443

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26394	3555.26394.09	U.S. Agency for International Development	World Vision International	11019	412.09	RAPIDS	$147,229
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14439	3556.08	6841	412.08	RAPIDS	World Vision International	$2,408,152
14440	3558.08	6841	412.08	RAPIDS	World Vision International	$5,392,962
14441	3559.08	6841	412.08	RAPIDS	World Vision International	$7,198,487
14443	3566.08	6841	412.08	RAPIDS	World Vision International	$1,567,700

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	49	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	118	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	18,653	False

Indirect Targets

Target Populations

General population

Children (under 5)

- Boys

Children (under 5)

- Girls

Children (5-9)

- Boys

Children (5-9)

- Girls

Ages 10-14

- Boys

Ages 10-14

- Girls

Ages 15-24

- Men

Ages 15-24

- Women

Adults (25 and over)

- Men

Adults (25 and over)

- Women

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 270.08
Mechanism: Corridors of Hope II
Prime Partner: Research Triangle Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3664.08
Planned Funds: $930,000
Activity System ID: 14432

Activity Narrative: The Corridors of Hope II (COH II) is a contract under Research Triangle Institute (RTI) that follows on from the original Corridors of Hope Cross Border Initiative (COH). COH II both continues the activities of the original project and expands the program to ensure a more comprehensive and balanced prevention program. COH II has three basic objectives focusing on other prevention, AB activities, and CT integrated with sexually transmitted infections (STI) services for a comprehensive approach to prevention.

Based on Zambia-specific HIV/AIDS epidemiological data, findings of the Priorities for Local AIDS Control Efforts (PLACE) study, the Zambia Sexual Behavior Study, other behavioral and biological data, and lessons learned from the original COH, services will continue to focus on sexual networks, addressing the vulnerability of youth, address gender disparities, build local capacity to provide CT, AB, and other prevention services, and facilitate linkages to other program areas such as prevention of mother-to-child transmission (PMTCT), care, and antiretroviral therapy (ART). To accomplish this, COH II will continue to work with communities and with existing governmental structures such as district health management teams (DHMTs) and will continue to coordinate and collaborate with United States Government (USG) partners and other donors to eliminate redundancy and ensure services are comprehensive. COH II will continue to have a strong focus on sustainability through building the capacity of local organizations.

With the advent of PEPFAR, the original COH introduced HIV testing into their services at border and high transit sites for the first time. By FY 2005 and 2006, COH had trained 20 HIV counselors and 20 health care workers to provide CT services to high risk women and men and reached nearly 9,000 men and women, including sex workers and their clients, with CT services. The test results were shocking with prevalence rates from 50%-70% among female sex workers. These data reinforced the importance of expanding CT services and linkages to care and treatment services in the new COH II project.

Building on the lessons learned and the experience of years 1 and 2 of COH II, the project 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 2008, 20,000 individuals will access CT services and receive their test results through COH II. COH II 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 II and their local partners will continue to work closely with communities to establish post-test clubs and support activities.

COH II is leveraging 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 II's mandate is to increase the capacity of local partner organizations to provide and sustain a continuum of prevention services. COH II 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 II will continue to strengthen all facets of its three 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 II will implement the exit strategy developed in years 1 and 2 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 II 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 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8939

Related Activity: 14430, 14431

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8939	3664.07	U.S. Agency for International Development	Research Triangle Institute	4992	270.07	Corridors of Hope II	$930,000
3664	3664.06	U.S. Agency for International Development	Research Triangle Institute	2984	270.06	Corridors of Hope	$700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14430	3663.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$1,400,000
14431	3665.08	6834	270.08	Corridors of Hope II	Research Triangle Institute	$1,420,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	7	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Central

Eastern

Southern

Northern

North-Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3041.08
Mechanism: DoD-PCI
Prime Partner: Project Concern International
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3732.08
Planned Funds: $600,000
Activity System ID: 14631

Activity Narrative: This activity also relates to Project Concern International (PCI) activities in Other Prevention Activities, Abstinence and Be Faithful, Palliative Care and Basic Health Care and support, Other/Policy Analysis and system strengthening and JHPIEGO's activities for PMTCT, Palliative Care TB/HIV, Palliative Care and Basic Health Care and support and HIV/AIDS treatment/ARV services and Other/Policy Analysis and system strengthening.

Observation of previous Counseling and Testing (CT) activities and results from research supported by (PCI) and PEPFAR (2005) reveal that military personnel may be more resistant to CT than the general public. According to the research, although nearly seven in ten Zambia Defense Force (ZDF) personnel know of the availability of VCT services in their camp/unit, only 10% have ever participated in VCT. This is worrying in light of the relatively high risk behavior among military personnel and despite the fact that over 30% believe they might already be HIV infected. Military personnel are also hard-to-reach with static services because military bases are scattered all over the country and many personnel are highly mobile or are stationed in very secluded locales. The remoteness of ZDF units, relatively poor infrastructure, poor linkages with national supply systems (e.g. of VCT kits), and the organizational isolation of the military, also make providing CT services costly.

In FY 2008, PCI will continue its efforts to assist the ZDF through strategic and innovative approaches developed through more than three years experience working with the ZDF in HIV/AIDS prevention, care and support. The overall goal of this activity is to strengthen the capacity of the Defense Force Medical Services (DFMS) to provide accessible, confidential, quality counseling and testing services. In FY 2005, four model medical sites were strengthened to provide comprehensive HIV/AIDS services including counseling and testing, anti-retroviral treatment, palliative care, and PMTCT services (in collaboration also with PCI and JHPIEGO). In FY 2006 and FY 2007, eight additional model sites were established. While these twelve 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, ZNS Kamitonte in Solwezi, Luena barracks in Kaoma, ZAF Mumbwa, ZNS Luamfumu in Mansa, and L 85 in Lusaka) maintain the current services, four additional sites will be established in FY2008 to provide the same services, targeting other areas where significant number of military personnel are stationed. Moreover, support for basic levels of CT services will continue to be provided at 38 other ZDF units, who will have the opportunity to visit and learn from the model sites.

Funding will cover procurement of necessary medical supplies and equipment and additional training for the DFMS staff in the new sites. In order to promote sustainability, efforts will continue to be made to effectively integrate the ZDF in the Ministry of Health (MOH) 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 counseling and testing services. In addition, 25 senior ZDF officers will be trained in CT to encourage senior officers to access CT services. It has been observed that senior officers are shunning CT services because the staff trained to provide this service 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. Through a sub-grant to the Baptist Fellowship of Zambia, 80 military chaplains who have received training in HIV/AIDS counseling will be trained in HIV testing. Most clients would like to be tested for HIV by the person that they have confided in during counseling. Training the chaplains in HIV testing will encourage individuals who have great trust in the clergy, to know their HIV status. Confidentiality will also be safeguarded when the chaplains are empowered to follow through HIV counseling with testing. 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,MOH, and Chikankata AIDS Management and Training Services. The HIV testing training will be facilitated by personnel from Maina Soko Military Hospital Virology Laboratory in Lusaka, using national guidelines. In addition, 20 senior DFMS staff, mostly counselors and/or supervisors from the new and existing model CT sites, will be targeted for 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, ART assessment, TB, PMTCT, STIs, OIs management, Home Based care, 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 go for a second test after three months at the nearest CT facility to take care of the window period.

The mobile services will gradually increase their coverage to DFMS sites and surrounding communities throughout the country, taking into account geographical coverage by static and mobile services, and focused on remote, underserved regions where ZDF units are typically found. Funding will be used for operation and maintenance of two vehicles, refresher training and logistical support for medical staff (a core DFMS team and supplemental staff from the ZDF units in the areas targeted), community mobilization by the ZDF drama teams, peer educators, and others, and procurement of HIV test kits (to supplement those accessed through Zambia VCT Services) and other medical supplies. Updated and targeted education materials on VCT, ART, sexually transmitted infections (STIs) and stigma reduction will be reproduced and available at the counseling and testing sites. Other health services such as STI diagnosis and treatment or reproductive health services will be included to overcome the stigma that would otherwise be associated with a mobile service devoted solely to HIV counseling and testing. 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 each counselor. In addition 10% of all samples are taken to Maina Soko Military

Activity Narrative: 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 regular review meetings for key mobile CT providers.

The sustainability of this activity is by strengthening the capacity of the DFMS to plan, implement and manage CT services with technical support. Capacity strengthening is achieved through joint planning, assessments, and monitoring of activities, as well as through formal training of ZDF staff, on-the-job training from experienced CT implementers from PCI and other partners, ensuring access by the ZDF to national guidelines and policy, basic infrastructural support, and linking ZDF services with locally accessible sources of resources and technical support (e.g. Zambia VCT Services). In FY 2006 and FY 2007, PCI supported the registration of all ZDF VCT centers by Zambia VCT Services. This has allowed the centers to access government HIV test kits and other services. Already, PCI has linked DFMS with the government Medical Stores for provision of test kits for the mobile VCT program. This will also contribute greatly to the sustainability of CT services.

The target of this activity is to have 6,000 people receiving counseling and testing at the 16 model sites and other ZDF static VCT centers. The two mobile units will target an additional 3,000 people with counseling and testing.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8785

Related Activity: 14628, 14629, 14623, 14624, 14630, 14625, 14428, 17454, 14636, 14627, 14634, 14633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24840	3732.24840.09	Department of Defense	Project Concern International	10574	3041.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14628	9170.08	6890	3041.08	DoD-PCI	Project Concern International	$275,000
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14636	3754.08	6892	3051.08	DoD/LabInfrastructure	US Department of Defense	$1,600,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	54	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	145	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	9,000	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Trainers

Civilian Populations (only if the activity is DOD)

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5252.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 17359.08

Planned Funds: $50,000

Activity System ID: 17359

Activity Narrative: The following activity is newly proposed ¬ for FY 2008.

HIV counseling and testing 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 21.5 % among adults aged 15-49 years (DHS 2002). These rates are the highest in the country and 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 counseling and testing. Another is scaling up provider initiated counseling and testing in all health centers. The USG aims to support LPHO to build capacity to coordinate and oversee counseling and testing services in the province, provide training to various levels of health care providers, and expand counseling and testing services in 3 districts; namely Kafue, Chongwe and Luangwa. Lusaka district is covered by the Centre for Infectious Disease 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 through out 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 counseling and testing services to Kafue, Chongwe and Luangwa Districts by expanding quality, confidential HIV counseling, testing 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. Currently 18 of the 41(44%) health facilities in the districts are able to provide voluntary counseling and testing services. It is estimated that with training and infrastructure support 30 centers will provide this service by end of FY2008.

In FY 2008, 40 health workers and 75 lay counselors will be trained in Counseling and Testing for HIV. An estimated 30% of the adult population (92,933) will receive sensitization messages through various forms of media.
It is expected that out of the sensitized population 8% (7435) will receive counseling and testing services and 5500, will receive their results.

In order to enhance the counseling environment, support will also be provided for infrastructure development by renovating 2 sites in each of the three (3) districts. In addition to the renovations procurement of furniture will also be done.

LPHO will provide onsite technical support and supervision and will incorporate the concept of peer review to encourage the exchange of experiences among sites. 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 provide some incentives. This will reduce the fall out rate among this cadre and promote sustainability.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	115	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,500	False

Coverage Areas

Lusaka

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3011.08

Mechanism: Comforce

Prime Partner: Comforce

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 17357.08

Planned Funds: $85,000

Activity System ID: 17357

Activity Narrative: The following activity is newly proposed for FY 2008.

Related activities: EPHO HVCT, SoPHO HVCT, and WPHO HVCT and all other VCT activities.

Funding in FY 2008 is requested to provide technical assistance (TA) the scale-up of voluntary counseling and testing (VCT) access for rural disadvantaged communities, migrant populations, and general population in Zambia. VCT is scaling-up fast 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 training provided for capacity building is focused on the new Zambian testing protocols, data management and quality assurance and that appropriate data is being captured at all sites and reporting accordingly.

The TA will also ensure the VCT programs are all working in collaboration with government under the MOH and works within the confines of government health guidelines and strives to establish a sustainable programs 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.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15558, 15552, 15546

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15558	3792.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$100,000
15546	3669.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$100,000
15552	3667.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7070.08
Mechanism: Luapula Foundation
Prime Partner: Luapula Foundation
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 15178.08
Planned Funds: $0
Activity System ID: 15178

Activity Narrative: Luapula Foundation is a New Partnership Initiative (NPI) partner in Zambia. In the second year of implementation, Luapula Foundation will implement counseling and testing (CT) in close collaboration with the Society for Family Health (SFH) using their New Start brand for provision of CT. Luapula Foundation purchased a New Start mobile franchise from SFH for the use in delivery of CT services. Under the New Start franchise, SFH is providing supplemental services such as quality assurance and provision of supplies. The activity is also closely linked with care providers such as 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 assist in mobilizing communities to access the mobile CT services offered. In coordination with other USG partners to avoid duplication, Luapula Foundation will also collaborate with the MOH under-five clinics, maternity clinics, and with the Zambian army camp to provide mobile CT.

In FY 2007, Luapula Foundation trained 90 certified counselors in Mansa, Mwense, Kawambwa, and Samfya districts in preparation for the scale up of CT activities in FY 2008. In FY 2008, Luapula Foundation will scale-up the CT program to include the above districts. Many rural villagers in Luapula Province have 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 will provide a CT service that offers same day results to the clients. Luapula Foundation will augment government efforts to provide CT to as many citizens as possible by using protocols designed by SFH New Start following national guidelines.

Luapula Foundation will strengthen its referral systems and create referral directories in all districts served. Luapula Foundation will promote post-test activities that included post-test counseling and clubs.

In FY 2007, Luapula Foundation conducted in-service training for certified counselors in the implementation of CT in the three expansion districts. The training introduced counselors to Luapula Foundation/New Start protocols and updated their counseling skills. In FY 2008, Luapula Foundation will conduct similar training of 20 certified counselors in Samfya District, who will facilitate CT in Milenge District. Luapula Foundation will continue to provide group and individual supervision and refresher courses to ensure quality service delivery. These training 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.

In FY 2008 besides the general adult population and adolescents over the age of 16, Luapula Foundation will target community, business and church leaders, and caregivers/guardians for CT in order to encourage the general population to come forward for CT. Other targeted populations will include registered TB patients. Luapula Foundation will work closely with communities to plan and implement CT activities and referral systems. Luapula Foundation will strengthen linkages with community leaders, community-based organizations (CBOs), District AIDS Task Forces (DATFs), and rural development committees.

SFH implements New Start brand promotion and advertising for all affiliated CT centers. In order to augment these efforts, Luapula Foundation will regularly sponsor radio programs on the local Radio Yangeni to make known to the public the range of services available and provide a question and answer session.

In FY 2008, Luapula Foundation will reach 7,500 Zambians with CT and will provide same-day results to those tested. All HIV positive clients will be referred for care and treatment services during post-test counseling. At post-test counseling, clients will also be given prevention counseling, risk reduction planning, and will be counseled on disclosure to their partners.

To address post-test referral challenges, Luapula Foundation will link with Zambia Prevention Care and Treatment Program (ZPCT), PCVs, MOH, home-based care programs, and Network of people living with HIV/AIDS in Zambia (NZP+).

Luapula Foundation will strengthen maintenance of its referral directory. In order to facilitate this strengthening, Luapula will provide referral slips to clients testing HIV positive for clients to leave at health centers. Luapula Foundation will later collect these slips from the centers and analyze the results of those referred versus those who sought health services. This process will facilitate the monitoring of treatment rendered to the clients and effectiveness of the referral services provided.

Luapula Foundation will attend USG partners Chief of Party (COP) meetings and CT forums in order to exchange views on best CT practices and avoid duplication of efforts. Luapula Foundation will also continue to work closely with the GRZ through local, district, and provincial offices to ensure effective community mobilization and care and support of people living with HIV/AIDS (PLWHA).

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15176, 15177

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15176	15176.08	7070	7070.08	Luapula Foundation	Luapula Foundation	$0
15177	15177.08	7070	7070.08	Luapula Foundation	Luapula Foundation	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	20	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,500	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Luapula

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7161.08

Mechanism: Mobile VCT Services

Prime Partner: IntraHealth International, Inc

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15503.08

Planned Funds: $500,000

Activity System ID: 15503

Activity Narrative: New Activity Narrative: Voluntary Counseling and Testing (VCT) services have scaled-up in much of the country. There are many partners supporting this activity, however, it is very clear that the rural populations have not been adequately reached. The Zambia Voluntary Counseling and Testing (ZVCT) services coordinate most of the CT services in the country, both non-governmental organizations and government run centers. Of the 550 sites to date, very few cover the disadvantaged rural populations.

This activity will support mobile VCT services in two of the most underserved rural and remote districts Namwala in Southern Province and Luangwa District in Lusaka Province. These districts have been selected in consultation with the Provincial Health Office in the respective provinces.

The mobile and boat VCT will ensure that CT and monitoring services are offered to people either nearer to their homes or at outposts within their reach. It is hoped that 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. This activity will complement the activities by the Provincial Health Office in both Southern and Lusaka Provinces to scale-up CT with the support of the USG.

Even though the reality of accessing treatment and care services may be distant for these very remote populations, the emphasis will be on prevention of transmission in those who test positive (positive prevention) and prevention of acquisition of HIV in those who test negative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15582, 15558, 15552

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15582	9718.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
15558	3792.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$100,000
15552	3667.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	20	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	40	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	6,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Coverage Areas

Southern

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7163.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15505.08

Planned Funds: $810,000

Activity System ID: 15505

Activity Narrative: The funding level for this activity in FY 2008 will increase from FY 2007 due to plus-up funding to support additional training.

Most new HIV infections in Africa occur in cohabiting couples. Abstinence is not an appropriate message for these couples, and faithfulness is not effective in the 15-20% of couples who have one HIV positive and one HIV negative partner ('discordant couples'). Joint testing and counseling decreases transmission of HIV in discordant couples, and reduces sexually transmitted infections and unplanned pregnancies in all couples. Testing only one partner in a couple does not result in decreased HIV risk.

The Zambia Emory HIV/AIDS Research Project (ZEHRP) was established in 1994 in Lusaka. ZEHRP counselors have provided couples' voluntary counseling and testing (CVCT) to more than 23,500 Zambian couples. In 2005 alone, ZEHRP's three CVCT centers in Lusaka tested over 4,300 couples. Over 1,300 HIV positive individuals were referred to district clinics for evaluation for antiretrovirals (ARVs), 805 were treated for syphilis, and 174 pregnant women were referred for prevention of mother to child transmission (PMTCT).

Translation of research findings into public health practice is a primary goal of ZEHRP. Counselors from ZEHRP, along with their counterparts in Kigali, Rwanda, and partners at Emory University in Atlanta, GA, collaborated with CDC-Atlanta and the Liverpool School of Tropical Medicine to produce a procedure manual for CVCT. CDC has since used this manual in regional trainings in Southern and Eastern Africa.

ZEHRP Lusaka's three CVCT centers and contributions to the CDC-CVCT procedure manual have been funded by a research grant from the United States National Institutes of Mental Health (NIMH). The goals of this grant were to establish sustainable CVCT in Zambia and Rwanda through: 1) Advocacy with government leaders, funding agency representatives, service providers, and community leaders; 2) Development of standardized procedures for CVCT; and 3) Operations research to identify the best ways to promote and provide CVCT.

These goals have largely been achieved in both target countries. Existing NIMH funding for ZEHRP's three CVCT centers in Lusaka ended in mid-2006. The NIMH grant requires that funding be transitioned from research to the health and development sector. In FY 2006 the USG provided funds to ZEHRP in order to provide for provision of couples counseling and testing as a routine service. Funding for this became available in September 2006 and was earmarked to continue activities in the current three sites in Lusaka and set up a new site in Mazabuka, Southern Province.

From September 2006 to date, ZEHRP has tested 1,001 couples in Lusaka and referred 803 individuals for ARV treatment. The Lusaka sites operate Friday to Sunday each week. CVCT services in Mazabuka were established in June, 2007.

Goals for Zambia for fiscal year 2008 through the President's Emergency Plan for AIDS Relief funds are:
1) Continue to offer CVCT three days per week in three existing centers of excellence in Lusaka
2) Provide didactic and practical training in CVCT promotion and Couples counseling procedures through these centers
3) Refer for care and treatment all HIV-positive individuals and all syphilis positive individuals
4) Integrate weekend CVCT into existing voluntary counseling and testing (VCT) programs in Lusaka, primarily in the district clinics. Most couples find it hard to come together during regular hours during the week as one or both are in gainful employment. This activity will include providing training and support to existing VCT counselors so that they can counsel couples using the standard Zambia National VCT Guidelines, providing logistical and financial support to promotion of weekend CVCT at existing VCT centers and providing funds for overtime salary for trained staff at existing VCT centers.
5) Continue expansion of CVCT services outside Lusaka by continuing services in Mazabuka.

Goals for the Zambia COP FY08 budget plus 50% will include all of the above-mentioned projects plus the following:
1) Expansion of CVCT to Monze, operating three days a week.
2) Current CVCT sites in Lusaka would start operating five days a week, instead of three.

A very small percentage of Zambians attend VCT as couples. Couples counseling allows partners to explore and address their sexuality and prevention together. ZEHRP has been instrumental in taking the leadership in providing and expanding couples counseling in Zambia. In 2008 ZEHRP will expand on building capacity of other provider organizations to also promote and provide CVCT. Since 2005, 48 counselors from the ministry of health have received training on couples counseling and testing.

In FY 2008 with the plus up funding, $60,000, ZEHRP will build capacity for couples counseling and testing through providing training to 100 counselors, 10 from each province. Training in couple counseling will be provided to trained counselors and will include 2 days of didactic and 12 days of practical training. Funding will also be used to provide supportive supervision and follow up observation to the 100 counselors trained to ensure they acquire adequate CVCT skills to allow them to effectively initiate and expand CVCT activities including training within their own institutions.

FY 2008 none plus up funding will be used to support laboratory supplies, transport and logistics of running current sites. Other costs will go towards production of IEC materials, payment of staff for overtime weekend service, travel re-imbursement for participants and other personnel costs.

With greater emphasis on trainings and the incorporation of CVCT in routine VCT centers, plus additional hours to cater for the working population, we hope that the program will become part of the routine operations of the district/VCT sites. This will ensure long-term sustainability of the program even when funding is reduced or limited.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	6	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	140	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	14,000	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Lusaka

Southern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 630.08

Mechanism: SHARE

Prime Partner: John Snow Research and Training Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3639.08

Planned Funds: $1,325,909

Activity System ID: 14400

Activity Narrative: The Support to the HIV/AIDS Response (SHARe) Project will continue to allocate significant support to the Zambian government's efforts aimed at increasing CT coverage and uptake. SHARe works very closely with National AIDS Council (NAC) to make CT more widely available in Zambia.

SHARe has significantly scaled up support to Counseling and Testing (CT) over the past three years. From October 2004 to September 2005, SHARe reached 321 persons with CT and their test results 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. In the next six months alone, from October 2006 to March 2007, SHARe and its partners provided CT and test results to 32,208 individuals and 289 trained individuals in CT.

In FY 2008, SHARe will continue to partner in CT with private sector businesses and markets through three local NGO partners: Zambia Health Education and Communications Trust (ZHECT), ZamAction, and Afya Mzuri. SHARe will continue to support workplace and community counseling and testing (CT) through the 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 Transport and Communications which includes transport companies and truckers; and the Ministry of Tourism/Zambia Wildlife Association which includes wildlife scouts and employees of lodges and tourism businesses. SHARe will also continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance in CT to eight companies in two Global Development Alliances in the mining and agribusiness sectors. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, and reach 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over $2 million will be leveraged from the private sector for the two USAID Global Developments Alliances (GDAs). In addition, SHARe and its partners will provide mobile CT services within communities through the Rapid Response CBO and FBO Grantees and chiefdoms.

SHARe will continue to work through local NGO and public sector partners to expand CT services in private and public workplace programs through strengthening of workplace capabilities including quality assurance, quality improvement and supportive supervision to trained CT providers, provision of on-site and mobile CT services, and linkages to other CT service providers. SHARe will continue to expand CT beyond the workplace through partnerships which include the District AIDS Task Forces (DATFs), the Livingstone Tourism Public Private Partnership, Chiefdoms, the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO), and social mobilization activities including Voluntary Counseling and Testing Day (VCT) and World Aids Day through the National HIV/AIDS/STI/TB Council (NAC).

SHARe will also continue to provide a grant to a local NGO (Latkings) to provide mobile CT services linked to urban and rural mobile populations throughout Zambia. SHARe will seek creative ways to engage and connect the communities to CT through community sensitization and mobile CT at traditional ceremonies. SHARe will continue to work 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.

SHARe will continue to provide direct grants to the eight GDAs for mobile workplace and community CT. GDAs will support 27 CT sites (11 onsite and 16 offsite), provide quality assurance, quality improvement and supportive supervision to trained CT counselors, and provide CT services directly in workplaces and communities.

CHAMP assists GDA members to provide on-site, facility-based and mobile CT services, create links for referrals to off-site services where on-site facilities are not available, link to the District Health Management Teams logistic management system and other sources for a consistent supply of CT test kits and reagents, and network with prevention, care and treatment sites. CHAMP also works with GDA members and the Ministry of Health to promote adoption of the CT opt-out/provider-initiated approach to offer CT within all antenatal services, at TB clinics, and during annual medical exams.

SHARe will increase the sustainability of its five local NGO partners working in CT, through strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of their current situation, sharing of sustainability strategies of successful NGOs, and development of sustainability plans. The GDAs 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.

The project will partner with BizAIDS to implement a series of workshops on HIV/AIDS for individuals involved in micro and small businesses in all nine provinces. These workshop sessions include information about HIV/AIDS prevention, counseling and testing (CT), and antiretroviral treatment (ART), emphasizing AB for prevention and CT. All people that attend the sessions learn about the importance of knowing one's status and a significant proportion opt for on-site CT services. The BizAIDS program focuses on increasing access of individuals involved in micro and small businesses to voluntary counseling and testing services for HIV/AIDS. The program provides HIV/AIDS information and encourages participants to share the same information with their spouses, children, and the community. As a result, couples and family members choose to undertake VCT. During workshop sessions, participants learn about the health effects associated with HIV/AIDS and develop plans to mitigate the impact that HIV/AIDS can have on their business, employees, and family. Through dialogue, participants are taken through a process that is designed to reduce stigma and discrimination in the workplace and at home and emphasizes the importance of CT.

In FY 2008, the USG will continue its Public-Private Partnership (PPP) in Livingstone, Zambia through the SHARe Project. This activity is a unique Public Private Partnership implemented through a partnership between USAID/Zambia, NAC, hotel and tourism operators and related businesses, communities in Livingstone and the Ministry of Tourism/ Zambia Wildlife Authority (ZAWA), with technical support from SHARe. The PPP strengthens and builds capacity of hotel and tourism operators and other businesses in Livingstone to become leaders in the fight against HIV/AIDS. It also aims at supporting HIV/AIDS

Activity Narrative: workplace programs.

The partnership will continue to support social mobilization public events, with on-site mobile HIV counseling and testing (CT) and behavior change information. SHARe will train peer educators for the tourism industry and Zambia Wildlife Authority in Livingstone.

In FY 2007, the PPP in Livingstone held a large HIV/AIDS Benefit Concert for social and behavior change to promote CT and reduce HIV sexual transmission. The Benefit Concert, held at the Zambezi Sun Hotel, was open to the general public. Mobile CT was provided. Livingstone residents, community members from surrounding villages, community and traditional leaders attended this event. The event was opened by the First Zambian President, Dr. Kenneth Kaunda and the U.S. Ambassador, and attended by Chiefs, the Mayor and other dignitaries. The Concert was preceded by two weeks of social mobilization and CT services in surrounding communities.

In FY 2008, similar social mobilization events will be held. SHARe will orient performers and artists to appropriate HIV messages for incorporation into their performances to promote counseling and testing and behavioral and social change to reduce HIV sexual transmission, following ABC guidance. SHARe will provide information booths, counselors, and mobile CT at each event. The concert events will be aired on national TV and on radio in partnership with ZNBC and community radio stations. The PPP will invite local, traditional, religious and national leaders and support key CBOs/FBOs community members to attend the events.

Workplace interventions will reach 500 employees and workers of small and medium tourism organizations and businesses with AB and other HIV prevention sensitization, and provide linkages to HIV/AIDS services. Workplace interventions will provide CT services to 125 individuals in the industry. In FY 2008, the private sector and matching USG contributions for the PPP will be $75,000 each and is expected to result in 2,125 individuals receiving CT services.

In FY 2008, SHARe will directly reach 42,125 individuals with on-site and mobile CT in 28 sites and train 100 individuals in CT through NGOs, public and private sector workplaces, Rapid Response CBO and FBO Grantees, social mobilization activities, and GDA companies nationwide.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8907

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26388	3639.26388.09	U.S. Agency for International Development	John Snow Research and Training Institute	11017	630.09	SHARE	$1,100,909
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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$352,713
Estimated local PPP contribution in dollars	$1,184,510

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	28	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	42,125	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 527.08
Mechanism: SUCCESS II
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3569.08
Planned Funds: $1,000,000
Activity System ID: 14375

Activity Narrative: This activity is a continuation from FY 2007. New activities and emphases include: increased use of the recently approved finger-stick protocol to allow an expansion of CT into 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 PCR technology, where available, with consequent referral of HIV positive infants for PART.

In FY 2008, SUCCESS II will also work on sustainability and capacity building in the last year of PEPFAR. 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).

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 FY 2007, SUCCESS II had a CT target of 12,000, and reached 100% of its target. In FY 2008, SUCCESS II will target 20,500 PLWHA in 45 of Zambia's 72 districts (geographic coverage of more than 62% of all districts) with CT services and will train 850 persons, including health workers, caregivers, teachers, and local leaders in counseling or testing, including pediatric CT. The cost per client counseled and tested, for 2008 will likely drop as SUCCESS' partners increase the volume of counseling and testing, and become more efficient especially with the roll out of finger-prick CT. However, because SUCCESS II works in rural areas, the cost per client will likely remain higher than for CT delivered in densely populated urban and peri-urban areas. The target and cost estimate rely heavily on provision of test kits by the GRZ's District Health Management Team, which the USG is supporting through the JSI/Supply Chain Management Services project.

SUCCESS II will support its partners to provide on-site CT services that meet national and international standards, focusing on those areas where other USG supported CT does not exist. CT, the entry point for HIV/AIDS care and treatment, enables SUCCESS 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 Prevention-for-Positives programming. This reinforces USG Zambia Prevention targets. It also may help 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. In FY 2008, SUCCESS will support 19 service locations providing counseling and testing according to national and international standards

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. Assuming that there is a reliable and adequate supply of test kits, SUCCCESS II partners will scale up CT services through innovative methods, such as community CT, and to the extent possible, will share its trained counselors with government health facilities when and where they are short staffed.

Catholic Diocese partners will mobilize communities and use community participation to increase acceptance and the uptake of CT, taking CT activities directly into the communities and households. SUCCESS-II 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. In FY 2008, SUCCESS II will train 850 individuals in counseling and testing according to national and international standards

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 will continue to provide training at multiple levels, such as Rapid Test Training for registered nurses and counselors, and training on finger prick testing for the many more 'lay' counselors. In this technical area, appropriate GRZ trainers are utilized, so as to carry on national protocols and guidelines.

SUCCESS II partners collaborate in numerous ways. The bi-annual meeting brings all SUCCESS II partners together for cross-fertilization of programming ideas, issues, and lessons learned. Partners make exchange visits to each other's sites, affording closer observation of on-the-ground best practices and skills transfer. SUCCESS II monitoring and evaluation staff and program team continue to deepen the quality of monitoring activities, not only for data accuracy but to use their performance and service delivery data as programming tools for adjusting emphases or inputs.

SUCCESS II builds its partners' management capacity to promote sustainability within the Catholic structure in Zambia, and the significant complementary role it plays to the GRZ health system. One of the comparative advantages of SUCCESS II is the extensive reach of the diocesan structure into rural and often isolated communities. Investment in their management capacity enhances program effectiveness and sustainability. SUCCESS II trains its implementing partners in financial management and accountability, logistics and commodities distribution, organizational development and strategic planning, as well as providing mentoring on staff management and policy development. The projects are strongly encouraged to link with local government structures and institutions. An example of strategic networking for sustainability is having a Catholic Bishop sitting on the Board of Directors of a provincial government hospital. Key networking also takes place at the integral community level, where local traditional leaders are involved in parish home-based care coordinating committees. Each partner will be encouraged and supported to become registered and/or accredited to receive drugs or kits supplied free by GRZ.

Diversification of funding support is also a key factor in sustainability. CRS management capacity building also supports partners in accessing other funds when possible, and partners are in a better position to attract other funds with their project management ability enhanced through SUCCESS II.

Activity Narrative: All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9181

Related Activity: 14374, 14376

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26399	3569.26399.09	U.S. Agency for International Development	Catholic Relief Services	11022	527.09	SUCCESS II	$250,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14374	3568.08	6807	527.08	SUCCESS II	Catholic Relief Services	$3,100,000
14376	3734.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,370,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	19	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	850	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,500	False

Indirect Targets

Target Populations

General population

Children (under 5)

- Boys

Children (under 5)

- Girls

Children (5-9)

- Boys

Children (5-9)

- Girls

Ages 10-14

- Boys

Ages 10-14

- Girls

Ages 15-24

- Men

Ages 15-24

- Women

Adults (25 and over)

- Men

Adults (25 and over)

- Women

Other

Religious Leaders

Coverage Areas
Luapula
Northern
Western
Eastern
Lusaka
North-Western
Southern
Central
Copperbelt

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	2933.08	**Mechanism:**	CARE International - U10/CCU424885
Prime Partner:	CARE International	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	9714.08	**Planned Funds:**	$400,000
Activity System ID:	15508		

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.

Zambia faces unique challenges in tackling the increasing convergence of Tuberculosis and HIV infection. There are difficulties in achieving equitable coverage of health care activities in areas of low population density with limited transport and physical infra structure to provide services. Poor treatment seeking behavior is compounded by high level of stigma and discrimination. Severe human resource constraints exist among health care staff especially across all facilities within rural districts.

In the fiscal year FY 2008, the United States government funding through this mechanism will focus on increasing the coverage of and access to counseling and testing services in Chipata, Katete, Petauke and Lundazi of Eastern Province. The work will focus on infra structure rehabilitation in some of the 31 sites and increase community mobilization to encourage uptake of voluntary counseling and testing (VCT) in the catchment area. The work will target the general population as every one needs to know their HIV status. There will be 31 facility-based service outlets providing counseling and testing and one mobile outlet. It is estimated that 10,000 clients will receive counseling and testing for HIV and receive their results through this funding mechanism. This activity will link closely with the EPHO HVCT to ensure wider coverage of districts and avoid duplication. Links with treatment and care services, EPHO HTXS and EPHO HLAB will be established as well.

CARE's proposed intervention aims to assist the government of the Republic of Zambia (GRZ) through increasing the expertise of field based staff and lay volunteers in VCT while building stronger referral networks so that the planned national response can reach beyond its current capacity. Once people have been tested and are receiving antiretroviral drugs (ARVs) adherence becomes a crucial issue. Promoting adherence to ARVs is crucial to successful treatment. CARE will therefore training of 300 health staff and 600 community volunteers (including treatment supporters) in adherence counseling for clients on TB treatment and antiretroviral therapy. The training will include helping clients understand what adherence is and how to recognize side effects of the drugs and how to cope those side effects among other things. Mechanisms for follow up of clients to ensure adherence will also be developed during the training to ensure that they are culturally appropriate and feasible.

In FY 2008, to properly support the increased need in human capacity, CARE will encourage the district health management teams to under take simple infrastructure rehabilitation to 10 out of 31 Zonal VCT and PMTCT sites. The project will also provide basic equipment, furniture for 31 zonal VCT sites in more remote areas across 4 districts (Chipata, Petauke, Katete and Lundazi). CARE will work hand in hand with DHMT to carry out the survey of proposed facilities.

Mindful of the challenges for distant populations with limited transport options of accessing health care facilities, CARE will establish and run a mobile VCT service to increase access for people in need of VCT in Lundazi. Chipata, Petauke and Katete are relatively better served by existing mobile VCT than Lundazi. Cost per client reached in such mobile VCT situations increased dramatically as transport cost of the mobile service are high.

Care International will conduct technical supportive supervision to the health staff and community lay counselors quarterly to ensure that quality service is provided to the recipients.

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 every one in the general population has access and linked to equally effective referral system.

The Provincial Health office will receive funding from the USG for CT to implement activities in the other four districts (Nyimba, Mambwe, Chandiza and Chama). Coordination, linkages and referral systems will be enhanced between CARE International and the Provincial Health office.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9714

Related Activity: 15546, 15547, 15548

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26210	9714.26210.09	HHS/Centers for Disease Control & Prevention	CARE International	10965	2933.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15546	3669.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$100,000
15547	9751.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$200,000
15548	9795.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	31	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	900	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	2994.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3675.08	**Planned Funds:**	$450,000
Activity System ID:	15516		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

Development Aid People to People (DAPP) in Zambia has been operating since 1986. The mission of DAPP in Zambia is to implement projects that will give people knowledge, skills, and tools that will empower them and their families to face the challenges of everyday life and to improve their quality of life. Through this funding mechanism, DAPP in Zambia in cooperation with Humana People to People plan to continue with their collaborative program called Total Control of the Epidemic (TCE) that began in FY 2006. This DAPP program is an innovative, grassroots, one-on-one communication, and mobilization strategy for HIV prevention and behavior change. These programs implement voluntary counseling and testing (VCT) on a house-to-house basis in conjunction with personalized counseling for HIV/AIDS prevention and behavior change, and referrals for care and treatment services.

The overall objective of the TCE program seeks to mobilize communities to take control of the epidemic. One large rural area in the Mazabuka district of Southern Province was identified in FY 2006 as the initial target area. Funds for FY 2006 were awarded in September 2006. Thus far, 55 local resident people have been trained as field officers to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. It is anticipated that an additional 7,500 people will be tested for HIV/AIDS and receive their results in FY 2008 and an additional 100 people will be trained in counseling and testing according to national and international standards .

In addition to providing VCT for households, field officers are trained to talk to people about preventing mother to child transmission (PMTCT) services, basic health care and support services, and antiretroviral therapy (ART) services that are available in the district and they can tailor services based on the person's HIV-related needs. Appropriate referrals will be made to services such as VCT, ART, PMTCT, and community networks and initiatives. It is anticipated that 600 people who are enrolled in ART will be identified through the house-to-house program and will receive prevention for positives counseling. DAPP in Zambia hopes these practices will become institutionalized as habits as this will ensure adherence to ART during and after the mobilization campaign. In FY 2008, approximately 1000 pregnant women are expected to receive HIV CT for PMTCT and receive their results. Approximately 500 people will be referred for TB treatment Another 20,000 individuals are targeted to be reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful.

This program is essential for providing VCT to people at a grassroots level. Efforts are made to contact hard-to-reach people in their homes including adults, adolescents, children, pregnant women, people living with HIV/AIDS where they may be most comfortable talking about HIV and learning of their HIV status. A large benefit of this program is that house-to-house VCT can be strategically positioned to reach husband and wife couples with couples counseling or entire families with family counseling. Follow-up visits to people who would benefit from extra time with a counselor can also be made. Additionally, people will receive pertinent information about HIV/AIDS services available in their community and how to access them. The United States Government (USG) programs of PMTCT, ART, and basic health care and support will benefit from the referrals that will be made to them. This program will work closely with the Southern Provincial Health Office, SPHO (CDC to insert activity #) and in future years can be scaled-up to include other areas of the Southern Province

There is a mobile population of fishermen living in this area along riverbanks and islands in the Kafue River flats. Specific methods have been developed to reach these people by boats and their partners, including persons in prostitution and persons who exchange sex for money and/or other goods. Given the need to reach people in a mobile fashion and that boats will be used to reach some people, the cost per person tested for HIV in this activity may be greater than for other activities. Teachers and religious leaders from the targeted areas are also reached for CT and approached to support the program. Orphans and vulnerable children living in this area are also targeted with CT and other appropriate referrals.

In its first year of operation, TCE established a formal agreement with the Ministry of Health in Mazabuka District for obtaining test kits and supplies for CT which will continue in FY 2008. The district health office will also conduct quality assurance monitoring to ensure that testing is carried out according to standards and results are accurate. Work is also ongoing with the district health office to ensure that DAPP operated in collaboration with their plans for scaling up CT programs in order to reach more people who live in rural areas. TCE programs are naturally sustainable following the three years of formal implementation by DAPP. The formal program is anticipated to run through FY 2008 and during this time, capacity is built in individuals and communities to take action in the fight against HIV/AIDS. A component of the third and final year for TCE in this area will be to turn activities over to the Ministry and encourage people who have shown dedication to the program to continue with the work. Individuals who have been trained through the program are from within the community where they are working and will continue to impart their knowledge and experiences to members of their communities for many years to come. They will be seen as role models and experts in HIV/AIDS in their communities and are often approached by community members for support regarding HIV/AIDS.

In FY 2008, DAPP will continue their program called "Total Control of the Epidemic" to reach people living in Mazabuka with personalized HIV messages and counseling. Field officers trained by DAPP are currently living among rural communities in order to ensure that everyone in the community learns to take responsibility of their own HIV status and is working towards preventing new HIV infections and seeking care and treatment for people who are already infected with HIV. With additional funding in FY 2008, additional field officers will be trained and the program will be scaled-up to reach more rural communities from the current 9 wards to an additional 3 wards of Mazabuka district.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8998

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26223	3675.26223.09	HHS/Centers for Disease Control & Prevention	Development Aid People to People Zambia	10971	2994.09	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

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,500	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Southern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4527.08

Planned Funds: $200,000

Activity System ID: 15527

Activity Narrative: The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

This activity links to activities in TBHIV and HVCT (particularly JHPIEGO, CARE, EGPAF, CRS, FHI ZPCT and TBCAP, PCI, SHARE and Provincial Health Offices), as well as to HTXS and HBHC clinical activities (EGPAF, CRS, ZPCT, JHPIEGO, and CHAMP).
This activity will increase access to counseling and testing, integrate diagnostic counseling and testing (DCT) into TB and STI services, and strengthen linkage to HIV/AIDS care and treatment services.

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 infectious diseases, the number of healthcare workers available to care for the sick has declined. Illness and death among healthcare workers 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 PHO and DHMTS and other partners will promote “task-shifting” wherever possible. Task shifting means that tasks that are commonly conducted by higher-level healthcare workers (i.e., nurses) should be shifted to lower-level providers or 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.

In FY 2006 and FY 2007 JHPIEGO continued to work with the Southern and Western Provincial Health Offices (PHOs) to build capacity to expand the integration of HIV into TB services. Working with the local provincial trainers in FY 2006 and FY 2007 an additional 125 health care providers from ten new sites were trained in DCT, in addition to the provinces’ own programs of training beyond this number

In addition, 185 community lay counselors/treatment supporters (CCTS) were trained between FY 2005 and FY 2007 in Southern and Western provinces. The community counselors are a link between the community and health care services and are involved in providing group education and counseling and testing both at community and facility level. Another aspect of ensuring increased continuous availability of trained counselors at the service delivery sites is the “task-shifting” strategy by making greater use of lay counselors.

In FY 2008, JHPIEGO will continue to build local capacity in supporting and expanding CT services. By ensuring that the existing management and supervisory teams take the lead in both training and supervision activities, with JHPIEGO’s support, their ability to sustain and expand these programs will be enhanced. JHPIEGO will work with the existing management and supervisory teams (e.g., from PHO, DHMT, etc.) to provide supportive supervision (on-Job training) to at least 100 previously trained CCTS and quality assurance to programs strengthened during FY 2005, FY 2006 and FY 2007. In addition quality assurance exercises will take place using a variety of methodologies (i.e., client exit interview, mystery client, chart reviews, etc.) In order to expand services, strengthen the community outreach around the target facilities; improve the continuity of care and the uptake of services, psychosocial counseling training will be provided to an additional 120 Lay counselors from Southern, Western and Eastern Provinces in districts selected in consultation with the PHOs. This will compliment the trainings to be carried by the provinces themselves and JHPIEGO will work in close collaboration with CBTO and KARA counseling to support the Provinces in achieving this. The number of people who will be reached with counseling and testing from this activity will be reported through the provinces thus will not be included here to avoid duplication.

In order to ensure sustainability of the program the local trainers will increasingly take the lead in training and supervision activities, supported by JHPIEGO and our local partners (Kara Counseling and Community-Based TB organization (CBTO) as needed.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9035

Related Activity: 14398, 14447, 17073, 15508, 15617, 17452, 14388

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17073	17073.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$100,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
15508	9714.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$400,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	220	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Western

Southern

Eastern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3017.08	**Mechanism:**	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	12530.08	**Planned Funds:**	$255,000
Activity System ID:	15528		

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 is linked to JHPIEGO's CDC funded programs in HVOP, HVAB and OPHS as well as activities being conducted by the Health Communications Partnership (HCP) and JSI/Deliver.

Zambia is currently one of the leading countries in terms of integrating Male Circumcision (MC) into the compendium of HIV/AIDS prevention activities. JHPIEGO has been supporting the male circumcision program in Zambia for several years, beginning in 2004 when they teamed up with the government to begin work on small scale efforts to strengthen existing male circumcision services to meet existing demand. This early work in Zambia has informed the international efforts of WHO and UNAIDS, and the training package that JHPIEGO developed with the Ministry of Health in Zambia formed much of the basis for the new international WHO/UNAIDS/JHPIEGO training package. Likewise, assessment tools used in Zambia also provided background for the WHO toolkit. The Government of the Republic of Zambia (GRZ) has established an MC Task Force under the Ministry of Health (MOH) and the Prevention Technical Working Group of the National AIDS Council, of which JHPIEGO plays a key role.

Based on initial experiences in FY 2007 JHPIEGO will expand MC services to additional service outlets around Zambia taking into consideration demand and maximizing service coverage. These sites will benefit from the training sites developed in FY 2007 for the government's effort to expand MC services and make them available as part of the basic health care package. The training institutions will allow for structured mentoring of service providers from expansion sites. This structured mentoring will take a comprehensive approach as expose service providers to each of the steps included in providing MC services. MC services start the moment a client visits a service outlet and receives counseling on MC and male reproductive health and continue through the follow-up of clients after surgery. Target institutions will include Ministry of Health and Zambia Defense Forces sites, and possibly Churches Health Association of Zambia sites depending on the finalization of site selection criteria and outcome of the assessment of preparedness outlined in the policy/systems support activities.

WHO recommends MC be promoted primarily to HIV negative males in areas of high HIV prevalence. Since knowing one's HIV statues is critical to making informed decisions regarding MC and other sexual health needs, it is critical that counseling and testing be integrated into all aspects MC service provision. JHPIEGO will implement CT at all four expansion sites and it will expand MC service delivery to and VCT will be offered to all men who seek MC services and are above the legal age for CT in Zambia. It is expected that approximately 3,000 men will be reached for MC services.

To work toward the sustainability of quality MC services and the associated CT JHPIEGO will develop training capacity within the model institutions developed in FY 2007 by conducting clinical training skills workshops targeting 20 trainers. These workshops will provide the trainers with teaching skills and methodologies as well as reinforce their knowledge and skills in comprehensive MC service provision. The workshop will provide trainers with necessary skills for group-based training as well as structured mentoring, which will enable them to train service providers in basic/baseline knowledge and skills as well as more advanced concepts and skills. These trainers will form the core for the standardization and expansion of MC services in Zambia.

These trainers will co-teach their first workshops with experienced MOH and JHPIEGO staff to consolidate their training skills and ensure the quality of training given to service providers from the expansion sites. These initial workshops will target at least 130 service providers.

With these funds, JHPIEGO intends to: (1) develop a strong counseling and testing component to support the MC services; (2) integrate VCT as integral part of the MC services; and (3) training additional VCT counselors and clinicians.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12530

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12530	12530.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$255,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	10	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	150	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Special populations

Most at risk populations

Military Populations

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2988.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3669.08

Planned Funds: $100,000

Activity System ID: 15546

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.

Related activities: This activity is linked to EPHO HVTB, EPHO HTXS, CARE HVCT, and CRS HVCT.

In Eastern Province, the estimated HIV prevalence rate among adults aged 15-49 years is 13.2%. In 2004, the HIV prevalence rates among adults aged 15-49 years in Chipata, Katete, and Petauke were 26.3%, 18.1% and 9.3% respectively. The provincial tuberculosis (TB) notification rate in 2004 was 263/100,000 population. The syphilis prevalence rate among adults aged 15-59 years is estimated to be 9.3%.

In fiscal year (FY) 2006, the United States Government (USG) is supporting a number of counseling and testing activities, at the Eastern Provincial Health Office (EPHO), including: rehabilitation and renovation of counseling and testing rooms in the four selected health facilities (Nyimba, Mambwe, Chama, and Chadiza); training 100 community lay counselors and 40 health care workers in adherence counseling; setting up appropriate referrals to health centers. In addition the district recording and reporting system will be used to document counseling activities as well as fulfill the reporting targets under President's Emergency Plan for AIDS Relief. FY 2006 funding is expected to be available in mid-September 2006 and these activities will start immediately when funding is available.

In FY 2007, USG will continue to support the EPHO to expand counseling and testing activities to four additional sites within these districts for a total of eight. The recent national policy of providing routine counseling and testing in health facilities that can provide antiretroviral therapy (ART) services supports the plan to train 80 health care providers in HIV/AIDS counseling and rapid HIV testing. These trainings will also include: appropriate referral of HIV positive clients to PMTCT and ART services and emphasis on prevention of transmission of HIV among those who test positive (positive prevention) as well as issues surrounding disclosure and discordance. This training program will complement the training to be provided under activity EPHO HTXS (new) and EPHO HVTB (#9006) in HIV and ARV's and OI's; TB/HIV and STI/HIV correlation and integration. The training will include TB screening using a screening questionnaire for all persons testing HIV positive and appropriate referrals to the TB service. It is expected that at least 50% of all individuals testing positive for HIV` will receive TB screening. Due to the current human resource crises in Zambia, an additional 100 lay counselors will be trained in counseling to increase HIV awareness, care, and referral of cases that need further counseling and care to health facilities. These counselors will help improve adherence among patients on ART. Training costs increase substantially when conducted in a rural setting where the districts are far apart as compared to standard costs for services provided in urban areas.

Service outlets for CT will also increase from one in each district to a minimum of two. The EPHO and the District Health Management Teams will provide technical supervision to service remote sites monthly. There will be monthly meetings for monitoring and sharing of experiences in each of the four districts. Linkages with other USG-funded programs in the area of prevention care and treatment and the Global Fund activities will be strengthened through quarterly partner meetings to share experiences and avoid overlap.

Logistics such as HIV test kits are being supported by the USG through the Central Medical Stores. The districts currently hold monthly meetings with organizations and community-based groups implementing CT activities to report on findings, share experiences, and to identify weaknesses.

The expected outcome of this activity is to provide HIVtesting services to 400 STI patients and 200 HIV/AIDS patients and approximately 1,322 clients will receive CT services from the CT outlets.

These activities will be coordinated by the EPHO and linked to the activities to be implemented by CARE (new activity HVCT) and will result in a substantial increase in access to CT in the province in all districts. Additional support for CT will be provided in faith based institutions in two districts through Catholic Relief Services HVCT (#9713).

There are established structures in terms of human resource, infrastructure, and resource mobilization through the Government of the Republic of Zambia and other donors support to ensure sustainability of the program. The activities will also be included in future national health plans, which will secure national funding for the activities. Emphasis on training and incorporation of CT in all service delivery points empowers staff and ensures long-term sustainability. It is hoped that Global Fund money will also be able to support these activities in future years.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9005

Related Activity: 15545, 15508, 15615, 15547

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26250	3669.26250.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	10979	2988.09	EPHO - 1 U2G PS000641	$140,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15545	3790.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$315,000
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000
15508	9714.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$400,000
15547	9751.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	12	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,500	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8701.08

Mechanism: UAB

Prime Partner: University of Alabama, Birmingham

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 19501.08

Planned Funds: $340,000

Activity System ID: 19501

Activity Narrative: This is a new activity being proposed for the first time in FY 2007.

Voluntary Counseling and Testing (VCT) services have scaled-up in much of the country. There are many partners supporting this activity, however, it is very clear that the rural populations have not been adequately reached. The Zambia Voluntary Counseling and Testing (ZVCT) services coordinate most of the CT services in the country, both non-governmental organizations and government run centers. Of the 550 sites to date, very few cover the disadvantaged rural populations.

This activity will support mobile VCT services one of the most underserved rural and remote districts within the Shangombo District within Western Province. The selection of this district has been done in consultation with the Western Provincial Health Office.

While VCT is now widely available in Lusaka and other major urban areas of Zambia such as Livingstone, Kitwe, or Mazabuka, reaching extremely remote areas of the country remains a challenge due to poor roads and high cost. Yet rural populations must be apart of the President's Emergency Plan for AIDS Relief scale -up. In FY 2007, the CDC-Zambia wants to ensure extremely remote and some of the poorest areas in Western province bordering Angola and Namibia have access to VCT.

The funding requested for this activity will be used to implement mobile and boat VCT in the rural villages of the Shangombo District in the Western Province. The boats will provide services during the rainy season and the mobile units during the dry season when roads become accessible. The funding will support purchase of the boats and mobile units for each of the districts, testing supplies, maintenance of the boats and mobile units, and training personnel both to maintain the units and to provide VCT and make referrals.

Parts of the Western Province, namely the Shangombo District, experiences long periods of rainy and dry seasons. The rainy season is from November through May and the dry season from June through October. The region is poorly served with all weather roads and is not accessible by car all year round.

To provide VCT and other HIV services throughout the year it is necessary to have a boat VCT for the rainy season and a mobile unit for the dry season.

Although the program will be implemented by the University of Alabama at Birmingham, the boat and mobile units will be assigned to the local government district hospitals and partly managed and overseen by both the district, and the CDC staff to ensure capacity is built for sustainability. This program will allow us to take services where they currently do not exist and expand the scope of services and coverage in the country. The ZVCT and VCT working group of the National AIDS Council will be consulted on the program activities. Based on lessons learned from this program, it is hoped that same innovation will be employed in FY 2008 to expand services to other remote and wet districts of Zambia currently remain underserved.

The mobile and boat VCT will ensure that CT and monitoring services are offered to people either nearer to their homes or at outposts within their reach. It is hoped that 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. This activity will complement the current activities by the Western Provincial Health Office to scale-up CT with the support of the USG.

Even though the reality of accessing treatment and care services may be distant for these very remote populations, the emphasis will be on prevention of transmission in those who test positive (positive prevention) and prevention of acquisition of HIV in those who test negative.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	10	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	4,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Community

Community members

Coverage Areas

Southern

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1075.08

Mechanism: Zambia Prevention, Care and Treatment Partnership

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15887.08

Planned Funds: $2,160,000

Activity System ID: 15887

Activity Narrative: This activity links to Zambia Prevention, Care, and Treatment Partnership (ZPCT) activities in ART, TB/HIV, PMTCT, Palliative Care, and Laboratory Support, HCP VCT, PSI/SFH HVCT, Peace Corps, CRS/SUCCESS II HBHC, RAPIDS HBHC, as well as with the Government of the Republic of Zambia (GRZ), Japan International Cooperative Agency (JICA), and other US Government partners. Linkages with USG and non-USG partners will increase the number of people reached with CT services and will avoid duplication of services. Through collaborative efforts with the Health Communication Partnership, Population Services International/Society for Family Health (PSI/SFH) and Peace Corps, ZPCT will continue to provide targeted IEC materials, developed in local languages for use by community groups, and enhance community mobilization for CT. ZPCT will seek opportunities to leverage resources by partnering with organizations that provide CT/other HIV/AIDS services, such as SFH's New Start and mobile CT network, TB CAP in training health care providers, developing TB/HIV materials, renovating health facilities, and Catholic Relief Services/SUCCESS and RAPIDS in home-based/ palliative care services.

The focus is to improve counseling and testing (CT) services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces to reach 72,000 people with CT services in 200 facilities. ZPCT is supporting 33 districts which represent 80% of the population in the five provinces and is covering all the facilities in Ndola, Kitwe, Kabwe, Mansa, Mwense, and Nchelenge districts. In FY 2007, 210 GRZ facilities were supported to provide CT services through training 500 health care workers (HCWs) and lay counselors, providing same-day test results and facility refurbishments were needed. Nine-five percent of clients received their test results on the same day, reaching 54,000 clients in FY 2007. In FY 2008 ZPCT will reach 54,000 clients with CT services over the nine month period.

In FY 2008, ZPCT will consolidate the expansion of FY 2007 by providing technical support to ensure quality services and build district capacity to manage the HIV/AIDS services. During FY 2008 ZPCT will close out, handing over program activities to the follow-on project, therefore targets are lower than FY 2007.

Five activity components include: 1) provide comprehensive assistance to facility-based CT services; 2) provide technical assistance to Neighborhood Health Committees, non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs) to expand access to CT via mobile outreach programs; 3) expand and strengthen CT referral systems; 4) provide technical assistance to the national CT technical working group; and 5) increase program sustainability with the GRZ.

In the first component, assistance to facility-based CT services, ZPCT will continue to support and consolidate 210 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. 'Testing Corners' (minimal laboratories placed within or in close proximity to CT sites to facilitate same day test results) will continue to be supported in all 210 sites; this includes integrating CT into other clinical services, such as TB and STI care. Staff capacity to forecast and procure HIV test kits and supplies and to improve data entry will be enhanced. ZPCT will support the 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, USAID/Deliver (#9522) and Partnership for Supply Chain Management Systems (SCMS) (#9523), pharmacy, laboratory, and counseling staff in the supported facilities will be trained in data collection and reporting, ordering, tracking, and forecasting of CT-related commodities.

In the second component, ZPCT will work in the communities surrounding the CT sites to increase demand and acceptance of CT services, including targeting discordant couples. ZPCT will work with facilities and NGOs/FBOs/CBOs to deliver CT services through mobile teams of HCWs and lay counselors. This integrated effort of bringing together NGOs/FBOs/CBOs, Neighborhood Health Committees, community leaders, and facility health workers will greatly increase access to CT services in rural areas and will mobilize overall demand for and acceptance of CT. For example, lay counselors will lead group discussions and offer pre/post test individual counseling within communities and at facilities. HIV-infected individuals will be referred for other services, including PMTCT, ART, and palliative care including TB.

In FY 2007, 220 HCWs received the GRZ counseling training course or the refresher course and 80 HCWs the counseling supervision training. One hundred of these HCWs also received training on child counseling and 200 lay counselors from CBOs and FBOs were trained. Training includes prevention for positives (abstinence, be faithful, condom usage, encourage disclosure, treatment, family planning, and STI prevention) and ABC messages for negatives. In FY 2008, ZPCT will train 100 HCWs in the initial CT training, 90 HCWs will be trained as counseling supervisors, and 90 HCWs will receive extra training in counseling for children. Sixty lay counselors from CBOs, FBOs and existing TB treatment supporters 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.

In the third component, ZPCT will work with facilities, communities, and partner organizations to establish, strengthen, and widen referral linkages between CT and TB, STI, ante-natal care, in-patient, and out-patient services. Existing community-based services will be integrated into an active referral system. A ZPCT provincial referral officer works with organizations in each ZPCT-supported district and a contact person in each supported facility to strengthen the district referral networks. FY 2008 support will also further reduce stigma, discrimination and gender inequalities associated with ART by working with community leaders and key stakeholders regarding the importance of CT and availability of ART.

In the fourth component, ZPCT will provide technical assistance to the national CT Technical Working Group on strategies for scaling up CT services and developing, revising, and disseminating training materials, protocols, and policies.

Linkages with USG and non-USG partners will increase the number of people reached with CT services and will avoid duplication of services. Through collaborative efforts with the Health Communication Partnership (#8901), Population Services International/Society for Family Health (PSI/SFH) (#8926), and Peace Corps (#9629), ZPCT will continue to provide targeted IEC materials, developed in local languages for use by community groups, and enhance community mobilization for CT. ZPCT will seek opportunities to leverage resources by partnering with organizations that provide CT/other HIV/AIDS services, such as SFH's (#8926)

Activity Narrative: New Start and mobile CT network, TB CAP in training health care providers, developing TB/HIV materials, renovating health facilities, and Catholic Relief Services/SUCCESS (#9180) and RAPIDS (#8946) in home-based/palliative care services.

In the final component, increasing program sustainability with the GRZ, ZPCT will work with Provincial Health Offices (PHOs) and DHMTs to build on the quality assurance activities started in FY 2006. In FY 2007, ZPCT graduated ten districts from intensive technical support. In FY 2008, ZPCT will graduate another ten districts that are providing consistent quality services and will only need limited technical support from ZPCT. PHOs and DHMTs will assume responsibility for selected districts by providing all supervision and monitoring activities in these districts in order to better sustain the program activities.

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

All FY 2008 targets will be reached by June 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14384, 14444, 14385, 14447, 14386, 16416, 16419, 14388, 14389, 16420

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
14385	3526.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,320,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
14389	3541.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,620,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	210	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	340	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	54,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas
Central
Copperbelt
Luapula
Northern
North-Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7459.08
Mechanism: Family Based Response
Prime Partner: Kara Counseling Centre
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 16728.08
Planned Funds: $0
Activity System ID: 16728

Activity Narrative: This is an ongoing activity which began in FY 2007. 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. With the NPI grant they will be 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. This counseling and testing activity has four components including: training caregivers in counseling and testing (CT); offering a family-based approach to CT to by offering CT to families in their homes; offering outreach through mobile CT; and advocacy and lobbying for improved counseling and testing services in Zambia. The program will continue to build upon the experiences of the FY 2007 scale-up activities.

The first component is to train caregivers in counseling and HIV testing. Kara Counseling and Training Trust (KCTT) and four partners (Mthunzi Development Foundation, Umphawi Organization, Group Focused Consultations, and Community Health Restoration Programme) will train caregivers using the Zambia National Guidelines for HIV Counseling and Testing. Ten caregivers will be trained in CT in 7 sites (three sites- KCTT sites; one site per partner), totaling 70 caregivers trained. The training will enable the caregivers to conduct family-based counseling and testing as well as counseling for couples and children. The trained caregivers will also be able to provide group counseling. PEPFAR funding will specifically be used to pay for training resource materials, facilitation fees, transport, and meals and lodging for trainers and caregivers during training. This activity component will be carried out in seven districts from six provinces of Zambia, namely, Choma (KCTT site) in Southern Province, Chipata (Mthunzi Development Foundation) in Eastern Province, Lusaka (KCTT site) and Chongwe (Umphawi Organization) in Lusaka Province, Mansa (Group Focused Consultations) in Luapula Province, Kabwe (KCTT site) in Central Province and Masaiti (Community Health Restoration Programme) on the Copperbelt Province.

The second component is the provision of 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. Ten thousand and eighty (10,080) individuals will be counseled in their homes. KCTT estimates that about 1 in 5, or 2,016 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 seven districts from six provinces of Zambia, namely, Choma in Southern Province, Chipata in Eastern Province, Lusaka and Chongwe in Lusaka Province, Mansa in Luapula Province, Kabwe in Central Province, and Masaiti in Copperbelt Province.

The third component is mobile counseling and testing. Counseling and testing under this component 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 four partners from each of its seven sites will provide this counseling and testing. Thirty three thousand and six hundred (33,600) individuals will be reached through group counseling; KCTT estimates that about 13,440 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 component the funds will be used to pay for HIV testing materials, transport, office rentals, and personnel costs. The mobile counseling and testing will also be carried out by the trained care givers in seven districts and six provinces of Zambia, namely, Choma in Southern Province, Chipata in Eastern Province, Lusaka and Chongwe in Lusaka Province, Mansa in Luapula Province, Kabwe in Central Province, and Masaiti in Copperbelt Province.

Thus, from counseling and testing in two different settings, KCTT expects a total of 15,456 clients (13,440 plus 2,016).

The final 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 every quarter. PEPFAR funding will be used to pay for transport for those coming from outside the district and for meeting expenses.

In order to ensure sustainability of counseling and testing activities using the family- based approach, KCTT will work with existing community based organizations in respective districts and will train and involve volunteers from these organizations.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16549, 16730, 16729

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16549	16549.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0
16730	16730.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0
16729	16729.08	7459	7459.08	Family Based Response	Kara Counseling Centre	$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	7	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	70	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	15,456	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Southern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3007.08

Mechanism: AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 9713.08

Planned Funds: $440,000

Activity System ID: 15615

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.

Related activities: This activity also relates to activities in HBHC SUCCESS II, CRS HVTB, HTXS (track 1.0), CRS HTXS, CRS HKID and HLAB.

Based on the Zambian national HIV/AIDS strategic plan, there has been a low uptake of counseling and testing (VCT). In FY 2008, 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 tuberculosis (TB), and sexually transmitted infection (STI) clinics. The suggested form of testing would be as diagnostic routine testing with the option to opt-out. This is in conjunction with the Government of the Republic of Zambia (GRZ) plans of introducing a more comprehensive approach and increasing the number of people receiving CT services. Most of the rural mission hospital AIDSRelief sites where AIDSRelief is currently working have TB or STI clinics where these activities will be implemented. This activity will target persons affected by HIV/AIDS, faith-based organizations (FBOs), and community health care providers. There are three main components to this activity: 1) provision of comprehensive CT services within hospital settings and in the surrounding communities; 2) training of staff to provide CT services; and 3) the strengthening and expansion of linkages to ensure continuity of care for persons who test HIV positive.

The first component of this activity is to provide comprehensive CT through integrated VCT services within hospital settings and in the surrounding communities, which will involve supporting 16 hospitals to provide CT for diagnostic purposes for persons attending in-patient and out-patient services. Routine CT will be offered to the following principal target populations: pregnant women, patients diagnosed with STIs, and TB patients, as well as family members of persons living with HIV/AIDS (PLWHA) and self-referred members of the general public. To enhance patient uptake, VCT services will be offered at community outreach activities in the surrounding communities, and home testing for families of PLWHA. Community outreach is carried out during the important health calendar days. A full package is delivered by the clinical team including community mobilization, drama show focused on access to treatment and care. Those positives would be referred on site for continued care and ART services. Besides the clinical component, they are linked to the support system within the community..
The program will continue to use rapid test with same day results. Funding under this activity will specifically go to support the procurement of test kits for sites not linked with the government pipeline of supplies and the cost to conduct community-level testing. Through this component support will be provided to 16 service outlets to train 64 individuals in CT, conduct and provide CT services to an estimated 28,000 individuals.

The second component of this activity is the training of staff at the hospitals to provide CT and the training of supervisory staff at the hospital to ensure that minimum quality standard of services are met. Counselors, laboratory staff, and VCT counselors will be trained on how to conduct pre-test and post-test counseling, on the correct use of the HIV rapid test kits, on providing full and accurate information on HIV prevention, and also on how to make the appropriate referrals for patients and their families who test either positive or negative. The training of trainer concept will be used for persons involved in workshops. This component of the activity will work to train 64 individuals in CT. All VCT training activities will use the standard Zambian VCT guidelines and testing protocols.

The final component is strengthening and expanding linkages to ensure continuity of care for all persons accessing CT through AIDSRelief. Strong linkages will be formed with other CRS HIV-related activities including palliative care provided by the SUCCESS and RAPIDS projects, as well as other CRS orphans and vulnerable children projects conducted by the CHAMP and RAPIDS projects (HKID activity #8947). AIDSRelief will also work to establish linkages with other community groups to ensure social, psychological, legal support, and income generation activity which is available for all patients who test positive for HIV. Non disclosure makes it very difficult for referrals to other services. The programs plan to intensify disclosure counseling including couple counseling. Assessment of the social status of clients will be done to determine the barriers to disclosure. The program will continue to provide Information during group education sessions on the benefits of disclosure. One on one counseling session will be specially initiated for clients in need. Special emphasis on spouse notification will be encouraged.

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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9713

Related Activity: 15614, 15617, 15612, 14374

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26323	9713.26323.09	HHS/Health Resources Services Administration	Catholic Relief Services	11001	3007.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14374	3568.08	6807	527.08	SUCCESS II	Catholic Relief Services	$3,100,000
15614	9703.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$1,043,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
15612	4548.08	7199	5249.08	Track 1 ARV	Catholic Relief Services	$156,799

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	16	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	64	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	28,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

- Boys

Children (under 5)

- Girls

Children (5-9)

- Boys

Children (5-9)

- Girls

Ages 10-14

- Boys

Ages 10-14

- Girls

Ages 15-24

- Men

Ages 15-24

- Women

Adults (25 and over)

- Men

Adults (25 and over)

- Women

Coverage Areas

Eastern

Central

Copperbelt

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3080.08

Mechanism: UTAP - CIDRZ - U62/CCU622410

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3659.08

Planned Funds: $750,000

Activity System ID: 15567

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.

Related activities: This activity is linked to CIDRZ HTXS

In 2006, an intensive, coordinated community outreach project started in the Lusaka community of Mtendere. Nicknamed “Save Mtendere!, this community education project aimed to dramatically increase the population tested for HIV through intensive community mobilization, including door-to-door counseling and testing (CT) for families. This is a critical adjunct to rapidly expanding HIV care and treatment, as attitudes and perceptions towards HIV begin to change. In the period December 2006 to May 2007, more than 50,000 individuals were reached with VCT messages through door to door outreach, radio shows, and focus group discussions with more than 4,500 people testing through both mobile VCT and clinic and VCT centre-based testing. Numbers associated with the intensive VCT program are recorded as directly attributable to the program only through the mobile VCT activities spearheaded by the Save Mtendere team; the remaining testing numbers are shown as an increase over averages in physical locations. In 2008, we plan to introduce a referral card system to determine the exact numbers of clients accessing testing at physical locations that can be directly attributable to the activities of Save Mtendere. All staff undertaking testing activities, whether through mobile VCT or at the physical locations are fully qualified nurses trained in rapid testing procedures.

The clinics are currently able to access all test kits through government stores and we have no plan to supplement test kits to clinics as this system has shown no stock outs of test kits to date.

All clients testing, whether through mobile VCT or at physical locations are pre- and post-test counseled by qualified counselors and are referred to their nearest ART clinic for follow up treatment if positive. All counseling includes issues of disclosure, referral to clinic-based support groups, and couples counseling if appropriate.

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, more than 8,000 community members tested within a 6 month period, showing a 16 times increase in VCT uptake...

In 2007, we are continuing activities within the Mtendere community, and expanding the program using lessons learned from Mtendere to three additional communities; two in the Lusaka District – Kalingalinga and George - 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.

From May to July 2007, we have again experienced overwhelming success in both Kalingalinga and Mtendere communities. Outreach activities have reached more than 20,000 individuals and more than 3,500 people have tested. We expect the numbers to only increase. The expansion into the George community begins 15 August 2007.

In light of the overwhelming success of this project, a further expansion is planned in 2008 into 1 more Lusaka community and 1 provincial community.

Principle activities of the project will continue to be community mobilization and participation and development of innovative, community-based modes of communication. Community leaders and support group members will be provided bicycles and a vehicle equipped with loudspeakers in order to reach greater numbers of people. We propose to produce “chitengi’” (art on fabric materials), locality-specific billboards and signs, and develop other community messages promoting: (1) hope with the availability of treatment; (2) importance of mutual care and support; (3) availability of testing in the community; and (4) importance of lifelong adherence to treatment.

Plans include training all community mobilization volunteers and clinic-based coordinators, who will monitor their activities and ensure consistency of messages. These coordinators will also provide a central link between community volunteers and members of the community. These clinic-based messages and activities will be coordinated with other United States Government funded organizations conducting community outreach.

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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9038

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9038	3659.07	HHS/Centers for Disease Control & Prevention	Tulane University	5021	3080.07	UTAP - CIDRZ - U62/CCU622410	$750,000
3659	3659.06	HHS/Centers for Disease Control & Prevention	Tulane University	3080	3080.06	UTAP/Tulane University	$450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	35	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	460	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	35,000	False

Indirect Targets

Target Populations

Community

Community members

Coverage Areas
Lusaka
Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	2973.08	**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:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3667.08	**Planned Funds:**	$200,000
Activity System ID:	15552		

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.

Related activities: This activity is linked to CHAZ HVTB, SPHO ART, SPHO HLAB, HVTB JHPIEGO, HVCT DAPP, HVCT mobile VCT TBD, CRS HVCT

The HIV prevalence rate in Southern Province is 16.2% among adults aged 15-49 years while the tuberculosis (TB) incidence rate in 2005 was 415/100,000 of the population while the TB notification was reported at 594/100,000. According to the DHS 2002, syphilis prevalence rate among adults aged 15-49 in 2002 was 4.1%.

In FY2005 and FY2006, 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 additional lay HIV counselor supervisors. Also 270 community members were trained as lay counselors. The SPHO also offered health workers previously trained on ART and opportunistic infections (OI), management training in the following areas: ARV drug adherence counseling, prevention of HIV transmission in those who test positive (positive prevention), issues around disclosure discordance, and 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 2007.

An Additional focus of this activity focused on strengthening HIV/STI prevention services and STI treatment services for youth in FY2007. In FY 2008, this activity will be further strengthened and directly supported under other prevention to streamline reporting and have targeted focus on the prevention of STIs including HIV.

In 2008, additional 300 community resource persons and community adherence supporters will be trained. The SPHO will continue to expand community component of counseling and testing by training 600 community HIV counselors, strengthen 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 will be allocated to minor renovations at 3 CT sites in each district of the Southern Province. Direct support will continue to be provided to the Mosi-O-Tunya Family Support Centre (MFSU) HIV counseling initiative at Livingstone General Hospital. In addition to the MFSU similar support will be extended to FSU's to six sites; Livingstone District, Monze Mission Hospital, Monze District, Choma General Hospital, Mazabuka District and Itezhi-Itezhi District. It is anticipated that by the end of FY 2008, an estimated 15,000 clients will be 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 Activity and SPHO HLAB Activity). In FY 2007, USG has continued to support the PHO to provide CT in the routine care of patients with TB and sexually transmitted infections (STIs) and strengthen linkages with the ART services in 54 sites within the 11 districts in the Southern Province. Regular supportive supervision in the districts will be conducted by the SPHO technical committee members with a view of mentoring local district supervisors and thereby building supervisory capacity and ensuring quality of counseling and testing services.

Two health workers will be trained on HIV adherence counseling and rapid testing using standardized guidelines and protocols at the Ministry of Health in each of the 54 ART sites totaling 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 2008. 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 70 % of all individuals testing HIV positive will receive screening for TB. With the expanded CT services in the province, it is expected that 35,000 individuals will receive counseling and testing for HIV by the end of FY2008.

This activity, in addition to the work that JHPIEGO (#9035) will collaborate with the mobile CT targeting mobile population and agribusiness, and the program to provide mobile/boat VCT in Namwala and Itezhi-Tezhi (#9742).

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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9018

Related Activity: 15526, 15512, 15503, 15615, 15516, 15553, 15554

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26257	3667.26257.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	10980	2973.09	SPHO - U62/CCU025149	$240,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15526	3644.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$650,000
15512	3651.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$200,000
15516	3675.08	7170	2994.08	DAPP - 1 U2G PS000588	Development Aid People to People Zambia	$450,000
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000
15503	15503.08	7161	7161.08	Mobile VCT Services	IntraHealth International, Inc	$500,000
15553	9760.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$250,000
15554	9797.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	54	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	408	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	35,000	False

Indirect Targets

Coverage Areas

Southern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3082.08
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: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3792.08
Planned Funds: $100,000
Activity System ID: 15558

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.

HIV counseling and testing (CT) is the entry point for antretroviral therapy (ART) services and offers an opportunity to disseminate education and information on prevention to individuals and couples. According to the 2002 Zambia Demographic Health Survey data, the Western Province has a HIV prevalence of approximately 13%. The Western Provincial Health Office (WPHO) is currently collaborating with partners that working within the Province to encourage people to know their HIV status by seeking voluntary counselling and testing (VCT) services and also helping link people to treatment services when necessary.

In an effort to support the Zambia National Framework and build national capacity of HIV/AIDS services, the United States Government (USG) through Centers for Disease Control and Prevention (CDC) aims to continue to provide direct support to the WPHO to build its capacity to coordinate and oversee voluntary counselling and testing (VCT) services in the province by providing training and hleping to expand VCT to its district hospitals and rural clinics.

In 2007, funding was used to train 15 health workers in diagnostic counseling, 10 health workers, and 30 CDEs/CHW/TBAs trained in VCT.

In FY 2008 funding will be used to train an additional 15 health workers in diagnostic counseling, 10 health workers, and 30 CDEs/CHW/TBAs trained in VCT to ensure that all districts have adequately trained staff to provide VCT. Training will be conducted in collaboration with KARA counseling and in-line with the national guidelines. An HIV/TB coordinating officer recruited for the WPHO will work closely with the CDC Field Office Manager to initiate, supervise, support, promote, coordinate and monitor the CT services as well as teh TB collaborative services in the districts to ensure good collaboration with other stakeholders working in the HIV/AIDS area (CIDRZ, HCP, JPHIEGO, NZP+, Diocese of Mongu, World Vision International, CRS).

Funding will also be used to strengthen and expand the availability of CT services to 50% of the public health facilities (in total 68 active sites, including eight new sites). Emphasis will also be placed on prevention for those that are negative and linking HIV positive clients to appropriate treatment and care services such as: prevention of mother to child transimission of HIV, ART, home based care programs, and care programs for orphan and vulnerable children within the districts.

The activities under this program are all in-line with the government plan to increase the number of individuals who know their HIV status. CT activities are a part of the annual district health plans and through the USG support, the skills and training acquired by the staff will help empower local initiatives, leverage additional funds, and ensure long-term sustainability.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9047

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26264	3792.26264.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	10981	3082.09	WPHO - 1 U2G PS000646	$140,000
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

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	55	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	8,400	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Western

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 576.08

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3658.08

Planned Funds: $150,000

Activity System ID: 15578

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.

Related activities: UTH HVCT , NIH HLAB and Social Marketing PSI HVCT.

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate. To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The Clinic 3 is a dermato-venereology clinic which falls under the Department of Internal Medicine within the University Teaching Hospital (UTH) in Lusaka. Clinic 3 offers tertiary level services for the Lusaka District as well as primary care services to walk-in patients with sexually transmitted infections (STIs) and skin complaints. STI clients referred to the clinic from other health centers often have complicated infections that do not respond to first-line drugs or a history of repeated STIs. STIs are a major public health problem in Zambia; the incidence has been reported at 16 per 1000 person-years. The presence of an STI can increase the likelihood of acquiring HIV by two to five times and increase the probability of HIV transmission through an increased level of viral particles in the genital secretions. Therefore, providing testing and treatment of STIs can help prevent the spread of HIV.

The presence of an STI can indicate that either the client or his/her partner have engaged in risky sexual behavior and hence are at increased risk of acquiring HIV. The incorporation of HIV counseling and testing (CT) into the routine clinical management of clients with a STI is an opportunity to reinforce behavior change messages and refer the HIV-infected individuals to the antiretroviral treatment (ART) program.

From fiscal year (FY) 2004, the United States Government (USG) has provided support to the UTH STI clinic for a number of activities including: laboratory and infrastructure support, Neisseria Gonorrhea surveillance, CT training, and the implementation of routine counseling and testing for all STIs. These activities have included clients referred from any other clinical setting within the hospital and other walk-in clients. All HIV positive clients are linked to the treatment and care program within the clinic facility. In addition to referral of all STI clients for routine CT, all HIV positive clients in the CT center or in the ART program within Clinic 3 are also screened for STIs. These services were expanded during FY 2006 to include STI screening of clients undergoing HIV testing at a stand-alone CT center that has been established by RAPIDS (#8947) in the neighborhood with support from the USG. In the last annual report, a total of 801 STI and skin clients were seen and referred for counseling and testing.

FY 2007 funds activities will focus on continuing to link STI clients to HIV diagnosis, treatment and care, and screening of HIV positive clients for STIs. All STI clients (100%) 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 2008 is to link-up with the departments' in-patient wards and provide CT services to all partners of patients admitted in the hospital. The department has applied for USG funds (Diagnostic Counseling and Testing (DCT) (#9716) to support the recent Zambian national policy of routine diagnostic counseling and testing in the hospital setting and all in-patient adults admitted to hospital. Upon obtaining permission from the patient tested under this DCT program, partners and relatives will be encourage to attend Clinic 3 for CT. 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 2008 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 2008, clinic 3 will use the funds to continue to provide all the current activities supported in FY 2006 and FY 2007. 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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9042

Related Activity: 15579, 14426, 15580, 16913

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26293	3658.26293.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15579	3758.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15580	9716.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
14426	3369.08	6830	695.08	Social Marketing	Population Services International	$1,464,274

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	1	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	10	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	2,000	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Lusaka

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	576.08	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	3758.08	**Planned Funds:**	$150,000
Activity System ID:	15579		

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.

Related activities: Linked to HTXS UTH (#9043), HTXS UTH Centre of Excellence (#9765) and OVC (#8947).

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate . To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The Family Support Unit (FSU) provides a number of activities including CT services to inpatient and outpatient children that are seen in other departments of University Teaching Hospital (UTH) and community. HIV testing is carried out onsite and enables the center to provide same-day results to their clients. Child sexual abuse cases are also counseled, tested, and given psychosocial support in the unit (#9043). Children who test HIV positive are referred to a specialized HIV clinic within the Department of Pediatrics. Adults who test positive are supported with initial CD4 (laboratory support through United States Government (USG) funds) testing and referred to appropriate antiretroviral therapy (ART) centers within the hospital (UTH Department of Medicine (activity # 9716) or at the nearest district health clinic providing ART services. Pediatric and Family Centre of Excellence (COE) is fully established and integrated with the Pediatric Centre of Excellence (HTXS # 9765), within the Department of Pediatrics and will continue to play a key role with provision of CT and ongoing psychosocial support for children and their caregivers.

The FSU also runs an outreach program focused in three sites, one at the UTH and two others in urban communities within the district. These outreach activities provide: community sensitization on issues around pediatric HIV testing services to orphans, follow-up on children enrolled in care and treatment services, and provisions for psychosocial support to the children living with HIV/AIDS and their care givers.

Educational and recreational activities for children within the three sites are also offered. This activity is supported by RAPIDS (#8944) Children are encouraged to express themselves in writing, drawings, and games. Play therapy involving HIV+ children is used to build confidence and reduce stigma and discrimination. RAPIDS will support non-medical services of the FSUs, linking children to ART services, and support ART adherence.

A total of 5,000 children have been enrolled in the unit in the last three years. Ongoing educational and recreational activities will be incorporated into the multi-disciplinary approach of the pediatric COE that will be established in the Department of Pediatrics with support from the USG.

The FSU is also a training center in psychosocial counseling following the Zambian National VCT training guidelines and facilitates training courses as requested by the general public. These courses are very popular; however trainees must secure their own funding for training costs. The program will continue to support through 2007 and 2008 the training of selected counselors who may not have the financial means to secure funding for the training.

The FSU activities in FY 2005 and were supported by PEPFAR funds through FHI and RAPIDS (HKID #8947) and RAPIDS continues to provide support programs that encourage parents and guardians to seek CT for OVCs, provide community based support and address the specific needs of the OVCS. Beginning in FY 2006, specific support for the counseling activities, including salary support for counselors has been provided by CDC, while the OVC support has been provided by RAPIDS. In FY 2006, counseling was provided with a greater focus on community outreach and pediatric ART adherence issues.

In FY 2007 additional direct funding will be used to expand to five additional sites in the Lusaka District that will link children directly with the ART and counseling program in the peripheral clinics currently supported by the USG. The unit will also add two additional activities to increase the number of trainings devoted to child counselors and work closely with home-based health care programs supported by the USG (RAPIDS, HKID #8947) and other partners to integrate pediatric care and support into their activities.

An additional activity in 2008 will be to work closely and support the establishment of Pediatric ART satellites in Mazabuka and Monze through child counseling training and on-going supervisory support.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9044

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26294	3758.26294.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	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

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	200	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Southern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 576.08

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 9716.08

Planned Funds: $200,000

Activity System ID: 15580

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.

Related activities: HVCT UTH/ZVCT, HVCT UTH, Renal, and FSU

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 infected. Approximately 99% (n = 103) of patients agreed to be tested after counseling, however, 50% of these clients never received results due to delays in obtaining the HIV test results. Even with the use of rapid tests, samples sent to the main laboratory in a large hospital lead to unnecessary delays and missed opportunities for diagnosing and identifying clients that need to be placed on antiretroviral (ARV) medications. The medical emergency and inpatient wards are also important settings for identifying HIV-infected individuals who are can be enrolled into treatment and care programs.

Since the beginning of 2006, the Department of Medicine has encouraged the medical residents to offer routine HIV testing to all patients admitted in the medical wards. In March 2006 the Zambia National Guidelines for HIV Counseling and Testing recommend routine “opt-out” testing in all clinical care settings where HIV is prevalent and where ARV treatment is available. These guidelines have helped strengthen the departments’ guidelines to routinely test all patients.

Anticipated funds in fiscal year (FY) 2007 to the Department of medicine will be used to embark on an aggressive program to routinely test all patients admitted in the medical wards and provide same day results. To achieve this, the department will ensure that all wards have a room dedicated to CT. This room would need minimal rehabilitation which would include obtaining furniture and cupboards to store the test kits. All the wards currently have at least one or two nurses who are trained psychosocial counselors. Due to the attrition rate of medical staff (especially nurses), UTH will train all the nurses and doctors in the department in counseling skills as well as rapid HIV testing on-going training in-service dept. The Zambia Voluntary Counseling and Testing has long experience in training HIV counseling and testing using national guidelines and will be consulted. As the feedback time of all results improves, increased uptake of HIV testing will occur and in turn improve the level of care provided to HIV-infected individuals because they will have been identified at an earlier stage.

Partners (spouses) and other relatives, after obtaining permission from the client, will be contacted and encouraged to seek voluntary counseling and testing (VCT) services at the dermato-venereology clinic (#9042), which also falls under the Department of Medicine. VCT services would include risk reduction programs and prevention of transmission among those that test positive (positive prevention). Finally parents will be encouraged to have all their at-risk children tested through the Family Support Unit in the Department of Pediatrics (#9044). Links have been established with the Department of Pediatrics for referrals of HIV-infected parents from the center..

In FY 2008, the Department of Medicine will continue to work on strengthening the uptake of Counseling and testing (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. We will require training for diagnostic counseling and testing (DCT), minor renovations to accommodate CT and strengthening links with other partners such as CIDRZ. FY 2008 funding will support the setting up of an adult referral ART centre and transition into the new adult ART building funded by CDC and CIDRZ. Working with CDC and CIDRZ, UTH Department of Medicine will 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. The department will also work 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 should access care at an earlier time,

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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9716

Related Activity: 15578, 15579, 15582

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26296	9716.26296.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15578	3658.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15579	3758.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15582	9718.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	3	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	60	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	10,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	576.08	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Counseling and Testing
Budget Code:	HVCT	**Program Area Code:**	09
Activity ID:	9717.08	**Planned Funds:**	$200,000
Activity System ID:	15581		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

Related activities: This program is linked to the development and operation of a Pediatric and Family Center of Excellence (COE) for HIV/AIDS Care (#8993) at the Department of Pediatrics at UTH in Lusaka, the Family Support Unit (#9044) and child sexual abuse (#9043) programs.

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate. To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

Routine opt-out HIV testing is gaining increasing support in many parts of the world today. The World Health Organization now recommends routinely offering an HIV test if antiretroviral (ARV) treatment is available, and the United States CDC has released new guidelines aimed at making HIV testing a routine part of American health care.

Botswana was the first African country to successfully introduce routine opt-out HIV testing in 2004. Integrating HIV testing into conventional health services in Botswana increased the testing uptake from 64% in 2004 to 83% in 2005.

The 2006 Zambia National Guidelines for HIV CT recommend routine opt-out testing for all clients seen in the clinical care setting where ARV treatment is available.

The UTH Department of Pediatrics, with direct support from CDC, embarked on a program to offer routine opt-out testing to all children admitted at the UTH and their care-givers in September 2005. Since the inception of this program in fiscal year (FY) 2005, the uptake for routine testing has risen from 30% in 2005 and in FY 2007, the department saw an increase in uptake of > 80% and extension of services to Livingstone General Hospital in Southern Province, we hope to sustain this above 90% in FY 2008.
In FY 2008, the UTH PCOE will work closely with the Ministry of Health to extend activities to two satellite sites, one in Mazabuka and another in Monze. Supervision and mentoring for the second site in Livingstone and the newer site to be opened in Ndola (through USAID/ZPCT) will also be provided by the UTH PCOE staff.

The funds for this activity will be used to train health workers in the provision of opt-out counseling and testing services, identifying and rehabilitating appropriate space for counseling, purchase of back up supplies and reagents, and strengthening referral systems from the referral hospitals to local clinics. Initiating the program in Mazabuka and Monze will require some initial start-up costs, including basic renovation and some training. The cost per person receiving CT services will initially be higher in the new sites.

The activities of the Department of Pediatrics and Livingstone General Hospital are part of the government-run tertiary referral and teaching hospital. All activities in this proposal are within the confines of the priorities of the two tertiary hospitals that strive to establish a sustainable program by training health care workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementation facility-level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening health information systems. The UTH management will be able to cost share with PEPFAR funds by provision of some aspects of the program, these include: staff time, supplies such as needles and syringes, specimen bottles and test kits and supportive laboratory services. The benefit of this shared cost is that in the long run, sustainability requires minimal funding once staff is trained and systems are in place.

The FY 2008, additional $50,000 funds will be used to support the scale-up of current activities in Mazabuka and Monze, support more child counseling staff, and improve on follow-up, reporting, and recording systems. From the 5 sites in 2008, it is anticipated that 5,000 children will be reached and 100 counselors will be trained.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9717

Related Activity: 15578, 15579, 15580, 15582

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26292	9717.26292.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15578	3658.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15579	3758.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15580	9716.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
15582	9718.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	5	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Southern

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 576.08

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 9718.08

Planned Funds: $200,000

Activity System ID: 15582

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.

Related activities: EPHO HVCT, SPHO HVCT, and WPHO HVCT.

The University Teaching Hospital has received funding from CDC through two co-operative agreements established directly with the Department of Pediatrics and the Dermato-venereology clinic (Clinic 3). Though both agreements are managed by the central administrative office, the accounts are separate and the location of the two departments is physically separate. To communicate the importance of the breadth of activities and for purposes of coordination, the activities linked to the two departments have been submitted as separate narratives.

The 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 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 use 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 is requested to continue scale up of VCT access for rural disadvantaged communities. 10 districts will be chosen (with 3 new sites per district) in conjunction with the Ministry of Health 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 will be 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 fiscal year. All new and already established old sites, including PMTCT will be supported by technical support visits.

The Zambia VCT program is part of the government initiative under the MOH and works within the confines of government health facilities. It strives to establish a sustainable program, through training of health care workers, developing standard testing protocols, strengthening physical and equipment infrastructures, implementing facility level quality assurance/quality improvement program, improving laboratory equipment and systems and development, and strengthening health information systems.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9718

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26295	9718.26295.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	University Teaching Hospital	$150,000
9718	9718.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	30	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	60	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Copperbelt
Eastern
Luapula
Lusaka
Northern
Western

HTXD - ARV Drugs

Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10

Total Planned Funding for Program Area: $27,212,000

Percent of Total Funding Planned for Drug Procurement	9%
Amount of Funding Planned for Pediatric AIDS	$480,000
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Scaling-up anti-retroviral therapy (ART) is critical to achieving the USG/Zambia Five-Year Strategy objectives, with emphasis on ARV (anti-retroviral) drug procurement and enhancing the capacity of the supply chain management systems. Great progress was made in improving the availability of ARV drugs at the national level during FY 2005 and FY 2006.

With about one million Zambians living with HIV/AIDS and 200,000-250,000 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 August 2007, there were approximately 110,000 ART patients in Zambia, an increase of nearly 47,000 clients from last year.

In FY 2005 and 2006, USG and JSI/DELIVER took the lead, in close collaboration with GRZ, to facilitate the development of multi-year ARV drug forecasts and quantifications, now updated on a quarterly basis. This process included the development of the first national, long-term ARV drug procurement plan, encompassing procurements made by USG, GRZ, Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) Principal Recipients [Ministry of Health (MOH) and Churches Health Association of Zambia (CHAZ)], and Clinton Foundation. These drugs are placed in the MOH central warehouse, Medical Stores Ltd. (MSL), for distribution to all accredited ART sites (governmental and non-governmental); there are approximately 300 accredited ART sites in Zambia, more than double the number last year. In FY 07 this process was strengthened and further refined, and to work with the increased number of ART sites that were added in to the system. Furthermore, USG ART Track 1.0 partners Catholic Relief Services/AIDS Relief (CRS)] also procure ARVs for the sites they directly support.

Building on the 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 FY 2007. Also in FY 06, the USG strengthened the logistics system in the Zambia Defense Force Medical Services (DFMS). This facilitated the inclusion of DFMS in the national system and they are able to access drugs through the Medical Stores. In FY 2007 USAID/DELIVER will focus 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; significantly reducing the time and effort required for ordering and reporting.

In FY2007, the MOH changed the first line ART regimen in Zambia for new patients commencing ART to Tenofovir + Emtricitabine (FTC)/3TC + Efavirenz or Nevirapine. Patients on previous recommended first line therapy will continue on the old regimen until either treatment failure or toxicities occur. The decision to change followed concerns regarding 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. Change to Tenofovir based regimen is expected to lead to better outcomes due to decreased toxicities and better adherence to therapy.

In FY 2008, 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: 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. Purchases may change as additional ARV drugs become approved by the Food and Drug Administration (FDA) and registered in Zambia, as GFATM and Clinton Foundation ARV drug donations become solidified, and if GRZ changes the national ARV treatment protocols. These specific ARV drugs, in conjunction with the ARV drugs procured by GFATM and Clinton Foundation, will go directly to MSL where all accredited ART sites (GRZ, faith-based hospitals, NGOs, and work-place/private sector) have access to these critical supplies. 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 compared to FY 2007 in which USG procured $22.4M worth of ARV drugs, in FY 2008 USG will increase its commitment to provision of these life-extending medicines. USG is planning to procure a total of $24M worth of ARV drugs. In addition, with Track 1.0 funds, CRS is planning to purchase at least $212,000 worth of ARV drugs for the sites that they directly support. This procurement is needed to provide continued support to patients who were started on ARV drugs that are currently not available through MSL. As compared with FY 2007 when several partners procured outside of the system, in FY 2008 the CRS procurement is the only remaining drug purchase outside of SCMS. All partners will now receive their drugs from MSL through the GRZ system, a significant achievement made possible in part by USG support. It is estimated that USG 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 declared target of the MOH).

Through the ARV drug procurements and development of the national ARV drug logistics system, it is anticipated that these activities will assist in achieving a sustainable national ART program following intensive PEPFAR support.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3007.08 **Mechanism:** AIDSRelief- Catholic Relief Services

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 12066.08

Planned Funds: $212,000

Activity System ID: 15611

Activity Narrative: Related activities: This activity links to AIDSRelief-Zambia .

The funding level for this activity in FY 2008 will decrease since FY 2007 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 antiretroviral therapy (ART), primarily to the most marginalized populations through faith based organizations in rural areas. AIDSRelief works through the local partner treatment facility (LPTF) to provide treatment and care and builds the capacity of the treatment facility to provide this care as a means of building a sustainable care system. In the initial phases of the program, the antiretroviral drugs were purchased directly by AIDSRelief, in a system parallel to the Ministry of Health (MOH). However in the spirit of supporting the Three Ones principle and in order to ensure the development of a sustainable system, beginning in 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 Central Medical Stores logistics supply system. The U.S. Government through JSI Deliver has strengthened the central logistics procurement and supply of antiretroviral medications.

In FY 2008, all AIDSRelief supported sites will have access to government supply pipeline of drugs. AIDSRelief will keep $212 000 for ART drug supply as a buffer stock. This backup is intended to help avoid emergency stock-outs as the Government of the Republic of Zambia stock reporting and drug forecasting systems are being strengthened. As of June 2007, approximately 2,412 patients (adult and pediatric) were on second-line and/or drug combinations containing second-line antiretroviral treatment. Churches Health Association of Zambia will continue to store the buffer stock and will also distribute drugs to AIDSRelief facilities, in support of the Central Medical Stores logistics supply system.
In FY 2008, AIDSRelief will provide ART for 21,000 patients at 16 faith-based hospitals and other clinics, including the maintenance of 15,000 patients from 2007 and the expansion of ART to an additional 6,000 patients in 2008-2009.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12066

Related Activity: 14418, 15616

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26324	12066.26324.09	HHS/Health Resources Services Administration	Catholic Relief Services	11001	3007.09	AIDSRelief-Catholic Relief Services	$100,000
12066	12066.07	HHS/Health Resources Services Administration	Catholic Relief Services	5249	5249.07	Track 1 ARV	$1,615,895

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14418	3751.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$24,000,000

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4139.08

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: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3751.08

Planned Funds: $24,000,000

Activity System ID: 14418

Activity Narrative: This activity links directly with Project USAID | DELIVER PROJECT's ARV Drug activity, the Partnership for Supply Chain Management Systems' (SCMS) activities in Counseling and Testing (CT), Laboratory Strengthening, and Policy Analysis/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), 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 2007, USAID | DELIVER PROJECT provided assistance in strengthening the national ARV drug forecasting, quantification, and procurement systems. With their support, the US Government (USG) purchased $19 million worth of ARV drugs for the national program in accordance with GRZ and USG rules and regulations.

In FY 2008, 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: lamivudine (3TC), zidovudine (AZT) 100mg, AZT/3TC, didanosine (ddI) 100mg, efavirenz (EFV) 200mg, EFV 600mg, nelfinavir (NFV) 250mg, NLF LPV/r133/33 caps, nevirapine 200mg, Tenofovir, Tenofovir/Emtricitabine and Tenofovir/Lamivudine; pediatric specific drugs will include LPV/r syrup, and ddI 50mg.

Purchases will 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 become solidified; and, 3) the GRZ makes changes to the national ARV treatment protocols. It is estimated that approximately two percent of the total 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. An estimated three percent will be used to support PMTCT programs; however, this figure is difficult to fix as PMTCT drugs are used in general ART.

Furthermore, USG-funded ARV drugs will be placed in the GRZ's central warehouse, Medical Stores Limited, where all public sector and accredited NGO/FBO/CBO/work-place/private sector ART programs will have access to these critical supplies. It is estimated that USG procurements, in combination with GFATM and Clinton Foundation purchases, will enable Zambia to place 230,000 patients on ART by the end of 2009. The cost per patient is estimated at $36/month based on the new national treatment protocols enacted at the end of 2007.

All FY 2008 results will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9196

Related Activity: 15617, 15511, 14405, 14415, 14416, 14417, 14419, 14420, 15583, 15584, 15585, 15586, 15567, 14388

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26407	3751.26407.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11026	4139.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15511	9734.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$475,000
14415	12523.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,700,000
14416	12527.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,500,000
14417	3750.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$2,000,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000
14405	9520.08	6822	5074.08	DELIVER II	John Snow, Inc.	$3,000,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
15584	9756.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$40,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000
14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 5074.08

Mechanism: DELIVER II

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 9520.08

Planned Funds: $3,000,000

Activity System ID: 14405

Activity Narrative: This activity relates to activities with the Partnership for Supply Chain Management System (SCMS) activities Antiretroviral (ARV) Drug Procurement and Other Policy/Systems Strengthening, Government of the Republic of Zambia (GRZ), Center for Infectious Disease Research in Zambia, Catholic Relief Services/AIDS Relief, Churches Health Association of Zambia, University Teaching Hospital, Zambia Prevention, Care and Treatment Partnership, Global Fund for AIDS, Tuberculosis and Malaria (GFATM), UNITAID and the Clinton Foundation HIV/AIDS Initiative.

The purpose of this activity is to expand assistance for ensuring that ARV drugs procured by the US Government (USG), GFATM, and other partners are in sufficient supply and provided to Zambians at service delivery sites through an efficient and accountable logistics supply chain system. This activity was preceded by several key initiatives in FY 2005 and 2006 conducted by the JSI/DELIVER project, and by the USAID | DELIVER PROJECT in FY 2007. Their scope of work was to implement the revised ARV drug logistics supply chain nationwide and to coordinate and centralize the management of ARV drugs. Examples of previous activities include: centralizing the management of ARV procurement information and planning; providing technical assistance to GFATM Principal Recipients in development of ARV drug Procurement and Supply Management Plans; and training more than 700 warehouse staff, pharmacists, and other key personnel in the management of ARV drug procurement and logistic systems.

The USAID | DELIVER PROJECT is also updating a specially designed software program that was installed to manage the national ARV drug inventory control and information system. This computer program is placed at the Ministry of Health (MOH) Logistics Management Unit (LMU) based at the MOH's central warehouse, Medical Stores Ltd. (MSL). This software assists GRZ to effectively manage the national ARV logistics system though the collection of essential logistics data, and management of stock levels at every service delivery site.

In FY 2008, the USAID | DELIVER PROJECT will expand efforts to strengthen the effectiveness, efficiency, and sustainability of the national ARV drug logistics system. Activities will include:

1. Supporting the MOH in coordinating ARV drug forecasting and procurement planning capacity at the central level, with special focus on the LMU.
2. Quantifying required ARV drugs, consistent with resources and policies for rapidly scaling-up antiretroviral therapy (ART) programs.
3. Reinforcing the standardization of ARV drug inventory control procedures at central, district, and service delivery sites, including the documentation and dissemination of ART logistics policies and procedures.
4. Developing and installing a software tool for ART sites to collect and use for ordering ARV drugs; significantly reducing the time and effort required for ordering and reporting. At a minimum, this software will allow the sites to generate the current manual form from the computer on-site; with the optimal process being used at selected sites, where the sites download the reports and transmit them electronically to the MOH LMU central database.
5. Improving ART logistics decision-making processes at the central level through use of aggregated data from ART sites as provided through the national ART logistics management information system (LMIS).
6. Improving the warehousing conditions and practices at both the central and facility levels.
7. Monitoring and evaluating the ART supply chain and making improvements as needed; and.
8. 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 50 additional key personnel (e.g., doctors, nurses, pharmacists, from the MOH and non-governmental organizations) in both the manual and newly automated ART logistics management system. Moreover, at the central level, the USAID | DELIVER PROJECT will coordinate multi-year national ARV drug 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, USAID | DELIVER PROJECT will provide direct support to the GFATM Principal Recipients through participation in the Zambia GFATM Steering Committee and provision of assistance in developing proposals and Procurement and Supplies Management (PSM) Plans for GFATM/Geneva.

Through the continuing development of the national ARV drug logistics system 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 ARV drug logistics system.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9520

Related Activity: 14418, 15617, 14388, 16419, 15583, 15584, 15585, 15586, 14420

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9520	9520.07	U.S. Agency for International Development	John Snow, Inc.	5074	5074.07	DELIVER II	$3,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14418	3751.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$24,000,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
15584	9756.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$40,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000
14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Other

Lab technicians

Trainers

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: $54,444,179

Amount of Funding Planned for Pediatric AIDS	$5,371,596
Estimated PEPFAR contribution in dollars	$281,291
Estimated local PPP contribution in dollars	$669,688
Estimated PEPFAR dollars spent on food	$475,000
Estimation of other dollars leveraged in FY 2008 for food	$350,000

Program Area Context:

The Government of the Republic of Zambia (GRZ) aims to expand anti-retroviral treatment (ART) to 180,000 adults and 20,000 children by the end of 2008 and 230 000 clients by 2009. At the end of second quarter of 2007, over 100,895 patients were on ART. The GRZ policy of free ART services has greatly increased access to ART. In line with the US Government (USG) Five-Year Strategy for Zambia and the Emergency Plan 2-7-10 goals, USG is contributing directly to achieving these national goals and will continue to assist in rapid expansion of adult and pediatric ART services.

Given the magnitude of the HIV epidemic in Zambia, USG and partners work closely with the many donors and agencies providing assistance to the national ART program. Coordinating partners include: Global Fund for AIDS, Tuberculosis, and Malaria, World Bank, World Health Organization, United Nations, Médecins Sans Frontières, Clinton Foundation, Swedish International Development Agency, Japan International Cooperation Agency, European Union, UK Department for International Development, and many other organizations.

As of March 31, 2007, Zambia had 293 ART centers, all of which are receiving USG support, either directly in the form of technical assistance or indirectly through procurements of ARV drugs and overall national system strengthening activities. During FY 2004, the focus was initially on building systems, human capacity, and infrastructure necessary for widespread delivery of HIV care and treatment. In FY 2005, FY 2006 and FY2007, USG's emphasis, in partnership with the GRZ, was on expanding the number of sites providing ART, improving quality of care, and increasing ART uptake, including among children and their families. The scale -up plan included public, private, and NGO/CBO/FBO facilities in all nine provinces. This rapid scale-up of HIV/AIDS treatment services was very successful, including good clinical outcomes in urban, peri-urban, and rural primary care settings. In addition, tremendous progress has been made during the past 12 months in providing access to ART at many more rural public and faith-based health care facilities. However, remote and sparsely populated areas of the country still pose a major challenge to ART scale-up. To address this challenge, USG has increased its support to developing a national network of ART outreach sites in which doctors, trained in ART case management, travel to remote health centers on selected days of the month, bringing mini-labs, to train facility staff and provide ART services to patients who would not otherwise have access to these quality services.

In FY2007, The Ministry of Health (MOH) and the National HIV/AIDS/TB/STI Council updated the adult and pediatric ART treatment guidelines with technical, financial, and logistical support from USG and its partners. USG is also assisting in the ART site accreditation system to assess institutional capacity for delivering ART according to national guidelines and standards. USG's partners have assisted in the development of national policies, plans, and guidelines necessary for the scale-up of ART services. Technical assistance will be continually provided to the national ART program for planning, evaluations, and updating of national training materials, protocols, and dissemination of these materials.

In FY 2006 and 2007, USG partners further strengthened health systems to support drug management and logistics, information systems, and human resource issues. By the end of FY 2007, USG will have procured over $27 million worth of ARV drugs for the national ART program. USG also supported linkages within facilities to integrate ART services with other clinical care services . USG also supported the integration of TB/HIV services and diagnostic counseling and testing in TB and hospitalized patients. In FY 2007, USG, GRZ, the World Health Organization, and other key partners formulated a national ARV drug resistance monitoring strategic plan to be implemented in FY 2008. Moreover, in FY 2007, USG promoted operations research and strengthened evaluation of the impact of ART and quality of services. In FY2007, USG strengthened laboratory capacity for diagnosis and monitoring of patients on ART in Zambia. Laboratory support has been provided for CD4 count, liver function and renal function tests and diagnosis of opportunistic infections such as TB. In FY 2007 the Zambian government changed the first line ART regimen from Stavudine or Zidovudine based to Tenofovir based combinations. The laboratory support provides capacity for creatinine tests at baseline and for monitoring of patients on ART.

According to MOH, approximately 6,426 HIV-infected children received ART in public-sector facilities by the end of first quarter 2007. In FY 2007, USG supported the establishment of polymerase chain reaction capacity at the University Teaching Hospital and at Kalingalinga Urban Health Clinic in Lusaka and Arthur Davison Hospital in Ndola for early infant diagnosis of HIV. An important goal in FY 2008 is to increase the number of infants and children receiving comprehensive care and treatment for HIV/AIDS. This will be accomplished through expanding the ART outreach model, increasing access to Polymerase Chain Reaction (PCR) testing, and training ART providers in pediatric diagnosis and case management. USG and partners will continue to assist the University Teaching Hospital (UTH), MOH, and partner institutions to create Centers of Excellence in outpatient pediatric and comprehensive family HIV (PCOE)in Lusaka, Livingstone, and Ndola. Roll-out of infant HIV diagnosis on dried blood spots will also greatly assist in bringing HIV-infected infants and children into treatment at a much younger age. Using plus up funds, USG will support the UTH PCOE establish an innovative community based program focusing on early identification of

HIV infected malnourished children who are at high risk of mortality, for early nutritional rehabilitation and commencement of ART at community level. GRZ and USG are fully committed to reaching and maintaining an overall national target of at least 15% children among all ART clients by 2009. Linkages between ART, PMTC, maternal, and child health clinics will be strengthened for early diagnosis and referral of children to ART services.

An Adult Center of Excellence for ART at the UTH Department of Medicine will also be fully operational by the end of 2007 through USG support. These Centers will form a core network of pediatric and adult expert providers and will build on earlier USG investments in training Zambian providers in pediatric and adult HIV counseling and testing and ART. Furthermore, these Centers will demonstrate best practices and serve as loci for on-site training and referral centers for specialized/difficult cases. The USG further plans to refurbish medical facilities and laboratories for better delivery of care in each of the nine provinces of Zambia. To address the shortage of human resources, USG will also expand renovations to essential structures, including health centers and staff housing, to increase staff retention and quality of service provision. By the end of FY 2007, 1769 health care providers will be trained to deliver ART services, according to national and international standards. This will increase to 2675 in FY 2008. USG will also support training of health workers in HIV care and management by developing and supporting the HIV Fellowship to train HIV specialists at the University of Zambia, School of Medicine.

Traditionally HIV prevention efforts have focused on HIV-negative individuals. In 2008, USG will support "Positive Prevention" that aims to protect the health of HIV-infected individuals and prevent the spread of HIV to sex partners. The rapid scale-up of care and treatment has created an important opportunity to reach many HIV-infected individuals and clinic-based prevention interventions aimed at people infected with HIV will be included together with counseling on ARV adherence and alcohol use. In all activities nationwide, USG and partners foster local ownership of the ART programs for increased acceptance and uptake of ART services by local communities. To enhance sustainability, MOH, Provincial Health Offices, and District Health Management Teams are supported to lead increased access of ART. This goal is being achieved through coordinating ART services with Neighborhood Health Committees, Community Support Groups, and other local organizations to deliver health communication messages and strengthen community support for pediatric and adult ART. Improved linkages and well-functioning referral systems among tuberculosis, prevention of mother to child transmission, ante-natal care, STI, ART, and home-based care services have been essential to rapidly scaling-up ART services.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	349
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	87900
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	288370
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	228450
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	2675

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1031.08
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: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3534.08
Planned Funds: $455,000
Activity System ID: 14411

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) ongoing 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 supports 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 uses 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, provides a comprehensive approach that promotes better health-seeking behavior through the support for and promotion of ART services throughout the country. HCP draws 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 1500 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 will continue in 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 will also include more messages on treatment adherence and HCP will focus on issues faced by people who have been on treatment for a long period of time.

Through a consultative process with relevant stakeholders and key roles played by the NAC and the MOH, HCP developed communication interventions 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 will improve parents and caregiver's knowledge to connect more parents/caregivers and HIV-positive children to treatment programs, to improve treatment adherence, to improve the disclose children's positive status in an age-appropriate way and to help children to cope with knowledge of their own HIV positive status.

HCP is also working to help older children and adolescents cope after learning their HIV status through materials that are produced for children's support groups. Communications geared for older children and adolescents will help children and adolescents talk about their feelings more openly in support group settings. The materials will specifically address 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 need 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. HCP worked hard to reach a consensus with these partners on appropriate and correct messages for providers to convey to families. In FY 2008, HCP will build on these materials to ensure wider distribution, coverage, and use

These HCP activities, along with those described elsewhere, begin with formative research and are piloted with target audiences before being launched. HCP's IEC materials also support greater gender equity with a goal of empowering women to negotiate for healthier choices and promote partner communication, mutual decision-making, and male responsibility.

HCP will continue 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 four years, HCP has continued to mentor and work closely with dB Studio in radio programming, Prime Images 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 is 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 2008, HCP will conduct 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 targets will be reached by September 30, 2009.

Activity Narrative: This activity links with the Health Communication Partnership's (HCP) ongoing activities in Abstinence/be fai

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8901

Related Activity: 14406, 14407, 14408, 14409, 14410, 16419, 14376, 14388

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26642	3534.26642.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	11078	1031.09	Health Communication Partnership	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14406	3539.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$2,937,016
14407	3538.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$1,100,000
14408	3536.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$335,000
14409	3537.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$290,000
14410	12529.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$330,000
14376	3734.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,370,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2987.08
Mechanism: DoD-JHPIEGO
Prime Partner: JHPIEGO
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3672.08
Planned Funds: $300,000
Activity System ID: 14626

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 and with the work of Project Concern International (PCI) supporting Counseling and Testing and palliative care, 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. JHPIEGO, as an important partner to the Ministry of Health (MOH) HIV/AIDS PMTCT, ART, palliative care, HIV-TB and injection safety programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the USG, other donors, and numerous technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs.

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites with the remaining sites relying on medical assistants and outreach support. These health services are spread out, many in hard-to-reach areas, around the country, and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout the country. Unfortunately, the ZDF has not benefited from many initiatives that have been on-going in the public sector. While these links are improving, there are continued opportunities to improve harmonization and maximize the efficiency between the MOH and ZDF health services.

While the number of patients receiving ART has expanded dramatically within the ZDF, the majority of services are provided through a few outlets, and the standardization of systems and services needs continued strengthening. Continued expansion requires development and support for increasingly remote sites, where services are needed but, by their location and nature, the cost effectiveness of delivering these services is reduced, a fact which is compounded by the complexity of working with the ZDF and each of the three individual ZDF branches, each with their own authority and chain of command.

The ZDF have not benefited from the same level of investment as the pubic health system under the Ministry of Health (MOH), though they are now receiving some essential medical commodities, including antiretroviral medications (ARVs) directly from the MOH and are being incorporated in more activities (trainings, assessments, etc.). JHPIEGO will utilize and build on the experience and tools developed in the larger public sector Ministry of Health ART expansion programs, which JHPIEGO has extensively supported, and will continue to develop and strengthen linkages between the ZDF and MOH programs. Work in strengthening HIV/AIDS prevention, care and treatment too often is conducted vertically failing to produce and encourage the linkages between service areas resulting in gaps that prevent clients from receiving complete care and treatment. A more comprehensive and integrated approach to the HIV/AIDS clinical care system will facilitate the continuity of care across service areas providing clients with complete, quality care.

While focusing on comprehensive strengthening of quality HIV prevention, care and treatment services at selected model sites, JHPIEGO's support will impact these services throughout the ZDF. In FY 2005 JHPIEGO trained and retrained 120 service providers in ART and opportunistic infections management drawing providers from many service outlets including the four model sites. Through JHPIEGO's support to the ZDF in FY 2006 the DFMS training capacity was strengthened with the training of 12 ART and TB staff as trainers. These trainers worked with JHPIEGO staff to co-train at least 80 service providers in the provision of ART. In addition, the model sites from FY 2005 and FY 2006 received support in the procurement of essential commodities and/or the minor renovation of service outlets to enable the provision of more comprehensive, quality services. By the end of FY 2006 JHPIEGO will be working with eight model sites in seven of the nine provinces of Zambia and the two remaining provinces will have model sites by the end of FY 2007.

In FY 2007, JHPIEGO will be supporting 12 model sites, including the eight developed in FY 2005 and FY 2006 plus four new sites which will be added in FY 2007:
1. Zambia Army, L85 Barracks in Lusaka, Lusaka Province;
2. Zambia National Service, Luamfumu Barracks in Mansa, Luapula Province;
3. Zambia Army, Luena Barracks in Kaoma, Western Province; and
4. Zambia Air Force, Mumbwa, Central Province.

Local ZDF capacity to support these sites and expand to other ZDF facilities will be further developed by training 12 ART staff as trainers and mentors and co-teach ART and OI management workshops with the DFMS trainers to shore up training skills and address any gaps. While expanding the scope and coverage of ART services, JHPIEGO will also work to strengthen the linkages between ART and other HIV/AIDS prevention, care and treatment services to ensure more comprehensive and continuous care for people living with HIV/AIDS. Linkages with other counseling and testing activities, including stand-alone services as well as those integrated into other service delivery areas (antenatal care/PMTCT services, STI services, TB services, etc.) will be strengthened so that those identified with HIV infection access the clinical care services they need in a timely fashion. JHPIEGO will seek to create linkages with other collaborating partners, such as PCI, working with the ZDF to ensure a synergy of efforts, as well as reinforcing the collaboration with the Ministry of Health by harmonizing ZDF and MOH/NAC guidelines, materials and tools and strengthening the linkage between the ZDF and national initiatives in the public sector.

To support performance improvement systems and quality ART service delivery at all 12 sites, supportive supervision visits will be continue to the initial eight facilities supported in FY 2005 and FY 2006, as well as the four expansion sites. JHPIEGO will also support the DFMS to conduct workshops using the orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) on HIV/AIDS prevention, care and treatment orientation package, covering CT, PMTCT, Care and ART as well as linkages to other services such as TB and STIs, to educate them on HIV/AIDS and provide them with

Activity Narrative: accurate and relevant information they can disseminate to more diverse populations.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9089

Related Activity: 14621, 14622, 14623, 14630, 14624, 14625, 14631, 14367, 14636, 14633, 14627, 14634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24835	3672.24835.09	Department of Defense	JHPIEGO	10573	2987.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14621	3670.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14622	3676.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14367	3531.08	6803	1022.08	Health Services and Systems Program	Abt Associates	$1,000,000
14636	3754.08	6892	3051.08	DoD/LabInfrastructure	US Department of Defense	$1,600,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	16	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,700	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,600	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	80	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	412.08	**Mechanism:**	RAPIDS
Prime Partner:	World Vision International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	3566.08	**Planned Funds:**	$1,567,700
Activity System ID:	14443		

Activity Narrative: This ART adherence support activity is connected with other RAPIDS activity areas including HVAB, HVCT, HKID, and HBHC, as well as CRS/SUCCESS II HBHC and HTXS, Health Communication Partnership (HCP) HBHC and HTXS, ZPCT HTXS, AIDSRelief HTXS, CIDRZ HTXS and Society for Family Health (SFH) HBHC. RAPIDS does not provide ART directly, rather, it supports adherence by clients of other direct ART providers. New 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 also work more closely with therapeutic feeding for malnourished PLWHA, and with infant and young child nutrition activities, to improve nutrition status in treatment/care clients.

Though its adherence support efforts, RAPIDS will help the GRZ and USG Zambia to: support an increase in the number of ART patients and sites; and support ART quality improvement and M&E. RAPIDS will also establish 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 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 also will build on extensive malaria control activities begun during COP FY 2007 to reduce malaria-related illness in ART patients. RAPIDS will support routine Cotrimoxazole prophylaxis for all PLWHA. Lastly, RAPIDS will increase the emphasis on sustainability and capacity building in the last year of PEPFAR. 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).

RAPIDS, which undertakes care and support activities in 49 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 2008. RAPIDS will reach 11,815 beneficiaries (out of the total 48,115 being directly reached with general home-based palliative care (HBHC)) with ART access and adherence support services.

RAPIDS will continue and strengthen non-clinical support to four Family Support Units (FSUs) in Lusaka, Livingstone, Ndola, and another to be started in FY 2007. RAPIDS partners will build their work 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 (CLWHAs) 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. Outreach into communities will be conducted to encourage people to attend or support families with children on ART at clinics as this is where service provision for pediatric ART (P-ART) is almost exclusively provided.

During FY 2008, 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 P-ART referral systems will ensure that pediatric PLWHA from the HBHC program are linked to ART services. RAPIDS will collaborate with AIDS-Relief and CIDRZ to identify and refer HIV+ children, where P-ART services are available. These interventions will include increase awareness, promote early CT, support parents managing P-ART for their children, promote issues related to adherence, and enhance psychosocial support for P-ART clients.

These services will link to clinic-based services in specific areas where P-ART 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 CLWHA. 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.

RAPIDS will continue to train home-based care (HBC) caregivers and 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). Other activities will include: education on prevention of re-infection especially for PLWHA on ART treatment; training and follow-up on ART adherence; provision of mebendazole and vitamin A supplementation in collaboration with the MOH; and stronger linkages with health systems for clinical care and ART. RAPIDS will also increase access to ART by providing support for laboratory investigations when needed, and will fund transportation for patients who are unable to access ART due to lack of transportation.

RAPIDS will provide targeted, time-limited nutritional supplements for PLWHA on ART according to PEPFAR and GRZ guidelines, such as “Ready-to-use therapeutic foods” (RUTF) for severely malnourished patients in readiness for ART treatment. Infants born from clients in PMTCT programs will be identified. Children and pregnant/lactating women will receive nutrition assessment, counseling and support.

RAPIDS will intensify 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 their existing HBHC programs in 49 districts.

RAPIDS will continue to strengthen linkage between HBHC and referral to nearby health facilities. In order to do this, RAPIDS will significantly increase the number of HBHC 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, and will use a wraparound approach to access food supplementation.

RAPIDS will address gender concerns so that women and men are included in the ART program equitably.

Activity Narrative: This will also be reflected in the semi-annual reporting which will be disaggregated by sex. Like all RAPIDS activities, ART adherence activities are designed to reduce stigma and discrimination through training of caregivers and health providers in stigma reduction strategies.

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 will have to 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.

To further the sustainability of current grassroots efforts, RAPIDS provides training to CBOs and FBOs to not only provide care and support to PLWHA, including children and adolescents, but also includes training in such critical areas as advocacy and paralegal support. In addition to ensuring that communities maximize the use of available resources, RAPIDS has created linkages to other resources in the communities and provides training that is designed to improve management skills and the ability to access existing HIV/AIDS resource streams.

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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8948

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26395	3566.26395.09	U.S. Agency for International Development	World Vision International	11019	412.09	RAPIDS	$269,002
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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Number of individuals who received treatment adherence support: 13,174

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3080.08

Mechanism: UTAP - CIDRZ - U62/CCU622410

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS **Program Area Code:** 11

Activity ID: 17765.08 **Planned Funds:** $250,000

Activity System ID: 17765

Activity Narrative: Reprogramming 10.08: Activity was mistakenly changed to "TBD" and moved to "State" as the agency for implementation. Our OGAC Core Team Lead, Julianna Kohler, has requested that we reprogram these funds back to CDC and the original Prime Partner. No further changes are required. [SEE UPDATE WITHIN TBD WORKSHEET]

April 08 reprogramming: Formerly: Prime Partner: Tulane University, Agency: CDC, Funding mech: HQ

The title of the PHE is “Cost-effectiveness of Models of Adult Treatment Delivery.” FY 2008 will be year 2 of the study, which began in FY 2007 and will end in FY2008. To date, a budget of $150,000 has been received and expended, and expected additional monies needed for completion total $250,000, which is being requested for FY 2008. The study is being carried out by a joint Center for International Health and Development (CIDH) at Boston University School of Public Health and Zambian team.

The purpose of this public Health Evaluation (PHE) is to support Zambia’s goals for treatment of HIV/AIDS, antiretroviral therapy (ART), by examining the wide range of settings and multiple levels of the healthcare system. The characteristics of the treatment facility (setting, type, sector, size, etc.) and of the patients treated (socioeconomic level, condition at initial visit, etc.) are both likely to affect the patient outcomes achieved and the costs incurred. In COP 08, funding will be used to expand the evaluation to a total of eight sites and to estimate costs and outcomes during the first 24 months of care.

The progress of the study to date includes the following: in FY 2007, this PHE provided an estimate of the average costs per patient treated and per patient who remains in care and responsive to treatment 12 months after ART initiation, at an initial set of three sites in Zambia.

Lessons learned include the following: this PHE will provide some of the first information available about the cost of the second year of treatment, changes in costs over time, and the relationship between resource inputs and patient outcomes.

Information dissemination plan includes the following: This information will be disseminated and used to assist the study sites, the Zambian Ministry of Health, private and nongovernmental providers, PEPFAR, and other funding agencies to understand the factors that influence treatment costs and outcomes, estimate resource needs, and improve the efficiency of the national treatment programme, thereby contributing to the U.S. Mission’s ability to reach its treatment targets.

Planned FY 08 activities include the following. The focus of the COP 08 evaluation will be to add approximately five new sites to the project and to extend the period of follow-up to 24 months. New sites will be selected to include promising or common models of treatment delivery that are not already represented in the study and/or to provide additional examples of the models already represented. Sites will be selected in consultation with the Ministry of Health, the USG Mission, PEPFAR partners, and other stakeholders. For all sites that have been providing ART on a large scale for at least two years prior to data collection, two patient samples will be selected: a sample of patients who initiated ART 2-3 years before data collection; and a sample of patients who initiated ART 1-2 years before. This will allow changes in average costs and patient outcomes to be tracked over time, in addition to generating cost estimates for both the first and second years of treatment. The expected results of this activity are accurate and detailed estimates of the costs of delivering treatment in Zambia across a wide range of settings and types of patients.

Budget justification for FY 2008 monies follows: The proposed budget for this activity is $250,000, of which approximately 46% will be allocated to salaries (BU and Zambian staff), 16% to travel, 18% to other costs, and 20% to indirect costs. Approximately one third of the budget will be passed on to a local Zambian research organization to cover local salaries and expenses. Because many of the data required for the study (e.g. patient records) will not be computerized, the local budget includes time for data entry as well as interview administration and coordination.

Budget for FY 2008 follows: Salaries/fringe: $115,000; travel: $40,000; equipment: $5,000; other costs: $40,000; indirect costs: $50,000.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3080.08

Mechanism: UTAP - CIDRZ - U62/CCU622410

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17767.08

Planned Funds: $250,000

Activity System ID: 17767

Activity Narrative: Reprogramming 10.08: Activity was mistakenly changed to "TBD". Our OGAC Core Team Lead, Julianna Kohler, has requested that we reprogram these funds back to the original Prime Partner. No further changes are required. [SEE UPDATE WITHIN TBD WORKSHEET]

This is a continuing PHE.

The title of this PHE is “Cost-effectiveness of Models of Pediatric Treatment Delivery.” FY 2008 will be year 2 of the study, which began in FY 2007 and will end in FY2008. To date, a budget of $150,000 has been received and expended, and expected additional monies needed for completion total $250,000, which is being requested for FY 2008. The study is being carried out by a joint Center for International Health and Development (CIDH) at Boston University School of Public Health and Zambian team.

The purpose of this public Health Evaluation (PHE) is to support Zambia’s delivery of pediatric treatment. Delivery of pediatric treatment for HIV/AIDS has lagged behind the rollout of adult treatment in most African countries. As national governments, PEPFAR, and international agencies place greater emphasis on expanding pediatric care, it is critical for treatment planning that Zambia has a good sense of the relative costs of different models of pediatric treatment delivery. It is equally important to identify the most cost effective ways to reach the largest number of pediatric patients. In Zambia, pediatric treatment is currently being delivered at three types of sites: public district hospitals, public clinics, and centers of excellence that are partnerships between government and PEPFAR partners. In COP 08, funding is sought to include one example of each of these models in an evaluation of the cost effectiveness of pediatric treatment delivery.

The progress of the study to date includes the following: during 2007, the study carried out initial planning for the project, including development of design, methodology and background research on key issues and service delivery context for pediatrics in Zambia.

Lessons learned include the following: The expected results of this activity will be the first available estimates of the costs of delivering pediatric treatment in Zambia under different models of care.

Planned FY 08 activities include the following: The first step in this evaluation will be to adapt the existing data collection and analysis tools, which were developed for adult treatment sites, to pediatric sites. Three pediatric sites will then be selected for the evaluation, in consultation with the Ministry of Health, the USG Mission, and other stakeholders. Each site will represent one of the major models of pediatric treatment delivery listed above. At each site, a random sample of pediatric patients will be selected and a retrospective medical record review conducted. Data from medical records will be used to identify and cost all resources used to treat the sample of patients in the first year following initiation of ART, including drugs, diagnostics, outpatient visits, inpatient admissions, infrastructure, etc. An estimate will then be made of the average cost per patient treated and the average cost per patient who remains in care and responding to therapy 12 months after initiation. In addition, at each site a small sample of children’s caregivers will be interviewed to estimate the costs to children’s households of obtaining treatment, such as transport fares to the clinic, missed days of schooling, and the opportunity costs of caregivers’ time. Depending on mutual interests, the evaluation may be carried out in collaboration with researchers from Columbia University.

Information dissemination plan includes the following. This information will be disseminated and used to assist the study sites, the Zambian Ministry of Health, private and nongovernmental providers, PEPFAR, and other funding agencies to understand the factors that influence pediatric treatment costs and outcomes, estimate resource needs, and improve the efficiency of pediatric treatment delivery, thereby contributing to the U.S. Mission’s ability to reach its treatment targets.

Budget justification for FY 2008 monies follows: The proposed budget for this activity is $250,000, of which approximately 46% will be allocated to salaries (BU and Zambian staff), 16% to travel, 18% to other costs, and 20% to indirect costs. Approximately one third of the budget will be passed on to a local Zambian research organization to cover local salaries and expenses. Because many of the data required for the study (e.g. patient records) will not be computerized, the local budget includes time for data entry as well as interview administration and coordination.

Budget for FY 2008 follows: Salaries/fringe: $115,000; travel: $40,000; equipment: $5,000; other costs: $40,000; indirect costs: $50,000.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

People Living with HIV / AIDS

Coverage Areas

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2998.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17696.08

Planned Funds: $165,000

Activity System ID: 17696

Activity Narrative: Title of Study: Community Impact of HIV/AIDS Services

Time and money Summary: Study Year 4; Started in FY05 and expected to be completed in FY09; $165,000 will be spent from FY07 and $140,000 is needed for FY08

Local Co-investigator: Dr Jeffrey Stringer of Centers for Infectious Diseases Research in Zambia (CIRDZ) and University of Alabama at Birmingham (UAB) is the Principal Investigator. Dr T. Kusanthan of University of Zambia is the local Co-Investigator.

Project description:
In April of 2004, the Zambian Government initiated the antiretroviral therapy (ART) services in Lusaka beginning in four clinics and expanding to other community health centers over time. This program is expected to lead to a reduction in community specific mortality and morbidity, particularly as it relates to HIV and tuberculosis among those receiving treatment. The availability of life-saving ART may also result in a reduction in stigma and misconceptions regarding HIV/AIDS and its treatment. The Community Impact of HIV/AIDS Services study is designed to measure the impact of ART services in Lusaka communities.

This study is a repeated cross-sectional complex sample survey that has been conducted in parallel with program expansion. It is designed to measure changes in the following measures: 1) community mortality rates (total, infant and child); 2) community morbidity (hospitalizations and incidence of malaria and TB); 3) knowledge and attitudes towards HIV/AIDS particularly as it relates to stigma; 4) perceptions and acceptability of HIV testing; and 5) knowledge and attitudes related to antiretroviral drugs.

Each cross-sectional survey provides estimates of the above outcomes within the individual constituent communities as well as Lusaka generally. The specific aim is to relate the advent of ART services in local health centers to changes in the respective community level outcomes. Changes attributable to ART services are evaluated by observing changes within a community, before and after the advent of local ART services as well as differences between communities with and without ART services at any given time. Furthermore, the surveys will assist in identifying potential barriers working against community outreach, HIV counseling and testing services and other community based interventions.

Each is a sample survey of the catchment areas for all district government clinics. Each survey round is conducted over a period of three weeks in 150 households in the catchment areas for each of 24 district clinics in Lusaka for a total of 3,600 households. The respondent is the male or female head of household who responds to questions about herself and those living in the household. A list of Standard Enumeration Areas (SEAs) and the nested Census Enumeration Areas (CSAs) representing the catchment areas for each of the local health clinics was provided by the Central Statistical Office of Zambia. At each round three CSAs for each catchment areas are randomly selected. 50 households in each CSA are surveyed at fixed intervals inversely proportionate to the number households in each CSA, beginning with a randomly selected household at the center of the CSA. The survey is conducted by a team of 16 interviewers and 4 supervisors. The questionnaire used in the survey is administered in English or either Bemba or Nyanja (the two most widely spoken dialects). The administration of the survey is sub-contracted to a University of Zambia based investigator.

Analysis of these data will be performed using Proc Mixed and Proc Genmod in SAS (Version 9, Carey NC) to account for the variance dependencies in the survey due to the similarities of persons living within the same communities.

Status of study/Progress to Date:
The seventh round of the survey is currently underway. Analyses are currently underway to relate mortality and morbidity changes to the timing of ART initiation in the community clinics. The continued community surveys will provide more data for the before and after as well as the between community comparisons from which the mortality changes attributable to ART can be made.

Lessons Learned:
Preliminary analyses have demonstrated a marked reduction in mortality between the first and the second community survey. However, much of this reduction may be due to the occurrence of an outbreak of Cholera which occurred just prior to the initiation of ART services.

Information Dissemination Plan:
The study results will be disseminated through in Country dissemination meetings, abstract presentation at local and international conferences and publication in peer reviewed journals.

Planned FY08 activities:
We plan on continuing four rounds of the surveys which should coincide with the culmination of ART service expansion activities in Lusaka.

Budget Justification for FY08 monies (please use US dollars):

Salaries/fringe benefits: $ 62,400
Equipment: $ 4,000
Supplies: $ 18,400
Travel: $ 7,940
Participant Incentives: $ 0.00
Laboratory testing: $ 0.00
Other: $ 47,260
Total: $ 140,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2998.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17697.08

Planned Funds: $350,000

Activity System ID: 17697

Activity Narrative: Study Title: Observational Study of Treatment Effectiveness and Resistance Patterns among Women Initiating Treatment with Non-nucleoside Reverse-transcriptase Inhibitor-based (NNRTI) HAART after Previous Single Dose Nevirapine (SD NVP) in Pregnancy

Time and money summary: The study started in FY05. Participant follow up is expected to be completed by February 2008; data cleaning and laboratory specimen processing will continue for approximately 2 to 3 months beyond the last participant visit.

Local Co-investigator: Dr Jeffrey Stringer of Centers for Infectious Diseases Research in Zambia (CIDRZ) and University of Alabama at Birmingham (UAB) is the Principal Investigator and Dr Isaac Zulu of Centers for Disease Control and Prevention Zambia (CDC) is the local Co Investigator.

Project description : This is an ongoing prospective cohort study of women starting NNRTI-based antiretroviral therapy (ART) with and without prior exposure to single-dose nevirapine (sdNVP) to prevent mother-to-child HIV transmission. Some data from other settings suggest that women with prior sdNVP exposure for PMTCT may not respond as well to NNRTI-containing regimens when seeking treatment for their own health. Other data suggest this may not be the case, or that it may only be true for women with very recent sdNVP exposure. This TE seeks follow-on funding for an ongoing CDC-funded, multi-center study that is being conducted in Zambia, Thailand, and Kenya. The majority of patients are being followed in Zambia.

Evaluation Question:
The study intends to examine:
•The effectiveness of NVP or other NNRTI-based HAART in HIV-1 infected women who are initiating treatment after previously being given SD NVP prophylaxis in pregnancy as compared to women who have not received SD NVP.
•Whether viral resistance patterns in HIV-1 infected women who initiate treatment with NNRTI-based HAART after previously being given SD NVP prophylaxis in pregnancy as compared to women who have not received SD NVP.
•The safety and tolerance of NNRTI-based HAART regimens among HIV-1 infected women who initiate treatment with NNRTI-based HAART after previously being given SD NVP prophylaxis in pregnancy and among women who have not received SD NVP.

Status of study/progress to date: Enrollment began 21 June, 2005. All international study sites completed enrollment in January 2007. The Lusaka site enrolled 509 out of 878 total study enrollments. As of end July, 2007, 313 (61%) had completed the study 12 month follow up visit.

Lessons Learned: The Lusaka site has been able to successfully recruit participants for this observational study. Analyses are not completed as data are still being collected. The Lusaka site has shown that with the right recruitment strategy it is possible to recruit large numbers of NVP exposed women for research studies. Close collaboration with the PEPFAR funded ART clinics and the selection of appropriate participants was the key components to recruitment. In the evolution of the recruitment strategy we found that it was necessary to approach women about the study when they were seeking HIV/AIDS care for the first time. Passively relying on referrals did not work. Study staff, working closely with the district ART staff, identified potential study participants at their first ART screening visit and presented them with study information. Additionally, working with the community outreach workers these women were prioritized for follow up if they missed any study or non-study related clinic visits. Just as important as early contact with the participants is critical selection of participants. With experience the study staff was able to critically assess the potential participant's level of dedication and interest in the study. Over time this was reflected in dramatically improved retention rates. Our success has been to work seamlessly within the district setting.

Information Dissemination Plan: The study results will be widely disseminated abstract presentation at local and international conferences and publication in peer reviewed journals, as well as to the local community, including the medical and scientific communities.

Planned FY08 activities: In FY08, support will allow the clinic-based study team to continue following up the enrolled cohort of women through the 12 month study visit, or primary study endpoint. Continued laboratory processing will occur during this funding period. Data cleaning and quality control efforts will shift from the baseline data to the 6 month and 12 month data, tolerability, resistance, adherence, and mortality data. In 2007 the site team shipped one batch of specimens to CDC for resistance testing; in FY08 the second and final batch of specimens will be sent to the CDC. In FY08, several sub studies will be prepared using the cleaned data, as well as the main analysis.

Budget Justification for FY08 monies (please use US dollars):
Salaries/fringe benefits: $253,300
Equipment: $0
Supplies: $2,000
Travel: $1,200
Participant Incentives: $0
Laboratory testing: $93400
Other: $0
Total: $ 349,900

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2998.08	**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:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	17702.08	**Planned Funds:**	$400,000
Activity System ID:	17702		

Activity Narrative: Title of Study: Population-level surveillance of antiretroviral drug resistant HIV in Zambia

Time and Money Summary: Started in FY07. $342,586 will be spent from the FY07 grant and $400 000 is needed for FY 08.

Local Co-investigator: Dr Jeffrey Stringer of Centers for Infectious Diseases Research in Zambia (CIDRZ) and University of Alabama at Birmingham (UAB) is the Principal Investigator.

Project description:
This evaluation will investigate the prevalence of antiretroviral drug resistance among HIV-infected populations in Zambia. Two specific groups will be targeted through this surveillance: (1) individuals recently infected with HIV, and (2) patients currently on antiretroviral therapy (ART). This TE will provide critical information for national-level decision-making, particularly for optimization of the country's first-line HIV regimens. It will also provide an epidemiological baseline for further work in this important area.

Evaluation Question:
As access to ART continues to expand rapidly through the region, there are important public health concerns regarding the development and transmission of resistant HIV strains among the general population. Many groups, including the World Health Organization, have advocated viral drug resistance surveillance, especially in settings where the incorporation of resistance testing into clinical care is not feasible. Through this targeted evaluation, we will support the Zambian Ministry of Health's effort to evaluate the prevalence of drug-resistant HIV strains at a population level. Results will determine trends in HIV resistance patterns, which in turn will inform local policy regarding the most appropriate treatment regimens.

Methodology:
1. Surveillance of ARV drug resistance among recently-infected individuals
For the first part of our evaluation, we will target individuals recently diagnosed with HIV through VCT. Two units will be targeted at each surveillance facility: patients seeking STD treatment services and antenatal clinics. We believe these groups to be particularly suitable for assessing risk for ARV-resistant HIV transmission. Both are selected as they may represent different types of high-risk exposure.

Following VCT, left-over blood specimens will be collected from individuals who have tested HIV-positive. This will be anonymous: no personal identifiers will be attached. Following collection of these left-over samples, we will perform a two-step screening mechanism. First, all HIV-positive blood specimens will be tested using the "detuned" enzyme immunoassay. Previous work has validated this technique for the detection of incident HIV infection in surveillance studies. In this smaller subset of recent infections, we will perform genotyping for ARV drug resistance. Using this surveillance method, we will be able to determine HIV incidence at a population level and obtain important information regarding the recent transmission of drug-resistant HIV strains.

According to our estimates, approximately 10,000 blood specimens will be collected in a two-month period from all four sites. Assuming a 2% rate of incident HIV infections, 200 samples will undergo genotypic resistance testing for HIV. With this sample size, we will be able detect an estimate with relative Incident rates of 2% or 10% will yield 95% confidence intervals of 1.7 – 2.2 % or 9.7 – 10.3% respectively.

2. ARV drug resistance surveillance for individuals on ART
We will also perform drug resistance surveillance on individuals in CIDRZ-supported GRZ ART programs currently undergoing HIV treatment. This evaluation will assess the prevalence of specific drug mutations in a population of ART-experienced individuals. Because these results will be useful to guide clinical care, this survey will not be performed in an anonymous fashion.
In contrast to the above surveillance populations, the design of this portion of the resistance surveillance will require substantially more input from the various clinical stakeholders throughout the country and from the Ministry of Health and National AIDS Council. Thus, protocols stating which patients qualify for this activity (e.g. those suspected to be failing first line therapy or those judged non-adherent) will be worked out at a later date in broad consultation with local and international experts. We anticipate need to perform approximately 1,000 samples for this analysis.

Population of Interest:
As described above, 3 populations will be targeted: (1) individuals accessing STI treatment services, (2) women enrolled in PMTCT programs, and (3) patients currently on ART. We will perform activities across five Zambian cities: Lusaka (Lusaka province), Ndola (Copperbelt province), Mongu (Western province), Chipata (Eastern province), and Livingstone (Southern province). We will coordinate with the Tropical Disease Research Centre and CDC to take advantage of on-going sentinel surveillance.

Status of study / Progress to Date: In FY 2007 the protocol will be developed for ethical review. It is anticipated that finalization of the protocol will occur in September 2007, when it will be submitted to the University of Zambia Research Ethics Committee and the University of Alabama at Birmingham Institutional Review Board. Staff will be identified and hired; procedures for specimen selection will also be developed. To support this PHE systems will be developed for specimen collection and transport; and laboratory testing capacity will be established as needed for this surveillance activity. It is planned that full implementation of the PHE activities will start in February 2008.

Lessons Learned: We have learned useful lessons in study protocol development and budget preparation. However, a understanding of the prevalence of viral drug resistance within newly tested HIV-infected individuals will only be understood once surveillance activities commence.

Information Dissemination Plan: The study results will be widely disseminated through in Country dissemination meetings, abstract presentation at local and international conferences and publication in peer reviewed journals.

Planned FY08 activities: In FY08, we implement specimen collection procedures and perform viral drug resistance testing.

Budget Justification for FY08 monies (please use US dollars):

Activity Narrative:
Salaries/fringe benefits: $82,500
Equipment: $0
Supplies: $0
Travel: $0
Participant Incentives: $0
Laboratory testing: $206,250
Other: $111,250
Total: $400,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15517, 15521

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15517	4549.08	7171	5250.08	Track 1 ARV	Elizabeth Glaser Pediatric AIDS Foundation	$15,764,509
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17704.08

Planned Funds: $70,000

Activity System ID: 17704

Activity Narrative: Reprogramming: 10.08: Funds are being requested to be reprogrammed to an implementing partner, NASTAD, to support the cost of the model finalization, publication, and associated travel costs for the consultant to disseminate the information.

The title of the PHE is "The role of supportive services in the provision of ART." This is a continuation of a targeted evaluation in FY 2007. FY 2008 will be year 2 of the study, which began in FY 2007 and will end in FY 2008. To date, a budget of $60,000 has been received and expected additional monies needed for completion total $100,000, which is being requested for FY 2008.

Lead Investigator: John T. Grove, MA CDC-Zambia Staff
Proposed co-Investigator: Dr. Jack Homer, Independent Consultant
Local co-investigator: Lungowe Mwenda Mwapela, CDC Staff, MOH TBD, NAC TBD, USG Partner TBD as required

The study represents collaboration among the Government of the Republic of Zambia and USG implementing partners providing HIV/AIDS ARV services and technical support in Zambia through a technical committee.

The purposes of this Public Health Evaluation (PHE) are to: 1) evaluate the relational or non-relational linkages between ART treatment success and affiliated supportive services in 4-6 ART provision areas in Zambia so as to inform models for sustainable service provision; and 2) utilize emerging evaluation approaches, in this case systems theory based, to model the availability, volume and value of supportive services in relation to clinic-based services, so as to inform program planners, clinicians, community workers, and policy makers on essential components of successful long-term treatment models including task reallocation. At present, a system dynamics model which would simulate the role of supportive services during a "surge" event such as an overburdened clinic will be developed and tested using prototypical and real data from key sites.

Progress of the study to date includes the following: 1) administration of a comprehensive qualitative stakeholder assessment that determined: the primary evaluation questions of interest in relation to ART and supportive services; the pros and cons of current monitoring and evaluation approaches; the primary obstacles or areas of concern related to using emerging evaluation approaches; 2) individual meetings with national and USG technical experts were convened to: finalize evaluation questions and options; and develop an evaluation scope and desired deliverables; and 3) consultation services in the area of systems modeling were identified and training on modeling software and development of a model prototype will take place in December 2007. Based on the above activities, an evaluation protocol is currently in development.

Lessons learned include the following: The ART scale up in Zambia has examined largely clinical success of treatment programs in terms of the increased numbers of patients on treatment and treatment initiation. Evaluations to date have not tended to include related supportive services as factors of success or non-success. Stakeholder interviews indicate that it is important to begin to evaluate and document the relationship of these services with specific respect to site "surge" capacity and possible task-shifting approaches. It is also evident that the ability to look at the "whole picture" of HIV/AIDS care is limited by our current planning and evaluation approaches and new methods could be used to gain greater insights through a broad perspective on care and support.

Information dissemination plan includes the following: Findings from the study will be packaged and disseminated to in-country SI and programmatic technical working groups, with guidelines on utilization of quality indicators for improvement of program service delivery. Findings may also be disseminated more widely through appropriate international conferences and journals.

Planned FY 08 activities include the following:

Budget justification for FY 2008 monies: Budget requested within the HTXS/CDC overall budget is $100,000 for FY 2008. Costs will support travel to conduct field work, international travel for appropriate training, consultancy services for systems modeling, short-term hire of data analysts for input and analysis of data as required, support to stakeholder and dissemination meetings with MOH, NAC, and other partners. It is anticipated that some of the funds requested would be reprogrammed to an organization such as NASTAD in order to facilitate logistics and administration of required consultancies. A small lunch allowance will be provided to participants in interviews and focus groups. Support for appropriate dissemination is also included for print reproduction and presentation to technical working groups and appropriate international fora.

Budget for FY 2008:

Equipment (Software):$ 3,000
Supplies (Paper, forms):$ 5,000
Travel (local, international):$15,000
Participant Incentives (lunch, teas):$ 3,000
Other (Consulting services, Planning Meetings venue):$ 70,000
Other (Dissemination Meeting):$ 4,000

Total: $100,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3082.08	**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:**	HIV/AIDS Treatment/ARV Services

Budget Code: HTXS **Program Area Code:** 11

Activity ID: 17817.08 **Planned Funds:** $250,000

Activity System ID: 17817

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 is linked to Elizabeth Glaser Pediatric Foundation (GPAF) and Catholic Relief Services (CRS).

The Western Province of Zambia has an HIV sero-prevalence of 13.1% within the general population between 15-49 years of age (Demographic Health Survey 2002). The province consists of savannah woodlands in a sandy plateau and plains, traversed by the Zambezi River. Deep, sandy, terrain and flood plains make communication and food production extremely difficult. Most areas of the province can only be reached by 4x4 vehicles throughout the year and some areas only by canoes and speed boats in the rainy season, making the logistics of service delivery challenging and the cost much higher than most provinces in Zambia. The province has 11 hospitals and 134 rural health centers. The vastness of the province and low population density makes it difficult to make services easily accessible to the population, which is compounded by low staffing levels and insufficient infrastructure. Lukulu and Kalabo districts are especially limited in their efforts to scale-up HIV and tuberculosis (TB) related services due to staff shortages.

Based on the 13.1% prevalence and with a population of 871,030, the province had an estimated 114,389 HIV/AIDS cases in 2005. By the end of 2005, only 3,213 people living with HIV/AIDS were receiving antiretroviral therapy (ART). At present, the province has 10 antiretroviral therapy (ART) sites. All districts have at least one site where ART services are offered. To make ART services more accessible to the population as well as to improve the quality of the services by decongesting some of the present ART sites, there is need to increase the number of ART sites in some of the districts.

The Western Provincial Health Office (WPHO) in FY 2007 expanded and consolidated the ART services working closely with Center for Infectious Disease Research in Zambia, Catholic Relief Services, and other partners providing care in the province. The WPHO targeted the expansion in areas where the partners do not have a presence.

In order to expand and strengthen the availability of ART services in the province, in FY 2008, the WPHO will introduce six new ART sites in Shangombo, Senanga, Mongu, Lukulu, and Kaoma districts. This will entail training of health centers staff, using the government model of developing treatment teams in the health centers. The centers will be supervised by ART trained physicians from the provincial and district hospitals who will visit the center at least once a month. A referral system will be developed so that patients with complicated conditions or complications arising from ART, that cannot be dealt with by the local staff are referred to centers with higher ART expertise. A mobile ART clinic will be established to provide antiretroviral services at a difficult to access rural health centre in the Lukulu district that is inaccessible for six months due to flooding in the plains. The health center is situated on the western side of the Zambezi River and the mobile ART clinic is expected to serve a population of over 20,000. The staff in the health centre will be trained in counseling, testing, and care, including prevention of mother to child transmission, TB/HIV services, as well as ART. Emphasis in FY 2008 will be scaling-up pediatric access to ART to 10% and this will be achieved through strengthening referral systems between PMTCT and ART services and scaling-up early infant diagnosis of HIV.

A team from the hospital consisting of a physician, nurse, counselor, and a lab/pharmacist (alternating) will start visiting Mitete, which is an out post in the Lukulu District four times a quarter, monthly and for one month fortnightly. Only during the month of the fortnightly visit, will new patients start ART as they need to be reviewed after two weeks. During the floods they will use a boat provided by the District Health Office to visit the post. Extra staff will be recruited for Mitete to ensure there is adequate capacity at the health center to deal with the increased workload.

In order to improve the quality of service for ART and enhance adherence, the WPHO will train staff in ART/opportunistic infections management, adherence counseling, and ART data management. Staff will also be trained in the use of Tenofovir + FTC/3TC based ART regimen and assessment of creatinine at baseline and during follow-up as tenofovir may cause nephrotoxicity. In addition, community members will be trained in home based care. An additional 600 people will be commenced on ART in FY 2008 and 10% of these will be children.

The involvement of the WPHO in expansion of ART services to the hard-to-reach areas will contribute towards coordination, standardization, sustainability, and equitable access to ART in the Western Province of Zambia.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15617, 15517, 15521

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
15517	4549.08	7171	5250.08	Track 1 ARV	Elizabeth Glaser Pediatric AIDS Foundation	$15,764,509
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	11	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	600	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,200	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	75	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5249.08

Mechanism: Track 1 ARV

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17694.08

Planned Funds: $4,198,714

Activity System ID: 17694

Activity Narrative: The funding level for this activity in FY 2008 has changed in two ways since FY 2007: 1) Track 1.0 funding from ARV Drugs has been moved to this activity since all AIDSRelief sites are now ARV Drug accredited and can receive drug supplies through the government system; and 2) Reduction by 1/12th of overall AIDSRelief funding due to the request from CDC/GAP to move 1/12th funding to 'PEPFAR II Track 1.0 ART AIDSRelief' to ensure that funds are available for ART services during the one month lag between when Track 1 PEPFAR 1 funds are due to end and when funding will be available under the next congressional notification. This funding has been moved to 'PEPFAR II Track 1.0 ART AIDSRelief' mechanism to assure that persons receive services during the first month of PEPFAR II.

This activity relates to CRS SUCCESS Project. AIDSRelief has continued to contribute to the United States Government's HIV/AIDS strategy in Zambia by activating and supporting 16 local partner treatment facilities (LPTFs) and additional satellite facilities to provide antiretroviral therapy (ART), as well as HIV care and services in remote areas. As of July 2007, AIDSRelief had 13,880 patients actively on ART out of which 895 were children and 31,583 patients were receiving basic care and support.
AIDSRelief continues to support the Zambian government's HIV strategy and participates in multiple technical working groups and technical committees, including: the ART National Guidelines Working Group; National AIDS Council Resistance Surveillance Working Group; the Medical Council Site Accreditation and Provider Certification Group; the National Laboratory Instrumentation Working Group; the National Pediatric ART Regimen Choice Committee; the National Pediatric ART/OI Training Curriculum Development Group.

In keeping with its commitment to ensure that care and services continue to be delivered at a high standard, AIDSRelief has implemented a Quality Assurance/Quality Improvement (QA/QI) program at its LPTFs. This included conducting formal chart reviews at facilities that were activated in FY 2004 and performing viral load measurements on 10% of patients who had been on treatment for more than nine months. Analysis of the data showed a viral load suppression of 88 %. In addition, by using the pharmacy database, partners have been able to track would-be defaulters easily and implement early interventions such as home visits and counseling. By keeping track of the attrition rates, AIDSRelief and their partners have been able to implement timely interventions at LPTFs, such as community mobilization and revision of adherence strategies. AIDSRelief also participates in the JHPIEGO-led ART Quality Improvement Program (AQIP).

Since the initiation of ART services at all our LPTFs we have installed, trained, and assisted with maintenance of dry chemistry analyzers for Creatinine and ALT determination. Since abnormal renal function requires dose adjustment with many ARV drugs, we have invested in this capacity since year one. All AIDSRelief sites have been performing Creatinine values routinely and will continue with this monitoring. Building on FY 2007, AIDSRelief will provide AIDS treatment services primarily through faith-based facilities that typically treat the most marginalized populations and provide services in rural areas. The cost of providing care in these areas is usually high due to poor road infrastructure that makes it difficult and costly to transport supplies.
Although not directly funded in Zambia for PMTCT, training and integration of PMTCT programs into our Family-centered care health strategies and emphasis on building linkages between all infant and child services have occurred and will continue. Special link has been made with CHAZ to provide PMTCT services at AIDS Relief supported sites. The incorporation of Dry Blood Sample (DBS) testing for infant diagnosis has availed an opportunity to truly develop tracking systems that can monitor the impact of PMTCT programs on transmission. Our PMTCT approach has facilitated increased enrollment of all ART eligible pregnant women on full ART courses to be on full ART courses so as to maximize the benefit of PMTCT while minimizing the impact of ARV drug resistance to the mother and infant.

During FY 2008, AIDSRelief will scale up in the existing sites providing ART to 21,000 patients in 16 faith-based and non-faith based hospitals and clinics, this will include the maintenance of 15,000 patients from FY 2007 and the expand 6,000 ART patients as an additional number. By the end of FY 2008, AIDSRelief Zambia will have provided HIV care to a total of 48,000 individuals. CRS will use private funds and foundation resources for infrastructure improvement to accommodate the expanded number of patients in three (3) health facilities.

Pediatric populations and issues will continue to be addressed through focused trainings on early identification of children at risk for HIV at the rural health MCHC sites, PMTCT programs, OPD clinics, and in-patient pediatric wards. Trainings for medical officers, clinical officers, and nurses will be regularly conducted that are designed to increase care management skills of non-pediatric health care providers. These trainings will be focused on those LPTFs with reported low pediatric enrollments or had requested for assistance. It is hoped that, with these funds AIDSRelief will reach 2100 pediatric patients expected by the end of the fiscal year.

In FY08, AIDS Relief will continue to focus on Quality assurance at several different levels. Since durable viral suppression and adherence to therapy are the cornerstones of successful treatment of HIV with ART, AIDSRelief Zambia will continue to invest in extensive chart review, by conducting adherence surveys as well as doing viral load sampling on a randomized sample of patients on ART at each site. The data is then analyzed site by site and comparisons are made with the data from other AIDSRelief countries. Sites are then assisted with potential areas for support and improvement. Concurrently, at the LPTF a Quality Assurance/Quality Improvement program is developed with local ownership to assist with the identification of site specific strengths and weakness in the multiple departments that impact care and treatment. In conjunction with the MOH, CDC, and other implementing partners AIDSRelief Zambia a 'best practice' model of QA/QI programs is being developed for implementation at the national level. Currently AIDSRelief Zambia is also implementing a wide scale laboratory quality control program to address sustainable quality control in the rural laboratory setting
AIDSRelief will continue with CHAZ activities related to joint involvement at site level for sustainability purposes. AIDS Relief and CHAZ will continue to implement elements of the sustainability work plan which include transferring technical, managerial and financial skills to CHAZ and secondment of technical staff for clinical and M&E direct support. In line with the sustainability plan, AIDSRelief in collaboration with the Ministry of Health (MOH) and the University Teaching Hospital (UTH) plans to use the funds to develop a residency fellowship program to prepare Zambian doctors to become HIV specialists.

Adherence to treatment will be ensured through linkages with home-based/palliative care programs established by CRS and other partners. These linkages are critical to monitoring the treatment adherence and preventing possible complications as a result of non-adherence. The treatment support specialist at the

Activity Narrative: clinical level will be working with community health workers and volunteers from the existing palliative care programs to ensure the proper treatment monitoring as well as the ART education of patients and their buddies. Creating satellite point of service will help further expand the reach to patients in remote and rural areas of Zambia. ART services will continue to be enhanced by twinning sites from different geographical areas. This will ensure sharing experiences and lessons learned and will enable further capacity building of LPTFS. Training centers will continue to serve as resource centers for building the capacity of medical staff from other LPTFS as well as other ART providers in country offering more sophisticated services to patients on treatment.

Traditionally HIV prevention efforts have focused on HIV-negative individuals. "Positive Prevention" aims to protect the health of HIV-infected individuals and prevent the spread of HIV to sex partners. The rapid scale -up of care and treatment has created an important opportunity to reach many HIV-infected individuals and clinic-based prevention interventions aimed at people infected with HIV will be included together with counseling on ARV adherence and alcohol use.

In FY 2008, the data migration from CAREWare to government SmartCare system would by then complete and all AIDSRelief supported sites will use SmartCare.

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.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14376

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14376	3734.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,370,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	16	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	6,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	25,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	21,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	288	False

Target Populations

General population

Children (under 5)

- Boys

Children (under 5)

- Girls

Children (5-9)

- Boys

Children (5-9)

- Girls

Ages 10-14

- Boys

Ages 10-14

- Girls

Ages 15-24

- Men

Ages 15-24

- Women

Adults (25 and over)

- Men

Adults (25 and over)

- Women

Coverage Areas
Copperbelt
Eastern
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2929.08

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

Prime Partner: Tulane University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17695.08

Planned Funds: $150,000

Activity System ID: 17695

Activity Narrative: The following activity is newly proposed ¬for FY 2008 with Plus-up funds.

Early infant diagnosis service has lagged in ART services provision due to lack of capacity leading to high early mortality of children born with HIV infection. Using Plus-Up funds ($1M total for scaling-up infant HIV diagnosis nationwide in Zambia), Boston University (BU) will collaborate with Southern PHO and the National Infant Diagnosis Reference Lab at University Teaching Hospital to make infant HIV diagnosis using dried blood spots available throughout rural and urban areas of Southern Province. The activity will link in closely with prevention to mother to child transmission of HIV services and infant follow-up at all health centers supported by BU in the province. Earlier HIV diagnosis will lead to earlier referral and start of antiretroviral therapy at a much younger age, leading to improved long-term outcomes. This activity will also contribute to scaling of pediatric ART services in Southern Province where the number of children accessing ART services has been low.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15568, 15553

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15568	3571.08	7186	2929.08	UTAP - Boston University-ZEBS - U62/CCU622410	Tulane University	$2,450,000
15553	9760.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$250,000

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Coverage Areas

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2998.08	**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:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	17699.08	**Planned Funds:**	$350,000
Activity System ID:	17699		

Activity Narrative: Title of Study: Causes of Early Mortality in Adults Starting ART

Time and Money Summary: Study Year 2; Started in FY07 and expected to be completed in FY09; $350 000 is expected from FY07 disbursement and $350 000 is needed for FY08

Local Co-investigator: Dr Jeffrey Stringer of Centers for Infectious Diseases Research in Zambia (CIDRZ) and University of Alabama at Birmingham (UAB) is the Principal Investigator and Dr Isaac Zulu of Centers for Disease Control and Prevention Zambia (CDC) is the local Co-Investigator.

Project description: In recent years access to antiretroviral therapy (ART) has expanded globally through effective international initiatives in partnership with local health authorities. Dramatically favorable clinical outcomes in many nations including Zambia, have been reported in large numbers of HIV-infected patients initiating ART. Responses to ART and survival rates after one year in ART programs in developing countries appear to be comparable to those in developed countries. However, mortality during the early periods (defined as the first 90 days of initiating ART) has been noted to be significantly higher in developing compared to the developed world.

At our PEPFAR funded site in Lusaka, Zambia, we have observed that anemia (defined as Hgb <8 mg/dl), lower BMI (BMI <16 kg/m2), and advanced disease (defined by either WHO stage >III or CD4 count < 50 cells/mm3) are factors associated with increased early mortality. Similar observations have been made in other cohorts from low-income nations. It is unclear, however, if these factors alone are the most important and common causes of early mortality of HIV-infected individuals initiating ART in this setting. Elucidating the common primary causes of early mortality is an essential first step in developing interventional studies. The specific aims of this PHE are; 1.To characterize the types and nature of opportunistic infections and other co-morbidities among ART recipients at high risk for early mortality and to determine their incidence and timing of occurrence in the cohort; 2.To identify the causes of the 90-day mortality observed among HIV -infected adults initiating ART who are at high risk for early deaths; and 3. To evaluate changes in early mortality rates through more aggressive medical assessments among those presenting for ART at high risk for early death using historical rates of early mortality of high-risk patients in Lusaka.

To elucidate the role infections play in early deaths, we will recruit 300 ART-naïve Zambian adults with HIV/AIDS who are starting ART and are at high risk for early mortality (advanced disease, severe anemia or low BMI) to the outpatient clinic at University Teaching Hospital (UTH)'s Center for Infectious Diseases. The study participants will undergo extensive baseline testing, well in excess of what is provided through current Zambian National Guidelines for HIV/AIDS Care and Support. We will follow them prospectively for 1 year with scheduled follow-up visits at weeks 2, 4, 8, 12, 24, 36, and 48. However, when the study participants present with symptoms or signs suggestive of clinical decline, either at scheduled visits or detected during home visits by study staff, we will perform intensive physical and laboratory diagnostic tests of illnesses by admitting them to UTH. At UTH, the thorough diagnostic testing will include assessment of routine blood parameters, microbiological assays, radiological investigations and other more invasive procedures as indicated based on presentation. Patients will be initiated on medical treatments at UTH guided by the results of the diagnostic testing and then referred back to the study clinic until completion of first year of ART or death. For participants who die, we will approach family members to seek permission to perform autopsies to determine cause of death. When permission for autopsies is not obtained, causes will be attributed by either medical chart data or verbal autopsies for those occurring outside of heath care facilities. With this knowledge, clinical algorithms aimed at reducing the disproportionately high early mortality currently observed in HIV-infected persons on ART in developing countries could be developed.

Status of study/Progress to Date: The study protocol has been submitted to the University of Zambia Research Ethics Committee and will also soon be submitted to the UAB and CDC Institutional Review Boards (IRB) and we expect the review process to be completed by October 2007. Recruiting of study staff and development of recruitment and referral process between UTH and Lusaka Urban Clinics is underway. We expect to start recruiting study patients by February 2008.

Lessons Learned: We have learned useful lessons in study protocol development, budget preparation and submitting the protocols to the IRBs. We are also learning useful lessons and developing expertise in establishing study recruitment and referral systems between UTH and the primary care centers in Lusaka Urban District.

Information Dissemination Plan: The study results will be widely disseminated through in Country dissemination meetings, abstract presentation at local and international conferences and publication in peer reviewed journals.

Planned FY08 activities: In FY08 we plan to accelerate patient recruitment and follow up towards the target of 300.

Budget Justification for FY08 monies (please use US dollars):

Salaries/fringe benefits: $ 123 089
Equipment: $53 000
Supplies: $ 13114
Travel: $10 714
Participant Incentives: $12 594
Laboratory testing: $113 000
Other: $ 23829
Total: $ 349340

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15517, 15521

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15517	4549.08	7171	5250.08	Track 1 ARV	Elizabeth Glaser Pediatric AIDS Foundation	$15,764,509
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7921.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 20729.08

Planned Funds: $370,000

Activity System ID: 20729

Activity Narrative: 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 stood at around 4 million. The school now serves a population of about 12 million. After 40 years of post independence existence it has produced over 1600 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 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 the introduction of post graduate programs in 1983 and more recently, the undergraduate programs in Pharmacy, Physiotherapy, Biomedical Sciences and Environmental Health, which meant a treble in the number of students. The programs aforementioned have not had additional teaching facilities developed in 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 per year but without corresponding expansion of infrastructure and equipment. No new infrastructure was developed for over 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 as well. The laboratories meant to cater for 40 students are usually crammed up to unacceptable levels. In the ideal situation new laboratories need to be built along with the rehabilitation of the old ones.

FY 2008 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. 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. This does not just make training realistic but has capacity to save lives in the long term. Such health professionals trained under such a favorable environment are likely to progress to be strong public health professionals who will be equipped to respond to the prevention challenges caused by many public health challenges, particularly those brought about HIV/AIDS/TB/STI epidemics.

Another activity to be supported in FY 2008 is 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. 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 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 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 therapy.

Given this background, this program area will focus to expand the tasks nurses are engaged in so that their role is extended to meet the challenges of scaling up the ART services. This training will take place in three phases.

The FY 2008 phase 1 goal is to implement the certificate course curriculum as a face-to-face (FTF) training program with a pilot group of 20 nurses from four provinces in Zambia.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3021.08

Mechanism: NASTAD - U62/CCU324596

Prime Partner: National Association of State and Territorial AIDS Directors

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 20730.08

Planned Funds: $30,000

Activity System ID: 20730

Activity Narrative: Building upon the FY 2007 activity #19278, NASTAD will provide support to USG and CDC-Zambia's portfolio of PHE, policy analysis and quality improvement activities by providing logistical support to international and local consultants. NASTAD will work with CDC-Zambia to identify and procure services of short-term consultants with specialized skills that are often outside of the normal technical assistance available through large partners. One example will be the retention of a systems modeling consultant to support CDC-Zambia's PHE on antiretroviral therapy and supportive services. Funds will be used for a consultant to develop a prototype service delivery evaluation model by the end of 2007. Other examples may include experts in quality improvement and policy analysis to complement activities in support of the National HIV/AIDS/STI/TB Council and the Ministry of Health.
In FY 2008, funds will continue to cover costs related to consulting services for model finalization and publication, travel for the consultant to Zambia and/or other destination (conference) for dissemination, and supports a local dissemination workshop to enable policy dialogue on care and treatment strategies and supportive services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5249.08

Mechanism: Track 1 ARV

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4548.08

Planned Funds: $156,799

Activity System ID: 15612

Activity Narrative: The funding level for this activity in FY 2008 has remained the same as in FY 2007.

This activity relates to: CRS SI, EGPAF SI, JHPIEGO SI, Ministry of Health (MOH), Technical Assistance – Centers for Disease Control and Prevention (CDC), and SmartCare COMFORCE.

Constella Futures leads the monitoring and evaluation (M&E) component for Catholic Relief Services (CRS) AIDSRelief Zambia. While reporting on indicators to donors and governments is an essential secondary objective, the primary aim of collecting strategic information (SI) is to assist clinicians and clinic managers 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 establishing the SmartCare electronic medical record (EMR) application as the national standard, all AIDSRelief supported sites will convert to SmartCare.

With the activity under SI and in line with AIDSRelief sustainability workplan, Constella Futures will embark on sustainability activities which will include targeted on site support to train individual LPTFs in data management. The targeted on site support will include Analyses in software applications such as Epi Info, SPSS, MS Excel and Access available at the sites; this will ensure that LPTFs are up dated in skills to carry out independent analysis for adaptive management and use data to external partners for purposes of demonstrating program benefits and sourcing of additional funds for the benefit of the LPTFs and clients. The LPTFs will also be trained in managing data for in house activities such as QA/QI, QLA and LTA. The targeted on site support will involve spending two to three weeks at each of the 20 LPTFs including and an additional 8 CHAZ supported sites for sustainability.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8829

Related Activity: 15595, 15618, 15522, 15532, 15538, 15515

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26318	4548.26318.09	HHS/Health Resources Services Administration	Catholic Relief Services	11000	5249.09	Track 1 ARV	$133,279
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15618	3711.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$960,000
15522	3709.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$6,390,000
15532	3710.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$450,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15515	9692.08	7169	3011.08	Comforce	Comforce	$300,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern

North-Western

Western

Copperbelt

Lusaka

Northern

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	3007.08	**Mechanism:**	AIDSRelief- Catholic Relief Services
Prime Partner:	Catholic Relief Services	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3698.08

Planned Funds: $7,900,000

Activity System ID: 15617

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Funding from ARV Drugs has been moved to this activity since all AIDSRelief sites are now ARV Drug accredited and can receive supplies from the government system.

This activity relates to CRS SUCCESS Project. Funding supports scaled up activities from track 1.0. AIDSRelief has continued to contribute to the United States Government's HIV/AIDS strategy in Zambia by activating and supporting 16 local partner treatment facilities (LPTFs) and additional satellite facilities to provide antiretroviral therapy (ART), as well as HIV care and services in remote areas. As of July 2007, AIDSRelief had 13,880 patients actively on ART out of which 895 were children and 31,583 patients were receiving basic care and support.
AIDSRelief continues to support the Zambian government's HIV strategy and participates in multiple technical working groups and technical committees, including: the ART National Guidelines Working Group; National AIDS Council Resistance Surveillance Working Group; the Medical Council Site Accreditation and Provider Certification Group; the National Laboratory Instrumentation Working Group; the National Pediatric ART Regimen Choice Committee; the National Pediatric ART/OI Training Curriculum Development Group.

In keeping with its commitment to ensure that care and services continue to be delivered at a high standard, AIDSRelief has implemented a Quality Assurance/Quality Improvement (QA/QI) program at its LPTFs. AIDSRelief also participates in the JHPIEGO-led ART Quality Improvement Program (AQIP). This included conducting formal chart reviews at facilities that were activated in FY 2004 and performing viral load measurements on 10% of patients who had been on treatment for more than nine months. Analysis of the data showed a viral load suppression of 88 %. In addition, by using the pharmacy database, partners have been able to track would-be defaulters easily and implement early interventions such as home visits and counseling. By keeping track of the attrition rates, AIDSRelief and their partners have been able to implement timely interventions at LPTFs, such as community mobilization and revision of adherence strategies.

Since the initiation of ART services at all our LPTFs we have installed, trained, and assisted with maintenance of dry chemistry analyzers for Creatinine and ALT determination. Since abnormal renal function requires dose adjustment with many ARV drugs, we have invested in this capacity since year one. All AIDSRelief sites have been performing Creatinine values routinely and will continue with this monitoring. Building on FY 2007, AIDSRelief will provide AIDS treatment services primarily through faith-based facilities that typically treat the most marginalized populations and provide services in rural areas. The cost of providing care in these areas is usually high due to poor road infrastructure that makes it difficult and costly to transport supplies.
Although not directly funded in Zambia for PMTCT, training and integration of PMTCT programs into our Family-centered care health strategies and emphasis on building linkages between all infant and child services have occurred and will continue. Special link has been made with CHAZ to provide PMTCT services at AIDS Relief supported sites. The incorporation of Dry Blood Spot (DBS) testing for infant diagnosis has availed an opportunity to truly develop tracking systems that can monitor the impact of PMTCT programs on transmission. Our PMTCT approach has facilitated increased enrollment of all ART eligible pregnant women on full ART courses to be on full ART courses so as to maximize the benefit of PMTCT while minimizing the impact of ARV drug resistance to the mother and infant.

During FY 2008, AIDSRelief will scale up in the existing sites providing ART to 21,000 patients in 16 faith-based and non-faith based hospitals and clinics, this will include the maintenance of 15,000 patients from FY 2007 and the expand 6,000 ART patients as an additional number. By the end of FY 2008, AIDSRelief Zambia will have provided HIV care to a total of 48,000 individuals. CRS will use private funds and foundation resources for infrastructure improvement to accommodate the expanded number of patients in three (3) health facilities.

Pediatric populations and issues will continue to be addressed through focused trainings on early identification of children at risk for HIV at the rural health MCHC sites, PMTCT programs, OPD clinics, and in-patient pediatric wards. Trainings for medical officers, clinical officers, and nurses will be regularly conducted that are designed to increase care management skills of non-pediatric health care providers. These trainings will be focused on those LPTFs with reported low pediatric enrollments or had requested for assistance. It is hoped that, with these funds AIDSRelief will reach 2100 pediatric patients expected by the end of the fiscal year.

In FY08, AIDS Relief will continue to focus on Quality assurance at several different levels. Since durable viral suppression and adherence to therapy are the cornerstones of successful treatment of HIV with ART, AIDSRelief Zambia will continue to invest in extensive chart review, by conducting adherence surveys as well as doing viral load sampling on a randomized sample of patients on ART at each site. The data is then analyzed site by site and comparisons are made with the data from other AIDSRelief countries. Sites are then assisted with potential areas for support and improvement. Concurrently, at the LPTF a Quality Assurance/Quality Improvement program is developed with local ownership to assist with the identification of site specific strengths and weakness in the multiple departments that impact care and treatment. In conjunction with the MOH, CDC, and other implementing partners AIDSRelief Zambia a 'best practice' model of QA/QI programs is being developed for implementation at the national level. Currently AIDSRelief Zambia is also implementing a wide scale laboratory quality control program to address sustainable quality control in the rural laboratory setting
AIDSRelief will continue with CHAZ activities related to joint involvement at site level for sustainability purposes. AIDS Relief and CHAZ will continue to implement elements of the sustainability work plan which include transferring technical, managerial and financial skills to CHAZ and secondment of technical staff for clinical and M&E direct support. In line with the sustainability plan, AIDSRelief in collaboration with the Ministry of Health (MOH) and the University Teaching Hospital (UTH) plans to use the funds to develop a residency fellowship program to prepare Zambian doctors to become HIV specialists.

Adherence to treatment will be ensured through linkages with home-based/palliative care programs established by CRS and other partners. These linkages are critical to monitoring the treatment adherence and preventing possible complications as a result of non-adherence. The treatment support specialist at the clinical level will be working with community health workers and volunteers from the existing palliative care programs to ensure the proper treatment monitoring as well as the ART education of patients and their buddies. Creating satellite point of service will help further expand the reach to patients in remote and rural

Activity Narrative: areas of Zambia. ART services will continue to be enhanced by twinning sites from different geographical areas. This will ensure sharing experiences and lessons learned and will enable further capacity building of LPTFS. Training centers will continue to serve as resource centers for building the capacity of medical staff from other LPTFS as well as other ART providers in country offering more sophisticated services to patients on treatment. In FY 2007, AIDSRelief had four ART sites accredited by the Medical Council of Zambia and will therefore receive ARV drugs from the Ministry of Health supply. Therefore $ 1,615,895 meant for ARV drugs has been moved to scale up ART services in the 16 sites AIDSRelief is supporting.

Traditionally HIV prevention efforts have focused on HIV-negative individuals. "Positive Prevention" aims to protect the health of HIV-infected individuals and prevent the spread of HIV to sex partners. The rapid scale -up of care and treatment has created an important opportunity to reach many HIV-infected individuals and clinic-based prevention interventions aimed at people infected with HIV will be included together with counseling on ARV adherence and alcohol use.

In FY 2008, the data migration from CAREWare to government SmartCare system would by then complete and all AIDSRelief supported sites will use SmartCare.

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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8827

Related Activity: 14376

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26325	3698.26325.09	HHS/Health Resources Services Administration	Catholic Relief Services	11001	3007.09	AIDSRelief-Catholic Relief Services	$6,760,263
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14376	3734.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,370,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	16	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	6,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	25,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	21,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	288	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Eastern

North-Western

Western

Copperbelt

Lusaka

Northern

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3043.08

Mechanism: Twinning Center

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS **Program Area Code:** 11

Activity ID: 3795.08 **Planned Funds:** $180,000

Activity System ID: 15609

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 UTH, SPHO, and Columbia University.

In cooperation with the Health Resources Services Administration, 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 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 31 August, 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 developed 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 2007, the partnership focused on achieving partnership goals and objectives by completing the year one work plan 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 will continue to assist this partnership through pharmacy trainings. Through this volunteer -driven partnership, 25 pharmacists will receive direct on-site technical assistance in organizing and managing a pharmacy in addition to acquiring necessary skills to address patient level management, adherence, adverse affects, and medication management trainings. Upon successful training of these pharmacists, AIHA anticipates an indirect beneficiary pool of an additional 100 pharmacists.

In FY 2008, the partnership will focus on UTH and Livingstone pharmacists training additional pharmacists through the use of satellite services to replicate what has been implemented at UTH and Livingstone. The cascade of trainings will integrate input to local organizations that already have successful pharmacy systems in place to ensure trainings follow national guidelines. The activity will include a monitoring and evaluation component to ensure the lessons learnt and the impact of trainings on pharmacy trainings is documented. Trained pharmacists will train additional pharmacists at mission hospitals, and hospices targeting primary healthcare with adult patients as well as children. Through this mechanism, 100 additional pharmacists will be trained on service delivery.

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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8811

Related Activity: 15513, 15553, 15585

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8811	3795.07	HHS/Health Resources Services Administration	American International Health Alliance	4945	3043.07	Twinning Center	$180,000
3795	3795.06	HHS/Health Resources Services Administration	American International Health Alliance	3043	3043.06	Twinning Center	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15513	3691.08	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	Columbia University Mailman School of Public Health	$1,800,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15553	9760.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$250,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	25	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 576.08

Mechanism: University Teaching Hospital

Prime Partner: University Teaching Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9756.08

Planned Funds: $40,000

Activity System ID: 15584

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 is linked to UTH CT, EGPAF HTXS, JHPIEGO HTXS, Columbia HTXS, UTH DCT, UTH ZVCT, UTH Hepatitis B and C.

Title of study: Evaluation for renal insufficiency in patients commencing Highly Active Antiretroviral therapy at the University Teaching Hospital in, Lusaka, Zambia.

Time and money: The funding requested is for year 2 of the evaluation. We are expecting $40 000 for year 1 and another $40,000 is being requested for year 2 in which we expect to complete the evaluation.
Local Investigator: Dr Shabir Lakhi of the University Teaching Hospital is the Principal Investigator on this study and has overall responsibility for implementation and management for the study.
Project Description: The objectives of this activity are 1) to describe the prevalence of renal pathologies in patients on highly active antiretroviral therapy (HAART); 2) to examine the relationship between abnormal urinalysis and renal dysfunction; and 3) to determine possible predictors for abnormal renal function in HIV positive patients on ARVs. Four thousand participants will be screened with a first-morning macroscopic urinalysis for the detection of proteinuria. The effectiveness of albustix as a simple low cost tool for detecting early renal dysfunction in Zambian HIV positive adults will be evaluated. Equal number of patients with evidence of renal dysfunction (glomerular filtration rate (GFR)<60ml/min) and normal renal function will be compared. Further quarterly follow-up of patients with normal GFR but abnormal urinalysis (albustix) will be followed to determine if they develop overt renal dysfunction. In FY 2008, the renal unit will continue follow-up of the cohort patients. According to literature, up to 20% may go on end stage renal disease. Patients with some element of renal dysfunction (i.e. proteinuria and/or reduced GFR) will be followed up to determine factors affecting rate of progression to end stage renal failure. In addition we would also like to carry out histological studies of HIV positive patients with proteinuria to better determine the actual prevalence of the type of glomerularnephritis in HIV positive clients.
These results if positive could then be recommended to the national ARV program in baseline evaluation and management of patients who have renal insufficiency detected by proteinuria at baseline with HAART. Detecting proteinuria could be a cheaper way to establish a diagnosis and predict the outcome of most renal diseases. Urinalysis specifically albustix could prove to be an important simple test for detecting early renal dysfunction in patients with HIV-infection on Highly Active Antiretroviral Therapy (HAART) especially in rural areas with limited laboratory capacity. Microalbuminuria could also be useful as an early sero-marker of systemic infection
Lessons Learned: We haven't commenced the evaluation yet but we already have learnt valuable lessons in protocol development, planning, and establishing the clinical set up and staff to be involved in the evaluation.
Information Dissemination Plan: The results will be shared with the Ministry of Health, National AIDS Council and other implementers of the HIV treatment program in Zambia through a results dissemination meeting that will be conducted after the final analysis of results. The results will also be shared at both local and international conferences and will be submitted for publication in peer reviewed journals.
Budget Justification for FY08 monies :

Salaries/fringe benefits: U$14,000
Equipment: U$00.
Supplies: U$18,000
Travel: U$ 3,000 for one person to an international renal/HIV conference
Participant Incentives: U$ 1,500 Laboratory testing:
U$ 3,000 for possible biopsies + shipment
Other: U$ 500
Total: U$ 40,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9756

Related Activity: 15578, 15513, 15517, 15529, 15521, 15585

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27321	9756.27321.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15578	3658.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15517	4549.08	7171	5250.08	Track 1 ARV	Elizabeth Glaser Pediatric AIDS Foundation	$15,764,509
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000
15529	9745.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$400,000
15513	3691.08	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	Columbia University Mailman School of Public Health	$1,800,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	576.08	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	9765.08	**Planned Funds:**	$1,600,000
Activity System ID:	15585		

Activity Narrative: All children admitted to the pediatric department of University Teaching Hospital (UTH) in Lusaka, Zambia are routinely offered HIV testing and counseling. Lusaka has good (believed to be at least 75%) PMTCT (prevention of mother-to-child HIV transmission) program coverage and with opt-out testing, >90% acceptance is now the norm in Zambia. However, a high percentage of children admitted to UTH with HIV/AIDS related illnesses, are apparently not covered by the PMTCT program. A cross-sectional survey of hospitalized children will be performed in order to investigate potential factors which may explain the high number of previously unrecognized HIV-exposed and infected children admitted to UTH despite a well-functioning PMTCT program with good coverage in Lusaka. We will administer a questionnaire to a sample of all consenting caregivers of children aged = 24 months who are admitted to UTH, regardless of the child's HIV status/exposure. This will be done over a 6 month period to cover differing admission rates. The evaluation is expected to include 1300-2400 children, including 400-700 HIV-exposed and/or infected infants and 900-1700 HIV-negative infants. It is intended that this will answer the following:
• What percentage of mothers of admitted children received PMTCT HIV testing and counseling and, if HIV-infected, PMTCT interventions?
• What were the reasons and risk factors for mothers not receiving PMTCT HIV testing and counseling?
The evaluation intends to identify missed opportunities for HIV prevention in infants and children in the Lusaka district and thus answer the question "why are so many mothers of children, admitted to UTH with HIV/AIDS related illnesses, not registered within the PMTCT program?" This information will help Lusaka and Zambia as a whole to improve the followup of mothers and babies. It is critical that we quickly find out why we miss these infants and put in place programmatic activities to reduce the missed opportunities. This evaluation has IRB clearance from both CDC Atlanta and Zambia.
This program was first funded in fiscal year (FY) 2005 through Columbia University, to support the development and operation of a Pediatric and Family Center of Excellence (COE) for HIV/AIDS care at the Department of Pediatrics at UTH in Lusaka. Since FY 2006 the Department of Pediatrics has received direct funding to allow for program implementation and build local capacity and has continued to work in close collaboration with Columbia University, which provides technical support. The primary goals of the center are to: 1) increase the number of children engaged in care and receiving antiretroviral therapy (ART); 2) develop a regional training center for multidisciplinary teams (MDT) in pediatric HIV/AIDS care and treatment and 3) be the prime referral site for children with advanced and complicated HIV/AIDS disease. The COE will provide state-of-the-art care and demonstrate best practices for infected and exposed children, which will be disseminated through off-and on-site training activities. In addition to providing on-site training to teams of providers, the COE will also support mobile training teams to train, supervise and support MDT initiating pediatric HIV care in neighboring provinces and districts. The program began implementation of activities at the UTH Department of Pediatrics in September 2005 and in Livingstone General Hospital in October 2006. Some of the system achievements to date 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 2006/2007, 423 PCOE health personnel were was trained in pediatric technical areas such as sexual abuse, palliative care, child development, adherence, TB/HIV, and ART in pregnancy.
•Establishment and initiation of the infant diagnostic protocols and guidelines.

The PCOEs has continued to expand the inpatient pediatric HIV testing program. Between January 2006 and December 2006, 8,238 admitted children have been counseled, 6,299 tested (31% seropositive) and received their results. In UTH, the proportion of admitted children tested for HIV increased from 59% in January 2006 to 78% by December 2006 and 1,125 (50% positive) parents/guardians of children have also accepted counseling and testing services. During 2006, 856 children were initiated on ART. Cumulatively, 1,894 children have received ART since 2005 (a subset of the 2,542 children in care).

In FY 2008, this mechanism will continue to support the development and operation of the existing UTH PCOE, expansion of activities in Mazabuka and Monze, and integrate childhood malnutrition with HIV related services.

•The PCOE will continue to offer comprehensive pediatric care and treatment by ensuring that all exposed and infected children: 1) receive quality and continuous clinical care; 2) are properly monitored and assessed for treatment eligibility; and 3) are continuously assessed for immunologic response to treatment, toxicities and adverse events.
•The PCOE will begin to support the expansion of pediatric services to two new districts (Monze & Mazabuka) as well as "down" referral to district sites that filter into the COEs (4 new sites). This will include supporting the sites by initially supporting "satellite" clinic services by PCOE staff and in tandem building the capacity of the sites to independently provide comprehensive pediatric care and treatment services. The PCOE will do so by supporting staff augmentation, training, task-shifting, clinic reorganization, and minor renovations. Depending on the site needs, enhancing PMTCT services to deliver care and treatment to pregnant women can be a focus for technical support.
•The burden and mortality of severely malnourished children in HIV infected children is very high (up to 40%). With additional plus-up funds, PCOE will work in two of Lusaka's neighboring compounds, Misisi and Chawama, to identify children less than 5 years with early malnutrition. An innovative comprehensive, community screening program will be established with greater community participation and will include early identification of HIV positive children. Community involvement will ensure local ownership and sustainability of the program. A rehabilitation centre will be set up in Misisi where there is an existing adult nutrition program. This activity will link with the mobile multi disciplinary pediatric clinic that will offer HIV care and treatment services to all HIV positive children within the communities. Through this additional activity, it is estimated that 5,000, will be screened for HIV and malnutrition and 300 will access care, treatment and nutritional rehabilitation
•Using Plus-Up funds ($1M total for scaling up infant HIV diagnosis nationwide in Zambia), UTH will collaborate closely with Clinton Foundation, CDC, and with all service cooperating partners (MOH, EGPAF, ZPCT, BU, CRS-AIDSRelief, and other partners) to scale up the availability of infant HIV diagnosis nationwide. CDC-Atlanta and the lab team at CDC-Zambia will continue to provide quality assurance for infant HIV diagnosis through provision of proficiency testing panels and regular technical supervision. UTH will provide direct collaboration and supervision also for the remaining two laboratories performing DNA PCR in Zambia. A subset of specimens will continue to be retested using a total nucleic acid (TNA) real-time PCR technique developed at CDC-Atlanta and validated on dried blood spot specimens from sub-Saharan Africa (J Virol Methods 2007). This activity will link in closely with PMTCT services and infant follow-up as well as with routine opt-out diagnostic HIV testing of all hospitalized infants at UTH, Livingstone

Activity Narrative: Hospital, and other facilities. UTH will also provide direct infant diagnosis services to rural mission hospitals through its collaboration with CRS-AIDSRelief and the Churches Health Association of Zambia. Earlier HIV diagnosis in Zambia will lead to earlier referral and start of ART at a much younger age, leading to improved long-term pediatric outcomes.
•The PCOE will continue to support and expand comprehensive community outreach and patient follow-up activities. This includes a patient follow-up and tracking program supported by teams of outreach workers and "expert" caregivers trained in locating and supporting families of clients who have discontinued care and treatment services. Additionally, the PCOE will support a community advisory board to solicit input from constituents to design and revise programs/services to ensure continuous quality services.
•The PCOE will continue to strengthen the pediatric patient tracking and monitoring system in the PCOE by implementing the Ministry of Health designed M&E tools and electronic data collection system on site. In addition to further enhancing local systems that track patients from inpatient testing through enrollment and follow-up in care and treatment.
•The UTH PCOE will continue to support and build National pediatric HIV/AIDS capacity by implementing a comprehensive training program that includes onsite on-the-job training whereby staff at sites targeted to initiate pediatric HIV/AIDS services visit UTH for rotation throughout the various PCOE clinical and supportive services.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9765

Related Activity: 15513, 15584, 15586

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26350	9765.26350.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	University Teaching Hospital	$650,000
9765	9765.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$750,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15513	3691.08	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	Columbia University Mailman School of Public Health	$1,800,000
15584	9756.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$40,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,300	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,800	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	255	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas
Lusaka
Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	576.08	**Mechanism:**	University Teaching Hospital
Prime Partner:	University Teaching Hospital	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	3693.08	**Planned Funds:**	$250,000
Activity System ID:	15586		

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 Columbia University, University Teaching Hospital Pediatric Center of Excellence (UTH PCOE) and Zambian Children New Life Center (ZANELIC).

Since FY 2005, the United States Government (USG) has provided support to the Department of Pediatrics at the University Teaching Hospital (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 child sexual abuse, the provision of post exposure prophylaxis with antiretroviral therapy, development of a monitoring system, and a follow-up program for reported cases. Other activities include strengthening links between the Department of Pediatrics and the Zambia Society for Child Abuse and Neglect, development of activities to increase community awareness of child sexual abuse, and the provision of psychosocial support to sexually abused children and their families.

In the second year of operation (April 2006 – March 2007) a total of 860 cases of child defilement were seen. 228 were commenced on PEP, with an improvement in completion of PEP course in the last year. All children testing positive for pregnancy are referred appropriately for antenatal care, which includes, PMTCT intervention and those that test HIV positive at first contact are referred to the pediatric ARV program.

CSA has received increasing media attention since September 2003 in Zambia, when a young 11 year old girl died in the UTH in Lusaka as a result of complications of multiple sexually transmitted diseases contracted after she was raped by her step-brother. Cases of child sexual abuse are on the rise, though many cases remain unrecognized or underreported. The perpetrators are often relatives of the victim, neighbors or close friends, and often only those that develop complications like physical trauma or STI's reach the health service. One case of child sexual abuse is reported every day in Zambia and it is estimated that for every reported case there are at least ten others not reported (press release Sept 2003). One in five sexual abuse cases involve young children. Increasingly girls less than 15 years of age are testing positive for HIV which contributes to the higher prevalence of HIV among women.

Factors that contribute to the practice of CSA in the population include: misconceptions that sex with virgins will cure AIDS, or that young girls are HIV negative; traditional sexual cleansing practice with young girls; poor law enforcement strategies; lack of awareness and knowledge in the communities about victims' rights and appropriate action to take.

Funding for FY 2006 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 are being requested to improve accessibility of PEP by establishing community based centers in Lusaka, Livingstone, and Ndola. These will be within the public health sector at the health centers. As a result of sensitization activities conducted in year 2007, it is anticipated that a larger number of children will seek the service. Experience has also shown that many children report late due to lack of transport, missing the chance for appropriate and early PEP therefore there is a need to take these services closer to the community in 2008. Emphasis will also be placed on adherence to PEP course for those that start treatment. 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 12330.

All the CSA sites are being established within the government health care setting. This will ensure long-term sustainability through staff training, systems development for quality assurance, monitoring, and referrals.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9043

Related Activity: 15513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26356	3693.26356.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15513	3691.08	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	Columbia University Mailman School of Public Health	$1,800,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	800	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	800	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	800	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	25	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Lusaka

Southern

Copperbelt

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3846.08

Planned Funds: $278,000

Activity System ID: 15593

Activity Narrative: Reprogramming 10.08: A reduction in the CDC/HTXS TA funds is being requested to support the Univerisity of Zambia (UNZA) School of Medicine (SOM) to strenghthen medical training facilities and programs toward long term improved treatment outcomes. UNZASOM is the only medical school in the country and therefore the best implementing partner for these activities.

The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.This activity links to all ART activities

Implementation of the surveillance for antiretroviral (ARV) drug resistance and procurement of equipment for the activity is in process and technical assistance for the development of surveillance for HIV-1 antiretroviral drug mutations has been provided by the United States Government (USG).

The USG, through the Centers for Disease Control and Prevention (CDC), plans to support technical assistance to the Government of the Republic of Zambia on: 1) surveillance of antiretroviral (ARV) drug resistance; 2) supervisory visits to project sites in four provinces to evaluate antiretroviral therapy (ART) service delivery and quality improvement; 3) a systems-theory-based analysis of essential services exercise; 4) collaboration with 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 will continue to provide 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. ARV drug resistance testing will also become part of HIV care among children who maintain high viral loads despite ongoing treatment at the USG-supported Center of Excellence for Pediatric and Family HIV Care at the University Teaching Hospital Department of Pediatrics. CDC provides technical support to the national ART program and its coordinator to include quality improvement, monitoring and evaluation, and health management information systems. FY 2008 funds will support 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.

CDC-Zambia staff are engaged with the WHO on ART quality and guideline development for pediatric and adult ART as well as medical information data standards. Occasional travel and local meetings are required on these tasks. In addition, funds within this activity will also used for staffing costs needed to monitor the scale-up of ARV services and infrastructure rehabilitation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9026

Related Activity: 15617, 15517

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26308	3846.26308.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$298,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
15517	4549.08	7171	5250.08	Track 1 ARV	Elizabeth Glaser Pediatric AIDS Foundation	$15,764,509

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	25	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2973.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9760.08

Planned Funds: $250,000

Activity System ID: 15553

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 is linked to EGPAF and CRS.

The Southern Provincial Health Office (SPHO) proposes to expand antiretroviral (ART) services in the province in FY 2008. Expansion and consolidation of services will occur by working closely with partners within the province such as the Center for Infectious Disease Research in Zambia (CIDRZ) and Catholic Relief Services (CRS). 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 antiretroviral (ARV) treatment services.

The prevalence of HIV in Southern Province was estimated at 16.2 % at the end of 2004. With the increasing burden of HIV-positive diagnosed individuals and the government's policy on the provision of free ART, the demand for ART services continues to increase.

In FY 2006, the SPHO ART subcommittee was strengthened and continued its gradual expansion to make ART accessible to the population, while at the same time maintaining quality standards and considering aspects of sustainability. The first priority was to complete phase two of the implementation program to provide ART services at the district hospital level. A second priority was to focus on a number of health centers in underserved areas, such as Sinazongwe Health Center in Sinazongwe District and Mukuni Health Center in Kazungula District.

In FY 2006, the target for Southern Province was set at a minimum of 25 ART centers and 11,856 patients on treatment, which was successfully achieved at the end of 2006. In FY 2007, the United States Government (USG) supported the SPHO to increase the number of ART sites form 26 to 40 by opening up 14 new sites in selected health centers, resulting in achieving the set target of 14,460 by December 2007. Since CIDRZ proposes to open additional sites in the province, the selection of sites will be done in close consultation with SPHO and District Health Offices (DHO) to avoid overlap, duplication, and to increase geographical coverage within the province. In FY 2007, 30 sites were assessed for accreditation with the Medical Council of Zambia. In FY 2008, the SPHO will increase the number of sites to 54 and assess these for accreditation. With the expansion of the sites, it is expected that 6,000 new patients eligible for ART will be enrolled by the end of FY 2008.

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 will direct part of the USG support towards infrastructure improvements for at least three ART sites in each of the 11 districts in the province.

The Ministry of Health still faces an enormous human resources crisis. The need for trained health workers to offer ART/Opportunistic Infections (OI) services is still a critical requirement for effective and quality ART services. In each of the 14 new sites, six health workers will be trained on ART / OI management totaling 84. Further training gaps will be identified from the existing facilities especially the hospitals in the five high HIV burden districts of Livingstone, Monze, Choma, Mazabuka, and Siavonga (10 hospitals) and at least three(3) health workers will be trained per hospital (total of 30). The provincial database of ART training needs for all districts (names and cadres) will continue to be revised and updated on a regular basis to include changes in staffing levels. In FY 2008, the Provincial ART Sub-committee will continue to coordinate the ART program in the province in collaboration with partners like CIDRZ. The PHO will support the DHO to conduct site assessment for the targeted 14 new ART sites, using the existing assessment tools.

Though having done very well in terms of reaching the targets for adult/adolescent enrollments onto ART, the province continues to lag behind in regards to pediatric ART enrollments. Except for Livingstone General Hospital and Monze Mission Hospital, which are on schedule for achieving their targets for pediatric ART enrollments, the rest of the province is at less than 30% of their set targets. In order to address the significant weakness in the pediatric ART component, the PHO will allocate resources for capacity building in Comprehensive Pediatric HIV Care and Treatment, increase linkages with PMTCT, and expand early infant diagnosis by polymerase chain reaction mainly in Itezhi-Tezhi, Namwala, Sinazongwe, Gwembe and Siavonga districts. Fifteen percent of the funding will be spent on expanding pediatric ART.

However, considering that HIV/AIDS management concepts are rapidly evolving, and that the clinical problems encountered with ART treated individuals continue to evolve with increasing duration on therapy, a lot more attention will be paid to the up-dating of knowledge and skills for these health workers. 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.

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 2008, 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. 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 DHOs. District health teams will be encouraged to form ART subcommittees for effective coordination.

The PHO will support the holding of quarterly review meetings at the 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 committees, trained birth attendants, treatment supporters, and community health workers in increasing

Activity Narrative: awareness on the availability and benefits of ART services. To strengthen this community component, 350 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 25,000 HIV patients with province-wide coverage being enrolled on ART by the end of 2008.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9760

Related Activity: 17694, 15617, 15517, 15521

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26258	9760.26258.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	10980	2973.09	SPHO - U62/CCU025149	$330,000
9760	9760.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	5015	2973.07	SPHO - U62/CCU025149	$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
17694	17694.08	7199	5249.08	Track 1 ARV	Catholic Relief Services	$4,198,714
15517	4549.08	7171	5250.08	Track 1 ARV	Elizabeth Glaser Pediatric AIDS Foundation	$15,764,509
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	54	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	6,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	26,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	25,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	464	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	2988.08	**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:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	9751.08	**Planned Funds:**	$200,000
Activity System ID:	15547		

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.

Related activities: This activity links to EGPAF, CRS, counseling and testing, Other prevention, laboratory services, SI, PMTCT, and TB/HIV.

The Eastern Province, with a population of 1.6 million people, has an HIV sero-prevalence of 13.2% among the general population between 15 – 49 years (DHS 2002). The province has eight districts and is primarily rural. Currently there are 11 sites offering antiretroviral therapy (ART) in the province, which are based primarily at the district and mission hospitals. The scale-up of ART services in the province has been acheived in close collaboration with the assistance of the Catholic Relief Services (CRS) and the Center for Infectious Disease Research in Zambia (CIDRZ). As of June 30, 2007 a total of 12,588 clients in the Eastern Province were receiving ART through the government program.

Due to the vast distances and poor road networks and transportation system in the province, the cost of providing care is high and access to ART is limited to mainly those with means of transportation. In order to increase access to ART for a larger portion of the population, the Eastern Provincial Health Office (EPHO) would like to expand the number of service delivery points in five of the districts by adding an additional two sites per district. The EPHO plans to expand ART services to the hard-to-reach areas of the province by developing 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 infrastructure in almost all corners of the province through which ART services will be provided, however rehabilitation of the existing infrastructure may be required in some areas of the province.

In FY 2007, the United States Government (USG), through Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC) provided direct support to EPHO for supportive supervision by provincial teams of ART service delivery in districts and to enable improved linkages with the national ART program. Activities included: monitoring visits, training, policy and guideline dissemination, participation in national quality improvement efforts, and integration and scale-up of the national ART information system. Fifty members of staff were trained in the national ART training modules including Pediatric ART and by the end of FY 2007 an estimated 2,000 additional people will be receiving ART.

In FY 2008, EPHO will work with the Churches Health Institute of Zambia (CHAZ), CIDRZ, and CRS to scale-up support in ART services in Eastern Province. This support will enable key technical staff from EPHO to plan and integrate services with partners to expand and link ART services in target and harder to reach districts throughout the province. In FY 2008, emphasis will be placed on strengthening current sites, including comprehensive pediatric ART services and mobile ART services.

Funding form the USG will be used to train an additional 50 health care workers in ART provision, including pediatric ART with an estimated 3,000 new clients accessing antiretroviral services in Eastern Province. Ten percent of those on ART will be children and early infant diagnosis of HIV by polymerase chain reaction will be strengthened. Other activities will include strengthening of partner linkages through technical support (recoding, reporting, monitoring and evaluation), strengthening of linkages between programs (PMTCT, CT, TB/HIV), and intensifying community involvement through training of adherence treatment supporters and having therapeutic meetings at community level.

Direct funding for ART service delivery and technical assistance will complement other support to the province in areas such as TB/HIV and counseling and testing which will ensure sustainability of ART services within the province.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9751

Related Activity: 15617, 15612, 14376, 15521

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26251	9751.26251.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	10979	2988.09	EPHO - 1 U2G PS000641	$285,000
9751	9751.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15612	4548.08	7199	5249.08	Track 1 ARV	Catholic Relief Services	$156,799
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14376	3734.08	6807	527.08	SUCCESS II	Catholic Relief Services	$1,370,000
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	10	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3019.08

Mechanism: MOH - U62/CCU023412

Prime Partner: Ministry of Health, Zambia

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9754.08

Planned Funds: $300,000

Activity System ID: 15537

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.

Activities related to this include monitoring visits, training, policy and guideline dissemination, participation in national quality improvement efforts, and integration and scale-up of the national ART information system, the SmartCare development and implementation, Elizabeth Glaser Pediatric AIDS Foundation support to Ministry of Health (MOH) drug resistance monitoring. In FY 2006, the Zambian MOH started implementing the policy of free antiretroviral therapy (ART) and related services provision and in 2007 expanded provision of free services to all eligible Zambians.

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 in FY 2007 and intends to consolidate this in FY 2008. Once FY 2007 funding is received, the new position of Quality Assurance Advisor for HIV/AIDS services within the MOH will be filled. Direct support to MOH in FY 2007 will enable key technical staff to plan and integrate services with partners and carry out the 2006-2008 HIV/AIDS Treatment, Care, and Support Plan. This plan embraces the ideal of universal access and sets targets for program performance and ensures sustainability of the ART services. Direct funding for ART service delivery and technical assistance will complement other support to the MOH such as in tuberculosis (TB)/HIV (activity #12445), PMTCT (activity #) and strategic information (activity #). A second critical activity in FY 2007 for the MOH is to launch a formal system of antiretroviral (ARV) drug resistance monitoring, in collaboration with CDC and other United States Government -supported partners. Plans are advanced to implement pilot HIV drug resistance monitoring in four sites in Zambia. A HIV Drug Resistance (HIVDR) Monitoring working group has been established and already developed a country working plan for HIVDR monitoring. With FY 2007 funding, the activities of the working group and implementation of the work plan will be scaled-up.

In FY 2008, the MOH plans to continue supporting and consolidating the position of Quality Assurance Advisor for HIV/AIDS Services for better supervision of expanding adult and pediatric ART services in the country. The MOH also plans to strengthen the activities of the HIVDR Monitoring Working group and to consolidate the coordination of drug resistance activities. From the results and experiences of the pilot HIV drug resistance program the MOH intends with FY 2008 funding to establish four additional monitoring sites across the country that will include a pediatric HIVDR monitoring site. Fifty thousand dollars will be spent on pediatric HIV drug resistance monitoring. Other critical activities in FY 2008 are building the 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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9754

Related Activity: 15521

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26244	9754.26244.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	10977	3019.09	MOH - U62/CCU023412	$150,000
9754	9754.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	5009	3019.07	MOH - U62/CCU023412	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Coverage Areas

Central

Copperbelt

Eastern

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9745.08

Planned Funds: $400,000

Activity System ID: 15529

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

Expanded Activities: In addition to the ongoing activities outlined below, increased funding for this activity will provide support to implement standardized quality improvement interventions to enhance quality of service delivery across United States Government (USG)-sponsored Anti-Retroviral Therapy (ART) programs. Of critical importance will be the integration of standardized quality assurance indicators in the SmartCare system, finalization of special quality studies, and training of facility-based program managers on utilization of quality indicator data to improve service delivery.

The national ART implementation evaluation published in April 2006 revealed numerous areas of need to improve the implementation of services in Zambia. For example, eighty-four percent (84%) of institutions visited, reported not having seen the national ART implementation plan with many sites having never received key policy documents and guidelines. One can proximally assume then that quality improvement and monitoring activities were few. Moreover, this evaluation did not include in-depth investigation of care quality as part of its mandate. It is clear that as ART continues to be rolled-out at a rapid pace in Zambia, quality must be assured to promote the sustainability of these services in 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 2008 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). 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.

1.Collective and Routine Monitoring of Quality
Cluster evaluation with participation across ART service providers in Zambia to include GRZ, major private sector companies, and CPs to include EGPAF/CIDRZ, ZPCT, AIDSRelief/CRS, University Teaching Hospital Pediatrics/Columbia University, John Snow Incorporated/DELIVER, and JHPIEGO. The cluster evaluation aims to convene GRZ and CPs to identify critical and common questions and a shared evaluation strategy related to care quality, cost, service delivery and coverage, and continuity of care from a sample of sites. The process will require regular meetings of project directors, M&E staff, and clinical experts to identify indicators, collect and share information, and inform policy and service delivery processes in Zambia. This process will also incorporate standard quality indicators in existence (for example HIV QUAL indicators) into the group process. From this process, a standardized set of core indicators for monitoring quality will be developed, and ultimately integrated into the Smart Care system to ensure standardized, comprehensive and sustainable data quality for care. In addition to tracking a common set of quality indicators, several special studies will be supported in areas identified by the group.

2.Data Use for Improved Care
SmartCare 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 aggregations 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.

3.Coordinated Quality Improvement Assistance
Based on findings from the cluster evaluation, key interventions for quality improvement will be elaborated and delivered to sites identified most in need of support. A central organization will map and help to coordinate technical support activities being delivered through GRZ and CPs. Additionally, the central organization will have capacity to actively provide quality assurance and facilitation services to improve individual and facility-level performance by providing on-the-job training (OJT) for quality improvement.

4.Creating International Networks for Learning
Distance learning will reinforce a response to findings from the cluster evaluation and the OJT, opportunities for distance learning in cooperation with MOH facilities will be organized with a specific set of course work and informal sharing focused on adult and pediatric ART. Lectures from within Zambia and abroad will be taped and used in these sessions. A central organization will be required to moderate and facilitate ongoing learning through session design and execution.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9745

Related Activity: 15593, 15537, 15584, 15585, 15586

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9745	9745.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15593	3846.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$278,000
15584	9756.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$40,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000
15537	9754.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	50	False

Indirect Targets

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9753.08

Planned Funds: $150,000

Activity System ID: 15530

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 is linked to Southern Provincial Health Office (SPHO). As other monies under this mechanism will be sent to the JHPIEGO Zambia country office, monies for this activity will remain at Johns Hopkins University.

The title of the study is "Factors influencing the care and treatment of HIV-1 infected children in rural Zambia". FY 2008 will be year 2 of the study, which is scheduled to began in FY 2007. To date, funds for FY 2007 have not yet been received by the study site. Additional monies needed for follow-up of the study cohort total $150,000, which is being requested for FY 2008. The local co-investigator is Dr. Janneke van Dijk at Medical/Malaria Institute at Macha (MIAM) in Macha, Zambia. The other co-investigator is Dr. William Moss at the Johns Hopkins Bloomberg School of Public Health in the United States.

The purposes of this Public Health Evaluation (PHE) are to: 1) Measure immunologic and virologic treatment responses and survival in a cohort of HIV-1 infected children and adolescents receiving ART at Macha Hospital in rural Zambia; 2) Identify risk factors for antiretroviral treatment failure and death in children and adolescents residing in rural Zambia and cared for at Macha Hospital, including antiretroviral drug resistance, obstacles to adherence, barriers to care and the health status of the child's primary caregiver; and 3) Measure the rate of disease progression in HIV-1-infected children and adolescents who are not eligible for ART to evaluate treatment guidelines on when to initiate ART in rural Zambia.

Progress of the study to date includes the following: 1) have obtained ethical approval to conduct the study from the Research Ethics Committee of the University of Zambia and the Committee on Human Research from the Johns Hopkins Bloomberg School of Public Health; 2) have developed and pilot tested the consent and assent forms and the study entry and follow-up questionnaires; and 3) explored the possibility of performing HIV-1 DNA diagnostics and HIV-1 viral load testing at MIAM. We are awaiting release of the funds to being hiring and training project staff and start enrollment.

Lessons learned include the following: The lessons learned will arise after study enrollment has begun.

We plan to disseminate study findings locally at Macha Hospital, nationally through meetings and presentations in Lusaka, and through publications in peer-reviewed journals.

Planned FY 08 activities include continued follow-up of the study cohorts to measure treatment responses, identify risk factors for treatment failure and death, and to measure the rate of disease progression in HIV-1 infected children not eligible for antiretroviral therapy.

Budget justification for FY 2008 monies: Budget requested within the HTXS/CDC overall budget is $150,000 for FY 2008. Costs will support study personnel, supplies, travel, laboratory tests and equipment, patient care costs, and defaulter tracing.

The budget breakdown is as follows:

Salaries/fringe$90,000
Equipment $2,000
Supplies $11,000
Travel $16,000
Laboratory, local transportation, patient care costs$20,000
Indirect costs$11,000
TOTAL $150,000

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9753

Related Activity: 15553

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9753	9753.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15553	9760.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$250,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Coverage Areas

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3689.08

Planned Funds: $500,000

Activity System ID: 15531

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 all activities in this section and palliative care (HBHC and TB/HIV) and antiretroviral therapy (ART) projects funded by CDC, Department of Defense, and the United States Agency for International Development, and works to address information on quality of care and fill gaps identified through strategic information (SI) initiatives.

In Zambia the scale-up of HIV/AIDS care and treatment has rapidly expanded the numbers of sites and health care workers providing HIV/AIDS treatment services with over 100 facilities and hundreds of health workers providing ART services. HIV care and treatment programs require frequent modifications based on changes in technical knowledge in the field, standards of care and information gathered from the services themselves. As a result, providers who have had basic training need continuing opportunities to update their knowledge and skills, as well as assistance in evaluating programs critically to identify gaps and solutions toward improving their performance. This is critical not only to the provision of quality services, but contributes greatly to job satisfaction, motivation, and retention of health workers. Guidelines and training materials need to stay current and creative best practices must be established for replication in other program areas.

In FY 2006, JHPIEGO assisted the MOH and NAC to update clinical training materials, and trainers, on the recently revised clinical care guidelines. In FY 2007, JHPIEGO will assist the government, particularly the Ministry of Health (MOH) and National AIDS Council, to adapt the revised clinical care guidelines and training materials into more useful electronic formats accessible to providers through a variety of appropriate technologies (e.g., CD Rom, web-based, handheld devices). This will be done in close collaboration with other implementing partners and technical specialists working on ART programs, and will ensure consistency and standardization of materials, messages, and approaches to maximize the efficiency and success of HIV/AIDS clinical care and ART scale-up activities in Zambia. JHPIEGO will also work with MOH and Zambia Defense Forces along with other collaborating partners to develop and test different technologies available to make the clinical guidelines and resources available and accessible for HIV/AIDS care and treatment providers.

JHPIEGO will also continue to provide support and national leadership in the area of performance support for HIV/AIDS care and treatment providers, to address gaps identified in ART service delivery programs. This support is critical to ensure that HIV/AIDS care and treatment services maintain an acceptable level of quality, which will help to ensure not only that new clients are encouraged to enter care but also that existing clients remain under care. To achieve this, JHPIEGO will continue to support the implementation of continuing education opportunities for HIV/AIDS clinical staff at ART centers, reinforcing their basic skills and expanding their knowledge on specific areas. In FY 2005 and FY 2006, JHPIEGO assisted the GRZ to develop and pilot continuing education programs for ART service providers and teams. These programs included a combination of distance education programs for use in low technology settings, as well as internet and e-mail based education programs from the Johns Hopkins University Center for Clinical Global Health Education. Through the end of FY 2006, initial programs will have trained 250 ART providers, including at least some staff from all hospital and large urban-clinic based ART sites. In FY 2007, JHPIEGO will continue to support these programs to reach additional clinical caregivers, while developing additional content to fill identified gaps. One such gap to be addressed will be to strengthen the use of HAART in pregnant woman for their own health (as well as to further reduce mother to child transmission of HIV), a high priority for training in FY 2007 consistent with national PMTCT and ART guidelines in Zambia. In FY 2007, these continuing education programs will be made available to all functioning ART sites in the country and are estimated to reach 150 sites and approximately 450 providers.

JHPIEGO will also work with the MOH, University of Zambia and the University Teaching Hospital partnership and the Medical Council of Zambia to adapt and apply additional tools for performance support which will be integrated into ART service provision programs such as those of Elizabeth Glazer Pediatric AIDS Foundation and Zambia HIV/AIDS Prevention, Care, and Treatment Partnership, as well as JHPIEGO's work with the Zambian Defense Forces. These tools and approaches will help not only to support the quality of HIV/AIDS care and treatment services, but enhance the sustainability of technical support. These efforts will focus on maximizing the use of tools that can be delivered onsite to reduce the need for ongoing external technical assistance and additional manpower (e.g., trainers and supervisors). One such tool is TheraSimtm's case-base simulation program, a computer-based interactive tool which allows providers to go through a series of HIV care cases and receive feedback on their clinical decision making. This is a tool which can be used both for advanced training as well as for monitoring performance.

To ensure sustainability of the program, JHPIEGO works in close collaboration with the MOH, NAC, Medical and Nursing Councils, and University of Zambia Medical School / UTH, to build the capacity of those institutions to design, develop, and implement programs to support quality ART services. Materials developed in these programs are 'owned' by the national program and these institutions, and are designed to be implemented through existing channels (e.g., by involving the Provincial Clinical Care Specialists to monitor and follow-up the distance education programs). By using appropriate technology, implementation and support costs are reduced over other, more traditional approaches. For example, one focus is to develop tools that can be delivered on site, requiring less movement by clinical staff, reducing costs of travel and lodging while also ensuring less disruption of services and improving the 'immediacy' of applying training to service delivery on-site. Likewise, electronic versions of guidelines and continuing education materials can be updated, reproduced, and disseminated at much less cost than print-based materials. These approaches will assist the national program and local partner institutions to continue to support these programs with limited levels of investment (as compared to the cost of traditional group-based in-service training, for example).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9033

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
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

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	450	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5250.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4549.08

Planned Funds: $15,764,509

Activity System ID: 15517

Activity Narrative: Due to the request from CDC/GAP to move 1/12th funding to 'PEPFAR II Track 1.0 ART EGPAF,' this funding level has now decreased. This adjustment was done to ensure that funds are available for ART services during the one month lag between when Track 1 PEPFAR 1 funds are due to end and when funding will be available under the next congressional notification. Minor narrative updates have been made to highlight progress and achievements.

This activity relates to activities under EGPAF/CIDRZ, the Ministry of Health, and JHPIEGO. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-Center for Infectious Disease Research in Zambia (CIDRZ)-supported government sites have enrolled 95,145 adults and children and started 59,084 on ART as of the end of April 2007. Presently, 45 ART sites in Lusaka, Eastern, Western, and Southern Provinces are being supported. EGPAF-CIDRZ has trained 1,184 health care workers in adult and pediatric ART delivery. EGPAF-CIDRZ has presented 23 abstracts, published five papers with seven additional papers currently in preparation. EGPAF/CIDRZ plan to maintain the existing programs at the joint Government of the Republic of Zambia (GRZ) sites. There are six proposed components to this track 1.0-funded activity, including: (1) continued support for existing services at 45 sites in 19 districts; (2) a continued focus on women's health care with the cervical cancer screening program; (3) a pilot to work with a new model of service provision through 'fixed cost obligation grants' provided to private clinics; (4) to expand the pilot clinic-wide model for complete integration of HIV care and treatment services; 5) to emphasize diagnosis of HIV in tuberculosis (TB)-infected patients and early referral for entry into HIV care; and (6) a focus on improved quality of care in delivery of palliative care.

EGPAF through its partner CIDRZ will continue to provide support for 54,951 adults and 4,133 children under antiretroviral therapy (ART) care at 45 existing sites in four provinces. CIDRZ is on track to reach 78,000 cumulative on ART by March 2008 and will continue to support these individuals through September 2009.

The CIDRZ team is particularly strong in women's health expertise with five full-time obstetrician-gynecologists in country. Since the inception of the "See and Treat" Cervical Cancer Prevention Program, in FY 2006, over 5,000 women have been screened, nine new clinics have been established, four Zambian doctors, nine Zambian nurses have been trained, twelve Cervical Cancer Peer Educators have been hired and three Data Associates have been employed. Towards our 2007 goal of establishing eight new clinics, we have presently opened five. We have also trained three new nurses, developed a nursing education manual untitled "Setting Up 'See and Treat' Cervical Cancer Prevention Services Linked to HIV Care and Treatment Programs in Primary Healthcare Sites in a Resource-Constrained Environment", developed patient and partner education brochures, implemented the cervical cancer peer educator training program and organized cervical cancer support groups. The importance of this program is evident in the very high rates of intervention required among women who present for screening. Of 4,524 women in whom data are presently available, 1,954 (43%) have required either immediate cryotherapy or referral for biopsy and/or surgery.

During FY 2008, we will maintain the number of nurses trained; however, we will increase the numbers of clinics serviced by taking our present staff of twelve nurses and initiating services in twelve new clinics. Although the hours of each clinic will be reduced (full-time to part-time), we will be still be able to expand our much needed services throughout Zambia. The project will also design a certification program for nurses in cervical cancer prevention that will be approved and formally recognized by the Ministry of Health and will develop a radical pelvic surgery training program at the Monze Mission Hospital. Advanced training and education of health care providers will include onsite support to peer educators and ongoing professional education around the subject of cervical cancer. The project will also conduct an evaluation of peer educator activities. It is planned to have 10,000 new women screened in FY 2008.

Currently, all EGPAF/CIDRZ-supported sites provide Antiretroviral Therapy (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. This model may have worked well in the past, 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.

To implement this integration model we are proposing that all patients attending OPD (adult and pediatric), MCH and TB Clinic undergo provider initiated, opt-out HIV testing. Those found to be HIV-infected will undergo immediate ("reflex") CD4 testing and WHO screening to expedite ART initiation. Expedited referral to HIV care will be arranged for patients with advanced disease (CD4< 200 and/or WHO stage 4). All others will be referred electively to ART Clinic. In addition, we will take this opportunity to improve TB screening in OPD for patients identified as TB suspects. This EGPAF/CIDRZ initiative will link with a new pilot (Doris Duke Award, P. Killam PI) which is being scaled-up in 8 Lusaka clinics. In this initiative CIDRZ is working on improving enrollment of pregnant HIV-infected women in ART services. All women identified as HIV-infected through PMTCT will be provided ART in MCH clinics with referral to the standard ART clinic after delivery. These integration activities build on existing programs of TB/HIV integration at EGPAF/CIDRZ supported sites and will link all clinic departments with high HIV prevalence to HIV care & treatment.

EGPAF-CIDRZ proposes to pilot in FY 2008 a new model of service provision, working with private sector facilities to expand HIV/AIIDS care and treatment services in Lusaka. This pilot will build on our prior experience with providing "fixed cost obligation" awards to districts for the provision of PMTCT services. EGPAF-CIDRZ will recruit two to four reputable private sector health care facilities and agree upon a set of deliverables to ensure the minimum package of care, as set out by Ministerial guidelines, are being met. Special attention will be paid to care quality and to adherence counseling. Outcomes and patient retention will be monitored by providing government forms and by installing the Smart Care system.

TB/HIV co-infection will be a focus this year with more emphasis on the diagnosis of HIV in TB-infected patients and early referral for entry into HIV care. In addition, the screening of TB suspects and the diagnosis of TB in ART clinics will be a priority area. ART clinicians will be trained on the varying and atypical presentations of TB in HIV-infected patients as well as the limitations of available diagnostics and guidelines for empiric treatment. TB screening will be encouraged during all patient contacts. Special effort

Activity Narrative: will be made to address the issue of co-treatment, especially the timing of ART initiation and presentation of immune reconstitution syndrome. Improving TB diagnostics will be critical for this intervention.

Building on FY 2007 activities in delivery of palliative care, quality of care will be a priority in pre-antiretroviral care phase, chronic ART care, diagnosis of TB and TB/HIV co-treatment. Monitoring and improvements in patient quality of care will be on-going and will include the utilization of the SmartCare System to identify treatment failure and gaps in implementation of patient care protocols as well as coordination with JHPIEGO's AQIP. Monitoring will be achieved by teams of QA/QC nurses overseeing patient care, based on QA/QC tools and patient care protocols. In addition, there will be 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 order to provide quality services in ART clinics, CIDRZ will continue the training of nurses to equip them with the knowledge and skills needed to function in an expanded role, to thoroughly assess, examine, diagnose, and treat simple conditions commonly encountered in HIV care and treatment. Long-term mentoring and follow-up will be provided to ensure that nurses continue to develop and enhance their physical assessment and patient management skills.

Traditionally HIV prevention efforts have focused on HIV-negative individuals. "Positive Prevention" aims to protect the health of HIV-infected individuals and prevent the spread of HIV to sex partners. The rapid scale -up of care and treatment has created an important opportunity to reach many HIV-infected individuals and clinic-based prevention interventions aimed at people infected with HIV will be included together with counseling on ARV adherence and alcohol use.

For ease of management of reporting for the USG team, there are no targets listed for this activity as all the targets are accounted in the country-funded entry for EGPAF/CIDRZ in this section.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9003

Related Activity: 15521, 15529, 15530, 15531, 15537

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26224	4549.26224.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10972	5250.09	Track 1 ARV	$14,188,058
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000
15529	9745.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$400,000
15530	9753.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$150,000
15531	3689.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$500,000
15537	9754.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2998.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3687.08

Planned Funds: $4,692,000

Activity System ID: 15521

Activity Narrative: This activity may appear as though it has decreased but this is due to the removal of the public health evaluations. However, additional plus-up funds have been added to this activity.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Center for Infectious Disease Research in Zambia (CIDRZ) propose expansion of the antiretroviral therapy (ART) service support to the Government of the Republic of Zambia (GRZ) sites. In FY 2007, there were five components to this activity: (1) expansion of services to 12 new sites in three new districts; (2) increased focus on pediatric care and treatment; (3) ongoing focus on quality of care and on continuing quality improvement; (4) a pilot model of HIV care and treatment for street children and orphans and vulnerable children (OVC) residing in orphanages based on lessons learned; and (5) the development of a pilot community-based adherence support program at select sites. There where five public health evaluations (PHE) under this activity in PY2007.

EGPAF-CIDRZ-supported GRZ sites have enrolled 95,145 adults and children and started 59,084 on ART as of the end of April 2007. Presently, 45 ART sites in Lusaka, Eastern, Western, and Southern Provinces are being supported. EGPAF-CIDRZ has trained 1,184 health care workers in adult & pediatric ART delivery. EGPAF-CIDRZ has presented 23 abstracts, published five papers with seven additional papers currently in preparation.

Building on past successes, in FY 2008, CIDRZ will continue to support sustainability and scale-up of services through the following activities: support 12 new sites in the Eastern, Western, Southern, and Lusaka Provinces selected in consultation with the Provincial Health Offices; enabling an additional 42,000 individuals to start on ART and an additional 81,000 individuals to enroll in the HIV care and treatment program in all 68 sites over the 18-month period from March 2008 through September 2009. Services in the rural areas of the four Provinces supported by CIDRZ receive the same level of technical and material support as the more central district hospitals and clinics. However, CIDRZ is training and empowering the District offices to provide appropriate clinical oversight and quality assurance to those clinics.

EGPAF-CIDRZ has not yet met the target of at least 15% of ART clients being children due to the continued difficulty in recruiting pediatric patients. EGPAF-CIDRZ's approach to improving pre-existing pediatric care will include: ongoing clinical mentoring, training of all providers in EGPAF-CIDRZ supported sites (pediatric training is one week and participants receive a certificate only after having achieved an 85% pass rate) complimentary aspects of pediatric care, training of at least two pediatric peer educators at each site, and introducing and strengthening basic child health interventions into the ART program. CIDRZ will liaise with JHPIEGO to ensure double reporting on pediatric training does not occur.

The project aims to increase the number of children accessing care and treatment by: introducing routine testing into all in-patient facilities, the development of more formal linkages for strengthening the routine identification of HIV exposure status of infants at maternal and child health (MCH) facilities, training 200 health care workers in pediatric ART management, targeting community growth and development programs to improve early recognition of clinically HIV- infected infants, by strengthening infant diagnoses with training in polymerase chain reaction (PCR), and utilizing pregnant women, PMTCT and TB programs, and siblings as index cases to access other children for VCT.

As part of the strengthening of pediatric services, EGPAF-CIDRZ will step-up its focus on community mobilization and education. In FY 2008, there will be a pilot project to train trainers in outreach through puppet shows, including the development of pediatric appropriate scripts, music, and messages.

During FY 2008, the quality of care activity will train an additional six trainers in the provinces. These trainers will train a further 30 nurses. The provincial model will be adapted to use a distance learning-modular framework, whereby participants will complete coursework and assignments by distance, electronic, or web based before completing the mentoring component with their trainer/mentor. These nurses will be continuously evaluated through regular, formal on-going assessments each quarter, chart audit and through comparing quality of care in clinics where the training has not occurred to clinics where training has occurred. Triage training comprises a week of didactic training and 100 hours of clinical mentoring. Participants receive a certificate if they achieve greater then 85% at the post-test and if they pass their competency test at the end of the training.

Using Plus-Up funds ($1M total for scaling up infant HIV diagnosis nationwide in Zambia), EGPAF-CIDRZ will collaborate with the Lusaka, Eastern and Western Provincial Health Offices and the National Infant Diagnosis Reference Lab at the University Teaching Hospital to make infant HIV diagnosis using dried blood spots available throughout rural and urban areas of the three provinces. The activity will link in closely with PMTCT services and infant follow-up at all health centers supported by EGPAF-CIDRZ within the provinces. Earlier HIV diagnosis will lead to earlier referral and start of ART at a much younger age, leading to improved long-term outcomes.

In addition to the above, the next version of SmartCare will enable CIDRZ staff to pull data related to the review of symptoms, physical examination findings, investigations, and treatment provided. All sites are provided with a computer and data associate who record all patient data into SmartCare. Quality assurance is undertaken by analyzing the input and providing feedback and recommendations to the sites. Monitoring visits are also done on a quarterly basis to assess clinical care and provide mentoring for clinicians. Monitoring results are shared with and between clinics so that they are aware of their performance relative to peer clinics and stimulate improvement. In addition to regular QC reports it is planned to run regular reports on the percentage of patients who present with symptoms of TB and are investigated for TB and the percentage of patients who present with symptoms of sexually transmitted infection and are treated for such.

The CIDRZ supported Central Lab (Kalingalinga) and provincial labs located in district hospitals are well equipped to provide services in for patient diagnosis, treatment and monitoring. Baseline and follow-up hematology, chemistry, CD4 and viral load testing (where available) for all CIDRZ supported sites are performed in accordance with Zambian Ministry of Health guidelines. In Lusaka all lab investigations are centralized at the CIDRZ Central Lab which allows efficiency in reagent ordering, equipment maintenance and quality control. In the provinces and rural areas lab services are decentralized in district hospitals. In this setting consistent access to laboratory testing for patients on ART has been challenging due to weak

Activity Narrative: reagent supply chain, poorly trained technicians and poor instrument maintenance. CIDRZ continues to work with CDC and MoH to improve provincial lab capacity by installing new equipment and training staff in good lab practice. CIDRZ is also strengthening MoH reagent supply chain forecasting, ordering and delivery. CIDRZ continues to supply back-up reagents and supplies. New CIDRZ teams, located in the provinces, will intensify oversight and will include a dedicated lab technician to provide closer on-site supervision.

If the transition to first line use of Tenofovir-based regimen the Central Lab is in a good position to provide the needed support. Baseline creatinine is presently done for all patients enrolled in HIV care and treatment. Creatinine is also done on follow-up visits for patients with abnormal baseline values. For patients on Tenofovir clinical staff has been trained to monitor creatinine at baseline, three and six months. Clinical staff has also been trained to calculate creatinine clearance and dose adjust medications (including ART) as necessary. As described above lab capacity to perform creatinine monitoring is already available and in place in Lusaka and improving access in the provinces is well under way.

Despite intensive efforts, the ART Program at Kamwala, focusing on street children and orphans living in an institutional setting, has not been very active. Although we have finally received official permission to test these minors in the absence of a legal guardian, we have encountered additional problems and are therefore not in a position to scale up this model. We will, however, continue to work with Fountain of Hope to establish ART services as originally planned.

We will work closely with the DHMT's to develop an effective model in which community and support group members can assist health care workers within the clinic setting. CIDRZ will provide further training to community members in the areas that can assist in decreasing the burden of patient care on existing clinical staff and help formally integrate these community members and activities into the ART clinics.

Traditionally HIV prevention efforts have focused on HIV-negative individuals. "Positive Prevention" aims to protect the health of HIV-infected individuals and prevent the spread of HIV to sex partners. The rapid scale -up of care and treatment has created an important opportunity to reach many HIV-infected individuals and clinic-based prevention interventions aimed at people infected with HIV will be included together with counseling on ARV adherence and alcohol use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9000

Related Activity: 15593, 17452, 15517, 15537

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26231	3687.26231.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10973	2998.09	EGPAF - U62/CCU123541	$5,167,800
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15517	4549.08	7171	5250.08	Track 1 ARV	Elizabeth Glaser Pediatric AIDS Foundation	$15,764,509
15593	3846.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$278,000
15537	9754.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	68	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	42,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	120,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	81,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	240	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3001.08

Mechanism: Columbia Pediatric Center - U62/CCU222407

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3691.08

Planned Funds: $1,800,000

Activity System ID: 15513

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to activities with laboratory strengthening, the University Teaching Hospital (UTH) Family Support Unit (FSU), UTH Pediatrics, and UTH TB/HIV programs.

In March 2005, Columbia 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. Target sites include UTH in Lusaka Province, Livingstone General Hospital in Southern Province, and Ndola Central Hospital in Copper belt Province. The PCOEs serve as : 1) model facilities to provide state-of-the art comprehensive pediatric/adolescent HIV care and treatment services, 2) referral centers for district clinics, and 3) training/dissemination centers for Zambia. Columbia supports the PCOEs design and implementation by serving as a technical assistance provider, supporting capacity building activities (including training and staff augmentation), and procuring targeted commodities. PCOE objectives include:
1) Increasing the capacity of the PCOEs to provide comprehensive HIV case management and pediatric care and treatment services
2) Ensuring that key services such as clinical care, opportunistic infection prophylaxis, adherence and nutritional counseling and psychosocial support 3) are integrated with the provision of antiretroviral therapy
3) Identifying and engaging HIV-exposed infants into follow-up services
4) Conducting early diagnostic testing of HIV-exposed infants using PCR technology
5) Increasing antibody testing of children >18 months of age
6) Implementing routine provider-initiated HIV testing for hospitalized pediatric and neonatal patients
7) Instituting a comprehensive patient follow-up and defaulter tracing program
8) Linking and collaborating with community and faith-based organizations to support complementary and supportive services
9) Integrating child development and neurodevelopment assessments and interventions into routine care for HIV exposed/infected children
10)Improve care and support for sexually abused children through close collaboration and linkage with a multi-disciplinary team offering care to sexually abused children
11) Improve the physical and emotional well being of HIV positive children and their caregivers and families
12) Supporting comprehensive, efficient and effective monitoring and evaluation systems
13) Implementing training, supervision and capacity building in pediatric HIV/AIDS management, including antiretroviral treatment
14) Enhancing and expanding human capacity resources to support a multidisciplinary team of HIV pediatric and family care providers
15) Cooperating and collaborating with other HIV care and treatment activities in the respective PCOE provinces
16) Disseminating lessons learned models and best practices to multidisciplinary teams and sites implementing pediatric HIV/AIDS programs.

The program began implementation of activities at the UTH Department of Pediatrics in September 2005 and in Livingstone General Hospital in October 2006. Some of the system achievements to date include:
1) Recruitment of management and implementation staff to support the PCOEs,
2) Establishing data systems, logistics and referral flow between various service points,
3) Supporting ongoing and dynamic training, technical assistance and supportive supervision.
In 2006, 423 PCOE staff were trained in pediatric technical areas such as sexual abuse, palliative care, child development, adherence, TB/HIV, and ART in pregnancy,
4) Establishment and initiation of the infant diagnostic protocols and guidelines.

In FY 2008, this program will continue to primarily provide technical support to the development and operation of the existing PCOEs in UTH, Livingstone, and Ndola (Note: the Arthur Davison Children's Hospital in Ndola will receive technical support in close collaboration with the USAID supported partner, Zambia HIV/AIDS prevention, care, and treatment (ZPCT)/FHI.), and help the UTH Department of Pediatrics with implementation of new sites in Mazabuka and Monze

Columbia will continue to support the PCOEs to offer comprehensive pediatric care and treatment by ensuring that all exposed and infected children: 1) receive quality and continuous clinical care, 2) are properly monitored and assessed for treatment eligibility, and 3) are continuously assessed for immunologic response to treatment, toxicities and adverse events.

Columbia will begin to support the expansion and "down" referral of pediatric services for 2 district clinics that filter into Livingstone and UTH PCOE (4 new sites). This will include supporting the sites by initially supporting "satellite" clinic services by PCOE staff and in tandem building the capacity of the sites to independently provide comprehensive pediatric care and treatment services. Columbia will do so by supporting staff augmentation, training, task-shifting, clinic reorganization, and minor renovations. Depending on the site needs, enhancing PMTCT services to deliver care and treatment to pregnant women can be a focus for technical support.

Columbia will continue to expand child development by continuing the twinning relationship with Boston University-SPARK Centre to ensure that child development and pediatric neurodevelopment issues/approaches are integrated and applied as part of comprehensive care for the HIV infected child. PCOE staff will continue to learn how to offer comprehensive and integrated services to address the medical, developmental, emotional, and/or behavioral challenges of the HIV infected child via a multi-faceted training approach.

Columbia will continue to support and expand comprehensive community outreach and patient follow-up activities. This includes a patient follow-up and tracking program supported by teams of outreach workers and "expert" caregivers trained in locating and supporting families of clients who have discontinued care and treatment services. Additionally, Columbia will support PCOE community advisory boards to solicit input from constituents to design and revise programs/services to ensure continuous quality services.

Columbia will continue to strengthen the pediatric patient tracking and monitoring system in the PCOEs by

Activity Narrative: implementing the Ministry of Health designed M&E tools and electronic data collection system on site in addition to further enhancing local systems that track patients from inpatient testing through enrollment and follow-up in care and treatment.

The UTH PCOE will continue to support and build National pediatric HIV/AIDS capacity by implementing a comprehensive training program that includes onsite on-the-job training whereby staff at sites targeted to initiate pediatric HIV/AIDS services visit UTH for rotation throughout the various PCOE clinical and supportive services.

Capacity building will be supported by instituting a clinical fellowship program for advanced-level pediatric infectious disease fellows. Fellows will be supported to rotate in the PCOEs where they will engage in supporting clinical, teaching, and research activities. Each fellowship will bring specific expertise to the PCOEs through applied study projects and cross-training activities (see prevention of mother to child transmission 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8993

Related Activity: 15584, 15585, 15586

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
3691	3691.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3001	3001.06	Columbia Pediatric Center	$950,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15584	9756.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$40,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 527.08 **Mechanism:** SUCCESS II

Prime Partner: Catholic Relief Services **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3734.08

Planned Funds: $1,370,000

Activity System ID: 14376

Activity Narrative: This activity is linked to activities in palliative care, counseling and testing 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 is a follow-on to the first SUCCESS Project and this activity is a continuation from FY 2007.

Through its adherence support efforts, SUCCESS will help the GRZ and USG Zambia to: support an increase in the number of ART patients and sites receiving ART; and support ART quality improvement and M&E. SUCCESS will also establish links to ART Centers of Excellence and other USG supported ART sites as client referral destinations. SUCCESS will utilize the Centers of Excellence as a source of learning for adults and pediatric ART.

SUCCESS will 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 and in cases where transport is a major barrier, will assist with client transport. In addition, SUCCESS will facilitate where and when possible in bringing ART closer to clients, for example, through support of ART in hospice or other community settings.

In FY 2007, SUCCESS targeted 2,500 PLWHA, located in the vicinity of ART sites, for a combination of adherence support and nutritional supplementation. Program coordinators, volunteer caregivers, and hospice staff were trained in ART and Adherence Support, relevant to their provider level. In addition, SUCCESS formalized referral linkages between its diocesan partners and AIDS-Relief, CIDRZ, and ZPCT ART sites in eight Provinces. 1,400 home-based care clients have received ART through CIDRZ in Western Province, as well as many other ZPCT-supported GRZ clinical sites. These two-way referrals – from home-based care to ART clinical facilities and back to home-based care for adherence support – weave a strong continuum of care.

In FY 2008, SUCCESS II will continue to promote and support the rapid scale up of ART for Zambian PLWHA through its partners. SUCCESS II will refine and expand its client referral to ART services mechanism, and expand its ART literacy and adherence support programming to include community adherence support groups. Pediatric ART (through referrals) and adherence referral and support will be scaled-up. SUCCESS II will refer as many of its home-based care clients and post-test HIV positive people to USG-supported ART sites as possible. SUCCESS II has set a target of providing adherence support for 6,850 PLWHA who will receive ART from the network model. SUCCESS II will provide support to community based ART, transporting ART clients who live far from ART sites to the clinic for care or for ARV re-supply, as a means to boost adherence, and to minimize the difficulty of reaching ART sites for PLWHA who live in remote areas.

SUCCESS II will refer clients as follows: in Solwezi Diocese (Northwest province), to Mukinge Mission Hospital (supported by AIDS-Relief); in Kasempa District, and Solwezi General, Kabompo District, Zambezi District, and Mwinilunga District Hospitals (supported by ZPCT). In Mongu Diocese (Western Province), SUCCESS will refer HBC clients to Lewanika General Hospital (CIDRZ) (1,400 HBC clients are already linked to ART). In Mansa Diocese (Northern Province), clients are linked to Mansa General and Kawambwa District Hospitals, (ZPCT). In Mpika Diocese (Northern Province), clients are referred to Chilonga Mission Hospital (AIDS-Relief) and to Mpika and Chinsali District Hospitals and Nakonde Rural HC (ZPCT). In Chipata Diocese (Eastern Province) clients will be referred to St. Francis Mission Hospital (AIDS-Relief) in Petauke; in Kasama to Kasama General Hospital and Mbala District Hospital (ZPCT). Monze Diocese (Southern Province) will refer to Macha and Mutendere. Mission Hospitals (AIDS-Relief). AIDS-Relief is developing a further site in Monze, which will link with SUCCESS II palliative care support. Adherence support, initially made possibly by GHAI rapid expansion funding, will continue with the widespread training of caregivers on ART, ART literacy and Adherence support education, and the ensuing application among the patients on ARVs in partner programs. The partners will continue to include PLWHA in the adherence trainings to further empower those who are closest to the need and will strive to include a balanced number of male and female adherence supporters.

SUCCESS II will continue to provide severely malnourished ART patients with nutritional supplements in accordance with OGAC guidelines, or through wraparound arrangements with Food for Peace (FFP), the World Food Programme (WFP), Global Fund or other donors. In FY 2008, SUCCESS II will continue to provide High Energy Protein Supplements and Ready to Use Therapeutic with estimated value of $700,000. 'Adherence vehicles,' managed by the dioceses, and also supported with GHAI Rapid Expansion funding, will provide needed transport for non-ambulatory patients to often-distant ART sites, transport of test samples to labs, and transport of adherence supporters to visit distant clients in need of regular follow up. This vital support will continue and will provide a continuum of care from testing, palliative care, ART treatment, and adherence.

SUCCESS II will support ART through many, well-established referral linkages for other services outside its care and support package. SUCCESS II already has an established and effective network of trained community volunteer caregivers who carry out ART literacy education and ART adherence support. SUCCESS II will continue to provide training at multiple levels, for volunteers and staff for all partners. To build local capacity, Trainings of Trainers are held and then training is cascaded to subsequent levels of local personnel until all are trained in the programming area relevant to their role in the project. Due to the sparse population in rural Zambia, the SUCCESS II project will continue to train a large cohort of potential caregivers in order to cover the long distances between PLWHA homes and to ensure regular care and support to clients. SUCCESS II will also train by leveraging and linking partners, such as carrying out ART literacy and adherence support trainings with AIDS-Relief co-trainers in areas where SUCCESS II and AIDS -Relief are co-located. Joint training strengthens the linking to ART, and follow on adherence support for compliance to treatment. Further, the use of standardized adherence support training materials builds sustainability.

A further dimension of sustainability will be achieved when home-based care/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 will bring SUCCESS II partners together for cross-fertilization of programming ideas, issues, and lessons learnt. Partners will be encouraged to make exchange visits to

Activity Narrative: each other's operational sites, affording closer observation of on-the-ground best practices and skills transfer. SUCCESS II monitoring and evaluation staff and program team will continue to strengthen the quality of monitoring activities.

The second component of SUCCESS II sustainability is building management capacity of Catholic Church structures in Zambia, and leveraging the significant complementary role of the Church health structures, which will outlive external funding trends. One comparative advantage of SUCCESS II is the extensive reach of diocesan structures into rural communities. To build capacity, SUCCESS II will train implementing partners in financial management and accountability, logistics and commodities distribution, organizational development and strategic planning, as well as staff management and policy development. The projects are strongly encouraged to link with local government structures and institutions.

Another aspect of program sustainability includes the use of strategic networking, e.g. encouraging a Bishop to sit on the Board of Directors of a provincial hospital. Key networking also takes place at the integral community level, where local traditional leaders are involved in parish HBC coordinating committees. SUCCESS II will also promote diversification of funding support as a key factor in sustainability. Management capacity building will support partners in accessing other funds. Partners will be in a better position to attract other funds with their project management ability enhanced through SUCCESS II.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9182

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26400	3734.26400.09	U.S. Agency for International Development	Catholic Relief Services	11022	527.09	SUCCESS II	$340,000
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

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Estimated PEPFAR dollars spent on food	$175,000
Estimation of other dollars leveraged in FY 2008 for food	$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

As an indirect target, we will be counting the number of individuals on ART who are registered on our home-based care and Hospice programs. SUCCESS II has set an indirect target of providing adherence support for 6,850 PLWHA who will receive ART from the network model.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

People Living with HIV / AIDS

Coverage Areas
Eastern
Luapula
Northern
North-Western
Southern
Western
Copperbelt
Lusaka
Central

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1022.08

Mechanism: Health Services and Systems Program

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3531.08

Planned Funds: $1,000,000

Activity System ID: 14367

Activity Narrative: Zambia continues to face an acute shortage of health care personnel which severely constrains the scale-up of anti-retroviral therapy (ART). The most limiting factor 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 developed the minimum criteria for certification of providers and accreditation of ART sites. A certified HIV/AIDS care and ART provider is a physician, a medical licentiate, clinical officer or a nurse who has successfully completed MOH approved ART/OI in-service training program (short courses, on-the-job training and updates) which is recognized by an appropriate regulatory authority e.g. Medical council of Zambia or General Nursing Council.

In FY 2006, HSSP's focus was on continued support to CCSs and placement of medical doctors to serve in remote areas; recruitment of non-physician health care workers for the retention schemes; recruitment of nurse tutors; and development of minimum criteria for certification of providers and accreditation of ART sites. Modalities of recruitment and management of retention schemes for doctors, nurse tutors and other cadres were finalized by HSSP and MOH. Agreement on modalities of recruitment and management of doctors' retention scheme has been slow with the dissolution of the Central Board of Health - the managers of the existing retention scheme; further, there was an upward adjustment of the package by the MOH necessitated by the sudden appreciation of the local currency against the US dollar.

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. 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 FY 2006, HSSP supported MOH and Medical Council of Zambia (MCZ) to develop an ART accreditation plan, consensus-building on ART standards and accredit 21 private ART sites. In FY 2007, HSSP continued to roll out the accreditation system to more districts. An additional 21 private ART facilities were accredited. In FY 2008, HSSP will support MCZ to monitor, document and improve the overall functioning of the 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.

To ensure sustainability, HSSP works within the existing GRZ structures and plans. HSSP facilitates the development and dissemination of appropriate standard guidelines, protocols, plans, and budgets. The tools and guidelines are disseminated for use by relevant MOH structures. This enables them to plan and implement activities independently. HSSP also assists GRZ in implementing a facility-level quality improvement program. All project activities are integrated into the existing programs and structures to ensure continuity of services after HSSP concludes.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8794

Related Activity: 14411, 16419, 14388, 14368, 14560

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26602	3531.26602.09	U.S. Agency for International Development	Abt Associates	11067	1022.09	Health Services and Systems Program	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
14411	3534.08	6823	1031.08	Health Communication Partnership	Johns Hopkins University Center for Communication Programs	$455,000
14368	3532.08	6803	1022.08	Health Services and Systems Program	Abt Associates	$200,000
14560	3529.08	6803	1022.08	Health Services and Systems Program	Abt Associates	$850,000

Emphasis Areas

Human Capacity Development

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1075.08

Mechanism: Zambia Prevention, Care and Treatment Partnership

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3527.08

Planned Funds: $2,656,000

Activity System ID: 14388

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) Counseling and Testing (CT), PMTCT, TB/HIV, Palliative Care, and Laboratory Support activities, CRS/SUCCESS HBHC and HTXS, Health Communication Partnership (HCP) HBHC and HTXS, RAPIDS HBHC and HTXS, and Society for Family Health (SFH) HBHC 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 the Ministry of Health (MOH) ART services in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. ZPCT is supporting 33 districts which represent 80% of the population in the five provinces and is covering all the facilities in Ndola, Kitwe, Kabwe, Mansa, Mwense, and Nchelenge districts. ZPCT expanded to 75 ART sites, 17 more than expected in FY 2007. All 75 ART sites have been renovated, where renovations were required, and are fully functioning.

In FY 2007, ZPCT supported the MOH to provide 51,300 patients (4,300 children) with ART services of which 15,600 are new clients (including 1,560 children). As of September 30, 2008, the number of persons who ever received ART is 54,300. In FY 2008, ZPCT will support 60,050 clients on ART (including 6,005 children) with 13,500 new clients (including 1,350 children) enrolled during the 9 month period. Other FY 2007 achievements are outlined in the component descriptions below.

During FY 2008, ZPCT will consolidate the expansion of FY 2007 by providing technical support to ensure quality services and build district capacity to manage the HIV/AIDS services. During FY 2008 ZPCT will close out, handing over program activities to the follow-on project, therefore targets are lower than FY 2007.

The six key components of the ZPCT program are: 1) provide comprehensive support to strengthen ART facilities and services; 2) expand implementation of the ART outreach model; 3) strengthen referral linkages and increase demand for ART services; 4) participate in and support the national ART Technical Working Group; 5) assist in scaling-up pediatric ART services; and 6) increase program sustainability with the GRZ.

Specifically, the first component of the ZPCT program will be to provide comprehensive support to strengthen ART facilities and services, by continuing the FY 2007 assistance to 75 ART centers as they expand. In FY 2007, ZPCT trained 300 health care workers (HCWs) in the full and refresher ART/opportunistic infection (OI) management curriculum, and 200 HCWs in the management of pediatric ART. In FY 2008, ZPCT will train 120 HCWs in ART/OI management, 80 in the refresher ART management, and 50 HCWs in pediatric case management. In collaboration with the Health Services and Systems Program (HSSP), all 75 ART sites will be assisted in developing quality assurance mechanisms and supportive supervision systems to ensure implementation of standard operating procedures for ART case management, conducting minor refurbishments, providing ART-related supplies, and linking ART patients and their families to ante-natal care, PMTCT, TB, palliative care/home-based care, and other appropriate treatment and support services.

As part of the second component, ZPCT 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.

As part of the third component, ZPCT will work with USG partners, such as CRS/SUCCESS, Health Communication Partnership (HCP), RAPIDS, and Society for Family Health (SFH) to strengthen referral linkages and community outreach efforts aimed at creating awareness of and demand for ART services and supporting treatment adherence among ART patients. During FY 2007, ZPCT collaborated with the GRZ to develop, pilot, and roll out an adherence counseling training curriculum for HCWs and adherence support workers (ASWs). ASWs, many of whom are ART patients, were also trained to work in facilities and communities with ART clients, particularly those persons initiating therapy. In FY 2007, 100 HCWs were trained in adherence counseling and 100 ASWs in ART adherence counseling, treatment support, and community outreach. In FY 2008, an additional 50 HCWs and 50 ASWs will be trained in adherence counseling. FY 2008 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.

As part of the fourth component, ZPCT will coordinate with HSSP and JHPIEGO on technical assistance that will continue to be provided to the national ART Technical Working Group for scaling-up ART services, focusing on developing, updating, and disseminating training materials, protocols, and policies.

As part of the fifth component, ZPCT will provide assistance to the GRZ in scaling-up ART services and treatment for pediatric patients to serve 5,650 (including 1,350 new) children in FY 2008. Building on the pediatric training program mentioned above, ZPCT will continue to provide technical assistance to GRZ in the five provinces to address limited HIV/AIDS pediatric expertise. Some of the challenges to accomplishing this include building capacity in diagnosing HIV in children less than 18 months and providing adherence counseling for children and their caregivers. To meet these challenges, in FY 2007, ZPCT expanded coverage of the Polymerase Chain Reaction (PCR) laboratory at Arthur Davison Children's Hospital in the Copperbelt Province, to reach all five provinces with a dry blood spot referral system for pediatric diagnosis. This activity is closely linked to the Centers for Disease Control and Prevention (CDC)/Centers of Excellence activity and partially supported by the Clinton Foundation HIV/AIDS Initiative. ZPCT 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. Sixty two ART sites provided pediatric ART services in FY 2007, with the ART sites in Ndola District referring pediatric cases to Arthur Davison Children's Hospital and in Kitwe District to the Kitwe Central Hospital.

ZPCT will also work with partners to strengthen referral networks within and between facilities and communities to expand access to pediatric HIV care, including tracking of mothers and their infants for up to 18 months through the under-five clinics. ZPCT will continue to work with churches and local community groups to reach families with information and referrals for CT and ART for children under 14 years of age.

Activity Narrative: In FY 2008, wrap around activities will include collaboration with the Tuberculosis Control Assistance Program (TBCAP) in training health care providers, developing TB/HIV materials, renovating health facilities, and strengthening the patient referral system

As part of the final component, increasing program sustainability with the GRZ, ZPCT will work with DHMTs and PHOs to build on quality assurance activities started in FY 2006. In FY 2007, ZPCT graduated ten districts from intensive technical support. In FY 2008, in collaboration with the GRZ, ZPCT will graduate another ten districts that are providing consistent quality services and will only need limited technical support from ZPCT. The DHMTs and PHOs will assume responsibility for the selected districts by providing supervision and monitoring in order to better sustain program activities.

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

All FY 2008 targets will be reached by June 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8885

Related Activity: 14384, 14444, 14385, 14447, 14446, 14386, 16416, 15887, 14389, 16420

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8885	3527.07	U.S. Agency for International Development	Family Health International	4971	1075.07	Zambia Prevention, Care and Treatment Partnership	$4,216,000
3527	3527.06	U.S. Agency for International Development	Family Health International	2909	1075.06	Zambia Prevention, Care and Treatment Partnership	$3,793,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
14385	3526.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,320,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
14389	3541.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,620,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	75	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	13,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	67,870	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	60,050	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	250	False

Indirect Targets

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas
Central
Copperbelt
Luapula
Northern
North-Western

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	630.08	**Mechanism:**	SHARE
Prime Partner:	John Snow Research and Training Institute	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS	**Program Area Code:**	11
Activity ID:	3641.08	**Planned Funds:**	$1,150,000
Activity System ID:	14401		

Activity Narrative: Support to the HIV/AIDS Response in Zambia (SHARe) has scaled up support to HIV/AIDS ART services in the private sector significantly in the past 3 years. From October 2004 to March 2007, SHARe and its partners trained 592 health workers in HIV care and ART resulting in 6,104 individuals ever-receiving ARVs, 4,468 individuals currently receiving ARVs, and 1,001 new clients, newly initiated on ART in 2007.

In FY 2008, SHARe will continue to provide direct support to ART in private sector health settings through NGO partners Zambia Health Education and Communications Trust (ZHECT) and Afya Mzuri. SHARe will continue to provide technical assistance and support to strengthen the existing private sector clinic ART sites, including training 10 providers in ART. SHARe will also continue to work to leverage the provision of free ARVs for the private companies serving the general public and assist these private facilities to be accredited by the Ministry of Health. In addition, SHARe and its partner NGOs will intensify efforts to enroll eligible workers and community members in treatment programs.

SHARe will continue to use a social mobilization and mobile CT approach to HIV testing and ultimately increase enrollment in treatment to increase the number of people learning their status, and if eligible initiating ART early. SHARe will support efforts to raise awareness about ART and will engage its partners including the Zambian Interfaith Networking Group on HIV/AIDS (ZINGO), chiefdoms, and the network of Zambian People Living with HIV/AIDS (NZP+) to support and promote increased access of ART services. SHARe will provide technical support to ZINGO, NZP+, and chiefdoms to conduct ART literacy campaigns and ART promotion activities.

SHARe will continue to work with private providers to improve the quality of ART services in line with government HIV Care and ART guidelines and standard ART protocols. Through support to private sector clinics and hospitals, SHARe will provide reporting on ART results to the USG. Where on-site ART services are not available, SHARe will assist its public and private partners to create strong linkages and referral networks for their patients to existing ART service delivery sites. SHARe and its partners in both the public and private sectors will encourage and facilitate timely access to ART services for HIV-positive employees and family members, including children.

SHARe will continue to provide a grant to the Comprehensive HIV/AIDS Management Program (CHAMP), a local NGO, to provide technical assistance in ART to eight companies in two Global Development Alliances in the mining and agribusiness sectors. Private sector partners include Konkola Copper, Mopani Copper, Copperbelt Energy, Kansanshi Mines, Bwana Mkubwa Mining, Dunavant Zambia, Zambia Sugar and Mkushi Farmers Association, reaching 30 districts in six provinces and 34,635 employees and 2.1 million outreach community members. It is expected that over $2 million will be leveraged from the private sector for the two GDAs.

SHARe will continue to provide direct grants to the eight GDA companies to support workplace and community programs for ART service delivery. CHAMP will provide technical assistance to GDA companies to implement ART services, including pediatric ART, at on-site facilities in three of the companies. Where no on-site facilities exist, CHAMP will assist GDA companies to create referral linkages to off-site ART centers and provide technical assistance to GDA members to implement treatment literacy activities, and link to existing palliative care and PMTCT activities. SHARe through CHAMP and the GDAs will continue to support treatment literacy and ART adherence to reduce dropouts from ART programs. Additional technical support to GDA members for ART services, equipment, and supplies will be provided by other USG partners such as CIDRZ, Catholic Relief Services (CRS), and Zambia Partnership for Care and Treatment (ZPCT).

Building on its experiences with the innovative mobile ART clinic service model, SHARe and its partners will expand this service to more hard-to-reach communities to facilitate easier access to and promote adherence to ART. The MoH will continue to be a key partner in this endeavor ensuring that SHARe and its partners reach the underserved populations in Zambia.

SHARe will continue to support and work with its local NGO partners working in ART to build sustainable programs through strengthening their technical and management capacities and providing them with the skills to mobilize financial resources. Activities will include participatory analysis of current sustainability levels, sharing of sustainability strategies of successful NGOs, and development of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using their own private sector funds and having their clinical facilities become officially accredited by the MOH to obtain ARVs and other HIV/AIDS supplies. SHARe will work with public sector ministries to ensure that HIV/AIDS policies, work plans, and budgets are developed to sustain their HIV/AIDS workplace activities and that they are linked to ART support facilities through government and other donor funding.

In FY 2008, SHARe and its partners with clinical facilities providing ART will have reached a total of 5,000 individuals who have ever received ART, 4,000 of whom will be currently on ART receiving direct ART at the end of the period, while 2,000 of those will be new clients.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8909

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8909	3641.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$1,150,000
3641	3641.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$1,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Estimated PEPFAR contribution in dollars	$281,291
Estimated local PPP contribution in dollars	$669,688

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	28	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	10	False

Indirect Targets

Target Populations

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

HLAB - Laboratory Infrastructure

Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12

Total Planned Funding for Program Area: $20,330,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Quality laboratory services play a crucial role in HIV/AIDS/TB and opportunistic infection detection, prevention, and treatment programs in Zambia. The US Government (USG) began supporting the Government of the Republic of Zambia's (GRZ) laboratory infrastructure reconstruction process in 2002; however, support was limited due to lack of resources. In FY 2004, CD4 count machines and viral load capability was mainly limited to the University Teaching Hospital (UTH) reference laboratory in Lusaka. This limitation greatly hindered scale-up of the national HIV testing and ART programs. Other limiting factors were cost of laboratory tests to patients and long intervals to receive test results, resulting in delayed treatment initiation after HIV counseling and testing (CT). To rapidly expand quality HIV care and treatment services, it was critical to update laboratory network support with CD4 counting services including hematology and biochemistry tests to monitor ART response.

In FY 2007, automated CD4 and other laboratory testing systems are operating in most districts throughout the country. To better ensure sustainable laboratory infrastructure, USG is supporting GRZ in training laboratory personnel on equipment, refurbishing laboratory work space, and improving data collection for procuring HIV/AIDS reagents and consumables. Through USG support, Polymerase Chain Reaction (PCR) testing for early infant diagnosis is available at three sites which include two the UTH Pediatric Center of Excellence (PCOE) and the Centers for Disease Research of Zambia (CIDRZ) Kalingalinga laboratories in Lusaka. In FY 2007, the USG opened a third "state of the art "infant HIV PCR testing laboratory at the Arthur Davison Children's Hospital to serve the northern area of the country. The Clinton Foundation, through UNITAID, has assisted PMTCT programs with testing reagents and supplies for early detection and treatment of HIV in infants. Clinton Foundation and USG partners are supporting national courier specimen transport systems to ensure rapid turn around time of test results to the point of care for TB and HIV detection programs. In FY 2008, a mobile pediatric clinic will provide out reach services for rural and community care to infants.

The UTH Pediatric Laboratory will provide selected HIV genotyping to detect drug resistance cases.

The USG supports approximately 160 GRZ laboratories within the network of 72 districts. Nine provincial hospital laboratories support district and rural health center laboratories. Referral TB services are from the National Chest Diseases Laboratory and the Regional TB Reference Laboratory at the Tropical Diseases Research Center in Ndola. Other reference services are provided from UTH Hospital in Lusaka. Zambia does not have a national public health laboratory, thus supervision and external quality assessment for network laboratories is performed along with routine patient care services.

The priorities of USG is assisting GRZ in strengthen all laboratory level facilities based on the National Laboratory Strategic Plan developed in FY 2006. A primary USG focus for FY 2008 is to further expand laboratory support to reach districts and health center levels where the largest populations of Zambians reside. There are major challenges in reaching low density populations, due to lack of or poor road infrastructure, little or public transportation, and limited communication during the rainy season. Strategies to meet these challenges through courier systems using motorcycles and other means of local transportation are in progress. The USG will also support development of rural laboratory testing sites, enhancement of task-shifting and training new cadres of locals to meet rural population needs of people living with TB and HIV.

USG continues to work closely with GRZ, Japan International Cooperative Agency (JICA), and Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), Clinton Foundation, and the World Bank to ensure that an efficient and sustainable national laboratory infrastructure system is developed. These areas include: program management, procurement and logistics, instrumentation and infrastructure, human resources and training, and, quality assurance and data management. Moreover, USAID/DELIVER and the Partnership for Supply Chain Management Systems (SCMS) will continue to provide support to GFATM Principal Recipients in developing their HIV/AIDS laboratory procurement and logistics plans for Global Fund proposals. Finally, the USG supports the MOH in maintaining laboratory equipment/reagents/consumables forecasting and quantification to ensure optimal service for HIV/AIDS care and treatment. Through SCMS, USG will provide technical assistance to MOH and GFATM Principal Recipients in strengthening the supply chain system for these items, including development and implementation of a standardized HIV/AIDS information system for reagent management.

Reorganization, policy adjustments and transitions within the MOH have slowed progress on the national laboratory operation plan. Time constraints and protocols for coordination and integration among numerous partners and the Ministry are also factors which delay implementation of laboratory activities. To address these national level policy barriers, interdisciplinary workgroups support GRZ implementation and system strengthening of laboratory and care and treatment activities. Examples are expansion of infant HIV PCR and roll out of the new on cold chain rapid HIV testing algorithm. Limited human resources and attrition of medical and laboratory personnel continue to be another factor which slows progress. However, USG has extended support to provincial levels to improve local practice conditions to encourage the strengthening of human resource capacity.

Provincial laboratories are supported for TB culture and drug resistance testing by the Chest Diseases Laboratory (CDL) and University Teaching Hospital Virology Laboratory (UTH) in Lusaka Province and Tropical Diseases Research Center (TDRC) in Copperbelt Province. Specimen transport referral systems have expanded to promote same-day testing, especially in rural areas; laboratory procurements support to improve testing for treatment and care decisions. Equipment purchase such as fluorescent microscopes, BACTEC MGIT TB culture systems, and automatic back up generators support continuous laboratory testing. In FY 2007, MOH TB reference laboratory staff was trained on improved methods for detection of TB/HIV cases using liquid culture technology, DNA probe identification, and first line drug resistance monitoring for multi-drug resistant M. tuberculosis. Most provincial laboratories have been equipped with fluorescent smear microscopy capacity and trained on quality assurance and equipment maintenance through USG and other partners such as TB CAP and the American Society for Microbiology.

In FY 2007, TB/HIV integration activities expanded exponentially through plus up funding in FY 2007 and through the President's Malaria Initiative (PMI). PMI brings further opportunities for integration and expansion work on several infectious diseases. Basic syphilis, HIV and malaria testing is available in all clinical sites within the country but there are opportunities to strengthen these systems and improve patient care. To further improve the quality of TB/HIV laboratory integration services, USG laboratory partners and JICA are supporting GRZ in implementation the new national rapid HIV testing algorithm and quality assurance program using a (Determine, Unigold and Bioline) non cold chain system for finger prick in counseling and testing and PMTCT programs.

In FY 2007, technical training was provided to GRZ laboratories to improve basic bacterial culture procedures for early detection of life-threatening blood stream infections and antibiotic drug susceptibility testing for agents of septicemia and meningitis. In FY 2008, sexually transmitted infections and opportunistic infection services will expand at the UTH and other provincial hospitals. The Maina Soko Military Hospital Laboratory will further expand services to Zambia Defense Force families and civilians in rural communities with Department of Defense support and US Navy technical and consultative support.

The USG continues to support the transferring of both technical and managerial skills to GRZ laboratory staffing through training and task shifting. This is done through onsite and classroom infrastructure planning, and management and technical support at national, provincial and district health office levels. In FY 2007, management skills training was provided to two Zambian health care professional through the USG Global Health 's Sustainable Management in Public Health Program in Atlanta. More than 25 participants and previous alumni were trained in country in implementing efficient and quality laboratory operations. Continued skills transfer for cost effective testing services will be provided to improve access to same-day test results, determine efficacious use of drugs, monitor ART treatment response, and conduct epidemiological surveillance and research activities to ensure programmatic decisions are based on sound evidence.

Building on these achievements, in FY 2008, USG will continue increased support to GRZ in strengthening critical HIV/AIDS laboratory services, with emphasis on expanding services to urban and rural facilities as appropriate. With an amplified focus on strategic HIV/AIDS laboratory infrastructure interventions, such as increasing the number of trained laboratory technicians, procuring critical supplies, and expanding access to these services, USG is well positioned to contribute to the PEPFAR's global 2 -7-10 goals and to achieve the USG Five-Year Strategy objectives.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	160
12.2 Number of individuals trained in the provision of laboratory-related activities	578
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1252147

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1075.08
Mechanism: Zambia Prevention, Care and Treatment Partnership
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 3541.08
Planned Funds: $1,620,000
Activity System ID: 14389

Activity Narrative: This activity links with the Zambia Prevention, Care, and Treatment Partnership (ZPCT) Counseling and Testing (CT), PMTCT, ART, TB/HIV, and Palliative Care activities, DELIVER II HTSD as well as with the Government of the Republic of Zambia (GRZ) and other US Government (USG) partners as outlined below.

This activity will provide support to the GRZ for strengthening and expanding laboratory services in the delivery of HIV/AIDS care in Central, Copperbelt, and the more remote Luapula, Northern, and North-Western provinces. ZPCT is supporting 33 districts which represent 80% of the population in the five provinces and is covering all the facilities in Ndola, Kitwe, Kabwe, Mansa, Mwense, and Nchlenge districts. During FY 2007, ZPCT continued to improve laboratory services in 108 laboratories through training 70 laboratory staff in laboratory standard operating procedures, quality assurance and equipment use; training 140 staff in commodity management; renovating 40 new laboratories, procuring essential laboratory equipment and reagents; expanding quality assurance activities; developing and computerizing a Laboratory Management Information System to track HIV-related laboratory tests; and providing technical assistance and mentoring to laboratory staff.

In FY 2007, ZPCT continued supporting the laboratory specimen referral system with 175 facilities (including all PMTCT sites) transporting specimens for PCR and/or CD4, hematology and chemistry from health facilities, some with limited laboratory capacity to the referral laboratories, performing an estimated 610,139 essential laboratory tests over the 12 month period. The specimen referral system will continue in FY 2008. This system is greatly improving the ability of more rural facilities to provide quality HIV/AIDS services, and has led to same-day test results and an increase in new ART patients. ZPCT is working closely on laboratory activities with CDC, the Clinton Foundation HIV/AIDS Initiative (CHAI) and Partnership for Supply Chain Management Systems (SCMS).

During FY 2008, ZPCT will consolidate the expansion of FY 2007 by providing technical support to ensure quality services and build district capacity to manage the HIV/AIDS services. The ZPCT project will close out in FY 2008, handing over program activities to the follow-on project; therefore, targets are lower than FY 2007.

In FY 2008, ZPCT will continue providing assistance to 108 GRZ laboratories providing CT, PMTCT, ART, and/or clinical palliative care services. Forty-nine of the 108 supported facilities will have the capacity to conduct more advanced HIV laboratory tests, such as CD4 and lymphocyte tests. More specifically, laboratory support activities include: 1) strengthening laboratory infrastructure; 2) improving laboratory quality assurance mechanisms, information systems, and personnel capacity; and 3) increasing program sustainability with the GRZ. Eighty percent of the population in the five ZPCT-supported provinces is reached through the ZPCT-supported laboratory services.

In the first component, strengthening laboratory infrastructure, all sites providing ART will have access to the full complement of basic equipment for hematology and biochemistry (including total lymphocyte count and liver and renal function testing for ART patient monitoring). Equipment purchased, such as hematology and chemistry analyzers, will be in accordance with GRZ guidelines/policies. Other equipment, including autoclaves, centrifuges, microscopes, and refrigerators will be provided as needed. ZPCT will continue to link ART sites currently without access to CD4 testing to nearby ART facilities that have Facscount machines, and will ensure availability of transport of samples from project-supported facilities to sites with CD4 machines for proper ART patient monitoring. ZPCT will also work in close collaboration with the GRZ to ensure provision of supplies for CD4 enumeration in the hard-to-reach areas. In addition, the laboratory team will provide technical support for the utilization of the Polymerase Chain Reaction (PCR) machine located at Arthur Davison Children's Hospital in the Copperbelt Province to support the process of early diagnosis of HIV-infected infants. The PCR specimens will be collected, with assistance from CHAI, and transported using the specimen referral system and express mail to Arthur Davison Children's Hospital. These activities will be closely coordinated with the Centers for Disease Control and Prevention (CDC) programs/Centers of Excellence. In FY 2008, the number of tests performed at ZPCT-supported laboratories will be 536,672 over a 9 month time period.

In FY 2005, FY 2006, and FY 2007, ZPCT provided minor refurbishment, essential furniture, and fixtures for selected laboratories to enable all facilities to provide the appropriate level of laboratory services. In FY 2008, ZPCT will continue to support the facilities to identify further renovations that may be needed. In FY 2008 wrap around activities will include collaboration with the Tuberculosis Control Assistance Program (TBCAP) in training health care providers, developing TB/HIV materials, renovating health facilities, and strengthening the patient referral system.

In the second component, ZPCT will work with GRZ and CDC to strengthen laboratory quality assurance mechanisms, information systems, and laboratory personnel's capacity to ensure adherence to GRZ's recommended laboratory standards. In FY 2007, 210 staff were trained in lab-related activities, and in FY 2008, another 60 staff will be trained. To improve quality assurance practices, approximately ten percent of HIV test samples will be checked by trained laboratory staff from designated National Quality Assurance Centers; samples from facilities without laboratories will be transported to the nearest laboratory site in order to facilitate testing availability. ZPCT will also make certain that all sites follow laboratory standard operating procedures to ensure that these facilities implement proper laboratory practices. Finally, laboratory staff will continue to be trained in commodity management; this particular assistance will be coordinated with the USAID | DELIVER PROJECT, the Supply Chain Management Systems project (SCMS), CDC, and GRZ to avoid duplication of efforts and to ensure that facility-level forecasts and quantifications are supplied with an adequate number of commodities.

As part of the final component, "Increasing program sustainability with the GRZ," ZPCT will support the MOH laboratory quality assurance (QA) assistance plan in collaboration with CDC. ZPCT will work with the GRZ to strengthen QA activities in the three Central Hospital laboratories and six General Hospital laboratories in the five ZPCT supported provinces. To maintain consistent and high quality laboratory services and improved supervisory support to the District Hospital laboratories, ZPCT will continue to provide support to strengthen the capacity of the General Hospital laboratories. The MOH, through the Provincial Health Offices, will then assume responsibility for the monitoring of the General and District Hospital laboratory QA programs.

By working with GRZ facilities, ZPCT is able to establish a sustainable program by training health care

Activity Narrative: workers, developing standard treatment protocols, strengthening physical and equipment infrastructures, implementing facility-level quality assurance/quality improvement programs, improving laboratory equipment and systems, and developing and strengthening health information systems. ZPCT's goal is to leave behind sustained systems to ensure continuity of quality laboratory support after the program concludes.

All FY 2008 targets will be reached by June 30, 2009.

Note on direct target breakdown: the number of tests performed during the reporting period: 1) 166,299 HIV tests; 2) 46,286 TB diagnostic tests; 3) 53,997 syphilis tests; and 4) 270,090 HIV disease monitoring tests.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8887

Related Activity: 14384, 14444, 14385, 14447, 14446, 14386, 16416, 15887, 16419, 14388, 14419, 16420

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8887	3541.07	U.S. Agency for International Development	Family Health International	4971	1075.07	Zambia Prevention, Care and Treatment Partnership	$2,100,000
3541	3541.06	U.S. Agency for International Development	Family Health International	2909	1075.06	Zambia Prevention, Care and Treatment Partnership	$2,059,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
14385	3526.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,320,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	49	False
12.2 Number of individuals trained in the provision of laboratory-related activities	60	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	536,672	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Central

Copperbelt

Luapula

Northern

North-Western

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3011.08	**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 Area Code:**	12
Activity ID:	3704.08	**Planned Funds:**	$550,000

Activity System ID: 15514

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 is linked to CDC Lab TA, CDL and TDRC.

This activity allows international laboratory experts to spend extended periods of time in Zambia working side-by-side with Zambian nationals to transfer laboratory technical skills on-site rather than sending laboratory technicians to the United States or other countries for training. By having experts based in Zambia, a greater number of local laboratory technicians are able to benefit from their skills. As the international experts work in Zambia the understanding in regard to the environment and conditions met on a daily basis within the country is drastically improved. This model has proven to be the most effective way to identify and implement practical laboratory technique solutions within the Zambian context.

In FY 2007, this activity allowed international laboratory experts to work in Zambia with more than 150 laboratory technicians in five provinces. The laboratory technical experts worked in-country with one CDC-direct hire and four Zambian public health laboratory technologists to strengthen national sustainability for good laboratory practices (GLP), planning, and quality assurance (QA) on a daily basis for diagnosis, care, and treatment support. Experts have also provided support to developing infant HIV polymerase chain reaction (PCR) dried blood spot (DBS) sample collection procedures, rapid HIV quality assurance, hematology, CD4 testing, and biochemistry procedures. Two additional high level experts with TB and HIV testing experience will assist the national TB reference laboratory and University Teaching Hospital (UTH) Virology laboratory in achieving international accreditation. Experts focus on skills transfer to build the national laboratory system, working with Ministry of Health (MoH), Department of Defense (DoD), and private health facilities in collaboration with consultants from the American Society of Microbiology and the American Society for Clinical Pathology.

In FY 2008, this activity will support three laboratory experts to continue to work side-by-side with USG and Zambian laboratory scientists in strengthening skills and expanding the national quality assurance (QA) program for automated and non-automated laboratory testing procedures. One technical expert will continue to work on national hematology, CD4, and chemistry QA for monitoring care and treatment support to persons on antiretroviral and tuberculosis (TB) therapy. A second expert will expand national capacity for molecular technology procedures infant HIV PCR using DBS analysis and provide selected HIV resistance testing. Support will continue on implementation of the national laboratory information system (LIS) to improve accuracy of patient laboratory test data collection for care and treatment, reagent procurement, and other laboratory management support. A third technical expert will provide support to the national TB laboratory program for rapid detection and identification of drug resistant Mycobacterium tuberculosis using automated liquid culture systems for first and second line TB drug resistance testing and molecular techniques. This senior level expert will work with a supranational laboratory and assist the national laboratory program in achieving international accreditation.

In FY 2008, this activity will extend technical assistance to additional Ministry of Defense laboratory sites. This activity provides support for lodging, consultant fees, travel, training costs, needed supplies, and other costs related to work with the national HIV/TB program in Zambia. Trainings and target data collection for this activity will be done in consultation with USG and other cooperating laboratory organizations. Technical support from three 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8996

Related Activity: 15510, 15564, 15594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26220	3704.26220.09	HHS/Centers for Disease Control & Prevention	Comforce	10970	3011.09	Comforce	$500,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15564	3702.08	7184	3009.08	TDRC - U62/CCU023151	Tropical Diseases Research Centre	$400,000
15594	3706.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,250,000
15510	3703.08	7166	3010.08	CDL - U62/CCU023190	Chest Diseases Laboratory	$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Copperbelt

Eastern

Southern

Western

Lusaka

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3010.08

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 Area Code: 12

Activity ID: 3703.08

Planned Funds: $100,000

Activity System ID: 15510

Activity Narrative: The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

This activity is linked to all TB/HIV activities nationally and to ASM, CDC Lab TA, TDRC and SCMS.

The Chest Diseases Laboratory (CDL) is Zambia's National Tuberculosis (TB) Reference Laboratory and has been supported by the Centers for Disease Control and Prevention (CDC) since 2001. This facility is responsible for quality control and quality assurance of TB microscopy and culture and drug susceptibility testing for all sites in Zambia.

In April 2006, the recently renovated administrative office for the CDC and CDL staff opened. This renovation has provided for more laboratory workspace in addition to extra room to accommodate management and supervisory staff. The renovation has allowed the CDC's technical laboratory experts to provide frequent on-site training and mentoring support to the national laboratory staff. In addition, having the CDC technical laboratory experts housed in the same compound allows for frequent supervision and monitoring of equipment. CDL is also supported through the national TB program funded by the Global TB Fund and has a long working relationship with the Zambart Project supported by the Bill and Melinda Gates Foundation. Currently, the laboratory has two rapid TB culture systems provided through this project. The Zambart Project also provides technical support and human resource capacity to the national TB laboratory staff. As a result of this support, CDL is well equipped to provide technical assistance to provincial and district laboratories. Contributions from the United States Government (USG), Zambart and the Gates Foundation complement support to the National CDL provided from TBCAP, the Global Foundation, and Churches Health Association of Zambia.

In FY 2007, this activity supported training for district laboratory staff in four provinces: Southern, Eastern, Western and Lusaka. This complemented a similar training provided to districts in the remaining five provinces by the Tropical Diseases Research Center (TDRC) in Ndola.

A national quality assurance (QA) system is expanding to improve the quality of diagnosis of TB in HIV-positive individuals. This includes frequent supervisory visits, blind rechecking of acid-fast bacilli (AFB) smears selected randomly, and proficiency testing of laboratory technicians using a standard panel of AFB smears. By the end of FY 2007, 15 additional laboratory staff members were trained on the use of bio-safety cabinets and techniques for improving laboratory infection control, while 20 staff members were trained on the use of the fluorescent microscope. Other services included Gen Probe DNA technology training for rapid TB identification and courier service twice per week to the national reference laboratory to enhance test result turnaround time.

In FY 2008, the USG will continue to support the laboratory human resource capacity building for external quality assurance of smear microscopy. CDC is supporting the validation of rapid first-line drug susceptibility testing, and other support will include the following activities: 1) improvement of human resource capacity by the placement of extra staff in the laboratory to properly perform national quality assurance activities and give timely feedback to laboratories within the laboratory network; 2) procurement of computers, training of laboratory staff, and continued support to maintain the local area network within the laboratory to ensure continued access to Internet facilities and the ability to communicate with the Ministry of Health (MOH) and other provincial and district centers within the country; 3) training of 260 laboratory staff participating in culture and external quality assurance program to support HIV care and treatment.

USG is working closely with the national reference laboratory, MOH and other cooperating TB laboratory partners to establish a TB Laboratory Coordination Committee to synchronize and strengthen training and other activities in the TB network.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8991

Related Activity: 14386, 15507, 15512, 15526, 15533, 15536, 15545, 15551, 15557, 15566, 15592, 15601, 15614, 14446, 14625, 15563, 15564, 15594, 14419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26212	3703.26212.09	HHS/Centers for Disease Control & Prevention	Chest Diseases Laboratory	10967	3010.09	CDL - U62/CCU023190	$300,000
8991	3703.07	HHS/Centers for Disease Control & Prevention	Chest Diseases Laboratory	4999	3010.07	CDL - U62/CCU023190	$200,000
3703	3703.06	HHS/Centers for Disease Control & Prevention	Chest Diseases Laboratory	3010	3010.06	CDL	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15614	9703.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$1,043,000
15507	3650.08	7164	2933.08	CARE International - U10/CCU424885	CARE International	$515,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
15526	3644.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$650,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
15601	3884.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$124,000
15557	3791.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$400,000
15545	3790.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$315,000
15551	3649.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$400,000
15566	3653.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$2,074,000
15592	3645.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$200,000
15533	9702.08	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	Lusaka Provincial Health Office	$275,000
15536	12445.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$500,000
15512	3651.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$200,000
15594	3706.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,250,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000
15563	9794.08	7183	5280.08	ASM - U62/CCU325119	The American Society for Microbiology	$130,000
15564	3702.08	7184	3009.08	TDRC - U62/CCU023151	Tropical Diseases Research Centre	$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	12	False
12.2 Number of individuals trained in the provision of laboratory-related activities	150	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3,755	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2988.08

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 Area Code: 12

Activity ID: 9795.08

Planned Funds: $200,000

Activity System ID: 15548

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 is linked to the UTH Virology activity.

This activity will provide local support to Eastern Province for implementation of the University Teaching Hospital (UTH) national PMTCT and VCT quality assurance program and infrastructure development within the districts and rural health centers of this province. Some major limiting factors for implementation, support and sustainability of laboratory programs outside of the capital city are due to: 1) travel distances; 2) lack of transport for onsite supervision and feedback; and 3) lack of funds for equipment and maintenance support at the provincial and district levels. Eastern Province is seven hours by road from Lusaka where the UTH, Centers for Disease Control and Prevention (CDC) and Ministry of Health (MOH) laboratory experts are located. Supervisory travel visits to Eastern and other provinces must be divided by the time and number of technical experts. The goal of this activity is to provide more opportunities for active participation of CDC technical staff with the local laboratory team in transferring skills for procurement, laboratory management and improving quality health care delivery to the patients. It is also a goal to build capacity and sustainability at the local level by training and providing support for activities to be conducted by local staff within the province for PMTCT and VCT as well as care and treatment support. During FY 2008 the goal is to continue improving capacity in both staffing and infrastructure in ten laboratories within Eastern Province.

Eastern Province is a predominately-rural province with an HIV prevalence of 13.1%. Access to health care facilities and services are limited, with an estimated 40% of the population living more than 12 kilometers from the nearest health facility. These distances are walked when health care is required. Availability of laboratory services in most of the districts is limited due to several factors, which include lack of technical human resources, lack of suitable infrastructure and services such as a source of power, geography, and increasing numbers of persons participating in PMTCT and VCT programs at local levels. Antiretroviral (ARV) laboratory care and treatment services are limited. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2008 onsite training and technical support for existing personnel in basic laboratory testing and transport will continue being provided. Laboratory quality assurance (QA) programs for rapid HIV testing currently performed for VCT and PMTCT will be supervised and supported by the national HIV reference laboratory (UTH). An integrated program to include laboratory data management and onsite QA will assist in improving and equalizing ARV laboratory services to PLWHA in these areas. Support will be provided for basic infrastructure improvements and the provision of alternate sources of power such as solar panels and automated backup generator specifically for the provincial and other laboratories currently lacking this infrastructure because of erratic electrical power source with the province.

This activity will allow the EPHO to build its capacity to take the leadership supporting its laboratory functions within the districts. It will also allow the district to draw and train the necessary laboratory personnel to provide supportive supervision within the districts and rural health centers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9795

Related Activity: 17439

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26252	9795.26252.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	10979	2988.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17439	9798.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$600,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	False
12.2 Number of individuals trained in the provision of laboratory-related activities	20	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	4,000	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	2973.08	**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 Area Code:**	12
Activity ID:	9797.08	**Planned Funds:**	$200,000
Activity System ID:	15554		

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 is linked to the TB/HIV activity in SPHO, and the Comforce, CDL, and UTH Virology within the Lab section.

This activity will provide local support to the Southern Province Health Office for 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 antiretroviral therapy (ART) services. This will be done in collaboration with the University Teaching Hospital (UTH) and National TB Chest Diseases Laboratory (CDL). The goal of this activity is to build capacity and sustainability at the local level by transferring skills for equipment procurement, maintenance, sample transport, and quality systems training for QA/QC activities and routine maintenance of biomedical equipment to be conducted within the province. In FY 2007, the goal was to reach ten laboratories within Southern Province. In 2008, the goal will be to increase laboratory support to 19 laboratories in the Southern Province. Southern Province is about 500km from Lusaka where the UTH, CDC, and Ministry of Health (MOH) laboratory experts are located, therefore, supervisory travel visits must be divided by the time and number of technical experts and resources available.

Southern Province has an HIV prevalence of 16.2% and a reported TB incidence rate of 415/100,000 as of the end of 2005. This ranks Southern Province third behind Lusaka and the Copperbelt provinces in terms of HIV and TB burden in Zambia. Livingstone District, the provincial capital, reports extremely high HIV prevalence (30.8%) and the TB notification rates were at 5,941/100,000 in 2005. The smear positive rate is reported at 25.8% with a cure rate of 85% for 2007.

Availability of laboratory services in most of the more rural districts is limited, due to several factors including human resources, geographical location, lack of suitable infrastructure for laboratory testing equipment, and services such as a source of power and the increasing demand for specialized laboratory investigations. Antiretroviral laboratory care and treatment services are limited. Sample preparation and transport support in some site where human resources are limited will alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2008, onsite training and technical support for existing personnel in basic laboratory testing and transport will be assessed and provided. Laboratory quality assurance programs for rapid HIV testing currently performed in the CT, DCT, and PMTCT will be supervised and supported by the National HIV Reference Laboratory (UTH), CDC laboratory staff, provincial and district laboratory coordinating committee. An integrated program to include, laboratory data management, onsite quality assurance will assist in improving and standardizing antiretroviral therapy laboratory services. Support will be provided for basic infrastructure improvements such as the installation of air conditioners and eight back-up generators in Mazabuka, Gwembe, Choma, Maamba, Siavonga, Itezhi -Itezhi, Kafue Gorge and Namwala hospitals. In FY 2008, the SPHO will procure CD4 automated chemistry and hematology machines to improve sites where this capacity is lacking. Additional support for alternative water and power sources for proper equipment operation at all laboratories currently lacking this infrastructure will be evaluated and provided.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9797

Related Activity: 15551, 15514, 15510, 17439

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26259	9797.26259.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	10980	2973.09	SPHO - U62/CCU025149	$250,000
9797	9797.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Southern Province	5015	2973.07	SPHO - U62/CCU025149	$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15551	3649.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$400,000
17439	9798.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$600,000
15510	3703.08	7166	3010.08	CDL - U62/CCU023190	Chest Diseases Laboratory	$100,000
15514	3704.08	7169	3011.08	Comforce	Comforce	$550,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	19	False
12.2 Number of individuals trained in the provision of laboratory-related activities	170	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	8,000	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Southern

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3082.08

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 Area Code: 12

Activity ID: 9799.08

Planned Funds: $250,000

Activity System ID: 15560

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 is linked to WPHO ART, PMTCT, TB and CT activities, as well as to UTH Virology and CDL.

This activity will provide support to Western Province to implement the University Teaching Hospital (UTH) National Prevention of Mother to Child Transmission of HIV (PMTCT) and Voluntary Counseling and Testing (VCT) Quality Assurance (QA) Program within the districts of this province. Major limiting factors for implementation, support, and sustainability of laboratory programs outside of the capital city are due to: 1) travel distances; 2) lack of transport for onsite supervision and feedback; and 3) lack of funds at the provincial and district levels. Western Province is approximately eight hours by road from Lusaka where the UTH, CDC, and the Ministry of Health (MOH) laboratory experts are located. Supervisory travel visits to Western and other provinces must be divided by the time and number of technical experts.

The goal of this activity is to build laboratory testing capacity, infrastructure and sustainability at the local level by training and providing support so laboratory activities conducted by local staff within the province for PMTCT and VCT as well as care and treatment support. It will also assist in the integration of the National TB/HIV activities in the Province. The Provincial Laboratory will offer rapid diagnosis for opportunistic infections (OI's) such as blood culture using the BACTEC 9050. During this first year (2007), the goal was to reach and build capacity for ten laboratories within Western Province.

Western Province is a predominately rural province with an HIV prevalence of 13.1%. The deep sandy terrain of this area, the poor road network, and the lack of public transport systems leave only one option for the majority of the people who walk to the nearest health facility. Access to health care facilities and services are limited, with an estimated 40% of the population living more than 12 kilometers from the nearest health facility.

Availability of laboratory services in most of the districts is limited due to several factors which include limited technical human resources, lack of suitable infrastructure and services such as electricity, geography, and increasing numbers of persons participating in PMTCT and VCT programs at local levels. Antiretroviral laboratory care and treatment services are limited. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2008, continued onsite training and technical support for existing personnel in basic laboratory testing and specimen transport will be assessed and provided. Laboratory QA programs for rapid HIV testing currently performed in the VCT and PMTCT will be supervised and supported by the UTH Virology national HIV reference laboratory. TB laboratory capacity will be strengthened in AFB smear microscopy and local external quality assurance within the provincial laboratory from rural and district health centers. An integrated program to include laboratory data management and onsite quality assurance will assist in improving and equalizing antiretroviral laboratory services to people living with HIV/AIDS in these areas. Support will be provided for basic infrastructure improvements and the provision of alternate sources of power such as solar panels at all laboratories currently lacking this infrastructure. This activity will support the UTH national QA program within the districts of this province to sustain quality services and build staff capacity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9799

Related Activity: 15555, 15557, 15558, 15559, 15510, 17439

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26266	9799.26266.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	10981	3082.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15555	9744.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$225,000
15557	3791.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$400,000
15558	3792.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$100,000
17439	9798.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$600,000
15510	3703.08	7166	3010.08	CDL - U62/CCU023190	Chest Diseases Laboratory	$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	False
12.2 Number of individuals trained in the provision of laboratory-related activities	80	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	3,500	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Western

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5252.08	**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 Area Code:**	12
Activity ID:	9796.08	**Planned Funds:**	$350,000
Activity System ID:	15534		

Activity Narrative: Oct 08 Reprogramming: Transferring skills to Zambian nationals in the field is critical. Thus the USG is providing support to the Lusaka Provincial Health Office to support the Chainama College in renovating the training laboratory to improve pre-service diagnostic training for graduating clinical officers as well as continuing education activities to practicing health care workers . The center will also serve and expand local training capacity for medical laboratory technologists within Lusaka.Currently most trainings are performed in Ndola College of Biomedical Sciences, which is 250 Kilometers north of Lusaka.

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 is linked to the TB/HIV activity in LPHO, and the Comforce, CDL, and UTH Virology within the Lab section.

This activity will provide local support to the Lusaka Provincial Health Office for implementation of the University Teaching Hospital (UTH) National Prevention of Mother to Child Transmission of HIV (PMTCT) and Voluntary Counseling and Testing (VCT) laboratory Quality Assurance (QA) Program within the districts of this province. Some major limiting factors for implementation, support, and sustainability laboratory programs outside of the capital city are due to: 1) travel distances; 2) lack of transport for onsite supervision and feedback; and 3) lack of funds at the provincial and district levels. Although supervisory travel visits to Lusaka districts outside of the city can be done on a day trip, time and number of technical experts available are divided by the need to visit other sites throughout the country. The goal of this activity is to build capacity and sustainability at the local level by training and providing support for activities to be conducted by local staff within the province for PMTCT and VCT as well as care and treatment support. It will also 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.

Availability of laboratory services in districts out side of Lusaka district is limited due to several factors, which include technical human resources, lack of suitable infrastructure, and services such as a source of power, geography, and increasing numbers of persons participating in PMTCT and VCT programs at local levels. Antiretroviral laboratory care and treatment services are limited. Sample preparation and transport support can alleviate the lack of services due to laboratory infrastructure and technical limitations. In FY 2008, onsite training and technical support for existing personnel in basic laboratory testing and transport will be assessed and provided. Laboratory equipment support will be provided by a non PEPFAR donor to a new laboratory in Chongwe in FY 2008. Laboratory QA programs for rapid HIV testing currently performed in the VCT and PMTCT will be supervised and supported by the National HIV reference laboratory at University Teach Hospital (UTH). An integrated program on laboratory data management and onsite quality assurance will assist in improving and equalizing antiretroviral therapy laboratory services to people living with HIV and AIDS in these areas. Support will be provided for basic infrastructure improvements and the provision of alternate sources of power such as solar panels at all laboratories currently lacking this infrastructure. This activity will support and complement the UTH Virology National quality assurance program for PMTCT and VCT, national TB program quality assessment, as well as other care and treatment programs within the rural districts of this province.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9796

Related Activity: 15533, 15514, 15510, 17439

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26241	9796.26241.09	HHS/Centers for Disease Control & Prevention	Lusaka Provincial Health Office	10976	5252.09	Lusaka Provincial Health Office (New Cooperative Agreement)	$180,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15533	9702.08	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	Lusaka Provincial Health Office	$275,000
17439	9798.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$600,000
15510	3703.08	7166	3010.08	CDL - U62/CCU023190	Chest Diseases Laboratory	$100,000
15514	3704.08	7169	3011.08	Comforce	Comforce	$550,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	14	False
12.2 Number of individuals trained in the provision of laboratory-related activities	20	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	2,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Lusaka

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5280.08	**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 Area Code:**	12
Activity ID:	9794.08	**Planned Funds:**	$130,000
Activity System ID:	15563		

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 is related to CDC Lab TA.

Opportunistic Infections (OIs) are common in HIV populations and are a major threat to People Living with HIV/AIDS (PLWHA) both prior to diagnosis and 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 diseases, which have high morbidity in the HIV-infected patients, are limited and lack quality.

In FY 2007, 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 fluorescent smear TB microscopy workshop, provided gram staining training and proficiency testing, trained on the function and maintenance of the BACTEC 9050, and also educated laboratory staff and medical personnel on proper blood culture collection techniques. Training was also provided to laboratory staff, clinicians, and pharmacists to evaluate the antibiotic formularies and laboratory testing panels to rationalize their usage.

In FY 2008, the ASM will continue to provide in-country expertise for cost effective microbiology services and expand support for detection of sexually transmitted diseases, infant HIV diagnosis by dried blood spot (DBS) polymerase chain reaction (PCR) techniques, laboratory systems, strategic planning, standardization of protocols for antibiotic utilization, infection control and good laboratory and clinical practice. ASM's major emphasis area will continue to be human capacity development. Activities conducted will include training on the most common bacterial infections and cost-effective diagnostic techniques, improvement in rapid TB culture, identification and drug susceptibility testing at the National and Regional TB reference laboratories. Other activities will include on-site training and consultation for development and standardization of laboratory procedures, improving specimen management, correlation of laboratory results with patient outcomes in other laboratory areas such as chemistry, hematology, and CD4 testing. Rapid cost effective diagnostics to improve quality and human resource capacity in the laboratory will be implemented.

Technical experts will continue to provide support to the U.S. Government (USG) team, the Zambian Ministry of Health (MoH) and the Zambian Ministry of Defense (MOD). Additionally, ASM will work with cooperating laboratory partners (such as JHPIEGO and the naval defense medical team) to strengthen microbiology services and treatment of OIs. Integration and co-ordination of the teams involved will improve the monitoring and utilization of diagnostic services for OI's and STI's.

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 QA Program in Zambia. Trainings will be done in consultation with CDC-Zambia or other organizations. Target data is collected and incorporated with the CDC Lab TA activity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9794

Related Activity: 15594

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26280	9794.26280.09	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	10984	5280.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15594	3706.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Copperbelt

Lusaka

Western

Eastern

Southern

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3009.08	**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 Area Code:**	12
Activity ID:	3702.08	**Planned Funds:**	$400,000
Activity System ID:	15564		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity is linked to Columbia University, Chest Diseases Laboratory, CDC Lab TA, ASM, ComForce, and SCMS.

Since 2004, the Tropical Diseases Research Center's (TDRC) tuberculosis (TB) Regional Reference Laboratory has provided acid fast bacilli (AFB) smear microscopy services for the Ndola area. However, in 2004/5 the United States Government provided funding to upgrade the laboratory to a "state-of-the-art" facility to support the scale-up of HIV/TB activities. The renovation is complete and the center, which was opened in May 2005, now provides TB fluorescent microscopy and expanded TB culture services for People Living with HIV/AIDS (PLWHA) in the northern region of the country. TDRC supports TB cultures from five provinces encompassing 42 districts. In addition to renovation, this activity has provided training to personnel for TB laboratory support, basic laboratory equipment, reagents and supplies for liquid TB culture, DNA probe identification and drug susceptibility testing capacity. Training was provided to ten laboratory staff on the use of the bio-safety cabinets, reagent preparation, and culture media. Equipment provided includes a BACTEC MGIT TB culture and Gen Probe DNA Mycobacteria identification system, in addition to a water tank and generator for electricity backup.

The diagnosis of TB in HIV-positive cases is often difficult in rural settings without specialized equipment. In FY 2007 a courier system for TB specimen transport from 12 chest clinics within five provinces was established in Copperbelt, Northern, Northwestern, Luapula, and Central provinces. The regional laboratory works in collaboration with the National TB Reference Laboratory to improve rapid culture and drugs susceptibility diagnostic testing services and provides support to the Arthur Davison's Children's Hospital (ADH), which is the national Pediatric Hospital located a few kilometers from the TDRC. The TB Country Assistance Program (TBCAP) supports training and external quality assurance activities for acid fast smear microscopy in three of the five Northern provinces including the Copperbelt, Northern, and Luapula provinces.

In FY 2008, the TDRC laboratory staff will be dedicated to expanding and improving detection of drug resistant TB cases using liquid culture technology as well as supporting external quality assurance services in local and rural settings for AFB smear microscopy. These services will include training, proficiency testing, AFB smear microscopy rechecking, and feedback to the laboratories. Training will be provided to two technologists from each of the five provinces to expand capacity for supervision and monitoring of TB/HIV support in the district hospitals. The ten technologists are currently government staff who will receive further training to expand their laboratory technical role. Those trained at the provincial level will share skills with district staff during supervisory visits to ensure laboratory skills are expanded and sustained at all levels health facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9027

Related Activity: 15513, 15510, 15514, 15563, 15594, 14419

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26281	3702.26281.09	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	10985	3009.09	TDRC - U62/CCU023151	$320,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15513	3691.08	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	Columbia University Mailman School of Public Health	$1,800,000
15594	3706.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,250,000
15510	3703.08	7166	3010.08	CDL - U62/CCU023190	Chest Diseases Laboratory	$100,000
15514	3704.08	7169	3011.08	Comforce	Comforce	$550,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000
15563	9794.08	7183	5280.08	ASM - U62/CCU325119	The American Society for Microbiology	$130,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	18	False
12.2 Number of individuals trained in the provision of laboratory-related activities	10	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	27,500	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Copperbelt

Luapula

North-Western

Northern

Central

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

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 Area Code: 12

Activity ID: 3706.08

Planned Funds: $1,250,000

Activity System ID: 15594

Activity Narrative: Reprogramming 10.08: A reprogramming of funds from CDC Lab/TA to 2 implementing partners: 1) $200K to Lusaka Provincial Health Office to support lab renovations; 2) $200K to University Teaching Hospital to support the Microbiology unit. See subsequent activity reprogramming sheets for further details.

The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity is linked to all TB/HIV activities in Eastern, Western, Southern and Lusaka Provinces and for the Ministry of Health, as well as the University of Nebraska, CIDRZ, and JHPIEGO.

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, tuberculosis (TB) and other opportunistic infections. In FY 2005, 2006, and 2007 automated chemistry, hematology, and CD4 analyzers were placed in three provincial hospitals; Livingstone, Lewanika, and Chipata General. Automated full blood count and CD4 analyzers were placed at district sites in Southern Province. Care and treatment support and human resource capacity was expanded in the Department of Pediatrics at University Teaching Hospital with the implementation of automated chemistry and hematology analyzers. Instrument validation and correlation function studies on different testing systems was a major milestone for the implementation of the national quality assurance program. Strategic laboratory reagents and consumable acquisitions with national maintenance and service agreement for automated systems were provided. FY 2006 and 2007 marked a period in which laboratory reagents were in continuous supply to Government of the Republic of Zambia (GRZ) Medical Stores Facility for care and treatment support to the national antiretroviral (ARV) program.

This activity continues to support: 1) expansion of laboratory technical expertise through training and quality assurance (QA) to the Ministry of Health (MOH) laboratories national reference, provincial, district, urban, and rural health centers, as well as at the University Teaching Hospital (UTH); 2) renovation and expansion of support for CD4 staging, liver and kidney function testing, and treatment services at the training center at Chainama College in Lusaka; 3) installation of integrated computer systems and implementation 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 (DBS) analysis in children at the Arthur Davison Children's Hospital (ADH) in Ndola and other regions in Zambia; 6) support much needed improvements in laboratory infrastructure at key district-level and rural health facilities in Eastern, Lusaka, Southern, and Western Provinces; and 7) provide laboratory staff travel support for training and supervisory visits to testing sites to ensure proper equipment operations, feedback, and to reinforce system strengthening.

In FY 2007, infant HIV DBS sample collection and transport expansion to three reference laboratories within the country with integrated sample transport twice per week pickup for both DBS and TB samples is improving test result turn-around time. The MOH and National HIV/AIDS/STI/TB Council (NAC) recently adopted a national algorithm for rapid HIV testing using a non-cold chain algorithm. In FY 2007, CDC with other cooperating laboratory partners, collaborated with MOH to customize the World Health Organization (WHO) HIV guidelines and training curriculum for counseling and testing. Implementation of the first "master trainer of trainer "HIV workshop was held in FY 2007. A quality assurance training program will be supported from the University Teaching Hospital (Virology) which serves as the national HIV reference laboratory. In FY 2008, the QA program will expand to both technical and non-technical laboratory persons in VCT, PMTCT, and integrated HIV/TB programs. National expansion of infant diagnosis utilizing polymerase chain reaction (PCR) DBS techniques will continue in FY 2008 along with integrated specimen transport courier systems for rapid detection of multiple and extreme resistant cases of TB.

Transferring skills to Zambian nationals currently in the field is critical, as is building capacity of clinical personnel during training to ensure graduates going to the field are equipped with the necessary laboratory knowledge and skills. In this regard, the USG is providing support to Chainama College in renovating the training laboratory to improve the diagnostic studies in pre-service training for graduating clinical officers and ART curricular for advanced diplomas for clinical officers. Once graduated, in most cases, clinical officers are the ones who provide direct care at districts and rural clinics. This will ensure that all graduating clinical officers in the field have adequate diagnostic laboratory skills and knowledge for providing HIV/TB and opportunistic care. The Chainama College training center will increase opportunities to laboratory staff and build capacity in the rural areas by training community workers in laboratory techniques, such as HIV testing and acid fast smear microscopy for diagnosis of TB in HIV/TB programs. This is vital in addressing opportunistic infections which are a major threat to PLWHA. Training and support will be provided to clinicians and laboratory technologists on cost effective diagnostic testing and implementation strategies, guidance on antibiotic utilization to prevent avoidable resistance levels, and standardization of infection control practices in both medical and laboratory settings. This is one of the only two colleges where USG support offers pre-service training in laboratory, HIV care, and counseling to clinical officers and nurses. Further, the facility is the only psychiatric hospital in Zambia offering mental health treatment services to patients diagnosed with HIV. Continued curriculum development support is in progress to improve quality and access to training for healthcare staff working in rural areas where most of the clinical officers are assigned. This activity will be completed by the end of FY 2008. This initiative is closely linked with HIV care and treatment training activities supported by CIDRZ and JHPIEGO.

Information management is also crucial to patient care, laboratory procurement and monitoring the success of the ARV treatment programs. Laboratory computers and printers have been placed at the provincial laboratory sites, and 35 laboratory staff members were trained on how to use the data management system, to improve communication across geographical regions where travel is slow and limited, and to increase the efficiency of the network of laboratories. Improved infrastructure capacity has allowed for information technology systems to enhance maintenance services utilization of modern and efficient laboratory equipment, with capacity for internet connectivity. These activities and laboratory management tools will continue to strengthen the capacity of the GRZ, USG, and other laboratory partners in monitoring laboratory data for improving services and forecasting for procurement of reagents and supplies. An electronic laboratory information system has been developed and is currently in beta testing in several sites within the Eastern, Western, Southern, and Lusaka Provinces. Standardization of data collection provides meaningful

Activity Narrative: managerial information in a timely manner. The MOH and USG laboratory team is working to improve data collection and management in the laboratory.

More than 10 laboratory and medical staff have attended the six-week management Sustainable Management in Public Health (SMDP) training course held in Atlanta and over 60 Zambians involved in health care management have been trained through the follow-up activities in-country. In FY 2007, the first CDC laboratory technologist attended the six week training and joined the MOH laboratory and other health care worker alumni team to strengthen management and laboratory quality assurance curriculum development in the Ndola College of Biomedical Sciences. In FY 2008, continued skills transition and management activities will build sustainable systems in areas such as HIV/TB and opportunistic infection care and treatment support. Lessons learned in FY 2007 will provide guidance for developing and expanding laboratory capacity in district hospitals, urban and rural clinics for better care. In FY 2008, CDC Zambian laboratory staff will travel to CDC Atlanta to work in the International Laboratory Branch to expand knowledge and skills as train-the-trainers in both general laboratory management and PCR techniques. In FY 2008, funding will also be used to provide technical assistance to Department of Defense laboratory facilities in all nine of the Zambian provinces. Infrastructure support through laboratory renovations and equipment, reagents, and consumable supplies allows technical skill and knowledge transfer to Zambians and development of sustainable laboratory services for diagnosis, care and treatment of HIV/TB and opportunistic infections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9022

Related Activity: 15533, 15536, 15545, 15551, 15557, 15521, 15531, 15620

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26309	3706.26309.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$700,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15557	3791.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$400,000
15545	3790.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$315,000
15551	3649.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$400,000
15533	9702.08	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	Lusaka Provincial Health Office	$275,000
15536	12445.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$500,000
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000
15531	3689.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$500,000
15620	3701.08	7202	4142.08	NIH	University of Nebraska	$280,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	21	False
12.2 Number of individuals trained in the provision of laboratory-related activities	60	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	450,000	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	4142.08	**Mechanism:**	NIH
Prime Partner:	University of Nebraska	**USG Agency:**	HHS/National Institutes of Health
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Area Code:**	12
Activity ID:	3701.08	**Planned Funds:**	$280,000
Activity System ID:	15620		

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 is linked to UTH Virology, Columbia University and ART in Lusaka.

Reliable laboratory support continues to be critical for treatment and care of HIV/AIDS patients. This activity has provided the University Teaching Hospital (UTH) Department of Pediatrics, and the Kalingalinga-Lusaka Health District with training of laboratory personnel and the equipment needed to perform Polymerase Chain Reaction (PCR) diagnosis of HIV-exposed infants, viral load, and HIV genotyping for the monitoring of drug resistance. To date, six lab technicians have been trained from the two facilities and are now performing deoxyribonucleic acid (DNA) PCR for early infant HIV diagnosis. Through United States government (USG) funding, UTH and Kalingalinga now have the needed equipment and regularly perform PCR for early infant diagnosis. Antiretroviral (ARV) drug resistance testing (i.e. genotyping) and viral load tests were set up at UTH by July 2007.

PCR testing on whole blood or dried blood spots (DBS) is critically important for scaling-up early pediatric ARV treatment in Zambia. Early infant diagnosis is now enabling early intervention so the infected infants receive specific appropriate treatment and/or other preventive measures such as cotrimoxazole prophylaxis. CDC has placed one full-time laboratory technologist with expertise in molecular biology and diagnostic laboratory testing who is assigned to support the activity at the UTH Department of Pediatrics, in addition to five trained technologists. With the scale-up of screening, children on therapy are now regularly monitored for CD4 analysis, full blood count, kidney, and liver function testing. An additional benefit of this activity is the ability to monitor 'missed opportunities' for HIV prevention in children and the impact of prevention of mother to child transmission of HIV (PMTCT) interventions in reducing HIV transmission.

In FY 2008, funds will be used to scale-up the availability of early infant DNA PCR testing by using DBS collection. In addition, viral load and genotype testing will be made available at UTH and Kalingalinga Laboratories. It is anticipated that two additional technologists and one data entry clerk will need to be hired and trained to support the scale-up of PCR and the additional new activities. Technical expertise from this center will support infrastructure development of a third national PCR site in the Arthur Davison's Children's Hospital (ADH) in Ndola (in close collaboration with the Zambia Prevention, Care and Treatment Partnership [ZPCT]). Lessons learned from this activity in FY 2007 will be applied to expand the PCR and genotyping activities to the ADH in Ndola. In addition, six staff will be trained in Ndola to perform PCR and HIV genotyping for ARV drug resistance monitoring and about 7,000 tests will be performed. Working with CDC, the Ministry of Health (MOH), Provincial Health Offices (PHO's), and other stakeholders such as the University of Nebraska-Lincoln, Health Services and Systems Program, and the World Health Organization (WHO), UTH will formulate an optimal strategy for conducting ARV drug resistance monitoring in Zambia.

Initiating and scaling-up PCR and ARV drug resistance monitoring at the government hospitals, in collaboration with the MOH, is allowing these government institutions to build national capacity through acquiring skills and equipment necessary to scale-up and maintain high standards of pediatric ART care. PCR training has been provided to Zambian nationals so that the skills are retained in the country. Under this activity, Zambians trained in FY 2007 will work with facilities in other provincial hospitals to transfer their knowledge and skills on PCR and resistance monitoring activities so more children can access treatment as well as build sustainable pediatric treatment at the provincial levels.

Another area proposing to be developed is that of acquiring a mobile pediatric medical/laboratory unit, staffed with clinical and laboratory personnel that can be stationed in different regions of the country at different times so that counseling and testing, clinical care, diagnosis, and laboratory tests can be done on-site. This type of unit, based at the UTH Pediatric Center of Excellence (PCOE), will be essential for reaching out to children and their families, even in the most remote areas of the country such that clinical and laboratory services can be provided in a timely manner.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9015

Related Activity: 15513, 15521, 17439

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26828	3701.26828.09	HHS/National Institutes of Health	University of Nebraska	11138	11138.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000
15513	3691.08	7168	3001.08	Columbia Pediatric Center - U62/CCU222407	Columbia University Mailman School of Public Health	$1,800,000
17439	9798.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$600,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	False
12.2 Number of individuals trained in the provision of laboratory-related activities	12	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	7,000	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Lusaka

Central

Copperbelt

Eastern

Luapula

Northern

North-Western

Southern

Western

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 576.08

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 Area Code: 12

Activity ID: 9798.08

Planned Funds: $600,000

Activity System ID: 17439

Activity Narrative: Oct 08 reprogramming: Additional funding is being provided for the Microbiology department to purchase equipment and essential reagents, training activities, infrastructure and human resource capacity development will be provided for national microbiology reference laboratory to support patient care and treatment of HIV/TB and other opportunistic infections

The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity is linked to Southern, Eastern, Western and Lusaka Provincial Health Office programs.

Since 1998, the University Teaching Hospital (UTH) Tuberculosis (TB) Laboratory was previously supported by Japanese Inter Cooperation Agency (JICA) at UTH. However, the JICA project at UTH came to an end in March 2006 resulting in an ending of support for their activities, which included external quality assessment (EQA) for Lusaka Province that supports the national TB program. In FY 2007 $20,000 from the CDC Laboratory TA budget was reprogrammed to assist the UTH TB Laboratory in conducting limited TB smear microscopy external quality assessment in the province.

There are four districts within the Lusaka Province, namely: Lusaka Urban, Kafue, Chongwe, and Luangwa Districts. Each district has numerous government and private clinics and hospitals located within each. The UTH TB Laboratory under the national TB program was responsible for conducting TB EQA activities as a model for the country. UTH TB Laboratory serves a reference center for the 38 TB diagnostic centers in Lusaka Province. The UTH TB laboratory facility has both EQA capacity for Zeihl Neelsen and fluorescent smear microscopy, rapid culture and drug susceptibility testing capacity. In FY 2008, the laboratory will expand to support full TB program support services including rapid liquid culture and first line drug susceptibility testing. The UTH laboratory staff is experienced in carrying-out these activities and will serve as a resource to the national TB Reference Laboratory as well as to urban and rural health centers within the province. The UTH laboratory is well equipped with three certified bio-safety cabinets, several light microscopes and a fluorescent microscope. The laboratory also has the rapid Mycobacteria Growth Indicator TB (MGIT) culture system; maintenance reagents, DNA probe Identification system and support for validation of the biosafety cabinet and maintenance of MGIT TB system is also required.

The UTH TB Laboratory has experience in EQA, rapid culture, and drug susceptibility testing activities through many years of experience running an effective TB program. They will initiate full TB program support in FY 2008 for the four Lusaka Province districts. Laboratories/clinics where TB microscopy is performed in Lusaka District include (17) are as follows: Matero Reference, Matero Main Clinic, Chainama, St John's Hospital – Private, Maina Soko Military Hospital, Lusaka Trust Hospital – Private, George, Kabwata, Arakan Barracks, Chipata, Mtendere, Kalingalinga, Kamwala, Chilenje, Chelstone, Chawama, and Kanyama. Kafue District clinics include eight, which are: Kafue Estate, Chilanga, Chilanga Hospice, Mt Makulu, Zambian Helpers Society Hospital, Chikupi, Mwembeshi, and Kazinva Clinic. There are eight newly trained/opened private clinics in Lusaka Urban District to be included as well; these are: Kara Laboratory, Pear of Health, Dr. Wang, Victorian Clinic, Family Health Centre, CorpMed, Mutti, and Nkanza Laboratories. These laboratories/ clinics bring the total number of Lusaka District sites to 33. For Chongwe District there are two sites and these include Chongwe Clinic and Mpanshya Mission Hospital. In Luangwa District there are also two; which are Katondwe Mission Hospital and Luangwa Clinic.
The UTH Laboratory will provide onsite visits and collect 25 smears per quarter from each laboratory for rechecking, provide panel testing once per year for all staff in the laboratories within the four provincial districts.

The University Teaching Hospital serves as the national HIV reference laboratory and will over see and provide national quality assurance guidance to the provincial laboratories and more than 1,000 rapid HIV testing sites within the country. In FY 2007, the UTH Virology laboratory initiated work with the national HIV rapid quality assurance program in collaboration with other partners. In FY 2008, the laboratory will focus on expanding the EQA program and work toward international accreditation for the reference facility. This funding will support the acquisition and development of quality control material as well as support technical staff in conducting these activities. The laboratory will reach 50% (46) of the district laboratories with quality assurance samples and data collection within selected provinces during FY 2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9798

Related Activity: 15560, 15554, 15548, 15534

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26298	9798.26298.09	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	10991	576.09	University Teaching Hospital	$400,000
9798	9798.07	HHS/Centers for Disease Control & Prevention	University Teaching Hospital	5024	576.07	University Teaching Hospital	$320,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15560	9799.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$250,000
15548	9795.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$200,000
15554	9797.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000
15534	9796.08	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	Lusaka Provincial Health Office	$350,000

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	46	False
12.2 Number of individuals trained in the provision of laboratory-related activities	6	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas
Copperbelt
Eastern
Lusaka
Southern
Western

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3051.08
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 Area Code: 12
Activity ID: 3754.08
Planned Funds: $1,600,000
Activity System ID: 14636

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 PMTCT, Palliative Care, TB/HIV and ART programs.

The program will contribute to improved service delivery in HIV care and treatment in the ZDF through improvement, and expansion of infrastructure dealing in HIV/AIDS Counseling and Testing, PMTCT, palliative care and ARV delivery, training institutions, and HIV/AIDS laboratories. Improvement of infrastructure includes renovation of existing spaces which include, examination rooms, laboratory testing facility and anti-retroviral (ARV) dispensaries so that they can be utilized more effectively for HIV/AIDS care and treatment. Expansion includes new construction of anti-retroviral treatment (ART) clinics and laboratories which will aid in scaling up the interventions to meet the health needs for the ZDF, their families and vulnerable population living in these areas, which at many sites are predominantly civilians (non ZDF dependents) who rely on access to Defense Force Medical Service (DFMS) clinical services for all routine care. Years of under funding coupled with increasing population have left the DFMS with substantial infrastructure deficits, which are compounded by the remote location of many of the 54 DFMS clinics, as well as the lack of other donor support and the lack of Ministry of Health (MOH) support for DFMS activities.

In FY 2005, the ZDF identified four regional model sites located in the following provinces: two in the Copper belt (Tug Argan barracks and ZNS Kitwe), one in Southern (ZAF) and one in Lusaka (Maina Soko) to focus on strengthening their HIV/AIDS treatment and care services. Those four sites received basic laboratory equipment as well as training by the implementing partners.

In FY 2006, seven additional sites as follows: ZA Gonda, ZA Chindwin barracks, ZNS Chiwoko, Chishimba and Kamitonte, ZAF Livingstone and Maina Soko will be provided with laboratory equipment and comprehensive training as well as infrastructure support. Most of these sites are located in remote isolated areas and their medical infrastructure is poor to deliver comprehensive services. Extensive renovation of these facilities is needed to allow them qualify for the national HIV program where free test kits, ARV and other HIV related drugs become available. These sites will serve as model sites for the ZDF medical staff in the regions to rotate through for training in prevention for mother-to-child transmission (PMTCT), HIV/TB care, ART and palliative care. These trainings for staffing ZDF medical facilities are conducted by PCI and JHPIEGO.

In FY 2007, while continuously supporting sites provided support in FY 2005 and 2006 with laboratory reagents and equipment support, in collaboration with CDC, DOD will expand infrastructure activities into eight additional military medical sites as follows: ZAL85, Arakaan and Mikango Barracks, ZNS Mansa, Chongwe and Nyimba , ZAF Lusaka and Mumbwa. Due to the remoteness and isolation of most of these sites DFMS has been unable to provide adequate HIV care services. The principal constraint has been the lack of adequate infrastructure to support HIV/AIDS care and treatment. Mansa Clinic will be supported with major construction activity and when this site is equipped with adequate facility and equipment, the ZDF will have one "model site" in each province to be able to coordinate all 54 military clinics in a network of care and treatment.

Although Lusaka province already has one model site supported in FY05 in the district, the ZDF has identified the need for an additional site since Lusaka district is a high density area with a large demand for services and the Maina Soko hospital alone cannot accommodate the large patient burden. L85 unit (Zambia Army) will receive major infrastructure support. In addition, some expansion and rehabilitation services will be made available to Maina Soko Military hospital in order to support the development of the Family Support Unit, as well as to the Defense School of Health Sciences to improve their ability to train nurses.

HIV/AIDS unit coordinators as well as medical officers from the FY2007 sites have already been provided adequate training for HIV/AIDS prevention, care and treatment and therefore support in equipment and infrastructure improvement will immediately expand capacity to provide those services.

By working with the DFMS and in these facilities, DOD is able to establish a sustainable program through strengthening of the physical and equipment infrastructures, implementation of a facility level quality assurance/quality improvement program, improved laboratory equipment and systems. DOD's goal, over the last two years, is to provide quality systems to ensure sustainable laboratory support after this aspect of the program concludes.

FY08 activities focus on continuous strengthening of ZDF labs in the outlying areas and monitoring performance of sites already improved. This activity will be linked to SCMS to ensure laboratories have reagents and sustainable service.

The DoD will further support improvement of service delivery in HIV/AIDS care, treatment and testing through infrastructure improvement and expansion on ten (10) ZDF sites and provision of equipment. Improvement will include renovations to infrastructure while expansion will include new constructions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9096

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24845	3754.24845.09	Department of Defense	US Department of Defense	10576	3051.09	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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	25	False
12.2 Number of individuals trained in the provision of laboratory-related activities	60	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	2,000	False

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Lab technicians

Coverage Areas
Central
Copperbelt
Eastern
Luapula
Lusaka
Northern
North-Western
Southern
Western

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	4139.08	**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 Area Code:**	12
Activity ID:	9524.08	**Planned Funds:**	$10,300,000
Activity System ID:	14419		

Activity Narrative: This activity links with the Partnership for Supply Chain Management System's (SCMS) activities in ARV Drug procurement, Counseling and Testing (CT), and Policy Analysis/Systems Strengthening; USAID | DELIVER PROJECT activities in ARV Drugs and CT; the Centers for Disease Control and Prevention; Center for Infectious Diseases Research in Zambia ; Catholic Relief Services/AIDS Relief; Churches Health Association of Zambia; Zambia Prevention, Care and Treatment Partnership; the Government of the Republic of Zambia (GRZ); the Global Fund for AIDS, Tuberculosis and Malaria (GFATM); UNITAID; and the Clinton Foundation.

The purpose of this activity is to procure essential HIV/AIDS laboratory commodities in support of the national ART program and to ensure that US Government (USG), GFATM, GRZ, and other partners' HIV/AIDS laboratory commodity procurements are in sufficient supply and available at service delivery sites through an efficient and accountable HIV/AIDS laboratory logistics and supply chain system.

In FY 2007, 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 in FY 2007 and continuing into FY 2008, the USG through SCMS, procured the following items: CD4 reagents (Beckman Coulter Epics XL, Becton Dickinson FACSCalibur, Becton Dickinson FACSCount, Guava Easy CD4 System (PCA)); hematology reagents (ABX Pentra 60C+, ABX Micros 60, Sysmex pocH-100i); chemistry reagents (Cobas Integra 400, Ortho Vitros DT60, Olympus AU400, Human Humalyzer 2000, Nova Biomedical Stat Profile pHOx Plus); and various consumables (e.g., Ethelyne Diamine Tetra Acetic Acid, 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 a series of workshops that led up to the design of the new lab logistics system. The new system is a manual system that was implemented through nationwide training. Both central level and service delivery site computer software logistics management information systems and a central management information system that was installed at the Ministry of Health (MOH) Logistics Management Unit.
In FY 2008, SCMS will continue to procure laboratory commodities in bulk. SCMS will procure 50% of the national quantification for laboratory commodities; which will support the 2009 ART target of 230,000 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 standardize the HIV/AIDS laboratory commodity inventory control procedures at central, district, and service delivery levels;
4) SCMS will implement a computerized HIV/AIDS laboratory logistics management information system (LMIS) in at least 80 service delivery sites. For sites that are laboratories, 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 HIV Test Logistics System;
5) SCMS will 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 develop and 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 develop and implement a specialized supply chain system for commodities with short shelf lives; and
8) SCMS will monitor and evaluate the HIV/AIDS laboratory supply chain as a whole, and will make improvements and recommendations to the USG as needed.

To complete these activities, SCMS will collaborate with GRZ, GFATM Principal Recipients, and other partners, to train up to 150 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.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9524

Related Activity: 15614, 15615, 15616, 15617, 15511, 15512, 14404, 14405, 14415, 14416, 14417, 14418, 14420, 15566, 15567

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26408	9524.26408.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11026	4139.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15511	9734.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$475,000
14415	12523.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,700,000
14416	12527.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,500,000
15614	9703.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$1,043,000
15512	3651.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$200,000
15566	3653.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$2,074,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000
14404	9522.08	6822	5074.08	DELIVER II	John Snow, Inc.	$1,800,000
14417	3750.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$2,000,000
14418	3751.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$24,000,000
14405	9520.08	6822	5074.08	DELIVER II	John Snow, Inc.	$3,000,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	150	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Target Populations

Other

Lab technicians

Trainers

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2998.08

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 Area Code: 12

Activity ID: 16956.08

Planned Funds: $1,000,000

Activity System ID: 16956

Activity Narrative: The following activity is newly proposed for FY 2008 with Plus-up funds.

This activity is linked to UTH Virology, CDL, SCMS, Eastern, Western, Southern and Lusaka Provincial Health Office laboratory programs, as well as to the CIDRZ Central Laboratory at Kalingalinga Clinic.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)/CIDRZ ART and prevention of mother to child transmission of HIV (PMTCT) activities are supported by a Central Laboratory at Kalingalinga District Clinic. This centrally-located facility set up in Lusaka District, known as the CIDRZ Central Laboratory (CCL), 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). Clinical specimens are transported to the laboratory from various clinics and hospitals throughout Lusaka and Zambia. Specimen processing and testing is performed by trained and certified laboratory staff using state-of the-art instruments and necessary support equipment. 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.

Currently, CCL is performing approximately 9,000 CD4 tests, 9,600 complete blood counts (CBC's), 5,100 chemistry (liver and kidney function tests), and 2,100 syphilis tests per month for the EGPAF/CIDRZ ART and PMTCT programs. The number of molecular biology tests performed is increasing to approximately 560 HIV RNA viral loads and 360 HIV DNA polymerase chain reaction infant diagnostic tests. The laboratory is currently setting-up tuberculosis (TB) testing and estimate performance of 5,000 tuberculosis (TB) cultures per year on HIV positive TB smear negative patients with symptoms and those appearing to fail in early TB therapeutic phases.

The CCL was built in 2001, and expanded in 2004 to accommodate its increased responsibilities. The building is approximately 5,000 square feet and includes seven laboratory rooms (main laboratory, specimen processing, microbiology, PCR analysis, PCR clean, autoclave, freezer/repository) and ten support rooms (reception, utility, staff, computer/server, conference, three offices, bulk storage, and kitchen.

The large main laboratory area 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 will be performed in this suite using the Becton Dickinson Company Mycobacteria Growth Indicator Tube (MGIT) liquid culture system. Two additional suites are available for PCR amplification preparations.

The CCL performs multiple assays to support project HEART. The most common assays performed on primary instruments with back-up plans to include the following for various analyses: Hematology-Complete Blood Count, 5 part differential is performed on Sysmex XT 2000i and XT 1800i Hematology Analyzers on site. A Sysmex Pochi at Kara Clinic in Lusaka is a contingency if both of the onsite analyzers are down. Chemistry analytes for liver and kidney function are performed on two Roche COBAS Integra 400+ analyzers; these analyzers serve as backup for each other. CD4+/ CD 8+ lymphocyte counting is performed on three Beckman Coulter Epic systems and a back up system is located at Kara Clinic in Lusaka.

Coagulation testing profiles include prothrombin time, partial prothromboplastin time and activated partial thromboplastin time. These are performed on a Sysmex 560 coagulation analyzer. For back up, the samples are frozen until they can be performed.

Sexually transmitted disease testing for Neisseria gonorrhoeae and Chlamydia trachomatis are performed on the Becton Dickinson Probe Tech system. Other molecular biology testing using Strand displacement and nucleic acid amplification for TB identification are also performed on the same system. As a contingency plan samples are processed and frozen until they can be analyzed.

Quantitative viral load testing is performed primarily on the Roche Cobas system if this system fails manual kit preparation for detection is performed. Systems for infant HIV infant PCR amplification include the Stratagene Mx3000 Light-cycler, Applied Bio-systems Gene Amp 2700 thermo-cycler and BioTeck ELX ELISA equipment. If these systems fail, samples are tested at the University Teaching Hospital Pediatric laboratory or samples are processed and stored until they can be tested.

Rapid TB culture is performed on the Becton Dickinson MGIT liquid culture system. In the case of failure, the cultures will be performed at the National Chest Diseases Laboratory on the same system in Lusaka through a memorandum of agreement.

Herpes simplex virus, syphilis and hepatitis serology testing is performed using BioTeck ELX ELISA or Roche Elecsys 2010 equipment.

Provincial Laboratory Plans:

As Project Heart continues to scale-up in Western, Eastern, and Southern Provinces, one challenge to effective care and treatment is the lack of qualified laboratory staff and appropriate laboratory equipment. Most provincial clinics outside of Mongu district center have little laboratory equipment other than a microscope. To provide the highest quality standard of care in these settings, EGPAF/CIDRZ is collaborating with the provincial and district lab managers to initiate a sustainable specimen transport/logistics system from those sites that are within 50km of the district and provincial hospitals. For those sites outside of this radius, we will assist a larger rural site with CD4, chemistry, and hematology instruments if there are qualified staffs available and where other rural sites will most effectively be in a position to transport specimens to the site with the capacity to provide the tests. These would be sites that are too far from the district and provincial hospitals. In FY 2006, five Guava CD4 instruments (Guava Technologies, Hayward, CA) where placed in strategic centers within 3 Provinces: Chikankata, Choma, and Livingstone (Southern), Senanga (Western Province), and Petauke (Eastern). CD4, chemistry, and

Activity Narrative: hemoglobin instruments with appropriate training to seven of the 14 new provincial sites will be provided. The placement of these instruments will also allow for further scale up to more rural sites within the 50km radius of these seven strategic sites that have the capacity to manage tests. This support is provided to these provinces and linked to support provided by CDC cooperative agreements.

Laboratory staff requires further training in use and maintenance of existing and new instruments. Two trainings 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 and increase its capacity to conduct resistance testing.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15554, 15548, 15560, 15510, 17439, 14419, 15534

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17439	9798.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$600,000
15510	3703.08	7166	3010.08	CDL - U62/CCU023190	Chest Diseases Laboratory	$100,000
15560	9799.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$250,000
15548	9795.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$200,000
15554	9797.08	7180	2973.08	SPHO - U62/CCU025149	Provincial Health Office - Southern Province	$200,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000
15534	9796.08	7174	5252.08	Lusaka Provincial Health Office (New Cooperative Agreement)	Lusaka Provincial Health Office	$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	14	False
12.2 Number of individuals trained in the provision of laboratory-related activities	25	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	26,720	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Eastern

Lusaka

Southern

Western

Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13

Total Planned Funding for Program Area: $16,140,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

In support of Zambia's national response and Zambia's 5-year PEPFAR Strategy, USG supports the Ministry of Health (MOH), the Zambia Defence 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 their information systems infrastructure and management, upgrading quality assurance procedures, providing staff training and support, and providing technical assistance in developing sustainable systems and workforce in monitoring and evaluation (M&E), epidemiology and surveillance, scientific research methods, health information systems (HIS), and information and communication technology (ICT). In addition, the USG has been a key partner in the implementation of HIV/AIDS-related surveillance, including the ANC Sentinel Surveillance, the Zambia Sexual Behavior Survey/AIDS Indicator Survey (ZSBS/AIS), the Demographic and Health Survey (DHS+), the Service Provision Assessment (SPA), the Nakambala (Migrant Sugar)Workers Health Study, and the PLACE Study. As a result, Zambia is becoming a nation rich in data for decision-making.

In FY 2008, the primary strategic information challenges are to implement, integrate, and institutionalize sustainable systems, to triangulate and strengthen the use of data for programmatic decision-making and improved quality of HIV/AIDS services, to build infrastructure, and to train Zambian professionals for the sustainability of activities in the strategic information program area. USG will support training of 2,003 people in strategic information and provide assistance to 357 organizations.

The USG PEPFAR SI team in Zambia comprises surveillance, MIS and M&E experts from all five USG agencies working in Zambia: USAID, CDC, Peace Corps, DoD, and State. The SI team has two co-SI Liaisons, but 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 TWG. The entire USG team holds an annual retreat and sets priorities for all program areas, including SI. Members of the SI team also sit on technical working groups for M&E, surveillance, geographical information systems (GIS), and HMIS, and work closely and collaboratively on all national SI activities and priorities, such as the DHS, Zambia Sexual Behavior health survey, integration of HMIS, support for SI for clinical services through SmartCare (the nationally adopted electronic health record (EHR) system supporting 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 facilitate target setting as well as coordinating 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. Using this information, the SI team conducted an interagency Data Quality Assessment with selected prime partners, fostering a better understanding of different program models across agencies.

The SI team has developed an interagency SI strategy that includes strategic goals and objectives, timelines and resource allocation 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. USG supports collaborative planning and implementation for all SI activities with GRZ and other cooperating partners. A key component of this strategy is support for local SI capacity building to achieve sustainability for SI human resources (HR), but to also engineer best protocols, information flows, procedures into durable systems that persist institutionally long after the 'engineers' have left and the HR have 'turned-over'.

The SI team prioritizes results reporting and use through a number of mechanisms. As mentioned above, ZPRS is the partner reporting system for USG Zambia. Several enhancements are being developed that will facilitate use of data by partners. USG also conducts regular trainings on planning and reporting, with a focus on data quality and utilization for program improvement. USG has catalyzed M&E professionals at UNZA to act as in-country experts on training for data utilization. A priority for 2008 will be to integrate ZPRS, NAC reporting and the MOH/SmartCare systems, and continue support for training in data use. Currently, Zambia satisfies reporting requirements (including UNGASS and Global Fund) on a national level through a combination of NAC, MOH, and donor reporting systems. USG data are sent from facilities to district health offices on a monthly basis and then aggregated up at provincial and national levels for national reporting. USG data are thus reported as part of the national response, but disconnected system elements remain. As a result, an integration plan is being developed and will be implemented during 2008-2009 that includes sharing ZPRS with NAC for possible adoption to enhance district level results reporting.

Zambia has well functioning data quality processes, particularly through SmartCare and ZPRS, and DQ will also be a training

priority during 2008. Overall, data are used by USG implementing agencies and national counterparts to inform an evidence-based approach to planning, program revision, resource allocation and capacity development.

Working together with other partners, the USG provides financial and technical support to national surveillance activities to the MOH, Tropical Diseases Research Centre, CSO, UNZA University Teaching Hospital, and the Zambia National Cancer Registry (ZNCR). USG support in FY 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 system; and the dissemination of results from the 2006 ZSBS, two PLACE studies, and the SPA.

USG 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 end of 2007, SmartCare will be rolled out to facilities in all 72 districts in Zambia, preceded by trainings on the system for provincial and district level stakeholders. This is part of the implementation of a provincial led 'training of trainers' deployment cascade, using existing personnel to assure sustainability. In 2007, major strides were made to improve information communications infrastructure and transfer technical expertise to key Zambian staff. MOH also identified the ARTIS system for sites which require paper-based data management. SmartCare is credited with improving the quality of care, reducing expenditures for costly second line drugs, labs, or acute care. SmartCare is currently serving about 125,000 patients in more than 65 facilities. In FY 2008, SmartCare will be extended to remaining areas of outpatient services in the coming year and continuing support will be provided to targeted mission hospitals to adopt SmartCare and convert data records to this new format. USG will also explore utilizing the SmartCare technology in blood donation as donor tracing and retention software.

In FY 2008, support to UNZA will be expanded to offer additional M&E courses for professionals and MPH students. Activities to support NAC's national M&E system will continue in 2008 with an emphasis on M&E and data use capacity-building at the provincial and district levels. Upgrades to communications infrastructure will be expanded in 2008 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 USG will ensure 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, implementation of the 2008 Sexual Behavior Survey/AIDS Indicator Survey, continued implementation of a system to monitor HIV drug resistance emerging during treatment, and build and transfer capacity in innovative geographic mapping and spatial analysis, data management, statistical analysis, and scientific writing. The USG will also enable studies of recent HIV infections to estimate HIV incidence in Zambia from 1994 through 2004, strengthen surveillance of AIDS-related malignancies, and partner with the private sector to learn more about risk behaviors that predispose to HIV infection in high risk populations such as men who have sex with men and migrant farm workers. The USG will provide technical assistance to build government capacity to use 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.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	283
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1695

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	2976.08	**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:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	16972.08	**Planned Funds:**	$500,000
Activity System ID:	16972		

Activity Narrative: The funding level for this public private partnership (PPP) activity in FY 2008 has increased since FY 2006 as this activity did not receive FY 2007 funding. However, it did receive funding in FY 2006 and the activities desribed below are a continuation of the FY 2006 funded activites. Narrative changes include updates on progress made and expansion of activities.

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, clinical medical records, and management information systems needed for sustaining quality care in poorly connected remote locations.

These improvements are achieved though 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 'nodes' and their communities in Zambia thereby leveraging the scaling-up, support and sustainability of the Zambia Ministry of Health (MOH) SmartCare 'smart card' Electronic Health Record (EHR) system of care in 'feeder' 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 very late funded 2006 Public-Private Partnership (PPP) the "LinkNet" continuation activity will extend the proof of concept demonstrated by PrivaServe Foundation at Macha in 2006 and 2007, into an increasing number of other similar remote hospital and clinic locations in Zambia by continuing to 'clone' the Macha and now early 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 already 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 feeds the national Health Management Information System from these same sites, improving the quality, timeliness, and richness of this existing Zambian information stream, and removing the separate burden of collecting this service management information that is key for budgeting, logistics and supply.

The SmartCare system of care provides structure to clinical protocols, such as the provision of antiretroviral therapy or prevention to mother to child transmission of HIV, according to best practices developed in Lusaka, Zambia over the past several years, where over 85,000 HIV positive persons are now cared for using this approach. In April, 2006, the MOH identified this President's Emergency Plan for AIDS Relief (PEPFAR) facilitated software collaboration product as the national standard for provision ART care and required its use. The number of other collaborators in this ongoing EHR development and implementation effort in 2007 has increased to nearly 15 organizations (including LinkNet) following national training in June 2007. The MOH has requested for support to scale up the system nationally, implementing 900 sites within the next two years.

The LinkNet activity leverages both this SmartCare success and the success of the LinkNet proof of concept for community sustainable ICT rural hospital projects in Macha and now, 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, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15538

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2973.08
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 Area Code: 13
Activity ID: 16979.08
Planned Funds: $120,000
Activity System ID: 16979

Activity Narrative: The following activity is newly proposed for FY 2008.

This activity relates to Ministry of Health (MOH), and Technical Assistance/Centers for Disease Control and Prevention (CDC)

Proposed funding will support (Very Small Aperture Terminal) VSAT internet connection for the province through the Provincial Health Office (PHO) in Livingstone to improve strategic information activities. Improving internet service and email communication will reduce the isolation through increased access to information. Communication flow between central level and the province will be enhanced with this service and help link the PHO and the District Health Offices. It is assumed that the availability of good internet access will also be an important motivator to retain staff as it offers them an opportunity to participate in distant learning programs and conduct research projects. Such investment in technology is a sustainable contribution to essential communications infrastructure for many years ahead.

In addition, FY 2008 funding will help support other activities involved in the the implementation and roll-out of the SmartCare system within the province. At the provincial level, support will be required for the provision of supervisory visits to districts, further training for staff in new facilities, and also maintenance and support for deployed sites through the continuous supply of printing and other consumables required to keep the systems running and also to ensure that there is seamless flow of data from SmartCare at facility level to the provincial level. The province will, in addition to providing this support, disseminate and supervise upgrades and other enhancements to SmartCare periodically when changes are made to the system

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

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 15595, 15538

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Target Populations

Host country government workers

M&E Specialist/Staff

Coverage Areas

Southern

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3041.08
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 Area Code: 13
Activity ID: 3739.08
Planned Funds: $200,000
Activity System ID: 14632

Activity Narrative: This activity also relates to all activities for the Zambian Defense Force (ZDF) conducted by Project Concern International (PCI), JHPIEGO and DOD.

This activity is aimed primarily at further supporting and strengthening ZDF capacity in monitoring and evaluation (M&E) and systems support. Funding for this activity will be used to assess and improve communication systems in ZDF units to increase their capability in managing information, M&E and situation analysis. This activity will also help to build on ongoing efforts to strengthen and systematize linkages between Defense Force Medical Services (DFMS) facilities and the Ministry of Health District Health Management Teams (DHMTs). These linkages are essential as they are proving helpful in allowing the DFMS to benefit from technical and systems support, from drug supplies and medical supplies, and from DHMT assistance in community mobilization of the civilian population. This is critical to the strategy for promoting the longer-term sustainability in health care services managed by the DFMS.

To further strengthen DFMS capacity, computers, printers, UPS devices and other supplies will be procured to support HIV/AIDS information management at four new model sites for ART, PMTCT, palliative care and CT.

In FY 2006 ZDF appointed three program officers to help with HIV/AIDS data collection and management. The three HIV/AIDS program officers from Zambia Army, Zambia Air Force and Zambia National Service will be supported to undergo a short course in M&E offered by the University of Zambia (UNZA). This training will build their skills in Health Management Information Systems (HMIS) including M&E data collection, management and reporting. It is expected that following this training, the HIV/AIDS program officers will have improved capacity to strengthen these areas in ZDF health facilities, and thus this approach is also a means of building sustainable institutional capacity in this area.

To complement this effort, and building on previous workshops which served successfully to build capacity as well as commitment to monitoring and reporting, 54 ZDF HIV/AIDS unit coordinators, 54 Ward masters plus six central HIV/AIDS unit staff will undergo a refresher training in Monitoring and Evaluation, to continue building their capacity to effectively monitor, supervise, and report on all HIV/AIDS-related activities on their units. The workshop will be facilitated by PCI staff together with an M&E specialist from the National AIDS Council (NAC) to maintain national standards. A significant ongoing challenge in terms of monitoring progress in ZDF health services is getting feedback from the field units. In FY 2006, PCI supported the training of Ward Masters from all the 54 ZDF units in Monitoring and Evaluation. The Ward Masters are assisting the unit HIV/AIDS coordinators with data collection and compilation. It is expected that annual refresher trainings in M&E will help to identify and jointly address constraints related to data collection and dissemination, and will further raise awareness and commitment towards the importance of regular data collection, monitoring and reporting and to increase the number of ZDF units that are consistently submitting their monthly activity reports.

Funding will also be used to conduct initial facility surveys for the four model FY 2008 sites, in coordination with DFMS and JHPIEGO, in order to plan effectively for establishing of these sites as model sites. Supportive supervision tours of ZDF units, with leadership from the DFMS HIV/AIDS office (and including the Director General Medical Services, who joins these monitoring tours from time to time with DOD/PEPFAR support), will continue to be supported.

The emphasis in this program area is on sustainability of the efforts, through a focus on training and systems support to build capacity within the ZDF, and in particular in those responsible at central and unit levels for the design, implementation, monitoring and evaluation of HIV/AIDS related activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8788

Related Activity: 14621, 14628, 14629, 14623, 14624, 14630, 14625, 14428, 14631, 17453, 14636, 14627, 14634, 14633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24841	3739.24841.09	Department of Defense	Project Concern International	10574	3041.09	DoD-PCI	$300,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14621	3670.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14628	9170.08	6890	3041.08	DoD-PCI	Project Concern International	$275,000
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14636	3754.08	6892	3051.08	DoD/LabInfrastructure	US Department of Defense	$1,600,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	117	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	5251.08	**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 Area Code:**	13
Activity ID:	9698.08	**Planned Funds:**	$20,000
Activity System ID:	15606		

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 Rapid Strengthening of Blood Transfusion Program is a national program aimed at scaling-up blood transfusion activities to ensure efficient, effective, equitable, and affordable access to safe blood transfusion services throughout Zambia. The program is supported by the US 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. The program continually seeks to ensure equity of access to safe blood and blood products and to promote ethics in the collection, testing, and rational use of blood and blood products. In FY 2007, the program made efforts to significantly improve blood donor retention, through increasing reliance on voluntary non-remunerated donors to 100% and increase the proportion of repeat donors to 85%, and by doing so, reduce HIV prevalence in donated blood from 3% to 1%. Among other activities such as maintaining appropriate project staff to supplement the shortages in permanent staff, enhancing donor counseling services to help convert first time donors into repeat donors, and procuring all the necessary inputs in an efficient and effective manner; a database and locator system to ensure that effective contact with donors is maintained was established.

SmartCare is an ideal platform upon which to build a sustainable donor retention data system. In FY 2007, ZNBTS convened critical meetings and initiated IT-related capacity building in all 9 provincial blood banks to support the future scale-up and deployment of electronic patient monitoring and data management tools to enhance continuity of care through SmartCare. USG will support ZNBTS by upgrading and implementing the SmartCare framework to hold, completely separately, blood and blood donor related information, which would 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 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 2008, ZNBTS and linked provincial centers will enter in to a development partnership with SmartCare collaborators which includes developers supported through other mechanisms. The SmartCare system will be updated to include parameters for ZNBTS's needs. Formal development was previously complicated by questions of confidentiality. These have now been addressed by limiting explicitly the notion of data crossover between Donor Cards and Care Cards, and making the cards visually separate and the data logically separate until and unless the country decides it is ready for a multifunction card that won't confuse the issue of mixing data. Additionally, a patient data consenting process will be advocated to be put in place generally that covers the contingency of data cross-over between donor and clinical contexts.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9698

Related Activity: 15595, 15532, 15538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26317	9698.26317.09	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	10999	5251.09	ZNBTS - U62/CCU023687	$100,000
9698	9698.07	HHS/Centers for Disease Control & Prevention	Zambia National Blood Transfusion Service	5251	5251.07	ZNBTS - U62/CCU023687	$20,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15532	3710.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$450,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Host country government workers

M&E Specialist/Staff

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3007.08

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 Area Code: 13

Activity ID: 3711.08

Planned Funds: $960,000

Activity System ID: 15618

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.This activity relates to: EGPAF SI, JHPIEGO SI, Ministry of Health (MOH), Technical Assistance – Centers for Disease Control and Prevention (CDC), and COMFORCE

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 is building strong patient monitoring and management systems that are used to collect data and track strategic information from the Points of Service (POS). Strategic information includes indicators from the President's Emergency Plan for AIDS Relief (PEPFAR), other United States Government (USG) agencies 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 strategic information (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 establishing the SmartCare electronic medical record (EMR) application as the national standard, all AIDSRelief supported sites will convert to SmartCare.

The program will hire temporary staff to enter data into the new SmartCare in case some date fields from CAREWare has not been properly migrated.

In FY 2008 the SI team will focus their efforts on maintaining the standardized national M&E systems that will be used across all AIDSRelief sites. This will include the mentoring of already trained as well as training of new facilities in using the forms and software adopted at national level.

Constella Futures provides training and on-site technical assistance to local partner treatment facilities (LPTFs) in order to build in-country capacity and enhance paper-based and automated HMIS. Focusing efforts on capacity building activities will ensure that LPTFs are skilled in comprehensive data management, including data collection, validation, analysis, and reporting. LPTFs will also develop an understanding of the minimum data requirements for donor purposes and high-quality clinical management. It is 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 2008/9 Constella Futures will carry out a program evaluation, 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).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8828

Related Activity: 15595, 15522, 15532, 15515, 15538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26326	3711.26326.09	HHS/Health Resources Services Administration	Catholic Relief Services	11001	3007.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15522	3709.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$6,390,000
15532	3710.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$450,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15515	9692.08	7169	3011.08	Comforce	Comforce	$300,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	17	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	51	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3013.08 **Mechanism:** CDC Technical Assistance (GHAI)

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 Area Code: 13

Activity ID: 3714.08

Planned Funds: $1,950,000

Activity System ID: 15595

Activity Narrative: The funding level for this activity in FY 2008 has decreased since FY 2007. Only minor narrative updates have been made to highlight progress and achievements.

This activity relates to Elizabeth Glaser Pediatrics Aids Foundation (EGPAF) SI, JHPIEGO SI, AIDSRelief – Catholic Relief Services (CRS), Ministry of Health (MOH), National AIDS Council (NAC), SI Central Statistical Office (CSO), Tropical Diseases Research Centre (TDRC), Eastern Provincial Health Office (EPHO), Western Provincial Health Office (WPHO), Zambia National Blood Transfusion Service (ZNBTS), and COMFORCE.

Expanded Activities: In addition to ongoing activities from FY 2007 that will continue in FY 2008 outlined below, funds are being requested to support an evaluation of SAVVY, and provide support to the NAC for implementation of the data systems integration plan recently developed by United States Government (USG). Additionally, as with all strategic information (SI) activities for FY 2008, there will be a focus on capacity building for data analysis and utilization of data from ongoing SI activities.

Continuing work from FY 2007, 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 School of Medicine, and a number of other partners. CDC Zambia is helping institute durable systems for quality clinical health services, disease surveillance, and M&E.

Approximately $700,000 supports official CDC office locations and collocated partners in Zambia which require one-time and on-going improvements to their information systems infrastructure. These office locations are at the U.S. Embassy, University Teaching Hospital (UTH), Chest Diseases Laboratory (CDL), Intercontinental Hotel in Lusaka, and a growing number of offices based at the Provincial Health Offices, such as in Livingstone in Southern Province. This activity will fund the following: (1) procurement of IT equipment for the new Pediatric and Family Center of Excellence at UTH to include computers for the offices and points of service, setting-up communications systems, equipment for training and conference facilities, integrate power supply systems for server and core equipment; (2) maintenance contracts for printers & computers, continued network operability for remote sites, VSAT and terrestrial communication links, and network routing hardware; (3) training for CDC and partner IT staff in networking and server administration; (4) assistance to NAC for implementation of strategic information activities by hiring a short-term advisor (one year contract $150,000); (5) initial consultations and design support to the ZNBTS on linking SmartCare to the national donor retention database.

Approximately $450,000 will support M&E activities to: (1) continue technical support to the national M&E capacity and workforce building initiative in cooperation with NAC, MOH, SHARE, Peace Corps, the University of Zambia, and National Alliance of State & Territorial AIDS Directors to deliver performance-based ongoing training, mentoring, and scholarships to partners, Provincial AIDS Coordinators, District Planners, and District and Provincial AIDS Task Forces. USG support includes technical assistance and support to national meetings and dissemination of the "One" M&E Manual and Training kit develop with technical assistance from CDC Atlanta; (2) finalize the joint Government of the Republic of Zambia (GRZ) and USG ART cluster evaluation initiated in 2006 and take it from an information-gathering stage to intervention stage through the launch of the AIDS Quality Improvement Project (AQIP); (3) develop a companion training manual and toolbox for the SmartCare to build capacity at national, provincial and district levels to maximize data use for quality improvement by clinical staff and district, provincial, and national teams; these will be based on current partner input and linked to standardized data quality indicators that can be integrated into SmartCare; and (4) continue to support Zambian M&E professionals to publish as well as present at regional and international conferences on operational and evaluation research.

For HIV/AIDS surveillance $750,000 in FY 2008 will: (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 by testing blood specimens from the antenatal clinic sentinel surveillance (1994-2008) and the Zambia Demographic and Health Survey (ZDHS), including use of the BED-CEIA assay developed at the CDC to test for recent HIV infections to estimate incidence; (3) partner with the private sector in Zambia to strengthen surveillance and reporting of HIV prevalence and incidence among workers in the agricultural and other industries; continue our partnership with a major sugar estate to examine risk factors for HIV acquisition among migrant and non-migrant workers. FY 2008 funding will allow us to utilize the findings and to develop the methods and tools for HIV prevention, 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 Zambia National Cancer Registry 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 screening, control, and treatment needs, design of 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 2008 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 its 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 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

Activity Narrative: dissemination to the GRZ, health professionals, the public, and the scientific literature; (7) 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) 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9023

Related Activity: 15565, 15539, 15618, 15532, 15549, 15515, 15561, 15606, 15522, 15538, 15509

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26310	3714.26310.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$1,490,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15618	3711.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$960,000
15522	3709.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$6,390,000
15532	3710.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$450,000
15539	3716.08	7176	3022.08	NAC - U62/CCU023413	National AIDS Council, Zambia	$550,000
15565	3718.08	7184	3009.08	TDRC - U62/CCU023151	Tropical Diseases Research Centre	$1,100,000
15509	3717.08	7165	3023.08	CSO SI	Central Statistics Office	$600,000
15606	9698.08	7197	5251.08	ZNBTS - U62/CCU023687	Zambia National Blood Transfusion Service	$20,000
15515	9692.08	7169	3011.08	Comforce	Comforce	$300,000
15561	9696.08	7181	3082.08	WPHO - 1 U2G PS000646	Provincial Health Office - Western Province	$100,000
15549	9693.08	7179	2988.08	EPHO - 1 U2G PS000641	Provincial Health Office - Eastern Province	$100,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	40	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	False

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3009.08
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 Area Code: 13
Activity ID: 3718.08
Planned Funds: $1,100,000
Activity System ID: 15565

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to Ministry of Health (MOH), and Centers for Disease Control and Prevention (CDC).

This cooperative agreement with the Tropical Diseases Research Centre (TDRC) was established with the following objectives: (1) to expand the use of quality program data for policy development and program management; (2) to support and increase TDRC expertise in the surveillance of HIV/AIDS/STI/TB; (3) to improve information and communication technology (ICT) infrastructure; (4) to improve human resource capacity for monitoring and evaluation (M&E); and (5) to strengthen capacity in scientific research methods, data management and statistical analysis, and reporting. Centers for Disease Control and Prevention (CDC)-Zambia will continue to provide technical assistance and other support to strengthen the TDRC and its infrastructure as a key partner in HIV/AIDS/STI/TB surveillance, laboratory and strategic information quality control and assurance, and strategic information. In FY 2007, CDC-Zambia will place special emphasis on training in ICT and data management/statistical analysis in order to strengthen TDRC expertise in these areas for sustainability of all above activities.

This activity will continue to maintain support of a local area network (LAN) established during FY 2004. FY 2007 funding will allow increased bandwidth and the expansion of LAN coverage to the new tuberculosis (TB) laboratory supported by CDC-Zambia. FY 2007 funding will also help to procure ICT equipment, enable TDRC to continue the employment of personnel skilled in ICT to maintain the infrastructure, to provide in-house ICT expertise and training capability, and to train TDRC staff in data management.

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 Ministry of Health 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 and regional reference laboratories. FY 2008 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 biospecimens are planned. TDRC laboratory and data processing personnel have participated in multiple CDC-Zambia-sponsored training in SI and laboratory methods, and work closely with CDC-Zambia staff in data management, analysis, and reporting. TDRC laboratory staff was trained to perform the BED-CEIA assay and testing is currently ongoing to identify recent HIV infections to estimate HIV incidence. Laboratory staff will perform HIV incidence testing, confirm HIV and syphilis testing, perform testing for other important viruses, including HSV2 testing on specimens collected for the Nakambala Migrant Workers Health Project.

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 would like to establish a 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 the 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 2008, 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, including 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 attending under-five clinic 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 2008 sentinel surveillance survey, and successful analysis, reporting, and dissemination of the 2006/2007 SS and ZDHS; (4) the successful collection, storage, and management of demographic information and biologic specimens; (5) additional laboratory testing required for surveillance activities and focused studies such as the Nakambala Migrant Workers Health Study; (6) the appropriate analysis and reporting of HIV prevalence and incidence data in relation to socio-demographic data; and (7) the dissemination of surveillance information for GRZ planning, making of policy decisions, and design of community-level interventions.

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, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9028

Related Activity: 15595, 15538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26282	3718.26282.09	HHS/Centers for Disease Control & Prevention	Tropical Diseases Research Centre	10985	3009.09	TDRC - U62/CCU023151	$1,150,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3082.08
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 Area Code: 13
Activity ID: 9696.08
Planned Funds: $100,000
Activity System ID: 15561

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to Ministry of Health (MOH), and Technical Assistance/Centers for Disease Control and Prevention (CDC).

Western Province is a remote and scarcely populated province (population density: roughly seven people per sq kilometer; surface: 126,386 sq kilometers). The province consists of savannah woodlands on a sandy plateau and plains, traversed by the Zambezi River, which divides the Province into East and West. Deep sandy terrain and flood plains makes communication and transport extremely difficult. Especially Kalabo, Lukulu, and Shangombo district are affected by the terrain and are very isolated.

In FY 2007, funding supported Very Small Aperture Terminal (VSAT) internet connection for the province through the Provincial Health Office (PHO) in Mongu and improved strategic information activities. Improving internet service and email communication helps reduce the isolation through increased access to information. Communication flow between central level and the province will be enhanced with this service and help link the PHO and the District Health Offices (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 distance learning programs and conduct research projects. Such investment in technology is a sustainable contribution to essential communications infrastructure for many years ahead. The Government of the Republic of Zambia's National Development Plan places improved information services as a top priority, contributing non-United States Government efforts for sustainable use of technology of this kind into the future.

In addition to continuing ongoing support for the communications initiatives of FY 2007, FY 2008 funding will help support other activities involved in the implementation and roll-out of the SmartCare system within the province. At the provincial level, support will be required for the provision of supervisory visits to districts, further training for staff in new facilities, and also maintenance and support for deployed sites through the continuous supply of printing and other consumables required to keep the systems running and also to ensure that there is seamless flow of data from SmartCare at facility level to the provincial level. The province will, in addition to providing this support, disseminate and supervise upgrades and other enhancements to SmartCare periodically when changes are made to the system

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

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 9696
Related Activity: 15595, 15538

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26267	9696.26267.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	10981	3082.09	WPHO - 1 U2G PS000646	$150,000
9696	9696.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Western Province	5025	3082.07	WPHO - 1 U2G PS000646	$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Coverage Areas

Western

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2988.08

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 Area Code: 13

Activity ID: 9693.08

Planned Funds: $100,000

Activity System ID: 15549

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to Ministry of Health (MOH), and Technical Assistance/Centers for Disease Control and Prevention (CDC).

Eastern Province, with eight districts, is a predominately rural province with an overall HIV prevalence of 13.2% and a reported 2004 tuberculosis (TB) incidence rate of 259/100,000. Outside of the provincial capital of Chipata (which has an HIV prevalence of 26.3% and TB notification rate in 2004 of 380/100,000), access to health-care facilities and services are limited.

FY 2007 funding supported Very Small Terminal (VSAT) internet connection for the province through the Provincial Health Office (PHO) in Chipata to improve strategic information activities. Improving internet service and email communication will reduce the isolation through increased access to information. Communication flow between central level and the province will be enhanced with this service and help link the PHO and the District Health Offices (DHOs). 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 distance learning programs and conduct research projects. Such investment in technology is a sustainable contribution to essential communications infrastructure for many years ahead. The Government of the Republic of Zambia's (GRZ) National Develop Plan (NDP) places improved information services as a top priority, contributing non-United States Government efforts for sustainable use of technology of this kind in to the future.

In addition to continuing ongoing support for the communications initiatives of FY 2007, FY 2008 funding will help support other activities involved in the implementation and roll-out of the SmartCare system within the province. At the provincial level, support will be required for the provision of supervisory visits to the districts, further training for staff in new facilities, and also maintenance and support for deployed sites through the continuous supply of printing and other consumables required to keep the systems running and also to ensure that there is seamless flow of data from SmartCare at facility level to the provincial level. The province, in addition to providing this support, will disseminate and supervise upgrades and other enhancements to SmartCare periodically when changes are made to the system

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9693

Related Activity: 15595, 15538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26253	9693.26253.09	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	10979	2988.09	EPHO - 1 U2G PS000641	$150,000
9693	9693.07	HHS/Centers for Disease Control & Prevention	Provincial Health Office - Eastern Province	5008	2988.07	EPHO - 1 U2G PS000641	$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	4	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	120	False

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Coverage Areas

Eastern

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3019.08 **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 Area Code: 13

Activity ID: 3713.08

Planned Funds: $920,000

Activity System ID: 15538

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to EGPAF SI, JHPIEGO SI, AIDSRelief – Catholic Relief Services (CRS), Technical Assistance/Centers for Disease Control and Prevention (CDC), Zambia National Blood Transfusion Service (ZNBTS), COMFORCE, Tropical Diseases Research Centre, UTH Virology Laboratory, and the Central Statistical Office.

This cooperative agreement (CoAg) with the Ministry of Health (MOH) supports Strategic Information (SI) objectives of strengthening local health management information systems (HMIS) and improving human resource capacity for monitoring and evaluation (M&E) and surveillance. By close of 2007, the system was implemented in over 60 facilities including public, NGO, and military sites, and with close to 100,000 enrolled clients was helping to provide quality care to the majority of Zambians receiving ART. The system extended much needed coverage to the complex realm of Paediatric HIV and ART services, and MCH delivery services, in addition to implementing robust role based security administrative features and initial GIS features at all levels of system implementation. The MOH reiterated its strong support for the SmartCare electronic health record solution with a letter from the Permanent Secretary by establishing a target of 900 implemented clinics by end of 2008 funding period, and acknowledging its role in sustaining the system long term.

Building on last years successes, in FY 2008, this activity will continue to support improved use of routine health information through national patient level information systems, aggregate systems, survey efforts, and monitoring and evaluation (M&E) activities. In this period, modules for the remaining key outpatient services will be deployed, including support for Malaria, STD, and TB care outside the context of ART services. With coordination by CDC TA and EGPAF commodity purchases, this activity also includes beginning transitional procurement of equipment and commodities required for sustaining future deployment of the nationally adopted Continuity of Care and Patient Tracking System (SmartCare) which may include touch screens for data entry, electronic health record (EHR) Care Cards (smart cards) for data transport, card readers, printers, computers, and computer and printer consumables. Highly competent and skilled information technology (IT) and information systems (IS) personnel down to district level are essential to support and 'locally own' a national EHR system. Support will be provided for capacity building activities within the MOH at Central, Provincial, District, and Facility levels by assisting the Ministry to hire appropriate technical leadership staff holding internationally recognized standard certifications, and other objective measures of skill and experience. In light of the new MOH structure, and the change opportunities associated, this is a key time to support transition to higher level skills and authority in information systems and management, as reflected in the role based security management aspects of the system, as an example. Funding for the facilitation of roll-out and scale-up planning meetings as the system capacity expands will be provided as well as technical assistance to provincial and district levels in handling system upgrades. While the United States Government (USG) provides strong implementation support for this project, for sustainability it is imperative to have the MOH continue to authorize and lead all aspects of the deployment and management of the new national EHR system. This funding will provide support for continued improvement of linkages between national clinical information systems such as SmartCare, and the national HMIS. With collaborative support from WHO, growing numbers of CDC and USAID partners, Peace Corps, DOD and others, training for the national SmartCare system at the central levels will continue to expand in FY 2008 in the following areas: (1) software development training to build MOH's capacity to maintain and develop enhancements to the system; (2) user training for staff facilitators having expertise with the system; and (3) system maintenance training. As a result of these trainings, 10 people will be trained in software development, 120 people will be trained as users of the system, and 70 people will be trained in the maintenance of the system. JHPIEGO is providing on-the-job training to 250 clinical staff at facility-level through a mobile team of IT professionals who train, install, and assist with troubleshooting and data entry. Support will also be provided for MOH to include an M&E Data Use Specialist in the central M&E Directorate to maximize information systems and train provincial and district counterparts on localized use and feedback processes. This specialist will work with USG staff to assist in the SmartCare roll out, create data use curricula and tools, and support national HMIS restructuring and file exchange.

FY 2008 funding will also enable the Zambia MOH to support the surveillance of HIV/AIDS and HIV-related morbidity and mortality through the following activities: (1) report and disseminate results of the 2006/2007 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) implement the 2008 ANC SS of HIV and syphilis; (3) support a survey to determine HIV prevalence and incidence in children attending under-five clinic at the ANC sentinel sites; (4) monitor transmitted HIV drug-resistance among young women in the ANC SS in urban areas where ART services have existed for the longest; (5) strengthen 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; (6) support 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; (7) support MOH staff in training in bioethics and human subject research protection to increase awareness and proficiency in patient privacy and confidentiality, issues that are critical and fundamental to all HIV/AIDS SmartCare, M&E, and surveillance data collection and reporting; (8) assist in the coordination and implementation of a multi-agency working group to 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, and 9) assist MOH in its use and reporting of health information to inform planning to evaluate the impact of health programs, and to build capacity in health research and evaluation methodology and communication of health information and research results to health professionals, policy makers, and the general public. These activities aim to increase the proficiency of MOH staff in the systematic collection, 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 2008/2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9008

Related Activity: 15565, 15595, 15522, 15618, 15532, 15515, 15509, 15606

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26245	3713.26245.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Zambia	10977	3019.09	MOH - U62/CCU023412	$1,620,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15618	3711.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$960,000
15522	3709.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$6,390,000
15532	3710.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$450,000
15565	3718.08	7184	3009.08	TDRC - U62/CCU023151	Tropical Diseases Research Centre	$1,100,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15509	3717.08	7165	3023.08	CSO SI	Central Statistics Office	$600,000
15606	9698.08	7197	5251.08	ZNBTS - U62/CCU023687	Zambia National Blood Transfusion Service	$20,000
15515	9692.08	7169	3011.08	Comforce	Comforce	$300,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	15	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	False

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3022.08	**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 Area Code:**	13
Activity ID:	3716.08	**Planned Funds:**	$550,000
Activity System ID:	15539		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to National Association for State and Territorial Directors (NASTAD), SHARe, University of Zambia (UNZA), and Centers for Disease Control and Prevention (CDC).

Increased funding is being requested to ensure that the National AIDS/HIV/STI/TB Council (NAC) can mobilize in-country monitoring and evaluation (M&E) experts to reach all districts and provinces with M&E training and supervision, with a focus on data utilization for service delivery improvement. Additional funds will be used to cover staffing needs in provinces and districts. To ensure long term sustainability, USG is also in the process of developing a strategic plan for further conceptual and operational integration of data systems in Zambia which will ultimately link NAC and PEPFAR systems and processes with the MOH's HMIS/Smartcare systems and processes. During FY 2008, additional funds will be used by NAC to coordinate the implementation of the integration strategy. NAC will also be encouraged to contract UNZA as a sub-partner for capacity building with appropriate funding level.

The United States Government (USG) supports the NAC in assuring strong M&E centrally and to promote it across sectors in Zambia. NAC is charged with establishing and maintaining Zambia's HIV/AIDS information as reported by provincial and district levels. At the policy level, research and evaluation capability has become its own strategic theme in the 2006-2010 HIV/AIDS Strategic Plan. This elevates the importance of strong information and M&E capability to a higher level of priority. The wide span of M&E responsibilities under NAC requires continued support for information systems as well as sustainable workforce development to ensure a trained and competent cadre of M&E specialists. Specifically, in 2008, this activity will continue to support key staff positions within the NAC's M&E Unit, which may include positions such as an M&E Director, M&E Specialist, Information Technology Specialists, and others based on NAC's needs. The continued support of activities in relation to directives of the National Monitoring and Evaluation Theme Group convened by NAC are provided by this funding. A primary focus of activities in FY 2008 is to continue to strengthen existing systems for continued training and performance support at district, provincial, and national levels in the deployment of national integrated M&E system and Information Systems/Information Technology strategy. In FY 2005 and FY 2006, USG facilitated a process which resulted in a joint capacity building plan to harmonize M&E capacity building efforts across USG agencies and cooperating partners such as SHARe and National Association of State and Territorial AIDS Directors (NASTAD). A single M&E training manual and training package was developed with technical assistance from CDC-Atlanta. By the end of FY 2007, all Provincial AIDS Coordinating Advisors (PACAs) and district level HIV/AIDS focal points will have been trained with the material.

In FY 2008, USG will continue to support in-depth M&E training focused on localized data use for improvement of service delivery, planning, and reporting. This activity will continue an enhanced focus on building proficiency with data use and retrieval from anchor national information systems such as the NACMIS of community and non-clinical indicators and the Health Management Information Systems (HMIS) and SmartCare from the health sector. Additionally, USG will continue to provide ongoing technical assistance to NAC on information and communications infrastructure planning, development, and the deployment of the national monitoring and evaluation system. NAC's goal is to reach over 75 people in trainings on strategic information, as well as to continue to assist every District AIDS Task Force (72), and Provincial AIDS Task Force (9) in M&E implementation and skill-building. CDC-Zambia will also continue to support NAC to build its Resource Center by facilitating linkages with key research tools and services. In FY 2008, funding will also support the NAC to clarify and increase its participation and coordination of research activities such as sentinel surveillance, and including the implementation, reporting, and dissemination of key national surveys such as the Zambia Antenatal Clinic Sentinel Surveillance of HIV and Syphilis, the Zambia Demographic and Health Survey, Zambia Sexual Behavior Survey, Zambia Service Provision Assessment, HIV surveillance of HIV/AIDS in children and in prison populations. The funding will also assist in the coordination and implementation of a multi-agency working group to 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, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9011

Related Activity: 15595, 15540, 14402, 15574, 15538, 15509, 15541

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26246	3716.26246.09	HHS/Centers for Disease Control & Prevention	National AIDS Council, Zambia	10978	3022.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15509	3717.08	7165	3023.08	CSO SI	Central Statistics Office	$600,000
14402	3642.08	6821	630.08	SHARE	John Snow Research and Training Institute	$230,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000
15541	3719.08	7177	3021.08	NASTAD - U62/CCU324596	National Association of State and Territorial AIDS Directors	$250,000
15574	3720.08	7189	3026.08	UNZA M&E	University of Zambia	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	81	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	75	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Host country government workers

M&E Specialist/Staff

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	3017.08	**Mechanism:**	UTAP - U62/CCU322428 / JHPIEGO
Prime Partner:	JHPIEGO	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	3710.08	**Planned Funds:**	$450,000
Activity System ID:	15532		

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 The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF SI), AIDSRelief – Catholic Relief Services (CRS), Ministry of Health (MOH), Technical Assistance/Centers for Disease Control and Prevention (CDC), and COMFORCE.

Building upon fiscal year (FY) 2007 activities, JHPIEGO will continue to support the scale-up and deployment of electronic patient monitoring and data management tools to enhance continuity of care. This will be provided by a) training and b) supporting 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, JHPIEGO 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 MOH, the CDC-Zambia, Provincial Health Offices (PHO), District Health Management Teams (DHMT), the EGPAF/Center for Infectious 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 the MOH and CDC-Zambia and in collaboration with the various 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 persons in ART, PMTCT and TB as well as all nine Provincial Data Management Specialists (PDMSs). In addition, JHPIEGO has supported staff focused on supporting 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. Independent is defined as a service outlet that does 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 2008 JHPIEGO will continue to support the implementation of the 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 a small amount of site readiness preparation. JHPIEGO 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. JHPIEGO 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.

JHPIEGO training and implementation staff will also support the training of 250 service providers in the provinces and districts targeted during the scale up. They will co-train with the provincial and district trainers and work in conjunction with all the partners supporting the scale up of the system such as MOH, CDC-Zambia, EGPAF/CIDRZ, ZPCT, CRS, and other implementing partners. They will make sure that the quality of training is maintained from the Provincial Health Office (PHO) to the districts and collaborate with the SmartCare team in the update and revision of training materials and 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. Through a collaborative process, led by the MOH, and in close consultation with CDC-Zambia and other implementing partners, a very aggressive deployment plan, including: a) training provincial level Trainers of Trainers at central trainings, b) sending provincial technical leadership back to province to replicate training, with SmartCare team support, with district leadership, and then c) having staff take the skills back to their districts for implementation. So even before the FY 2008 activity period, the efforts of these initial three SmartCare collaborators will be joined by efforts of all other HIV/AIDS care and treatment partners in Zambia, including CRS-AIDSRelief and the Zambia Prevention, Care, and Treatment (ZPCT), HSSP, JHPIEGO, as well as EGPAF.

In building this collaboration around the SmartCare solution, it is clear that the Ministry is comfortable taking the initiative on this effort. The place for JHPIEGO will be, in coordination with CDC’s feature developments and other CDC partnerships, to leverage its long term good relationship with MOH and established ‘trainer’ role, by continuing to support strong technical staff to support the rapid national deployments and most of the rest of this activity will be in support of the training and post-deployment supervision. While this developing country EMR now provides services to more than 90,000 patients, with the additional partners starting deployment before the end October, the rate of growth may increase non-linearly as the number of electronic clinics increase, provided there are no supply limitations.

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 services in years going forward.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9034

Related Activity: 15595, 15522, 15618, 15515, 15538

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9034	3710.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5019	3017.07	UTAP - U62/CCU322428 / JHPIEGO	$450,000
3710	3710.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3017	3017.06	Technical Assistance/JHPIEGO	$370,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15618	3711.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$960,000
15522	3709.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$6,390,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15515	9692.08	7169	3011.08	Comforce	Comforce	$300,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Host country government workers

M&E Specialist/Staff

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 2998.08

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 Area Code: 13

Activity ID: 3709.08

Planned Funds: $6,390,000

Activity System ID: 15522

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007.
The increase amount, $5,240,000, will be dedicated for national scale-up commodity purchases through EGPAF, in accord with guidance regarding ceilings and exception allowed for commodity purchases. Narrative changes include updates on progress made and expansion of activities.

This activity relates to: JHPIEGO SI (9034), AIDSRelief-Catholic Relief Services (CRS) (#8828), Ministry of Health (MOH) (#9008), Technical Assistance – Centers for Disease Control and Prevention (CDC) (#9023), and COMFORCE (#9691).

The Continuity of Care Program tools consist of health data and services standards, equipment (a touch screen monitor, clinical computer, un-interruptible power supply, smart card reader and cards), health care protocols embodied in clinical forms, systems documentation, and software. These tools are being refined and scaled-up, and taken together with large numbers of trained users, to provide a national Electronic Health Record (EHR) system to better assure high quality HIV/AIDS care. The software is now called the SmartCare System and represents a consolidation and standardization of multiple systems operations.

This clinical application is designed to provide a complete view of a patient's health, at every point of care that may be accessed by an HIV positive person. The program targets the linking and integration of all potentially HIV/AIDS related out-patient services via an informational medium (a smart card) that is portable across service providers and points of care. This is intended and expected to improve the quality of care and reduce the cost of services through a number of synergistic effects revolving around complete longitudinal clinical information access and use through reports such as late patient report, treatment failure report, PEPFAR reports, HMIS reports, and WHO's Early Warning Indicator report and many others.

Whereas 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 Center 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 in June with the training of more than 150 District Health Information Officers , MCH Coordinators, District Directors of Health and Management and Planning Directors. This was followed by more in-depth District-focused trainings of Lusaka and Central Provinces in August 2007, Southern Province in September, two more in October, and the remainder by mid December. Over 60 sites have deployed SmartCare and about 100,000 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. Recently, the MOH formally requested support from USG for deploying to 900 locations in the next 18 months.

On April 5, 2006, the MOH established this system as the Zambian national standard for electronic clinical systems, thus displaying 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, when the software is internationalized, which is an extension of functionality now underway, we expect it may fill a niche in some other PEPFAR countries, thus, leveraging the investment made in Zambia. The application is open source and we hope other countries will continue to express interest in piloting the application as it matures in Zambia.

The services which have been integrated to date are HIV care, antiretroviral therapy (ART), tuberculosis (TB) care in the context of ART, antenatal clinic services (ANC), prevention of mother to child transmission (PMTCT) protocols with opt-out counseling and testing (CT), labor and delivery, and voluntary counseling and testing (VCT). Pediatric ART services have been presented and are ready to pilot. This developing country EHR provides now services more than 80,000 patients, and with the additional partners starting deployment during 2007, the rate of growth of services may increase non-linearly as the number of electronic clinics increase, provided there are no drug supply limitations.

The EGPAF activity in FY 2007 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 guided by CDC and the MOH; and 3) ongoing training of the core capacity to support this technology in country, including some supportive and collaborative work with Microsoft volunteer trainers, who contributed about 6 person weeks in FY 2007

In FY 2008, EGPAF will 1) substantially increase computer and smartcard support (via large commodities purchase to supply essentially medical record equipment to one third to one half of the 1584 clinics and portable medical records to 1.7 million; the amount for this commodities purchase represents the totality of the EGPAF budget increase for FY2008), 2) continue to provide software resources through contractors but will further transition support for Zambia specific components to contractors with a strong in-country presence, and increasingly to locally employed staff, and 3) significantly expand support for training through 5 Peace Corps extension volunteers and/or Crisis Corp volunteers to assist with national scale-up. Mentoring of the ministry software developers will also be expected of the soft-ware contractors, and this will be done in part in collaboration with expected increases in Microsoft volunteer trainer contributions in FY 2008. Additionally, EGPAF will provide logistics support for the MOH scale-up including, maintaining the SmartCare workspace and warehouse, and employing an administrative manager to support the project director.

Zambia's Health Management Information System (HMIS), a specific key MOH facility-based aggregate data collection tool, will experience improved data timeliness, quality, completeness as a consequence of SmartCare replacing significant parts of the manual tally system, in the clinics that are prepared to 'go electric'. All facility based HMIS indicators can be produced as a side-effect report of routine recording of patient care data. This information will feed directly into the HMIS software before the end of 2007, conditioned on the new HMIS specifications being finalized by the MOH, thus improving the sustainability of the HMIS system and minimizing duplication.

Activity Narrative:

The mapping capacity provided by end of FY 2007 will become full GIS functionality in 2008, and will support mapping of PEPFAR static data in addition to dynamic patient and provider data at all facilities, districts 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.

In FY2008, particular 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. The Care Card smart card will provide the referral continuity between services such as CT, TB, PMTCT and ART.

During the last half of 2006 and early 2007, updated national HIV/AIDS care standards were incorporated reflecting the latest guidance of the MOH and the growing experiences of a broad user community. These standards are reflected in the new SmartCare forms that all ART providers in Zambia must now use. In FY 2008, the following ongoing interdependent activities will be supported: (1) completing the full outpatient and pediatric service functionality of SmartCare to more effectively and to fully support care and treatment for people who may have HIV/AIDS and related illnesses; (2) adapting a version to support repeat blood donors as part of a blood supply safety initiative; (3) working with orphans and vulnerable children (OVC) service providers to identify the optimal intersection between 'well-care' services in this context and health care; (4) improving the human capacity of the MOH both centrally and in clinics to operationally own and manage this national EHR application; and (5) supporting continued deployment of the SmartCare application nationwide at MOH sites, and in those MOH sites supported by different United States Government- and privately - funded partners, now including CIDRZ, Catholic Relief Services, ZPCT , Churches Health Association of Zambia, CHAMP, LinkNet, Konkola Copper Mines, Flying Doctors, and others in collaboration with DOD, State, Peace Corps, and USAID, all of whom are now actively engaged with SmartCare national deployment. 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, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9001

Related Activity: 15515, 15532, 15538, 15595, 15618

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26235	3709.26235.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10973	2998.09	EGPAF - U62/CCU123541	$4,890,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15618	3711.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$960,000
15532	3710.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$450,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15515	9692.08	7169	3011.08	Comforce	Comforce	$300,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Host country government workers

M&E Specialist/Staff

Coverage Areas

Eastern

Lusaka

Southern

Western

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3011.08

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 Area Code: 13

Activity ID: 9692.08

Planned Funds: $300,000

Activity System ID: 15515

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9692

Related Activity: 15595, 15522, 15618, 15532, 15606, 15538

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26221	9692.26221.09	HHS/Centers for Disease Control & Prevention	Comforce	10970	3011.09	Comforce	$300,000
9692	9692.07	HHS/Centers for Disease Control & Prevention	Comforce	5002	3011.07	Comforce	$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15618	3711.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$960,000
15522	3709.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$6,390,000
15532	3710.08	7173	3017.08	UTAP - U62/CCU322428 / JHPIEGO	JHPIEGO	$450,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15606	9698.08	7197	5251.08	ZNBTS - U62/CCU023687	Zambia National Blood Transfusion Service	$20,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3023.08 **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 Area Code: 13

Activity ID: 3717.08

Planned Funds: $600,000

Activity System ID: 15509

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity relates to: Ministry of Health (MOH), and Centers for Disease Control and Prevention (CDC).

The FY 2008 plan aims to build-up and sustain the Central Statistical Office (CSO) and staff expertise in vital registration in Zambia. An important FY 2008 activity is the continuation and expansion of the Sample Vital Registration with Verbal Autopsy (SAVVY) System in selected regions in Zambia. The FY 2008 activity builds upon the Feasibility Study funded in FY 2007 by CSO in collaboration with the CDC Global AIDS Program (GAP) in Zambia, utilizing SAVVY tools and materials developed by the US Census Bureau and Measure Evaluation. In FY 2008, the CSO will collaborate with the Ministry of Health (MOH), Ministry of Home Affairs National Registrar's Office, Ministry of Local Government and Housing, and the Ministry of Community Development and Social Welfare (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, and evaluating the implementation process of the 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 in sampled areas with baseline census information. In addition to establishing (and re-establishing) the infrastructure to obtain mortality 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 workers, verbal autopsy interviewers and supervisors, nosologists, 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 estimate of 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 calculated. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8997

Related Activity: 15538, 15595

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26211	3717.26211.09	HHS/Centers for Disease Control & Prevention	Central Statistics Office	10966	3023.09	CSO SI	$600,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15538	3713.08	7175	3019.08	MOH - U62/CCU023412	Ministry of Health, Zambia	$920,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	False

Indirect Targets

Target Populations

Community

Community members

Host country government workers

M&E Specialist/Staff

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1022.08

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 Area Code: 13

Activity ID: 3532.08

Planned Funds: $200,000

Activity System ID: 14368

Activity Narrative: The Health Services and Systems Program (HSSP) works 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, in the area of strategic information, HSSP will develop and strengthen an anti-retroviral therapy (ART) data collection and reporting system to improve overall program management for the MOH. HSSP will also continue to link with other partners engaged in service delivery and strategic information.

During FY 2004, technical assistance was provided to MOH to develop the national ART Information System (ARTIS) in provincial and tertiary level hospitals. In FY 2005, HSSP provided technical assistance focused on: rolling out the paper-based ARTIS to all public health facilities providing ART; integrating ART data into the Health Management Information System (HMIS); developing an inventory of existing prevention of mother to child transmission (PMTCT) and counseling, testing, and care (CTC) indicators; and producing a Health Statistical Bulletin that includes ART Information. HSSP trained 72 district and 9 provincial data managers in the paper-based ARTIS, achieving 100 percent coverage.

During FY 2006, HSSP's role was to assist the Ministry of Health (MOH) and partners to ensure that all HIV/AIDS service delivery data are reported through the MOH national HMIS. A major challenge was to integrate public and private sector HIV/AIDS data on PMTCT, CTC, and tuberculosis (TB) into the mainstream HMIS. To address this challenge, HSSP assisted the MOH to revise existing HMIS data collection and reporting tools to integrate CTC, PMTCT, and TB services. A total of 81 data managers (9 from the provincial level and 72 from the district level) were trained to use the new tools. In FY 2007 HSSP supported the 72 districts in the utilization of information to plan for HIV/AIDS services and develop quarterly and annual reports based on action plans. One hundred and eighty two (72 District Information Officers, 72 Managers of Planning and Development, nine provincial data managers, 18 Clinical Care Specialists, and 11 Hospital Information Officers) were trained in information utilization. Two thirds of ART sites are currently using ARTIS. 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. Currently, the European Union (EU) provides HMIS support to the MOH; HSSP will work closely with the EU and MOH to ensure HIV/AIDS indicators are included in the national HMIS system. Additionally, HSSP will provide support to MOH to develop an integrated package of HMIS reference materials for HIV/AIDS services. 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 based on evidence or sound epidemiological data, hence the need to focus on improving data utilization at service delivery level.

As part of the sustainability plan, HSSP works closely with the Ministry of Health, Provincial Data Management Specialists, and other partners (ZPCT, CDC, CIDRZ, and the World Health Organization) to develop, disseminate, and maintain the HIV/AIDS reporting systems which are integrated into the overall Zambian Government HMIS. HSSP's mandate is to ensure integration of ART, PMTCT, CTC, and TB into the mainstream HMIS and build capacity of the health workers and data managers in the use and maintenance of the developed information systems.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8795

Related Activity: 15614, 15615, 15616, 15617, 15618, 15566, 15567, 14384, 14385, 14386, 15887, 14388, 14389

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26603	3532.26603.09	U.S. Agency for International Development	Abt Associates	11067	1022.09	Health Services and Systems Program	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
14385	3526.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,320,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
15614	9703.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$1,043,000
15566	3653.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$2,074,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
15615	9713.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$440,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
14389	3541.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,620,000
15618	3711.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$960,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	10	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	12	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	630.08	**Mechanism:**	SHARE
Prime Partner:	John Snow Research and Training Institute	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	3642.08	**Planned Funds:**	$230,000
Activity System ID:	14402		

Activity Narrative: Support to the HIV/AIDS Response in Zambia (SHARe) has provided significant support to HIV-related strategic information in Zambia over the past three years. From October 2005 to September 2006, SHARe trained 719 individuals in strategic information, and provided technical assistance to 229 organizations. During the 6 months period from October 2006 through March 2007, SHARe trained 279 individuals in strategic information, and provided technical assistance to 182 organizations. Organizations receiving support include the National HIV/AIDS/STI/TB Council (NAC), and its decentralized structures of Provincial and District AIDS Task Forces (PATFs and DATFs), line Ministries, key civil society organizations including workplace NGOs, coordinating bodies such as the Zambian Interfaith (ZINGO) and NZP+, chiefdoms, and local FBOs and CBOs.

In FY 2008, SHARe will continue to work with partners to strengthen the national HIV/AIDS information system at national, provincial and district levels in order to improve planning, data collection, monitoring, tracking and reporting on all HIV/AIDS projects and activities in all program areas.

In FY 2005, 2006 and 2007, SHARe worked closely with NAC, the Monitoring and Evaluation (M&E) Theme Group, CDC, CSO, UNAIDS, UNDP and NASTAD to assist the GRZ in achieving "The 3 Ones", including one HIV/AIDS M&E System. SHARe assisted NAC to develop the Zambia National HIV/AIDS Strategic Framework 2006-2010 (ZASF), assisted NAC in the design, pilot, and finalization of the national HIV/AIDS information system, assisted NAC, CDC and NASTAD in the development of national M&E training materials, provided trainers, and co-funded the roll-out training of PATFs and DATFs in the use of the national system. In FY 2007, SHARe and other partner organizations jointly developed and implemented a strengthening plan for PATFs and DATFs. SHARe was involved in the development of the M&E section of NAC's ZASF, and NAC's 2007 Action Plan. SHARe provided support to the design of NAC's database and website. SHARe also provided significant support to NAC in the national situation analysis for the 2007 Joint Annual Program Review (JAPR).

In FY 2006, SHARe conducted the first national baseline assessments of the M&E capacities of all 22 line ministries in relation to HIV/AIDS, and in FY 2005 and FY 2006 conducted the first national baseline and annual follow-up assessments of the M&E capacities of all nine Provincial and 72 District AIDS Task Forces in Zambia. The results of these assessments provided important information for the JAPR process in 2007. In FY2006, SHARe developed an organizational capacity assessment tool that was used in FY07 to assess the M&E capacities of NAC itself. As with other assessments, this assessment will be repeated in FY 2008 to measure progress in HIV-related strategic information among public sector and civil society organizations nationwide.

In FY 2008, SHARe will continue to provide support to strengthen strategic information (SI) including monitoring and evaluation and reporting in public and private sector workplaces and communities through five of its NGO partners Zambia Health Education and Communications Trust (ZHECT), CHAMP, ZamAction, Afya Mzuri and Latkings, and through four ministries: Ministry of Agriculture and Cooperatives, Ministry of Home Affairs, Ministry of Transport and Communications, and Ministry of Tourism/Zambia Wildlife Authority. SHARe will also continue to provide support to CBO and FBO grantees and chiefdoms funded through the Rapid Response mechanism to strengthen collection, use, and reporting of SI. SHARe will continue efforts to assist partners to implement quality information systems from the primary data collection level of volunteers and health workers, to consolidation by partner organizations, through to reporting of achievements.

SHARe will provide technical assistance to ensure the sustainability of SI activities within NAC and its decentralized structure by helping to create a functioning national HIV/AIDS reporting system that collects data from the community through the district to the national level.

SHARe will continue to provide direct grants to the eight GDA companies to support workplace and community SI activities, including primary data collection by trained volunteers and health workers, consolidation of data, and reporting to both the GRZ and USG.

SHARe will also continue to support and work with its five local NGO partners, Afya Mzuri, ZamAction, ZHECT, Latkings, and CHAMP, for sustainability through continued strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of current sustainability levels, sharing of sustainability strategies with successful NGOs, development and implementation of sustainability plans. GDA companies will ensure the sustainability of their HIV/AIDS workplace activities using own private sector funds, while public sector ministries will ensure the sustainability of their HIV/AIDS workplace and community activities through public sector and other donor funding.

A total of 30 organizations including NGOs, CBOs and FBOs, NAC, Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs), private sector companies, GDA companies, chiefdoms and ministries will be supported in SI to improve data collection, analysis and use of data for decision-making. One hundred (100) individuals will be trained in SI nationwide.
All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8910

Related Activity: 14395, 14396, 14397, 14398, 14399, 14400, 14401, 14403

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8910	3642.07	U.S. Agency for International Development	John Snow Research and Training Institute	4980	630.07	SHARE	$230,000
3642	3642.06	U.S. Agency for International Development	John Snow Research and Training Institute	2968	630.06	SHARE	$230,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14395	3677.08	6821	630.08	SHARE	John Snow Research and Training Institute	$50,000
14396	3638.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,628,000
14397	6570.08	6821	630.08	SHARE	John Snow Research and Training Institute	$352,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14399	3652.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14400	3639.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,325,909
14401	3641.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,150,000
14403	3643.08	6821	630.08	SHARE	John Snow Research and Training Institute	$2,650,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	30	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Other

Business Community

Coverage Areas

Central

Copperbelt

Eastern

Luapula

Lusaka

Northern

North-Western

Southern

Western

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14

Total Planned Funding for Program Area: $11,625,550

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

The US Government (USG) continues to support and strengthen the Government of Zambia (GRZ) and its citizens in the fight against HIV/AIDS. Since 2004, significant progress had been achieved as a result of this partnership. This includes accelerating the engagement of leadership at all levels, creating conducive policy and regulatory environments, developing human capacity, systems strengthening, building local government and non-governmental institutions, and enhancing coordination and collaborative efforts with the GRZ, bilateral and multi-lateral cooperating partners, faith-based organizations, the private sector, and civil society.

In FY 2006 and FY 2007, efforts focused on the development of policies and laws to mitigate the impact of HIV/AIDS on People Living with AIDS (PLWHA). In March 2007, the Judiciary launched their HIV/AIDS policy demonstrating commitment to promoting and protecting the rights of employees, and providing them with a healthy and compassionate working environment. Having created an enabling environment, in FY 2008 efforts will focus on the implementation of HIV/AIDS related laws and policies in addition to addressing practices that fuel the spread of the epidemic. USG will increase support to local organizations that provide free legal services to PLWHA to meet the increased demand for these services. To strengthen the judiciary's response to the epidemic, USG will support the development of HIV/AIDS case manuals and workshops for the Judiciary.

In FY 2007, USG supported the development of the Morphine Fact Book in collaboration with the Palliative Care Association of Zambia. In FY 2008, efforts will focus on the dissemination of the Morphine Fact Book to authorized health facilities, pharmacies, private and public facilities to address the myths and misconceptions as they relate to Morphine.

In FY 2008, USG partners will continue to scale up activities that engage traditional, religious, corporate, and political leadership in promoting social change and in participating in large, high profile HIV/AIDS events. USG will initiate a new activity to address the harmful practices that fuel the HIV epidemic. USG will work with community, traditional, religious and political leaders to strengthen their role in the fight against HIV/AIDS focusing on reducing stigma and discrimination in their respective constituencies. Mitigation strategies to address alcoholism and gender based violence will be integrated into existing HIV/AIDS programs. In addition, USG support will support the enactment of the draft anti-trafficking policy and legislation developed by the Anti Trafficking Taskforce.

In FY 2008, the USG will continue to work closely with the National HIV/AIDS/STI/TB Council (NAC), UNAIDS, the Global Fund for fighting HIV/AIDS, TB and Malaria (GFATM). The USG in conjunction with DFID, represent the donors on the Country Coordinating Mechanism (CCM) to ensure an effective and coordinated HIV/AIDS response. In FY 2007, USG supported NAC's Joint Capacity Building Plan for planning, monitoring, and evaluation which emphasized improved planning and data use at all levels. In FY 2008, USG will assist districts to improve planning, data use, and resource tracking. USG 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 working and new professionals will continue to be supported. USG will strengthen research capacity in public health at the School of Community Medicine and the curriculum in biomedical research. As a result, more Zambian clinical investigators will have tools to conceive of and manage research endeavors.

In FY 2007, the USG, in collaboration, with GRZ, NAC, Ministry of Health (MOH), and other key stakeholders, such as Churches Health Association of Zambia (CHAZ) and the Clinton Foundation, conducted the needs assessment, developed the national HIV/AIDS Commodity Security Strategic Plan and established a national HIV/AIDS Commodity Security Working Group. In FY 2008, the USG will work with the HIV/AIDS Commodity Security Working Group to strengthen logistics and ensure availability of commodities.

Human and institutional capabilities in health and social sectors continue to present a challenge to the effective provision of health services in Zambia. In 2008, USG will continue to work with the GRZ to implement and monitor the rural retention scheme as provided under ART services, to support task shifting such as enabling trained lay workers to do rapid HIV testing and increasing access to pain management drugs. The USG will continue to work with MOH to disseminate the human resource planning and projection guidelines, and in particular, support the Provincial Health Offices (PHO) to assess the districts human resource needs and facilitate the development of the districts human resource plans.

In FY 2007, efforts focused on financial and management capacity of local government, NGOs, FBOs, CBOs, the private sector, and workplaces engaged in HIV/AIDS activities and services. In FY 2008, USG will expand this capacity building and continue private partnerships with the corporate sector to engage in HIV/AIDS service provision and support the accreditation of private health care facilities. USG 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.

In FY 2007, the USG supported MOH to integrate HIV/AIDS teaching modules, training materials and teaching guides in pre- and in-service training programs for nurses, clinical officers and physicians. In FY 2008, USG will continue working with MOH to strengthen the planning, coordination and quality of training to enhance strategic information and HIV/AIDS service delivery focusing on strategies to harmonize trainings. In FY 2007, the USG supported MOH to initiate the national in-service training coordination system and to develop the pre-service national training guidelines. In FY 2008, USG will focus on the implementation of these guidelines.

USG will continue to strengthen Zambia Defense Force (ZDF) health services by supporting the procurement and logistics management system. The program will continue to build the capacity of uniformed personnel in HIV/AIDS in collaboration with UNAIDS. Support will focus on mentoring and leadership programs for the Zambia Defense Force supported by partnerships with the Zambian and US militaries. 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.

A new activity will be added from the $9M plus-up funding to support the strengthening of the essential drugs logistics management system for HIV/AIDS-related drugs.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	101
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	284
14.3 Number of individuals trained in HIV-related policy development	200

14.4 Number of individuals trained in HIV-related institutional capacity building	1845
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1000
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2800

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	5242.08	**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:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	9639.08	**Planned Funds:**	$1,730,550
Activity System ID:	14364		

Activity Narrative: In support of the Five-Year PEPFAR sustainability strategy for Zambia, the LPCB will continue in its second year to build financial, leadership, and managerial capacities of local HIV/AIDS partner organizations and will complement existing partner technical and medical skill strengthening efforts. The LPCB will continue to focus on institution strengthening and human capacity development for Zambian governmental organizations, NGOs, faith-based organizations, and professional associations currently implementing promising and successful HIV/AIDS prevention, care, and treatment services in preparation for taking on additional responsibilities and resources as international/US partners implement exit and graduation plans. The LPCB institution-building activity responds to the need for indigenous institutions to embrace financial and reporting systems that ensure accountability, transparency, and efficiency including a set of checks and balances which conform to local laws and donor requirements.

LPCB's objective is to strengthen Zambian HIV/AIDS institutions in executive leadership, skills management, and financial systems. On behalf of the U.S. Mission/Zambia PEPFAR interagency team, USAID is working through AED/Capable Partners to build up the financial, institutional, and programmatic capacities of selected Zambian organizations that demonstrate the potential to scale-up successful HIV/AIDS prevention, care, and treatment activities.

In FY 2007, LPCB will have assessed the organizational and technical capacities of local USG Zambian partners and sub-partners working in HIV/AIDS. LPCB is recommending which partners have the capacity for continued growth and rapid expansion and what types of interventions they will need in terms of both organizational and technical assistance development. With the identified partners they will forge new directions in NGO organizational capacity and technical growth to help these NGOs develop new methods for identifying organizational strengths and weaknesses and building partnerships in technical areas.

In FY 2007, LPCB will have surveyed the institutional building expertise in Zambia to identify: existing initial and post-intervention management assessments; training courses for Board members, managers, accounting staff, and other key staff; systems and tools for financial and service tracking. They will have established a partnership with 1-2 institutions who will work with them to build capacity in financial and organizational development. By the end of this project, LPCB will leave a legacy of strong organizational development institutions that can independently provide consultancy services, training courses, and mentoring for organizational development.

The strengthening of financial, leadership, and management capacities of local PEPFAR partners requires a technical assistance package that incorporates skill transfer, mentoring, and systems building implemented by experts in organizational development, management restructuring, and financial accountability, if donors are to leave behind stronger institutions able to carry on HIV/AIDS service delivery at the close of PEPFAR. This goes beyond the scope of work of current HIV/AIDS partners.

USG/Zambia is continuing to strengthen local partners and as this is a greater prospect for the continuation of HIV/AIDS services and activities rather than leaving a gap when international partners return home. In fact, we have witnessed rapid change among local partners once they become aware of their institutional weaknesses and are provided with guidance, including reshuffled membership on powerful boards, improved leadership and management, and stronger financial and reporting systems.

In FY 2008, LPCB will work in coordination with the USAID Controller's Office and conduct "pre-award surveys" for all thirty selected organizations that have received inputs in year 1 to determine progress and re-assess capacity building needs. LPCB and its consortium members will then revise their comprehensive capacity building plans for each organization which will include provision of technical assistance, funds for systems strengthening, training, and mentoring. As a result of their upgraded design and management skills, it is expected that at least ten Zambian NGOs will be able to pass pre-award surveys during the second year of LPCB and that participating sub-partners will be able to manage larger amounts of HIV/AIDS resources and thereby help more beneficiaries.

LPCB will continue to provide the thirty selected local organizations with comprehensive technical assistance, mentoring, and training as per their revised plans. This would include the training of ten persons per organization (executive board members, managers, accountants, monitoring & evaluation staff, and other key personnel) for a total of 300 individuals over a two-year period.

In addition, the LPCB Project will continue to provide a series of organizational development training courses to another 100 local sub-partners at the provincial level. This would include the training of ten persons per organization (executive board members, managers, accountants, monitoring & evaluation staff, and other key personnel) for a total of 1,000 individuals.

Thanks to their upgraded design and management skills, it is expected that at least ten Zambian NGOs will be able to pass pre-award surveys during the second year of LPCB and that participating sub-partners will be able to manage larger amounts of HIV/AIDS resources and thereby help more beneficiaries. With FY 2008 funds, LPCB will initiate its functioning as an umbrella organization and provide funding to local organizations interested in implementing evidence-based HIV/AIDS AB activities (see related AB activity). In FY 2008, in addition to the funds for strengthening organizational systems and supporting business plans, $545,000 has been set aside under the HVAB Program Area for these awards. In subsequent years, this will expand to other prevention, care, treatment, and policy analysis and systems strengthening activities. LPCB will put out a call for proposals to all eligible organizations requesting applications to implement NAC led national Abstinence and/or Being Faithful campaigns following OGAC ABC Guidance, such as the "Real Man, Real Woman Campaign", "Safe from Harm", the "HEART Campaign", the Gama Cuulu Radio Show and MARCH approach, and other campaigns to reduce concurrent partnerships. First priority will be given to those local organizations that graduated from capacity building in the previous year, successfully strengthened their systems and leadership, and for larger awards, passed the pre-award survey. Awards will be between $50,000-$200,000 depending on the quality of the proposal, the potential for the organization to achieve evidence-based results. Applicants will need to address male norms and behaviors and other gender issues related to AB. The actual number of individuals reached will be finalized once the procurement process is complete; however, tentative targets are given based on past experience with other partners working in AB.

In FY 2008, it is anticipated that a total of 90 organizations and 1,000 individuals will benefit from this

Activity Narrative: program.

Sustainability may come in many forms. Various indicators would underscore success of an institution building activity: diversification of program income sources, an increase in host country budget outlays, capacity development in terms of checks and balances introduced, training and retention of staff to address managerial or technical deficiencies, more grantee and contractor work plans incorporating sustainability targets, and the transfer of decision-making authorities to local NGOs heretofore only subs. Revised fiscal codes to allow income tax deductions for charitable gifts would be a significant nationwide institutional reform. A related measurement – financial independence in terms of assets held or cash flows from consulting fees and local fundraising – would indicate self-sufficiency.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9639

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26636	9639.26636.09	U.S. Agency for International Development	Academy for Educational Development	11077	5242.09	Local Partner Capacity Building	$3,164,428
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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	30	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	100	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	1,000	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1,000	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,000	False

Indirect Targets

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3021.08	**Mechanism:**	NASTAD - U62/CCU324596
Prime Partner:	National Association of State and Territorial AIDS Directors	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	3719.08	**Planned Funds:**	$250,000
Activity System ID:	15541		

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007 due to the movement of strategic information program area funds to this activity. All funding for this partner is now located within this program area, overall partner funding has not increased. Narrative changes include updates on progress made and expansion of activities. Please note that there is no longer a NASTAD entry in the COP under Strategic Information.

This activity is related to University of Zambia Monitoring and Evaluation (UNZA M&E), SHARe, National AIDS Council (NAC), and Technical Assistance-Centers for Disease Control and Prevention (CDC).

As part of the activities outlined below, NASTAD will focus its support to the National HIV/AIDS/STI/TB Council (NAC) for technical assistance (TA) on data utilization from existing planning, reporting, and mapping systems and processes, and support to NAC for implementation of the data system integration plan.

In 2006-2007, United States Government (USG) supported NASTAD to coordinate and provide TA to Zambia's NAC national monitoring and evaluation (M&E) system in partnership with SHARe, University of Zambia (UNZA), and the Joint United Nations Program on AIDS (UNAIDS). The continued goals have been 1) to catalyze the flow of information from the district and provincial levels to the central level for improved system-wide planning, and 2) to enable better decision making among district and provincial bodies.

NAC continues to strengthen multi-sectoral planning and data use efforts with NASTAD working in tandem with NAC to support Provincial AIDS Coordinating Advisors (PACAs), District AIDS Coordinating Advisors (DACAs), Provincial AIDS Task Forces (PATFs), and District AIDS Task Forces (DATFs) intensively in refining, prioritizing, resource finding, implementing, and monitoring these activities. In 2007, districts in Southern and Western provinces received TA from NASTAD to support planning, and data use in cooperation with partners. Training activities built upon the December 2006 M&E Cascade Training, which carried forward the national M&E manual and curriculum developed by the partners and with technical assistance from CDC. NASTAD and SHARe continued to work in close collaboration using their unique approaches to maximize appropriate and timely support as well as geographical coverage. NASTAD is uniquely structured to provide intensive, in-depth support to the districts in need over a sustained period of time. In 2008, NASTAD will continue to provide on-the-ground and distance-based technical support to the PATF in Southern, Western, Eastern, and Lusaka Provinces and in-depth support to the PATF and three DATFs in Southern Province and Western Province and the PATF and one DATF in each Eastern and Lusaka (12 sites). In-depth TA will include establishing systems for multi-partner resource tracking, activity -based resource gap analysis, and improving activity-based data collection tools consistent with national requirements. In total, four PACAs will be directly supported with TA while the remaining five will be directly supported through national activities. Using national curricula and tools, at least five individuals will be trained in the above areas in each district at each site (12) totaling 60 individuals. As PATFs and DATFs are often made up of various local organizations (on average at least four) NASTAD will aim to assist 50 organizations during FY 2008.

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 2007, NASTAD worked closely with UNZA to develop an M&E Centre for Excellence Strategic Plan as well as business plan 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 2008, NASTAD will continue working with UNZA to outline and identify potential sources of grants and regional partnerships. In addition, NASTAD will work with UNZA to outline a visiting scholar's program. USG will work with NASTAD to identify a state or city HIV/AIDS department, a university, or foundation, to establish a long-term relationship of financial and technical support

NASTAD has developed a highly skilled team of state AIDS directors and/or their program staff who currently work within United States State Health Departments managing HIV/AIDS program planning, funding, and implementation activities. The TA team has built peer-to-peer relationships with the PATF and DATFs where the technical expertise has been jointly developed and delivered. In 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 NARF data. In 2008, this position will continue to be funded and will support NAC and the NASTAD team.

USG has been instrumental in developing a joint capacity building plan with NAC and the national M&E Technical Working Group to ensure harmonization of materials and training coverage. An Evaluation Capacity-Building Sub-Committee includes staff from NAC, SHARe, UNAIDS, United Nations Development Program, Global Fund, Ministry of Health, United States Agency for International Development, and CDC. CDC ensures that NASTAD's efforts are focused among the activities of this group. The sub-committee has developed a very specific plan to ensure an integrated and coordinated implementation plan. In 2007, a countrywide TA plan was developed in collaboration with NASTAD, SHARe and USG. Depending on resources, plans to implement elements of this TA plan may be considered in 2008.

In addition to the activities aligned with NAC's capacity-building plans, NASTAD will also provide logistical and travel support for consultants as required by USG through CDC's M&E Unit.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9014

Related Activity: 14402, 15574, 15596, 16492

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9014	3719.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5012	3021.07	NASTAD - U62/CCU324596	$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14402	3642.08	6821	630.08	SHARE	John Snow Research and Training Institute	$230,000
16492	10169.08	7446	5224.08	NAC-USG Zambia Partnership	National AIDS Council, Zambia	$250,000
15596	3721.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$500,000
15574	3720.08	7189	3026.08	UNZA M&E	University of Zambia	$150,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	60	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Southern

Eastern

Lusaka

Western

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3013.08

Mechanism: CDC Technical Assistance (GHAI)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3721.08

Planned Funds: $500,000

Activity System ID: 15596

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.

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, this support will continue. For example, specific and ongoing support to infrastructure enhancement is required for the Chest Diseases Laboratory (CDL) and the Tropical Diseases Research Center (TDRC) tuberculosis (TB) laboratory. In addition to upgraded and new desktop computers, the installation of network capabilities will be continued as part of this activity. These enhancements will come in the form of servers, routers, hubs, broadband connections, wireless capabilities, and appropriate measures for network security. Software will also be purchased. CDC will also provide material support to targeted clinic and office facilities for provincial and district health facilities. In addition to equipment and infrastructure costs, CDC will 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 occasional supportive supervision visits by CDC staff to active project sites or for CDC to engage other technical support as required. 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).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9024

Related Activity: 15510, 15565, 15595

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26672	3721.26672.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10992	3013.09	CDC Technical Assistance	$50,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15510	3703.08	7166	3010.08	CDL - U62/CCU023190	Chest Diseases Laboratory	$100,000
15565	3718.08	7184	3009.08	TDRC - U62/CCU023151	Tropical Diseases Research Centre	$1,100,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3043.08

Mechanism: Twinning Center

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3741.08

Planned Funds: $300,000

Activity System ID: 15610

Activity Narrative: All activities under this program are continuing and are linked to DOD, PCI and JHPIEGO's activities in support of the Zambia Defence Force.

Activity One: Expand Learning Resource Centers to three additional sites in Zambia FY06 and FY07 Activities.
This activity is a continued activity from 2006 and 2007 when the AIHA Twinning Center established a Learning Resource Center at Maina Soko Military Hospital. Initial and subsequent workshops were conducted at Maina Soko 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 proposes to expand the Learning Resource Center to three additional military hospitals in Zambia. This activity has two components. One component is to roll out the learning resource centre (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 TBD 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. The Twinning Center will ensure partnership activities are linked with other service providers on IT and data management, such as PCI for counseling and testing and JHPIEGO for system strengthening and possibly have LRC coordinators accompany these individuals on site assessments in order to maximize collaboration.

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, initially listed in three regions: Kitwe, Ndola, and Livingstone) that will be involved in this pilot will go through a final selection process 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 the 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 3 Camp Hospitals in managing the needs of their clients. This activity will train 30 staff in 3 Hospitals (Main Soko and 3 Camp Hospitals).

Activity Two: Providing Technical Assistance to DFMS (Defense Force Medical Services)
FY07 Program Activities
AIHA worked with the DFMS through PCI to provide technical assistance to the mobile VCT. AIHA Twinning Center recruited the assistance of a consultant, Terry Cunningham, specializing in VCT who worked with ZDF counselors to help organize the mobile unit staff and specifications, job descriptions, needs. The consultant traveled with ZDF counselors 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, Mr. Cunningham conducted a follow-up training for 25 ZDF staff members.

In 2008, AIHA will continue Terry Cunningham's direct involvement with ZDF and the mobile VCT. AIHA will logistically coordinate Mr. Cunningham's travel to Zambia to conduct refresher training with the mobile unit core team including technical assistance for data collection and monitoring systems. Mr. Cunningham will work with counselors to create referral systems and to strengthen the linkages between organizations that have already-established case-management systems in place and that offer and integrated approach to VCT. As well AIHA will facilitate, coordinate, and manage the south-to-south exchange program of 5 ZDF VCT counselors to the South Africa where they will have the opportunity to visit mobile VCT sites.

Activity Three: Zambian Defense Force's Nursing School to partner with the University of San Diego Nursing School
FY07 Program Activities
The program is directly linked to FY07 Twinning Center activities through the established Learning Resource Center at the Zambia Defense Force's Nursing School.

In FY08, the Twinning Center will build the institutional capacity of the Zambian Defense Force's School of Health Sciences through a twinning partnership with the University of San Diego Nursing School (or other similar nursing school). This activity will have three components. One component is to build capacity of the staff to plan, implement, and manage the academic programs offered by the school of nursing, through twinning with the University of San Diego, Charlstate campus (or other similar nursing school). The school is recommended because it is currently working with the ZDF Nursing School on HIV curriculum implementation and palliative care. The funds will support the exchange visits of partners, planning, fund-raising, training activities as well as recruitment of staff and procurement of equipment and materials to support the operations at the school. The organizational development will include strategic and business plans development, curriculum development for accreditation and setting up of different departments. This activity will train five senior management staff and five academic staff.

The second component of this activity is to establish a care of the caregiver program to support the staff and mitigate the impact of HIV/AIDS on the staff working in this school. The funds will be directed at establishing a workplace program for both staff and students to access HIV/AIDS prevention, treatment and care and support services. This activity will train 10 staff from the school as well as senior management from Maina Soko and 3 Camp Hospitals (a total of 15 staff members) so that they can institute the program in their hospitals. The module for caring of caregiver will also be developed and integrated into the current curriculum and students at the school will receive this training. Approximately 30 students will be trained (number depending on enrollment).

The third component of this activity is to integrate the case management approach to teaching HIV care and

Activity Narrative: HIV service provision in the school. This activity will include training of nurse educators and clinical instructors in HIV nursing case management and will create organizational and management support for nursing case management systems at the school. This activity will also require that a HIV Nursing Case Management Module be developed for use in-service training of nurses already working in ZDF hospitals. This activity will train 10 nurses who will become trainers. These trainers will be posted at Maina Soko and 3 Camp Hospitals and be responsible to train five additional nurse personnel in all ZDF managed hospitals. Approximately 30 nurses will be trained in all hospitals. Through this training, case management will be instituted in the 3 Camp Hospitals, including Maina Soko hospital in Zambia to improved quality of HIV care.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8810

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27272	3741.27272.09	HHS/Health Resources Services Administration	American International Health Alliance	10961	3043.09	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

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	6	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	70	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

Lusaka

Copperbelt

Southern

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3026.08
Mechanism: UNZA M&E
Prime Partner: University of Zambia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3720.08
Planned Funds: $150,000
Activity System ID: 15574

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity is related to National Association for State and Territorial Directors and SHARe, National AIDS/HIV/STI/TB Council (NAC), and Technical Assistance/Centers for Disease Control and Prevention (CDC). The United States Government (USG) will build on the new formal partnership with the University of Zambia's (UNZA) Department of Social Development FY 2006.

Expanded Activities: In addition to activities outlined below, additional 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 National HIV/AIDS/STI/TB Council (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.

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. 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 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.

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 2008, 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.

Financial assistance in FY 2008 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 85 more students, and thereby support at least 50 different local programs and service outlets with capacity building. In an effort to strengthen the use of spatial information in the analysis and presentation of monitoring and evaluation information, UNZA M&E will, in 2008, provide financial support to the Zambia Association for Geographic Information Systems (ZAGIS) for maintaining software and hardware in the ZAGIS Service Center. 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 is 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9030

Related Activity: 15539, 15595, 14403, 15541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26671	3720.26671.09	HHS/Centers for Disease Control & Prevention	University of Zambia	11665	11665.09	UNZA M&E	$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15539	3716.08	7176	3022.08	NAC - U62/CCU023413	National AIDS Council, Zambia	$550,000
15595	3714.08	7192	3013.08	CDC Technical Assistance (GHAI)	US Centers for Disease Control and Prevention	$1,950,000
15541	3719.08	7177	3021.08	NASTAD - U62/CCU324596	National Association of State and Territorial AIDS Directors	$250,000
14403	3643.08	6821	630.08	SHARE	John Snow Research and Training Institute	$2,650,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	42	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	85	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

Host country government workers

M&E Specialist/Staff

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7921.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 12536.08

Planned Funds: $100,000

Activity System ID: 15575

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 Master of Public Health (MPH) degree in Zambia is offered only by the University of Zambia (UNZA) School of Medicine (SOM). The MPH program graduates an average of 30 students per year who become leaders in public health delivery including policy making in Zambia and contribute to improving health service delivery for HIV/AIDS and related services. The MPH program in the SOM is a major contributor to the human resource development in public health in-line with human resource development and health priorities of the Government of the Republic of Zambia. The Community Medicine Department in the SOM has basic infrastructures and curriculum that need further strengthening with additional resources that will be provided under this program. The funding in this program will strengthen the capacity of a local institution in developing its curriculum and necessary human resources that will be involved in HIV/AIDS work thereby ensuring long term sustainability in human resource development for the countrywide work in TB/HIV/AIDS/STI.

To ensure the sustainability of human capacity building for public health evaluation methods and public health delivery in TB/HIV/AIDS/STI in Zambia, FY 2008 funds will enable the UNZA MPH program to develop concentrations in epidemiology and biostatistics by supporting student scholarships and faculty in curriculum development, teaching, and resources to build these programs. Developing these concentrations will enable the MPH to support and train additional HIV/AIDS health research professionals with expertise in public health evaluation methodology, including study design, data management, statistical analysis, scientific writing, preparation of manuscripts for publication in the scientific literature, methods and resources for accessing international electronic health information and literature, and communication of health information and research results to health professionals, policy makers, and the general public.

The FY 2008 funds will also provide support to the SOM in its training of post-graduates in clinical research through the MMed program. The MMed degree is the primary training program to teach clinicians research methodology through projects conducted in clinical departments. Support to this program will provide MMed curriculum development and comprehensive review, faculty development in research methodology and in teaching research methodology – particularly in HIV/AIDS operational research, seed money to conduct research projects required of all MMed students, and to support external trainers to provide teaching in research methodology who are not currently on faculty.

Support to sustainable institutional mechanisms is critical to effectively support Zambian educational institutions and build partnerships with organizations and individuals in need of training and support to develop critical human resources for public health care delivery. 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 be strengthened through the prevention of mother to child transmission program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12536

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26684	12536.26684.09	HHS/Centers for Disease Control & Prevention	University of Zambia School of Medicine	10990	7921.09	UNZA/SOM	$700,000
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

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Coverage Areas

Lusaka

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5263.08 **Mechanism:** VU-UAB AITRP

Prime Partner: Vanderbilt University **USG Agency:** HHS/National Institutes of Health

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 9787.08

Activity System ID: 15621

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: $240,000

Activity Narrative: The funding level for this activity in FY 2008 has increased since FY 2007. Narrative changes include updates on progress made and expansion of activities.

This activity is related to the University of Zambia School of Medicine (UNZA SOM) activity.

The Vanderbilt University-University of Alabama at Birmingham AIDS International Training and Research Program (VU-UAB AITRP), led by Dr. Sten Vermund, has played an important role in the development of research capacity in Zambia. Twenty-five Zambians have been trained at the Master of Public Health (MPH) level at UAB since 2000, of whom all 25 are still working in Africa. Over 500 Zambians have been trained in -country and over 40 Zambians have been trained in short-courses at UAB or Vanderbilt. 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, there has been a high demand for additional primary training as well as continuing education for those who are already trained and to continue building institutional capacity in Zambia. Since the beginning of its collaboration with the University of Zambia (UNZA) and the University Teaching Hospital, the VU-UAB AITRP has continued to work closely with these institutions and the University of Alabama at Birmingham Sparkman Center for Global Health to build medical informatics capacity, to provide biostatistics training at the UNZA, and to improve the overall climate for research with donated journals, guest seminars, and research consultation in Zambia.

The goal of this FY 2008 activity is to build institutional and individual research capacity and sustainability in biomedical and behavioral research focused on HIV-related research and programs in both prevention and care. This activity has as its overarching objective the development and training of Zambian clinical investigators to be leaders in independent investigation of relevance to PEPFAR and other vital HIV/AIDS treatment and prevention services and programs.

The specific aims are: 1) to train a new generation of HIV/AIDS research leaders in Zambia through bi-annual week-long workshops in Zambia that will focus on research skills, scientific writing for publication, and proposal development; these workshops will be aimed at persons in academia, Government of the Republic of Zambia (GRZ), and/or non-governmental organizations, who are best placed for future leadership in research and public health; 2) to promote the initiation of new prevention research that complements and facilitates existing international service and research endeavors between US and foreign investigators, and builds long-term collaborative relationships among international scientists; and 3) to track and document the long-term impact of training on Zambian trainee careers, training and research capacity of home institutions, and impact of conducted research at institutional, regional, national, and global levels.

The FY 2008 funding will support two separate, but linked activities.

Activity One: Two short courses will be conducted in research skills and scientific writing to support HIV/AIDS related research efforts in Zambia. The basic conceptual design of these training programs will be both didactic and practical. Basic didactic coursework will be conducted in the morning. The afternoons will be devoted to hands-on applications of the materials to reinforce research skills; hands-on applications through data set manipulation, data analysis, case studies, or small group projects that are critical to skill building. The impact of the training program on the trainees will be assessed with the help of a pre- and post-test evaluation as well as a follow-up assessment after one year post-training. Immediate post-test evaluation will be based on the participants' understanding of concepts as evidenced by homework, participation and group dynamics, as well as project assignments. One-year evaluations will be based on perceived relevance and evidence of implementation of their acquired research skills in their work setting. Trainees will be awarded certificates of completion at the end of the workshops. The target for this training is persons who have already been trained in core methodology through the AIDS International Training and Research Program or a comparable training experience. We will identify persons currently working in public health evaluation and research as well, who may have on-the-job research training but are in need of enhanced skill-building. An experienced team from Family Health International (FHI) is working with Dr. Vermund to ensure that the training builds on successful models. We target 20-30 trainees in each of the two courses.

Activity Two: the Master of Medicine (MMed) program is a degree taken in parallel with post-graduate residency training. This degree involves a research project and a full MMed thesis. In the ten-year experience of Dr. Vermund working in Zambia, the program did not meet its didactic goals in perhaps 90% of its graduates, as demonstrated by the poor methodology used for MMed research projects, the sometimes trivial research questions engaged, and the inability to get MMed project published. While the infrastructure is there to encourage research, it is inhibited by inadequate supervision and mentorship, a lack of funds to do the work, and a failure to bridge effectively to existing research projects. We propose the use of graduates of research training programs, such as AITRP, to be assigned as MMed mentors to existing MMed students, establish (with partnership of several US universities working in Zambia) a seminar series led by Zambians and facilitated by Vanderbilt and its partners, and provide support for Zambian faculty members at the UTH/UNZA to have more effective teaching materials at their disposal. Advanced MMed students will participate in the training represented in our first activity. Our emphasis in training will be in monitoring and evaluation of care and treatment, quality of health care, and HIV prevention including PMTCT and behavior change. We seek to provide relevant and sustainable research and evaluation skills for 12-15 students annually who will develop, conduct, and publish research projects and public health evaluation results in peer review journals. This activity will complement a similar 2008 effort to strengthen the UNZA MPH program.

The FY 2008 funding will enable VU-UAB AITRP, in collaboration with CDC Zambia, to explore effective ways to build human capacity in the areas of social work, physiotherapy, and community based health workers. Increasing the capacity of workers in these areas is critical to sustaining programs in HIV/AIDS prevention, treatment, and surveillance.

Activity Narrative: Since research and public health evaluations cover diverse themes, we consider our impact to be on the General Population (Infants and pregnant women, Children and Adolescents of all ages), and all adults. We know that our trainees are working with Discordant Couples, People Living with HIV/AIDS, Pregnant Women, and Orphans and Vulnerable Children. Institutions that we expect to impact include: UTH, UNZA School of Medicine, UNZA School of Nursing, Elizabeth Glaser Pediatric AIDS Foundation/Center for Infectious Disease Research in Zambia (EGPAF/CIDRZ), the Zambia Exclusive Breast Feeding Study (ZEBS) in Lusaka, and the Tropical Diseases Research Centre (TDRC) in 'Ndola.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9787

Related Activity: 15575

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26677	9787.26677.09	HHS/National Institutes of Health	Vanderbilt University	11095	5263.09	VU-UAB AITRP	$240,000
9787	9787.07	HHS/National Institutes of Health	Vanderbilt University	5263	5263.07	VU-UAB AITRP	$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15575	12536.08	7921	7921.08	UNZA/SOM	University of Zambia School of Medicine	$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	6	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	60	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Copperbelt

Lusaka

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3028.08	**Mechanism:**	Peace Corps
Prime Partner:	US Peace Corps	**USG Agency:**	Peace Corps
Funding Source:	GHCS (State)	**Program Area:**	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS	**Program Area Code:**	14
Activity ID:	19498.08	**Planned Funds:**	$800,000
Activity System ID:	19498		

Activity Narrative: As a part of the USG/Zambia PEPFAR Team, Peace Corps/Zambia 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. 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 AIDS Council, Peace Corps will place third year extension and/or Peace Corps Response Volunteers to enhance organizational capacity. Experienced volunteers will work on strengthening this key coordinating institution and others to ensure that they provide services that are essential to the national response to the HIV/AIDS epidemic. Volunteers will work on strengthening the coordination of the various programs at provincial levels as well as Monitoring and Evaluation of the response. Volunteers will have previous experience working at the village and community level on HIV/AIDS issues, which equips them with valuable insights for planning effective programs and enabling them to work effectively within the Zambian context.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	120	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	300	False

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5224.08

Mechanism: NAC-USG Zambia Partnership

Prime Partner: National AIDS Council, Zambia

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 10169.08

Planned Funds: $250,000

Activity System ID: 16492

Activity Narrative: This activity links to and complements CDC HVSI (#9011), NASTAD OHPS (#9013) and SHARe OHPS (#8910).

In line with the UNAIDS 3 Ones framework and the Paris Declaration, the USG, represented by the Department of State (DoS), proposes a new activity geared to increase country-level ownership and strengthen the national response to HIV/AIDS through a direct partnership with the National HIV/AIDS/STI/TB Council (NAC). In order to respond to the epidemic, the Government of Zambia (GRZ) created NAC in 2002. Zambia's Parliament established NAC as a corporate body to coordinate and support the development of the multisectoral national response, with a secretariat to implement decisions of the NAC.

In FY 2007, the USG will partner with the NAC to support its mandate as the "one HIV/AIDS coordinating body." At present there are five bi-lateral cooperating partners that provide direct support to the NAC: the Netherlands, Ireland, UK (DFID), Sweden, and Norway. Other non-USG cooperating partners that support specific activities of the NAC include The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), the UN agencies, and the Japan International Cooperating Agency. Given the significant PEPFAR resources flowing into Zambia, there is a tremendous need to ensure strong cohesion among the cooperating partners toward a coordinated HIV response. Direct support to the NAC through the DoS will place the USG in a more visible and critical role to influence the strategic direction of the national AIDS response, to embrace best practices, and to adhere to principles of sound management. Other key cooperating partners are very keen for the USG to be more directly involved in the NAC partnership.

In response to the Paris Declaration, Zambia is undergoing policy environment transformation with the Wider Harmonization in Practice (WHIP) agenda. The GRZ wishes to harmonize, simplify, and reduce transaction costs of Cooperating Partners (CPs) support. As part of this process, Zambia established Sector Advisory Groups and developed a Joint Assistance Strategy for Zambia (JASZ) process to facilitate dialogue between GRZ and cooperating partners. Although institutionally, HIV/AIDS falls under the Ministry of Health, it has become increasingly clear that HIV/AIDS transcends all sectors hence the need for multisectoral approaches and interventions. It is against this background that the GRZ agreed to a separate HIV/AIDS sector in its National Development Plan to better address the cross-cutting nature of the epidemic.

In FY 2006, the GRZ and cooperating partners made significant progress in the JASZ process in terms of harmonizing and coordinating donor responses, reducing duplicative efforts and budgets, and identifying gaps and priorities for support to the national effort. The USG has been an active participant in the process. As a result, USG has been selected by GRZ to lead donors in the HIV response in Zambia together with the UK Department for International Development (DFID) and UNAIDS. However, since the USG is not providing direct management and limited implementation support to NAC, the USG is often left out of joint planning discussions and consequently, USG funding contributions to the national HIV/AIDS response is often not reflected in the national HIV/AIDS budgeting exercise. This new direct partnership with NAC will further strengthen USG's leadership role within the sector and ensure a place at the budgeting and decision -making table.

This partnership activity will include enhanced support to NAC, along with its decentralized structures, for managing, planning, implementing, monitoring, and evaluating HIV/AIDS activities at national, provincial, and district levels. Through this partnership, USG will continue to work to ensure the effective functioning of NAC's technical working groups, which guide the policy and implementation of the national response for prevention, care, and treatment.

More specifically, in FY 2007, the NAC partnership will support improved management of HIV/AIDS decentralised structures, including the 9 Provincial AIDS Task Forces and the 72 District AIDS Task Forces of the country. The partnership will contribute to making NAC an efficient and effective coordinating body. This will include increased support for improved management, strategic planning, development of action plans and annual work plans, budgeting projection and planning exercises, donor and stakeholder coordination, monitoring and evaluation, and repositioning/strengthening of technical working groups. The USG-NAC partnership will enhance the USG contribution to the implementation of the nationwide Joint Annual Strategy Review, World AIDS Day, and VCT Day planning, and for the implementation of the Zambia HIV/AIDS Strategic Framework.

The USG-NAC partnership will be guided by a Memorandum of Understanding (MOU) to be signed by NAC and the USG along with other cooperating partners; the MOU will set out clear roles and responsibilities of partners and the NAC. Funding disbursement will be contingent upon the achievement of agreed targets, both related to an annually agreed activity plan, quarterly reporting, and financial audits that are in line with the reporting requirements of all involved cooperating partners. One donor is elected to lead the partnership; this is DFID at present. Formal meetings are held three times a year - in March, September and December - with other meetings called as required. Requiring achievement of specified and agreed triggers will ensure appropriate accountability of funds by donors, but also build the capacity of the NAC in planning, transparency, performance, and the achievement of results.

USG involvement in this partnership with NAC will be a critical step for enhancing the effectiveness and efficiencies of HIV/AIDS resource flows to Zambia, ensuring better coordination and the prevention of duplication, and a more effective and sustainable national HIV/AIDS coordinating body.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10169

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27320	10169.27320.09	Department of State / African Affairs	National AIDS Council, Zambia	11399	5224.09	NAC-USG Zambia Partnership	$200,000
10169	10169.07	Department of State / African Affairs	National AIDS Council, Zambia	5224	5224.07	NAC-USG Zambia Partnership	$100,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	82	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3041.08 **Mechanism:** DoD-PCI

Prime Partner: Project Concern International **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Other/Policy Analysis and System Strengthening

Budget Code: OHPS **Program Area Code:** 14

Activity ID: 9171.08 **Planned Funds:** $270,000

Activity System ID: 14633

Activity Narrative: This activity also relates to all activities for the Zambian Defense Force (ZDF) conducted by Project Concern International (PCI) JHPIEGO and DOD.

The goal of this activity is to build on the involvement of the Joint United Nations Program on HIV/AIDS (UNAIDS) globally and in Zambia in strengthening the capacity of uniformed services personnel in HIV/AIDS programming, through policy development and other technical assistance, with a particular focus on UN peace keepers. The ZDF has been actively involved in peace keeping missions in the African Region. The ZDF finalized the Defense Force HIV/AIDS policy in 2007 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 will support refresher training of the 800 ZDF peer educators who were trained in FY 2004. The peer educators will also be given logistical support to motivate them to effectively carry out HIV sensitization activities. The training will help to build 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 particular situation as women and a minority. Further and importantly, the families of the peacekeepers, most often the wives will be targeted as part of a multi pronged approach.

In order to strengthen the capacity of the ZDF to sustain its HIV/AIDS program, UNAIDS will continue to assist the Defense Force Medical Service (DFMS) with resource mobilization including identification of other potential indigenous partners for the ZDF HIV/AIDS programs, coordination of activities and trainings, and coordination of partners such as other bi-lateral donors, the MOH, National AIDS Council, other UN organizations. Building resource mobilization skills, strengthening policy development and implementation, and increasing capacity to effectively plan and manage HIV/AIDS activities will support the sustainability of the ZDF's HIV/AIDS activities which currently rely heavily on USG funding. The UNAIDS will also advise the ZDF in conducting sensitization training, soliciting and dissemination of existing information, education and communication (IEC) materials. Through all these activities, UNAIDS will ensure that the ZDF HIV/AIDS program reflects the effective mainstreaming of AIDS and gender.

An additional component of this activity would be the family support unit. The ZDF has been supported by PEPFAR funding and has requested assistance in the creation of a multidisciplinary clinic to include the disciplines/programs in opportunistic infection management/prevention, palliative care, and post exposure prophylaxis programs, among others. PCI having experience in working the DFMS units would assist in expanding this activity and would partner with the DOD PEPFAR office to develop a joint ARV services/FSU multidisciplinary clinic for Maina Soko HIV positive patients and their families. This activity will be linked to the DOD system strengthening support.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9171

Related Activity: 14621, 14628, 14622, 14629, 14623, 14624, 14630, 14625, 14428, 14631, 17453, 14636, 14632, 14627, 14634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24842	9171.24842.09	Department of Defense	Project Concern International	10574	3041.09	DoD-PCI	$270,000
9171	9171.07	Department of Defense	Project Concern International	4939	3041.07	DoD-PCI	$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14621	3670.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14628	9170.08	6890	3041.08	DoD-PCI	Project Concern International	$275,000
14622	3676.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14428	3730.08	6832	5073.08	BELONG bilateral	Project Concern International	$600,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14636	3754.08	6892	3051.08	DoD/LabInfrastructure	US Department of Defense	$1,600,000
14632	3739.08	6890	3041.08	DoD-PCI	Project Concern International	$200,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	800	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3050.08

Mechanism: DoD - Defense Attache Office Lusaka

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 9172.08

Planned Funds: $150,000

Activity System ID: 14634

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.

Since the establishment of the office, the DOD PEPFAR program has been actively engaged in supporting ZDF HIV/AIDS activities by strengthening the partnership with the office of Defense Force Medical Services (DFMS). Both the manager and coordinator have regular meetings with the Director General at the Medical Services as well as the ZDF medical staff. Based on this strong relationship and previous supports, in FY 2008, the DOD PEFPAR office will focus on sustainability of the ZDF HIV/AIDS program by engaging further in sensitizing leadership with support from the Defense Attaché Office and the USG mission and assisting the DFMS HIV/AIDS coordinator's office with strengthening their capacity in program development while emphasizing the ZDF's ownership in their HIV/AIDS program. This has also involved partnering with other international institutions. The principal international partner for the ZDF will be the Naval Medical Center—San Diego (NMCSD). In FY05, FY06 and FY07, ZDF physicians participated in the NMCSD "mini-residency" in ARV services; follow-on reciprocal twinning visits resulted in improved clinical services at the main referral hospital, Maina Soko Military Hospital (MSMH), as well as the development of plans for a family support unit (FSU) modeled on the University Teaching Hospital (UTH), and development of a Prevention for Positives and Stay Healthy positive living program.

Activities for FY08 include the following:
1.Family Support Unit: ZDF has received PEPFAR funding and has requested assistance in the creation of a multidisciplinary clinic to include the disciplines/programs in 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 MSMH, to develop a joint ARV services/FSU multidisciplinary clinic for their HIV positive patients and their families. ZDF practitioners will also visit NMCSD to engage with their counterparts learn best practices and improve their professional knowledge. This activity will materially strengthen ARV services, palliative care services, and OVC services delivered at MSMH, with the ultimate intent that MSMH will become the premier military academic medical site in Zambia.
2.Positive living/Prevention for Positives workshops: Guidelines and materials for positive living and Prevention for Positives workshops were developed with the assistance of NMCSD. In FY06 and FY07, workshops were conducted to disseminate this information. In FY08, these workshops will continue, in conjunction with PCI's palliative Care activity.
3. Zambian Defense Force School of Health Sciences. Strengthening the ZDF School of Health Sciences by providing technical assistance will be one of the activities in FY2008. 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.
4.As one component, 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 may be offered by the Naval School of Health Sciences, San Diego.
5.Infectious Diseases Institute: the 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. Both in FY 05, FY 06 and FY 07, 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 08, 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 or one of the DoD Naval Medical Research Units. DoD PEPFAR office would also continue to send ZDF medical officers to the Infectious Disease Institute, Kampala, Uganda for training in HIV/AIDS management. This is a training facility recommended as a center of excellence for HIV/AIDS training courses.
6.Mobile VCT unit: PCI is continuing its support of mobile VCT services for the ZDF. This activity will link with PCI and SD health care workers, case managers in providing technical assistance to expand the range and improve the quality of testing and counseling services and referral linkages to treatment and care.

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 2008, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9172

Related Activity: 14627, 15610, 14633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24843	9172.24843.09	Department of Defense	US Department of Defense	10575	3050.09	DoD - Defense Attache Office Lusaka	$250,000
9172	9172.07	Department of Defense	US Department of Defense	5031	3050.07	DoD - Defense Attache Office Lusaka	$223,849

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15610	3741.08	6799	3043.08	Twinning Center	American International Health Alliance	$300,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	30	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Lab technicians

Trainers

Civilian Populations (only if the activity is DOD)

People Living with HIV / AIDS

Coverage Areas

Copperbelt

Lusaka

Southern

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 2987.08

Mechanism: DoD-JHPIEGO

Prime Partner: JHPIEGO

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3668.08

Planned Funds: $1,300,000

Activity System ID: 14627

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 on prevention of medical transmission/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 2008, 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 (MAs), however they have limited, or no training in HIV-related care and support. MAs are often called on, due to the lack of adequate professional health staff, to work in the health centers in positions as high as that of Ward Masters, which includes administrative and medical responsibilities. They are drawn from all of the defense force branches to participate in three to six month training, conducted by health personnel within the ZDF. There are different levels/ranks of MAs and progression depends on the amount of training received. To attain the highest MA level or rank can take two to three years.

To address deficiencies in MA training highlighted by the ZDF, 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 material into training for MAs and standardize the training as MA'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 MAs training program (pre-service training). This complemented, and was coordinated with, ongoing support for strengthening other health worker pre-service training programs (see HSSP activity #8793). A set of core competencies in HIV/AIDS prevention, care and treatment has been developed and integrated into relevant training materials for ZDF MAs. JHPIEGO supported 20 faculty/trainers, who received updates based on the revised curriculum, to train 100 deployed MAs in the core competencies.

In FY 2007 JHPIEGO supported the ZDF faculty/trainers to update 100 deployed MAs at different levels of MA training. In FY 2008 MAs trained in FY 2006 and FY 2007 will be followed up to ensure that they have retained knowledge from the training and to address any gaps on-the-spot while at the same time supporting their progression through the program. JHPIEGO will also work with the ZDF and MAs just starting the training to map out their progression and ensure that it follows the standards developed in FY 2006 leading to the training of 100 new MAs. Upon completion of training in the core competencies, MAs will be prepared to disseminate accurate prevention information and to support the seeking of care and adherence to treatment by HIV-infected military personnel. 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 MAs in the long term. The training of the MAs will take place between September 1, 2008 and September 30, 2009.

The ZDF has experienced difficulties in planning and management of health and HIV clinical prevention, care, and treatment services as well as gaps in supply chain, logistics management and client medical records. 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 services, helping the ZDF adopt existing tools such as the SmartCare electronic medical record system by training 20 service providers in it's use. 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 trained by JSI in FY 2007 in LMIS for ARVs and HIV test-kits designed in FY 2007. In FY 2008 JSI will focus on developing a supply chain and LMIS for laboratory commodities. This will build on lab assessment activities already conducted. JSI will provide dedicated staff to provide technical assistance to DFMS and setup the already existing JSI Pipeline Software to manage the ZDF procurement and supply situation for laboratory commodities. JSI will then conduct a design workshop with the appropriate military personnel to develop and agree upon new logistics management information and inventory control systems for laboratory commodities. Then JSI will work with the ZDF to set up a unit to manage the regular reporting and ordering of laboratory commodities, including making use of the recently revised supply chain management software developed to manage the MOH national laboratory logistics system. JSI then train 100 ZDF staff on the LMIS and inventory control systems. To ensure correct usage and address any gaps JSI will conduct joint ZDF and JSI monitoring visits to the field to monitor the laboratory logistics system as well as the LMIS for ARV drugs and HIV tests.

JSI is also providing similar technical assistance to the MOH, and as such are well positioned to identify areas and means to strengthen linkages between the ZDF and MOH procurement and logistics systems (JSI/USAID).

These activities are nationwide throughout the ZDF, entailing extensive travel for follow-up supportive

Activity Narrative: 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 form 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9087

Related Activity: 14621, 14628, 14622, 14623, 14629, 14630, 14624, 14625, 14631, 14636, 14632, 14633, 14634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24836	3668.24836.09	Department of Defense	JHPIEGO	10573	2987.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14621	3670.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14628	9170.08	6890	3041.08	DoD-PCI	Project Concern International	$275,000
14622	3676.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14623	12526.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$150,000
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14625	3673.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$500,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14636	3754.08	6892	3051.08	DoD/LabInfrastructure	US Department of Defense	$1,600,000
14632	3739.08	6890	3041.08	DoD-PCI	Project Concern International	$200,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	220	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Special populations

Most at risk populations

Military Populations

Host country government workers

M&E Specialist/Staff

Other

Trainers

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3017.08

Mechanism: UTAP - U62/CCU322428 / JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17003.08

Planned Funds: $35,000

Activity System ID: 17003

Activity Narrative: The funding level for this activity in FY 2008 will remain the same as in FY 2007. The Agency however has changed to CDC due to a reprogramming error in FY 2007 as this funding was mistakenly allocated to the Department of Defense. Only minor narrative updates have been made to highlight progress and achievements.

This activity is linked to JHPIEGO programs in HVOP, HVAB and HVCT as well as activities being conducted by the Health Communications Partnership (HCP) and JSI/Deliver.

Zambia is currently one of the leading countries in terms of integrating Male Circumcision (MC) into the compendium of HIV/AIDS prevention activities. JHPIEGO has been supporting the male circumcision program in Zambia for several years, beginning in 2004 when they teamed up with the government to begin work on small scale efforts to strengthen existing MC services to meet existing demand. This early work in Zambia has informed the international efforts of World Health Organization (WHO) and Joint United Nations Programs on HIV/AIDS (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/JHPIEGO training package. Likewise, assessment tools used in Zambia also provided background for the WHO toolkit. The Government of the Republic of Zambia (GRZ) has established an MC Task Force under the MOH and the Prevention Technical Working Group (TWG) of the National HIV/AIDS/STI/TB Council.

In FY 2007, plus-up funds were used to spearhead the development of national policy on MC, strategic planning and implementation of scale-up efforts. In FY 2008, JHPIEGO will continue to support the development of national policy and the development of materials to be used by service providers communicating clearly and concisely the relevant information from the policies to the various cadres of service providers to ensure clarity and consistence in the application of MC policy nationwide. JHPIEGO is a key member of the MC Task Force and the Prevention TWG, and thus will be able to ensure that the policy being developed is well informed and complements the whole prevention process and the overall national HIV strategies in Zambia.

This initiative will focus on sustainability by supporting the GRZ and MOH to develop national policy and putting in place a framework that will allow for the update of policy in the future by following a standard stepwise process that can be replicated in the future.

JHPIEGO's work in policy and systems strengthening funds will focus on: (1) disseminating the MC policy documents using a variety of media appropriate for service providers as well as clients; (2) collaborate with the MOH and other partners in the development of information, education, and communication materials; and (3) continue to monitor performance standards for MC, developed in FY 2007 to standardize and enhance performance and quality improvement and supervision of MC services.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Special populations

Most at risk populations

Military Populations

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7635.08

Mechanism: Data for Decision Making II: GH Tech

Prime Partner: QED Group, LLC

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17068.08

Planned Funds: $300,000

Activity System ID: 17068

Activity Narrative: FY 2008 will be a hectic transition year with a number of current mechanisms hitting their ceilings and follow -on mechanisms needing to be designed and put out to bid, numerous PHEs being designed and conducted, and modifications required in programming and reporting to coincide with PEPFAR Phase II. With FY 2008 funding, the USG/Zambia Mission would like to request technical assistance from the GH Tech IQC in the areas of program design and program evaluation, mission support, and meeting logistics support. The GH Tech IQC provides USAID field missions with the necessary technical expertise to design, manage, and evaluate program activities.

With FY 2008 funding, the USG/Zambia will require technical assistance for follow-on program design for several current bi-lateral mechanism such as JSI SHARe, RTI Corridors of Hope, and possible new programs to address HIV/AIDS prevention. The design process will require the development of a background paper reviewing achievements and constraints, a situation analysis, a gap analysis, and key recommendations; a town hall type forum to elicit ideas; and the writing of a RFA, including program description. This will require two months of in-country technical assistance preferably from a person with security clearance, USAID CTO or program experience, and excellent writing skills.

The USG/Zambia will also require technical support to provide technical and management oversight during the implementation of a Public Health Evaluation (PHE) on the impact of USG supported programs on the reduction of HIV sexual transmission in Zambia and for the design of a Palliative Care PHE to be implemented in the following year. This is expected to require two months of in-country assistance from a technical expert experienced in PHEs and one to two additional short-term visits.

The USG/Zambia will require short-term technical support during the months in which Annual Progress Reports and COPs are developed/entered into COPRS. The USG/Zambia mission requires a person with COPRS/COP experience for two week periods in early November 2008 and early September 2009.

The USG/Zambia will require mission support and coverage during leave periods of key personnel, such as team leaders, technical advisors, or the PEPFAR coordinator. It is anticipated that this coverage support will be required from mid-June 2009 to mid-August 2009.

The Mission will work with the CTO to develop clear Scopes of Work/Task Orders to access support from the GH Tech IQC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5074.08

Mechanism: DELIVER II

Prime Partner: John Snow, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 16544.08

Planned Funds: $1,600,000

Activity System ID: 16544

Activity Narrative: This activity relates to activities with the Partnership for Supply Chain Management System (SCMS) activities Antiretroviral (ARV) Drug Procurement and Other Policy/Systems Strengthening, Government of the Republic of Zambia (GRZ), Center for Infectious Disease Research in Zambia, Catholic Relief Services/AIDS Relief, Churches Health Association of Zambia, University Teaching Hospital, Zambia Prevention, Care and Treatment Partnership, Medical Stores, Limited (MSL), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), UNITAID and the Clinton Foundation.

The purpose of this activity is to improve the availability and distribution of opportunistic infection (OI) drugs as part of the overall treatment of HIV/AIDS patients. Currently ARV drugs and HIV tests are managed through vertical logistics management information systems (LMIS) and inventory control systems, while being integrated into the Medical Stores Limited (MSL) transportation/distribution system of essential drugs to districts and hospitals. For products such as opportunistic infection (OI), malaria, pain relief and TB drugs, there is an integrated essential drug system that is currently very weak. The essential drug system has no functioning logistics management information system to collect usage data from the service delivery points and therefore suffers from poor forecasting and procurement planning. For many of the products there is a severe shortage of funds for sufficient procurement to meet needs (a full supply system). The lack of data has made it difficult to estimate what the true needs might be.

In order to improve the supply situation for OI drugs, in addition to the USG procurement that will occur through the SCMS project, the essential drugs logistics system needs to be developed into an effective and efficient supply chain. As part of a multi-year system development strategy, the first year objectives would be the following:
1. Establish a formalized system for national quantification of needs.
2. Establish a transparent management system at the central level for forecasting needs and for effective procurement planning.
3. Produce an ABC/VEN analysis of products at the national level and formalize a priority product list.
4. Design a new national Essential Drug logistics system.

Upon receipt of funding, the USAID | DELIVER PROJECT will undertake the following key activities in order to achieve the above objectives:
1. Assess key components of the national system for supplying essential drugs with an emphasis on OI, pain relief drugs, and condoms.
2. Provide technical assistance to MSL for proper storage and distribution of essential drugs (ED), including staff skills training out of Zambia
3. Conduct national discussion on setting priorities for procurement of products (ABC/VEN analysis). This will include provincial stakeholder meetings and a high level conference/ workshop.
4. Conduct national stock-taking exercise to determine current stock levels for all ED products in the Ministry of Health's (MOH) national system.
5. Conduct national quantification exercises for key product categories.
6. Design and implement a central level ED pipeline monitoring and procurement planning system using available software, to track key products identified in the ABC/VEN analysis.
7. Assist the MOH, working closely with the director of the drug budget line, to coordinate procurements of OI drugs from the various funding sources.
8. Conduct a national transportation study to explore the feasibility of deliveries from MSL to the health center level, to better ensure that drugs are delivered to all service delivery sites.
9. Design and implement a two-week comprehensive supply chain management course targeted for the various program managers and technical officers in the MOH (including the LMU) concerned with the key product categories. (The number of key personnel to be trained is 25).
10. Conduct a national logistics system design workshop.

For all of these essential drug improvement activities, the USAID | DELIVER PROJECT will take advantage of the synergistic activities taking place in the other commodity areas in which it and the SCMS project will be working: ARVs, HIV Rapid Tests, Contraceptives, Cotrimoxazole, Malaria, and Laboratory Supplies.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15511, 15512, 14404, 14405, 15518, 15519, 15520, 15521, 15522, 14415, 14416, 14417, 14418, 14420, 15576, 15577, 15578, 15579, 15580, 15581, 15582, 15583, 15584, 15585, 15586, 15587, 14384, 14385, 14386, 15887, 14388, 14389

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15518	3788.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,520,500
14384	3528.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$4,200,000
15511	9734.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$475,000
14415	12523.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,700,000
15519	12525.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$255,000
15576	12522.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$125,000
15577	12330.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$520,000
14385	3526.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,320,000
14416	12527.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,500,000
15512	3651.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$200,000
14386	3542.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,500,000
15578	3658.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15579	3758.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$150,000
15580	9716.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
15581	9717.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
15582	9718.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$200,000
14404	9522.08	6822	5074.08	DELIVER II	John Snow, Inc.	$1,800,000
14417	3750.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$2,000,000
15887	15887.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,160,000
14418	3751.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$24,000,000
14405	9520.08	6822	5074.08	DELIVER II	John Snow, Inc.	$3,000,000
15584	9756.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$40,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
15521	3687.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$4,692,000
14389	3541.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$1,620,000
15522	3709.08	7172	2998.08	EGPAF - U62/CCU123541	Elizabeth Glaser Pediatric AIDS Foundation	$6,390,000

14420	9525.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4139.08

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: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 9525.08

Planned Funds: $150,000

Activity System ID: 14420

Activity Narrative: This activity links with 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 Drug, and Laboratory Strengthening; 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 has recently been developed with assistance from SCMS and the USAID | DELIVER PROJECT.

The development and beginning 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 2007, 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.

In FY 2008, 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 in FY 2008: 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 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9525

Related Activity: 15617, 15511, 14404, 14405, 14415, 14416, 14417, 14418, 14419, 15583, 15584, 15585, 15586, 15567, 14388

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26409	9525.26409.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11026	4139.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15511	9734.08	7167	2976.08	CHAZ - U62/CCU25157	Churches Health Association of Zambia	$475,000
14415	12523.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,700,000
14416	12527.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$1,500,000
14417	3750.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$2,000,000
14404	9522.08	6822	5074.08	DELIVER II	John Snow, Inc.	$1,800,000
15567	3659.08	7185	3080.08	UTAP - CIDRZ - U62/CCU622410	Tulane University	$750,000
14405	9520.08	6822	5074.08	DELIVER II	John Snow, Inc.	$3,000,000
14418	3751.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$24,000,000
15617	3698.08	7200	3007.08	AIDSRelief- Catholic Relief Services	Catholic Relief Services	$7,900,000
14388	3527.08	6815	1075.08	Zambia Prevention, Care and Treatment Partnership	Family Health International	$2,656,000
15584	9756.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$40,000
15585	9765.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$1,600,000
15586	3693.08	7191	576.08	University Teaching Hospital	University Teaching Hospital	$250,000
14419	9524.08	6827	4139.08	Supply Chain Management System	Partnership for Supply Chain Management	$10,300,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	20	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1022.08

Mechanism: Health Services and Systems Program

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3529.08

Planned Funds: $850,000

Activity System ID: 14560

Activity Narrative: In FY 2008, the Health Systems and Services Program (HSSP) will continue to work with the Ministry of Health (MOH) to build on FY 2005, FY 2006, and FY 2007 activities of strengthening policy and systems that support HIV/AIDS services in the following areas: 1) planning; 2) human resource planning and management (HRPM); 3) pre- and in-service training; and 4) HIV/AIDS coordination and Sector Wide Approach (SWAP). In the area of planning, HSSP will continue to provide routine support to the MOH to: develop annual technical updates for annual health sector planning based on priorities and objectives of the National Health Strategic Plan; compile a summary of national health priorities integrating information on HIV/AIDS; and conduct a desk review of 72 district action plans and 22 hospitals to assess the quality of plans and the extent to which HIV/AIDS services are incorporated in the action plans. By linking with HSSP's Strategic Information activity, district level managers and planners will improve their skills in using data for planning especially as it relates to HIV/AIDS information and budgeting of HIV/AIDS-related services to ensure efficient use of scarce resources.

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. Specifically, HSSP will review 72 district action plans to determine the level of inclusion of HR requirements and participate in the provision of TSS to districts that do not comply with HR planning guidelines. It is expected that the support system for the utilization of HR planning guidelines will be strengthened in all the nine PHOs.

In the area of Pre and in service training HSSP will provide ongoing assistance to the MOH to ensure that all training is coordinated among partners and that skills enhancement is linked to strategic information as well as anti-retroviral (ARV) service provision. In FY 2007, HSSP supported MOH to integrate HIV/AIDS and related teaching modules into pre- and in-service programs, develop training materials and teaching guides, and train 160 teachers from Chainama College (Clinical Officers) and nursing schools on the revised curricula. The curriculum for the Clinical Officer General was developed and is currently being implemented. In FY 2007, the nurses' curriculum was revised and work on the Physicians' curriculum began. Twenty-one organizations (the MOH and all the 20 training schools for clinical officers, doctors, and nurses) received technical assistance for HIV/AIDS-related institutional capacity building, thus achieving 100% coverage. In FY 2008, HSSP will continue to support the same 21 organizations as it works collaboratively with the MOH to strengthen the quality of training and supervision for the 20 training institutions. HSSP will continue to work with Chainama College and General Nursing Council (GNC) to evaluate the implementation of the revised Clinical Officer General (COG) and nurses' curricula. Additional training activities for 160 teachers will include strengthening teaching methodologies, reorienting faculty, and monitoring implementation of the physicians' curriculum.

Parallel to curricula review process, in FY 2005/FY 2006 HSSP supported the training of 637 graduates in the provision of HIV/AIDS services. A follow up assessment of these students was conducted in 2006 to facilitate lesson learning. In FY 2008 HSSP will also continue to strengthen the role of the Human Resource Development Committees (HRDCs) through technical support supervision in order to improve planning and coordination of HIV/AIDS training activities in all 72 districts. This support will include building capacities of HRDCs, to effectively utilize the national in-service training coordination system and the national training guidelines.

In regards to HIV/AIDS coordination and SWAP, in FY 2008 HSSP will continue to assist the MOH and partners (USG, cooperating partners and UN agencies) that support HIV/AIDS service delivery to coordinate activities among themselves and with the private sector. Activities will include: providing technical assistance to the Sector Wide Approach Program (SWAP) to assist MOH to meet milestones under the Sector Program Assistance (SPA) and ensure collaboration and effective coordination of HIV/AIDS services. Specifically, HSSP will continue to assist the MOH to: improve HIV/AIDS work plans; provide technical support supervision; mobilize resources through the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; monitor implementation of the HIV/AIDS coordination mechanism for the health sector and sustainability framework; and maintain a partners' database for HIV/AIDS service delivery. In FY2006 HSSP supported MOH to develop the HIV/AIDS coordination mechanism which serves as a guide for coordinating HIV/AIDS services in health institutions.

To ensure sustainability, HSSP works within the existing government structures and plans to develop and disseminate appropriate standard guidelines, protocols, and strategic plans. HSSP also assists the government to build the capacity of training schools through curricula development and dissemination. To avoid duplication of efforts, HSSP implements project activities in collaboration with USG partners and other stakeholders. HSSP will support MOH to provide leadership in planning, thereby paving the way for HSSP exit. HSSP will also work extensively with the MOH planning unit to strengthen and further decentralize the district planning process. The Provincial Health Office will be encouraged to play a stronger role in the review and monitoring and evaluation of their respective district action plans.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8793

Related Activity: 14367, 14368

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26604	3529.26604.09	U.S. Agency for International Development	Abt Associates	11067	1022.09	Health Services and Systems Program	$0
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14367	3531.08	6803	1022.08	Health Services and Systems Program	Abt Associates	$1,000,000
14368	3532.08	6803	1022.08	Health Services and Systems Program	Abt Associates	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	21	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	160	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 630.08
Mechanism: SHARE
Prime Partner: John Snow Research and Training Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3643.08
Planned Funds: $2,650,000
Activity System ID: 14403

Activity Narrative: Through Initiatives, Inc., Support to the HIV/AIDS Response in Zambia (SHARe) has provided significant technical assistance to 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. Organizations receiving HIV-related institutional strengthening include the National HIV/AIDS/STI Council (NAC), Provincial and District AIDS Task Forces (PATFs, DATFs), line ministries, civil society organizations, private sector companies, markets and chiefdoms.

In FY 2008, civil society support will include institutional capacity assessments and strengthening of CBOs/FBOs receiving Rapid Response Fund grants for innovative HIV/AIDS activities; NGOs (Afya Mzuri, CHAMP, ZamAction, ZHECT, Latkings) receiving grants for work with the private sector; coordinating bodies, including the Network of Zambian People Living with HIV/AIDS (NZP+), Zambian Interfaith Networking Group on HIV/AIDS (ZINGO); and chiefdoms. Support to the private sector will include an institutional capacity assessment and strengthening of private companies and markets. Support to the public sector will include an assessment of internal and external mainstreaming of HIV/AIDS among all line ministries and institutional strengthening of four ministries: Home Affairs, Agriculture, Transport, and the Ministry of Tourism/Zambia Wildlife Authority.

Support to PATFs and DATFs will include a capacity assessment, policy development, dissemination of the internal and external HIV and AIDS mainstreaming reports, and other technical assistance. SHARe will assist NAC to develop its action plan and budget for institutional strengthening, and provide support for the Joint Annual Program Review (JAPR). SHARe will also conduct the first institutional capacity assessment of the NAC itself. Assessment results will provide important information for the annual JAPR.

The institutional capacity building provided through SHARe to NAC, its decentralized structures, line ministries, civil society and the private sector will result in improved capacities to effectively respond to the HIV/AIDS epidemic. SHARe will continue to work with and support its NGO partners, Afya Mzuri, ZamAction, ZHECT, CHAMP, and Latkings to build sustainable programs through continued strengthening of technical and management capacities, and mobilization of financial resources. Activities will include participatory analysis of current levels, sharing of sustainability strategies of successful NGOs, and development of sustainability plans.

With its partner Abt Associates, SHARe has provided significant support to improving the policy and regulatory framework related to HIV/AIDS over the past three years. In FY 2006, SHARe provided support to 105 organizations and trained 810 individuals, including NAC, line Ministries, Parliament, the Judiciary, and civil society.

In FY 2008, support to civil society will include assistance in the development of HIV/AIDS policies among CBOs/FBOs, NGO partners receiving medium sized grants for work with the private sector, and coordinating bodies, including the Network of Zambian People Living with HIV/AIDS (NZP+), the Zambian Interfaith Networking Group on HIV/AIDS (ZINGO). Support to the private sector will include policy development among private companies and markets. Support to the public sector will include an assessment of policy development and external and internal mainstreaming of HIV and AIDS. Technical assistance will be provided to four ministries: Home Affairs, Agriculture, Transport, and Tourism.

SHARe will also continue to work with key civil society, legal, regulatory bodies and NAC to create a more enabling legal and policy environment for fighting HIV/AIDS. SHARe will support the review, enactment, and dissemination of the Gender and Violence Bill, amendments to Part X of the Employment Act, the Morphine Fact Book, and the development of the HIV/AIDS case manual to assist the judiciary in the adjudication of HIV-related legal cases.

In FY 2008, SHARe will continue to assist NAC, its structures and civil society to mobilize Zambia and its leadership during nationwide campaigns and social mobilization activities, including PPP events, VCT Day, World AIDS Day, and routine district and partner activities. SHARe will also work with key national and local leaders (e.g. political leaders, traditional, and religious leaders) to encourage them to take a public stand in relation to HIV and AIDS.

As part of its support to line ministries, SHARe will continue to provide support and technical assistance to build organizational capacity and systems to implement HIV/AIDS workplace programs in four line ministries: Home Affairs, Agriculture, Transport, and the Ministry of Tourism/Zambia Wildlife Authority. SHARe will work with government staff in the development of HIV/AIDS workplace policies and programs to meet their assessed needs, give on-going support and guidance in the development of HIV/AIDS programs, including prevention education, counseling and testing (CT), and access to treatment for employees. SHARe will assist in the development of governmental and nongovernmental programs designed to address the link between sexual violence and coercion and HIV/AIDS in Zambia and ensure that accurate, up-to-date information is given to inform policy decisions. SHARe 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; contribute to training law enforcement and judicial personnel on the links between sexual violence and HIV/AIDS, and on international legal standards.
Alcohol use increases the risk of exposure to HIV through its association with high risk sexual behaviors and plays a major role in perpetuating the behaviors that increase both HIV infection and Gender Based Violence (GBV). Many of the norms and practices in Zambia that increase women's vulnerability to HIV/AIDS and limit their capacity to deal with its consequences are reinforced by policies, laws, and legal practices that discriminate against women. The project will support efforts to review, revise, and enforce policies and laws relating to sexual violence and women's property and inheritance rights and access to legal assistance. Activities will include: policy advocacy; increasing access to legal aid; and increasing public awareness of the links between substance abuse GBV and HIV/AIDS. SHARe will advocate a substance abuse policy as an important area of work for the Ministry of Health; work with organizations that work with men on alcohol abuse and violence prevention activities.

A significant component of the institutional capacity building will result in improved multisectoral capacities to effectively respond to the HIV/AIDS epidemic. SHARe will continue support for partners, to build sustainable programs through continued strengthening of technical and management capacities and mobilization of financial resources. Activities will include participatory analysis of current sustainability

Activity Narrative: levels, sharing of sustainability strategies of successful NGOs, and development of sustainability plans.

In FY 2008, SHARe will provide 100 organizations with assistance in HIV-related policy development and/or institutional capacity building. Of these, 50 organizations will be provided with technical assistance in HIV-related policy development, and 50 will be provided with technical assistance in HIV-related institutional development. SHARe and its partners will also train 200 individuals in HIV-related policy development, 200 in HIV-related institutional development, and 1,000 in prevention of HIV-related stigma and discrimination.

All FY 2008 targets will be reached by September 30, 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8911

Related Activity: 14395, 14396, 14397, 14398, 14399, 14400

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26389	3643.26389.09	U.S. Agency for International Development	John Snow Research and Training Institute	11017	630.09	SHARE	$1,900,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14395	3677.08	6821	630.08	SHARE	John Snow Research and Training Institute	$50,000
14396	3638.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,628,000
14397	6570.08	6821	630.08	SHARE	John Snow Research and Training Institute	$352,000
14398	3640.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14399	3652.08	6821	630.08	SHARE	John Snow Research and Training Institute	$200,000
14400	3639.08	6821	630.08	SHARE	John Snow Research and Training Institute	$1,325,909

Emphasis Areas

Gender

* Increasing women's legal rights

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	50	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	False
14.3 Number of individuals trained in HIV-related policy development	200	False
14.4 Number of individuals trained in HIV-related institutional capacity building	200	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,000	False

Indirect Targets

Target Populations

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

Eastern

Luapula

Northern

North-Western

Southern

Western

Central

Copperbelt

Lusaka

HVMS - Management and Staffing

Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15

Total Planned Funding for Program Area: **$13,293,408**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Achievement of PEPFAR goals in FY 2008 -- and over the coming years-- is highly dependent on adequate staffing not only within the host government structures and USG partners, but also within the five USG agencies at Post that administer, manage, and implement PEPFAR programs. As of September 2007, the USG Team has a total of 139 positions working a minimum of 30% effort on HIV/AIDS; of this number, 74 work full-time on PEPFAR activities and programs. All but 10 of these are currently filled and recruitment is underway to fill these.

The success of the Zambia PEPFAR team lies in the overlapping and complementary core strengths of the participating agencies. The Department of State (State) will continue to serve as the overall coordinating agency for PEPFAR. State serves as principal liaison with the GRZ and donors on PEPFAR at the highest level. In addition, State provides leadership on the USG interagency coordination for PEPFAR/Zambia and gives policy, strategic, and budgetary guidance for achieving the goals outlined in the USG 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.

Consensus and collaboration 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 USG 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 USG 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. 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.

As required as a deliverable for the FY 2008 Country Operational Plan (COP), the USG/Zambia PEPFAR team conducted the Staffing for Results (SFR) exercise to document how the current PEPFAR structure is across the five participating USG 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 USG 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 USG/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 may influence the structure of SFR in Zambia.

Key elements of Zambia interagency structures include the following: 1) a PEPFAR Interagency Country Team that meets weekly to make programmatic and operational decisions to ensure a coordinated USG HIV and AIDS program and to strengthen the collaboration between the GRZ and USG on HIV/AIDS; and 2) the high-level PEPFAR Policy Group, which makes strategic decisions on the direction and potential impact of USG support in HIV/AIDS. These two structures, along with the USG Interagency Technical Working Groups (TWGs) help to set priorities, to manage resources, and to ensure uniform messaging to donors and the GRZ.

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.

In addition to five planned staff in the PEPFAR Coordination Office, the PEPFAR Health Communications Specialist hired through USAID (but overseen by the Public Affairs), supports the interagency process.

The overall strategic direction of PEPFAR support in Zambia is guided by the PEPFAR Policy Group, which is comprised of agency heads and either the Deputy Chief of Mission or the Ambassador.

Standing TWGs 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; 8) Counseling and Testing; and, 9) Cross-Cutting. The Cross-Cutting TWG is subdivided into the following groups: a) New Partners Initiative; b) Strategic Information; c) Management and Staffing; d) Systems Strengthening; e) Food and Nutrition; f) Laboratory; and g) 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 creates ad hoc working groups to respond to important issues as they arise.

The total planned spending on management and staffing for FY 2008 is 5 percent of the total planned budget for the year.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	5681.08	**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 Area Code:**	15
Activity ID:	10994.08	**Planned Funds:**	$30,000

Activity System ID: 14637

Activity Narrative: DOD has included ICASS costs for FY 2008 to support three staff members in the DOD/PEPFAR office. These ICASS charges go to shared services such as General Services: Non-expendable property (warehouse), expendable supplies, leasing, motor pool, residential and non-residential maintenance, customs & shipping, reproduction, mail, pouch. Administrative Procurement, Financial Management: Cashiering, FSN payroll. Human Resources and Information Technology: Local networks, email systems, desktop hardware & peripherals, video conferencing, telephone, office automation servers, admin software, non-propriety software & hardware.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10994

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24846	10994.24846.09	Department of Defense	US Department of Defense	10577	5681.09	ICASS Defense Attache Office Lusaka	$45,000
10994	10994.07	Department of Defense	US Department of Defense	5681	5681.07	ICASS Defense Attache Office Lusaka	$30,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3050.08

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 Area Code: 15

Activity ID: 3746.08

Planned Funds: $370,000

Activity System ID: 14635

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 DOD PEPFAR program manager oversees all DOD PEPFAR funded activities in the country. The current HIV/AIDS program covers activities in almost all program areas. The major duties of the manager include serving as the Defense Attaché Office's (DAO) principal advisor on HIV/AIDS in Zambia, providing support for Post's PPEPFAR 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 issues. This position supervises the DAO PEPFAR Program Coordinator and Program Officer. 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 coordinator is responsible for logistics and administrative support as well as contribution to assessment, planning and monitoring of the DOD programs. The coordinator also acts as a primary contact for DOD funded infrastructure development programs planned and coordinates with contracting officers including RPSO and oversees Ministry of Works and Supplies (MOWS) as well as facilitate the procurement of medical equipments. The funds also cover 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; use of the MOWS enables a substantial cost savings in comparison with using contracted or USG labor.

In FY06, due to an increase of activities, it became extremely necessary to hire a third member of staff, who would serve as an additional M&E support and would be called the Program Officer. There would be a separation of duties with the coordinator, who would be covering more site visits as the construction sites spread out geographically. The Program Officer would be responsible for financial management and monitoring as well as contribution to assessment, planning and monitoring and evaluation (M&E) of the DOD program. M&E support would also be spent on accessing tools that partners are using in collecting data. There would be collaboration with other USG agencies to ensure standardized reporting. Hiring a third staff person will facilitate visits to the isolated rural sites within the DFMS network of clinics.

The management budget will mainly cover salaries, administrative costs such as communication, printing and other material costs, and the maintenance of a vehicle and office equipments, as well as travel costs including international travel (for training, meetings and conferences), Core Team travel, and local travel (assessment, M&E and supervisory visits).

The FY08 budget would go towards continuing to support the above mentioned program and office structure.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9095

Related Activity: 14621, 14628, 14622, 14629, 14624, 14630, 14631, 14626, 14636, 14632, 14627, 14634, 14633

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24844	3746.24844.09	Department of Defense	US Department of Defense	10575	3050.09	DoD - Defense Attache Office Lusaka	$355,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14621	3670.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14628	9170.08	6890	3041.08	DoD-PCI	Project Concern International	$275,000
14622	3676.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$350,000
14629	3733.08	6890	3041.08	DoD-PCI	Project Concern International	$350,000
14630	3737.08	6890	3041.08	DoD-PCI	Project Concern International	$610,000
14624	12404.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$200,000
14631	3732.08	6890	3041.08	DoD-PCI	Project Concern International	$600,000
14626	3672.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$300,000
14636	3754.08	6892	3051.08	DoD/LabInfrastructure	US Department of Defense	$1,600,000
14632	3739.08	6890	3041.08	DoD-PCI	Project Concern International	$200,000
14633	9171.08	6890	3041.08	DoD-PCI	Project Concern International	$270,000
14634	9172.08	6891	3050.08	DoD - Defense Attache Office Lusaka	US Department of Defense	$150,000
14627	3668.08	6889	2987.08	DoD-JHPIEGO	JHPIEGO	$1,300,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5669.08 **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 Area Code:** 15

Activity ID: 10984.08 **Planned Funds:** $1,060,000

Activity System ID: 14435

Activity Narrative: In FY 2008, 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, e.g. MACS to Phoenix. The IT Tax funding mechanism is centrally procured and country funded using Field Support. USAID/Zambia transfers the IT tax funds to USAID/Washington IRM Office under the IT Cost Recovery, Project # 969-10.CR Agreement. Program-funded US Direct Hires and US PSC contracts in USAID/Zambia are charged to cover the Information Resources Management (IRM) “tax” as per their time allocated to PEPFAR.

Per USAID/Washigton requiremement, this $1million must be moved to the USAID HMVS IRM Tax area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10984

Related Activity: 14436, 14437

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26615	10984.26615.09	U.S. Agency for International Development	US Agency for International Development	11069	5669.09	USAID/Zambia IRM Tax	$234,000
10984	10984.07	U.S. Agency for International Development	US Agency for International Development	5669	5669.07	USAID/Zambia IRM Tax	$48,304

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14436	10983.08	6838	5670.08	USAID/Zambia ICASS	US Agency for International Development	$200,000
14437	3787.08	6839	3079.08	USAID Mission Management and Staffing	US Agency for International Development	$5,434,450

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5670.08

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 Area Code: 15

Activity ID: 10983.08

Planned Funds: $200,000

Activity System ID: 14436

Activity Narrative: In FY 2008, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10983

Related Activity: 14435, 14437

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26616	10983.26616.09	U.S. Agency for International Development	US Agency for International Development	11070	5670.09	USAID/Zambia ICASS	$174,000
10983	10983.07	U.S. Agency for International Development	US Agency for International Development	5670	5670.07	USAID/Zambia ICASS	$180,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14435	10984.08	6837	5669.08	USAID/Zambia IRM Tax	US Agency for International Development	$1,060,000
14437	3787.08	6839	3079.08	USAID Mission Management and Staffing	US Agency for International Development	$5,434,450

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3079.08

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 Area Code: 15

Activity ID: 3787.08

Planned Funds: $5,434,450

Activity System ID: 14437

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 Multi-Sectoral 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9191

Related Activity: 14435, 14436

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26617	3787.26617.09	U.S. Agency for International Development	US Agency for International Development	11071	3079.09	USAID Mission Management and Staffing	$5,286,450
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14435	10984.08	6837	5669.08	USAID/Zambia IRM Tax	US Agency for International Development	$1,060,000
14436	10983.08	6838	5670.08	USAID/Zambia ICASS	US Agency for International Development	$200,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8140.08 **Mechanism:** CDC/ITSO (GHAI)

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 Area Code:** 15

Activity ID: 18055.08 **Planned Funds:** $300,000

Activity System ID: 18055

Activity Narrative: Since 2001 CDC-Zambia 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 2007 (FY07) CDC-Zambia consisted of 42 individuals, and staffing is projected to reach 48 by the end of FY08. CDC-Zambia has offices in 4 provinces throughout the country (Lusaka, Southern, Western and Eastern), and 4 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 FY08 CDC-Zambia will 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 FY08 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8139.08

Mechanism: CDC/M&S (GHAI)

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 Area Code: 15

Activity ID: 18056.08

Planned Funds: $536,000

Activity System ID: 18056

Activity Narrative: This narrative describes the CDC Zambia Management and Staffing (M&S) needs for both GHAI and GAP funds.

The USG Zambia team's M&S goal, through the CDC office in Zambia, is to have sufficient staff for COP08 to provide more technical and programmatic oversight and assistance to all implementing partners in Zambia. The CDC M&S budget in COP08 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 8 other countries. It is divided into 9 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 32 cooperative agreements covering activities in all of the 14 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 to the Government of the Republic (GRZ) of Zambia and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Zambia has planned for full staffing at 53 positions in FY2008, an increase of 4 technical and 1 administrative support staff (see USG Zambia Staff Matrix COP08). Presently, 45 of the 48 approved COP07 positions have been filled or are awaiting security clearance. CDC is currently recruiting for the remaining three positions.

The COP08 CDC staffing plan includes 6 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 is sought in COP 08. The requested position would provide technical expertise in the areas of pediatric HIV/AIDS and prevention of mother to child (PMTCT) activities, two of the highest priority program areas in Zambia. A further breakdown of total staff requested includes 29 technical locally engaged and contract staff, 3 program management staff, and 14 locally engaged administrative support staff, including 7 drivers. 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 COP08 programming and the minimum time required to adequately monitor field work of partners and providing 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 5 USDH positions expected in FY08, residential leases and post allowances for 6 USDH positions, security services for offices, 1 new vehicle for increased CDC Zambia technical staff field support, 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 are also included. The majority of the technical staff work in more than three technical program areas, so all salaries have been included in this M&S request, as is consistent with the COP 08 Staffing for Results guidance. This COP08 submission does not include HQ TA support in keeping with COP08 guidance that this will be funded through the Headquarters Operational Plan process.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1174.08

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 Area Code: 15

Activity ID: 3359.08

Planned Funds: $850,000

Activity System ID: 18265

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 2008, the PEPFAR Coordination Office will be comprised of five full-time staff that will manage the State PEPFAR programs and coordinate the overall USG effort.: 1) PEPFAR Coordinator; 2) State Program Manager (LES); 3) two part-time Ambassador's Small Grants Coordinators (EFM); 4) Finance and Operations Manager; and, 5) and an Executive Assistant (LES). The description of and costs associated with the two part-time Small Grants Coordinators is included in the Small Grants activity narrative under Orphans and Vulnerable Children.

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 was funded 100% in FY 2004, FY 2005, FY 2006, and FY 2007 through PEPFAR funds; due to some of the challenges around the overall authority of this position, as well as representation of the USG, funding to support the Coordinator has been placed in unallocated funding until the appropriate mechanism has been identified.

The PEPFAR State Project Manager was hired 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 two part-time Small Grants Coordinators will be supported 100% through the Ambassador's Small Grants program. Description of these positions are included in the Small Grants activity narrative.

The PEPFAR Finance and Operations Manager is a new position added in FY 2007 to have one full-time LES oversee the State budget expenditures and planning and assist with overall PEPFAR Coordination Office management. This position will serve as the point of contact for all USG reprogramming.

The PEPFAR Executive Assistant serves as the office manager, protocol assistant, meeting organizer, and senior logistician for official visits. This position liaises with the GRZ, donor community, partners, and provides overall administrative support to the USG PEPFAR team and the Front Office.

Post plans to continue funding all five 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9584

Related Activity: 18261

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26867	3359.26867.09	Department of State / African Affairs	US Department of State	11163	11163.09	State	$810,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18261	10989.08	8020	5677.08	DOS/ICASS Zambia	US Department of State	$40,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5677.08
Mechanism: DOS/ICASS Zambia
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 Area Code: 15
Activity ID: 10989.08
Planned Funds: $40,000
Activity System ID: 18261
Activity Narrative: In FY 2008, the Department of State is requesting $40,000 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 $40,000 will support four full-time staff, including the PEPFAR Coordinator. Examples of services include use of motorpool, security, computer and systems support, administrative and procurement services, customs/shipping assistance, and financial management services.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10989
Related Activity: 18265

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10989	10989.07	Department of State / African Affairs	US Department of State	5677	5677.07	ICASS Zambia	$30,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18265	3359.08	7619	1174.08	State	US Department of State	$850,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3028.08
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 Area Code: 15
Activity ID: 3724.08
Planned Funds: $445,400
Activity System ID: 16362

Activity Narrative: Peace Corps/Zambia (PC/Z) serves as both a USG PEPFAR partner and an implementing partner, with programs in AB Prevention and Other Prevention Activities. PC/Z's Management and Staffing pillar includes the salary, benefits, anticipated travel and training costs for three full-time contract staff that support Volunteers working in these two program areas. The Management and Staffing structure is broken down as follows:

PEPFAR Director (current position) –The Director manages the technical, programmatic, and administrative aspects of the PC/Z PEPFAR program. This includes developing and overseeing activities approved in the Country Operating Plan (COP); managing PC/Z staff responsible for Volunteer training, placement and support; ensuring quality data collection and reporting; monitoring the budget; and participating fully as PC/Z's technical representative to the USG Zambia PEPFAR team.

Administrative Assistant (current position) – The Administrative Assistant works with PC/Z's Administrative Officer on all PEPFAR-related administrative tasks, particularly budget and finance functions.

Medical Officer (current position) – The Medical Officer is responsible for providing health care to the Volunteers funded by PEPFAR.

Driver - The driver is responsible for providing support to the team, volunteers, and the program.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 9631
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26027	3724.26027.09	Peace Corps	US Peace Corps	10927	3028.09	Peace Corps	$568,900
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 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8702.08
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 Area Code: 15
Activity ID: 19502.08
Planned Funds: $363,558
Activity System ID: 19502
Activity Narrative: This reprogramming is meant to cover the salary and benefit costs related to the Zambia PEPFAR country coordinator. Please see activity #3359.08 for details.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3104.08
Mechanism: CDC (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3617.08
Planned Funds: $2,914,000
Activity System ID: 15602

Activity Narrative: This narrative describes the CDC Zambia Management and Staffing (M&S) needs for both GHAI and GAP funds.

The USG Zambia team's M&S goal, through the CDC office in Zambia, is to have sufficient staff for COP08 to provide more technical and programmatic oversight and assistance to all implementing partners in Zambia. The CDC M&S budget in COP08 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 8 other countries. It is divided into 9 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 32 cooperative agreements covering activities in all of the 14 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 to the Government of the Republic (GRZ) of Zambia and joint USG oversight of implementing partners, the CDC Global AIDS Program (GAP) Office in Zambia has planned for full staffing at 53 positions in FY2008, an increase of 4 technical and 1 administrative support staff (see USG Zambia Staff Matrix COP08). Presently, 45 of the 48 approved COP07 positions have been filled or are awaiting security clearance. CDC is currently recruiting for the remaining three positions.

The COP08 CDC staffing plan includes 6 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 is sought in COP 08. The requested position would provide technical expertise in the areas of pediatric HIV/AIDS and prevention of mother to child (PMTCT) activities, two of the highest priority program areas in Zambia. A further breakdown of total staff requested includes 29 technical locally engaged and contract staff, 3 program management staff, and 14 locally engaged administrative support staff, including 7 drivers. 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 COP08 programming and the minimum time required to adequately monitor field work of partners and providing 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 5 USDH positions expected in FY08, residential leases and post allowances for 6 USDH positions, security services for offices, 1 new vehicle for increased CDC Zambia technical staff field support, 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 are also included. The majority of the technical staff work in more than three technical program areas, so all salaries have been included in this M&S request, as is consistent with the COP 08 Staffing for Results guidance. This COP08 submission does not include HQ TA support in keeping with COP08 guidance that this will be funded through the Headquarters Operational Plan process.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9009

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26311	3617.26311.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10993	3104.09	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 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5675.08 **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 Area Code: 15

Activity ID: 10987.08

Planned Funds: $700,000

Activity System ID: 15603

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 2007 45 of CDC-Zambia's 48 approved positions had been filled or were awaiting final security clearance. The total staffing will be brought to 53 in FY 2008. 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 increased, with the highest number of "strip code" charges in Financial Management at post.

Additional funds are being requested to be reprogrammed from unallocated to support the anticipated shortfall within the budget for embassy ICASS charges.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10987

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26312	10987.26312.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10994	5675.09	CDC/ICASS	$850,000
10987	10987.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5675	5675.07	CDC/ICASS	$630,931

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5676.08

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 Area Code: 15

Activity ID: 10988.08

Planned Funds: $50,000

Activity System ID: 15604

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 in April 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 53 CDC staff will be in offices on host government property, the Capital Security Cost Sharing (CSCS) costs have been adjusted accordingly.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10988

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26313	10988.26313.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10995	5676.09	CDC/CSCS	$100,000
10988	10988.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5676	5676.07	CDC/CSCS	$379,069

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	**X**	**Yes**		**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?			11/30/2009	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?			12/31/2007	
Is a Health Facility Survey planned for fiscal year 2008?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2008?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			11/30/2008	
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?		**Yes**	**X**	**No**

Other Significant Data Collection Activities

Name: BED

Brief Description of the data collection activity:

An assay to estimate recent HIV infections that will enable us to estimate HIV incidence.

Preliminary Data Available:

9/1/2009

Name: National Cancer Registry Data Collection

Brief Description of the data collection activity:

The purpose of this activity is to strengthen the Zambia National Cancer Registry in its surveillance of HIV-related malignancies.

Preliminary Data Available:

3/1/2009

Name: Behavioral Surveillance Survey

Brief Description of the data collection activity:

The survey collects sexual behavior and related information among sex workers, truck drivers, uniformed personnel and other bridge populations.

Preliminary Data Available:

4/30/2009

Name: Vital Registration Survey

Brief Description of the data collection activity:

To assist the Zambia Central Statistical Office (CSO) establish their Office of Vital Registration and to strengthen existing systems for collection and registration of vital events. Sample areas will be selected for implementation using the SAVVY method.

Preliminary Data Available:

3/1/2009

Name: HIV Drug Resistance

Brief Description of the data collection activity:

Using the blood specimens collected from 2008 sentinel surveillance, this data collection activity will give an estimate of the magnitude of transmitted HIV drug resistence in the ANC population.

Preliminary Data Available:

9/1/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Zambia Global Fund Supplemental - 21 sept 07 - FINAL.doc	application/msword	9/26/2007		Global Fund Supplemental*	CGarces
Zambia FY 08 COP 8% Justification - EGPAF - FINAL.doc	application/msword	9/26/2007		Justification for Partner Funding	CGarces
Zambia FY 08 COP 8% Justification - CRS - FINAL.doc	application/msword	9/26/2007		Justification for Partner Funding	CGarces
USG Zambia Functional Working Groups-Final.doc	application/msword	9/26/2007	Staffing For Results: USG Zambia Functional Working Groups	Other	JRenert
USG Zambia PEPFAR Org Chart-Final.doc	application/msword	9/26/2007	Staffing for Results: USG Zambia PEPFAR Org Chart	Other	JRenert
Zambia COP08 Human Capacity Development (HCD) Table 092607.xls	application/vnd.ms-excel	9/27/2007	Zambia Human Capacity Development (HCD) Table	Other	JRenert
Zambia FY09 Funding Planned Activities- 27 sept 07 - FINAL.doc	application/msword	9/27/2007		Fiscal Year 2009 Funding Planned Activities*	CGarces
Zambia Peace Corps Volunteer Matrix COP08.xls	application/vnd.ms-excel	9/26/2007	Zambia Peace Corps Volunteer Matrix	Other	JRenert
Zambia OVC FY08 Justification 26sept 07 - FINAL.doc	application/msword	9/27/2007		Justification for OVC Budgetary Requirements	CGarces
COP08 Supporting Doc Staffing for Results - FINAL.doc	application/msword	9/27/2007	Zambia Staffing for Results Supplemental Document	Other	CGarces
Zambia FY08 COP Submission BRW- 27 sept 07 - FINAL.xls	application/vnd.ms-excel	9/27/2007	Zambia Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	CGarces

Zambia FY08 Treatment Earmark Justification - 27 sept 07 - FINAL.doc	application/msword	9/27/2007	Justification for Treatment Budgetary Requirements	CGarces
Zambia AB Justification FY08 - FINAL.doc	application/msword	9/27/2007	Justification for AB Budgetary Requirements	CGarces
Zambia Amb Cover Letter COP08 - 27 sept 07.pdf	application/pdf	9/27/2007	Ambassador Letter	CGarces
Zambia COP08 Targets Supporting Document-FINAL.doc	application/msword	9/27/2007	Explanation of Targets Calculations*	JRenert
FY08 Executive Summary Zambia - 27 sept 07 -FINAL.doc	application/msword	11/14/2007	Executive Summary	MLee