
# Zambia

# Operational Plan Report

# FY 2010

# Operating Unit Overview

## OU Executive Summary

**Key demographic, socio-economic, health and HIV Statistics:**

Zambia continues to face a health, economic development, and humanitarian emergency as a result of the HIV/AIDS epidemic. The 2007 Demographic and Health Survey (DHS) estimates that 14% of Zambian adults aged 15-49 are HIV positive. The problems associated with the pandemic have become more complex and difficult to address as Zambia's epidemic matures and stabilizes. In Zambia, HIV is primarily spread through heterosexual activity and from mother-to-child transmission. High risk groups (including HIV discordant couples, Commercial Sex Workers and their clients and partners, long distance truck and bus drivers, migrant fish camp traders and agricultural workers, miners, refugees, prisoners, and members of the uniformed services) warrant more attention. The 2007 DHS concludes that around four in ten Zambian children under age 18 in the households sampled were not living with both parents; this figure translates to approximately 1.2 million AIDS orphans.

Women account for over half of the country's infections. This can be attributed to numerous factors including economic status, biological and social norms. In Zambia, domestic violence occurs across all socio-economic and cultural backgrounds. Almost half of all women have experienced physical violence since they were 15 and one in five women reported that they have experienced sexual violence at some point in their lives. The HIV infection rate is 16% among women compared to 12% among men. For adult women, the HIV prevalence peaks at 26% in the 30-34 age group, which is four times the rate among women aged 12-19 and about twice the rate among women aged 45-49. While the overall prevalence of HIV has decreased from the previous estimate of 15.6% in 2004, young, urban, females have the highest HIV prevalence in the country at 23%.

An estimated 21% of all married couples in Zambia are discordant. Gender inequality, alcohol and substance abuse, high-risk sexual behavior, and sexual violence help fuel HIV transmission. Those with sexually transmitted infections are especially susceptible. Orphans and vulnerable children (OVC) face the prospect of homelessness due to property grabbing by relatives, sexual exploitation, physical abuse, and abject poverty. Adolescent girls are another high-risk group, as females aged 15-24 years are nearly twice as likely to be HIV positive as males in the same age group, in part due to older men seeking younger women as casual sex partners.

The Zambian response to the AIDS epidemic has been hampered in large part by human resource shortages and limited local capacity. Efforts over the past six years have focused on increasing the numbers of trained providers – in both clinical and community settings – while identifying and supporting nascent local groups. Previous activities like the U.S.- U.K. announcement on supporting health systems and the naming of Zambia as an "International Health Partnership" country are examples of efforts to build enduring capacity.

Scaling-up the number of people receiving antiretroviral treatment and increasing costs due to changes in treatment regimens has raised overall costs for providing life-prolonging drugs. Preventing new infections, addressing human and financial resource gaps, along with building sustainable local public and civil society entities will be a focus of the next five years of the PEPFAR Zambia program.

**Greater Emphasis on Prevention and Sustainability:**

**1. Community Compacts:** In an effort to strengthen the prevention portfolio and further build capacity,

PEPFAR Zambia will explore the use of “community compacts,” or agreements directly with communities that provide incentive rewards for effective prevention programs. The overall goal of the Community Compacts program will be to reduce HIV transmission within communities by incentivizing negative HIV status. This program will help the Zambia develop, implement, and scale-up community based agreements to decrease HIV incidence in Zambian households. Local partners will be encouraged to utilize a range of approaches at the local level aimed at increasing HIV awareness and preventive behaviors resulting in an invigorated community environment where risk of HIV acquisition is clearly understood at all levels. This should result in real behavior change. Such measures will also be criteria for evaluations of sustainability that the U.S. Mission in Zambia will use to judge the readiness of provinces and districts for “graduation” from assistance. The Embassy will pilot such community-based incentives through HIV-prevention projects funded through PEPFAR prevention Small Grants and cooperative agreements by CDC and USAID. Specific milestones/objectives of the Community Compact program will include:

- Identifying target communities and develop partnership activities for HIV prevention interventions.
- Transferring skills to communities through Zambian partners (including the GRZ) to launch and sustain HIV prevention activities.
- Developing and implementing measurement frameworks to track progress of community prevention activities.

**2. Capacity Building:** PEPFAR Zambia programs will build capacity of Zambian institutions human, scientific, technological, organizational, and institutional capabilities. This will ultimately enhance the ability of Zambia to evaluate and address the crucial questions related to HIV/AIDS programming. PEPFAR Zambia will focus on institutional development, including community participation (of women in particular); and organizational development, especially the elaboration of management structures, processes and procedures, not only within organizations but also the management of relationships between the different organizations and sectors (public, private and community).

In order to sustain activities initiated with PEPFAR funding, program implementation will focus on fulfilling present and future needs of the Zambian community by ensuring that Zambians, (including the government) own the programs, fund them, and embrace them as their own. Hence, PEPFAR Zambia’s programs will be meeting the needs of people at present without compromising the ability of future generations to meet their own needs.

**3**. **Partnership Framework Development:** The GRZ, through the National AIDS Council (NAC) is currently developing its next National AIDS Strategic Framework (NASF). This provides Mission Lusaka with an opportunity to align Partnership Framework (PF) development with the development of the NASF. An essential mechanism for capacity building for FY 2010 is preparation of the Partnership Framework. The PF will continue to support GRZ’s overall goal to “prevent, halt, and begin to reverse the spread and impact” of HIV/AIDS. To this end, several meetings have been held with senior GRZ counterparts on aligning the PF with the next NASF. The PF will also contribute to achieving PEPFAR’s new goals (3 million on treatment, 12 million on care and support, and 12 million infections prevented) and support Embassy Lusaka’s mission statement of “promoting peace, health, and development through partnerships with the Zambian people.”

The PF will emphasize key policies that promote effective HIV/AIDS programs. It will emphasize overall accountability for resources, responsible fiscal management, and appropriate budgeting. Based on the level of resources, a goal will be increased financial contributions by GRZ to the program. Certain policy reforms are key to effective HIV/AIDS responses, and the PF offers an important new opportunity to engage GRZ in these areas. The NASF process provides an opportunity for PEPFAR Zambia to work with GRZ to track more closely HIV/AIDS and overall health financing through National Health Accounts (NHA), National AIDS Spending Assessments (NASA), and other financial monitoring and reporting systems. Working towards a costed national HIV/AIDS strategy will be an important priority for the PF.

Through the PF, PEPFAR Zambia will seek to:

- Implement the national HIV prevention policy, including targeting at-risk populations for risk reduction, and integrating prevention into other health services by focusing more on MCP, MC, alcohol abuse reduction, and increased condom use among others.;
- Ensure that prevention policies utilize positive incentives to avoid new infections; and
- Strive for equity in access to treatment and care by emphasizing underserved groups as well as fostering greater male participation and standardized care across all facilities.

The PF will strengthen mutual accountability between USG and GRZ. To track progress toward goals, the USG and the GRZ will establish intermediate benchmarks for PF goals in line with governments' plans and reporting requirements. The benchmarks will ensure that the milestones and mechanisms align with those of the GRZ and of other stakeholders and that reports will contribute to the national M&E system.

**Programmatic Focus**

PEPFAR funding for FY 2010 will be focused on the following programmatic areas to achieve the 3-12-12 goals:

**1. Prevention:** The current HIV prevention program, based on the abstinence, fidelity to one sexual partner, and regular and correct use of condoms (ABC) model, has brought about an increase in the age of sexual debut, a reduction in the number of sexual partners, and an increase in the number of people using condoms. Despite such gains, the HIV prevalence rate remains high (14 percent) and the annual number of new infections remains constant, requiring intensified efforts to reduce new infections and measures to halt further spread of the pandemic. For FY 2010, PEPFAR Zambia will focus on achieving prevention impact through implementation of new and different preventive interventions and improving the effectiveness of ongoing interventions. This entails enhancing HIV prevention across the PEPFAR portfolio. Exploring the use of "community compacts" or agreements directly with communities to provide incentive rewards for effective prevention programs is one approach that will be implemented under this program area. The overall goal of the Community Compacts program will be to reduce HIV transmission within communities by incentivizing negative HIV status. Such an approach recognizes that for this effort to be successful, a comprehensive response which entails various components is necessary. Prevention activities for FY 2010 in Zambia include increasing access to quality prevention of mother-to-child transmission (PMTCT) services and mobilizing moral and traditional authorities, including religious leaders and local chiefs to lead on HIV prevention. FY 2010 activities will urge political leadership to produce a broad, national consensus on reinforcing approaches to HIV prevention. Specifically, the goals of the FY 2010 Prevention plan include:

- Expansion of STI prevention efforts;
- Addressing alcohol abuse;
- Expansion of couples counseling and testing efforts;
- Integration of HIV prevention messaging and counseling into other HIV and health services (such as HIV Testing and Counseling services and Family Planning, Antenatal clinics, Under five clinics and specialized clinics like Diabetic clinics); and
- Better targeting of at risk populations with more practical and focused messages; and
- Development of strategies/linkages with community groups to insure follow-up and continued contact with negatives.
- Prevention with PLWHA by:
    - PLWHA support groups formation in communities

  - Discordant couple counseling regarding the need for prevention, correct and consistent use of condoms etc.
- Mainstreaming prevention and TC by building capacity in health care providers
- Expansion of Male Circumcision availability

PEPFAR Zambia's FY 2010 strategy will assertively promote healthier behavior and increased male engagement. Activities will focus on societal norms and attitudes on multiple concurrent partnerships (MCP) and age-disparate partnering, while promoting male circumcision as an HIV preventive intervention. Engagements will also emphasize the positive, protective role of men in the Zambian family and their community responsibilities. Furthermore, PEPFAR Zambia will continue to improve the quality of existing PMTCT programs by ensuring accelerated roll-out of more efficacious drug regimens for HIV positive pregnant women and fostering increased access to PMTCT services, uptake for PMTCT prophylaxis, and postnatal follow-up of HIV-exposed infants. FY 2010 activities will strengthen the counseling referral system, community involvement, male involvement, and early infant HIV diagnosis. In addition, Embassy Lusaka will intensify prevention efforts with messages targeting youth, military, law enforcement, prisoners, and refugees. The U.S. Mission will improve the quality of HIV counseling and testing services, placing high priority on effective networks and referral linkages to other care and treatment services.

Recognized as important to the overall reduction of new infections, additionally, Zambia's new emphasis will seek ways to better address the needs of negative persons and their ability to stay negative. This will be accomplished, at points of contact for example, by reinforcing the counseling of persons testing negative, at the time of testing, and ensuring that they can be referred to and linked with support groups in the community who will help them to stay negative. Additionally, more focused and broadly dispersed messaging aimed at persons who have or have not yet tested and are negative will focus on gaining and keeping the attention and seek to influence the behaviors of such persons to keep them negative.

Since sero-discordance is a major driver of HIV/AIDS in Zambia's generalized heterosexual epidemic, Embassy Lusaka will continue encouraging Zambians to: "Know your status, know your partners' status, know it often". Couples counseling will be a prime program as it allows individuals to make informed decisions to protect themselves and their loved ones.

During FY 2010, PEPFAR will work with the Women's Justice and Empowerment Initiative (WJEI) under the US Department of Justice (DOJ) to establish DNA testing capacity of local authorities. This initiative is designed to better enable law enforcement in the prosecution of gender-based violence (GBV) cases, thus deterring GBV- a significant driver of (contributor to) new HIV infections. The current capabilities of Zambia are limited in this area and therefore requires, additional training of human resources to carry out forensic examination and analysis, improvements to facilities, and further education regarding human rights and victims' services to the general public. PEPFAR Zambia support will assist law enforcement in the acquisition of new equipment and training of police officers and forensic scientists to build capacity.

**2. Care and Support:** Care and Support activities in Zambia include provision of basic health care and support for adults and children, delivery of integrated TB/HIV services, and extensive OVC programs.

In FY 2010, Embassy Lusaka's support for OVCs will continue at the same level as FY 2009. PEPFAR support will provide OVCs with improved access to educational opportunities, food and shelter, psychosocial support, health care, livelihood training, access to microfinance, and trained caregivers. Palliative care activities will reach over 211,000 HIV-positive individuals at clinical and community service delivery sites by providing nursing/medical care, treatment of opportunistic infections, pain relief, nutritional supplements, psycho-social support, referral to ART and ART adherence programs, and pediatric and family support. Tens of thousands of trained volunteer caregivers, as well as clinical service providers, will conduct these activities. The MOH says it will continue to implement the SmartCare

electronic health record, increasingly in rural clinics, however unless the GRZ or other donors provide funding to take SmartCare nationally, the USG will not continue funding it in FY 2011. To address the high proportion of TB and HIV co-infection, Mission Zambia will continue to enhance the linkage between TB and HIV services.

To support Zambia in building health worker capacity, the USG in conjunction with GRZ will increase the number and improve the expertise of health and social workers. Activities in FY 2010 will continue to support the Zambian Health Worker Retention Scheme. A total of 119 health care workers will receive support and incentives, including housing renovations, through FY 2010. However, under the Partnership Framework, the USG will transfer these costs to the GRZ in FY 2011 and beyond as the USG will not continue funding it. Embassy Lusaka will continue to work with the MOH to disseminate human resource planning and projection guidelines. FY 2010 will see continued support to provincial health offices to assess district-level human resource needs and facilitate the development of the districts' human resource plans. Importantly, PEPFAR Zambia will support health worker training institutions to ensure inclusion of state of the art HIV prevention, care and treatment information in pre-service and in-service training curricula.

**3. Treatment:** As of March 31, 2009, Zambia had 250 ART centers receiving U.S. support, either directly in the form of technical assistance or indirectly through procurement of ARV drugs and strengthening of the overall national logistic system. By the end of 2009 167,545 individuals were benefiting from ART through the support of PEPFAR. The Mission will continue to collaborate with the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) to coordinate the purchase of antiretroviral drugs (ARVs) for the public sector. Through this collaboration, PEPFAR Zambia will only procure second line ARVs (Zidovudine, Lamivudine, and Ritonavir boosted Loprinavir), pediatric formulations, and one first line drug.

In FY 2010, PEPFAR Zambia will continue to provide comprehensive adult and pediatric ART services to public and private sector hospitals, clinic sites, and provincial and district public sector facilities at FY 2009 funding levels. In addition to ART procurement, Embassy Lusaka will support comprehensive care and treatment services for infants and children; train health care providers on provision of quality ART services; strengthen effective service delivery networks and linkages; strengthen laboratory, logistics, and health information management systems; and promote adherence to ART. FY 2010 activities will support the MOH with human resource planning and management, recruitment, and seconding key technical staff to provide HIV/AIDS service, training and mentoring in order to address Zambia's human resource crisis.

4. **Other Programs**: To promote sustainability, PEPFAR funding will also support strategic information, health systems strengthening, and U.S. Mission management and staffing. FY 2010 funds will strengthen local health management information systems, expand use of quality program data for policy development and program management, upgrade quality assurance procedures, provide training and support, and build local partner capacity to launch and sustain programs. Activities in FY 2010 will further provide technical assistance to develop sustainable monitoring and evaluation systems, information, and adopt modern communication technology.

In FY 2010, PEPFAR funds will be used to meet the Human Resources for Health goal by training more health care and Para-social workers in order for the country to sustain the gains recorded over the years. These new health workers will provide the necessary services needed, i.e., prevention, care and treatment. Some of the activities to be undertaken will include, increasing the capacity of training institutions, building the capacity of tutors and expanding facilities, i.e., laboratories, libraries and other such facilities that have a direct influence on quantity and quality.

Redacted.

**Other Donors, Global Fund Activities, Coordination Mechanisms**

Zambia is the Global Fund's third largest recipient of assistance, with over $810 million in grant applications. Of this, $478 million has been approved through Rounds One, Four and Seven for all diseases across the four Principal Recipients; the country awaits signature of a major Round Eight HIV and systems strengthening proposal. Of the $810 million, $619 million is for HIV. Redacted. Nearly half of the funds go to the MOH for public sector services. Other major donors in HIV/AIDS are the Department for International Development (DFID), World Bank, UNAIDS, UNICEF, DANIDA, SIDA, the Irish AID and the Clinton Foundation HIV/AIDS Initiative.

The U.S. Mission in Zambia has one of two donor seats on the Global Fund Country Coordinating Mechanism and participates in various national sector coordinating committees, national technical HIV/AIDS working groups, the UNAIDS Expanded Theme Group, and the GRZ Partnership Forum. The U.S. Mission in Zambia, DFID and UNAIDS currently serve as lead donors and co-chairs of the UNAIDS Cooperating Partners on HIV/AIDS Group.
Other major donors working in the HIV/AIDS sector are UNAIDS, the World Bank and UNICEF, as well as DFID, which supports PMTCT, workplace prevention and treatment programs, condoms, and sexually transmitted infection drug procurement.

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**Time Frame:** October 2010 to September 2011

## Population and HIV Statistics

| Population and HIV Statistics | | | | Additional Sources | | |
|---|---|---|---|---|---|---|
| | Value | Year | Source | Value | Year | Source |
| Adults 15+ living with HIV | | | | | | |
| Adults 15-49 HIV Prevalence Rate | | | | | | |
| Children 0-14 living with HIV | | | | | | |
| Deaths due to HIV/AIDS | | | | | | |
| Estimated new HIV infections among adults | | | | | | |
| Estimated new HIV infections among adults and children | | | | | | |
| Estimated number of pregnant women in the last 12 months | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Estimated number of pregnant women living with HIV needing ART for PMTCT | | | | | | |
| Number of people living with HIV/AIDS | | | | | | |
| Orphans 0-17 due to HIV/AIDS | | | | | | |
| The estimated number of adults and children with advanced HIV infection (in need of ART) | | | | | | |
| Women 15+ living with HIV | | | | | | |

## Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

## Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

## Public-Private Partnership(s)

| Partnership | Related Mechanism | Private-Sector Partner(s) | PEPFAR USD Planned Funds | Private-Sector USD Planned Funds | PPP Description |
|---|---|---|---|---|---|
| Becton Dickinson Lab Strengthening | | Becton Dickinson | | | A more recent PPP opportunity has |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | been leveraged with Becton Dickenson to provide training and services to medical technicians and health care workers in the areas of phlebotomy, post-exposure prophylaxis, and strengthening for policies, guidelines and standard operating procedures. This partnership will work at both the national level in the aforementioned policy areas, as well as at the provincial level to support refresher trainings and improved surveillance around occupational needle stick injuries. |
| Pink Ribbon Red Ribbon | | | | | PRRR is an innovative partnership to leverage public and private investments in global health to combat cervical and breast cancer. The PPP has the goals : Reduce deaths from |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | cervical cancer by 25% among women; significantly increase access to breast and cervical cancer prevention, screening and treatment. |
| Public Private Partnership for HIV Prevention, Care, and Support | | | | | Within the mining and agriculture sectors, a group of companies have come together to expand clinical services beyond their immediate employee populations to support the surrounding communities. These clinical facilities have been opened up to the general population to provide HIV testing and counseling as well as anti-retroviral therapy (ART). Participating companies have also developed and implemented workplace programs to help ensure staff have the information they need to make |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | safe and informed choices to prevent HIV infection. |
| Tourism HIV/AIDS Public Private Partnership | | | 300,000 | 100,000 | In FY2010, SHARe will continue working with the Tourism HIV/AIDS Public Private Partnership (PPP) to implement workplace HIV/AIDS programs. The partnership, which is in the final year of implementation through SHARe, was established 2006 in order to enhance and expand HIV/AIDS workplace programs within private sector tourism businesses, and through the workplace programs, to increase the sector's HIV/AIDS social responsibility and social mobilization responses in the local communities. The partnership leverages resources from the tourism private sector and |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | from the USG to support partners' workplace HIV/AIDS programs. In FY2010, a key focus of the partnership will be on ensuring sustainability of partners' workplace programs, including through strengthening HIV/AIDS mainstreaming through the Livingstone Tourism Association (LTA). The Tourism HIV/AIDS PPP private sector contribution through in-kind and direct funding for FY2010 is $100,000. |

## Surveillance and Survey Activities

| Name | Type of Activity | Target Population | Stage |
|---|---|---|---|
| AIDS Indicator Survey | Population-based Behavioral Surveys | General Population | Planning |
| Antenatal Clinic Sentinel Surveillance (ANC) | Sentinel Surveillance (e.g. ANC Surveys) | Pregnant Women | Planning |
| Demographic and Health Survey | Population-based Behavioral Surveys | General Population | Development |
| Sample Vital Registration with Verbal | HIV-mortality | General Population | Planning |

| | | | |
|---|---|---|---|
| Autopsy | surveillance | | |
| Surveillance among MARPs | Population size estimates | Female Commercial Sex Workers | Planning |

# Budget Summary Reports

## Summary of Planned Funding by Agency and Funding Source

| Agency | Funding Source | | | | Total |
|---|---|---|---|---|---|
| | Central GHCS (State) | GAP | GHCS (State) | GHCS (USAID) | |
| DOD | | | 10,055,000 | | **10,055,000** |
| HHS/CDC | 15,764,509 | 2,914,000 | 67,867,000 | | **86,545,509** |
| HHS/HRSA | 4,355,513 | | 10,180,000 | | **14,535,513** |
| HHS/NIH | | | 830,000 | | **830,000** |
| HHS/OGHA | | | 125,000 | | **125,000** |
| PC | | | 1,946,200 | | **1,946,200** |
| State | | | 773,947 | | **773,947** |
| State/AF | | | 700,000 | | **700,000** |
| State/PRM | | | 250,000 | | **250,000** |
| USAID | | | 160,933,462 | | **160,933,462** |
| **Total** | **20,120,022** | **2,914,000** | **253,660,609** | **0** | **276,694,631** |

## Summary of Planned Funding by Budget Code and Agency

| Budget Code | Agency | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | State | DOD | HHS/CDC | HHS/HRSA | HHS/NIH | PC | USAID | AllOther | |
| CIRC | | 350,000 | 1,750,000 | | | | 2,790,000 | | **4,890,000** |
| HBHC | | 650,000 | 5,800,000 | 5,767,000 | | 30,000 | 12,729,279 | | **24,976,279** |
| HKID | | | | | | | 18,559,893 | 300,000 | **18,859,893** |
| HLAB | | 1,800,000 | 4,420,000 | | 310,000 | | 13,120,000 | | **19,650,000** |
| HMBL | | | 2,300,000 | | | | | | **2,300,000** |
| HTXD | | | | | | | 32,164,913 | | **32,164,913** |
| HTXS | | 200,000 | 15,484,858 | 4,332,449 | | | 6,773,702 | | **26,791,009** |
| HVAB | | | 1,944,000 | | | 20,000 | 14,158,628 | 215,000 | **16,337,628** |
| HVCT | | 400,000 | 6,435,000 | 440,000 | | | 15,038,737 | 106,000 | **22,419,737** |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| HVMS | 773,947 | 555,000 | 5,775,000 | | | 1,896,200 | 4,301,845 | 125,000 | **13,426,992** |
| HVOP | | 800,000 | 3,050,000 | 200,000 | | | 10,779,137 | 229,000 | **15,058,137** |
| HVSI | | 300,000 | 12,915,000 | 360,000 | | | 2,400,000 | | **15,975,000** |
| HVTB | | 250,000 | 5,973,000 | 1,243,000 | | | 2,600,000 | | **10,066,000** |
| MTCT | | 2,600,000 | 13,198,000 | | | | 9,500,000 | | **25,298,000** |
| OHSS | | 1,950,000 | 1,050,000 | 300,000 | 240,000 | | 11,914,428 | 100,000 | **15,554,428** |
| PDCS | | | 2,210,000 | 892,414 | 280,000 | | 2,108,900 | | **5,491,314** |
| PDTX | | 200,000 | 4,240,651 | 1,000,650 | | | 1,994,000 | | **7,435,301** |
| | **773,947** | **10,055,000** | **86,545,509** | **14,535,513** | **830,000** | **1,946,200** | **160,933,462** | **1,075,000** | **276,694,631** |

## Budgetary Requirements Worksheet

(No data provided.)

# National Level Indicators

## National Level Indicators and Targets

Redacted

# Policy Tracking Table

(No data provided.)

# Technical Areas

## Technical Area Summary

**Technical Area:** Adult Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HBHC | 24,976,279 | |
| HTXS | 26,791,009 | |
| **Total Technical Area Planned Funding:** | **51,767,288** | **0** |

**Summary:**
Context and BackgroundThis Technical Area Narrative (TAN) represents the combined Adult Care and Treatment program area, comprising Adult Care and Support (HBHC) and Adult Treatment (HTXS). The combination of these two areas signals integration of PEPFAR Zambia clinical and community service delivery efforts, in line with the Zambian Ministry of Health (MOH) treatment and care delivery principles. Context: In line with resource availability, and Government of the Republic of Zambia (GRZ) leadership, strategy, and policy, USG Zambia helps achieve national Anti-Retroviral Treatment (ART) and care goals. In keeping with increasing GRZ commitment and leadership, USG Zambia will continue to help expand, consolidate, and sustain adult ART and care services. Community and home-based care (HBC) adheres to national minimum standards for HBC established by GRZ. USG efforts operate under standard national guidance and participate in the Treatment, Care and Support (TCS) technical working group established by the National HIV/AIDS/STI/TB Council (NAC) Technical Working Group (TWG). PEPFAR Zambia actively participates in development of care and treatment guidelines and training manuals. Ongoing work to update care guidelines will incorporate prevention for positives (PWP) as part of standard of care. The National HIV/AIDS Strategic Framework (NASF) outlines the level of priority, structure, and the extent of ART and care services. By policy, ART has been free in Zambia since 2005. Combined with massive donor investment, this has resulted in a rapid, nationwide scale-up of ART. In FY 2007, MOH and NAC guidelines for first line adult ART regimens changed from Stavudine or Zidovudine based to Tenofovir based combinations. All new ART patients start treatment based on the new guidelines. Those on the original combination continue receiving the old regimen until treatment failure occurs or toxicity develops. The U.S. Mission continues to assist the Zambian ART site accreditation system to assess capacity to deliver ART according to national standards. In FY2009, Medical Council of Zambia accredited 82 sites to provide ART and the process is ongoing.PEPFAR Zambia and other donors assist with national ART, care, and support. Coordinating partners include: the Global Fund for HIV/AIDS, Tuberculosis, and Malaria (Global Fund), World Bank, World Health Organization, United Nations agencies, Swedish International Development Agency, Japan International Cooperation Agency, European Union, U.K. Department for International Development, and the Clinton Foundation. Global Fund support from Rounds 1 and 4 has leveraged U.S. investment, in adult ART services, supporting the purchase of first line drugs and ART by the GRZ as well as the Church Health Association of Zambia (CHAZ). USG Zambia is the largest donor, joined by the Global Fund, UNAIDS, World Bank, Ireland, Netherlands, and Germany. Major changes for FY 2010 include: 1) strengthened prevention activities (e.g. PWP); 2) more efficacious PMTCT, including HAART for pregnant women; and 3) stronger linkages between community and facility based activities. Zambia launched a new National Prevention Strategy in 2009. FY 2010 activities will include more effective HIV prevention strategies, including PWP activities in community and facility settings. Also included are: increased partner and couples testing; reinforcement of

prevention messages during care and treatment clinic visits and in community settings; and training of health workers and community volunteers in effective PWP. A focus on retention of "pre-ART patients" in care will begin with immediate referrals from CT to care for long-term follow-up; increase adult prophylactic use of cotrimoxazole (CTX); promote behavior change; and ensure adequate condom supplies. Pregnant women will increasingly be referred to ART sites in a more timely way to assess eligibility for HAART and to initiate it. Improved linkages between community and facility-based activities will optimize quality of life for HIV-positive individuals and include clinical, psychological, social, spiritual, and prevention services. Fewer AIDS patients are bedridden; in 2009, only 8% of clients were deemed bedridden. PEPFAR Zambia is reorienting home-based care and hospice activities towards a more community-based approach. Overall, care and treatment budgets will decrease approximately 5% to cover increases in ARV costs and prevention activities. Other changes in 2009-2010 include the end of many major ART and care projects, transitioning to new projects. The USG will ensure a smooth transition especially for ART clients. New projects will be encouraged to absorb clients and staff/ volunteers trained by their predecessors to ensure continuity and reduce start up time.Adult care and treatment comprises facility and home/community-based activities for HIV-infected adults and their families. It includes ART services, prevention, care and treatment of opportunistic infections (OI). They can be extended with non-PEPFAR funding to include related activities such as family planning and safe motherhood.PEPFAR Zambia's adult preventive care package addresses prevention of common diseases, such as malaria and diarrhea, with commodities/services such as: pharmaceuticals (for TB and prophylactic CTX); insecticide treated nets; safe water interventions; condoms; and nutritional assessment, counseling, and food/micronutrient supplements. Psychological and spiritual support delivered in community settings include group/individual counseling, improved mental health services, end-of-life and bereavement support. Large-scale community mobilization for care has proven effective; volunteers provide the bulk of care and support. Social support includes vocational training, income-generating activities, legal protection, training, and support of caregivers. Microfinancing is available on a limited scale however it has not produced sustainable income gains, and requires technical expertise for redesign.The supply chain for HIV care-and-treatment related commodities is described in the HTXD TAN. The GRZ does not provide home-based care kits. Most U.S. partners rely on donations or private funds to procure care kits and basic drugs; a few use PEPFAR funds to purchase kits. Zambia still lacks effective supply chain management for pain relief drugs; their use is restricted mainly to hospices, and other tertiary care hospitals. A pilot on morphine supply is underway with funding from a U.K. partner.Some U.S. partners provide differentiated adult care and support services, including hospice and "traditional" home-based care, early-initiation care/support packages for asymptomatic new clients; and "maintenance" care for ART clients in good health. U.S. partners emphasize quality care, and some document it using tools such as SmartCare (a standard medical record system). USG partners follow Zambian national minimum standards for home-based care. National standards for palliative/hospice care remain under development. Care partners have supportive supervision structures. Studies of care and support have demonstrated its effectiveness in improving quality of life and reducing illness.As adult ART provision expands, the GRZ is prioritizing pharmacovigilance in ART for providers to recognize, track adverse events and side effects, and monitor efficacy of ARVs; these programs are still under development. Nutrition is important to PMTCT, ART, and OVC clients. However, PEPFAR Zambia approaches to food and nutrition approved in 2004 were both diverse and geographically dispersed; until recently, they lacked a common methodology. In line with emerging research and OGAC nutrition guidance, USG Zambia agencies have now agreed to adopt a "food by prescription" approach, and allocate around 2% of funds for food and nutrition for PMTCT/OVC clients and the malnourished. Accomplishment sinc e last COPPEPFAR Zambia increasingly emphasizes: early identification of HIV-infected persons; linkages to and retention in care; reduction in HIV-related morbidity and mortality; improved quality of life; and reduction in transmission of HIV. Zambia has integrated cross-cutting considerations like alcohol and gender; tighter linkage of facility-community; improvement of quality in health systems and individual projects/services; as well as monitoring/evaluation. Treatment and care coverage has increased. The GRZ reports that HTXS services exist in all 72 districts of Zambia. PEPFAR Zambia supports HBHC in 70 districts (97%). As of 2009 SAPR, USG served 295,955 unique adult care

clients (57% women, 43% men) at 866 service sites operating in all provinces. Efforts are underway to address an ongoing gender disparity; far more women than men access care and treatment in Zambia. Due to efforts to increase male participation as caregivers, men now represent 30% of volunteers. Furthers increases in male participation will help reduce the burden of care on women.Around 198,590 patients were on ART; of these, 178,525 (90%) were adults. The rapid scale-up of HIV/AIDS treatment services has succeeded, with good clinical outcomes in urban, peri-urban, and rural primary care settings. Efforts to increase ART access at rural public and faith-based health facilities include USG Zambia support for a national network of ART outreach sites served by mobile services. As of March 2009 (SAPR Results), the USG has supported training of 1,243 health workers to deliver ART services countrywide. A national ARV drug resistance monitoring strategic plan was developed in FY 2008. Pilot monitoring of HIV drug resistance has begun in two sites in Lusaka. This initiative will help prevent the emergence of HIV drug resistance.The GRZ endorsed SmartCare in 2007. With GRZ and USG Zambia support, SmartCare serves over 450 ART treatment and care sites. It improves continuity of care and collection of outcome statistics such as patients' survival, mortality, transfers and CD4 changes over time. However, it's important to note that PEPFAR Zambia will not support SmartCare program unless the GRZ or other partners provide funding for its national wide scale up. The GRZ does not have national targets for adult care and support. The MOH accepted a Palliative Care Advisor from a USG project in early FY 2009; increasing MOH capacity and leadership in HIV care and support policy and standards, including the authorization of hospices to provide narcotic drugs for pain relief.In FY 2009, patients with HIV-related cancers, e.g., lymphoma, cervical cancer, and Kaposi's sarcoma (KS), began receiving care at the new Cancer Center in Lusaka. The USG does not support this site, and given funding limits, is unlikely to extend support.Goals and strategies for the coming yearIn 2010, the top priority of USG Zambia is prevention, including PWP. Adult care and treatment includes the purchase, distribution, and management of OI drugs (excluding TB drugs). GRZ-USG Zambia adult ART priorities are to consolidate ART service delivery and improve quality of care. Increase in ART uptake will be slower and focus on eligible pregnant women and children. PEPFAR Zambia will continue to provide technical assistance to the national ART program in 2010 to update training materials and protocols, and disseminate them. In adult care, PEPFAR Zambia will put increased emphasis on: 1) Shifts in adult care and support, from care that begins near the end-of life to care initiated at the time of HIV diagnosis, and on community vs. home care; 2) Stronger prevention focus (more PWP) on care packages that extend and improve quality of life; 3) stronger linkages between adult care and support and ART; and 4) increased collaboration with GRZ on pain management, prophylactic CTX, and food and nutrition support. Zambia has over 30,000 trained volunteer community caregivers who ca n encourage their clients to return to clinic appointments and adhere to ART. PEPFAR Zambia will emphasize integration of ART and adult care services with other clinical care services, including ANC, MCH for women and TB/HIV services. The USG will strengthen evaluation of the impact of ART and quality of services as well as laboratory capacity to diagnose and monitor patients on ART, and to provide support for CD4 count and blood chemistries. GRZ and the USG will work to standardize adult care training, update care policies and protocols, strengthen infrastructure through selective construction and renovation, continue facility accreditation and establish a hospice accreditation system, implement facility-based quality assurance/ improvement programs, and develop and strengthen care and support information. U.S. Mission at Zambia will continue to strengthen the Palliative Care Association of Zambia (PCAZ), and work to build the capacity of GRZ, faith-based and community providers to continue after PEPFAR ends.Launch of a bilateral nutrition support project is expected in 2010. It will target PMTCT clients and their HIV exposed infants for nutrition support, as well as expand food by prescription, primarily for ART clients. US partners may also target HIV positive adults with micronutrient supplements.PEPFAR Zambia will support expansion of PWP following recommendations of an interagency PWP TDY in 2009. The USG will also increase its focus on alcohol and substance abuse and gender based violence as HIV risk factors. Efforts to enhance the sustainability of the MOH, Provincial Health Offices, and District Health Management Teams, as well as to make adult ART and care more sustainable are supported. These efforts include reducing costs per client and seeking economies of scale, as well as encouraging the GRZ to absorb a larger share of the ongoing costs. Training costs are likely to reduce over time once an adequate pool of trained workers and

volunteers exists. PEPFAR Zambia will continue to build the adult care and ART capacity of the GRZ, and faith- and community-based organizations. Significant private support will also help leverage and boost U.S. funded efforts. Costing of Care and Treatment ProgramsPEPFAR Zambia will continue to support and strengthen the adult treatment costing and modeling exercise to better inform cost of service delivery, resulting in cost efficiencies. New care and support initiatives will begin with access to a large cadre of trained health workers and volunteer caregivers and consequently quicker start up and reduced costs. Additionally, the expansion of ART has reduced the need for frequent, individual home visits. Costing studies by partners have helped to identify efficiencies in the delivery of services. The cost of ART at higher volume sites may have half the per-patient cost of lower volume ART facilities. Combining the M&E efforts of USG partners could also help reduce costs.

**Technical Area:** ARV Drugs

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HTXD | 32,164,913 | |
| **Total Technical Area Planned Funding:** | **32,164,913** | **0** |

**Summary:**

Context and BackgroundAnti-retroviral therapy (ART) scale-up was a prime objective of the U.S. government (USG) and Zambian government in PEPFAR's first phase, with emphasis on ARV (anti-retroviral) drug procurement and enhancing the capacity of the supply chain management systems. The Government of the Republic of Zambia (GRZ), with the help of PEPFAR, the Global Fund for AIDS Tuberculosis and Malaria (Global Fund), Clinton Foundation and other cooperating partners, met this objective by scaling-up antiretroviral therapy to 219,000 patients as of December 2008. By end of the first quarter of 2009, the USG reported 198,599 people on treatment, a figure that accounts for approximately 91% of patients on ARV nationwide, due to counting patients receiving both full and partial support. In FY 2009, PEPFAR Zambia obligated $24 million in ARV drug procurement, which later in the year increased to $26.7 million. The initial $24 million accounted for approximately 34% of the annual ARV supply costs. With about one million Zambians living with HIV/AIDS and about 30% of these requiring treatment the GRZ has prioritized making ART available to all Zambians in need of therapy. Efforts to achieve this objective were enhanced by the August 2005 Zambian government policy decision rendering all public sector ART services free of charge. The Zambia National antiretroviral therapy guidelines stipulate that all patients with a CD4+ count below 200 are eligible for treatment. There are no immediate plans to raise the CD4+ count cut off point due to limited financing as this would increase the number of patients eligible for treatment thereby increasing cost of treatment. In FY 2006, the USAID|DELIVER Project, with support from PEPFAR Zambia, established an ARV supply chain for unified procurement and supply of ARV drugs. In FY 2007, USAID|DELIVER focused on supporting the MOH in coordinating ARV drug forecasting and procurement planning capacity at the central level; quantifying required ARV drugs; reinforcing the standardization of ARV drug inventory control procedures at delivery sites; and developing and installing a software tool for ART sites to collect and order ARV drugs. This greatly improved procurement and supply of ARV drugs resulted in virtual elimination of country stock outs.In FY 2007, the MOH changed the first line ART regimen in Zambia for new patients commencing ART to Tenofovir + Emtricitabine/Lamivudine (FTC/3TC )+ Efavirenz or Nevirapine. Patients on previous recommended first line therapy have continued on the old regimen until either treatment failure or toxicities occur. The switch to Tenofovir based or second line therapy is mainly based on clinical parameters, as only 2 laboratories perform a limited number of viral load tests in country. Zambia has not expanded provision of viral load tests due to high costs involved with performing these tests. The decision to change followed concerns regarding toxicities such as peripheral neuropathy, lipodystrophy and suspected lactic acidosis and was made after broad consultation on best practices by the National ART treatment working group. Anemia

was also commonly associated with AZT in Zambian patients. As a result of the occurrence of these toxicities, patient adherence to ART was negatively affected and suspected deaths due to lactic acidosis occurred. Converting to a Tenofovir based regimen has led to better adherence due to decreased toxicities and reduced dosage frequency. However, one disadvantage of implementing the Tenofovir based regimen is its higher cost which has led to increased costs associated with ARV drug therapy in FY 2008 and FY 2009. The expenditure has however lessened with the decrease in price of Tenofovir and Efavirenz. Cost efficiencies are further achieved by substituting FTC for the less expensive 3TC with similar efficacy. Accomplishments since last COPGreat progress has been made in improving the availability of ARV dru gs at the national level, and as of March 31, 2009 there were over 198,000 people on treatment supported by the PEPFAR Zambia. Building on the improvements made to the ARV supply chain, USAID|DELIVER continued its strong role in coordinating and addressing ARV logistics system issues in FY 2009. A contributing factor in these achievements was the lead taken by the USG and USAID|DELIVER, in close collaboration with GRZ, to facilitate development of multi-year ARV drug forecasts and quantifications. These are now updated on a quarterly basis and have contributed to elimination of ARV drug stock outs at country level. The process included development of the first national, long-term (through 2015) ARV drug procurement plan, encompassing procurements made by USG, GRZ, Global Fund Principal Recipients [Ministry of Health (MOH) and Churches Health Association of Zambia (CHAZ)], and Clinton Foundation. By FY 2009, the ARV drug forecasting and procurement planning capacity development significantly reduced the time and effort required for ordering and reporting ARV drug stocks. All drugs, regardless of which organization procured them, are pooled in the MOH central warehouse, Medical Stores Ltd. (MSL), for distribution through regular GRZ distribution channels to all accredited governmental and non-governmental ART sites. The strengthened logistics system in Zambia has benefited many institutions such as the Zambia Defense Force Medical Services who are benefiting from this system and have continued accessing drugs through the Medical Stores. ART has scaled-up to 322 ART sites in Zambia and 251 of these are supported by USG. Despite nearly level drug procurement funding, increasing cost efficiencies continue to allow scale-up of ART sites, with greater emphasis on ART provision to pregnant mothers as part of the emphasis on prevention of HIV transmission. Goals and Strategies for the coming yearIn FY 2010, PEPFAR Zambia will allocate $ 27,764,913 toward ARV drugs, an increase of $900,000 over the reprogrammed FY 2009 budget. This amount covers approximately 37% of the 2010 drug supply needs (overall needs have decreased slightly for FY 2010 because a GF principal recipient actually over budgeted for its ARV requirements and can make ARVs available for the general population). For 2010, the latest available estimate conducted before PEPFAR reprogramming, shows a total ARV requirement of $62.7 million, with the GRZ contributing 8%, the Clinton Foundation/UNITAID 10%, the USG 37% and the GF 44%. The long-term situation is affected by several uncertainties. First, calculations include a substantial and increasing contribution from the GRZ. Given the current economic situation, such contributions are in no way certain. Second, the Clinton Foundation has announced its intention to phase out of ARV procurement, with contributions disappearing by 2012. Third, Global Fund contributions phase out in 2011. Success of future proposals cannot be guaranteed.Tenofovir + Emtricitabine (FTC)/3TC + Efavirenz or Nevirapine combination will be procured for first line combination as per national guidelines and Zidovudine/Stavudine, Lamivudine and ritonavir boosted Lopinavir for second line combination as an increased number of patients are anticipated to start converting to second line therapy due to failure of first line. PEPFAR Zambia will work closely with MOH to strengthen monitoring of prescribing habits during MOH and USG site supervisory visits to ensure that switch to Tenofovir based and second line regimens strictly adhere to national ART guidelines. This activity will also be strengthened as a function of the internal quality control units.By FY 2009, all drug distribution was consolidated through the MSL and this will continue in FY 2010. All partners will continue receiving their drugs from MSL through the GRZ system, a significant achievement made possible by USG support. In the upcoming fiscal year, PEPFAR Zambia will emphasize consolidating and begin tra nsferring the ARV drug forecasting, logistics and procurement system to local institutions as part of transitioning the process to Zambian institutions for delivery of services. 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.Costing of ART Programs In FY2008, through cost modeling and forecasting of ARV drug needs, Zambia anticipated an ARV drug procurement gap in FY2009 and FY 2010. This anticipated gap arose due to a combination of factors such as the continued rise in demand for ARV drugs while the budget remained static and the GRZ's decision to revise the treatment guidelines in 2007 to a more efficacious but expensive Tenofovir based combination. Informed by the cost modeling and forecasting exercise USG identified and reprogrammed funds from other program areas to meet the need without affecting those program areas. Forecasting and cost modeling exercises will continue in FY 2010. PEPFAR Zambia will continue to search for cost efficiencies in ART service delivery, which will be substantiated through further modeling and forecasting exercises. As the demand for ART continues and the funding gap remains, Zambia will search for solutions to its need for ARV procurement. Potential solutions include increasing GRZ contributions, further Global Fund grants, other donors, drug price reductions and cost efficiencies. While GRZ budgeted for substantial increases in ARV procurement in 2009, the devaluation of the Kwacha has reduced the extent of this contribution. Zambia will continue to explore measures such as task shifting in ART service delivery to less expensive non-physician health providers in order to achieve cost savings. We also hope to see reduced demand in pediatric ART with the strengthening and expansion of prevention of mother to child HIV transmission services. This is expected to lead to reduced transmission of HIV to infants and therefore reduced numbers of children requiring life long ART.USG partners have ongoing costing models, examining all costs of care and potential efficiencies. While ARVs contribute to the majority of treatment costs, high volume sites demonstrate substantially lower overall costs per patient. Patients who remain on ART also demonstrate reduced inpatient costs, but it is unknown whether cost savings in the national program will be translated into sustained support for more PLHIV on ART. For ethical reasons, GRZ policy remains to provide ART for all who meet eligibility criteria; capping the number of ART patients is not on the table for GRZ discussion. Seeking efficiencies and cost savings in treatment and improving prevention efforts remain the focus of both USG and GRZ efforts.

**Technical Area:** Biomedical Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| CIRC | 4,890,000 | |
| HMBL | 2,300,000 | |
| **Total Technical Area Planned Funding:** | **7,190,000** | **0** |

**Summary:**

BLOOD SAFETYZambia has a comprehensive national blood transfusion program aimed at ensuring equity of access to safe and affordable blood throughout the country. Blood Safety is the most effective strategy for the prevention of transfusion transmissible infections (TTIs), including HIV, viral hepatitis, and syphilis. Blood transfusion needs in Zambia are currently estimated at 120,000 units (450 mls each) of blood or 10 units per 1,000 population. Although Zambia exceeded its set target, collecting 90,049 units last year, this still represents only 75% of the country's estimated blood needs. The Zambia National Blood Transfusion Service (ZNBTS) is the only institution in Zambia mandated to ensure an efficient and effective implementation of the national blood transfusion supply. The ZNBTS is comprised of the national coordination office in Lusaka and nine provincial blood transfusion centers, which are responsible for blood collections, laboratory screening and processing, and supplying of safe blood and blood products to all hospitals/transfusion outlets using WHO and the International Federation of the Red Cross and Red Crescent Societies (Red Cross) protocols. Individual hospital blood banks, based at the various transfusion outlets are not authorized to conduct laboratory screening and processing of blood, and are restricted to the following functions: storage and accounting for tested blood received from the respective

regional transfusion centers; cross-matching and compatibility testing for their respective transfusion outlets; and monitoring and reporting on transfusion outcomes and blood use for their respective hospitals. The total number of health facilities that are currently receiving supplies of safe blood and blood products from the ZNBTS facilities has increased by two sites since last year to a total of 130,. . The Zambian donor recruitment and blood collection process includes: motivation outreach talks; brief medical history and physical examination; pre-donation counseling; blood donation, and post-donation counseling with a ZNBTS counselor. The USG President's Emergency Plan for AIDS Relief (PEPFAR) has provided financial and technical support to the ZNBTS to improve blood safety since August 2004 and will continue with similar support in FY 2010. Blood safety objectives for FY 2010 will include increasing annual blood collections from 90,049 to 100,000 units in 2009/10; reducing the total discards attributable to TTIs from 12.6% in 2008/09 to 6%, and HIV discards from 3.4% to 2.5%, respectively. To achieve these objectives, the ZNBTS will strengthen blood donor management and retention by rolling-out the newly developed SmartDonor electronic blood donor database management and retention system; implement the pledge 25 blood donor club strategy in all the ZNBTS sites, and conduct the planned knowledge, attitudes, and practices study to explore blood donor attitudes toward the service. Zambia does not have an approved policy and comprehensive legal framework for blood transfusion. With funding from the MOH/Global Fund, Zambia is developing a blood transfusion policy and legislative framework to be completed in 2009 and implemented from 2010. PEPFAR will support Zambia's plan to renovate and equip the nine regional blood centers to comply with international Good Laboratory Practice (GLP) and Good Manufacturing Practice (GMP) to enhance the country's program capacity to meet the projected national blood transfusion needs. The ZNBTS has experienced challenges with equipment due to ageing technologies and inadequate capacity for laboratory screening, blood components preparation, the cold chain, and logistics for transportation and storage of blood and blood products. FY 2010 funds will be used to upgrade equipment for laboratory screening and the cold-chain for distribution and storage of blood and blood products Over the past four years, PEPFAR has procured 19 motor vehicles and 10 trailers to support the ZNBTS blood safety outreach activities that allows for mobile outreach for blood collections which accounts for 80% of all blood collections. In 2008, the MOH/Global fund procured 10 more vehicles, bringing the total fleet to 29 vehicles. Mandatory laboratory testing of blood for HIV, HBV and HCV using ELISA method, and syphilis using RPR kits, has continued to be the standard requirement for all donated blood at all nine regional blood transfusion centers. The equipment, test kits, reagents, and consumables used have been standardized and are procured centrally. The algorithms used for testing donated blood for TTIs are also standardized and based on the national and WHO guidelines. The existing algorithm for blood testing and confirmation requires the following steps: all blood samples undergo mandatory testing for HIV, HBV, HCV, and syphilis; and all reactive samples undergo repeat testing, in duplicate. Confirmed reactive samples are disposed of in accordance with the existing disposal procedures for biological waste, through incineration. The USG will use FY 2010 funding to procure additional laboratory equipment, particularly the automated Elisa and Architect systems, to enhance laboratory capacity and blood screening standards. Quality assurance (QA) is a critical component of the ZNBTS blood safety program and has three separate QA procedures in place: 1) Standard protocols and operating procedures for donor services, blood screening and processing, storage and transportation at ZNBTS facilities; 2) Internal quality assurance within each testing center at regional level; and 3) External quality assurance assessments by international institutions in Australia and South Africa. QA activities will continue in FY 2010 Most of the blood collected is used as whole blood, with approximately only 10% as blood components. Component preparation is still not fully developed in Zambia and is mainly done in Lusaka. The ZNBTS has been training clinicians to use blood and blood products appropriately since 2007. The program is intended to improve the clinicians' appreciation of blood safety and engage them in implementing systems aimed at promoting appropriate use of blood and blood products. In FY 2010, PEPFAR will support the ZNBTS to: 1) establish provincial transfusion committees, 2) host regular scheduled meetings between ZNBTS and the Provincial and Hospital Directors, 3) sensitize and/or train clinicians in appropriate use of blood and blood products. Staff training and capacity building continues to be a priority for the ZNBTS. Training and capacity building has been focused on: 1) local in-house programs, 2) trainings by manufacturers/suppliers of products, and 3) regional and international trainings.

In FY 2010, training will continue to focus on staff involved with donor and laboratory services. The ZNBTS has its own internal systems for monitoring performance and is also subject to monitoring and evaluation (M&E) by key stakeholders, namely the MOH, CDC/PEPFAR, WHO, and Global Fund. In FY 2010, the ZNBTS will continue to provide reports to the Government of the Republic of Zambia (GRZ) and various donors and also complete the piloting and fully implement the new SmartDonor management and retention system. National performance review meetings/workshops will be held on a quarterly - semi-annual basis. Sustainability of blood safety services in Zambia is a major goal of the ZNBTS. In order to accomplish this goal, the 1) MOH will mainstream the ZNBTS into the MOH and develop appropriate organizational and staff structures 2) ZNBTS will lobby for increased funding from MOH and the Expanded Basket donor funds, and 3) ZNBTS will continue the promotion of blood safety/donations to develop a culture of donating blood, which will contribute to long-term sustainability of blood safety.Apart from the core blood safety activities, the ZNBTS will develop linkages with other programs that will be beneficial to all organizations involved. Such activities include: male circumcision programs; injection safety; voluntary counseling and testing programs; and linkages with the National Malaria Program (See the Mechanism Narrative budget codes for more description on these linkages). MALE CIRCUMCISIONZambia has been implementing male circumcision (MC) as an HIV prevention intervention at a low scale since 2007. MC has been implemented in very few sites mainly through donor support, which has included the USG and the Bill and Melinda Gates Foundation. On July 30, 2009, the GRZ formally included MC into a comprehensive package of interventions to prevent sexual transmission of HIV/AIDS following advocacy from government officials, the USG, other donors, stakeholders and the World Health Organization (WHO). The GRZ has also collaborated with the USG, WHO, and other donors to develop and implement an MC strategic plan which aims to increase the number of individuals circumcised from the current 10,000 per year to 100, 000 in 2010 and to 300,000 per year by the end of 2014. In FY 2008, EGPAF through its sub-partner CIDRZ began a pilot study to look closer at the acceptability and methodology of neonatal circumcision in Zambia. Results are anticipated in FY 2011, which will help inform the GRZ for future neonatal circumcision. Through 17 USG implementing partners, PEPFAR is the major contributor to the 10,000 individuals circumcised in Zambia annually. USG partners have scaled-up their MC activities since 2007. The number of service outlets has increased from under 10 in 2007 to over 20 in 2009. The number of individuals provided with MC has also been increasing from below 50 per month in 2007 to approximately 1,000 per month from March, 2009 (USG partners have circumcised 6,000 individuals since March 2009). The USG also provides technical assistance to the national MC technical working group through activities such as participation in the development of the MC strategy and the MC implementation plan. In FY 2010, the main goal of PEPFAR MC assistance to Zambia will be to contribute to Zambia's goal of increasing the number of individuals circumcised from 10,000 to 100,000 by the end of 2010. PEPFAR will implement a comprehensive package of MC services, including onsite testing and counseling (T&C) for HIV, MC surgery and post surgical care, and referral of clients to appropriate service providers for incidental disorders discovered during the provision of MC services. MC services will be provided across the entire country, targeting HIV-negative males between the ages of 15 and 49 years, including those deemed to be most at risk such as those in multiple concurrent sexual partnerships and HIV-negative men with HIV-infected sexual partners.The USG will increase awareness and utilization of MC services through the following activities: 1) linking up USG partners providing MC services with other USG partners providing other HIV services to promote cross referrals, 2) promoting MC using existing communication strategies and materials developed in collaboration with other donors and the GRZ and 3) developing additional materials to promote MC, and 4) promoting community involvement and participation in the promoting MC. PEPFAR will increase its capacity to deliver MC services through the following: 1) establishing additional MC service delivery sites, 2) increasing MC outreach services through mobile services, 3) setting up field theatres for MC using special tents, 4) forging stronger partnerships with the GRZ so that government infrastructure can be used to provide more MC services, 5) providing standard MC training to health care workers within PEPFAR partnership and between other donors and the GRZ, and 6) improving and harmonizing the supply chain for MC commodities. The USG through its Department of Defense (DOD) program will work closely with its partners and the Zambia Defense Forces Medical Services to implement and scale up MC

services i n the health institutions and facilities run by the uniformed services. This will be done by building on work started in FY 2008 and FY 2009. Opportunities such as recruitment centers will be looked into to enable the military offer MC services to capture a larger group of new entrants.Sustainability of MC services to circumcise 80% of males is a major goal of the PEPFAR MC partners in Zambia. Approaches to promote sustainability will include: 1) USG partners working under the direction of the MOH, 2) USG partners providing MC services in government infrastructure, 3) USG partners providing training to host country nationals, and 4) USG partners promoting linkages between MC and other HIV services as well as MC and other health services. The USG will provide MC services in 103 service delivery sites, circumcise 42,100 individuals, reach 16,405 individuals with MC-related information, and train 417 in MC. INJECTION SAFETYPrevention of medical transmission of HIV is a priority to the Ministry of Health (MOH) and the USG. As part of the President's Emergency Plan for AIDS Relief (PEPFAR) program, the U.S.G has supported the MOH to implement a medical injection safety project (MISP) aimed at reducing and/or preventing medical transmission of HIV due to poor injection safety (IS) and infection prevention (IP) practices in healthcare settings from 2004 to 2009.Since 2004, the MISP has achieved the following:1) trained 1,068 out of the a target of 1,080 healthcare workers, 2) collaborated with the MOH and other stakeholders to develop a standard list of essential IS/IP commodities, 3) procured IS/IP commodities to support 67 districts, 4) participated in finalizing the Zambia healthcare waste management guidelines, 5) served as the secretariat for the national IP technical working group, 6) facilitated the formation of active IS/IP committees at district and facility levels, and 7) worked with the provincial and district health management teams to incorporate IS/IP activities into their routine planning, budgeting and supervision activities. In FY 2010, PEPFAR will not implement injection safety as a stand alone activity as the Ministry of Health is effectively incorporating these practices and policies. PEPFAR will implement Injection Safety as an integral part of other HIV clinical service activities supported by PEPFAR, including PMTCT, testing and counseling, care and treatment and laboratory activities.INJECTING and NON-INJECTING DRUG USEAt this time, injection drug use appears to be a very small problem in Zambia and not a significant factor in the spread of HIV. Prevention efforts related to alcohol and drug use are integrated into Other Prevention programs.

**Technical Area:** Counseling and Testing

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVCT | 22,419,737 | |
| **Total Technical Area Planned Funding:** | **22,419,737** | **0** |

**Summary:**

Context and Background HIV testing and counseling (TC) remains an essential component to Zambia's HIV prevention program. TC has increased steadily since the 2001 Demographic Health Survey (DHS) when only 9.4% women and 13.8 % men had ever been tested. According to the 2007 DHS 35% women and 20% men have now been tested. Access to TC in Zambia is not universal and coverage of services remains low in rural and hard to reach areas. Ensuring widespread access to TC services is central to Zambia's response to HIV/AIDS. Significant progress has been made in scaling-up TC services in Zambia. In March 2006 the GRZ issued the national HIV TC guidelines calling for routine, opt-out HIV testing and use of finger-prick tests when appropriate in all clinical and community-based health service settings where HIV is prevalent and where anti-retroviral therapy (ART) is available. The Ministry of Health (MOH), in August 2007, gave directive to all health centers to begin providing routine HIV counseling and testing (PITC) for all patients, especially children, admitted into the facilities. In order to further strengthen the TC drive the GRZ in 2006 declared June 30 National Voluntary Counseling and Testing Day. In addition a new HIV Rapid Test training curriculum was developed in 2007. In Zambia all TC activities are coordinated through the National HIV/AIDS/STI/TB (NAC) TC working group. These

include those conducted by the government, non-governmental organizations (NGOs), faith-based organizations, and coordinating bodies such as Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs), Community AIDS Task Forces (CATFs) and the private sector. The U.S. Embassy in Zambia collaborates with the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund), 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, procurement of HIV test kits and GRZs task shifting efforts.Accomplishments since the last COPU.S. partners contributed toward reaching the National HIV/AIDS Strategic Framework goals of TC (1,000,000 persons) and treatment (160,000 persons), by supporting 701 TC sites and reaching 611,043 persons with TC services by the end of FY 2008. As of March 2009, USG supported approximately 1,350 TC sites working in 69 of the 72 districts in Zambia. During the same period, USG partners provided TC to 423,504 individuals working towards meeting the annual target of 1,300,000. A national training of 23 trainers for HIV rapid testing was conducted with USG assistance during the last COP period; participants were drawn from MOH, USG and other partners involved in HIV testing. The USG also participated in carrying out the roll-out training of testers across the country.With support from USG, the U.K. Department for International Development (DFID), various United Nations agencies, and the National Aids Council (NAC) developed the National Strategy for the Prevention of HIV and STIs. The Prevention Strategy articulates the importance of HIV prevention and provides guidance on how partners can optimally prevent new infections. Furthermore, it acknowledges the fundamental role that TC plays as part of a comprehensive prevention strategy and in providing both a forum for counseling of those not infected to prevent infection, but also in identifying those already infected as an entry point for treatment and a forum for prevention with positives. In FY 2009 the USG provided support in strengthening the national HIV test kit forecasting, quantification, and procurement systems. The USG purchased $2 million worth of HIV test kits for the national program in accordance with GRZ and USG rules and regulations. In FY 2010, the USG will continue to procure HIV test kits in support of the GRZ testing and counseling (TC), prevention of mother to child transmission (PMTCT), a nd diagnostic testing programs.Goals and strategies for the coming yearThe USG will work with GRZ partners to put in place a Partnership Framework. Zambia's National HIV/AIDS Strategic Framework plan ends in 2010 and plans are underway to draw up the next five year plan that will tie in with the development of the Partnership Framework in Zambia. In order to maximize the prevention potential of TC, mobile services will be used focusing on traditional client and provider initiated TC. Patients served by the health care system will be offered TC as part of the medical encounter and referred to care and treatment as needed. Community-based services will include mobile and home based, door- to-door TC services, which adopts a family centered approach to TC. The family centered approach to testing and follow-up care and treatment helps with disclosure within households, improves adherence and support between partners and within families as well as saves time and money for the family when all members are seen on the same day. In FY 2010, greater attention will be paid to the quality of training and monitoring of the quality of testing and counselling services being provided by community lay counselors.U.S. partners will focus on couples TC, including encouraging partner notification, disclosure between couples, and addressing gender based violence (GBV). Couples TC has been shown to reduce transmission in sero-discordant couples and encourage partner reduction and fidelity for partners who learn they are concordant negative. For those couples that are discordant, emphasis will be placed on prevention with positives. The USG will continue to support the following activities: treatment adherence counseling, client referral for appropriate follow-on services, and information, education, and communication materials distribution. TC activities will be intensified in locations that have populations with the highest disease prevalence/burden and communities characterized by highly mobile populations, including sex workers, truckers, traders, customs officials and other uniformed personnel. TC will be provided in ways that will continue to make the service convenient and accessible through the use of mobile facilities, using shipping containers strategically placed near the border crossings and truck parking areas, to provide TC services to sex workers, truck drivers, and others who congregate or are obliged to spend time at these locations. U.S. partners will seek creative ways to engage and connect communities to TC through community sensitization and mobile TC at traditional ceremonies and other social mobilization events (e.g. World AIDS day and Voluntary Counseling and

Testing Day). Emphasis will be placed on working with government officials, politicians, traditional leaders, heads of industry and young influential Zambians (musicians, artists, youth leaders) to promote and advocate for increased TC uptake within communities. Additional focus will be placed on increasing male involvement in TC.The US Embassy Zambia will continue to provide TC services in private and public sector workplaces and will work with partners to provide TC to employees and identified outreach communities. Programs will strengthen and expand workplace programs by including quality assurance/ quality improvement and supportive supervision to trained TC providers offering on-site and mobile TC and linkages with other TC service providers. Focus will be placed on supporting community members that are HIV negative to help them maintain their status. Direct referrals to services for those who test positive will be provided as well as linkages to care and treatment services. The USG partners will continue to form strong linkages with other implementing partners, as well as public and private sector services to ensure patients are linked to PMTCT, ART, palliative care, TB, orphans and vulnerable children and male circumcision services.TC will form an integral part of the Private Se ctor Social Marketing Program and will be implemented in close collaboration with other HIV prevention, care, support, and treatment activities implemented by USG partners, the GRZ, and other donors. TC services will target females and males between the ages of 15 and 49 years, including individuals in multiple concurrent sexual partnerships, discordant couples, people living with HIV/AIDS (PLWHA), and commercial sex workers. Reproductive health activities such as family planning (FP) counseling and distribution of FP products will be integrated into TC services. USG will maintain its strong collaboration with GRZ, GFATM, and the Clinton Foundation/UNITAID to assist the national HIV testing programs in fulfilling increasing demand for tests kits and supplies. Additionally, USG will continue to 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. Priority will be placed on rapid test kits which 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. The USG will enhance commodity management and provide quality TC services; ensure same day test results; provide technical assistance to community/faith–based organizations to expand access to TC via mobile services; strengthen linkages to ART and promote routine, targeted TC with maternal child health, PMTCT, family planning (FP), tuberculosis (TB), sexually transmitted infections (STI), MC and ante-natal care services; promote couple, child and youth T&C; expand and strengthen inter-facility and community referral systems; promote follow-up services for negative clients; address gender disparities and violence that hinder access to TC services; and, support the DHMTs in quality assurance for eventual program graduation.In FY 2010, PEPFAR Zambia will continue activities to support training of health care workers and lay counselors. Health care workers and lay counselors will be trained and mentored to increase quality assurance, and improve data quality and systems for tracking patient flow. Additional emphasis will be on integrating TC with other services such as sexually transmitted infections (STIs) maternal and child health (MCH), tuberculosis (TB), and inpatient/outpatient services. TC providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care. Community TC will link with other USG programs including insecticide –treated bed nets for malaria and safe water. The USG partners will reinforce linkages with partners through the district referral networks in an effort to increase the number of people reached with TC and avoid duplication of services. Working in communities surrounding the TC sites, USG will take steps to increase demand and acceptance of services. At the national level, USG will continue providing technical assistance to the national Testing and Counseling Technical Working Group to develop, revise, and disseminate training materials, protocols, and policies.In July 2009, during the bi-annual child health week, a pilot to integrate HIV TC services was carried out in three districts of Zambia. Over a thousand PCR tests were done and close to 1,500 rapid tests performed. The success of this initiative will be replicated in future Child Health Week activities and with USG support, scaled up to cover more districts. The Zambian Pediatric counselling and testing guidelines are currently being developed and the USG will continue to support development/revision of guidelines and protocols. With an enhanced focus on strategic TC interventions -- including increasing the number of TC providers,

procuring HIV tes t kits, ensuring the quality and reliability of HIV testing, expanding mobile TC services for hard-to-reach populations, engaging local communities, and strengthening referral networks for prevention, treatment, and care services-- the U.S. Mission in Zambia is well positioned to contribute to the Emergency Plan's global 3-12-12 goals and to achieve the U.S. Mission in Zambia's objectives.

**Technical Area:** Health Systems Strengthening

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| OHSS | 15,554,428 | |
| **Total Technical Area Planned Funding:** | **15,554,428** | **0** |

**Summary:**
Context and BackgroundThe U.S. Government (USG) and Zambian Government (GRZ), in accordance with the major overarching country themes of prevention and developing capacity to address HIV/AIDS, pursue myriad activities across the six health system building blocks. These efforts support public and private sector Zambian institutions response to the HIV/AIDS epidemic. Since 2004, significant progress has been achieved through these efforts across the health system building blocks. Selected examples of progress include:• Service delivery: Enhanced health worker retention plan that increases service delivery in remote areas for HIV and other health conditions; technical training to allow introduction of HIV services across the country; introduction of biomedical prevention interventions; renovated health facilities, staff housing and laboratories facilitating high quality service delivery across the country;• Human resources: Improved curricula used in pre- and in-service training efforts; training efforts that significantly bolster Zambian capacity to monitor and evaluate the response to the epidemic; improved training facilities, increasing the competency of graduates; a 2009 joint U.S. /U.K. assessment of Zambia's human capacity development environment (further human resources for health assessments are planned); policy engagement on issues such as task shifting;• Information: Advanced electronic medical record systems that allow comprehensive patient monitoring; use of data collection instruments such as the Demographic and Health Survey (DHS), Antenatal Sentinel Surveillance and Behavioral Sentinel Survey which allow for a comprehensive understanding of the dynamics of the HIV epidemic;• Medical commodities and technologies: A very effective HIV commodity supply chain system; efficient, GRZ-led commodity forecasting and procurement planning for HIV commodities including all public sector and most mission health care facilities; using HIV funding to leverage USG family planning (FP), child survival and malaria funding and co-funding from the World Bank for an improved and integrated essential drugs commodity distribution system;• Finance: Direct contributions and cooperative agreements with GRZ entities to build systemic capacity across technical areas; several complementary costing exercises to detail costs of providing ART and the associated commodity supply chain;• Leadership and Governance: Engagement of leadership at all levels; fostering increasingly conducive policy and regulatory environments; enhancing coordination and collaborative efforts among the GRZ, bilateral and multi-lateral cooperating partners, faith-based organizations, the private sector, and civil society.The impact of these USG systems strengthening interventions, and others too numerous to summarize, will outlast PEPFAR funding, enhancing Zambia's capacity to mount an effective and sustainable response to the HIV epidemic. Other health systems strengthening activities: Other organizations are also major contributors to the health systems strengthening agenda in Zambia. Most donors in the country provide assistance directly to the government, either through the Ministry of Finance as general budget support or to the Ministry of Health (MOH) as sector budget support. Donor staff representing pooled funders and project funders such as the USG collaborate equally with Zambian government staff through participation on technical working groups and in the MOH's and National HIV/AIDS/STI/TB Council's (NAC) annual planning processes. Beyond pooled funding, other donors continue with small project-based activities. Six senior technical advisors to the MOH, including those for

the Permanent Secretary and drug supply/procurement, are funded by Sweden. The British Department for International Development supports maternal health interventions and is currently devising plans for an enhanced human resources informati on system. Japan, France, UNAIDS and WHO support advisors to NAC for various technical areas. The Clinton Foundation is a major supporter of human capacity development activities, centering on the human resources technical working group and planning for improvements to the training institute renovation and expansion. Other systems strengthening PEPFAR ZAMBIA activities include FP commodity procurement, training and storage facility renovation for indoor spraying for malaria, and facilitative technical assistance for disease outbreak investigations.As part of its Round 8 Global Fund grant for HIV, the MOH and Churches Health Association of Zambia (CHAZ) plan to implement health systems strengthening activities with several objectives: renovating ten health worker training institutions, improving staff accommodation in rural areas, developing a community health worker strategy and community health information system, and improving the health care waste management system.However, the MOH is currently working through an instance of significant funds misappropriation by some of its staff. While no PEPFAR Zambia funds were involved, the situation has led to Sweden, the Netherlands, Canada and the Global Fund delaying further disbursements pending the outcome of investigations and audits and the Zambian government's response. While only one of the four Zambian Global Fund principal recipients is affected, the MOH is central to nearly all health systems strengthening activities. Thus the program is essentially on hold and the health sector as a whole must manage with reduced resources for at least the near future.Major USG health systems strengthening interventions not covered in other technical areas: The U.S. Mission at Zambia supports a range of activities in the health systems building blocks of commodity and procurement systems support, leadership/governance and finance. • Commodity systems: The USG places major emphasis on supply chains and procurement for HIV-related commodities, using a single procurement agent—the Supply Chain Management System—for nearly all commodity purchases. These activities provide an opportunity for targeted leveraging, with some efforts (the essential drug distribution system) explicitly co-funded with DFID funding administered by the World Bank. PEPFAR Zambia procurement and supply chain partners facilitate a GRZ-led process that identifies HIV commodity requirements and the most cost-effective method of meeting the needs. The GRZ convenes an annual planning meeting supplemented by quarterly review meetings to ensure timely procurement of ARVs, opportunistic infection and STI drugs and laboratory commodities. Attendees include Global Fund grantees, USG partners, multilateral agencies and other GRZ entities. Commodities, regardless of the purchaser, are pooled into the central drug warehouse from which the distribution system is integrated into the routine GRZ drug distribution system. The information system that allows accurate stocking at facilities is separate from the overall GRZ drug information system (currently functioning sub-optimally). However, using lessons learned from implementing an effective ARV, test kit and laboratory commodity information system, a major pilot of changes to the routine system is currently underway. Once successful, and assuming suitable domestic funding (all options in the pilot were explicitly designed to maximize scalability within a reasonable GRZ resource envelope) the targeted leveraging will result in a rarity for a developing country: a successful, integrated essential drugs supply chain system.• Leadership/Governance: In the past, the USG has implemented numerous interventions to increase Zambian capacity to lead and govern the health system. Such support will continue and expand. PEPFAR Zambia, in collaboration with other donors, will support development on the next phase of Zambia's development planning, including the Sixth National Development Plan, the National Heal th Strategic Plan 2011-2016 and the National AIDS Strategic Framework. These plans will provide a framework for program implementation through the remainder of the PEPFAR authorization. Policy work in specific technical areas will continue, building on work performed to date. The USG will support capacity building of provincial and district bodies that coordinate the response to HIV. Management skills development will be a focal area of a new award, leveraging non-HIV funds. Local partner capacity building is a focus of a dedicated USG award as well as an intentional spillover effect of work conducted by numerous other implementing partners. PEPFAR Zambia partners continue to engage private sector actors on HIV/AIDS issues, building their institutional capacity and the country's capability to manage the epidemic. Leadership and governance interventions will be a major component of the Partnership Framework.• Finance: The financial health systems building block has received a great deal of support

from other donors in terms of understanding resource flows and their allocation. USG activities have assisted to generate some of this information. Yet given Zambia's overwhelming preference for budget support and policy of free medical services including ARVs, comprehensive financial systems programming remains elusive. PEPFAR Zambia has supported cost analysis studies of HIV service provision and will use the results to engage the GRZ on sustainability planning. Goals and Strategies for the coming yearAreas on which PEPFAR Zambia focuses: The USG implements various interventions to strengthen health systems and the building blocks of these systems across the structures that comprise the entire health system, including the military health system. Engagement will build on accomplishments from the first phase of PEPFAR, with increased emphasis on prevention and sustainable programming in continuing activities. Few entirely new health systems strengthening activities are proposed; rather existing activities will revamp and reorient their interventions to provide greater focus on sustainability. USG health systems strengthening interventions include:• Service delivery: USG partnerships with the private sector will continue to facilitate HIV/AIDS service provision. (Systems strengthening activities are also described in other technical areas relevant to service delivery.)• Human resources: The USG will continue to work with the GRZ to support task shifting efforts, such as enabling trained lay workers to do rapid HIV testing and counseling as part of PMTCT; enabling trained nurse practitioners to manage and prescribe for HIV positive patients; increasing the number of adherence support workers; and increasing access to pain management drugs. Support for the Zambian Health Worker Retention Scheme will continue, an effective GRZ-led plan that increases the number of health workers in rural areas and in key posts in training institutions. Additionally, the USG will work with the MOH to disseminate human resource planning and projection guidelines, and support provincial health offices to assess the districts' human resource needs and facilitate the development of the districts' human resource plans. Importantly, the USG will maintain working relationships with health worker training institutions to ensure inclusion of state of the art HIV care and treatment information in pre-service and in-service training curricula. The USG is investigating the possibility of constructing lecture theatres to increase quality of pre-service education. The host institution, the School of Medicine, would be responsible for maintaining any facilities constructed. In addition, DOD has a longstanding partnership with the Zambia Defense Force (ZDF) to strengthen its prevention, care and treatment programs. These activities will continue in FY 2010 with a focus on strengthening systems through infrastructure improvements. • Commodities and Proc urement: PEPFAR Zambia partners will continue to assist national procurement efforts and make improvements to HIV-specific and broader essential drugs logistics systems, with a continued eye toward enhancing sustainability. The USG will maintain support of the expansion of laboratory and other health information technology and cater to the equipment needs in targeted provincial and district health facilities. In collaboration, with GRZ, NAC, MOH, and other key stakeholders, such as the CHAZ and Clinton Foundation, the USG will continue to support the national HIV/AIDS Commodity Security Strategic Plan. The USG will offer support to military health services by supporting the procurement and logistics management system within those services and enhance sustainability by facilitating their linkage to the broader MOH systems. • Information: PEPFAR Zambia will continue to strengthen coordination, monitoring, and evaluation through NAC. In addition, the USG will offer assistance to successful programs at the University of Zambia's Department of Social Development and 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, PEPFAR Zambia will support a short course on planning, monitoring, and evaluation for working and new professionals. Similarly, building research capacity in public health at the School of Community Medicine and the curriculum in biomedical research is a priority. Support for continued development and improved use of the national electronic medical record system (SmartCare) is described in other technical areas, however unless the GRZ or other donors provide funding to expand SmartCare nationwide, we will eliminate funding for it in FY 2011. • Finance: The USG will continue to support cost analysis studies of ART to better enable sustainability planning. Upon completion of the audits and investigations into the GRZ funds misappropriation and better problem definition, the USG may provide technical assistance and support for improvement of financial management systems in the MOH.• Leadership and Governance: PEPFAR Zambia will continue to build capacity of provincial and district bodies that form the local

implementation and coordination bodies for funding from NAC and other channels. This support is implemented both through partner technical assistance and a small amount of direct funding through the Joint Financing Arrangement with NAC. USG partners will continue to facilitate and strengthen district and provincial capabilities to provide supportive supervision for the health care providers in their purview. These and other activities will continue to increase the ability of the Zambian health system to respond to the health needs of the Zambian people.

**Technical Area:** Laboratory Infrastructure

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HLAB | 19,650,000 | |
| **Total Technical Area Planned Funding:** | **19,650,000** | **0** |

**Summary:**
Context and BackgroundQuality laboratory services play a crucial role in public health in both developed and developing countries by providing reliable, reproducible, and accurate results, for disease detection, diagnosis, and follow-up of treatment. Reliable laboratory results continue to be critical for the prevention, care and treatment of HIV/AIDS, TB, and opportunistic infections (OIs) in patients seeking healthcare services. Quality laboratory services require comprehensive, coordinated support programs to establish, maintain, and document ongoing testing procedures, which include effective systematic mechanisms for monitoring, collecting, and evaluating information. Providing accurate and reliable results to ensure proper patient diagnosis and monitoring involves more than just the testing component. It also includes Good Laboratory Practices (GLP) which requires: adequate facilities, infrastructure, skills, human resources, management supervision, maintained working equipment, sufficient lab commodities, waste management, and a user-friendly system of data recording and reporting. Zambia has a national laboratory network. At the central level, there is a Laboratory Services Unit attached to the Directorate of Clinical Care and Diagnosis, Ministry of Health (MOH). The laboratory network consists of 211 laboratories in 72 districts. Eight provincial hospital laboratories support district and rural health center laboratories.Accomplishments since last COPThe U.S. Mission in Zambia began providing laboratory support to the Government of the Republic of Zambia (GRZ) in 2002 in support of anti-retroviral therapy for HIV/AIDS patients to rapidly expand laboratory services in Zambia. In PEPFAR I, the USG supported 1) the provision of automated laboratory equipment testing systems throughout the country, 2) establishment of three laboratories to provide early infant diagnosis (EID), 3) the national TB laboratory network, 4) bacteriology laboratory services in 6 hospitals, 5) the provision of laboratory supplies, and 6) strengthening of the national QA plan for laboratory testing. During FY 2009, PEPFAR Zambia has focused on identifying gaps and addressing issues to improve the quality of laboratory testing services in Zambia. Within the last 12 months, the USG has accomplished the following in several key technical areas: 1. Quality Assurance (QA) Management Systems:National QA program for HIV rapid testing: In September 2008, the USG identified a need to improve the quality of HIV rapid testing in Zambia. In response, direct technical assistance was organized and provided to the MOH, UTH HIV reference laboratory, and other partners to address the issues since that time. Utilizing a phased approach, the national QA program for rapid HIV testing was established. Noted below are the outcomes of the MOH/USG/partners collaboration through the national MOH QA committee to date.Endorsed by the MOH, a revised and standardized HIV rapid test training package was developed within the last 12 months and put into use by NGOs, partners, and MOH staff for training. Twenty-six Zambian trainers (MOH and partners staff) were trained. Over 300 health workers from all nine provinces received first-time/ refresher training course for HIV rapid testing according to the standardized curriculum. Follow-up visits were made 2-3 months after training to evaluate the trainees' performance. The testers were from facility-based (PMTCT/VCT), home-based, and mobile voluntary counseling and testing (VCT) sites. In addition,

appropriate tools (timers, job aids, and national algorithm) were provided to testers to conduct rapid HIV testing according to the protocols.For sustainability purposes, technical skill was transferred to the UTH HIV reference laboratory staff. HIV proficiency testing panels were prepared in-country by Zambian laboratory staff using dried-tubes specimen techniques. Over 500 HIV proficiency testin g panels were prepared and distributed to sites for the National External Quality Assessment Scheme (NEQAS) to assess the proficiency of testers during refresher training courses. The first round of NEQAS for rapid HIV testing was conducted at the national level; over 200 sites participated. Overall results will be disseminated by the MOH at the end of 2009. Supervisory visits are being made to sites that did not receive scores of 100% in order to assess areas for improvement and troubleshoot problems.In strengthening the TB laboratory network and national TB EQA process for TB smear microscopy the USG has provided support to the National Chest Diseases Laboratory (CDL) and two regional TB reference laboratories. These three institutions provide TB lab services in culture, drug susceptibility testing, TB Acid Fast Bacilli (AFB) smear microscopy, and support the national QA program for TB AFB smear diagnosis to the Zambia TB laboratory network of 156 diagnostic centers. Earlier in 2009, the USG initiated formation of a TB laboratory working group consisting of the three institutions and other partners working in TB laboratory services in an effort to share information, better monitor and evaluate TB lab services. Short-term technical assistance was provided to the CDL and UTH TB laboratories to serve their needs. Gaps from both the laboratory network and the national TB EQA microscopy were identified and work plans developed to meet the needs. 2. Training: With regard to staff retention and career development, the USG directly supported Zambian laboratory personnel to attend training courses and workshops (for example in: bio-safety, TB lab diagnosis, HIV rapid tests, EID, LIS, national strategic plan, and international grant management). Under the COAG with the HIV reference lab- national HIV QA program, two staff attended an international course in GCLP. PEPFAR Zambia also supported a biomedical society professional meeting for career development and promotion.3. Equipment maintenance systems: To ensure uninterrupted laboratory services, a national database of laboratory equipment was developed. Equipment maintenance service contracts were supported to maintain automated equipment. Over the coming year, the USG will begin to work with the MOH to fund such contracts in future.4. Supply Chain Management Systems: The USG has been providing laboratory reagents and supplies to PEPFAR-supported laboratories since inception of the PEPFAR program. SCMS forecasts, procures, and forwards laboratory commodities to the national (MOH) Medical Stores Limited that store and distributes to its laboratory network. A national laboratory logistics system to track laboratory stock, inventory, and the use of laboratory testing records was introduced in FY 2007- 2008. It was piloted and evaluated in three provinces in 2009. A national roll-out is now beginning.5. Laboratory Information System: In September 2009, funds were awarded to the MOH to develop a computerized LIS that is appropriate for Zambia and that can interface with the established SmartCare system. Since this process is time-consuming, a paper-based laboratory registers was developed in advance in 2008 by the MOH QA committee which CDC staff are members. It will be used as a supportive tool to develop a LIS. 6. Sample Referral System: The USG-supported transportation of dried blood spots specimens from peripheral health centers to early infant diagnosis laboratories. 7. Policies: PEPFAR Zambia has supported revision and printing of the MOH laboratory policy documents including Standard Operating Procedures (SOPs) for the national laboratory network, lab safety manuals, and national HIV testing algorithm. These documents are disseminated to all levels of the laboratory network in Zambia. Through USG support, MOH senior laboratory staff attended a national strategic planning workshop. The MOH is currently developing its 5-year national laboratory strategic plan.In addition to the seven key areas, the USG also supported the following three activities: 8. Energy Program: The acquisition of reliable and affordable power poses a challenge to many health facilities in developing countries, including Zambia. In February 2009, two USG energy specialists conducted an energy assessment in Zambia. Seventeen health facilities in three provinces (Eastern, Southern, and Copperbelt) were assessed. Three crucial activities were recommended 1) training 2) the provision of technical assistance to the MOH and 3) the retrofitting of facilities with an efficient cost-effective energy system (solar panels, inverters, and generators); a report was prepared and submitted to the USG and MOH. Presently, a work plan is being developed and implementation will start in October 2009. 9. Early Infant Diagnosis: Currently there are

three PCR laboratories providing early infant diagnosis in Zambia. Two laboratories are located in Lusaka and the third at the Arthur Davison Children's hospital which serves the northern region of the country. In FY 2009, to better serve military and populations in the south, the USG provided technical assistance to the Department of Defense (DoD) and the MOH to set up the fourth and fifth PCR laboratories at a military hospital in Lusaka (Maina Soko) and at the Livingstone General Hospital, Pediatric Center of Excellence, in the Southern Province. Currently, the two laboratories are being renovated and equipment procured.10. Assistance to the MOH: At the central level, the USG assisted the MOH in several activities including: a) outbreak investigations (by providing TA, procuring reagents, assisting with specimen transportation to reference laboratories outside Zambia, and coordination) b) participation in the National QA Lab Committee c) coordination and support of workshops and d) provision of TA when needed. PEPFAR Zambia also provides support to the MOH at the provincial level; all nine provincial health offices receive assistance.Goals and Strategies for the coming year: The goals and strategies of the PEPFAR Zambia Laboratory Infrastructure program remain unchanged which is to improve the quality of laboratory services provided in country. The key areas QA, training, LIS, supply chain, equipment maintenance, specimen referral systems, and policies exist in our previous COP with the addition of three activities. In FY 2010, the USG will continue to support all 10 activities as described above as well as new activities to further strengthen the lab program in Zambia in four key areas. Key Area # 1 (Quality Management systems): These new activities will be to:1.1. Support the establishment of a national QA laboratory at Chainama College of Health Sciences, Lusaka. This activity is proposed by the Central Laboratory Services Unit of the MOH, to set-up an operational QA laboratory since the MOH has a mandate to oversee the quality of laboratory testing services in Zambia. Rooms were allocated to the MOH to perform this function independently from the hospital diagnostic services. Start-up funds were requested to furnish and equip the laboratory. Currently, Zambia has no national QA laboratory and the QA program for HIV rapid testing is being managed from within the UTH Virology department. This laboratory also provides HIV diagnostic services to patients.1.2. Support the MOH and local partners to establish laboratory accreditation systems in Zambia. The USG and its partner Clinical Laboratories Standards Institution (CLSI) will work closely with the MOH Central Laboratory Unit to start the process. Planning, assessment, training, and implementation phases will be carried out with the MOH.1.3. Expand the QA program to include CD4, blood chemistry, and hematology. This work will start at the UTH laboratory with a plan to transfer activities to the national QA laboratory at Chainama in the future.1.4. Further strengthen the national TB laboratory network and its EQA program to operate systemat ically and to cover all TB diagnostic facilities (provincial, district, and rural health centers). Currently, only 96 of the 156 provincial and district TB diagnostic labs are enrolled with the national TB EQA program. Quality of service gaps were identified at the TB reference laboratories that have called-for the need to provide continuous technical assistance. PEPFAR Zambia, therefore, will provide this direct technical assistance to the national and regional TB reference laboratories to meet their needs.Key area # 2 (Training): PEPFAR Zambia also supports building local human capacity by providing professional training of laboratory personnel at pre-service levels by pairing the University of Zambia (UNZA) with the University of Nebraska to improve knowledge and skills of new biomedical science graduates in Zambia. The curriculum will be revised; faculty staff will be trained; and there will be a student exchange program. Through linkages with UNZA under Health System Strengthening, lecture rooms and training facilities will be upgraded. A new lecturer will be hired and more visiting lecturers will be invited to teach at UNZA. Key area # 3 (Sample referral system): In FY 2010, PEPFAR Zambia will establish linkages between the Laboratory Infrastructure and Biomedical Injection program areas. Through a public-private partnership with Beckton Dickinson and the MOH; USG support will: a) establish specimen referral systems from peripheral health facilities where there is no CD4 testing facility to central laboratories by using CD4 stabilized tubes; and b) improve quality of blood specimen collection. In addition, the USG supports Provincial Health Offices (PHOs) and partners to coordinate setting up logistics system within each province to send specimens (including CD4, dried blood spots, and sputum) to provincial/ district laboratories and how to receive test results in a timely manner. Key area # 4 (Policies): PEPFAR Zambia supports the MOH to develop: 1) annual national laboratory operational plans aligned with the national five year strategic plan. In addition, the USG will support the MOH in prevention of occupational

exposure; strengthen safe injection, and development of policies and guidelines. Preventive Health Care (PHC) Centers will be built where there is a constraint in providing comprehensive services, under the supervision of the DOD PEPFAR office in collaboration with the Zambia Defense Force (ZDF). Finally, PEPFAR Zambia continues to coordinate activities and share information with other donors to avoid duplication of resources and effort. With a focus on the strategic laboratory infrastructure interventions, the USG is in an excellent position to further improve the quality and sustainability of laboratory services in Zambia.

**Technical Area:** Management and Operations

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVMS | 13,426,952 | |
| **Total Technical Area Planned Funding:** | **13,426,952** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** OVC

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HKID | 18,859,893 | |
| **Total Technical Area Planned Funding:** | **18,859,893** | **0** |

**Summary:**
Context and BackgroundThe Government of the Republic of Zambia (GRZ) estimates that there are 1.2 million orphans, of which approximately 800,000 are AIDS orphans. The 2007 Zambia Demographic and Health Survey (ZDHS 2007) show that children under the age of 15 make up 50% of the entire population of about 12.2 million. The ZDHS 2007 further shows that of children under the age of 18, approximately 19% are orphans and vulnerable children (OVC). Provision of social services to vulnerable households is very inadequate as the Ministry of Community Development and Social Services (MCDSS), which has a mandate for social protection, is one of the least funded ministries. Coordination of OVC interventions remain a challenge due to inadequate resources. Further confounding the effort is a lack of clarity and understanding of the roles and responsibilities between the Ministry of Sport, Youth and Child Development (MSYCD) and that of the MCDSS, as both ministries perform similar functions. The Zambia Council for Children (ZCC) bill was drafted over a year ago. The bill has since been presented to the Cabinet, awaiting its approval. Once established, the ZCC will coordinate, mobilize resources, and perform monitoring and evaluation duties of interventions geared toward children. The MCDSS has social protection implementing structures at the national level down to the community level. GRZ has been providing public welfare assistance (PWAS) in selected districts through the MCDSS structures. These structures however have not been very effective in implementing OVC services as they are inadequately funded and have insufficient manpower. In addition, the ministry lacks adequate infrastructure, policy guidance and clearly documented implementation strategies. The GRZ, with technical and financial support from PEPFAR Zambia and UNICEF, has finalized the draft National Plan of Action (NPA) which is expected to be introduced in late 2009. The NPA was largely informed by the Fifth National Development Plan (FNDP), the National Strategic Framework for HIV/STI/TB for 2006-2010 as well as the National

Child Policy and the Child Health Policy. The government of Zambia through the MCDSS and MYSCD has embarked on skills training for out of school youth and children on the street. While the training program has been successful, linking youths to job opportunities has been challenging. The PEPFAR Zambia is the largest contributor to OVC support in the country. Provision of OVC efforts are carried out in collaboration with other donors, some of which include: the Development Corporation of Ireland, U.K. Department for International Development, Swedish International Development Cooperation Agency, GTZ and the World Bank's small grant mechanism. The team 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 private sector resources. U.S. Mission support for OVC is implemented and managed across several sectors through numerous government agencies including: the NAC; Ministry of Education (MOE); MSYCD; Ministry of Health (MOH); and the MCDSS. In addition, several non-governmental organizations serve as prime or sub-partners. The U.S. Mission in Zambia has been working with a number of umbrella organizations and networks that fund and build the capacity of local OVC programs. Accomplishments since last COPBy the end of FY 2008, PEPFAR Zambia had reached 422,118 (208,954 girls and 213,164 boys) OVC against the set target of 378,000, with different interventions as per the six plus 1 core interventions. 232,964 received more than three core services while 189,152 received less than three services. In addition 28,753 care givers were trained. In FY 2009, the U.S. Mission in Zambia continued to scale-up support to OVC. For the first half reporting period (October 2008 to March 2009), the PEPFAR Zambia reached 343,150 OVC and trained a total of 15,063 care givers. Scholarship activity by mid FY 2009 has supported more than 24,000 students with PEPFAR funded scholarships, of which 6,000 of these students have matriculated to the university. The scholarships pay for school expenses but also ensure that students are living in secure homes and are protected from dangerous situations that may expose them to the possibility of contracting HIV.PEPFAR Zambia OVC activities are coordinated through the OVC Forum, which meets monthly. The OVC Forum developed a USG 2009 joint strategic plan for OVC which detailed partners' annual plans according to specific priority areas. This provided an opportunity for synergistic relationships and avoided duplication of efforts by partners. The OVC forum also held a retreat to look at ways in which the Child Status Index (CSI) tool can be used for assessment and monitoring. Partners have since written work plans to further test the CSI tool.Partners had challenges providing OVC services to children under the age of 5. PEPFAR Zambia overcame this by developing an under 5 OVC strategy which is being implemented by all partners. In addition the USG developed a tool for psychosocial support for children aged between 3 and 6 years for use by care givers and ECCD teachers. Goals and strategies for the coming yearThe goal of this program area is to enhance the sustainable provision of quality care to orphans and vulnerable children (OVC) through strengthened systems for coordination, planning and implementation. The program will work to provide comprehensive and quality OVC services through enhancing the policy environment and building effective systems. By strengthening already existing structures at the community, district, provincial, and national levels, the expected outcome is easy identification and targeting of highly vulnerable OVC for effective monitoring. The program aims to secure prevention, care, and support strengthening the continuum of care. Additionally, the integration of services, improving upon efficiencies, sustainability, and capacity building of the country to respond to OVC HIV/AIDS needs is priority. These efforts will include engagement with the private sector. The strategy will utilize the provision of the core services for OVC as articulated in the National Plan of Action for children (NPA) and as per PEPFAR OVC guidelines. The program also aligns with the National AIDS Strategic Plan for 2006-2010.Priority ActionsThe OVC program prioritizes both family centered and community based interventions for OVC care. It also seeks to develop synergy and maintain linkages with other cooperating partners operating within the OVC arena and work with GRZ to strengthen national social welfare systems, with a focus on care and protection of OVC. Strengthened referrals between the community and health centers for OVC will ensure that the health needs of OVC are met. The program will continue to aid OVC in acquiring basic education through educational support such as scholarships and provision of educational materials. Community school teachers will be provided with training which enables them to have necessary competencies sufficient for teaching. The Ambassador's small grants will prioritize the rural areas while the Education Support Initiative, a scholarship program for

both boys and girls, will give priority to females. Working with other partners to promote protection of OVC from abuse and exploitation, the program will provide referrals to one stop centers for management of sexual abuse if identified. OVC suffer from extreme emotions due to loss of parent(s), as well as stigma and discrimination. The provision of psychosocial support to OVC, including the OVC under the age of 6 will be maintained. OVC Food and Nutrition Support will follow Zambian national nutrition guidelines, and w ill adhere to OGAC Food and Nutrition guidance. OVC nutrition support will prioritize at-risk infants starting as young as six months, up to five years. Food supplements will be provided through a community driven sustainable means. This will be done through encouraging the establishment of community based agricultural activities. The program will build on previous programs to provide decent shelter for OVC and connect with public-private partnerships for entrepreneurial skills training, employment and access to markets for income generating activities.Information will be used for evidence-based strategic planning gathered from surveys, basic program evaluation and public health assessments, as will data be obtained from the data base. However, due to many competing priorities, government commitment has not been fully realized. In collaboration with other key stakeholders, standards of implementation for OVC will be developed which will establish a set of quality dimensions for interventions. The OVC program is expected to improve and promote coordination of OVC care at multiple levels. Direct service delivery will continue through the provision of core services in almost all districts of Zambia. The program will aim to address policy issues surrounding OVC (e.g. the OVC policy, OVC strategic plan, etc.) in order to ensure that OVC programs stand out and feed into GRZ national plans and financing systems. The program will aim to build the capability of relevant line ministries such as the MCDSS and MOE to ensure provision of quality services to children. This is essential to strengthening the government social protection system and developing the MCDSS OVC response structures as well as informal contributions made by communities. Furthermore, extending the capacity of community OVC response committees and working with political, church and community leaders as it relates to community care for OVC will aid in ensuring local ownership of OVC intervention programs. The PEPFAR Zambia support of income generating activities will provide a platform/vehicle by which vulnerable households and OVC can be weaned off external support programs thereby enhancing economic resilience. A platform will be provided for vulnerable households to have economic resilience through income generating activities so as to have the OVC weaned off the external support programs. It is expected that through this initiative OVC programs will become more integrated within existing district structures. Both government and NGOs are obliged to contribute toward building the capacity of these structures to ensure sustainability beyond the life of this program. The program will also contribute to sustainability of the HIV/AIDS OVC response in its work to solidify and reinforce critical networks through public-private partnerships.

**Technical Area:** Pediatric Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| PDCS | 5,491,314 | |
| PDTX | 7,435,301 | |
| **Total Technical Area Planned Funding:** | **12,926,615** | **0** |

**Summary:**

Context and BackgroundThis Technical Area Narrative (TAN) represents the combined Pediatric Care and Treatment Program Area, comprising Pediatric Care and Support (PDCS) as well as Pediatric Treatment (PDTX). Pediatric care, support, and treatment encompass health services for HIV-exposed and HIV-infected children. The combination of these two areas signals greater integration of pediatric clinical and community service delivery efforts by PEPFAR Zambia in an effort to promote HIV free infant

survival. Since 2007, pediatric care, support and treatment has expanded significantly across Zambia The combined efforts of the USG and Government of Zambia (GRZ) have included: appointment of two Pediatric ART (P-ART) program officers at the Ministry of Health (MOH) with support from the Clinton HIV/AIDS Initiative (CHAI)l; Zambia National P-ART guidelines; development of Zambian Pediatric Training Manual and Mentorship guidelines, followed by a series of ongoing trainings for health care workers; Issuance of guidance, by the MOH, on routine provider-initiated testing and counseling (PITC) for all children in health care settings; revision of Integrated Management of Childhood Illnesses (IMCI) guidelines to include diagnosis and management of HIV; Improved availability of pediatric formulations at district level hospitals; and USG support for three Polymerase Chain Reaction (PCR) referral laboratories and training for collection of dried blood spot (DBS). Expanded links between PMTCT and pediatric care, support and treatment services have resulted in early initiation of P-ART to reduce infant mortality. Despite efforts to improve PMTCT program, links between PMTCT and pediatric care, support and treatment still need strengthening. Opportunities include linking mothers from clinical PMTCT to community-based care and support for people living with HIV/AIDS (PLWHA) and linking their infants to OVC care and support to promote long-term HIV-free survival. Changes for FY 2010 include: 1) the relationship of the TAN to the Partnership Framework for Zambia; 2) emergence of prevention as a top priority of PEPFAR; 3) a new National Prevention Strategy for Zambia which includes prevention of mother to child transmission (PMTCT) and other pediatric prevention measures; 4) new data on the Zambia HIV/AIDS epidemic from the 2007 Demographic Health Survey (DHS); 5) stronger pediatric clinic-community linkages, referrals, and retention in care; 6) increased access to Pediatric- Antiretroviral Therapy (P-ART ) for HIV-infected infants and children; 7) better monitoring and support of the growth and nutritional status of HIV-exposed infants; 9) improved P-ART adherence support; 10) improved treatment and prevention of opportunistic infections (OIs); 11) linkages to child survival interventions including strategic links to programs caring for orphans and vulnerable children (OVC); and 12) greater emphasis and efforts to improve the “quality of life” (i.e., improving the emotional and physical well-being of children born with or exposed to a terminal illness of HIV–exposed and HIV-positive infants and children.(Just to clarify further, studies have shown higher morbidity and mortality in children exposed to HIV (not just the infected ones), by virtue of having an ill mom/parents or being orphaned).The USG is working with government partners on a Partnership Framework. The GRZ has welcomed the concept and work on the document is in progress. Zambia’s National HIV/AIDS Strategic Framework (NASF) ends in 2010. Plans are underway to draw up the next five year NASF, which will tie in with the Partnership Framework. In FY 2009-2010 many major USG supported P-ART and care projects will end and new projects begin. PEPFAR Zambia will ensure a smooth transition without interruption in services. The challenge will be to maintain both the level and quality of client services. New projects will incorporate more emphasis on sustainability and building capacity of local partners including GRZ.The efforts of PEPFAR and other donor programs in past years have had a positive impact on the health of children in Zambia. The 2007 Zambia Demographic Health Survey (ZDH) showed improved indicators (compared with 2001 ZDHS) in child health, nutrition and HIV, including: • Infant mortality rate decreased from 95/1000 to 70/1000 in 2007• Under five mortality rate decreased from 168/1000 to 115/1000 • Basic Immunization coverage increased from 77% to 84% • Children under six months exclusively breast fed increased from 40% to 61% • Percentage of under-weight children under five decreased from 28 to 18% Current gaps include: inadequate long-term follow-up after delivery; lack of support for exclusive breast feeding and other health care for HIV negative but exposed children; and counselors inadequately trained to deal with the specific needs of children and adolescents. Prior year problems with shortages of P-ART drugs have been addressed (See HTXD TAN).USG Zambia has supported increased efforts in the Lusaka area, and elsewhere in Zambia, to improve infant and young child feeding training and guidance, though improvements are still needed. Of particular concern are infants whose mothers die or are incapacitated by HIV-related illness. Safe replacement feeding options for these infants, with adequate support for those responsible for feeding the infants, need to be designed, established, and monitored. Greater support for under 5 health interventions is needed to support long-term survival of HIV-positive and HIV-exposed children. These children require greater assistance with basic health needs. Stronger, earlier linking of these children from PMTCT to OVC care and support and other child health services will

help ensure that they benefit from the full range of essential services for child survival. Poor male health seeking behavior ties into lack of adequate male involvement in health care and in the promotion of healthy pregnancies and births. One strategy for USG is to promote stronger health seeking behavior by men overall, with specific focus in the areas of pediatric support. Accomplishments since last COPChildren on treatment by the end of 2008 reached over half the estimated need -18,000 (out of an estimated 35,000). Cotrimoxazole prophylaxis and PCR testing for exposed infants at 6 weeks increased from 17% (2007) to 29% (2008) and 9% (2007) to 23% (2008), respectively. Improving upon the links and follow up between PMTCT and pediatric services, both the mothers' antenatal cards and the children's clinic cards (U5C) have been revised to include mother's HIV status and follow up DNA PCR results on the U5C; revised cards have been distributed country-wide. In FY 2008, Zambia adopted WHOs recommendation to treat all infants below 12 months confirmed HIV positive. This has been followed by a second adoption (after much stakeholder consultation) resulting in the use of boosted Protease Inhibitor (PI) based regimens for infants exposed to Nevirapine (NVP) through PMTCT programs. Links between PMTCT and P-ART were strengthened in various ways. Partners are using pediatric peer educators to facilitate referrals and "escort" patients between services. Reduction in turn-around time for PCR results using innovative strategies have improved efficiencies, while protecting patient confidentiality. The Zambia National Food and Nutrition Commission, in conjunction with the MOH, USG partners, and others, have drafted guidance on "food by prescription" for clinically malnourished pediatric Pre- ART and ART patients. Revision of national Infant and Young Child Feeding (IYCF) clinical guidelines are near completion and work is underway on community IYCF guidelines. This will include more routine clinical monitoring of growth and nutrition status. (See OVC TAN for further description of activities).Trauma -Focused, Cognitive Based Therapy (TF-CBT) is a research-based method of assessing child counseling needs and providing targeted mental health services to HIV-positive children. In 2008-9, 40 counselors have been trained in TF-CBT They are focal points for referral of cases, serve as a pool of trainers, and provide therapy to clients in a TFCBT pilot now underway. Early reports indicate needs for pediatric mental health services exceed initial expectations. Another mental health initiative, Interpersonal Therapy in Group (IPT-G) focuses on depression in adolescence. Pilot efforts indicate 20% or more of HIV-infected or –affected adolescents may be depressed. Results of both these initiatives are expected in December 2009.Training in improved pediatric counseling is now available in Zambia, and supports communication between volunteer caregivers and parents with HIV positive children. Participants in TF-CBT are selected from among trained pediatric counselors. Such pediatric psychosocial support measures are required to support improved quality of life for pediatric clients, who experience a wide range of health and social challenges. The Palliative Care Association of Zambia has made headway in addressing pain management and use of morphine in hospices, including for children. In October 2008, the MOH authorized hospices to stock and dispense morphine. The needs for HIV positive physically disabled children have also been addressed through community based initiatives that provide palliative physiotherapy as close to home as possible and encourages community participation, learning and ownership. In July 2009, a pilot to integrate HIV testing and counselling services was carried out in three districts of Zambia. Over a thousand PCR tests were done and close to 1,500 rapid tests performed. The success of this initiative will be replicated in future Child Health Week activities and scaled-up to cover more districts.To date, Zambia has only developed general counselling and testing guidelines. In 2009, the Counseling and Testing technical working group (CT TWG) representing numerous stakeholders, has embarked upon developing specific child counselling and testing guidelines (incorporates adolescent). The USG, among other stakeholders, is participating in the process of creating these guidelines.Successful models for adolescent programs have been set up at major centers across Zambia. These are being replicated with more emphasis being placed on child friendly services at district hospitals. The preventive care package , designed to help prevent opportunistic infections in HIV positive infants and children, includes safe water through provision of chlorine and education on water treatment, safe storage and basic hygiene education. Other interventions include wrapping around the President's Malaria Initiative (PMI) and National Malaria Center in the ongoing residual spraying program and supply of insecticide treated bed-nets (ITNs) for all pregnant women, their exposed babies and infected children. This has contributed to a national reduction in cases

of malaria.(Again to clarify, Chlorine tends to help disinfect water, but in HIV infected individuals has the additional benefit of preventing Opportunistic diarrheal illnesses. Malaria and HIV has been debated and evidence that HIV infected individuals more prone to Malaria and complication related)Goals and Strategies for coming yearWith a strong Pediatric ART program (P-ART), Zambia now has large numbers of HIV positive children who have grown into their adolescent years. HIV prevention programs for this group are now a priority for many partners in FY 2010 plans. More efforts are also needed to prevent new infections among sexually active youth/adolescents. Improved efforts will be required to support pediatric adherence, for both the pediatric client and his/her family members and caregivers. Many partners have included infrastructure support to accommodate the needs of children/adolescents. The family support unit (FSU) model has been scaled up to encourage family based counselling and testing with greater involvement of fathers/men. In FY 2010, strategies will be employed to improve male involvement in the care of their children and families with more attention paid to prevention counseling in the context of the family, couple and individual. Roughly 30% of volunteer community caregivers are men, indicating that men can be persuaded to participate, if they are actively encouraged and supported to do so. In FY 2010, the MOH in partnership with stakeholders will revise the current pediatric treatment guidelines to reflect changes in the protocols first printed in 2007. Key changes will include guidance on DBS testing, treatment for all infants confirmed positive (<12 months) and boosted protease inhibitor based regimes for NVP exposed infants. In FY 2010, two additional PCR laboratories will be set at the Maina Soko Military Hospital and the PCOE in Livingstone General Hospital. These will serve the country's military population, alleviate some logistical problems with transport to central laboratories and further expand national coverage.The USG will support a number of prevention messaging programs highlighting pediatric specific issues. These will also include job aids and flip charts for health care workers to provide basic package of care. In FY 2010, many more partners have recognized the need to address and expand programs to prevent child sexual abuse, including community sensitization, engaging leadership, teaching children their rights and access to early and effective post-exposure prophylaxis for abused children. Another area that was successfully started in FY 2009 and will be expanded in FY 2010 is the community-led integrated management of childhood illnesses. This equips community health workers with skills for early identification and management of childhood illnesses and appropriate referral to counselling, testing and ART services.

**Technical Area:** PMTCT

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| MTCT | 25,298,000 | |
| **Total Technical Area Planned Funding:** | **25,298,000** | **0** |

**Summary:**

Context and BackgroundThe goal of prevention of mother to child transmission of HIV (PMTCT) is to achieve HIV-free survival of children through quality, comprehensive services including: universal testing and counseling of pregnant women and their partners; the timely use of efficacious antiretroviral drug (ARV) regimens for HIV infected women and their infants; identification of discordant couples to prevent family transmission of HIV and prevention messages for negative mothers and couples; appropriate feeding practices for infants; and quality care for mothers during pregnancy, childbirth, lactation and linkages to reproductive health and HIV care and treatment services for mother and baby. Early infant diagnosis is part of this critical package but is discussed in the pediatric care and treatment section. The United States Government (USG) in partnership with the Government of the Republic of Zambia (GRZ) will in FY 2010 focus on strengthening the entire PMTCT program to ensure that optimal implementation of the PMTCT protocol guidelines and strategy. By 2009, 933 of the 1,281 antenatal clinics nationally provide PMTCT services; in the FY 2008 APR 785 of these sites (84%) were supported by PEPFAR

through implementing partners or direct support to GRZ. In FY 2008, 386,031 pregnant women received testing and counseling services with support from PEPFAR, which represents 80% of an estimated 483,000 antenatal clinic (ANC) attendees nationally.The core activities implemented by PEPFAR Zambia partners for PMTCT are: antenatal care with routine 'opt out' HIV testing; provision of ARVs for PMTCT as per updated national GRZ protocols guidelines of a more efficacious regimen comprising Zidovudine, Nevirapine and a Lamivudine tail; increase male involvement in PMTCT; couples counseling; work with mother support groups; malaria in pregnancy interventions (working with the President's Malaria Initiative (PMI) program); labor and delivery management, post-natal mother and baby follow-up with early infant HIV diagnosis; linkages to care and support for both mother and baby; family planning; infant and young child feeding counseling; community support including male involvement in PMTCT; infection prevention for health workers; and, reporting and data collection activities. Some partners piloted the provision of performance-based financing directly to selected districts, as a means to increase district health office ownership of the program. Despite high rates of testing nationally, only about 10% of partners/couples are tested. The National PMTCT Policy recommends retesting of pregnant women after 3 months prenatally and postpartum; although national data are not available, there is a high incidence of HIV infection in women during pregnancy and lactation and this contributes substantially to PMTCT failures. Partner testing, especially among couples, has been promoted, but few facilities have had great success. Luapula Province has been the exception, with rates of partner testing reaching 66% in the second quarter of 2009, mainly because the strategies employed utilize traditional chiefs and community leadership as well as scaling up the men taking action tool kit; isolated clinics in Western Province have achieved over 80% partner testing but only 14% of partners are tested in the province. Community leadership to make partner and couples testing a social norm and standard of care seems a critical ingredient to this success. Training of trainers in couples counseling has been completed in all provinces during 2009. In FY 2010 PEPFAR Zambia will intensify efforts through community approaches and facility practices to ensure near universal testing of pregnant women attending ANC and high rates of partner testing. The USG plans to establish community compacts that provide additional support and incentivize success in reaching 95% testing in pregnant women and 80% partner testing.Antenatal sentinel surveillance in 22 selected site s has demonstrated a decline in the HIV infection rate in pregnant women, from a peak of 20% in 1994, 19% in 2004, and 17% in 2008. These declines have been greatest in younger women, suggesting modest success in prevention programs in these age groups. The number of HIV infected women who received ARV for PMTCT at PEPFAR-supported sites was 42,869 in FY 2008. The DHS 2007 estimates that of those mothers who gave birth in the last twelve months preceding the survey, HIV prevalence was 18 – 19% in the 25-29 and 30-34 age groups respectively. About one-third of eligible pregnant women do not receive ARV. For HIV infected women, Zambia adopted a policy of initiating high active antiretroviral therapy (HAART) for pregnant women with CD4 counts below 350, with two drugs for those with higher CD4 counts, however about 40% of pregnant women still receive single dose Nevirapine, either due to lack of staff to perform clinical assessment, lack of timely access to CD4 measurement, or because women come in very late in pregnancy. Most sites refer pregnant women to a registered ART site for assessment to initiate HAART, and many women do not complete the referral. Some implementing partners have piloted bringing ART clinicians to ANCs or other mobile services. Nurse midwives, though experienced in PMTCT, require additional training and certification by the Zambia Medical Council so they can prescribe HAART. An objective of PEPFAR support for FY 2010 is to strengthen these systems to provide access to timely HAART to at least 20% of all HIV infected pregnant women (approximately 30% are eligible based on CD4<350) and to reduce the number of sites that are offering only single dose nevirapine to less than 10%. In effect, PMTCT sites need to be adjunct ART sites, since referral of pregnant women to distant sites will not result in prompt initiation of HAART. Delivering CD4 results to the antenatal clinic will require improvements in the laboratory logistics and information systems. A courier system is in place to link ANCs with the 131 laboratories with CD4 capacity, but this has not succeeded in providing timely results on a consistent basis. The use of specimen tubes with fixative to allow stable CD4 measurement for 7 days rather than the current 2 days is being validated at this time in Zambia. This will allow the expansion and improvement of the courier system for centralized testing, in order to provide CD4 services to the most remote ANCs. Laboratory

manpower is limited in rural facilities and the capital and maintenance costs of equipment and the human resource training and deployment costs of expanding CD4 capability at rural sites would likely be prohibitive and unsustainable. Centralized testing will maintain quality at lower cost; a central laboratory with high output in Lusaka provides nearly 200,000 CD4 per year at a comprehensive program cost of less than $3 per test.New international guidance is expected regarding ARV use for mother and baby in the postnatal period. We anticipate that Zambia policy will quickly adopt best practices, as it has in the past. Working with the MOH leadership, the Churches Health Association of Zambia (CHAZ) and the National PMTCT technical working group, the PEPFAR Zambia team will seek to support rapid implementation of regimen modifications through ARV procurement and training. Continuity of care for HIV infected women through pregnancy, childbirth and lactation requires strengthened systems and linkages between ANC, maternity units, and maternal and child health (MCH) clinics within existing PMTCT facilities and with ART facilities for ongoing care and treatment of infected mothers and infants. Prevention of unwanted pregnancies among HIV-positive women is a key goal of the national program. In FY 2010, PEPFAR Zambia will strengthen wrap-around activities with safe motherhood, family planning services and the safe water program. More specific maternal focused clinical services in the MCH clinic will also help and a continuity of medica l record is important for quality of care of HIV infected mothers. Zambia introduced a standardized, national electronic or paper medical record (SmartCare); while it covers the majority of those attending ART clinics, it has not expanded to as many PMTCT sites. In FY2010, the SmartCare modules for ANC and MCH will be modified to capture new regimens and rolled out to additional clinics and other monitoring systems will be merged with SmartCare. Continuity and portability of medical information for mothers and infants will allow better linkages to care and treatment programs while this system can also better capture national data, particularly regarding ARTs and outcomes, in addition to improving quality of data. However, SmartCare will not be funded in FY 2011 unless the GRZ or other donors come forward to support the system nationwide.. The early infant diagnosis (EID) program uses three central laboratories for polymerase chain reaction (PCR) testing and postal services to deliver dried blood spot specimens for testing. Expansion of coverage so that more infants are tested is discussed in the pediatric care and treatment program. A significant proportion, possibly one-fourth, of current infant infections comes from women who become infected during pregnancy and lactation. The reasons for this are complex and not fully understood. Physiologic vulnerability during pregnancy and the peripartum period contributes to HIV transmission. With low levels of partner testing, discordant couples are not identified. Better understanding of sexual practices during pregnancy and the barriers to partner/couples testing will assist program improvement; an evaluation of these issues will be proposed in FY 2010. Couples testing presents as an opportunity to provide HIV prevention messages for the reduction of multiple partners, the use of condoms during pregnancy to protect against HIV and other STIs, and most of all to identify discordant couples. Lack of partner testing may also contribute to women being non-adherent to ARVs prescribed during pregnancy. Without disclosure of HIV status, family support is lacking for women taking ARVs to protect their fetus and infant. Therefore the overall effectiveness of PMTCT may be significantly limited by the lack of a family and community approach. A community compact approach is being developed to work with communities to reduce incidence of HIV in geographic communities and organizations. This approach will engage community leaders to change social norms and will incentivize successful reduction in incidence with beneficial community programs. A key starting point will be high rates of testing of individuals and especially couples in these communities, and high rates of retesting to identify new HIV infection. One type of community is represented by pregnant women and their families attending an ANC. The high incidence in pregnancy and lactation makes this a natural high risk group where regular testing is the standard of medical care. Women who test negative during pregnancy are retested every 3 months; identifying discordant couples would help to prevent such incidence, not just detect it. Facility incentives, such as priority for electrification, staff housing improvements or other community strengthening projects would provide a double benefit, in addition to lowering the burden of HIV in both the children and adults.In FY 2010, the PEPFAR Zambia and its partners will work intensively to link PMTCT, OVC, both adult and pediatric care and support activities more closely in order to facilitate the early identification, care and treatment of HIV positive infants and children. Clinic-based programs like PMTCT will refer clients to

community-based programs such as OVC and care and support, so that trained community caregivers can follow up and screen HIV exposed infants for potential danger signs such as growth faltering, and refer them for pediatric testing. Community caregivers may also be linked directly to the pediatric te sting initiative once the GRZ authorizes them to collect dried blood spots (DBS) for analysis. These strengthened community-to-clinic links will facilitate improved child survival outcomes for HIV-exposed and HIV positive children under five. As part of the increased clinic-community linkages, PEPFAR Zambia will support implementation of the revised national Infant and Young Child Feeding (IYCF) guidelines. Since few mothers meet acceptable, feasible, affordable, sustainable and safe (AFASS) criteria for replacement feeding, promotion of exclusive breast feeding to six months is the safest alternative for the majority of infants. Improved training for health workers and community volunteers will enable them to counsel mothers more effectively and support mothers' decisions to breast feed. Teaching mothers the proper preparation and use of complementary feedings will reduce the harm done by abrupt weaning without sufficient establishment of alternative feeding. Two infant feeding issues of particular concern are: 1) HIV mothers whose infants test HIV negative at six weeks apparently have been shifting to replacement feeding out of fear of infecting their infants; and 2) infants of mothers who have died or been incapacitated through HIV/AIDS require access to safe replacement feeding options. Therefore, some form of reliable external support for safe feeding in cases of maternal death or incapacity is required. In addition to developing the Partnership Framework agreement and ongoing collaboration with the Ministry of Health, USG will continue to work with the Global Fund for AIDS, TB and Malaria, the United Nations Children's Fund (UNICEF), World Health Organization, World Bank, UK Department for International Development (DFID), Japan International Cooperation Agency (JICA), Irish Aid, World Food Program (WFP) and Medecin sans Frontieres and other partners to provide technical and financial support. As Zambia develops its Partnership Framework and designs new 5-year HIV/AIDS and Health strategic plans in 2010, there will be expanded opportunities for successful partnership to reduce mother to child HIV transmission and to achieve HIV-free survival in children.

**Technical Area:** Sexual Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVAB | 16,337,628 | |
| HVOP | 15,058,137 | |
| **Total Technical Area Planned Funding:** | **31,395,765** | **0** |

**Summary:**

Context and BackgroundZambia faces a generalized HIV/AIDS epidemic with about one in seven adults infected (14.3% - 2007 Zambia Demographic Health Survey) and women disproportionately impacted at 16.1%, compared to 12.3% of men. According to a June 2009 joint National AIDS Council (NAC)/UNAIDS report (Zambia HIV Prevention Response and Modes of Transmission Analysis), the following represents the state of the epidemic in Zambia:Despite significant decreases in some populations and geographic areas, Zambia's HIV epidemic has stabilized at high levels. Overall adult prevalence is 14%, and 1.6% of the adult population becomes newly infected each year. In 2009, that will mean approximately 82,681 new adult infections. More effective prevention is imperative and essential for achieving and sustaining high rates of access to ARV treatment. Using the UNAIDS/NAC incidence model, 71 of 100 new HIV infections are estimated to occur through sex with non-regular partners, including being, or having a partner that has another sexual partner. Substantial percentages (21%) of new infections are estimated to occur in people who report that they have only one sexual partner. This signals significant HIV risk even for those who are faithful, given large numbers of couples in which one person is HIV-positive. Low levels of male circumcision, inadequate condom use, and a range of social

norms increase risk and help drive Zambia's varied epidemic. This conclusion is supported by evidence which suggests that while HIV prevalence levels have decreased, the number of absolute new infections has not decreased due to Zambian population growth. In light of Zambia's HIV/AIDS epidemic and the need to decrease new HIV cases, USG began supporting the NACs efforts to develop a National HIV Prevention Strategy in 2008. The strategy served to kick-start a reorientation of the PEPFAR portfolio continuing through 2009, with a large scale refocusing to intensify prevention efforts and strengthen linkages between prevention and other key, high-impact interventions. PEPFAR program initiatives are aligned with both the National Prevention Strategy and the overarching Zambia National AIDS Strategic Framework (NASF) for 2006-2010. The USG utilized a series of internal and partner-driven focus groups bolstered with expertise from OGAC, USAID and CDC across a broad range of topic areas. The main foci of these were to: • Identify missed opportunities for greater linkages between prevention and other HIV and health activities;• Recommend ways to balance USG prevention, treatment, and care efforts; • Identify themes for positive behavioral change messages for reaching wide audiences; and, • Suggest ways to reflect a greater focus on prevention into the Partnership Framework In late FY 2009, Embassy Lusaka initiated discussions with the Government of the Republic of Zambia (GRZ) for development of a Partnership Framework and Implementation Plan (PF and PFIP respectively). The focus has evolved to support the design of the 2011-2015 National AIDS Strategic Framework. As such, the GRZ NASF will serve as the basis for the USGs PFIP and will encompass a concerted and enhanced focus on HIV prevention. The current NASF and PEPFAR Zambia Strategy jointly prioritize: a comprehensive, combination prevention strategy promoting abstinence, partner reduction, and mutual fidelity among young people aged 10-25 and adult men and women; counseling and testing and follow-up for discordant married couples; increasing the availability of condoms; addressing male norms, gender and sexual violence; improving timeliness and effectiveness of STI treatment; promoting behavior change communication (BCC) and education; promoting post-exposure prophylaxis (PEP); substance abuse prevention and treatment; scaling up male circumcision; and creating linkages to other HIV/AIDS services. Additional Context and BackgroundZambia's epidemic trends highlight the need to intensify prevention to mediate sexual transmission combining biomedical, behavioral, and structural interventions to address factors at multiple levels. The 2007 Demographic Health Survey outlined the extent to which particular factors at the individual/couple, community, and population levels increase risk and drive Zambia's varied epidemic. Noted factors at the individual/couple level include: • Extensive multiple and/or concurrent partnerships (MCPs): 14% of men reported MCPs in 2007, though studies suggest under-reporting of these partnerships;• Low condom use: 27% of men reported using condoms in MCPs, with lower proportions in other types of relationships; and,• Low levels of male circumcision (MC): While high levels of MC occur in two provinces that traditionally practice circumcision (Northwestern: 71% and Western: 40%), reported MC across Zambia remains low (13%).Factors at the community level include harmful cultural practices (e.g., dry sex, sexual inheritance, sexual cleansing), age/wealth disparate and other transactional relationships, gender-based violence, and alcohol abuse. Factors at the population level include migration for temporary and seasonal employment and effects of gender-based discrimination.As the largest international donor of HIV and family planning commodities, the USG has supported Zambia in ensuring the availability of male and female condoms. As a result of social marketing efforts, the USG has ordered 23 million male condoms for distribution during FY 2010, meeting 44% of Zambia's need, inclusive of supplies as buffer stock. An additional $400,000 to purchase female condoms in FY 2010 has also been requested. The GRZ has varied laws and policies that affect MARPs and other vulnerable populations. Commercial sex and sex between men remains illegal and taboo, driving these sub-groups "underground", consequently, the "hidden" nature of these sub-groups increases the difficulty in reaching them for surveillance purposes or prevention activities. Nonetheless, the national HIV/AIDS policy framework acknowledges the importance of addressing the needs of sex workers and MSM. The framework also supports interventions for other MARPs and vulnerable groups, such as migrant workers and military personnel. COH II has carried out interventions targeting female sex workers and long distance truck drivers in border posts and selected inland towns. These interventions have been evaluated through periodic BSS, the most recent (2009) showing that: among FSWs: consistent condom use is low; alcohol consumption is on the rise and there are gaps with regard to

comprehensive knowledge of HIV transmission.Accomplishments since last COPBy September 2008, almost 1,487,350 individuals were reached with AB messages; 24,390 trained as peer educators; and 1,166,282 individuals reached with other prevention messages. Despite significant ABC prevention achievements, challenges remain with regard to limited local implementing partner capacity, high attrition of peer educators, low condom uptake, and accessing hard-to-reach populations in rural areas. In 2009, PEPFAR Zambia will reach 2,865,742 and 1,124,816 individuals with AB and A-only messages respectively, and 732,750 with other prevention activities. An estimated 330,000 female and 15,500,000 male condoms will be distributed through 2,641 outlets including social marketing entities, and private and public sector health facilities. The USG will train 5,590 and 12,039 individuals to provide other prevention and AB messages. The 2009 SAPR confirms that the US Mission is on track for meeting these targets.Goals and Strategies for the Coming YearPrevention activities meet specific needs of the target populations, integrate biomedical, behavioral, and structural interventions, and respond to key drivers of Zambia's epidemic. They will:• Reduce MCPs by increasing targeted messaging and counseling, and engaging communit ies (e.g. community leaders, gate keepers, and facilitating "Community Conversations" on issues of MCP and HIV transmission),• Increase acceptability, availability, and correct and consistent use of male and female condoms; and,• Reduce HIV risk among sex workers, MSM, migrant workers, military personnel, and other MARPs.The GRZ has developed a legal and policy framework that supports national prevention efforts. In response, the USG has supported the GRZ to develop the National Strategy for the Prevention of HIV and AIDS 2009. This document identifies the "prevention of sexual transmission" as the top core strategy. The USG has oriented prevention activities to support implementation of this strategy through the following:• Expansion of evidence-based prevention for youth;• Expansion of STI prevention efforts;• Addressing alcohol abuse;• Expansion of couples counseling and testing efforts;• Integration of HIV prevention messaging and counseling into other HIV/health services (such as Testing and Counseling and Family Planning, and specialized clinics); • Targeting at risk populations with more accurate and focused messages;• Development of linkages with community groups to ensure follow-up and continued contact with negatives;• Prevention with PLWHA by:o PLWHA support group formation in communities o Discordant couples counseling regarding prevention and condom use; and • Building capacity of health care providers in prevention and TC by:o Providing routine Prevention messages and TC to new and/or all patients o Providing diagnostic TC for patients at risk of contracting HIV or uncertain of their HIV statuso Making HIV status part of routine History taking in patientso Expanding MC availabilityo Implementing community compactso Enhanced engagement of government leadersUSG-supported prevention efforts will also feature activities that:Intensify prevention efforts aimed at reaching men in the general population. Efforts will target sub-groups of youth (ages 15 – 24) and adults (older than 24) to meet their unique needs. Activities for all men will address sexual risks (e.g., MCPs), behavioral triggers (e.g., alcohol abuse, peer pressure), and harmful social and gender norms; those for young men aim to delay sexual debut by empowering them around their values, aspirations, and expectations. Activities for adults as well as high-risk and sexually active youth will promote secondary abstinence, mutual monogamy, partner reduction, correct and consistent condom use, and responsible alcohol consumption. Reduce transactional sex, sexual coercion, and gender-based violence. PEPFAR Zambia supports the design of interventions to reduce age/wealth disparate relationships and intimate-partner violence based on formative assessments. These will focus on targeted interventions and prevention messages to empower women with safer sex negotiation skills while ensuring that men's values and social norms that promote trans-generational sex are addressed. During FY2010, PEPFAR will work with the Women's Justice and Empowerment Initiative (WJEI) to establish DNA testing capacity thereby enabling law enforcement agencies in the prosecution of gender-based violence (GBV) cases, thus deterring GBV- a significant contributor to new HIV infections. PEPFAR Zambia support will provide training to law enforcement in carrying out forensic examination and analysis- building human resource capacity, improvements to facilities, and education about human rights and victims' services to the general public. Additionally, assessments will be conducted to examine the networks of men and women in transactional sex and describe attitudes toward and determinants of these relationships. Efforts to reduce transactional sex aim to decrease HIV acquisition attributable to casual heterosexual sex, which accounts for approximately 71 % of new infections among Zambians. Direct

efforts toward “bridge” sub-groups in the general population engaging in risky behaviors. Specific activities will reduce high levels of unprotected sex between sex workers and their regular clients and steady boyfriends. The USG will leverage these activities as a platform to highlight condom use for greatest impact, such as preventing HIV/STI transmission among casual sexual partners and discordant couples and unintended pregnancies among HIV-positive women.Provide a comprehensive range of HIV prevention services to MARPs and other vulnerable populations. Aligning with the national prevention strategy and building on evidence from current programs, USG efforts will provide tailored core packages of services to meet the unique needs of MARPs. Provide access to prevention of risky sexual behaviors attributable to alcohol and drug use. The USG will support prevention at the primary, secondary, and tertiary levels. Primary prevention will promote responsible alcohol consumption and deter drug abuse, encouraging behavioral change (e.g., peer outreach and education and communication campaigns highlighting the risks of alcohol/drug abuse) and create an enabling environment (e.g., enforcement of laws and social norms on alcohol sale and consumption). Secondary prevention will detect and reduce the propensity of alcohol/drug abuse, particularly those who engage in risky sexual behaviors, through screening, testing, and counseling. Tertiary prevention will entail expansion of support services for abusers of alcohol and drugs to manage their addictions.Direct efforts toward persons who test negative. HIV counseling and testing will be utilized to emphasize “prevention with negatives”. Persons who test negative will be linked to community groups in an effort to support behaviors that keep such persons negative. Focused messaging via national and regional campaigns will be designed to reinforce behaviors that keep persons negative.Mobilize moral and traditional authorities, including religious leaders and local chiefs to lead HIV prevention discussion. This includes facilitating political leadership to produce a broad, national consensus, reinforcing approaches to HIV prevention.Explore advances in prevention programming. Novel approaches include use of “community compacts,” or agreements directly with communities that reward them for meeting HIV prevention benchmarks.

**Technical Area:** Strategic Information

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVSI | 15,975,000 | |
| **Total Technical Area Planned Funding:** | **15,975,000** | **0** |

**Summary:**

Context and BackgroundStrategic Information (SI) efforts in Zambia focus on aspects of sustainability that cross all program areas: human resource capacity development, institutionalization of information systems, and establishing informatics infrastructure; all of which will remain with the country after PEPFAR. Zambia’s institutionalized information systems have developed markedly in the last five years. Notably, the Ministry of Health’s (MOH) Health Management Information System application called ‘HMIS’ has been updated and rolled out to all 72 districts of Zambia. SmartCare, the MOH electronic health record system (EHR), is integrated with the HMIS, and in 2006, the MOH identified SmartCare as the national electronic clinical information system for any clinic capable of sustaining computer equipment but provided no funds. NACMIS, the National AIDS Council’s new management information system has begun integration of inputs from 12 separate information streams, including HMIS and SmartCare. PEPFAR Zambia continues to strengthen the GRZ through the Ministry of Health, the Zambia Defense Force, the Central Statistical Office (CSO), the University of Zambia (UNZA), national laboratories, the National Blood Transfusion Service (NBTS), and the National HIV/AIDS/STI/TB Council (NAC), to integrate national systems and develop human resource capacities to collect, manage, analyze, and use data. For PEPFAR-specific purposes, ZPRS is the partner reporting system. Several enhancements are being developed that will facilitate the use of data by partners. Regular trainings on planning and reporting are conducted with a focus on data quality and utilization for program improvement. The

PEPFAR Zambia SI team comprises surveillance, management information systems (MIS), and M&E experts from all five U.S. agencies working in-country: USAID, CDC, Peace Corps, DOD, and State. The SI team works as a collaborative, consensus-based team to guide all SI and SI-related activities. The team meets weekly, and there are SI representatives on each programmatic technical working group (TWG). Members of the SI team sit on GRZ TWGs for M&E, surveillance, geographical information systems (GIS), OVC, PMTCT, HMIS, and others, convened by the NAC and MOH. SI team representatives will continue to work closely and collaboratively on all national SI activities and priorities. Supported SI activities in Zambia include in general terms: improving information systems infrastructure and management; upgrading quality assurance procedures; providing essential staff training and support; and providing technical assistance in developing sustainable systems and workforce in the areas of monitoring and evaluation (M&E), epidemiology and surveillance, scientific research methods, health information systems (HIS) including electronic health records (EHR), and information and communication technology (ICT). Specifically, PEPFAR Zambia has been a key partner of the GRZ in the implementation of HIV/AIDS-related surveillance, including the 2006 and 2008 Antenatal Clinic Sentinel Surveillance (ANCSS) which included 3 UNHCR refugee camps, the Zambia Sexual Behavior Survey (ZSBS), the 2007 Demographic and Health Survey (DHS), the results from the 2005 Zambian Sexual Behavior Survey (ZSBS), two PLACE studies, and the 2005 Service Provision Assessment (SPA), in addition to the national routine information systems (HMIS, SmartCare) already mentioned. Currently, Zambia satisfies reporting requirements (including those of UNGASS and the Global Fund to Fight AIDS, Tuberculosis and Malaria) on a national level through a combination of NAC, MOH, and donor reporting systems.As Zambia is becoming a nation relatively rich in data for decision-making, human capacity development in use of such strategic information is increasingly important.Accomplishments since Last COPIn FY 2009, PEPFAR Zambia support ed implementation of the 2008 Sexual Behavior Survey, secondary analysis of the 2007 ZDHS, continued implementation of a system to monitor HIV drug resistance emerging during treatment, and further built capacity in innovative geographic mapping and spatial analysis, data management, statistical analysis, and scientific writing. SmartCare, the national EHR, has now been deployed to 520 of the largest facilities – 373 of which were done solely with the expertise, staff, and logistics support provided by the MOH. SmartCare has been deployed in one tertiary hospital by the Ministry of Defense, and seventeen clinics and hospitals by private organizations.By early 2008, SmartCare was deployed in at least one facility in all 72 districts in Zambia, following trainings for provincial and district level leadership. This was part of the implementation of a provincial led 'training of trainers' deployment cascade. Use of existing personnel for training and data entry has been a successful strategy for improving sustainability. Anti-Retroviral Therapy Information System (ARTIS), 'paper system' sites are being converted as infrastructure permits, but will continue to precede SmartCare as ARTIS first moves into more rural areas. In FY 2008, all remaining sites using CareWare were successfully converted, and Pediatric HIV specialty services were initiated. Pharmacy dispensation was enhanced to capture sufficient detail to support automated drug supply chain management linkages, which is now being piloted. Initial supportive supervision has been provided to all these facilities, but ongoing supervision is required. Other parties have contributed modest funding to deploy and supervise more sites (Global Fund, UNICEF, and WHO). Unless the GRZ or other donors provide funding to take SmartCare nationally, the USG will not continue funding it in FY 2011. PEPFAR is collaborating with WHO and other stakeholders in a number of surveillance activities including ANCSS, Zambia National Cancer Registry and HIV Drug Resistance in ANCSS among others. PEPFAR is an advocate for international standards in monitoring and evaluation through the NAC. It collaborates with partners including UNAIDS, WHO and GFATM, for instance: the implementation of the WHO Early Warning Indicator Report (EWI); and, the implementation of the UNAIDS HIV Data Security and Confidentiality Guidelines. Zambian reference labs and other supported partners finalized testing for a proportion of recent HIV infections, to estimate HIV incidence in Zambia from 1994 through 2004; completed HIV and HSV-2 incidence estimates in migrant farm workers; strengthened surveillance of AIDS-related malignancies; conducted the 2008 ANCSS; and implemented HIV drug resistance surveillance in antenatal clinics. The Central Statistics Office (CSO) expanded the Sample Vital Registration with Verbal Autopsy (SAVVY) System for monitoring mortality in selected regions in Zambia, to validate the data

capture instruments, and to evaluate the SAVVY implementing process. Partners working with the MOH in Zambia provided technical assistance to build government capacity to use geographic information systems (GIS) for planning and monitoring interventions; GIS capacity is now linked to both static information (population, DHS, and ANCSS statistics) and real-time clinical care data in SmartCare. This linkage has provided easy to understand visuals to leverage the utility of the EHR system, available in over 500 locations at facility and district levels, as well as nationally.Between FY 2006 and FY 2009, over 400 Zambian student professionals and MPH students were trained in M&E skills. This has increased the overall cadre to support a number of local organizations implementing HIV programs in Zambia for improved quality of data for decision making.There were very few changes in the USG SI staff in FY2009. USAID had one movement of an SI member who left the agency, as did CDC. Goals and Strategies for th e Coming YearThe primary goals for the coming year are to: implement, integrate, and continue to institutionalize sustainable SI systems; triangulate and strengthen the use of data for programmatic decision-making and improved quality of HIV/AIDS services and activities; build infrastructure that supports effective SI systems; and train Zambian professionals to help ensure the sustainability of activities in the SI technical area. As part of the strategy to increase local capacity for systems sustainability, PEPFAR Zambia will support the training of people in SI and provide technical assistance to organizations. Through technical assistance to NAC, capacity will be developed at the national, district and community levels through focused training and mentoring visits.The Zambia Partner Reporting System (ZPRS) will be updated to ensure that it increase the capacity of partners to not only upload but also view their own and national level indicator and spatial data. Increasingly, the USG has been shifting the task of uploading data to the partners. More and more partners are beginning to use the ZPRS for deciding geographical program expansion in relation to similar PEPFAR Zambia funded activities. In FY2010 developments will be aimed at designing and enhancing features that foster sustainability. The first step will be to share ZPRS with NAC for possible adoption to enhance district level results reporting.Working together with other partners, PEPFAR Zambia will continue to provide financial and technical support of national priority surveillance activities to the MOH, Tropical Diseases Research Centre, CSO, UNZA, University Teaching Hospital, and the Zambia National Cancer Registry. Surveillance activities will include reporting of the 2008 Sentinel Surveillance and HIV Drug Resistance in Sentinel Surveillance 2008, and expansion of the Sample Vital Registration with Verbal Autopsy (SAVVY) to strengthen vital registration systems in regions of Zambia. FY 2010 funding will support plans for new HIV surveillances, including development of a population based AIDS indicator survey, and surveillance of HIV in children, and will continue to support strengthening of local capacity to collect, analyzing and report surveillance data through training and implementation of partnerships for ongoing and new surveillance activities.Support of NACMIS will emphasize M&E and data use capacity-building at the provincial, district and community levels. NAC, working together with NASTAD, SHARe and UNZA M&E program, will train community, district, provincial and national level NACMIS contributors to analyze and use data generated through NACMIS. In FY 2010 NAC will be supported to review and update the national M&E plan as the current one ends in 2010. Other related activities will include support of the collection of data during the Joint Annual Program Review. Information from this exercise is not only useful for decision making at the national level but also feeds into relevant global reports such as the UNGASS report.The MOH says it will continue to implement the SmartCare EHR, increasingly in rural clinics, and in the remaining clinical services for clinics with initial deployments, but this may not occur if MOH 2010 funding is reduced from the 2009 level. The goal for FY 2010 is to proceed at a sustainable rate to 90% of the rest of the clinics that today have electrical capacity to sustain implementations, allowing sufficient time for existing staff to build the essential computer literacy through practice with initial deployed services, and for good processes to be established. SmartCare will provide information for 75% of the applicable and required PEPFAR indicators for populations fully using the EHR - as a routine effect of the necessary documentation of preventive and clinical services. This provides an efficient means of evaluating ongoing operations of the EHR. ZPRS, NACMIS and the MOH/SmartCare systems, with increasing support for training in data use, present good opportunities for further systems integration and decision-making support.

**Technical Area:** TB/HIV

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVTB | 10,066,000 | |
| **Total Technical Area Planned Funding:** | **10,066,000** | **0** |

**Summary:**
Summary StatisticsTuberculosis (TB) is a major cause of morbidity and mortality in Zambia. The burden of TB has increased five fold from a case rate of 105 per population of 100,000 people in 1985 to 506 in 2007. The estimated incidence of all forms of TB in Zambia in 2007 was 60,337 (506 TB cases per population of 100,000 people). In 2007 the country notified 50,415 cases of all forms of TB (389 cases per population of 100,000 people). The estimated sputum smear positive TB cases in 2007 was 22,956 (193 cases per population of 100,000 people) and the country notified a total of 13,378 sputum-smear positive TB cases (112 cases per population of 100,000 people). TB case detection improved from 52% in 2006 to 58% in 2007 (WHO, 2009)The upsurge in TB notifications is attributed to the high prevalence of HIV, which stands at 14.3%. It is estimated that up to 70% of all TB patients are co-infected with HIV. In 2008, a total of 30,654 (65%) of all notified TB patients were counseled and tested for HIV and 20,839 (68%) were HIV positive. TB Control in ZambiaTB control in Zambia is implemented by the National TB and Leprosy Control Program (NTP), which falls under the Directorate of Public Health and Research within the Ministry of Health (MOH). The NTP has three main organizational layers namely, the national, provincial, and district levels. The national level of the NTP has three government supported staff and a TB/HIV coordinator supported by the United States Government (USG) and a data management specialist supported by the Royal Dutch Anti-Tuberculosis Association (KNCV) (using other donors' funds). At the provincial level, TB control is overseen by a disease control specialist, who also oversees control of other communicable diseases. District level TB efforts are overseen by a district TB/Leprosy focal point person. Provincial disease control specialists and district TB/Leprosy focal point persons are employed by the MOH. The main goal of the NTP is to reduce morbidity, mortality and the socio-economic burden associated with TB (so that it would no longer be a major public health problem). The key objectives of TB control are to detect at least 70% of infectious TB cases, cure at least 85% of TB patients, and reduce the prevalence of TB by 50% by the year 2015.Partner support to the NTPNTP activities are implemented within the conceptual framework of the Zambia National Health Strategic Plan (NHSP) 2006-2010. All partners providing support to the NTP implement activities of the NHSP 2006-2010. The NTP implements TB control activities with technical and financial support from donors and cooperating partners, including Japan International Cooperation Agency (JICA), the Global Funds to Fight HIV/AIDS/TB and Malaria, the Royal Dutch Anti-Tuberculosis Association (KNCV), and the United States Government (USG) through PEPFAR and non PEPFAR funds. PEPFAR provides support in TB/HIV to the NTP at the national level and to four of the nine provinces of Zambia through. Non PEPFAR USG funds support TB control efforts in the other five provinces through the Tuberculosis Control Assistance Program (TBCAP). The MOH ensures that there is no overlap or duplicity of activities among the partners.Policy environmentThe policy environment for implementing effective management of the TB/HIV co-morbidity in Zambia is good. Zambia has developed and implemented guidelines to effectively manage the TB/HIV co-morbidity, including provider-initiated testing and counseling (C&T) for HIV for all TB patients, linking all HIV-infected TB patients to HIV treatment and care services ( including cotrimoxazole prophylaxis), and screening HIV-infected patients for TB. In FY 2009, the USG supported the MOH to 1) revise the facilitators' manual for training TB treatment supporters and 2) develop and print national TB/HIV infection control guidelines and MDR-TB treatment guidelines. In FY 2010, the USG will provide support for the development of the Intensified TB case finding guidelines and TB infection control training materials. The USG will also support Zambia to revise TB treatment guidelines to change from an eight month to a six month regimen. Under the stewardship of the NTP, the US Mission and other

donors have supported Zambia to establish TB/HIV coordinating bodies at the national, provincial, and district levels since 2006. In FY 2009 TB/HIV coordinating bodies met on a quarterly basis to review and use data to inform programming for results. In FY 2010, the USG will support the Ministry of health to strengthen the national, provincial, and district coordinating bodies and establish health center and community level coordinating bodies. With support from USG and other donors, Zambia revised TB data collecting tools to include HIV variables in 2006. Over the last three years, PEPFAR Zambia has supported the NTP to validate the TB/HIV surveillance system using revised TB data collecting tools in the Copperbelt, Southern, Eastern, Northern, Western, and Lusaka provinces. The tools were found to be effective and user-friendly and yielded valid results. The USG will continue to support the validation of these tools in FY 2010 in the other three provinces using existing Cooperative Agreements. TrainingZambia has continued to train health care workers in provider-initiated T&C to improve the management of TB/HIV co-morbidity. In FY 2008, Zambia trained 1,386 health care workers in TB, including provider-initiated T&C. PEPFAR Zambia will continue to support training in TB/HIV in FY 2010.LaboratoryZambia has 156 laboratories with the capacity to perform quality assured TB microscopy to serve approximately 1,300 health facilities. Three of these, the Chest Disease Laboratory, the University Teaching Hospital Laboratory, and the Tropical Disease Research Centre, perform culture and drug susceptibility testing. Inevitably, some facilities must transport sputum and/or prepared slides to diagnostic centers for diagnosis of TB. PEPFAR Zambia has supported the transportation of sputa and/or prepared slides through a courier system and provision of bicycles, motorcycles and automobiles. In FY 2010, the USG will continue to support the transportation of sputa and/or prepared slides. The US Mission in Zambia will also continue to support other efforts to strengthen the TB laboratory network such as training of laboratory personnel in TB smear microscopy, including sputum collection and transportation and preparation and reading of slides. The USG will also support the procurement of equipment and reagents and renovations of TB infrastructure. MDR-TBThe prevalence of multi-drug resistant TB (MDR-TB) in new patients is estimated at 1.8% and 2.3% in previously treated cases (Zambia Drug Resistance Survey, 2001). The NTP has embarked on the following road map of activities to deal with the threat of MDR-TB: 1) strengthening the TB laboratory network (including culture services) and conducting drug resistance surveys to find out the actual burden of MDR-TB, 2) development policies and guidelines for managing MDR-TB, 3) applying to the Green Light committee (GLC) to have access to second line TB drugs, and 4) developing and implementing TB infection control strategies. In FY 2010, the USG will continue to support these efforts through existing Cooperative Agreements with the MOH. Placement of staffTo supplement staff within the NTP, PEPFAR Zambia collaborated with the NTP to hire a national TB/HIV coordinator to coordinate TB/HIV activities at the national level in FY 2007. To supplement staff at the provincial level, the USG has collaborated with the NTP to hire four provincial level staff to coordinate TB/HIV activities at the provincial level. Though the provincial level position is not provided for under the current NTP personnel establishment, the NTP sees it as being useful and will continue to lobby for its inclusion onto the establ ishment. The USG also supports HIV/AIDS Counselors, data associates, and laboratory staff in selected districts. In FY 2010, PEPFAR Zambia will continue to support staff placements. TB/HIV Service integrationIn FY 2008, the USG supported the MOH in 645 sites and attended to 22,485 TB/HIV co-infected clients and contributed to increasing the proportion of TB patients testing for HIV to 49%. In FY 2010, the USG will continue to support the MOH's goal of integrating TB and HIV services. TB service sites will provide increased HIV services, including testing and counseling for HIV, CD4 assays, and provision of prophylaxis for opportunistic infections. HIV service sites will also provide increased TB services, including sputum examination and treatment of TB. PEPFAR Zambia will link co-infected individuals to care and support services such as post test clubs, hospices, hospitals, and support groups for people living with HIV/AIDS for continued care and support. Community involvement:At 58%, Zambia is far from reaching the WHO target of case detection rate of 70%. The USG will support Zambia to implement intensified TB case finding through community involvement and participation. Approaches will include training of communities, meetings with communities, including traditional leaders, church leaders, traditional healers, and community-based organizations, and social mobilization and advocacy through drama, focus group discussions, and the media. Trained health center staff will provide technical support to community TB treatment and

adherence supporters. Confirmed TB cases will be treated at health facility or community level. Routine reports will be given to the health facilities by the community volunteers on the management and follow up of confirmed cases.Prevalence survey:The MOH has not conducted a national TB prevalence survey in over thirty years. The NTP plans to conduct a TB prevalence survey in FY 2010 to assess the prevalence of smear-positive and bacteriologically positive pulmonary TB, assess the prevalence of symptoms suggestive of TB and predictive values, assess the magnitude of TB care outside the NTP, and assess the prevalence of HIV among TB patients. PEPFAR Zambia will provide financial and technical support to this activity through the existing cooperative agreements with the MOH and provincial health offices.TB Infection control:The NTP conducted the first TB infection control training for health care workers in the first half of 2009 and held the second one during the second half of 2009 with support from the USG and other partners. In FY 2010, the USG will continue to provide support to train health care providers to ensure that TB infection control is maximized at the health facility level. In addition, the USG will support the NTP to reduce TB nosocomial infections through prompt diagnosis and treatment of TB, renovations of TB infrastructure, management controls such strengthened supervision, and the use of Personal Protective Equipment (PPEs).National, Provincial and District data review meetingsThe NTP holds annually both national and quarterly provincial TB/HIV data review meetings with support from the USG and other partners. During these meetings, data is completed, validated, and analyzed to yield useful program information for all stakeholders. The USG will continue to support the MOH in conducting these meetings in FY 2010.National TB evaluation The MOH last evaluated the performance of the NTP in 2005. This review provided the MOH an opportunity to know the strengths and weaknesses of the program and guided the NTP's strategic planning. The MOH is planning to hold another evaluation of the NTP in FY 2010. Support of this evaluation will be provided by PEPFAR Zambia through technical and financial assistance.Sustainability of activitiesSustainability of TB/HIV services is a major goal of the USG. The USG will implement the following processes to ensure that TB/HIV ser vices are sustainable: 1) TB/HIV services will be implemented within the policy framework of the host government, 2) Implementation of TB/HIV activities will occur within the host government structures and infrastructure, 3) The health care workers implementing TB/HIV activities will be employed by the host country government, and 4) The NTP will provide leadership in the implementation of TB/HIV activities.

## Technical Area Summary Indicators and Targets

Redacted

# Partners and Implementing Mechanisms

## Partner List

| Mech ID | Partner Name | Organization Type | Agency | Funding Source | Planned Funding |
|---|---|---|---|---|---|
| 7422 | Central Contraceptive Procurement | Private Contractor | U.S. Agency for International Development | GHCS (State) | 1,000,000 |
| 7423 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 42,014,913 |
| 7427 | PSI | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 5,998,179 |
| 7428 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 4,947,137 |
| 8038 | Social and Scientific Systems | Private Contractor | U.S. Agency for International Development | GHCS (State) | 150,000 |
| 10203 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 22,956,000 |
| 10205 | ICF Macro | Private Contractor | U.S. Agency for International Development | GHCS (State) | 900,000 |
| 10207 | American International Health Alliance | NGO | U.S. Department of Health and Human Services/Health Resources and Services Administration | GHCS (State) | 625,000 |
| 10212 | Central Statistical Office | Implementing Agency | U.S. Department of Health and | GHCS (State) | 600,000 |

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|---|---|---|---|---|---|
| | | | Human Services/Centers for Disease Control and Prevention | | |
| 10216 | Comforce | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 300,000 |
| 10217 | DAPP in Zambia | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,020,000 |
| 10218 | The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) –Track 1.0 | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Central GHCS (State) | 15,764,509 |
| 10219 | Elizabeth Glaser Pediatric AIDS Foundation | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 15,193,500 |
| 10220 | IntraHealth International, Inc | NGO | U.S. Department of Health and Human | GHCS (State) | 710,000 |

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|---|---|---|---|---|---|
| | | | Services/Centers for Disease Control and Prevention | | |
| 10222 | Lusaka Provincial Health Office | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 825,000 |
| 10223 | Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 3,705,000 |
| 10224 | National HIV/AIDS/STI/TB Council - Zambia | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 550,000 |
| 10225 | Eastern Province Health Office | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 2,065,000 |
| 10226 | TBD | TBD | U.S. Department of Health and Human Services/Centers | Redacted | Redacted |

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|---|---|---|---|---|---|
| | | | for Disease Control and Prevention | | |
| 10227 | Western Province Health Office | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 2,385,000 |
| 10229 | American Society for Microbiology | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 50,000 |
| 10233 | UNICEF | Multi-lateral Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 950,000 |
| 10234 | University of Alabama | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,130,000 |
| 10235 | University of Zambia | University | U.S. Department of Health and Human Services/Centers for Disease | GHCS (State) | 1,330,000 |

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|---|---|---|---|---|---|
| | | | Control and Prevention | | |
| 10236 | University Teaching Hospital | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 4,410,000 |
| 10237 | Zambia Emory HIV Research Project | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 810,000 |
| 10238 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 10240 | Catholic Relief Services | FBO | U.S. Department of Health and Human Services/Health Resources and Services Administration | Central GHCS (State) | 4,355,513 |
| 10241 | Catholic Relief Services | FBO | U.S. Department of Health and Human Services/Health Resources and Services | GHCS (State) | 9,555,000 |

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| | | | Administration | | |
| 10260 | John Snow, Inc. | Private Contractor | U.S. Agency for International Development | GHCS (State) | 6,400,000 |
| 10274 | Media Support Partnership | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,804,000 |
| 10296 | Academy for Educational Development | NGO | U.S. Agency for International Development | GHCS (State) | 5,814,428 |
| 10299 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10306 | CHAMP Services Ltd | Implementing Agency | U.S. Agency for International Development | | |
| 10309 | Vanderbilt University | University | U.S. Department of Health and Human Services/National Institutes of Health | GHCS (State) | 240,000 |
| 10314 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10332 | University of Nebraska | University | U.S. Department of Health and Human Services/National Institutes of Health | GHCS (State) | 590,000 |
| 10334 | TBD | TBD | U.S. Agency for | Redacted | Redacted |

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|---|---|---|---|---|---|
| | | | International Development | | |
| 10354 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10364 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10622 | University of Zambia | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 100,000 |
| 10725 | Catholic Relief Services | FBO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,775,000 |
| 10726 | UNHCR | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 2,023,702 |
| 10816 | Boston University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 3,750,000 |
| 10817 | JHPIEGO | NGO | U.S. Department of Health and Human Services/Centers | GHCS (State) | 3,670,000 |

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| | | | for Disease Control and Prevention | | |
| 10818 | International Center for AIDS Care and Treatment Programs, Columbia University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,730,000 |
| 10820 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10875 | UNHCR | Implementing Agency | U.S. Department of State/Bureau of Population, Refugees, and Migration | GHCS (State) | 250,000 |
| 10984 | Project Concern International | NGO | U.S. Department of Defense | GHCS (State) | 1,800,000 |
| 11027 | National HIV/AIDS/STI/TB Council - Zambia | Host Country Government Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 100,000 |
| 11626 | JHPIEGO | NGO | U.S. Department of Defense | GHCS (State) | 2,550,000 |
| 11627 | U.S. Department of Defense Southern Command | Other USG Agency | U.S. Department of Defense | GHCS (State) | 5,150,000 |
| 11687 | U.S. Peace Corps | Implementing Agency | U.S. Peace Corps | GHCS (State) | 50,000 |
| 11694 | HHS/Centers for Disease Control & Prevention | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease | GHCS (State) | 2,417,000 |

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| | | | Control and Prevention | | |
| 12259 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12260 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12261 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 6,000,000 |
| 12262 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12263 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 1,550,000 |
| 12264 | University of North Carolina | University | U.S. Agency for International Development | GHCS (State) | 400,000 |
| 12265 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12266 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12267 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12268 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12269 | Tearfund | NGO | U.S. Agency for International Development | | |

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|---|---|---|---|---|---|
| 12270 | UNHCR | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 2,500,000 |
| 12271 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12272 | STATE - OVC | Implementing Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 300,000 |
| 12273 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12274 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12275 | U.S. Department of State/Bureau of Population, Refugees, and Migration (State/PRM) | Implementing Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 300,000 |
| 12276 | Macha Research Trust, Inc | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 500,000 |
| 12277 | Kara Counseling and Training Trust | NGO | U.S. Department of Health and Human Services/Centers | GHCS (State) | 640,000 |

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|---|---|---|---|---|---|
| | | | for Disease Control and Prevention | | |
| 12278 | Clinical and Laboratory Standards Institute | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 400,000 |
| 12279 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12280 | Becton Dickinson | Private Contractor | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | | |
| 12281 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12282 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease | Redacted | Redacted |

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|---|---|---|---|---|---|
| | | | Control and Prevention | | |
| 12283 | National Alliance of State and Territorial AIDS Directors | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 250,000 |
| 12284 | Association of Public Health Laboratories | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 600,000 |
| 12285 | American International Health Alliance | NGO | U.S. Agency for International Development | GHCS (State) | 380,000 |
| 12286 | University of Alabama | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 2,044,000 |

# Implementing Mechanism(s)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 7422** | **Mechanism Name: Central Contraceptive Procurement (CCP)** |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Central Contraceptive Procurement | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,000,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,000,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Central Contraceptive Procurement Project (CCP) was established by USAID in FY 1990 to provide an efficient central contraceptive and condoms procurement mechanism for all USAID programs worldwide. USAID missions transfer funds to the CCP annually through field support to support this centralized contraceptive and condoms procurement mechanism. The USAID Global Health office (GH) directs the use of these funds through a series of procurement contracts to pharmaceutical companies to provide contraceptive and condoms supplies for USAID programs worldwide. The USAID mission to Zambia procures all its contraceptives and condoms through this mechanism. The condoms procured through the CCP are always subjected to pre-shipment examination to ensure that only quality-assured products are shipped to missions.

The USAID mission to Zambia has traditionally only procured male and female condoms for social marketing by Population Services International/Society for Family Health (PSI/SFH). Support for the public sector condom program only started in FY 2007 with a donation of 40 million male condoms to the Government of Zambia (GRZ) by USAID Washington. All condoms procured by USAID/Zambia through the CCP mechanism are distributed nationally by the GRZ through 1,500 public health facilities and PSI/SFH (social marketing) through 2,100 condom services outlets, which include private pharmacies,

retail shops, drug stores, and kiosks.

USAID/Zambia will utilize $1,000,000 in FY 2010 PEPFAR funds to procure approximately 20 million male condoms through the CCP mechanism. The condoms will be used for HIV prevention in males and females between the ages of 15 and 49, including those deemed to be most at risk such as discordant couples, female and male. The condoms will be distributed by PSI/SFH through 2,100 condom service outlets and the GRZ through 1,500 public health facilities.

The 20 million condoms to be procured through the CCP mechanism will represent only 50% of the annual need by Zambia. The other condom support will come through funding from for the GRZ, UK-Department for International Development (DfID) and United Nations Population Fund (UNFPA).

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **7422** | | |
| **Mechanism Name:** | **Central Contraceptive Procurement (CCP)** | | |
| **Prime Partner Name:** | **Central Contraceptive Procurement** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVOP | 1,000,000 | |
| **Narrative:** | | | |
| This is an ongoing field support activity implemented by the USAID Central Contraceptive Procurement Project (CCP) through which USAID/Zambia procures female and male condoms for social marketing by Population Services International/Society for Family Health (PSI/SFH) and for free distribution in public health facilities by the GRZ. USAID/Zambia transfers funds to the CCP annually through field support to support the procurement of female and male condoms and draws on these funds through condom | | | |

orders. The condoms procured through the CCP are always subjected to pre-shipment examination to ensure that only quality-assured products are shipped to missions.

USAID/Zambia will procure approximately 20 million male condoms valued at $1,000,000 through the CCP mechanism with FY 2010 PEPFAR funds. PSI/SFH will socially market 15 million male condoms using 2,100 condom service outlets throughout Zambia, including wholesalers, pharmacies, drug stores, retail shops, and kiosks. The GRZ will distribute 3 million condoms through 1,500 public health facilities, which will include hospitals, health centers, and health posts.

The target population for male condoms to be procured through the CCP mechanism is females and males aged above the age of 15, including those deemed to be most at risk of contracting HIV such as commercial sexual workers, discordant couples, fishing communities in Luapula and Western provinces, long distance drivers along the Great North and Great East Roads, and people in busy border towns such as Nakonde and Livingstone.

The GRZ and PSI/SFH will promote correct and consistent use of male condoms through 1) interpersonal communication using health care workers, community-based volunteers, and testing and counseling (T&C) counselors at New Start VCT sites, 2) mass-media such as television, radio, and print media, and 3) special gathering places such as schools and churches. Condoms will be promoted alongside other HIV prevention activities such as abstinence and being faithful (AB), encouraging individuals to know their HIV status, and stressing the benefits of male circumcision (MC)

USAID through its partnership with the GRZ and PSI/SFH will continue to coordinate with other stakeholders involved in condoms promotion such DfiD and UNFPA to ensure that condoms are available and accessible to urban and rural population throughout Zambia.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7423** | **Mechanism Name: Supply Chain Management System Project (SCMS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |

| | |
|---|---|
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 42,014,913** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 42,014,913 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of the Supply Chain Management System (SCMS) project is to ensure an uninterrupted supply of HIV/AIDS prevention and treatment commodities to government and NGO facilities in Zambia. To accomplish this goal, SCMS has six main objectives:

1. Procure required ARV drugs for HIV/AIDS treatment and post-exposure prophylaxis (PEP) for victims of rape, HIV rapid test kits, opportunistic infection (OI) drugs including cotrimoxazole, sexually transmitted infection (STI) drugs, and laboratory supplies in an efficient manner.
2. Ensure forecasting and procurement planning mechanisms for laboratory commodities are in place at the central level.
3. Support Ministry of Health (MOH) in the establishment of inventory control procedures, a logistics management information system (LMIS), and storage and distribution policies and procedures for all levels for laboratory commodities.
4. Support MOH in the implementation of an efficient and effective male circumcision (MC) supply chain.
5. Ensure forecasting and procurement planning mechanisms for MC are in place at the central level.
6. Support the MOH to develop and implement a National HIV AIDS Commodity Security (HACS) Strategy.
7. Continue to conduct detailed assessments of storage needs at SDP which include financial estimates for laboratories.

SCMS activities and procurements benefit all nine provinces in Zambia. USG-funded ARV drugs including ARV drugs for PEP in victims of rape, HIV rapid test kits, OI/STI drugs and laboratory commodities will be placed in the Government of the Republic of Zambia's (GRZ) central warehouse, Medical Stores Limited (MSL), where all public sector and accredited Non Governmental Organizations (NGO)/Faith Base Organizations (FBO) /Community Base Organizations (CBO)/work-place/private sector HIV/AIDS programs will have access to these critical supplies.

SCMS strives to strengthen health systems in Zambia by ensuring HIV/AIDS commodity security. The

HACS strategy involves key policymakers and stakeholders to identify all areas that could impact the uninterrupted supply of HIV/AIDS commodities into the country and address bottlenecks in the supply chain.

SCMS focuses on improving the in-country supply chains for laboratory commodities and MC products. To achieve these activities, SCMS works on improving the supply chain knowledge of health care workers in Zambia. SCMS supports training of health care workers in the National ART Laboratory Commodity Logistics System for rollout in the expected 200 or more laboratories nationwide.

The activities SCMS conducts link with many activities conducted under the USAID | DELIVER PROJECT. SCMS strives to make the project more efficient by coordinating efforts with all cooperating partners in Zambia involved in supply chain management-related activities. SCMS utilizes the HACS coordinating committee to align activities of key stakeholders and cooperating partners such as GRZ; the Centre for Infectious Disease Research in Zambia (CIDRZ); Catholic Relief Services/AIDS Relief; Churches Health Association of Zambia (CHAZ); Zambia Prevention, Care and Treatment Partnership (ZPCT); Global Fund of AIDS, Tuberculosis and Malaria (GFATM); and the Clinton Foundation.

SCMS incorporates a vision of sustainability into all activities. In particular, SCMS focuses on support to the MOH with forecasting and procurement planning. SCMS works with key counterparts at the MOH to instill the knowledge of how the quantification process is implemented. Additionally, SCMS is working with the Biomedical Science schools to integrate logistics into the current curriculum.

Monitoring and evaluation is a key activity throughout SCMS technical assistance activities. Routine site visits and on-the-job training are offered in support of the MOH. SCMS, in conjunction with the MOH, conducts site visits to review the implementation of the logistics system at the 200+ laboratories nationwide.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 595,114 |

## Key Issues

Increasing gender equity in HIV/AIDS activities and services

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **7423** |
| **Mechanism Name:** | **Supply Chain Management System Project (SCMS)** |
| **Prime Partner Name:** | **Partnership for Supply Chain Management** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 2,900,000 | |

**Narrative:**

The purpose of this activity is to procure OI and STI drugs (with a special emphasis on cotrimoxazole) in support of the GRZ's national ART program. Cotrimoxazole is used both as a prophylaxis and as a treatment for opportunistic infections. Following WHO recommended guidelines, Zambia has adopted the policy of adding cotrimoxazole to the new national ART guidelines which have been disseminated by the National HIV/AIDS/STI/TB Council (NAC). This commodity has been added to the national ARV ordering and reporting system to better ensure its availability for ART patients. With approximately 35% of FY 2010 funding, roughly 225,000 HIV-positive adults will receive cotrimoxazole.

Also included in this activity is the procurement of STI drugs to treat herpes, syphilis, gonorrhea, and chlamydia, which are the most common STIs in Zambia, and the most critical to treat for HIV/AIDS prevention. Additionally, SCMS will procure OI drugs to treat common infections such as pneumonia, meningitis, candidiasis, skin infections, toxoplasmosis and septicemia. Possible drugs to be procured include: amoxicillin, amphotericin B, ceftriaxone, ciprofloxacin, acyclovir, erythromycin, fluconazole, gentamycin, doxycycline, benzathine penicillin, and others, pending discussion with partners and the MOH. Drugs for post-exposure prophylaxis to prevent HIV infection in rape victims will also be procured under this activity.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 2,000,000 | |

**Narrative:**

The purpose of this activity is to procure HIV test kits in support of the GRZ testing and counseling (T&C), prevention of mother to child transmission (PMTCT), prevention of HIV in rape victims, and diagnostic testing programs. With FY 2009 funding, the USAID | DELIVER PROJECT provided support in strengthening the national HIV test kit forecasting, quantification, and procurement systems, while the U.S. Government (USG) through SCMS purchased $2 million worth of HIV test kits for the national program in accordance with GRZ and USG rules and regulations.

With FY 2010 funding, USG will continue its strong collaboration with GRZ, GFATM, and the Clinton Foundation/UNITAID to assist the national HIV testing programs in fulfilling demand for these products. On behalf of the USG, SCMS will purchase three types of test kits for various testing procedures based on the GRZ's 2006 revised HIV testing algorithm: screening (Determine), confirmatory (Unigold), and tie-breaker (Bioline). All three tests are non-cold chain HIV rapid tests that enhance the overall accessibility and availability of HIV testing in Zambia.

Furthermore, USG-funded HIV test kits will be placed in the GRZ's central warehouse, Medical Stores Limited (MSL), where all the public sector and accredited NGO/FBO/CBO HIV testing programs will have access to these critical supplies. It is estimated that over 1,200 testing sites will be accessing these donated supplies. Assuming that the number of annual tests stabilizes at 2010 figures, the USG's HIV test kit contribution will meet an estimated 59% of the projected national need, allowing for approximately 1,800,000 HIV tests to be conducted.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 150,000 | |

**Narrative:**

The purpose of this activity is to provide support to GRZ policy makers, the National HIV/AIDS/STI/TB Council (NAC), the MOH, the Ministry of Finance and National Planning (MOFNP), and other relevant stakeholders to implement the HIV/AIDS Commodity Security (HACS) Strategy which was developed with assistance from SCMS and the USAID | DELIVER PROJECT.

The development and initial implementation of a national HACS Strategy was based on a comprehensive 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.

With FY 2010 funding, SCMS will continue working with the HACS Working Group and the 20 member organizations. In order to support the national HACS Working Group, and its implementation of the national strategy, SCMS will provide the following assistance with FY 2010 funding: 1) full-time support to the working group to ensure that the group remains a viable entity; 2) continuous review, monitoring, and updating of the implementation of the HACS Strategy; 3) advocacy for HACS at all levels of the health care system; 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 HACS Strategic Plan will greatly assist in achieving this goal.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 300,000 | |

**Narrative:**

FY 2009 funds were used in the area of supply chain support for the implementation of a national program to support MC as part of the prevention of HIV/AIDS. Key activities included sending staff to the different national meetings focused on MC to ensure that supply chain issues were addressed as the program expanded, conducting a national exercise where the first agreed upon list of MC commodities was defined, monitoring the supply situation of MC products at Medical Stores Limited (MSL), and reporting back to the different partners on product availability.

Quantification of the MC needs for these products will continue to be a challenge in FY 2010 as there is no means to ensure that these products are used at a hospital only for MC. Moreover, currently there are no MOH defined targets for male circumcisions to be performed. Commodities required include, but are not limited to, disposable and reusable surgical supplies and instruments, local anesthesia, broad spectrum antibiotics for post-operative infections, STI drugs, and HIV test kits.

With FY 2010 funding, SCMS will review the pricing of the different MC products and determine if procuring complete kits is the most cost efficient manner, as the scale-up of the national program warrants greater funding support for commodity purchases. There will also be a need to determine if MC kits should be managed within the new Essential Drugs Logistics System, or kept separately to address the specific needs of the MC program. SCMS will also conduct more field visits to ascertain the stock situation as more health facilities initiate MC activities and will review use of these products for MC at hospitals. Another key activity will be to review the national logistics strategic plan for the support of MC activities; this plan will become increasingly important as more organizations begin supporting MC activities throughout the nation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Treatment | HLAB | 9,500,000 | |

**Narrative:**

The purpose of this activity is to procure essential HIV/AIDS laboratory commodities in support of the national ART program which includes MOH, NGO and Zambia Defense Forces (ZDF).
The project will work to ensure that 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 ART laboratory logistics and supply chain system.

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 ART laboratory commodity logistics system through the design and implementation of the new lab logistics system. The new system includes a computerized central management information system that was installed at the MOH Logistics Management Unit.

With FY 2010 funding, SCMS will continue to procure laboratory commodities in bulk. SCMS will procure at least 50% of the national quantification for laboratory commodities; which will support the ART target of 323,020 patients. SCMS will also continue to strengthen and expand the national HIV/AIDS laboratory logistics system through the following activities:

1) Quantification and procurement of USG-funded HIV/AIDS laboratory commodities consistent with resources and policies for rapidly scaling-up HIV/AIDS clinical services, developing procurement planning capacity within the MOH and other key national stakeholders;
2) Continued implementation of a computerized HIV/AIDS laboratory logistics management information system (LMIS) in at least 50 service delivery sites. To complete these activities, SCMS will collaborate with GRZ, GFATM principal recipients, and other partners, to train up to 100 key personnel in the computerized laboratory logistics management system;
3) 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;
4) 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;
5) Increase the monitoring and evaluation of the HIV/AIDS laboratory supply chain as a whole, and will make improvements and recommendations as needed, taking full advantage of the recently established seven provincial offices;
6) Create a more sustainable national ART laboratory logistics system by integrating the laboratory logistics curriculum into the biomedical science schools pre-service curricula; and
7) Continue to conduct detailed assessments of storage needs at SDP which include financial estimates for laboratories.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HTXD | 27,164,913 | |

**Narrative:**

The purpose of this activity is to procure ARV drugs including ARV drugs for PEP in support of the GRZ national ART program. In FY 2009, USAID | DELIVER PROJECT provided assistance in strengthening the national ARV drug forecasting, quantification, and procurement systems. With their support, the USG purchased over $23 million worth of ARV drugs for the national program in accordance with GRZ and USG rules and regulations.

With FY 2010 funding, the USG will continue its strong collaboration with GRZ, GFATM, UNITAID and the Clinton Foundation to assist the national ART programs in fulfilling demand for ART services. On behalf of the USG, SCMS will purchase the following drugs: zidovudine (AZT) 300mg, zidovudine/lamivudine 300/150mg, didanosine (ddI) 100mg, efavirenz (EFV) 200mg, EFV 600mg, lopinavir/ritonavir (LPV/r) 200/50 mg, nevirapine (NVP) 200mg, tenofovir/emtricitabine (TDF/FTC) 300/200mg, tenofovir/lamivudine (TDF/3TC) 300/300mg, abacavir (ABC) 300mg, lopinavir/ritonavir (LPV/r) 200/50mg. The cost per patient is estimated at $30-40/month depending on regimen, based on the new national treatment protocols enacted at the end of 2007.

To ensure an uninterrupted supply of ARVs, it is estimated that 66% ($18 million) of the FY 2010 funds will be needed for procurement before April 2010 in order to meet the 2010 ARV procurement gap. Furthermore, the remaining 34% ($ 9.16 million) of FY 2010 funding, combined with the estimated GRZ, GFATM and UNITAID funding, will only enable Zambia to meet approximately 85% of the targeted 323,020 patients expected to be on ART by the end of 2010. The estimated funding gap for ARV procurement for 2010 is between $10-11 million.

Purchases may change as: 1) additional ARV drugs are approved by the Food and Drug Administration (FDA) and registered in Zambia; 2) the GFATM and Clinton Foundation ARV drug donations change; and, 3) the GRZ increases its purchases of ARVs.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 7427 | Mechanism Name: Partnership for Integrated Social Marketing (PRISM) |
|---|---|

| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: PSI | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 5,998,179** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 5,998,179 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This mechanism is a $73 million contract between USAID/Zambia and Population Services International/Society for Family Health (PSI/SFH) to implement a Private Sector Social Marketing Program from August 1, 2009 to September 30, 2014. The new program builds on the achievements of the previous social marketing program known as "Better Health for Zambians through Social Marketing" in preventing and/or controlling childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria.

With FY 2010 funds, PSI/SFH will socially market HIV prevention products and services nationally, targeting the entire Zambian population, including people living with HIV/AIDS (PLWHA), discordant couples, female and male commercial sex workers, long distance truck drivers such as those on the Great North and Great East roads, people in multiple concurrent sexual partnerships, fishing communities such as those on the shores of lake Bangweulu in Luapula province and along the Zambezi plains in Western province, and communities living in busy border towns such as Nakonde and Livingstone.

PSI/SFH will collaborate closely with the Ministry of Health, other USG implementing partners, and all other stakeholders in HIV control in selecting sites for social marketing of HIV prevention products and services to avoid geographic overlap of HIV activities, promote synergies, and ensure equity of access to health services and products by the Zambian population. PSI/SFH will also ensure that all HIV services and products will be socially marketed in close collaboration with the MOH and the National HIV/AIDS/TB/STI Council (NAC) structures at the national, provincial, district, and community levels.

PSI/SFH will implement five activities to reduce the spread and impact of HIV in Zambia with FY 2010

funds: 1) HIV testing and counseling (TC), 2) promoting Abstinence and being faithful (AB), 3) male circumcision (MC), 4) others sexual prevention activities, including distributing female and male condoms, promoting correct and consistent use female and male condoms, reducing concurrent sexual partnerships, and promoting prompt treatment of sexually transmitted diseases, and 5) providing care and support to people living with HIV/AIDS (PLWHA).

Health System Strengthening will be an integral part of activities to be implemented by PSI/SFH with FY 2010 funds. PSI/SFH will implement the following activities to strengthen the Zambian health system: 1) participate in HIV policy and strategy dialogue with the Government of the Republic of Zambia (GRZ) and other key stakeholders, including in the refinement of the male circumcision strategy and the development and harmonization of communication materials for HIV prevention, 2) work with CARE International to train communities in health promotion, including distribution of health products to reduce the spread and impact of HIV such as Clorin and condoms, and 3) integrate HIV services with other services including reproductive and child health.

PSI/SFH will adopt strategies for cost containment, including cost recovery, cost share and developing the ability of a commercial/private sector entity to produce and market Clorin in a sustainable, self-sufficient manner. The aforementioned cost containment measures will be implemented after appropriate surveys/research, including willingness and ability to pay studies by the social marketing clients.

PSI/SFH will develop and implement a monitoring and evaluation plan that will ensure that targets in child health, HIV/AIDS, and integrated reproductive health are being met. PSI/SFH will be monitored through biennial and annual reports, special reports on demand, project reviews, and field visits by the USAID mission to Zambia.

PSI/SFH will also put systems in place to ensure that infection prevention is integrated into the program. Approaches will include correct handling and disposal of medical waste that might be generated during project implementation, information to the public on how to handle medical waste, and training community-based distributors on how to handle medical waste.

PSI/SFH will also implement integrated reproductive health, child health, and malaria control activities in FY 2010 using non PEPFAR U.S.G funds. The non PEPFAR funds to PSI/SFH will represent 35% of all USG funding to the partner in FY 2010.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Water | 368,179 |

## Key Issues

Increasing gender equity in HIV/AIDS activities and services

Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **7427** |
| **Mechanism Name:** | **Partnership for Integrated Social Marketing (PRISM)** |
| **Prime Partner Name:** | **PSI** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 259,279 | |

**Narrative:**

Narrative (2250 characters)

This adult care and support activity will be implemented by PSI/SFH in FY 2010 as an integral part of the Private Sector Social Marketing Program. Adult care and support activities under this mechanism will be implemented in close collaboration with other HIV prevention, care, support, and treatment activities implemented by other USG partners, the GRZ, and other donors. Adult care and support services will be provided across the entire country, targeting HIV-infected adults between the ages of 15 and 49 years, including those under home based care and in hospices.

The program will not run any care and support site. The program will donate Clorin to other USG adult care and support programs for distribution to HIV-infected adults to reduce the incidence of diarrhea. The program will donate 200,000 bottles of Clorin to treat 133,400,000 liters of drinking water to USG-supported care and support programs and train 70 care-givers on the benefits of consistent and correct use of Clorin in households with PLWHA.

The donation of Clorin home water treatment solution will be implemented alongside the safe water education campaigns conducted by the Government of Zambia, which promote good personal hygiene such as regular hand washing, boiling of drinking water, and proper storage of drinking water.

The program will collect data on the number of Clorin bottled donated routinely and the impact of the

donated Clorin on the incidence of diarrhea through special surveys.

The program will provide onsite demonstration of correct use of Clorin to community-based programs/health workers to promote correct and consistent use of Clorin.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 2,050,000 | |

**Narrative:**

This testing and counseling (T&C) activity will be implemented in FY 2010 by PSI/SFH as an integral part of the Private Sector Social Marketing Program. T&C activities under this mechanism will be implemented in close collaboration with other HIV prevention, care, support, and treatment activities implemented by other USG partners, the GRZ, and other donors. T&C services will be provided across the entire country, targeting females and males between the ages of 15 and 49 years, including individuals in multiple concurrent sexual partnerships, discordant couples, people living with HIV/AIDS (PLWHA), and commercial sex workers.

The program will implement a comprehensive range of T&C services, including client initiated T&C, provider-initiated T&C, couples testing, and special events highlighting T&C such as national T&C day, world TB day, and World AIDS day using the national testing algorithm. In addition, the program will integrate reproductive health activities such FP counseling and distribution of FP products into T&C services. The program will use existing communication strategies and materials developed under the previous social marketing program to promote T&C. In addition, the program will work with the GRZ, USG-supported programs, and other partners to develop additional materials if deemed necessary.

The program will run a network of 10 mobile and 10 static T&C facilities across Zambia in FY 2010. The network of T&C services will provide T&C to 185,000 clients reach 5,500 individuals with FP counseling and train 460 individuals in T&C. The program will provide onsite mentorship to all affiliated sites and collaborate with other T&C stakeholders to standardize T&C services through joint development of T&C training materials and messages. The program will also ensure that clients are linked to other HIV services, including antiretroviral therapy, post-HIV test clubs, MC, and continued psychosocial support.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 108,900 | |

**Narrative:**

This pediatric care and support activity will be implemented by PSI/SFH in FY 2010. Pediatric care and support activities under this mechanism will be implemented in close collaboration with other HIV

prevention, care, support, and treatment activities implemented by other USG partners, the GRZ, and other donors. Pediatric care and support services will be provided across the entire country, targeting HIV-infected children between the ages of 0 and 14 years, including those under home based care and in hospices.

The program will not run any care and support site. The program will donate Clorin to other USG Pediatric care and support programs for distribution to HIV-infected children between 0 and 14 years to reduce the incidence of diarrhea. The program will donate 200, 000 bottles of Clorin to treat 133,400,000 liters of drinking water to USG-supported care and support programs and train 70 care-givers on the benefits of consistent and correct use of Clorin in households with children infected with HIV.

The donation of Clorin home water treatment solution will be implemented alongside the safe water education campaigns conducted by the Government of Zambia, which promote good personal hygiene such as regular hand washing, boiling of drinking water, and proper storage of drinking water.

The program will collect data on the number of Clorin bottled donated routinely and the impact of the donated Clorin on the incidence of diarrhea through surveys.

The program will provide onsite demonstration of correct use of Clorin to community-based programs and to promote correct and consistent use of Clorin.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 1,500,000 | |

**Narrative:**

This male circumcision (MC) activity will be implemented by PSI/SFH in FY 2010 as an integral part of the Private Sector Social Marketing Program. MC activities under this mechanism will be implemented in close collaboration with other HIV prevention, care, support, and treatment activities implemented by other USG partners, the GRZ, and other donors. MC services will be provided across the entire country, targeting HIV-negative males between the ages of 15 and 49 years, including those deemed to be most at risk such as those in multiple concurrent sexual partnerships and men with HIV-infected sexual partners.

Using national and international guidelines, the program will implement a comprehensive package of MC services, including onsite testing and counseling (T&C) for HIV, MC surgery and post surgical care, and referral of clients to appropriate service providers for incidental disorders discovered during the provision of MC services. The program will implement the following activities: train 40 individuals (doctors, clinical

officers, and nurses) in MC and 30 counselors in HIV T&C with emphasis on benefits of MC, procure sufficient MC equipment, ,to perform at least 5,000 MC procedures including surgical beds, MC kits containing MC consumables (needles, syringes, cotton wool, suture materials, and an anesthetic drug), and MC surgical instruments, and develop lessons learned regarding cost-effective, sustainable MC service-delivery models to rapidly scale up services nation-wide.

The partner will collaborate with MC stakeholders to develop MC training materials, provide onsite mentorship in MC to the private and public sectors, and to standardize MC services, including the MC surgical kit, MC procedure, and MC messages.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 550,000 | |

**Narrative:**

This Abstinence and Being faithful activity (AB) will be implemented by Population Services International/Society for Family Health (PSI/SFH) in FY 2010. AB activities under this mechanism will be implemented in close collaboration with other HIV prevention, care, support, and treatment activities implemented by other USG partners, the Government of the Republic of Zambia (GRZ), and other donors. AB services will be provided across the entire country, targeting females and males between the ages of 10 and 49 years, including adolescents and secondary and tertiary education students.

With FY 2009 funding, PSI/SFH will train 60 counselors in HIV counseling and testing (CT) with emphasis on Abstinence/Being faithful (AB) and will reach 50,000 individuals with AB messages through CT counseling, interpersonal communication, radio and television broadcasts, drama shows, and print media, and will be a complementary activity to PSI/SFH's Other Prevention activities where many of the same individuals will also be reached with HIV prevention messages beyond abstinence or being faithful

The program will provide standard training and onsite mentorship to peer educators, schools, communities, and other affiliated organizations to maintain the quality of AB services. The program will collect data on the actual number of individuals reached with AB messages routinely and the impact of the interventions through special surveys.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 1,530,000 | |

**Narrative:**

This budget code narrative describes Other Sexual Prevention (HVOP) activities to be implemented in FY

2010 by PSI/SFH as an integral part of the Private Sector Social Marketing Program. HVOP activities under this mechanism will be implemented in close collaboration with other HIV prevention, care, support, and treatment activities implemented by other USG partners, the GRZ, and other donors. HVOP services will be provided across the entire country, targeting females and males between the ages of 15 and 49 years, including individuals deemed to be most at risk such as discordant couples, individuals in concurrent partnerships, female and male sexual workers, long distance truck drivers, and PLWHAs.

The program will implement HVOP activities alongside other HIV prevention activities such as abstinence and being faithful (AB), male circumcision (MC), and T&C for HIV. The program will 1) distribute 16.5 million pieces of maximum male condoms through 2,100 distribution outlets, comprising pharmacies, drug stores, retail shops, and kiosks to ensure increased access, especially in the rural areas and 330,000 female condoms, 2) train 300 individuals to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful, including consistent and correct use of condoms, addressing discontinuation and irregular use of condoms, dual protection of condoms from HIV infection and pregnancy, partner notification about HIV status, positive health seeking behaviors such as seeking prompt treatment for sexually transmitted diseases, and family planning, and 3) reach 96,000individuals with HIV prevention messages through community-based condom distributors.

The program will provide onsite mentoring and standard training to community-based distributors and workers to promote correct and consistent use of condoms and accurate HIV prevention messaging.

The program will track outputs and outcomes through routine collection and interpretation of data on activities such as commodities distributed and people trained, track surveys, and support visits to commodity outlets.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7428** | **Mechanism Name: Corridors of Hope** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 4,947,137 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 4,947,137 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Corridors of Hope III (COH III) project is a comprehensive HIV prevention of sexual transmission project. It is a continuation of a project that began in 2000 under the name the Cross Border Initiative (CBI). The CBI originally targeted most-at-risk populations (MARPs), primarily sex workers and their clients, mainly long distance truck drivers at border posts and transport corridor communities. Originally, the CBI provided diagnosis and treatment of sexually transmitted infection (STIs) and behavior change information, including the promotion of the use of condoms, to reduce risk behavior and the transmission of HIV.

In 2004, CBI changed its name to be the Corridors of Hope project and expanded its range of services to include testing and counseling (TC). It also expanded from seven to ten sites. In subsequent years, through the support of PEPFAR, COH expanded services in recognition of the generalized nature of the epidemic and due to the demand along the transport corridors.

COH III began October 1, 2009 as an Associate Award under the ROADS II Leader with Associates Cooperative Agreement. Working with the Ministry of Health, District Health Management Teams (DHTs) and in close collaboration with the District AIDS Taskforces (DATFs) of the National AIDS Council to provide comprehensive HIV prevention programming. The services are provided across seven sites: Chipata, Chirundu, Kapiri Mposhi, Kazungula, Livingstone, Nakonde and Solwezi. In FY 2010, COH III will continue at these seven sites plus add three more sites: Kasumbalesa, Katete, and Sesheke.

COH III provides a unique range of services. In addition to the innovate approaches to providing CT, COH III also provides STI diagnosis and treatment, and strategic behavior change and community mobilization interventions, using participatory methodologies designed to encourage individuals and communities to identify the drivers of HIV transmission. Strategies for addressing these drivers are then identified so as to promote sustainable behavior change. In FY 2010, COH III will continue to use these effective approaches, modified as necessary based on the experience of FY 2009.

As an Associate under the ROADS II Leader with Associates project, in FY 2009, COH III benefited from

the expertise and best practices being used in the east and southern Africa. In FY 2010, COH III will continue to build upon this expertise and quality to enhance the effectiveness of the services and to address real needs and conditions that put Zambians at risk for HIV transmission. Importantly, COH will draw on the experience of ROADS in sustaining community volunteers through the cluster community-organizing model, develop real-wage jobs for vulnerable women and youth, including older orphans, address sexual and gender-based violence in the context of HIV, establish community-based alcohol counseling to strengthen HIV prevention, care and treatment. COH III will also use SafeTStop branding to help Zambian MARPs access services when in neighboring countries, and strengthen the HIV prevention and care skills of private drug shops and pharmacies, the first line of care in many transport corridor communities.

COH III's mandate is to increase the capacity of local partner organizations to provide and sustain a continuum of prevention services. COH III will continue to build local capacity to conduct CT services, integrate CT with AB and other prevention activities, and establish effective and comprehensive referral networks that are easily accessible and acceptable to MARPs. COH III will continue to strengthen all facets of its three Zambian NGO partners, Afya Mzuri, ZHECT, and ZINGO, to manage the sites and implement the program activities. Based on periodic organizational assessments, FHI will continue to provide technical assistance, training, and on-the-job mentoring 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. COH III will continue to pursue the exit strategy and the graduation plan articulated in FY 2009.

In addition, through its local partners, COH III will continue to develop the organizational capacities of selected local faith-based and community-based organizations (FBOs/CBOs).

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 150,000 |
| Gender: Reducing Violence and Coercion | 400,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **7428** |
| **Mechanism Name:** | **Corridors of Hope** |
| **Prime Partner Name:** | **Family Health International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 1,000,000 | |

**Narrative:**

COH III will build on the experiences of the previous year to provide CT services in the seven original sites: Chipata, Chirundu, Kapiri Mposhi, Kazungula, Livingstone, Nakonde and Solwezi. In FY 20020, the program will open sites in Kasumbalesa, Katete, and Sesheke. These locations have populations that have the highest HIV prevalence 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 2010, COH III will provide CT and their results to over 28,000 individuals and provide training to an addition 20 individuals to provide CT.

As in FY 2009, COH III will provide CT in ways that will continue to make the service convenient and accessible. Through monitoring service delivery, COH has learned that over 85% of the individuals who access CT from COH III have done so through the mobile facilities operated at each site. In addition, women and sexually active young people, particularly vulnerable groups, access CT from mobile facilities at a higher rate than men. In FY 2009, COH III introduced, with great success, door-to-door CT providing a mode of service delivery that is valued by households because of its confidentiality and accessibility. COH II will continue these services.

Using refurbished shipping containers strategically placed near the border crossings and truck parking areas, COH III will continue to provide CT services to sex workers, truck drivers, and others who congregate or are obliged to spend time at these locations.

Through participation in the DHMTs' annual planning process COH III anticipates continuing to receive testing kits from the DHMTs which are supplied by the MOH. COH III will continue to provide data on the CT services provided to the DHMTs who integrate it into their reporting to the MOH. The DHMTs will continue to provide quality assurance supervision for the CT activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVAB | 2,000,000 | |

**Narrative:**

Narrative (2250 characters)
At the core of implementing behavior change and social interventions, COH III will continue to create social environments that support and encourage individual change by challenging negative social norms and behaviors that put individuals and whole communities at risk of HIV infection. This requires that community members themselves drive the process of identifying their needs and development of appropriate responses, with technical support from COH III. The focus will be on interventions that increase knowledge of modes of transmission and key drivers of HIV transmission in Zambia and increase the perception of personal risk to HIV infection.

COH III partner, ZINGO, will continue to take primary responsibility for implementing interventions that promote abstinence and fidelity. As in FY 2009, ZINGO will focus on families and, working with local FBOs/CBOs, will develop skills among parents to talk to each other, to talk with their children, and to help family members to identify the risks of early/unprotected sex and to develop positive attitudes about their sexuality and skills to negotiate the pressures for early sexual debut.

ZINGO also will continue to work through its FBO/CBO members to develop interventions in schools and places of worship. It also will continue to promote sports as an alternative, engaging activity for youth.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 1,947,137 | |

**Narrative:**

At the core of implementing behavior change and social interventions, COH III will continue to create social environments that support and encourage individual change by challenging negative social norms and behaviors that put individuals and whole communities at risk of HIV infection. The focus will be on interventions that increase knowledge of key drivers of HIV transmission in Zambia; increase the perception of personal risk to HIV and change negative societal attitudes toward key prevention measures such as the use of female and male condoms. COH III interventions will challenge the acceptance of behaviors such an intergenerational sex, having multiple and concurrent sexual partners, and gender-based violence. Interventions will utilize the COH III Strategic Behavior Change and Social Mobilization Strategy. Project staff and community change agents will be trained in risk assessment and in counseling for behavior change. To the extent possible, local BCC project staff and peer educators will continue to work through and within participation with local FBOs/CBOs thus helping to build sustainable community institutions.

Sexually transmitted infections (STIs) are a proven contributing factor to HIV infection and COH III will continue to provide STI diagnosis and treatment. Individuals who comes to COH because of a suspected STI can be and are encouraged to take an HIV test. These services can be very complementary. Through mobile and static facilities, COH III will continue to offer STI diagnosis and treatment.

COH III will continue to promote correct and consistent use of female and male condoms and the establishment of condom outlets at locations frequented by sex workers and their clients.

The abuse of alcohol is a risk factor leading to risky sexual relations. Outreach workers will be trained to help communities and individuals address this challenge, adapting the community-based alcohol counseling model established by ROADS.

COH III will assess the potential to create real-wage jobs for vulnerable women and youth, in three sites through LifeWorks Partnership Trust (ROADS II). COH III will draw on ROADS expertise to assess the HIV prevention capacity of drug pharmacies in three COH III sites.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 8038** | **Mechanism Name: Zambia Partner Reporting System (ZPRS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Social and Scientific Systems | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 150,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 150,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This activity provides technical support and updating of the Zambia Partners Reporting System (ZPRS) developed by Social & Scientific Systems (S-3) for the USG in Zambia. The ZPRS was developed in FY 2004 and used for the first time in March 2005 for the semi-annual report. ZPRS is a computerized PEPFAR partners reporting system for USG/Zambia agencies and implementing partners to report OGAC indicators for semi-annual and annual reports. This system comprises both excel spreadsheets and ACCESS databases that loads onto a web-based system. After de-duplication of targets, the USG SI subcommittee enters data from the ZPRS into COPRS.

In FY 2005, S-3 developed the ZPRS and provided on-site technical support in training of staff and partners, in cleaning and entering data into the system, identifying and correcting bugs in the system, and adding a district level mapping component to the system. In FY 2006, S-3 assisted the USG/Zambia in updating its ZPRS to conform to the most recent OGAC reporting guidelines and provided technical assistance and training to the USG mission in Zambia and to its 60 implementing partners. The ZPRS has ensured a higher quality of data, standardized indicators and results, facility level indicator data and mapping, partner level accomplishments and funding to sub-partners, and is now used by all USG agencies effectively.

In FY 2007, S-3 provided ZPRS technical support for all USG agencies and partners and updated the ZPRS to make it more user friendly for partners. Major upgrades to the system were implemented, including new end-user account types, and new functionality that allow prime partners to directly access the web-based system and upload and edit program results data, including facility template Excel files. ZPRS was also updated to comply with all OGAC requirements, including revisions to the XML mechanism used for two-way communication with COPRS, and enhanced mapping capabilities. In coordination with OGAC, ZPRS also implemented appropriate redaction capabilities to ensure the security of procurement sensitive data.

In FY 2007, FY2008 and FY2009, additional reports and other enhancements were implemented when new requirements were identified. Sources for these new requirements included the increased use of ZPRS by other USG staff, and new reporting requirements for the Office of the Director of Foreign Assistance and local implementing partners.

In FY 2010, S-3 will continue to provide the service of enhancing and updating the functionalities of the ZPRS for the FY2010 reporting. The USG/Zambia SI Sub-committee will again provide a ZPRS demonstration to the National HIV/AIDS/STI/TB Council (NAC) to see if they may find it useful for field-based data collection as part of their One M&E System. If they find the ZPRS to have potential for use at

the district level and below, then we will invite S-3 to Zambia to adapt the system for use by the NAC.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 8038 | | |
|---|---|---|---|
| Mechanism Name: | Zambia Partner Reporting System (ZPRS) | | |
| Prime Partner Name: | Social and Scientific Systems | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 150,000 | |

**Narrative:**

The Zambia Partner Reporting System greatly reduces reporting burden on the USG team and increased the use of program data, especially in the area of mapping and coverage. Past investments in this system have clearly led to sustainable cost efficiencies. Future investment in this system could be beneficial by: (1) making ZPRS co-operable with COPRS II (2) increasing the number and type of reports that ZPRS can produce (3) inclusion of financial data. In FY 2010, S-3 will continue to provide the service of enhancing and updating the functionalities of the ZPRS for the FY2010 reporting. The USG/Zambia SI Sub-committee will again provide a ZPRS demonstration to the National HIV/AIDS/STI/TB Council (NAC) to see if they may find it useful for field-based data collection as part of their One M&E System. If they find the ZPRS to have potential for use at the district level and below, then we will invite S-3 to Zambia to adapt the system for use by the NAC.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 10203 | Mechanism Name: The Zambia Prevention, Care |
|---|---|

| | |
|---|---|
| | **and Treatment Partnership II (ZPCT II)** |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 22,956,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 22,956,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II), started in June 2009, and supports the Ministry of Health (MOH) to scale up, strengthen and sustain clinical HIV/AIDS services in Central, Copperbelt, Luapula, Northern and North-Western Provinces. Key legislative issues for the project include TB/HIV, increasing gender equity in HIV/AIDS activities and services and addressing male norms and behaviors.

The first component supports the National HIV/STI/TB Council (NAC) and the Government of the Republic of Zambia's (GRZ) MOH policies to expand and strengthen HIV/AIDS clinical services using an integrated approach in program areas of testing and counseling (TC), prevention of mother to child transmission (PMTCT), basic care and support, antiretroviral therapy (ART) and male circumcision (MC). Activities include: strengthening the health system through provision of essential clinical and non-clinical equipment, facility renovations, monitoring and evaluation, laboratory and pharmacy support (including strengthening the specimen referral system and the polymerase chain reaction (PCR) laboratory), and capacity building of health care workers (HCWs) and volunteer cadres of lay counselors, community PMTCT counselors, and adherence support workers. Project staff will mentor HCWs and volunteers to ensure maintenance of quality performance standards. This year ZPCT II will expand to an additional 59 facilities and two districts for a total of 41 of the 42 districts and 330 of the 588 GRZ facilities in the five provinces. Among the 330 facilities that provide TC and basic care and support, 319 will provide PMTCT, 130 will provide ART and 30 will provide MC. Prevention activities will include prevention for positives, couples counseling and follow-up for PMTCT mother/infant pairs.

The second component is designed to strengthen district referral networks to and from the clinic and community and work with the district health management teams (DHMTs) and district AIDS task forces to

build the capacity of the GRZ structures to manage the partner linkages. These activities will emphasize gender equity and male involvement in health, HIV/AIDS clinical services education, prevention education for both HIV positive and negative, mobile TC, the importance of PMTCT and adherence to ART for those on treatment.

The third component will work with GRZ facilities, to establish a sustainable program by building program management capacity through training of managers, and facilitating joint planning and budgeting including estimating and costing human resources required to run HIV/AIDS programs; promoting active involvement of key GRZ management officials in monitoring, supportive supervision and in quality assurance/quality improvement (QA/QI) assessments; developing/improving strategic information and analytical tools to enhance monitoring and evaluation (M&E) system strengthening, and data ownership and utilization by provincial medical offices (PMOs), DHMTs, and health facilities to improve service provision and logistics management and reporting. To insure sustainability, program activities will be included in MOH action plans, at all levels.

The ZPCT II monitoring and evaluation system ensures data quality from the facility to the province through built-in checks, quality assurance mechanisms and quarterly data audits. The system documents and disseminates program results, achievements, and lessons learned to the MOH, NAC, and USAID. The new indicator targets are estimates and will be confirmed as data is collected.

This year 11 well performing districts will be graduated, using approved QA/QI tools, from intense project technical support, for a total of 42 by project end. Graduated districts will be monitored by the ZPCT II technical teams through PMOs and DHMTs to ensure quality standards are maintained. PLWHAs will be used as additional human resources for clinic and community level activities.
The fourth component will identify six additional private sector facilities to bring the total supported to 12. The technical support on TC, basic care and support, PMTCT and ART given to the private sector will be replicated to ensure services are of the quality mandated by the MOH. Private facilities will be linked to the MOH reporting systems.

In the final component, ZPCT II will contribute to the policies and guidelines through the MOH and NAC technical working committees. In addition, ZPCT II will facilitate referrals and linkages to other clinical services to integrate services such as family planning, malaria, sexually transmitted infections and TB.

Working with the PMOs and DHMTs, ZPCT II will support routine evaluations of lessons learned from treatment interventions to identify and scale up best practices and to develop appropriate training and service delivery packages to increase access to treatment services in public and private health facilities. The process will include: identifying critical activity areas that require evaluation and conducting

evaluations as needed; substantive involvement of policy makers, managers, service providers, and other stakeholders involved in the response to HIV/AIDS including building sustainable links between key players, from identification of evaluation questions, conducting training in evaluations, doing evaluations, and documenting, disseminating, and utilizing evaluation results in program implementation.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 860,126 |
| Human Resources for Health | 1,134,300 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10203** |
| **Mechanism Name:** | **The Zambia Prevention, Care and Treatment Partnership II (ZPCT II)** |
| **Prime Partner Name:** | **Family Health International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 1,320,000 | |

**Narrative:**

ZPCT II will strengthen and expand clinical adult care services, following the MOH protocols for ART/OI and STI management and the PEPFAR adult preventive care package, reaching an additional 59 clinics this year for a total of 330 facilities in 41 districts and support the district health management teams in quality assurance for eventual program graduation.
ZPCT II will provide technical support ensuring quality services, and building district capacity to manage HIV/AIDS services. Activities include management of opportunistic infections and pain management

within health facilities; prevention for positives interventions; moderate renovations as needed; improved data management; increase referral linkages within and between health facilities and communities working through local community leaders and organizations and other USG projects; participate in and assist the MOH and the NAC to develop strategy, guidelines, and standard operating procedures; and increase program sustainability with the GRZ.

Health care workers will be trained in ART/OI GRZ curriculum that includes provision of cotrimoxazole prophylaxis, symptom and pain assessment and management, patient and family education and counseling, post exposure prophylaxis for victims of rape and violence, management of adult and pediatric HIV in the home setting, and provision of basic nursing services. Pharmacy staff will be trained in data collection/reporting, ordering, tracking, and forecasting of HIV-related commodities to ensure availability of critical medical supplies and drugs. The project will liaise closely with the USAID/DELIVER project and the Partnership for Supply Chain Management Systems on forecasting drug supply requirements.

Through these efforts, the project will aim to improve access to quality clinical adult care services; promote the use of evidence-based practices and share lessons learned in project implementation; and support the revision of national adult care guidelines and protocols in accordance with GRZ policies.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 4,000,000 | |

**Narrative:**

ZPCT II will support antiretroviral therapy (ART) services in an additional nine clinics this year to reach 130 facilities in 41 districts and support the district health management teams in quality assurance for eventual program graduation.

ZPCT II will expand and strengthen sustainable ART services by providing comprehensive support to strengthen ART facilities and services which includes: training and mentoring health care workers and adherence support workers in the approved ART/OI GRZ curricula; supporting task shifting of ART prescribing to nurses; implementing quality assurance mechanisms; renovating ART clinics and pharmacies, and providing essential equipment; expanding implementation of the ART outreach model; participating in and supporting the Ministry of Health and the National HIV/STI/TB Council's ART Technical Working Group to develop, update and disseminate training materials, protocols and policies; participating in and supporting the USG/Zambia food and nutrition strategy; assisting in the shift to client focused food by prescription approaches; and implementing the gender strategy as it applies to the ART services. ZPCT II implements the MOH case management protocols to follow individual clients and with

SmartCare will be able to determine individual client outcomes.

ZPCT II will work with other USG partners to strengthen referral linkages and community outreach efforts aimed at creating awareness of and demand for ART services (including post exposure prophylaxis for case of rape and gender violence), supporting treatment adherence among ART patients including the use of cell phones for tracking, and reinforcing prevention for positives messages. The project will collaborate with the GRZ, USAID/DELIVER, and Partnership for Supply Chain Management Systems in the distribution of ARVs, including pediatric formulas, and training of health facility staff in logistics management to ensure timely ordering and uninterrupted supply of ARVs. Support will further reduce stigma and discrimination associated with ART by working with community leaders and key stakeholders regarding the importance of testing and counseling and availability of ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 4,160,000 | |

**Narrative:**

ZPCT II will support TC services in an additional 59 new clinics this year to reach 330 Government of the Republic of Zambia (GRZ) facilities to enhance commodity management and provide quality TC services; ensure same day test results; provide technical assistance to community/faith–based organizations to expand access to TC via mobile services; strengthen linkages to ART and promote routine, targeted TC with maternal child health, PMTCT, family planning (FP), tuberculosis (TB), sexually transmitted infections (STI), MC and ante-natal care services; promote couple, child and youth TC; expand and strengthen inter-facility and community referral systems; promote follow-up services for negative clients; address gender disparities and violence that hinder access to TC services; and, support the DHMTs in quality assurance for eventual program graduation.

ZPCT II will refurbish facilities, train and mentor health care workers and lay counselors, increase quality assurance, and improve data quality and systems for tracking patient flow. Facilities and DHMTs will be supported to maintain site accreditation. In collaboration with the GRZ, USAID/DELIVER, and Partnership for Supply Chain Management Systems, pharmacy, laboratory, and counseling staff in the supported facilities will be trained and mentored in data collection and reporting, ordering, tracking, and forecasting of TC related commodities including HIV test kits.

Linkages with partners through the district referral networks will increase the number of people reached with TC services and avoid duplication of services. ZPCT II will work in the communities surrounding TC sites to increase demand and acceptance of services and target discordant couples. HIV-infected individuals will be referred to services including prevention for positives, PMTCT, ART, MC, FP, STI, and

palliative care including TB.

At the national level, ZPCT II will provide technical assistance to the national Counseling and Testing Technical Working Group to develop, revise, and disseminate training materials, protocols, and policies.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 1,000,000 | |

**Narrative:**

ZPCT II will strengthen and expand pediatric care and support services by providing technical support, ensuring quality services, and building district capacity to manage sustainable pediatric HIV/AIDS services in an additional 59 clinics this year to reach 330 GRZ facilities and 12 private sector facilities. Support includes: strengthening management of opportunistic infections and pain management within health facilities; training and mentoring of health care workers (HCWs) and adherence support workers; facility renovations; provision of cotrimoxazole for exposed infants; increasing referral linkages within and between health facilities and communities working through other USG partners, local community leaders, and organizations; and participating in the ART Technical Working Group and the USG Palliative Care Forum to assist the MOH and the NAC to develop and strengthen policies, guidelines, and standard operating procedures.

ZPCT II will support in-patient pediatric lay counselors to provide TC. If positive, the child will have their laboratory investigations completed before being discharged and referred for the appropriate treatment, either ART or cotrimoxazole prophylaxis. HIV positive children will be referred, through the district referral network, to community programs such as CRS/SUCCESS and RAPIDS, for home based care services. The child will be the index case to reach the family with TC with an emphasis on prevention for those found positive and negative. Where possible, care, will be provided at family-centered clinics. Through dried blood spot testing, infants under 18 months will have access to polymerase chain reaction laboratory to determine their HIV status.

ZPCT II will mentor health care workers to increase their ability to monitor pediatric HIV clients including management of nutrition and food by prescription, child rape victims and gender violence. 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 in close collaboration with the USAID| DELIVER and the Partnership for Supply Chain Management Systems on forecasting required drug supplies.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | PDTX | 1,556,000 | |

**Narrative:**

ZPCT II will assist the GRZ and private facilities to provide ART for pediatric patients in an additional nine ART sites in the 41 districts reaching 129 of the 130 ART facilities. The project will provide technical support, ensuring quality services, and building district capacity to manage pediatric HIV/AIDS services for eventual program graduation. ZPCT II will link to the adult ART program to strengthen ART facilities and services; expand implementation of the ART outreach; ensure injection safety; strengthen community referral linkages and improve service integration to increase demand for ART services; support the national ART Technical Working Group; and provide technical assistance and mentoring to health care workers, including adherence support workers (ASWs) and pediatric lay counselors. ZPCT II will integrate innovative approaches to pediatric ART case management, including mentoring, on-site training, and strengthening basic ART/opportunistic infections (OI) pediatric management, with special attention to routine provider initiated counseling and testing, timely initiation of ART, nutritional support, post exposure prophylaxis for rape, child sexual abuse management, and cotrimoxazole prophylaxis. The project will support ASWs to assist families in addressing ART adherence and other challenges to effective pediatric case management.

ZPCT II will strengthen linkages with PMTCT services and under-five clinics to ensure eligible HIV positive pregnant women receive ART, and infants of HIV-infected women are tested for HIV at nine and 18-months as per the revised National PMTCT and ART Protocol Guidelines. Dried blood spot specimens from infants under 18 months will be sent to the polymerase chain reaction laboratory for early infant diagnosis. ZPCT II will scale-up early childhood diagnosis through integration with in and outpatient child health services, couples and child counseling, and promotion of male involvement in PMTCT services. The project will continue to provide pediatric ART case management mentoring, on-site training, and strengthening basic ART/OI pediatric management. ASWs will assist families in ART adherence and other challenges to effective pediatric case management.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 700,000 | |

**Narrative:**

ZPCT II will establish and scale-up male circumcision (MC) activities in 14 health facilities in the five provinces adding to the 16 sites established last year for a total of 30 sites in 20 districts in four provinces. Program activities and site selection will be carried out in consultation with the Government of the Republic of Zambia's MOH MC technical working group and in collaboration with U.S Government (USG) programs for social marketing, behavior change, Partnership for Supply Chain Management Systems, Elizabeth Glazier Pediatric AIDS Foundation (EGPAF), and other non USG funded MC

including the Gates program with Society for Family Health and JHPIEGO Gates Foundation program. Program activities will indirectly coordinate with USG implementing partners for AB activities. The project will also link with other HIV and health related areas that will increase demand for and access to MC services.

In partnership with the University Teaching Hospital MC unit, ZPCT II will increase access to safe, high quality MC services integrated with TC, HIV prevention for both positive and negative, male reproductive health services, and STI services and will create linkages to male circumcision services through maternal and child health services. Health care workers will be trained to provide MC using the World Health Organization (WHO) materials and WHO supplemental counseling training materials. ZPCT II will provide supportive supervision using international performance standards. ZPCT II will work with community groups and other partners including traditional leaders, using communication messages approved by the MOH through the MC technical working group, to create awareness and demand for MC services as part of the prevention strategy which will also educate men on gender based violence and the needs of their female partners.

At the national level, ZPCT II will support the MOH MC technical working group and the National HIV/STI/TB Council preventions of sexual transmission to develop policies, protocols, guidelines, and training and education materials to enhance national scale-up of quality MC services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 5,500,000 | |

**Narrative:**

ZPCT II supports the MOH to strengthen and expand PMTCT services in 57 new clinics for a total of 319 facilities in 41 districts of the five provinces. ZPCT II will promote PMTCT service delivery through provision of technical support and training for health care workers, community cadres (including traditional birth attendants (TBAs), community PMTCT and lay counselors); facility renovations; provision of essential equipment including point of service hemoglobin testing to provide more efficacious HIV prophylaxis regimens; strengthen the national external quality assurance program; and support the district health management teams to facilitate program graduation.

PMTCT and ART services will be linked. Laboratory samples for CD4 testing from PMTCT facilities will be transported to sites with CD4 machines to ensure eligible women are put on full ART. Blood samples taken from exposed children at six weeks, during routine immunizations, will be sent to the polymerase chain reaction laboratory for early infant diagnosis. HIV positive women will be linked with community groups that provide nutritional, legal, and psychosocial support (including support for gender based violence) and encourage male involvement and couple disclosure. TBAs will assist with PMTCT adherence support and follow-up at the community level. Women testing positive will receive prevention

for positives interventions, malaria prophylaxis, and will be referred to family planning and ante-natal services. Those who test negative will be referred to comprehensive prevention activities. ZPCT II will track mother/infant pairs through maternal child health clinics to enhance early diagnosis and increased uptake of pediatric ART services.

ZPCT II will support accurate reporting and data collection (utilizing a computer based system where possible) and reliable supplies of ARV prophylaxis. Commodity management will be coordinated with the GRZ and the Partnership for Supply Chain Management Systems. ZPCT II follows national guidelines and provides technical assistance to the national PMTCT Technical Working Group to develop, revise, and disseminate training materials, protocols, standard operating procedures, and policies.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 2,120,000 | |

**Narrative:**

ZPCT II will provide technical support to ensure quality services and build district capacity of laboratory diagnostic and monitoring services in an additional 15 GRZ laboratories reaching a total of 111 laboratories. The project will strengthen the laboratories to perform HIV, CD4 and lymphocyte tests; refurbish laboratories; procure essential equipment in accordance with GRZ guidelines and policies (including CD4, hematology and chemistry analyzers, autoclaves, centrifuges, microscopes, and refrigerators); improve laboratory quality assurance mechanisms, information systems, and personnel capacity; provide training of laboratory technicians and ensure consistency in laboratory supplies through the national logistics system; provide the Good Clinical Laboratory Practices training; and participate in national laboratory groups in the development or review of policies, guidelines, standard operating procedures, and training manuals.

ART clinics without access to CD4 testing will be linked to nearby ART facilities through the specimen referral system. ZPCT II will continue to support the early infant diagnosis polymerase chain reaction PCR lab in Ndola and ensure transportation for dried blood spot samples. The project will also coordinate with activities supported by the Centers for Disease Control and Prevention (CDC) and collaborate with the Clinton Foundation HIV/AIDS Initiative.

ZPCT II will work with the GRZ and CDC to strengthen laboratory quality assurance mechanisms, information systems, and laboratory personnel's capacity to ensure adherence to GRZ's recommended laboratory standards. ZPCT supports the Medical Council of Zambia ART accreditation process which includes the evaluation of laboratories. In addition, as the MOH identifies an accreditation process, ZPCT II will assist with the implementation. Finally, ZPCT II will continue to train laboratory staff in

commodity management and lab-related activities. Assistance for this second component will be coordinated with USAID/DELIVER, the Partnership for Supply Chain Management Systems, CDC, and GRZ to avoid duplication of efforts and to ensure that facility-level forecasting and procurements eliminate stock-outs of essential commodities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 2,600,000 | |

**Narrative:**

ZPCT II will support the GRZ to strengthen and expand TB/HIV services in an additional 59 facilities this year to reach 330 facilities in the 41 districts and 12 private sector facilities. The project, working with other U.S. Government (USG) and non USG) programs, will harmonize TB/HIV trainings and service delivery protocols; train health care workers and lay counselors in cross-referral for TB/HIV and other opportunistic infections; provide microscopes and laboratory reagents; renovate TB laboratories; strengthen and expand TB services among HIV-infected individuals, including TB microscopy and treatment; and support initiatives for TB infection control and intensified TB case finding in the facility and the community. The project will also strengthen and expand quality direct observed treatment short course programs, and increase community involvement and awareness of TB as well as work through the district referral networks to link the community to the clinics. ZPCT II's monitoring and evaluation system includes HIV/TB indicators and uses the Ministry of Health approved data collection tools.

In order to increase the capacity of the MOH, ZPCT II conducts the approved MOH training programs in ART/OI, pediatric HIV and adherence support reaching 630 service providers (which include health care workers and adherence support workers) in FY 2009 and will reach an additional 700 in FY 2010.

Provider initiated testing and counseling for HIV will be offered to the TB clients and their family, with emphasis on reducing stigma and discrimination associated with TB and HIV. In addition, TB diagnosis among all HIV-positive patients will be conducted to reduce the incidence of TB Immune Reconstitution Syndrome and to ensure appropriate TB and/or ART services.

ZPCT II will work at the national level with the National TB and ART Technical Working Groups, to ensure that policies and guidelines are optimal for TB/HIV linkages at all levels of the health care system. In particular, ZPCT II activities will support the National TB strategic plan and will be coordinated with the newly formed TB coordination bodies at national, provincial, district and community levels.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10205** | **Mechanism Name: MEASURE Phase III, Demographic and Health Surveys (DHS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: ICF Macro | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 900,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 900,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The 2010 Zambia HIV/AIDS Service Provision Assessment Survey (ZHSPA) is a health-facility survey that will be implemented by the Ministry of Health (MOH) and the Central Statistical Office (CSO) with technical support from the MEASURE DHS Phase III contract for which ICF Macro is the prime contractor. The ZHSPA will be carried out to assess the capacity of health facilities to provide quality preventive, diagnostic and treatment HIV/AIDS services. Information will be collected on the availability of services, existence of critical equipment, supplies and procedures (including management), provider capacity, performance and perceptions, and the client perspective. The ZHSPA will provide the data needed to report on key internationally mandated indicators relating to the capacity of facilities to provide basic- and advance-level HIV/AIDS services, the availability of record-keeping systems for monitoring HIV/AIDS care and support, the capacity to provide prevention of mother-to-child transmission services (PMTCT) and PMTCT+ services, and the availability of youth-friendly services. The survey will be conducted in a nationally representative sample of facilities, and the sample design will allow for disaggregation of the survey results by province, facility type, and managing authority (governmental and nongovernmental). A primary objective guiding the design of the content and the sample for the 2010 ZHSPA will be to facilitate the measurement of changes since the 2005 ZHSPA in the capacity of health facilities to provide quality HIV/AIDS services. Input into the survey design will be sought from a broad range of organizations involved in the delivery of HIV/AIDS services in Zambia, and the survey results will be widely disseminated through the preliminary and main survey reports, special policy briefs and at the

national seminar. The ZHSPA data file will be made available to researchers for additional in-depth analyses. Efforts will be directed at all phases of the ZHSPA to develop the capacity of Zambian counterparts to design, implement, disseminate and use the survey results. The ZHSPA will contribute directly to health systems strengthening efforts by providing objectively-verified information about the functioning of HIV/AIDS services and pinpointing areas that are in need of improvement. The ability to examine trends between the 2005 and 2010 rounds of the ZHSPA will be particularly important in looking at both where there have been significant changes in the availability and quality of HIV/AIDS services and where there are continuing weaknesses. Data obtained through the ZHSPA, the basic infrastructure and on general systems in place in each of the surveyed facilities (e.g., management, logistics, and information) may be of use in looking at other service delivery areas including family planning, maternal and child health, and tuberculosis.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **10205** | | |
|---|---|---|---|
| **Mechanism Name:** | **MEASURE Phase III, Demographic and Health Surveys (DHS)** | | |
| **Prime Partner Name:** | **ICF Macro** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 900,000 | |
| **Narrative:** | | | |
| The MEASURE DHS Phase III contract for which ICF Macro is the prime contractor will provide technical support for the 2010 Zambia HIV/AIDS Service Provision Assessment Survey (ZHSPA) to the local ZHSPA implementing partners, the Ministry of Health and Central Statistical Office. The Phase III DHS project will provide support to the ZHSPA in the areas of survey and sample design, fieldwork training and monitoring, data processing and tabulation, analysis and report writing, and dissemination and use of the survey results. MEASURE DHS Phase III project staff and consultants will make periodic visits to | | | |

| |
|---|
| Zambia to provide the support and also closely monitor activities by email and telephone from the project headquarters in Calverton Maryland. ICF Macro will also manage a subcontract through which funding for the local costs of the data collection, analysis and dissemination will be provided to the local implementing partners. Key outputs from the 2010 ZHSPA will include the survey instruments and related training manuals and field forms, data entry and editing programs, preliminary and final reports, and PowerPoint presentations for the national ZHSPA seminar. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10207** | **Mechanism Name: Twinning Center** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American International Health Alliance | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 625,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 625,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| University Teaching Hospital | | |

## Overview Narrative

Comprehensive Goals and Objectives: The AIHA Twinning Center supports the US President's Emergency Plan for AIDS Relief through partnerships, initiatives, and volunteer placements that help build critical institutional and human resource capacity to combat HIV/AIDS.

Through funding from the US Centers for Disease Control and Prevention in Zambia, the Twinning Center supports a twinning partnership between the University Teaching Hospital (UTH) Pediatric Pharmacy Centers of Excellence (COE) in Lusaka and Livingstone with the Center for International Health (CIH) in

Milwaukee, WI. The overall goal of the partnership is to contribute to the HIV/AIDS programs of the COE by strengthening the clinical and management roles and building the training capacity of Zambian pharmacists. Specifically, partners will enhance the capacity of Zambian pharmacists and pharmacy technicians who are responsible for the following: (1) assuming the role and functions of practitioner members of HIV/AIDS clinical teams at the Lusaka and Livingstone COE; and (2) demonstrating the knowledge and skills required to organize and manage pharmacy services for the delivery of antiretroviral therapy (ART) interventions in support of HIV/AIDS prophylaxis, treatment, and care for mothers, infants, and children.

AIHA partnerships are volunteer-based peer-to-peer programs, with an emphasis on professional exchanges, voluntary contributions, and leveraging private sector resources in order to create sustainability. AIHA selected the Center for International Health (CIH) to participate in the partnership in part because of their ability to provide donations of in-kind professional time and other material resources from the participating Milwaukee organizations and experts. AIHA is able to achieve cost efficiencies and greater impact of its programs through leveraging of partner resources.

The AIHA staff work closely with twinning partners to organize exchanges and develop a partnership workplan with specific goals and objectives, a partnership communication plan, and monitoring and evaluation plan. The participating institutions identify partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. CIH enlisted a monitoring and evaluation expert to focus on the development of appropriate monitoring and evaluation tools and processes to support partnership activities. Through these efforts, the partners will effectively track development and impact of partnership interventions while capacitating the COE staff to better incorporate sound monitoring and evaluation practices in their daily work.

The Twinning Center is responsible for day-to-day project administration including budget monitoring and logistical support and can provide training to individual organizations on financial administration and sub-grant management.

Geographic target and target populations:
The geographic target areas are Lusaka and Livingstone.

The target populations include pharmacists, pharmaceutical technicians, clients, and the general community in Livingstone and Lusaka.

Key Contributions to Health Systems Strengthening:

Through the twinning partnership, participating pharmacists at the COE will play a leading role in fostering a team environment in which physicians, nurses, pharmacists, and other allied health professionals work more closely and with greater coordination to provide enhanced care and services to clients. Physicians will better understand and value the role of pharmacists in the provision of care and services. To enhance the role of pharmacists, the twining partnership will encourage more actively engaged health care teams and include other caregivers, clients, and the general public in health care, leading to greater retention of this important human resource for health.

To ensure the quality of training provided, all in-country workshop modules and training materials will be reviewed, prior to publication, by pharmacists at Children's Hospital of Wisconsin in Milwaukee for accuracy and content. The twinning partners will design an appropriate area-wide approach to pediatric ART by supporting the process of devolving treatment and care to district level health facilities consistent with accepted quality assurance standards. CIH will assist the COE to enhance the clinical role of pharmacists within existing Zambian teaching, training and service systems health structures. Experts from Children's Hospital of Wisconsin in Milwaukee will provide mentoring and supportive supervision of COE staff to ensure that they are correctly implementing the skills being taught in the training workshops.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10207** |
| **Mechanism Name:** | **Twinning Center** |
| **Prime Partner Name:** | **American International Health Alliance** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 155,000 | |

**Narrative:**

In FY 2010, APCA and the Twinning Center will continue to support the development of human and

institutional capacity of PCAZ. The partnership will finalize the PCAZ strategic plan for 2009-2012, including related business and marketing plans. With PEPFAR funding, APCA will provide training and mentoring to support PCAZ in the implementation of the strategic, business, and marketing plans. Partners will work closely with the newly selected PCAZ board of directors to ensure their engagement and support of PCAZ activities consistent with the new strategic plan. APCA will capacitate PCAZ management and staff members to more effectively manage programs and activities supporting the palliative care agenda in Zambia.

With PEPFAR funding, APCA will support PCAZ in increasing and enhancing the array of resources and services PCAZ provides to members. These resources include the continuation of the quarterly newsletter and PCAZ organizational website. APCA will assist PCAZ in the implementation of its marketing plan, to increase PCAZ membership, thereby increasing private revenue and making PCAZ more sustainable.

APCA will help PCAZ with the development of training activities, educational materials, and advocacy efforts on important issues in palliative care, including pain relief (including morphine availability) and dispensation by palliative care providers. PCAZ will continue to map palliative care services provided by hospices and home-based care providers, and provide technical support in cascading palliative care training for members. As a member of the palliative care technical working group, PCAZ – with the support and leadership of APCA- will further review standards of HIV palliative care and educate its membership on the latest changes and available information and resources.

The Twinning Center will establish an LRC at PCAZ, which will serve as a palliative care resource center to be utilized by PCAZ members and staff. With the LRC, PCAZ will be able to access current evidence-based resources on palliative care and other related HIV/AIDS issues. The LRC will serve as a venue for training and education of PCAZ members, and help PCAZ to develop and produce training and educational materials. The LRC will raise the standard and number of services PCAZ is able to offer its members and enhance the capacity of PCAZ to carry out its work in education and advocacy for HIV palliative care.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 170,000 | |

**Narrative:**

UTH pharmacists will organize and conduct short-term in-country training workshops for pharmacists, pharmacy technicians, and dispensers to impart the principles of antiretroviral therapy interventions in support of HIV/AIDS prophylaxis, treatment, and care for infants and mothers. Twinning partners will

implement these in-country programs to sensitize healthcare providers on the importance of developing effective healthcare teams. Pharmacists at the Lusaka and Livingstone Centers of Excellence, with assistance from colleagues from Milwaukee, will develop a comprehensive training package and tools, including modules and curricula, to serve as resources for trained healthcare professionals. This training package, developed from and inclusive of material taught at previous in-country training workshops, will allow these trained healthcare professionals to refer to the most effective and updated information and will serve as an important learning manual for Zambian pharmacists.

In FY 2010, partners will continue supporting the operations of two Learning Resource Centers (LRCs) housed within the pharmacy departments at UTH and Livingstone General Hospital. These LRCs will allow the pharmacists to increase their access to evidence-based medicine resources and will permit pharmacists to serve as mentors to their colleagues. The LRCs will be utilized by University Teaching Hospital and Livingstone General Hospital pharmacists in the development of staff resources, educational materials for clients, and training tools.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 300,000 | |

**Narrative:**

In FY 2010, AIHA Twinning Center will continue to support the established five LRCs as well as establish an additional six LRCs. The six rural LRCs will be within close proximity to the three provincial LRCs and will serve the populations in outlying areas. By establishing rural LRCs and piloting a linkage between a rural LRC and a provincial LRC, a referral network will be created. As additional LRCs are assessed and launched, AIHA will continue to provide training opportunities to the LRC coordinators, including refresher trainings and trainings that encompass effective and pertinent information. Additionally, AIHA will support the logistical coordination of an all LRC-partner meeting so that LRC coordinators can exchange and share ideas, which will create regional expertise and a support network for all LRC coordinators.

In FY 2010, AIHA Twinning Center will establish a partnership between the Defense Force Health Sciences School of Nursing and a qualified US military institution to strengthen the capacity of the of DFHS nursing school to provide quality nursing education in HIV/AIDS care. Additionally, the partnership will focus on building human resource capacity by developing and implementing a new pre-service HIV/AIDS nursing curriculum at the DFHS nursing school, as well as training master trainers and nurse tutors in the curriculum.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 10212 | Mechanism Name: CSO Follow on |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Central Statistical Office | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 600,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 600,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Central Statistical Office (CSO) is mandated by the Government of Zambia to collect, compile, analyze, and disseminate national statistics. The FY 2010 plan aims to build-up and sustain staff expertise in vital registration. In FY 2010 there will be continuation and expansion of the Sample Vital Registration with Verbal Autopsy (SAVVY) to cover all provinces in Zambia. The FY 2010 activity builds upon the first phase conducted in COP 2009. In the second phase of the SAVVY, the CSO will continue with the demographic and mortality surveillance to estimate the number and causes of deaths and the number of births occurring in sampled areas with baseline census information. In addition to this, the activities will include the strengthening of the civil registration at the Department of National Registration, Passports and Citizenship (DNRPC) to obtain mortality and births data alongside census data that will be collected from sampled areas. This activity will also include training 175 staff from CSO and other ministries (e.g. office staff, interviewers, census enumerators, community health workers, community service providers, verbal autopsy interviewers and supervisors, and other health workers). Beyond training of individuals in SAVVY methods, this activity will yield information on the number of deaths ascertained by community informants, number and quality of verbal autopsy forms completed by interviewers, and number and quality of verbal autopsy forms coded with cause of death. The estimated duration of time from death to notification and completion of verbal autopsy, time to cause of death coding, and estimated mortality rate observed in the SAVVY areas and communities will be captured. The ability to capture specific causes of death of interest using the verbal autopsy form will also be

examined, with observed strengths and weaknesses of the verbal autopsy form used in Zambia. The activity will also yield information on the number of births occurring in selected areas, number of births occurring in hospitals, and the number of births that are registered by councils. The CSO will continue to collaborate with the Ministry of Health (MOH), the DNRPC under the Ministry of Home Affairs, Ministry of Local Government and Housing (MLGH), and Ministry of Community Development and Social Services (MCDSS) to expand its surveillance of vital events in Zambia by increasing areas of coverage, examining and supporting existing data sources and data capture systems, refining and validating the verbal autopsy, capturing information on births and facilitating birth registration in selected areas, and collecting information on births and deaths from hospitals, clinics and councils close to the sample areas in Zambia.

The second FY 2010 activity that the CSO will implement is the AIDS Indicator Survey. The main objectives of the survey are to:
1) determine unmet HIV/AIDS community service needs such as lack of access to ART, PMTCT and VCT;
2) determine the prevalence of HIV, HSV-2, and syphilis in adults age 15-64, and the distribution of CD4 counts among HIV-infected adults, an indicator not previously captured under any population-based HIV/AIDS surveys carried out in Zambia to date;
3) describe socio-demographic and behavioral risk factors related to HIV and other STI and provide information on how HIV/STI prevention programs are performing; and,
4) provide an estimate of HIV incidence through laboratory testing, a critical indicator of the effectiveness of HIV/AIDS prevention programs.

The CSO will have a complete M&E program for the two Strategic Information activities. Monitoring activities will include training and retraining of field staff to ensure accuracy of data collection, and routine field visits to monitor data collector performance and quality control of data processing. To ensure quality and safety of SAVVY data, personal computers used for SAVVY data (which will be stored on external hard drives and analyzed) will not be connected to the CSO network, and will be placed in a secure cabinet in the SAVVY office which has restricted access. Data will be stored in two parts, one set will contain personal identifiers and the other the rest of the data, both of which can be linked by a password or code. Access to this code will be restricted to key personnel at the SAVVY office. Paper records will be stored in locked cabinets at site offices which only SAVVY site supervisors will have access to, and collected every month from site offices for further editing and storage at the SAVVY offices at CSO headquarters. Monthly program performance evaluations will be conducted.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 10212 | | |
|---|---|---|---|
| Mechanism Name: | CSO Follow on | | |
| Prime Partner Name: | Central Statistical Office | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 600,000 | |

**Narrative:**

The CSO intends to carry out two activities in FY 2010. The first activity is the continuation and expansion of the SAVVY from the current coverage of 4 provinces to 9 provinces. It will also continue with efforts aimed at improving the civil registration by building capacity at the DNRPC. The information collected through verbal autopsy interviews will assist in ascertaining the causes of death that are not captured through the health facilities and hence inform policy. About 60% of Zambia's population resides in rural areas with little or no access to heath facilities and the births and deaths occurring in these areas are unrecorded. Additionally, birth registration compliance is very low, estimated at below 40% of all births occurring in health facilities while those occurring in rural areas are rarely recorded. This activity aims at collecting such information from sampled areas and, once the cause of death has been ascertained, the DNRPC will issue a death certificate. It is envisaged that in due course the database recording of births and deaths will be located in health facilities as an integral part of the SmartCare electronic health records system. The second activity that the CSO intends to undertake in FY 2010 is the AIDS Indicator Survey. This is an HIV surveillance activity whose objectives are to provide information on access to and unmet needs to HIV/AIDS services, HIV prevalence of HIV, HSV-2, and syphilis in adults age 15-64, and the distribution of CD4 counts among HIV-infected adults, socio-demographic and behavioral risk factors related to HIV and other STIs, and estimate HIV incidence through laboratory testing. This information is vital to the prevention efforts, treatment and care programs. The accuracy of information on persons in need of HIV treatment has critical fiscal implications. The CSO will collaborate with the University Teaching Hospital (UTH), the Tropical Disease Research Centre (TDRC), the National AIDS Council (NAC) and the Ministry of Health (MoH) in this surveillance activity. The CSO will be responsible for the collection of socio-demographic data from the households while UTH

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| and TRDC will oversee the collection and testing of biological specimens. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10216** | **Mechanism Name: Comforce** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Contract |
| Prime Partner Name: Comforce | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 300,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 300,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Human capacity development is a major focus of PEPFAR II. In FY 2010, we plan to support technical expertise in Strategic Information. CDC Zambia plans to continue strengthening local capacity in software upgrades and development by support of professional programmer/developers to work on the national electronic health record (HER) information system, SmartCare. The Strategic Information experts will build capacity in Zambians in computer programming and will provide critical technological guidance for further development of the information system SmartCare, as the Ministry of Health (MOH) assumes more of a leadership role of SmartCare development and management.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 10216 | | |
|---|---|---|---|
| Mechanism Name: | Comforce | | |
| Prime Partner Name: | Comforce | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 300,000 | |

**Narrative:**

As of September 2009, MOH had deployed SmartCare to more than 500 sites in Zambia with support from partners, most specifically PEPFAR. There are some challenging technical areas yet to be mastered by the in-country team, despite the tremendous success of the EHR concept at a political and deployment level.

In FY 2010, CDC Zambia will continue to support the transition of software upgrades and development to in-country talent by supporting the current 'lead' programmer/developer who is working closely with the SmartCare team on-location in Zambia to continue building capacity in the Zambian team up to the level required to maintain and adapt the software in the future.
To assist this lead, a C# software specialist and a SQL Server database administrator will be employed. The roles of the SQL server Database administrator include advancing the architecture of certain large scale SmartCare database strategies and improving database performance and capacity to meet final scope requirements.
The CDC SI section will support a regional hire as an understudy. The strategy behind the regional hire is to provide an option for a long-term and lower cost technical bridge between the US-based expertise that started the project, and the locally sustainable ownership of the technology.

These lead technical staff will continue to provide clear and cohesive technical vision to the project during a key maturation phase of integrating and scaling the performance of the system infrastructure. There are some demanding infrastructure updates needed to simplify system sustainability, localizability, and improve performance and functionality to make the next phases of development more sustainable as the Ministry of Health (MOH) assumes more leadership for system maintenance.

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| This activity provides a critical continuous bridging capacity, while both the national team's skills mature, and as, deliberately, the MOH adds more technical resources. The development of IT capacity in government is progressing well, but is not anticipated to be sudden without civil service pay scale reform or market pay.<br><br>The two added technical staff for this infrastructure work will be supported by unused carryover funding for same work. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10217** | **Mechanism Name: DAPP - 1 U2G PS000588** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: DAPP in Zambia | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,020,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,020,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Development Aid from People to People (DAPP) has been implementing development projects in Zambia since 1986. In 2006 DAPP piloted the Total Control of the Epidemic (TCE) program in Mazabuka District in the Southern Province of Zambia and now currently covers the district population of about 245,000. TCE is a three year counseling and testing intervention focusing on HIV prevention and linking individuals to treatment, care and support services through existing structures in the district. Utilizing a door to door approach, each TCE field officer is responsible for reaching 2,000 individuals in their assigned communities where they also become residents. Field offices carry out house to house HIV counseling

and testing, provide adherence counseling to people on treatment, and educate individuals, couples, families, and communities about many aspects of the HIV/AIDS epidemic. Field officers follow up with all who have been tested both positive and negative so that they are not infected, re-infected or do not infect others.

By extensive community involvement and activity, TCE seeks to change social norms and behaviors surrounding risk factors for HIV and stigma such that at the end of the three year campaign, the community will own many of the implemented activities, testing will be a norm, and support networks will be in place for PLWHA. Field officers mobilize and work with passionate volunteers who lead income generating activities and support groups. These volunteers identify community specific needs, spearhead initiative solutions, and reinforce the TCE messages throughout the community.

TCE strengthens the referral systems within the community, local clinic, local hospitals, District Health Management Team, and District Health Office networks. Field officers disseminate information on prevention including PMTCT, TB, and early treatment of sexually transmitted infections among other topics related to HIV/AIDS, then links individuals and families to services provided by other implementing partners and local health centers. Field officers follow up with individuals after they have received HIV, TB, and ANC services from other service providers. In collaboration with district health management teams, DAPP will run an integrated model of mobile clinic that is inclusive of counseling and testing, PMTCT and ART services. TCE will continue strengthening established links to referrals for care, treatment and support including PMTCT, TB, STI and pediatric CT/ART services.

In FY 2010, DAPP wishes to expand the TCE program to thee more Districts covering a population of about 500,000 people. DAPP TCE will recruit 250 Field Officers to mobilize communities of 2,000 people in the fight against HIV/AIDS. Field officers will be thoroughly trained in HIV counseling, rapid HIV finger prick testing, HIV prevention messaging, and community mobilization. The program will implement mobile antiretroviral therapy (ART) program in areas that does not have ART sites. DAPP will incorporate prevention with positives activities for patients in the pre-ART and ART programs.

The Field Officers meet weekly to evaluate their work, share experiences, receive training, report, and plan for the coming week. TCE leadership constantly monitors their performance in their fields by bi-weekly meetings, data report reviews, and site visits.

The TCE program will work within the frameworks of the Ministry of Health (MOH) and National AIDS Council (NAC) , signing memoranda of understanding (MOU) with all district health management teams. Key stakeholders and other partners will also sign MOU's in the fight against HIV/AIDS, so that a clear

agreement is made on how the organizations will be working in t he districts, preventing duplication of efforts. In the MOH cooperative agreement, $150,000 is set aside for plebotomy training, monitoring and evaluation of these activities. There is also an existing relationship between BD and MOH for training that will be strengthened by this PPP.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

## Budget Code Information

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|---|---|
| **Mechanism ID:** | **10217** |
| **Mechanism Name:** | **DAPP - 1 U2G PS000588** |
| **Prime Partner Name:** | **DAPP in Zambia** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 820,000 | |

**Narrative:**

Development Aid from People to People's Total Control of the Epidemic (TCE) utilizes a door to door approach to counseling and testing in areas far from VCT sites. The services are brought to the door step where people are comfortable to be tested at their own homes and include follow up to people tested and referrals made to the ART services. Counseling and testing in FY 2010 will increase access to care and supportive services. In FY 2010, TCE will focus their efforts on testing community members

with their partners.

TCE charges its field officers to meet and talk to every person in an assigned area of 2,000 people. Field officers will go door-to-door giving information about HIV/AIDS and how to protect one's self and one's family from HIV/AIDS. If someone decides to know their HIV status, the field officer will then offer an HIV rapid test or provide appropriate referrals to services. TCE Field officers serve as a resource on HIV/AIDS to their community. TCE utilizes nationally approved trainers to educate field officers in psychosocial counseling and testing for HIV/AIDS. TCE field officers will follow the Zambia Counseling Council and Ministry of Health guidelines for counseling and testing.

Field officers will follow up with each individual after their HIV test. Those who test positive will be encouraged to form or join existing support groups in the community where they will receive care, support and training on how to live positively with HIV, and how to prevent transmitting the virus to other. TCE will continue to encourage those who test negative for HIV to stay negative by reinforcing messages of correct and consistent condom use, partner reduction, and STI treatment.

Regular on-site supervision, monthly meetings, and data report reviews by TCE management will assure the quality of HIV counseling and testing. TCE will work with the District Health Management Team to hire a laboratory technician to supervise and provide technical assistance on the testing component to the field officers. This laboratory technician will ensure participation in the National External Quality Assessment Program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 200,000 | |

**Narrative:**

Development Aid from People to People's Total Control of the Epidemic (TCE) program has been working in Mazabuka district which has a high population of migrant workers due to large commercial farms, a sugar estate and factory, and a mining project. This activity involves reaching out and increasing condom use to high risk groups like the migrant workers, transient truck drivers, and commercial sex workers, and those sexually active. TCE will establish condom outlets in households, drinking places, guest houses and workplaces. The program targets both male and female seasonal migrants who travel to Mazabuka to work and also considers the spouses left behind. TCE will recruit and train peer educators among the migrant workers and commercial sex workers to spread prevention information to their friends and partners. These will be trained in behavioural change messages and in community condom distribution (CBD) as they are well placed to reach out to their peers. Field officers will increase efforts to promote and distribute condoms to all high risk groups. Field officers will

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| encourage re-testing for HIV negative clients in these high risk groups. TCE will address the issue of alcohol consumption among migrant workers and sex workers through the use of peer educators, field officers, support groups, and entertainment activities. TCE will introduce alternative sources of entertainment like video showing and sports to occupy the migrant workers and transient truck drivers during their off hours in Mazabuka. TCE runs an educational support group that targets both mobile and permanent sex workers in the Districts. TCE helps to support a night STI clinic in Mazabuka and will replicate this model in other districts in the future. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10218** | **Mechanism Name: EGPAF (Track 1.0) - U62,CCU1235** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) –Track 1.0 | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 15,764,509** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Central GHCS (State) | 15,764,509 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Africa Directions | University of Alabama | |

## Overview Narrative

Activities for Track 1 and Track 2 funding at site level overlap therefore the narratives for the two tracks of funding are the same. EGPAF/CIDRZ supports the Zambian Ministry of Health (MOH) in providing comprehensive, integrated, and quality clinical services to prevent mother-to-child HIV transmission (PMTCT) and care and treatment of HIV-positive adults and children. Programs work closely with MOH staff at all levels, and provide technical support to improve clinical and management capacity. EGPAF will

continue to support the MOH with management of SmartCare continuum of care patient tracking system and will continue supporting Africa Directions who provide counseling and testing services and pediatric psychosocial support services to HIV positive children in Mtendere Compound-Lusaka.

We will improve the health and well-being of HIV-positive mothers and exposed infants by providing comprehensive care and links to HIV care and treatment. Specific objectives are to:
1. Support comprehensive PMTCT services in all antenatal and delivery wards in 301 sites.
2. Provide more efficacious regimens (dual and triple therapy prophylaxis) to 70% of all women who receive PMTCT.
3. Support integrated antiretroviral therapy (ART) in 14 maternal-child health wards (MCH) and expand to four sites.
4. Integrate PMTCT in clinic and community-based comprehensive primary health care in Chongwe, Kafue, and Luangwa districts.
5. Increase district ownership by promoting district oversight, data monitoring and use and performance based funding.
The adult HIV care and support program will improve the health of HIV-positive people by providing pre-ART clinical care, comprehensive prevention services, and a continuum of care in primary health clinics. Objectives are to:
1. Provide a minimum package of prevention for positives.
2. Support pre-ART clinical care at 72 sites, including the provision of select drugs to treat opportunistic infections.
3. Support peer educators and treatment supporters to provide clinic services and in-home patient education.
4. Identify and pilot innovative methods to follow up pre-ART patients for repeat ART eligibility screening.
5. Support integrated HIV screening and care in nine outpatient (OPD) wards, and expand to five new sites.
6. Provide comprehensive women's health clinical services, including cervical cancer screening and treatment, HIV testing, and screening and treatment for sexually transmitted infections in 19 sites.
The adult HIV treatment program goal is to improve the quality of life of HIV-positive patients, and reduce mortality from HIV, by supporting MOH staff to provide clinical services and monitor their quality and impact. Objectives are to:
1. Support treatment at 72 sites and 10 satellite sites through advanced clinical training, mentoring and quality improvement systems.
2. Improve capacity in MOH staff to provide clinical oversight and conduct ART management training.
3. Improve adherence to treatment and reduce the proportion of patients lost to follow up.
4. Provide lab support through training, testing, specimen processing, and equipment.
5. Provide technical support to MOH in developing and piloting new HIV treatment guidelines.

6. Integrate ART in clinic and community-based comprehensive primary health care in Chongwe, Kafue, and Luangwa districts.
The pediatric care and support program aims to improve the health of HIV-positive children through integrated services that link early identification and diagnosis with psychosocial services and antiretroviral treatment. Objectives are to:
1. Increase the number of HIV-positive infants and children enrolled into HIV care through active case finding in under-five, in-, and outpatient wards.
2. Expand early infant diagnosis (EID) services through training, specimen transport, and lab diagnosis.
3. Improve links between PMTCT, EID and ART services.
4. Support pediatric peer educators to provide clinic-based outreach and education to increase the number of infants and children screened.
5. Increase awareness of and demand for pediatric HIV services through community outreach, educational materials, puppetry, and other means.
The pediatric treatment program goal is to increase the survival of HIV-positive children by supporting comprehensive, high-quality clinical pediatric ART services. Objectives are to:
1. Support clinical pediatric ART care in 72 sites and 10 satellite sites through training, on-site clinical mentoring, and quality improvement.
2. Provide specialized adherence counseling and psychosocial support by pediatric peer educators.
3. Provide technical support to the MOH in the development and revision of pediatric treatment guidelines, algorithms, and forms.
We support MOH PMTCT sites in Eastern, Lusaka, and Western Provinces. The target population is all pregnant women, and their partners and children. We support MOH and private HIV care and treatment sites in Eastern, Lusaka, Southern, and Western Provinces. The target population is all HIV-positive children and adults.
In FY 2010, we will integrate HIV prevention messages for both HIV-positive and HIV-negative clients, and will focus on improving male involvement and couple / family testing.
Cost-efficiency strategies include task-shifting through peer educators; increasing adherence and reducing loss to follow-up and need for second-line regimens; and actively identifying HIV-positive children to promote early testing, early treatment and decreased morbidity and mortality.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

## Budget Code Information

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|---|---|
| **Mechanism ID:** | **10218** |
| **Mechanism Name:** | **EGPAF (Track 1.0) - U62,CCU1235** |
| **Prime Partner Name:** | **The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) –Track 1.0** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 2,700,000 | |

**Narrative:**

We will provide a minimum package of prevention for positives by:
1. Training peer educators to assess sexual activity and provide prevention counseling.
2. Training nurses to assess family planning needs and provide counseling.
3. Including prevention modules in existing trainings.
We will support pre-antiretroviral treatment (ART) clinical care by:
1. Providing routine prevention counseling and ensuring condom availability.
2. Procuring select opportunistic infection drugs if needed.
3. Strengthening technical capacity at the district, provincial, and national levels.
4. Participating in technical working groups and providing technical support for guidelines and training packages.
5. Supporting 50 community sensitization drama performances.
We will support peer educators and treatment supporters by:
1. Recruiting and training 40 new peer educators and supporting 160 peer educators.
2. Providing ongoing mentoring and support to all peer educators and treatment supporters.
3. Conducting 12 trainings with treatment supporters and Neighborhood Health Committees on prevention for positives.
4. Disseminating prevention information, education, and communication materials.
5. Providing technical support for task-shifting guidelines and training packages.
We will pilot follow up of pre-ART patients for repeat ART eligibility screening by:

1. Analyzing program data to understand missed opportunities.
2. Assessing the feasibility of using methods such as text messages, phone or home visit reminders.
3. Reviewing the impact and operational demands of increased pre-ART patient follow-up.
We will support integrated HIV screening and care in 14 outpatient (OPD) wards by:
1. Providing ongoing monthly clinical mentoring at integrated sites.
2. Training 15 clinic staff in five new sites.
3. Recruiting and training 10 lay counselors.
We will provide comprehensive women's health clinical services by:
1. Providing 19 sites with trained personnel, equipment, and supplies.
2. Creating effective linkages through trained clinic-based peer counselors.
3. Conducting ongoing mentoring and quality improvement systems.
4. Supporting ongoing health promotion and advocacy.
5. Training staff and students at the University of Zambia School of Medicine.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 11,488,058 | |

**Narrative:**

We will support quality clinical care at existing antiretroviral treatment (ART) sites by:
1. Training 80 health care workers in advanced clinical management. (All trainings in-service)
2. Developing capacity in Zambian Ministry of Health (MOH) clinicians to conduct ongoing quality improvement (QI). Outcomes monitored are via SmartCare electronic medical records system
3. Supporting 20 Nurse Practitioner trainees.
We will improve the capacity of MOH staff to provide oversight and training by:
1. Training 40 MOH staff in clinical mentoring.
2. Conducting QI activities jointly with MOH staff.
3. Integrating with provincial strategic plans.
4. Supporting MOH provincial trainers to conduct four basic ART trainings.
5. Developing MOH capacity to assess training and mentoring needs and capacity.
6. Developing MOH capacity to assess and improve logistics management.
We will improve adherence to treatment and reduce loss to follow up by:
1. Training peer educators to address treatment failure and address causes of loss to follow up
2. Providing counseling for assisted disclosure to partners and family.
3. Continuing adherence counseling for all pharmacy visits and follow up of late patients.
We will provide ongoing laboratory support by:
1. Providing diagnostics for clinical monitoring of HIV.
2. Ensuring quality assurance (QA) of dried blood spot testing.

3. Providing good clinical laboratory practice training.
4. Procuring limited essential new equipment within national guidelines.
5. Supporting national lab QA plans.
6. Developing MOH capacity to assess equipment needs and provide logistics management training.
7. Increase links between districts and vendors and hand over maintenance contracts.
We will provide technical support to MOH by:
1. Participating in MOH HIV treatment technical groups.
2. Participating in efforts to improve the national inventory stock management system.
We will integrate ART in clinic and community-based comprehensive primary health care in three districts by:
1. Providing technical assistance to promote integrated services.
2. Supporting training in ART management.
3. Supporting district-based clinical QI staff.
Target population is all HIV-positive adults and children.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 1,576,451 | |

**Narrative:**

We will support clinical pediatric antiretroviral treatment (ART) care by:
1. Supporting provincial teams conducting trainings in pediatric HIV care and treatment (one training per province; 30 participants per training). Trainings support current WHO/Zambian guidelines to treat all HIV-infected infants.
2. Training clinical mentors at the provincial and district level to mentor clinic staff in pediatric ART, and providing ongoing support to trained mentors.
3. Training clinic, district, and provincial pediatric mentors in the use of pediatric clinic performance reports and the development, implementation, and assessment of quality improvement activities.
4. Providing quarterly supportive supervisory visits by the CIDRZ clinical team.
5. Piloting the use of viral load monitoring in children on ART.
6. Using pediatric patients as entry points for testing parents/guardians in order to improve parent/guardian health and consequently child survival.
7. Training clinicians to identify sexually transmitted infections in adolescents and manage or refer appropriately.
We will provide pediatric adherence counseling and psychosocial support by:
1. Implementing adolescent support groups at eight sites.
2. Training 16 peers to identify high risk sexual practices and provide age appropriate counseling including safer sexual practices.

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| 3. Training 40 peer educators to provide adherence counseling of children on ART.<br>4. Training 80 peer educators in disclosure counseling for children as a way of improving adherence.<br>5. Strengthening referrals and access to community awareness programs on child sexual abuse and the availability of HIV prevention strategies for abused children.<br>We will provide technical support to the MOH by:<br>1. Participating in MOH pediatric treatment technical working groups and actively supporting the review of guidelines and development of training materials, clinical algorithms, and forms. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10219** | **Mechanism Name: EGPAF - central/track 1** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 15,193,500** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 15,193,500 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Africa Directions | Centre for Infectious Diseases Research in Zambia (CIDRZ) | |

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10219** |
| **Mechanism Name:** | **EGPAF - central/track 1** |
| **Prime Partner Name:** | **Elizabeth Glaser Pediatric AIDS Foundation** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 2,800,000 | |

**Narrative:**

We will provide a minimum package of prevention for positives by:
1. Training peer educators to assess sexual activity and provide prevention counseling.
2. Training nurses to assess family planning needs and provide counseling.
3. Including prevention modules in existing trainings.
We will support pre-antiretroviral treatment (ART) clinical care by:
1. Providing routine prevention counseling and ensuring condom availability.
2. Procuring select opportunistic infection drugs if needed.
3. Strengthening technical capacity at the district, provincial, and national levels.
4. Participating in technical working groups and providing technical support for guidelines and training packages.
5. Supporting 50 community sensitization drama performances.
We will support peer educators and treatment supporters by:
1. Recruiting and training 40 new peer educators and supporting 160 peer educators.
2. Providing ongoing mentoring and support to all peer educators and treatment supporters.
3. Conducting 12 trainings with treatment supporters and Neighborhood Health Committees on prevention for positives.
4. Disseminating prevention information, education, and communication materials.
5. Providing technical support for task-shifting guidelines and training packages.
We will pilot follow up of pre-ART patients for repeat ART eligibility screening by:
1. Analyzing program data to understand missed opportunities.
2. Assessing the feasibility of using methods such as text messages, phone or home visit reminders.

3. Reviewing the impact and operational demands of increased pre-ART patient follow-up.
We will support integrated HIV screening and care in 14 outpatient (OPD) wards by:
1. Providing ongoing monthly clinical mentoring at integrated sites.
2. Training 15 clinic staff in five new sites.
3. Recruiting and training 10 lay counselors.
We will provide comprehensive women's health clinical services by:
1. Providing 19 sites with trained personnel, equipment, and supplies.
2. Creating effective linkages through trained clinic-based peer counselors.
3. Conducting ongoing mentoring and quality improvement systems.
4. Supporting ongoing health promotion and advocacy.
5. Training staff and students at the University of Zambia School of Medicine.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 1,883,800 | |

**Narrative:**

We will support quality clinical care at existing antiretroviral treatment (ART) sites by:
1. Training 80 health care workers in advanced clinical management. (All trainings in-service)
2. Developing capacity in Zambian Ministry of Health (MOH) clinicians to conduct ongoing quality improvement (QI). Outcomes monitored are via SmartCare electronic medical records system
3. Supporting 20 Nurse Practitioner trainees.
We will improve the capacity of MOH staff to provide oversight and training by:
1. Training 40 MOH staff in clinical mentoring.
2. Conducting QI activities jointly with MOH staff.
3. Integrating with provincial strategic plans.
4. Supporting MOH provincial trainers to conduct four basic ART trainings.
5. Developing MOH capacity to assess training and mentoring needs and capacity.
6. Developing MOH capacity to assess and improve logistics management.
We will improve adherence to treatment and reduce loss to follow up by:
1. Training peer educators to address treatment failure and address causes of loss to follow up
2. Providing counseling for assisted disclosure to partners and family.
3. Continuing adherence counseling for all pharmacy visits and follow up of late patients.
We will provide ongoing laboratory support by:
1. Providing diagnostics for clinical monitoring of HIV.
2. Ensuring quality assurance (QA) of dried blood spot testing.
3. Providing good clinical laboratory practice training.
4. Procuring limited essential new equipment within national guidelines.

5. Supporting national lab QA plans.
6. Developing MOH capacity to assess equipment needs and provide logistics management training.
7. Increase links between districts and vendors and hand over maintenance contracts.
We will provide technical support to MOH by:
1. Participating in MOH HIV treatment technical groups.
2. Participating in efforts to improve the national inventory stock management system.
We will integrate ART in clinic and community-based comprehensive primary health care in three districts by:
1. Providing technical assistance to promote integrated services.
2. Supporting training in ART management.
3. Supporting district-based clinical QI staff.
Target population is all HIV-positive adults and children.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 574,200 | |

**Narrative:**

We will support clinical pediatric antiretroviral treatment (ART) care by:
1. Supporting provincial teams conducting trainings in pediatric HIV care and treatment (one training per province; 30 participants per training). Trainings support current WHO/Zambian guidelines to treat all HIV-infected infants.
2. Training clinical mentors at the provincial and district level to mentor clinic staff in pediatric ART, and providing ongoing support to trained mentors.
3. Training clinic, district, and provincial pediatric mentors in the use of pediatric clinic performance reports and the development, implementation, and assessment of quality improvement activities.
4. Providing quarterly supportive supervisory visits by the CIDRZ clinical team.
5. Piloting the use of viral load monitoring in children on ART.
6. Using pediatric patients as entry points for testing parents/guardians in order to improve parent/guardian health and consequently child survival.
7. Training clinicians to identify sexually transmitted infections in adolescents and manage or refer appropriately.
We will provide pediatric adherence counseling and psychosocial support by:
1. Implementing adolescent support groups at eight sites.
2. Training 16 peers to identify high risk sexual practices and provide age appropriate counseling including safer sexual practices.
3. Training 40 peer educators to provide adherence counseling of children on ART.
4. Training 80 peer educators in disclosure counseling for children as a way of improving adherence.

5. Strengthening referrals and access to community awareness programs on child sexual abuse and the availability of HIV prevention strategies for abused children.
We will provide technical support to the MOH by:
1. Participating in MOH pediatric treatment technical working groups and actively supporting the review of guidelines and development of training materials, clinical algorithms, and forms.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 4,095,000 | |

**Narrative:**

SmartCare is a continuity of care assurance system selected in program year 3 by the MOH as its national electronic health records system. The MOH is the lead member of the SmartCare project; the MOH and its partners use this national system for reporting to the GRZ and donors on HIV programs.

In FY 2010, the MOH will receive direct support from CDC and continue to receive technical support from the SmartCare project, enabling it to take on more and more of the project's management and responsibility toward successful transition.

To strengthen the MOH's ability to monitor and evaluate projects, EGPAF will continue to provide seconded staff, equipment, and logistical assistance to SmartCare.
EGPAF/Zambia will continue to oversee contracts, software design firms and consultants as needed to continue SmartCare development and deployment. Funds will be used for staffing, training, consumables, equipment maintenance and transport as well as supervisory support to sites.

The program will also invest is central staff to support infrastructure (help desk, report writing, development of distance learning materials as well as trainers who can institute the SmartCare Competency Certification program.

SmartCare Stations will be purchased and configured with SmartCare and other supporting software and distributed to health posts, rural health centers, urban health centers and hospitals. Clinic staff will receive training on SmartCare and the data will be uploaded to the District Health Offices, which will then be reported to the MOH. The MOH will also continue to receive, as needed, equipment and hardware which they will manage. The District and Provincial Health Offices as well as the MOH M&E staff will receive IT stations as needed.

Lastly, the SmartCare program will continue to work with a variety of partners including MOH, provincial health offices, JHPIEGO, CIDRZ, LinkNet and CRS/AIDSRelief to strengthen collaboration for improved

M&E infrastructure, operation and analyses.

PMTCT one time plus-up funds are being added to support: Analysis and dissemination of information using Next Generation PMTCT indicators to assess program effectiveness including the impact of COP funding increases for operational costs and one-time plus-up funds.

EGPAF will focus on PMTCT sites within the Lusaka Province of Zambia. EGPAF will use these funds to strengthen existing monitoring and evaluation systems throughout the provincial network and ensure that timely usable data is collected from the covered PMTCT sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 5,590,500 | |

**Narrative:**

We will continue to support integrated services at 301 sites by:
1. Providing routine opt-out HIV testing.
2. Re-testing HIV-negative women in antenatal and labor wards and managing incident infections.
3. Increasing infant testing by promoting disclosure and linking testing to cotrimoxazole prophylaxis.
4. Improving turnaround time for dry blood spot test results for early infant diagnosis.
5. Supporting 150 peer educators, lay counselors, health care extenders and traditional birth attendants.
6. Providing ongoing quality improvement through on-site supportive mentoring.
7. Supporting MOH guidance on infant feeding in the context of HIV and resource constraints.
8. Supporting MOH revision of PMTCT guidelines in line with WHO updates.
9. Promoting male involvement, partner testing, and condom use (district supplies).

We will increase the uptake of more efficacious regimens by:
1. Increasing sites providing dual therapy by training 100 health care workers.
2. Expanding diagnostics for antiretroviral treatment (ART) eligibility screening and hemoglobin (providing microcuvettes).
3. Working with community based organizations and districts for awareness activities.
4. Increasing adherence to repeat clinic visits.

We will increase the enrollment of pregnant women on ART by:
1. Ongoing clinical mentoring in ART for pregnant women.
2. Assessing new sites and supporting comprehensive care including family planning.
3. Training eight health care workers at four new sites.
4. Supporting clinic extenders to identify eligible women.
5. Conducting monthly ART / PMTCT data review meetings.

We will ensure PMTCT is integrated in primary health care in Chongwe, Kafue, and Luangwa by:

1. Providing technical assistance on protocols.
2. Supporting training for trained birth attendants and community health workers.
3. Supporting clinical quality improvement nurses.
We will promote district oversight, and program data monitoring and use by:
1. Expanding use of complex performance indicators.
2. Auditing management of funds.
3. Conducting periodic data review meetings with HMIS staff in supported districts.
4. Training District Health Information Officers in monitoring and evaluation and involving them in data audits and quality control activities.

PMTCT one time plus-up funds are being added to support: Community approaches to improve uptake of highly efficacious PMTCT, the procurement of bicycle ambulances for facilities where appropriate, and the renovation of maternity units and staff houses and the provision of solar panels.

While over 80% of pregnant women were tested in 2008, only about 10% of their male partners were tested. EGPAF will strengthen PMTCT services by using a number of effective approaches to enhance partner counseling and testing.
• Increased male partner involvement in PMTCT will ensure that couples access testing where they will know each other's HIV status and receive important preventive services.
• Implementing prevention strategies that target couples in PMTCT is most effective when they receive HIV results and counseling together. Thus BU will provide male partners with the opportunity for additional counseling, risk reduction messages, direct links to male circumcision services and screening and treatment for STIs.
• EGPAF will reinforce and encourage adherence to HIV prevention methods by counseling men and women together on the importance of PMTCT. Both partners will understand the essence of preventing transmission to the child and will be able to openly talk about how they can prevent transmission in discordant and re-infection in concordant couples.

Many antenatal and maternity facilities in Lusaka Province are improvised and not appropriate for delivery services and lack private space for HIV testing and PMTCT counseling. Further some facilities have provision only for antenatal care, without any delivery rooms. EGPAF will procure bicycle ambulances for facilities in Lusaka Province where it is difficult for pregnant women to reach appropriatefacilities in time for a safe delivery of the baby. Provision of PMTCT at the time of delivery is an important intervention for HIV prevention that can be maximized by the utility of bicycle ambulances to transport expectant mothers to the health facility.

In Lusaka, Western, Eastern, and Southern Provinces, many antenatal and maternity facilities are

improvised and not appropriate for delivery services and lack private space for HIV testing and PMTCT counseling. Further some facilities have provision only for antenatal care, without any delivery rooms. In many rural facilities, staff housing for PMTCT staff is limited or substandard to attract qualified staff. Facility deliveries are low due to long distances and lack of transport. Many sites lack electricity and proper water supply affecting quality of delivery services. These would require solar power and boreholes to improve service delivery.

EGPAF will construct, upgrade, remodel or refurbish antenatal clinics, maternity units, MCH and laboratory facilities to improve efficiency in PMTCT services. The MOH and ZDF will assist in site selection based on a criteria that places emphasis on prioritizing facilities with poor infrastructure and potential impact;

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 250,000 | |

**Narrative:**

The goal of the EGPAF/CIDRZ laboratory team is to improve the availability and quality of district-level Ministry of Health (MOH) laboratory services in Eastern, Western, and Southern Provinces. HIV care and treatment patients in provincial sites receive far fewer baseline diagnostics than those in Lusaka and Kafue supported by CIDRZ Central Laboratory. Baseline lab coverage averages 35% in Eastern Province, 60% in Western, 73% in Southern, and 87% in Lusaka; provincial follow-up diagnostic rates are even lower. District referral laboratories and well-functioning specimen referral services have the potential to decongest overloaded provincial laboratories and expand district HIV prevention and treatment services, in particular the ability of pregnant women to access nevirapine-boosted zidovudine prophylaxis and antiretroviral therapy.

We will support three district referral laboratories in Kapata (Eastern province), Monze (Southern province), and Mongu urban clinics (Western province). We will assess specific site needs and work with the Districts and Provinces to ensure technical staff support, as well as essential equipment are available and in good working order, and to provide minor renovations as needed.

We will support the MOH specimen referral system through an intensive pilot at, at least nine clinics that will fall within the district referral laboratory system. We will assess transport capacity at these nine rural referring facilities, procure motorcycles and cool boxes as needed, and implement a simple specimen tracking log at referral sites. We will also assess existing transport networks, including public systems, to find areas where efficiencies in specimen transport can be increased.

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| The MOH has developed a national QA/QC strategy to assess the quality of laboratory results. We will support the MOH in preparation, transport, and assessment of quality samples in line with the national strategy.<br>Good Clinical Laboratory Practice (GCLP) training strengthens the capacity of provincial laboratory staff to run laboratories. We will train 50 laboratory technicians in GCLP.<br><br>PMTCT one time plus-up funds are being added to support: Improvements in infrastructure for PMTCT clinical and laboratory services<br><br>EGPAF through it's subpartnership with CIDRZ will conduct district level laboratory assessments with the Ministry of Health, the Lusaka Province Health Office, and other partners and procure equipment as appropriate for maximum cost-effectiveness and coverage for use in facilities in Lusaka Province. CD4 machines for district or provincial laboratories, hematology to measure anemia, and blood chemistry kits and equipment will be procured for the PMTCT sites most in need. In many facilities throughout Lusaka Province, the use of clinical and laboratory equipment is often monopolized by ART patients. EGPAF will use these funds to increase PMTCT patient access to important clinical and laboratory services as PMTCT-specific demand for these services increases with the new WHO PMTCT guidelines. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10220** | **Mechanism Name: TBD (HIV Counseling & Testing - HCT)** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: IntraHealth International, Inc | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 710,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 710,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The high HIV prevalence rate in Zambia (14.3%) has sent a strong message on the need for implementation of comprehensive HIV prevention strategies. At the same time, PEPFAR has said that prevention must be strengthened to reduce the numbers needing treatment, so that treatment needs do not outstrip the available resources. IntraHealth has joined National AIDS Council (NAC), Ministry of Health (MOH) and PEPFAR II in prevention strategies through intensified preventive counseling and testing (CT), Prevention for Positives and prevention for HIV negative people from getting infected.

IntraHealth has partnered with Ministry of Health and other non-governmental organizations in increasing access and uptake of quality CT in poor, remote areas of Zambia through the use of lay counselors. The CT offered is focused on couples' counseling and families as these are the entry points for treatment, prevention and care. Strengthened linkages between the community and health centers have been created through the project's referral system. The clients testing HIV positive are referred for Prevention of Mother to Child Transmission (PMTCT) services, antiretroviral therapy, treatment of opportunistic infections and support groups formed by People Living with HIV/AIDS infection. An ongoing issue subject to considerable discussion among the MOH, CDC, and PEPFAR II is how to help HIV+ persons access ART services in these rural areas.

IntraHealth International is now operating in four districts of Zambia with the first two initiated in July-August 2008: Luangwa district in Lusaka Province, population of 27,100 with 11% HIV prevalence, and Namwala, population 131,000 with 13% HIV prevalence. In May-June 2009, counseling and testing was scaled up to Gwembe district, estimated 45,000 population with 13% prevalence, and Siavonga, 84,000 population with a prevalence of 14.2%. Intrahealth plans to scale up to Kalomo and Sinazongwe district, also in Southern Province in FY 2009 for a total of six districts and 83 sites.

In FY 2010 IntraHealth will scale-up preventive counseling and testing to Itezhi- Tezhi district in Southern Province. Itezhi-Tezhi has an estimated population of 46,357 and 8 % of HIV prevalence rate. We will hire a district coordinator to supervise and ensure quality assurance of services provided at the community level. In FY 2010, Intrahealth intends to operate in 94 sites.

IntraHealth is contributing to health systems strengthening by task shifting of HIV counseling and testing, which was previously facility-based and provided by the health care personnel. In all the districts where IntraHealth is working, services provided by the community lay counselors have lightened the burden of already over-stretched care providers in health facilities.

IntraHealth will partner with the Young Women's Christian Association (YWCA) in post HIV test gender based violence (GBV) counseling. In FY 2010, IntraHealth will augment counseling and testing training of lay counselors with specialized training in couples counseling skills. We will also incorporate Prevention with Positives (PWP) training into their work, drawing from our new PWP initiative. IntraHealth will provide information at community-based discussions with traditional leaders and lay counselors to give an insight into gender equity in communities. Those who test HIV positive will be referred to HIV support groups for emotional support, nutritional and economic strengthening activities such as income generating programs spearheaded by the Network of People Living with HIV/AIDS in Zambia.

IntraHealth will ensure that the quality of confidential CT offered is not compromised, by offering continual supervision of lay counselors by the IntraHealth District Coordinators, and by health care providers in the absence of the District Coordinators. IntraHealth will assure that District Laboratory staff will work closely with District Coordinators to ensure high quality and accurate HIV test results are delivered by the lay counselors. At the community level, traditional leaders will ensure that the services provided do not infringe upon culture and norms of the community.

IntraHealth's monitoring and evaluation (M&E) system requires monthly data reporting by lay counselors on numbers of clients counseled and tested and the number of HIV positive clients referred to a health facility for clinical or non clinical care. These results are submitted to the District Coordinators who in turn submit them to IntraHealth's office in Lusaka. An M&E specialist from Chapel Hill visits annually to conduct annual data accuracy checks using the IntraHealth data quality control format.

In FY 2009, IntraHealth embarked upon a new Prevention with Positives initiative. Its aim was to assist the MOH to implement training in PWP in four provinces, Eastern, Lusaka, Southern and Western provinces of Zambia. In FY 2010, the project will continue to provide preventive training packages. These training programs will be conducted to incorporate treatment, HIV counseling sites and communities. This will be done through collaboration with the Ministry of Health (MOH), Provincial Health Offices (PHO), District Health Offices and partnership with other stakeholders in the selected provinces. IntraHealth will continue these activities, training district level providers and holding community workshops with HIV+ persons.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10220** |
| **Mechanism Name:** | **TBD (HIV Counseling & Testing - HCT)** |
| **Prime Partner Name:** | **IntraHealth International, Inc** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 500,000 | |

**Narrative:**

IntraHealth will partner with Ministry of Health and other non-governmental organizations to increase access and uptake of quality counseling and testing in poor, remote areas of Zambia through the use of lay counselors. IntraHealth International is operating in six districts: Zambia, Luangwa, Namwala, Siavonga, Gwembe, Sinzongwe, and Kalomo. All are in Southern Province except Luangwa, which is in Lusaka province.

In FY 2010 IntraHealth will scale up preventive counseling and testing to Itezhi-Tezhi district through the training of 22 lay counselors. Itezhi-Tezhi has an estimated population of 46,357 and 8 % HIV prevalence rate.

IntraHealth will provide specialized training to the lay counselors in couples counseling skills. We will also incorporate Prevention with Positives (PWP) training into their work, creating synergy with our new PWP initiative. Those who test HIV positive will have prevention messages reinforced and those who test negative will be have personal risk-reduction strategies developed. We will collaborate in Itezhi-tezhi with Christian Health Association of Zambia, which is doing home based care.

IntraHealth will assure the quality of confidential counseling and testing by offering continual supervision of the lay counselors by the IntraHealth District Coordinators, and by health care providers in the absence of District Coordinators.

IntraHealth will intensify follow- up of all the clients who tested HIV positive and have not reached the health centers to access ART and treatment for prevention of opportunistic infections. Re-testing will be done for those who initially tested negative and are at high risk, like pregnant women, discordant

partners, STI clients or commercial sex workers.
IntraHealth district coordinators will work closely with district laboratory staff in coordinating and ensuring the quality of rapid HIV testing offered by lay counselors. We will provide refresher training courses of rapid HIV testing for our testers according to the national training standard, provide essential supplies, job aids, and tools to perform HIV testing, provide supervisory and follow up visits, and participate in the national EQA program for HIV rapid testing

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 210,000 | |

**Narrative:**

PEPFAR II emphasizes prevention as a key intervention to reduce treatment costs. In FY 2010 IntraHealth will collaborate with the University of Zambia School of Medicine (SOM) to initiate Prevention with Positives (PWP) activities through a behavioral intervention designed to prevent transmission and re-infection and promote healthy living among HIV positive men and women. IntraHealth will work in four provinces, Eastern, Western, Southern, and Lusaka. Two IntraHealth staff (PWP Program Coordinator and one current staff) will be trained as trainers to work with the provinces and other partners.

IntraHealth will work with local agencies to conduct workshops for those who test HIV positive with a focus on strategies for prevention of transmission and re-infection and healthy living. The workshop trainees will subsequently be requested and commissioned to conduct similar community-based discussion. The prevention strategies will be directed toward HIV positive individuals and those who do not know their status. IntraHealth will work with the PHO to hold additional trainings on PWP counseling at each district hospital in the four provinces, targeting a total of 50 providers.

We will provide PWP training to lay counselors in seven districts under the separate VCT program, so that they can offer these messages to people in their communities. IntraHealth will also continue to organize community workshops for HIV+ persons to re-enforce prevention messages around disclosure to partners, family planning, reproductive health counselling, risk reduction, alcohol abuse, importance of timely follow-up for those in care and adherence to ART for those on treatment. IntraHealth will reach 30,000 persons with PWP messages. Links between community and clinical services will be maintained, especially with increasing mobile services.

IntraHealth will work with PEPFAR, government and other partners to capture data on relevant end points.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10222** | **Mechanism Name: Lusaka Provincial Health Office** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Lusaka Provincial Health Office | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 825,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 825,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Lusaka Provincial Health Office (LPHO) is an auxiliary wing of Ministry of Health (MOH), Zambia whose unique mandate is to perform core public health activities. The office provides technical support to districts within the province namely Chongwe, Kafue, Luangwa and Lusaka in the delivery and management of health services which include: planning, priority-setting and optimal use of available resources. The mandate of Lusaka PHO includes data collection and its management, staff training, and policy advocacy. All non-governmental organizations (NGOs) and other agencies conducting health-related activities in the province work in collaboration with PHO. Lusaka Province has eighty (80) government health centers, three (3) district hospitals, and two (2) tertiary hospitals but has no general/secondary hospital(s). The province has two hundred and fifteen (215) private health facilities. All of these institutions offer either diagnostic services or both diagnostic and treatment services for Tuberculosis (TB) but anti-retroviral therapy (ART) services are not easily accessible outside Lusaka District. Lusaka Province has the highest HIV/AIDS prevalence rate in the country at 21% (Zambia Demographic Health Survey, 2007). The province notifies about one third of the total tuberculosis patients in the country (16,626 out of 47,000 in 2008). Seventy percent of these patients are HIV infected. PHO implements the STOP TB strategy for TB and TB/HIV control. Country estimates show that only about 10% of the population know their HIV status. The province is implementing different strategies

to enhance counseling and testing, including community sensitization, provider initiated counseling and testing, and are moving towards strengthening couples counseling. The MOH has recognized male circumcision as one of the effective preventive strategies for HIV, so a policy direction has been issued to roll out this strategy to all districts in the country. Through capacity building workshops for staff, mentoring, and onsite supervision, PHO will address the limited capacity to diagnose and treat opportunistic infections in many facilities in the province. In order to strengthen the laboratory network and quality assurance program, we will support districts with infrastructure development, transport and logistics to facilitate on-site supervision, training and specimen collection to laboratories. Additionally, we will facilitate procurement of laboratory equipment, reagents and other supplies. In an effort to improve case detection by laboratory diagnosis, microscopists will be trained. Promoting effective and efficient use of resources, we will ensure integration of programs in the districts and coordinate partner programs in the province. Improvements in data and information management will be facilitated by LPHOs procurement of a broadband communication facility and employ of a data associate at PHO. LPHO will prepare and submit quarterly and annual reports to the MOH. LPHO will support districts to conduct monthly supportive supervisory visits to facilities. Districts will prepare and submit monthly and quarterly reports to the province. LPHO and the districts will hold quarterly program performance review meetings.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

TB

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10222** | | |
| **Mechanism Name:** | **Lusaka Provincial Health Office** | | |
| **Prime Partner Name:** | **Lusaka Provincial Health Office** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | 205,000 | |
| **Narrative:** | | | |

Lusaka Provincial Health Office (LPHO) will train health workers in psychosocial counseling, community volunteers in lay counseling and rapid HIV testing. Couples counseling will be strengthened in the districts through community sensitization and orientation to health workers on the need to provide counseling to couples. Sensitization messages will continue through various forms of media such as drama and information, education, and communication (IEC) materials to the target population. For continuous improvement of the counseling environment, LPHO will invest in minor infrastructure development in two sites in each of the three districts. We will provide technical supportive supervision on a quarterly basis with a view to mentoring district supervisors and building supervisory capacity to ensure quality of counseling and testing services. We will monitor district activities in couples counseling through monthly and quarterly reports and quarterly performance review meetings.

LPHO will also support the implementation of the SmartCare testing and counseling (TC) module. $75,000, of the $205,000 total amount, is provided to help assure training and oversight for the SmartCare TC module implementations, at all TC sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 100,000 | |

**Narrative:**

In order to improve data and information management, LPHO will facilitate procurement of a broadband communication facility - Very Small Aperture Terminal (VSAT) to provide linkages between the districts and the provincial health office. This is intended to enhance timely reporting and submission of data as well as general management of computer security in updating the antivirus software over the internet. LPHO will use this facility to disseminate updates and other communications for various programs. A data associate will be employed at LPHO whose responsibility will include collection and collation of TB, HIV/AIDS, ART, PMTCT, VCT and laboratory data and technical support to district staff. The data associate will also support the management of the SmartCare installations in Lusaka Province.

To provide enhanced PMTCT and ART services to positive mothers, SmartCare will be deployed in at least 80% of the sites offering PMTCT, which have sufficient electricity.

LPHO will improve the quality of SmartCare facility data through performance review meetings and supervisory activities. Likewise, LPHO will support DHIOs to collect, verify and timely report to the provincial health office and ensure that old and new health staff are competent to correctly and accurately record, analyze and report health data using SmartCare to support the HMIS system.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

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|---|---|---|---|
| Prevention | CIRC | 125,000 | |

**Narrative:**

LPHO will provide leadership in expanding male circumcision (MC) services to Kafue and Luangwa districts in addition to Chongwe. A rapid survey will be conducted in Kafue and Luangwa districts to assess attitudes, beliefs, practices and socio-cultural aspects of MC. LPHO will advocate for community involvement by engaging community leaders such as traditional rulers and other opinion leaders to mobilize communities for MC services. LPHO will facilitate human resource development through on-site and didactic training of staff and work with districts to develop district implementation plans for MC activities. Renovation of existing infrastructure in order to conform to national standards for MC services will also be facilitated by LPHO; further, we will support furnishing of buildings and procurement of equipment and supplies. We will link MC activities to HIV counseling and testing services in all facilities in order to contribute to risk reduction in contracting HIV infection. LPHO will provide supportive supervision in collaboration with the University of Zambia School of Medicine and engage other partners involved in MC activities such as Jhpiego and Society for Family Health. In order to ensure sustainability of the program MC services will be integrated within regular health services provided by the district health teams. LPHO will support districts in M&E and quality assurance through technical support visits, quarterly meetings, and reports.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 20,000 | |

**Narrative:**

Lusaka Provincial Health Office (LPHO) will support and build capacity in districts in order to collaborate with stakeholders in TB/HIV control to expand community education and awareness regarding STIs and the risk they pose for HIV infection. In order to promote sustainability and lasting behavior change, we will support STI services as part of regular health services provided by the district health teams. LPHO will build capacity in all four districts of Lusaka, Chongwe, Kafue and Luangwa. LPHO will support health education talks to include STI prevention and treatment seeking behavior. Activities that promote early treatment seeking behavior for STIs will target young people (males and females), adult men, and women in order to reduce the transmission of HIV. We will train Youth Peer Educators to deliver health talks in health facilities. This will revive Youth Friendly activities and services in health facilities. LPHO will continue to engage and educate community leaders such as traditional rulers and other opinion leaders to conduct community mobilization for the STI education. We will support districts to conduct HIV prevention activities through focus group discussions and drama performances. LPHO will support districts to produce IEC materials in local languages and promote accessibility to and availability of condoms. Through capacity building workshops, staff training and mentoring will take place and on-site supervision will be conducted regularly in order to ensure that appropriate preventive activities are

implemented. In order to promote effective and efficient use of resources, LPHO will ensure integration of preventive programs in the districts and coordinate partner programs in the province. LPHO will prepare and submit quarterly and annual reports to the MOH.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 100,000 | |

**Narrative:**

LPHO has a goal of improving the capacity of laboratories to provide effective and efficient quality laboratory services in order to enhance diagnosis and patient monitoring in HIV/AIDS/TB/STI related conditions. To meet the goal, LPHO will support selected laboratories to acquire laboratory accreditation. LPHO will initiate and conduct accreditation process(es) with MOH and CDC. We will support and ensure quality of all laboratories testing including HIV, build capacity of laboratory personnel through various trainings which will be undertaken in collaboration with MOH, CDC and other partners. In addition, We will support thirty laboratory staff to attend in-country training courses in lab accreditation, laboratory management, quality assurance (QA), basic computer skills, laboratory accreditation, phlebotomy, equipment maintenance, and lab information system.

LPHO will support TB QA activities in collaboration with the University Teaching Hospital TB reference laboratory. A QA system for laboratory related tests including but not limited to HIV rapid test, CD4, and TB smear microscopy will be established from province to district and district to health center. We will procure equipment maintenance services.

LPHO will create an operational logistic system to bring specimens from health centers to district and/or provincial laboratory where there is CD4 testing capacity and other clinical lab capacity. We will support specimen referral and transportation systems by procuring motor bikes for ART sites, procure fuel and cool boxes for transporting specimens.

We will monitor services through quarterly technical support, quarterly technical review meetings and progress reports.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 275,000 | |

**Narrative:**

LPHO trained 93 health workers in TB/HIV integration, 45 in provider-initiated testing and counseling and 100 treatment supporters in TB/HIV activities. Counseling and testing of TB patients for HIV increased from 54% in 2007 to 60% in FY 2008. In order to strengthen mechanisms for collaboration between TB

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| and HIV programs, we will continue supporting provincial and district coordinating body activities and establish health center and community level bodies.<br><br>Training in intensified TB case finding in Anti-retroviral Therapy (ART), Voluntary Counseling and Testing (VCT), Sexually Transmitted Infections (STI) and antenatal clinics will be conducted, in order to reduce the burden of TB in HIV infected individuals. In addition, we will train microscopists and orient staff to improve case detection by laboratory diagnosis. Health workers will be trained in TB infection control and ensure TB infection control measures at facility levels. LPHO will continue supporting the employment of four clinicians and TB/HIV coordinator(s) to improve on the shortage of staff.<br><br>Coordination of partner activities and oversight of trained health workers as well as refresher trainings and/or technical updates for selected health workers in TB/HIV clinical management will continue. Provider initiated counseling in TB clinics and OPD for both suspects and confirmed TB patients will be maintained and support will be offered to districts in strengthening linkages and referral systems from TB to HIV services. TB/HIV co-infected patients will be encouraged to use condoms, notify partners and linked to support groups of people living with HIV/AIDS for continued care and support. We will strengthen Multi-Drug Resistant TB (MDR) surveillance in the districts by supporting specimen courier systems to laboratories. LPHO will continue to support income generating activities for community volunteers to motivate them, identify TB suspects, and care for patients on treatment. LPHO will continue to conduct technical support and quarterly TB/HIV data review meetings using MOH approved data collection and reporting tools. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10223** | **Mechanism Name: Ministry of Health** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 3,705,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |

| | |
|---|---|
| GHCS (State) | 3,705,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Government of the Republic of Zambia (GRZ), with the support of the US Government's President's Emergency Plan for AIDS Relief (PEPFAR), has experienced great success over the last 5 years implementing national strategies to address the HIV/AIDS epidemic. Results from the 2007 Zambia Demographic and Health Survey (ZDHS) found that Zambia's HIV prevalence rate fell from 15.6% in the 2002 to 14.3% in 2008. Women continue to be disproportionately affected with 16.1 % of women being HIV positive compared to 12.3% of men. Despite this high prevalence, many Zambians are not fully informed about HIV prevention. The majority have not gone for HIV testing and though nine in ten adults know where to get an HIV test, only 35% of women and 20% of men have ever gone for testing. The HIV prevalence is higher in urban areas than rural areas.

The Ministry of Health (MOH) oversees 9 Provincial and 72 District Medical Offices, covering 1828 rural health centers, clinics and hospitals. Strategies to decentralize care from the overburdened hospital clinics and task shift care to other cadres of health care workers in lower level facilities are urgently needed to increase access to care to the remotest areas of Zambia. This requires significant, appropriately focused technical resources directed towards all areas of the HIV prevention and treatment spectrum.

The MOH aims to achieve "universal access to HIV prevention, treatment, care and support services" for pregnant women and children through its national scale-up plan. It is estimated that with 468,000 deliveries a year, 89,000 HIV positive women give birth annually and currently there are approximately 130,000 children under the age of 15 who are living with HIV, of which 40,000 are still in need of ART (National Scale Up Plan for PMTCT 2007-2010).

In FY 2010, MOH will continue to provide national oversight in all program areas to ensure standard guidelines are followed and activities are coordinated all round. Focus will be on the following activities:
i) Systems strengthening
ii) Mentoring
iii) Monitoring and evaluation of PMTCT implementation plan.
iv) Increasing ARV uptake and rolling out more efficacious ARV regimens
v) Improving laboratory services through quality assurance (QA), accreditation and policies

The National TB Program (NTP) has developed a National TB Strategic Plan (2006 to 2011) which has recently been aligned to the Stop TB Strategy and is in accord with the Global Plan to stop TB. Though the strategic plan focuses on all the components of the Stop TB Strategy, in the coming year the four priority areas are:

(i) DOTS Expansion and enhancement:

(ii) Addressing TB HIV, MDR TB and Other challenges:

(iii) Engaging all care providers:

(iv) Advocacy, Communication and Social Mobilization (ACSM) through involvement of affected people and communities.

The Chest Diseases Laboratory (CDL) is Zambia's National Reference Laboratory for Tuberculosis with diagnostic and public health functions. It provides specialized TB diagnostic tests, conducts periodic drug resistance surveys and is responsible for the national QA program for TB smear microscopy.

The MOH Laboratory Service Unit oversees the quality of laboratory services in the laboratory network, It coordinates QA lab activities, generates and disseminates laboratory documents and provides supervisory visits. This unit will collaborate with the MOH IT unit to develop a laboratory information system that is suitable for Zambia.

SmartCare, The MOH Electronic Health Record System, is currently an outpatient medical record designed to capture data for all outpatient medical encounters. The SmartCare system contains data useful for epidemiologic analysis and surveillance as well as active patient data that is used for both clinical care and quality indicators.

SmartCare is a great opportunity for Zambia to integrate Health Management Information Systems (HMIS) from local to national levels and monitor program performance throughout all health sectors, but there needs to be continued leadership from MOH for a number of years, to build the necessary computer skills among all MOH staff to fully realize the extent of the opportunities. Ongoing training and on-the- job skills development through persistent practice, cognitive standards maintenance via certification testing, and oversight of facility performance by district managers who are newly empowered to observe and respond to information in continuously available reports, will be required to assure continuous quality improvement as staff continue to transition from paper operations.

Provincial level managers need to record observations of district utilization of information in all program areas during supervisory visits, and make full use of the provincial view of all HMIS data to monitor and report progress on all programs to MOH. Central leadership must in turn provide increasingly specific, but practical, responsive and timely guidance for using continuous information flow to manage continuous provision of quality services, and to continue to tailor systems to users.

The synergy between STIs and HIV continues to be underscored by a significantly higher HIV prevalence among STI clients, with reports of up to 40-50% in some settings, particularly those with ulcerative STI's.

Controlling STIs, through prevention as well as early and effective treatment is therefore a high priority for the country and is one of the main strategies for HIV control advocated by the MOH.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10223** |
| **Mechanism Name:** | **Ministry of Health** |
| **Prime Partner Name:** | **Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 120,000 | |

**Narrative:**

Ministry of Health (MOH) will formalize the MOH ART Technical Team (MOHACTT) which oversees periodical review of technical guidelines for adult and general HIV Care. Bi-annual workshops will be conducted to: 1) Assess peer-reviewed literature and the implications for possible guideline revisions; 2) Formulate corrections and additions to current guidelines as required; 3) Create new guidelines for care and treatment service areas as required; and 4) Review and advise the Medical Council of Zambia on standard operating procedures required for both site and provider ART accreditation. The MOH will disseminate addendums and changes to guidelines in a timely and systematic fashion, including using existing and novel techniques such as distance learning and electronic media. In conjunction with supply chain management partners, MOH will project the impact of guidelines changes on commodities management, logistics, infrastructure, and costs.

MOH will conduct monitoring visits, provide training, develop and disseminate policy and guidelines and participate in national quality improvement efforts. We will provide targeted technical assistance to front line providers, clinics, provincial health managers, and other implementing partners.

We will provide training in Monitoring and Evaluation processes, using SmartCare's cross program capacity to begin to evaluate service integration and referral performance around HIV care in a more concrete manner, and integrating content from more specifically ART oriented reporting systems.

MOH in collaboration with the Pharmaceutical Regulatory Authority, Institute of Human Virology and all the other MOH Implementing Partners will build laboratory capacity to perform surveillance orientated genotypic HIV drug resistance testing, to support management and analysis of data to track level of HIV Drug Resistance.

MOH will provide leadership and support to meetings of health care providers that will focus on review and analysis of electronic data rolling up from the SmartCare Electronic Health Record System on a monthly basis and include training as the need arises. MOH will supervise and train health care providers and managers in data use and quality assurance.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 50,000 | |

**Narrative:**

The Ministry will continue to scale-up SmartCare, but with an increased emphasis to ensure implementation, evaluation of, and appropriate response to reports from sites running SmartCare. A special emphasis will be placed on commencing community-based electronic health record (EHR) data collection and use, for initiatives such as community level door- to-door CT.

This will begin with use of paper forms at point of service, electronic entry of forms, and linkage to full EHRs effected subsequently, at nearest health care facility. During FY 2010, however, one or more portable electronic platforms will be tested for candidacy as an immediate data capture device at the point of care.

This experience will inform other areas where there will be benefits in linking community services to facility services, via electronic capture and subsequent or immediate linkage of the community level service. Other areas of community services that might benefit from successful engineering of a more portable linkage to a longitudinal person oriented record system, include home deliveries, home based palliative care, nutrition, and OVC support programs, to mention a few, emphasizing the importance of thinking about integration and multi-purpose capacity as fundamental to evaluation of options and design.

To complement this oversight strengthening, additional counseling and testing (CT) resources have been

added to several provincial health office budgets to aid substantial scaling -up of SmartCare CT services to all sites capable of supporting computer-based solutions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 150,000 | |

**Narrative:**

Estimates for 2008 indicated that 85,000 - 120,000 children were HIV-infected in Zambia; of those, 35,000 were in immediate need of anti-retroviral therapy (ART). However, from the onset of the scale-up of ART services in Zambia, children have not been comprehensively addressed; this has resulted in few children accessing the much needed HIV care, support, and treatment services. The Ministry of Health (MOH) in conjunction with its cooperating partners embarked on a scale-up of children accessing care, support, and treatment services for Pediatric HIV. As a result of these concerted efforts, at the end of 2008, over 18, 000 children were on record as receiving anti-retroviral therapy.

The MOH will continue to scale-up access to Pediatric treatment in Zambia and strive to ensure that all children have access to early identification and treatment. The key to this will be:

1) Ensuring partners and front-line health care providers are adhering to the current guidelines including early initiation of infants on treatment. This will include revision of current guidelines and disseminating revised guidelines to all stakeholders followed by monitoring, supervision and mentoring of frontline healthcare providers to ensure appropriate application.

2) Enhancing community involvement and ownership of the program. This will require advocacy for Pediatric HIV care and treatment at community level.

3) We will hold a national level Pediatric HIV symposium to address ongoing changes and challenges to Pediatric HIV care and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 1,720,000 | |

**Narrative:**

The Ministry of Health will continue to expand, support and provide leadership in the various routine and ad hoc surveillance and survey activities. These activities include the Antenatal Sentinel Surveillance, the Demographic and Health Survey, the Zambia National Cancer Registry, and strengthening the Cancer Diseases Hospital in surveillance and reporting of AIDS-related malignancies. These efforts are among those that enable the MOH to monitor the impact of the joint interventions on the HIV epidemic and its many effects.

In 2010, the Ministry of Health will continue to provide national leadership in the deployment, implementation and use of the SmartCare Electronic Health Record System. As the system is deployed

in more broadly, there will be need for continuous maintenance, monitoring and supervision to assure that data is continuously rolled up, to help management make informed decisions at District, Provincial and National levels.

Continuous training of staff at all levels in the maintenance and use of SmartCare is necessary and will have increased emphasis, recognizing that the Ministry has a high turnover of trained staff with less trained staff.

The MOH will continue monitoring and evaluation operations to coordinate data quality assurance and analysis meetings between the Provincial Health Offices and various partners working within the health sector in the country. The M&E Unit of the MOH will also ensure frequent data quality assessments are carried out countrywide to ensure data reported is of integrity and correct.

PMTCT one time plus-up funds are being added to support: Analysis and dissemination of information using Next Generation PMTCT indicators to assess program effectiveness including the impact of COP funding increases for operational costs and one-time plus-up funds.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 50,000 | |

**Narrative:**

The MOH will work with the General Nursing Council in the development of the SmartCare curriculum so that the national nursing curricula increasingly reflects the knowledge and skills, as well as the responsibilities and opportunities that come with providing health services in a nation with an electronic health record system.

Specifically, there will be need to address interpretation and use of line-listed patient reports for appointment management and patient follow-up; more efficient identification of various risk profiles based on previously documented information including but not limited to, multiply-at-risk-persons for HIV infection based on prior STI and other object clinical events in addition to using information client may volunteer, at risk pregnancies based on prior pregnancy complications or HIV results from other clinics; to find ART treatment failures risks, and lost to follow-up clients; to use aggregate statistical reports to improve patient care and facility operations; to monitor drug supply and prevent drug and other supply stock-outs; to measure and balance staff workload; to ensure complete and accurate documentation of patient care services in the EHR; to instill the need to review continuously the many other aspects of running a health facility well, which an EHR will enable them to do, and lastly to teach the primary users of the national system that they need to 'own' it and through feedback to MOH, make the system evolve

in the most useful directions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 40,000 | |

**Narrative:**

The national STI response and intervention includes the following emphasis areas:
1. Improved case management;
2. Enhanced in-service and pre-service training in syndromic management of STI's with an integrated approach;
3. Supervision and mentoring of primary health care workers;
4. Strengthening monitoring, evaluation, STI surveillance and reporting;
5. Strengthening STI supplies particularly drugs and condom supplies;
6. Improved community participation in prevention, control and early treatment; and
7. Development of synergistic relationships and networks with private sector and stakeholders in STI prevention and control.
In FY 2010, MOH will continue to implement the national STI program through strengthening coordination of partners working in various parts of the country implementing STI activities, through regular annual meetings with all stakeholders and key providers. MOH will ensure that health care providers adhere to the existing guidelines for STI management in order to ensure quality health care. We will provide supportive supervision to provincial levels to improve quality of routine data collected for HMIS, support routine provider initiated CT for STI clients, provide regular updates on evidence based practice that feed into national guidelines and improve the monitoring and evaluation of STI programs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 225,000 | |

**Narrative:**

National PMTCT indicators in 2008 showed an improvement in performance with increase in:
• HIV testing among pregnant women from 60% to 70%
• ARVs from 39% to 50% in pregnancy
• ARVs by HIV exposed infants from 17% to 29%
• Cotrimoxazole from 14% to 23% in infants
• PCR from 9% to 23% in exposed infants.
• Pediatric ART uptake from 12,000 in 2007 to 18,040 in 2008

IN FY 2010 the Ministry of Health will focus on the following activities:
• Support overall guideline amendments and implementation through all stakeholders in line with on-

going WHO recommendations.
• Continue to support and ensure capacity building for PMTCT staff. This is in recognition of the fact that turnover of skilled staff is still a challenge in Zambia
• Implement a tool developed to build and maintain quality service delivery and programming at all levels, data recording and reporting and use for planning.
• Improve service delivery through data use for planning, utilizing population-based analysis, peer review, sharing and documenting best practices and showcasing successes, addressing bottlenecks, giving technical assistance, and optimizing SmartCare use for program planning.
• Coordinate support to training programs (in both pre-service and in-service) to increase coverage of service delivery. This includes new focus on: specific prevention messaging, improved community-based efforts to increase male participation in PMTCT, improved links to early infant diagnosis and improving the rates of provision of accurate electronic health records to patients for the purposes of continuity of care and referral linkages.
MOH shall maintain quarterly data audits and population based review interactive meetings involving all districts, provinces, the Center, and partners in the health sector.
• The PMTCT unit will in collaboration with the M&E unit work towards assuring that there is a continuous feedback

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 850,000 | |

**Narrative:**

The objective of these activities is to strengthen the quality of laboratory testing and services in Zambia through quality assurance, accreditation, policies, and laboratory information system. The following activities are designed to accomplish this objective:
1. CDL will continue to strengthen the national QA program for TB smear microscopy to increase the national coverage down to cover health centers. This will be done in 2 provinces (Southern and Western). We will create a national QA TB database, manage, analyze and disseminate data to the TB lab network. We will enroll in QA program with supranational laboratories, support our staff for further training, maintain laboratory equipment, procure lab supplies, prepare staining reagents and distribute among the TB lab network, and coordinate meetings with TB lab working group ($150,000).
2. The MOH Lab services unit will: a) Develop annual operational plans based on the national strategic plan; b) develop or update, and disseminate national laboratory guidelines, policies, standard operation procedures, bio-safety manuals, and other lab-related documents to its laboratory network; c) develop and implement laboratory accreditation plan; d) oversee the national QA plan for laboratory testing including rapid HIV testing and other clinical laboratory testing; e) meet with partners quarterly to update on the QA and other laboratory-related issues; f) provide on-site supervisory visits to its laboratory

network; g) hire two staff dedicated to QA and laboratory accreditation process; h) establish a QA laboratory unit through extension, furnish and equipat MOH Chainama College; and i) organize national QA workshops to disseminate policies and QA data ($400,000). In addition, the MOH will work with Beckton Dickinson to improve quality of phlebotomy and other blood drawing and specimen handling procedures; strengthen needle stick injury prevention, surveillance and Post Exposure Prophylaxis (PEP); and revise existing policies, guidelines, and Standard Operating Procedures (SOPs) for phlebotomy,and PEP ($150,000).

3. The MOH IT and lab service units will continue to identify and evaluate appropriate laboratory information systems software that is applicable for the laboratory network in Zambia. Once it is identified, we plan to train staff and pilot this software on 2-3 selected MOH laboratories. We will procure soft-, hard wares plus other accessories ($150,000).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 500,000 | |

**Narrative:**

The MOH notified 47,333 TB cases all forms, in 2008. Among these, 655 were tested for HIV and 68% were positive, 465 on CPT and 41% on ART. In FY 2010, MOH will continue to support its national TB reference laboratory (CDL) in order to reduce TB burden.

MOH will improve the microscopy network infrastructure and its QA systems, develop a safe courier system to transport specimens and implement the national QA systems for TB smear microscopy.

MOH will address TB/HIV, MDR TB and other challenges through implementation of TB/HIV collaboration activities by devising and distributing guidelines, training, supervision support, and monitoring and evaluation. MOH will train health workers in Provider-Iinitiated Testing and Counseling (PITC), MDR TB surveillance, management, and infection control. The MOH will conduct a national TB review to evaluate the program, hold bi- annual TB/HIV data review meetings and quarterly TB/HIV coordinating body meetings and hire a TB/HIV Medical Officer

MOH will strengthen MDR TB Surveillance, engage private practitioners, empower people with TB and communities through information on TB/HIV.

In FY 2010, CDL will conduct the following:

1. Provide specialized TB laboratory diagnostic services to other healthcare facilities including TB culture, drug susceptibility testing by culture and molecular methods, identification of multi-drug (MDR) and extra

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|---|
| multi-drug resistance (X-DR), and TB smear microscopy.<br><br>2. Develop, print and disseminate a) standard operating procedures for TB culture and sputum smear microscopy), b) TB bio-safety manuals, and c) training materials.<br><br>3. Train healthcare personnel for TB smear microscopy and rapid HIV testing using the MOH standard training package and protocols to ensure high quality of TB and HIV diagnosis.<br><br>4. Train laboratory personnel in TB laboratory bio-safety and infection control In order to reduce risk of infection among laboratory personnel<br><br>5. Procure a fluorescent microscopy and 10 LED microscopes for training and bulk reagents for culture, DST, and microscopy to serve the diagnostics services done at CDL. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10224** | **Mechanism Name: National HIV/AIDS/STI/TB Council** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National HIV/AIDS/STI/TB Council - Zambia | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 550,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 550,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The main objective of this Country Operational Plan (COP) for the National HIV/AIDS/STI/TB Council (NAC) will be to further develop, fully operationalize, and manage the national HIV/AIDS M&E system. Activities will focus on strategic information and systems strengthening in an effort to develop a sustainable and fully functional national HIV/AIDS M&E system which will enable NAC to meet its monitoring and evaluation mandate by providing information for evidence-based decision making.

Specific objectives of the program are to implement the NAC management information system (NACMIS) to the district levels. To facilitate rollout of the NACMIS, NAC will do the following:
1) Support trainers educated in FY 2009 to instruct District AIDS Task Force (DATF) members from targeted districts in database applications and electronic data management;
2) Implement a geographical information system (GIS) for key HIV/AIDS intervention areas (counseling and testing- CT; anti-retroviral therapy- ART; prevention of mother to child transmission- PMTCT; palliative care-PC);
3) Build capacity in NAC Activity Reporting Form (NARF) data management, and M&E at provincial, district, and community levels to improve monitoring of the response;
4) Provide routine technical support and mentoring to Provincial AIDS Coordination Advisors (PACA) and District AIDS Coordination Advisors (DACA);
5) Establish a mechanism to facilitate professional level M&E training at the University of Zambia for M&E Officers and Program Officers from coordinating/umbrella agencies from civil society, private sector, and public sector;
6) Create a mechanism for partnerships and collaboration with key stakeholders;
7) Assess the feasibility of interlinking NACMIS with key information systems (health management information systems, HMIS; PEPFAR partner reporting system, PRS; country response information system, CRIS) in order to strengthen partnerships and coordination of the multisectoral response; and
8) Optimize user access to HIV/AIDS information resources through the use of special websites and the establishment of linkages with other resource centers.

To improve monitoring of the national response, NAC will continue to coordinate all national M&E activities for HIV/AIDS interventions targeted at the general public for the entire country using national coordination structures of Provincial AIDS Task Force (PATF) and DATF in all the nine provinces and 72 districts. NAC will contribute to systems strengthening by enhancing monitoring capacity among all key stakeholders that provide information to the national HIV/AIDS M&E system, HMIS, and PEPFAR partner reporting systems. Key partners will benefit from these activities by being key PATF and DATF members. Harmonization and alignment efforts of various M&E systems will strengthen national systems for reporting and monitoring the HIV/AIDS response.

In addressing gender-related issues, the national HIV/AIDS M&E system will monitor access to HIV/AIDS

prevention, care, and support services by both genders. NAC will work within existing government structures and decentralize activities to sub-national levels, with greater focus on district and community levels, in order to promote cost efficiency. In addition, support will be given to provincial level resource teams to undertake specific activities at the local level to minimize the cost of implementing certain activities. Through the SI Technical Working Group (TWG), NAC will work closely with key stakeholders to ensure joint planning on related activities to avoid duplication of efforts and redundancies in implementing interventions. Findings from the M&E assessment and mid-term review will guide NAC in prioritizing activities.

The national HIV/AIDS M&E plan, which includes core performance indicators, will guide monitoring of the national response and the implementation of these activities. NAC will facilitate development of annual multi-sectoral work plans to guide implementation of all HIV/AIDS activities, including national M&E activities this fiscal year, monitor implementation of activities on a quarterly and annual basis during joint annual program reviews (JAPR), and hold quarterly coordination meetings with the PACA to assess the performance of the national HIV/AIDS M&E system at provincial and district levels.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10224** | | |
| **Mechanism Name:** | **National HIV/AIDS/STI/TB Council** | | |
| **Prime Partner Name:** | **National HIV/AIDS/STI/TB Council - Zambia** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 550,000 | |
| **Narrative:** | | | |
| NAC will monitor the national HIV/AIDS response from provincial, district and community levels using the NAC activity reporting forms (NARF) as a routine program level data collection tool. For the 50 percent | | | |

of districts where NAC will implement the NACMIS, the electronic NARF will be operationalized as a function within this national database. For districts were the NACMIS will not be operationalized, NAC will print and distribute NARF on a quarterly basis and follow-up on submission of data. NAC will also conduct quarterly supervisory and technical assistance (TA) visits to all nine provincial centers and approximately 30 percent of districts to carry out data audits, verification, and validation process to facilitate coordination, alignment, and harmonization of data system at all levels.

NAC will support professional level training in M&E and MIS for six staff in the M&E Directorate. During FY 2010, NAC will train groups of 30 M&E Officers from umbrella agencies of CS, PS, and public sector in NARF data management, advanced M&E and documentation of best practices. NAC will also facilitate professional level training for 20 M&E and Program Officers from key implementing agencies at the University of Zambia (UNZA). The M&E Directorate will train 600 CATF members in NARF data management to improve monitoring of the response at the community levels. NAC will also train 27 PATF members and 110 DATF members in NARF data management and M&E 101 by the end of this fiscal year. To facilitate rollout of NACMIS, NAC will train nine Provincial AIDS Coordinating Advisors (PACA) and 36 District AIDS Coordinating Advisors (DACA) in NACMIS applications and electronic data management. NAC will also review and update the M&E training curriculum in line with new and emerging issues in HIV/AIDS.

NAC will work to improve user access to HIV/AIDS information resources. Through the resource center (RC) unit NAC will provide HIV/AIDS IEC materials to nine provincial resource centers being managed in partnership with Zambia Library Services. NAC will train 30 provincial trainers of trainers in data use for decision making and on the use of various HIV/AIDS information resources from the NAC website and RC.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10225** | **Mechanism Name: EPHO** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Eastern Province Health Office | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 2,065,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,065,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall goal for Eastern Provincial Health Office (EPHO) CDC support is the implementation of programs to improve the management of care for HIV/AIDS, sexually transmitted infections and tuberculosis in the Eastern Province of the Republic of Zambia under the PEPFAR

The Eastern province with a population of over 1.7 million and divided into eight districts will in the Country Operational Plan (COP) FY 2010 continue to work with CDC support to strengthen and scale up TB/HIV activities through capacity building, technical support supervision, meetings and trainings. EPHO will focus on strengthening existing programs through linkages to other potential partners. Infection control programs will cut across all budget codes

The TB/HIV programs' goal is to reduce the burden of tuberculosis among HIV infected patients. The EPHO and Districts will facilitate the implementation of counseling and testing of TB patients for HIV infection, screening of HIV patients for TB infection, strengthening partner notification, TB/HIV coordinating bodies at all levels. Monitoring and evaluation will be strengthened in all program areas through integrated TB/HIV review meetings, systems strengthening through technical support supervision quarterly at EPHO and quarterly at monthly levels. With low TB notifications, emphasis will be placed on intensified case finding, community participation and awareness creation through radio programs.

Prevention of Mother to Child Transmission (PMTCT) services will be strengthened through capacity building, integrated quarterly review meetings, technical support supervision and mentorship. To strengthen PMTCT uptake focus will be on male involvement through community participation and sensitization on radio programs.

EPHO will strengthen early infant diagnosis by training health workers in Paediatric ART services to increase uptake to at least 10%. Provider initiated counseling will be strengthened to increase access to counseling services .EPHO will Improve courier and referral systems for quality management.

Adult antiretroviral services will focus on improving the quality of service provision through training of staffs, mentorship, meetings and infrastructure renovations. Mobile ART services will be strengthened in geographically constrained areas. Monitoring and evaluation will be conducted in partnership with cooperating partners.
EPHO will continue to build sustainable laboratory capacity at both provincial and local levels through training and providing support for laboratory activities in PMTCT, HIV/AIDS and VCT, Pediatric and Adult HIV care and treatment.
Focus will be on accreditation of laboratories, so laboratories can be recognized by World Health Organization (WHO).This is a long term program and two centers will be piloted. Quality control program in TB and HIV/AIDS, monitoring tests such as CD4, full blood count (FBC) and chemistry will be included.

EPHO will also organize and conduct a training of 20 laboratory staff in laboratory management, computer and laboratory information systems. Other training activities will include Rapid HIV testing for TB/HIV, PMTCT and VCT counseling and testing program areas.
Other preventive activities to mitigate and prevent the spread of STIs, HIV and TB will through behavioral change communication through partnerships and community involvement and evolve on community driven innovations like drama and income generating activities for the youth. National and World Commemoration days will be used to create mass awareness and disseminate messages through the local media, educative games, modeling, poetry and role plays.
In line with the national male circumcision strategy and implementation plan 2010 – 2020 focus will be on Increasing the number of health facilities providing safe male circumcision services as an integrated approach for male reproductive health and the fight against HIV/AIDS (HIV infection prevention) in three districts; Chama, Mambwe and Nyimba, Increasing the skill and quality of service providers through appropriate training, sensitization of communities on the importance of MC as an important component in the package of HIV prevention strategies, complement the services being provided by other partners Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) in Chipata district (Chipata General and Mwami mission hospital).

Strategic information adds value to monitoring and evaluation through comprehensive information communication and technologies to yield better health information systems. The objective is to improve and sustain quality data management systems and information archiving and sharing for aided decision making.  EPHO will continue capacity building and provision of technical support in the data collection, storage, retrievals, sharing, analysis, auditing and use. EPHO will ensure maintenance of the strategic information (SI) infrastructure through procurement and repairs of soft and hardware for the security of information including procurement of internet and local area network services. EPHO is to strengthen existing operational, HMIS and other Health Systems mechanisms and governance arrangements at Health Facility, District and Provincial levels

In areas where there are no qualified staff EPHO will recruit and continue supporting those on contractual employment to sustain continuity and smooth implementation of activities

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10225** | | |
| **Mechanism Name:** | **EPHO** | | |
| **Prime Partner Name:** | **Eastern Province Health Office** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | 245,000 | |

**Narrative:**

The EPHO will strengthen and expand the ART services in the province in line with national objective "to halt and begin reducing the spread of HIV/AIDS by increasing access to quality HIV/AIDS services". EPHO will train 30 staff in Adult ART management; provide mentorship support and technical support supervision monthly through clinical care teams in eight districts and Quarterly by PHO team to the districts. The EPHO will facilitate holding of quarterly clinical symposiums in all the districts and bi-annual provincial clinical symposia at the two level two hospitals. The EPHO will integrate prevention for positives (PwP) as part of standard care in all ART sites and will train adherence counselors in PwP. The programme will also strengthen adherence and retention of patients on treatment through holding of quarterly community drug and therapeutic committee meetings in the districts. The community drug and therapeutic committee will be strengthened through technical and supportive supervision by the province and district teams. The province will spearhead monitoring and evaluation through support to district quarterly HIV/TB review meetings, technical support supervision to all the districts and review of monthly reports. The provincial quarterly technical review meetings with the districts will be integrated with other programs e.g. TB. EPHO and the districts will participate in the commemoration of World AIDS day with

support to health support.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 265,000 | |

**Narrative:**

The major objective of the program is to provide counseling, testing and care in all health facilities of the province. This serves as the entry point and linkage to care, antiretroviral service provision and prevention activities. However, the counseling services will be strengthened for prevention of the positives and negatives through quarterly meetings and sensitizations on strong messages of abstinence, faithfulness to one partner in relationships and use of condoms. In view of diagnostic counseling and testing as opposed to voluntary counseling and testing, provider initiated counseling and testing will be strengthened in all health facilities in the province.

Mentorship in counseling and testing services will be done as an integrated activity. The Province will train 40 health workers (20 per district, Nyimba and Mambwe) in child counseling. To enhance counseling services and also address the issue of discordance, couple counseling will be strengthened by training 60 health workers in the province.

The districts will conduct Sensitization meetings for 50 community leaders in couple counseling and training of 80 lay counselors in finger prinking for HIV testing for three days. The province will conduct monitoring of counseling and testing services quarterly to the districts and monthly through the districts to health centres. Quarterly counselors meetings will be held to share experiences and review progress in implementing planned activities. The Province will facilitate commemoration of World VCT day in the two districts, Nyimba and Mambwe.

$75,000 is provided to help assure quality training and oversight for SmartCare CT module implementations, at all sites providing this service. Workstations and smart cards will be supplied via EGPAF or MOH.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 75,000 | |

**Narrative:**

The EPHO will ensure that at least 10% of patients on ART are children by strengthening and scaling up Pediatric ART services. Training of 50 staff in pediatric ART management, 50 staff in pediatric mentorship, providing mentorship support monthly through clinical care teams in eight districts will work toward achieving the objective. The province will provide mentorship on quarterly basis. During mentorship the teams will look at ART management, DBS, PITC, and child counseling, follow up of exposed children and septrin prophylaxis. Clinical symposia will be integrated with the Adult treatment symposia. Quarterly HIV/TB review meetings for eight districts and the technical review meetings by PHO

will be integrated with other programs and will act as a monitoring and evaluation tool. The EPHO will also support scale up of mobile ART service to Chama, Chadiza, Nyimba and Mambwe which are the most disadvantaged districts. The trained community lay counselors in drug adherence will play a major role in ensuring that clients adhere to treatment and follow up visits to the facilities for reviews and counseling are adhered to. In order to keep the lay counselors abreast with new information, quarterly meetings will be held at district level. EPHO will join the rest of the world in commemorating WOLRD AIDS DAY. Mass community sensitization through the media and other forum will take place. Production of IEC materials on HIV/AIDS/TB/PMTCT to reinforce prevention interventions will be printed

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 275,000 | |

**Narrative:**

The EPHO main goal and aim is to strengthen existing operational, Health Management Information System (HMIS) and other Health Systems mechanisms and governance arrangements. The approach includes implementing and maintaining internet connectivity in all the eight districts, district and 2nd level referral hospitals and Provincial Health Office, with a viable Local Area Network (LAN) to facilitate data processing and information sharing for informed decisions.
SmartCare deployment and capacity building, as part of the national HMIS, will be scaled up to all the eight hospitals, two 2nd level referral hospitals and the remaining 10 health facilities that are on National Zambia Electricity grid. Currently 34 computers with SmartCare have been deployed for ART, PMTCT, maternity and or antenatal services. During 2010, electronic health records will be used for all clinical services in clinics with electricity. SmartCare (SC) data will be aggregated from all SC facilities to the district, every month, at the same time as HMIS data, then from district to province and to MOH..

Technical support at all levels in data management will involve periodic data audits, quarterly data review meetings. The EPHO will conduct an initial end user training for District and PHO managers in data audits and data quality assurance. Capacity will be built in 32 District and eight Provincial Health level managers in data quality and data quality self assessment with a view to roll out the trainings to health facilities. Supportive supervisions to the eight districts will be on-going, to ensure quality of care and reliable data. Data associates in strategic areas will be maintained with wages or salary support, and will intervene expeditiously when any facility has difficulty using its electronic health record system.
The 2010 budget increase is to focus strong and repeated SC in-service, other trainings, and frequent oversight, to assure excellent SC implementations, so that clients receive the full benefit of continuity of care that is possible with readily accessible and complete health records and a system of integrated services and referrals. In 2010 deployments to facilities with alternative but sufficient power will begin.

PMTCT one time plus-up funds are being added to support: Analysis and dissemination of information using Next Generation PMTCT indicators to assess program effectiveness including the impact of COP funding increases for operational costs and one-time plus-up funds.

EPHO will focus on PMTCT sites within the Eastern Province of Zambia. EPHO will use these funds to strengthen existing monitoring and evaluation systems throughout the provincial network and ensure that timely usable data is collected from the covered PMTCT sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 170,000 | |

**Narrative:**

In 2009, Eastern Province health office (EPHO will establish comprehensive male circumcision in 5 of the 8 districts of eastern province. EPHO will implement male circumcision as an integrated HIV preventive measure.
We will sensitize the communities (community leaders, Community health workers, and Community based organizations) on the importance of MC as an important component in the prevention strategies. The EPHO activities will complement the services being provided by other partners' e.g. Jhpiego at Chipata general hospital and Mwami mission hospital.
In FY 2010 EPHO will, 1) train 10 health workers in MC in three remaining districts of the province, 2)conduct one day orientation in MC of 30 community based volunteers (10 per district in the three remaining districts),3) will provide supportive supervision to MC sites in the province in combination with other programmes like TB, PMTCT, and antiretroviral therapy services),4) Conduct monitoring and evaluation (M/E) of the MC program as part of the quality assurance process in the three districts, 5) conduct 12 radio programs on the importance of MC in the prevention of STI/HIV, 6)Conduct outreach and mobile MC activities,7) hold quality assurance meetings quarterly with sites doing MC and procure equipment and commodities related to MC. As the funding is limited EPHO's activities will mainly be training, community sensitization, supervision of MC activities provided by Jhpeigo, monitoring and evaluation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 170,000 | |

**Narrative:**

To prevent and mitigate the spread of Sexually Transmitted Infections (STIs), HIV and TB, promotion of positive behavioral change is cardinal and will be reinforced. To achieve this, the Provincial Health Office (PHO) and the District Health Offices (DHOs) will mentor the health workers and youth coordinators. The number of trained peer educators stands at 40 in Chipata district and EPHO will facilitate continued

training of peer educators in catchment areas such as churches, colleges where there are no trained peer educators to reach the target of 80 . An integrated approach with other program areas in awareness creation of preventive messages during recreation activities will be used to reach other youths and adults. Pool, bicycle rallies, during biannual youth festivals, school and out of school youths will compete with each other through quiz, songs, poems and educative modeling in the area of TB/HIV/AIDS. Twelve TB/HIV programs on radio station will be aired to reinforce dissemination of health messages including messages for prevention for positives and negatives. Couple counseling will be advocated for to prevent new and re-infections.
Youth coordinators will facilitate community sensitization through monthly and quarterly meetings. Patron and matrons will provide mentorship to the youths on quarterly basis. To enhance youth empowerment and as a way of keeping them away from engaging in vices such as beer drinking, drug abuse and sex work, PHO will work with partners to support skills training in carpentry, tailoring and tie and dye.

One of the major drivers of the HIV epidemic is youth involvement in alcohol abuse which predisposes them to engaging in unprotected sex. Youth friendly activities will stress the dangers of alcohol abuse using behavior change communication strategies. The EPHO will advocate for the strengthening and enforcement of policies and by-laws that restrict persons under the age of 18 from entering drinking places or purchasing alcoholic drinks. This will be done through holding regular meetings and consultations with civic leaders, local authorities, business communities, and other key stakeholders. These activities will be monitored to ensure quality delivery of services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 350,000 | |

**Narrative:**

The main objective of the Prevention of Mother to Child Transmission of HIV infection program for the EPHO is to provide oversight to the scale up and strengthening of the PMTCT services in the eight districts of the province including support to all PMTCT related training. EPHO funds will also leverage with other partners to support combined supervisory visit.

With current low male involvement in health services, EPHO will ensure that male partners not to miss out on important preventive services such as counseling and testing, education on condom use to prevent re-infection, reduction on the number of sexual partners and repeat testing for both mothers and their spouses male involvement will be strengthened in the four districts.

Monitoring and evaluation of programme implementation will be done through technical support supervision, integrated technical review meetings and mentorship at all levels of health service delivery.

The use of combination therapy for PMTCT HIV positive clients will be strengthened. To reinforce the quality of monitoring the EPHO will train 30 health workers (supervisors) in order to provide them with updated knowledge and skills in PMTCT. The trained supervisors will then conduct on site re-orientation of trained staff in the use of dual /triple therapy in all the districts where appropriate.

Four districts will hold biannual follow up meetings with 80 traditional leaders as their influence and involvement in PMTCT services is cardinal to community involvement. The trained tradition leaders together with health center staffs and traditional birth attendants will monitor the effectiveness of the community support groups .e.g. SMAGs, breast feeding groups etc in supporting clients to adhere to treatment and ensure the smooth running of the mother baby follow up programme through meetings. Furthermore 100 community lay counselors will be trained in HIV Rapid test finger pricking technique.

EPHO will conduct mentorship activities quarterly to the districts and monthly by the district to the health facilities and communities. Support to the SMAGs and other support groups will be offered through technical support. The EPHO will ensure early infant diagnosis is supported by ensuring that dried blood spot test on each and every exposed child at all stages.

PMTCT one time plus-up funds are being added to support: the procurement of bicycle ambulances for facilities where appropriate.

Many antenatal and maternity facilities are improvised and not appropriate for delivery services and lack private space for HIV testing and PMTCT counseling. Further some facilities have provision only for antenatal care, without any delivery rooms. EPHO will procure bicycle ambulances for facilities where it is difficult for pregnant women to reach appropriatefacilities in time for a safe delivery of the baby. Provision of PMTCT at the time of delivery is an important intervention for HIV prevention that can be maximized by the utility of bicycle ambulances to transport expectant mothers to the health facility.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 200,000 | |

**Narrative:**

Main Objective: To strengthen capacity, ensure sustainability at the local level and provide support for activities to be conducted by local staff within the province in PMTCT, Pediatric ART, HIV/AIDS, TB and Counseling and Testing
EPHO will initiate the accreditation process of laboratories in the province in collaboration with Ministry of Health and CDC. The accreditation will start in four selected laboratories in the province through training. EPHO will support training of seven staff that will scale up the laboratory accreditations of other

laboratories. EPHO and the districts will strengthen internal and external quality control in the laboratories focusing on Rapid HIV testing, CD4 count, blood chemistry and bacteriology. EPHO will train 20 staff in laboratory management, computer appreciation and laboratory information systems. 25 staff will be trained in phlebotomy. EPHO will strengthen the referral system of the specimen from the facilities to the main laboratories in eight selected facilities in Mambwe (three) and Nyimba district (five). This will be through support to the facility by provision of fuel or recruitment of motorbike riders as well as procurement of specimen transportation system. EPHO will sustain an equipment maintenance system in order to have affective working equipment. The laboratory plans to regularly service the equipment so that break down of machinery is reduced. Equipment will include but not limited to five generators, FACS Count Machine, and five refrigerators.

In addition, EPHO received an approval from the MOH to establish an early infant diagnosis testing capacity in the Eastern province. EPHO will support this activity by improving existing laboratory space at its provincial hospital to be suitable for this type of work and train staff.

PMTCT one time plus-up funds are being added to support: Improvements in infrastructure for PMTCT clinical and laboratory services

Eastern Province Health Office will conduct district level laboratory assessments with MOH and other partners and procure equipment as appropriate for maximum cost-effectiveness and coverage. CD4 machines for district or provincial laboratories, hematology to measure anemia, and blood chemistry kits and equipment will be procured for the PMTCT sites most in need. In many clinics throughout Eastern Province, the use of clinical and laboratory equipment is often monopolized by ART patients. EPHO will use these funds to increase PMTCT patient access to important clinical and laboratory services as PMTCT-specific demand for these services increases with the new WHO PMTCT guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 315,000 | |

**Narrative:**

The goal of the TB/HIV programme is to reduce the burden of TB disease among the HIV infected individuals. Among the important activities, is the screening of TB infected patients for HIV infection and the screening of HIV infected patients for tuberculosis. The EPHO will ensure linkages between counseling and testing services. The TB patients who are HIV positive will be linked to Network of Zambian People living with HIV/AIDS (NZP+) for continued care and support. HIV/ART and TB services will be strengthened including notification of partners and use of condoms for patients with TB/HIV including education on the risk of infection transmission.

| |
|---|
| With low TB notification rates, emphasis will be placed on intensified active case finding through community involvement, treatment supporters will play an active role in sensitizations on, DOTS and TB/HIV preventive health messages through 15 radio programmes.<br>Following the formation and operationalisation of the TB/HIV coordinating bodies, it is imperative that these bodies are active and effective at all levels. The TB/HIV coordinating bodies will hold quarterly meetings and technical support supervision.<br>EPHO will ensure support is provided through quarterly integrated TB/HIV review meetings with partners to monitor the planned and implemented activities. EPHO will conduct integrated technical support supervision at all levels of care. Multi-drug (MDR) and extra multi-drug resistant (X-DR) TB makes TB Infection Control cardinal to the reduction of disease burden. The PHO will support TB infection control trainings of 80 health workers, provide mentorship in DCT, TB infection control and management. The EPHO will continue with renovations to infrastructure to accommodate TB/HIV settings.<br>EPHO will strengthen staffing in constrained districts by employing eight staffs and continue supporting the District field officers and EPHO TB/HIV officer.<br>EPHO will attend the CDC- GAP Partners meeting, commemorate the world TB day, and support the transportation of sputum specimens to the diagnostic centres. EPHO will hold training for 20 microscopists and refresher course in sputum examination for 20 staffs. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10226** | **Mechanism Name: SPHO** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10226** | | |
| **Mechanism Name:** | **SPHO** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | Redacted | Redacted |

**Narrative:**

The USG has supported the Southern Province Health Office (SPHO) in the last three years to scale-up antiretroviral therapy (ART) services in the province. SPHO rapidly scaled-up ART sites from ten (10) sites in 2005 to forty-one sites in 2009 with the number of ART patients increasing from below 10,000 in 2006 to more than 35,500 in mid-2009.

In 2010, the SPHO will continue to provide leadership in the implementation of comprehensive HIV treatment services to DHOs and other partners in the province. SPHO will continue to support the strengthening of the mentorship program aimed at improving quality of care through support to clinical care teams.

The provision of continuing medical education to staff trained in ART will be provided at existing ART sites. SPHO will ensure that ART is readily available for HIV positive pregnant women and train health

workers in ART, andl continue to support DHOs in the provision of mobile ART services in ten selected sites of remote and hard to reach areas. The focus will be quality and cost effective care for ART patients, while increasing access to ART services.

In an effort to strengthen the early detection and management of cervical cancer (CC) in HIV patients, 82 health workers will be trained in CC screening and sensitization of the community in all the ART sites. In addition, the SPHO will procure CC screening supplies to integrate screening of CC in ART sites. SPHO will train fifty (50) peer educators in adherence counseling who will help with patient tracking. Resources will be provided for assessment of ART sites, provision of technical and logistical support to the ART sites in order for them to attain Medical Council of Zambia accreditation standards. SPHO will support infrastructure improvements at the ten new sites in order to increase ART access with integration of prevention with positives in all ART sites.

SPHO will continue with bi-annual clinical symposia to improve HIV/AIDS management and allow exchange of experience and views by clinicians. Support of income generating projects to sustain the activities of the community based volunteers will be maintained.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

The Southern Province Health Office (SPHO) will provide leadership for a coordinated scale up of Counseling and Testing (CT) services as an important entry point to HIV prevention, care and treatment. A total of 110 health workers will be trained in couples and child counseling from all eleven districts. In addition, 50 health workers will be trained in Provider-Initiated Testing and Counseling (PITC) from all sixteen hospitals for improved uptake of CT as part of routine health care.

SPHO will work with partnerships and the District Health Offices (DHOs) to strengthen community-based counseling and testing, which will include support to two mobile drama groups in each district, and door-to- door counseling and testing in 11 districts using the new HIV rapid testing algorithm. Twenty community counselors will be trained in each of the nine districts in rapid HIV testing including members of the mobile drama groups. The DHOs will ensure availability of counselors in all counseling and testing sites at all times including task shifting. Funds will be provided to the districts to engage community and religious leaders in community mobilization and advocacy efforts. Collaborations with community radio stations (Chikuni, Sky FM, Macha, Mosi-o-Tunya, Mazabuka and Zambezi) and the Modeling And Reinforcement to Combat HIV/AIDS in Zambia (MARCHZ) to develop and disseminate programs on the importance of CT to the people of Southern Province. It is expected that using the community radio

stations, over 80% of the population will extend the reach of CT and prevention messages. Radio programs and IEC materials in local languages will be used to raise awareness on CT, and be integrated with other programs in the area of prevention, care and treatment.

Resources will be provided to the 11 DHOs to carry out assessments and renovations of two counseling rooms per district. Approximately Redacted is set aside to conduct quality training and oversight for SmartCare CT module implementations, at all sites providing this service. Workstations and smart cards will be supplied via EGPAF or MOH.

The Family Support Approach to HIV counseling and testing initiative will be enhanced at seven hospitals with the highest volume of clients who are also potentially HIV positive. Health Workers fro m the seven FSU sites will be trained in couples counseling; it is anticipated that 1,000 couples will be reached through these services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | Redacted | Redacted |

**Narrative:**

The Southern Province Health Office (SPHO) will include Health Workers (HWs) from all potential entry points, (e.g., Maternal and Child Health (MCH) and Outpatient Department (OPD), to improve identification of children requiring definitive diagnosis. Thus, 100 healthcare workers will be trained in Comprehensive Pediatric HIV Care (CPHC) and Integrated Management of childhood illnesses (IMCI) to increase the proportion of facilities having at least one healthcare worker trained in CPHC and IMCI from the current 22% to 80% and 50% to 80% respectively. Another sixty healthcare workers and community health workers (CHWs) each, will be trained in Provider -Initiated Testing and Counseling (PITC).

The SPHO will train fifty (50) HWs in DBS collection. To ensure quality scale-up of pediatric ART services, we will continue to strengthen clinical mentoring at district level and provide technical up-date meetings to ensure clinical practice is evidence based at all times.
We shall maintain the number of Pediatric Centers of Excellence (PCOE) but with more support provided for programmatic reviews on a quarterly basis involving all PCOEs. Infrastructural improvements will be supported in Kalomo, Namwala and Monze.

Use of CHWs for community sensitization shall continue and will be linked to the Family Support Unit (FSU) activity under counseling and testing. The production of behavioral change communication materials in local languages will also be supported. CHW roles will include family psychosocial support and community tracking for adherence purposes.

In line with Medical Council of Zambia requirements for ART site accreditation, we will strengthen quality assurance (QA) by developing QA tools, and provision of technical assistance for setting up systems in all sixteen hospitals. The SPHO will also support the production of job aids such as algorithms and dosing charts. SPHO will support ongoing assessment, retention and adherence of pediatrics on the ART program including support for adolescent activities. We will leverage resources to incorporate nutrition support for children in underprivileged families.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | Redacted | Redacted |

**Narrative:**

In the last two years, efforts to improve strategic information through monitoring and evaluation (M&E), communication services, and the SmartCare electronic health record infrastructure has improved the flow of health information between the Ministry of Health and the District Medical Office (DMO), while providing continuity of care for patients.

The SPHO will strengthen and support 108 SmartCare sites and open 36 new sites, bringing the total to144. Particular emphasis will be devoted to ensuring that existing sites are fully operational (in entry of data, local use of reports, and submitting data to MOH each month), prior to opening any new sites. Supplies for smooth implementation will be provided routinely and a total of 288 health workers will be trained in SmartCare.

Support will ensure monthly flow of data from facilities with electronic health records to the DMOs, to SPHO and finally to the central level of the MOH for planning and policy decision making, using the same schedule as HMIS data submissions. The SPHO will seek guidance for SmartCare upgrades as needed.

The SPHO will support the nineteen (19) major hospitals in the province for an enhanced information management system. This support will strengthen the clinical mentorship program that is improving the quality of care for TB and HIV/AIDS patients in the province. Clinical mentors will be enabled to access the latest information in the clinical management of TB and HIV/AIDS via internet and monthly subscriptions to key medical journals (Lancet, AIDS).

Quarterly planning and performance review meetings with DHO staff will be held to improve quality and use of data. The DMOs will be funded to collect, verify and report data promptly each month to SPHO. They will ensure both old and new health staff are competent to record, analyze, use for clinical care and report health data using the standard MOH reporting tools. The registry clerks will be oriented to

document and to assist health staff to report, health information.

To strengthen M&E, the SPHO will support an M&E officer recruited in 2008, and eleven Data Associates; one based at each DMO; two at Livingstone General Hospital; and one each at Choma General Hospital, Monze Hospital, Maamba, Siavonga, Kalomo, Mazabuka and at the SPHO. Supplies will be provided.

PMTCT one time plus-up funds are being added to support: PMTCT missed opportunities evaluation of program and Provincial PMTCT M&E training on the OGAC next generation indicators.
Cost information on pediatric HIV/AIDS care and treatment is limited, plus-up funds will be used explore missed opportunities for PMTCT and PMTCT failures across the cascade, including the social, cultural, laboratory and clinical factors that contribute to infant infection. SPHO will focus on PMTCT sites within the Southern Province of Zambia. SPHO will use these funds to strengthen existing monitoring and evaluation systems throughout the provincial network and ensure that timely usable data is collected from the covered PMTCT sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | Redacted | Redacted |

**Narrative:**

The aim of this activity is to enable the Southern Province Health Office (SPHO) to increase access to safe male circumcision (MC) by increasing the number of health facilities offering comprehensive MC by renovating the existing infrastructure and building capacity of the health workers and community health workers and have at least 2500 clients circumcised by end of March 2010.

In FY 2010, USG will support SPHO to expand MC services from the nine (9) district health facilities to all sixteen major hospitals in the province. The funds will be used for capacity building and establishment of MC teams at each of the health facilities. Approximately 58 health personnel will be trained from the seven new sites. In order to create favorable and safe MC environments, renovation of space at the seven new sites will be performed. Additional activities will include the procurement of necessary MC surgical equipment, and translation of MC information into local languages. The SPHO will work with JHPIEGO and the University of Zambia, School of Medicine who have massive experience in MC to conduct site assessment and supervise implementation for quality improvement and assurance.

The SPHO will ensure that there is stronger community participation through community mobilization and sensitization. SPHO will provide direct funding to the districts based on the detailed assessments and plans developed by the districts for scaling-up of MC in the Ministry of Health 2010 plans.

In order to ensure sustainability of the program and promote longer lasting behavioral change, MC services will continue to be integrated as part of routine health services. Community leaders such as chiefs, headmen and local councilors will be engaged and educated to assist in community mobilization for MC services. Community health workers currently providing counseling and testing, prevention of mother to child HIV transmission, tuberculosis (TB), adherence support and malarial messages in the districts will be further trained to include MC messages in their package of community health education.

The SPHO will ensure that MC interventions are continuously integrated with strong HIV prevention messages and HIV counseling

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Southern Province Health office (SPHO) will intensify HIV prevention services targeting youth and couples and strengthen partnerships with the community. Prevention activities for youth will be scaled-up based on life-skills training, distribution of male and female condoms, and promotion of Adolescent Sexual Reproductive Health (ASRH) services in all districts. We will provide quarterly financing to the District Health Offices (DHOs) to engage community leaders in driving prevention activities and to run prevention group meetings in zonal centers. Approximately 220 Community Health workers (CHW)/counselors will be trained in behavior change communication (BCC) and 30 health workers will be trained per district to provide leadership to the CHW's. An additional fifteen individuals will be trained in BCC skills for continuity and supervision.

SPHO will finance HIV prevention programs on six community radio stations and lead development and dissemination of BCC materials in local languages.
DHOs will collaborate with the Ministry of Education to develop and implement HIV prevention programs for teachers, including training of health center directors and 5 teachers per district in BCC and skills building. Youth friendly corners in all facilities will be enhanced for out of school youth, which will include educating 30 peer educators per district. Funds for infrastructure improvements will be provided for three youth friendly corners per district.

Four managers per district will be trained to implement the MOH HIV work-place policy incorporating CT. Roll-out of peer education programs at the health facility level to address HIV prevention will be supported.
SPHO will train 100 health workers in Syndromic Management of STIs to improve case management.

Incentives will be provided to men for coming with their families to HIV counseling and testing. In the urban areas, DHOs will develop flexible CT working hours in order to cater to working couples.
This activity will be monitored through regular technical support, quarterly review meetings and monthly reports through HMIS under strategic information.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | Redacted | Redacted |

**Narrative:**

The intra-district dried blood spot (DBS) courier systems and referral systems for linking HIV exposed babies to ART programs will be strengthened.

Basic infrastructure renovations will be performed at fifteen sites for improved PMTCT services. Sixty PMTCT mentors will be trained to conduct onsite skills development for 125 health workers (HWs); 25 health workers will be trained in integrated PMTCT to cater for attrition. Community role models for PMTCT and monthly mobile PMTCT services to increase access will be initiated. Seventy-five male PMTCT agents will be trained to enhance male involvement, couples counseling, and address gender based violence. Incentives for men in the form of "daddy – cool packs" will be procured. To promote facility deliveries, we will procure baby – mother packs and support renovations of 5 mother's shelters in each district.

Based on the successful model of infant follow-up system in Sinazongwe, we will continue to strengthen this area in three focus districts. Sixty community health workers per district will be trained in this system. Community mobilization and leadership meetings with traditional and civil leaders will be supported. The District Health Offices (DHOs) will train 108 community lay counselors in PMTCT and rapid HIV testing. Capital funds will be provided to support income generation activities (IGAs) at the community level for sustainability under the leadership of IGA coordinators in each district.

Contraception in ART, TB, STI and inpatient medical departments will be enhanced by targeting HIV positive women and those women at highest risk of being HIV positive. We will strengthen links with Adolescent Sexual Reproductive Health Services to reduce HIV incidence in young people. Fifteen trainers- of-trainers and skill building of 30 health providers in ASRH will be supported. Promotion of condom use and partner disclosure remains an essential component as is support for PMTCT supply chain management through TSS.

PMTCT one time plus-up funds are being added to support the procurement of bicycle ambulances for facilities in Southern Province where it is difficult for pregnant women to reach appropriate facilities in

time for a safe delivery of their baby. Provision of PMTCT at the time of delivery is an important intervention for HIV prevention that can be maximized by the utility of bicycle ambulances to transport expectant mothers to the health facility.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | Redacted | Redacted |

**Narrative:**

In FY 2010, SPHO will provide financial support to districts for DBS sample transportation to district laboratory hubs for onward transmission to Livingstone Center of Excellence for DNA/PCR and sputum samples to the reference laboratories in Lusaka. A logistic transportation system will be developed for specimens' referral from health care facilities that do not have full laboratory testing capacity to district or provincial laboratories. SPHO will pilot the system, support transportation costs, and procure stabilized blood tunes and specimen transportation systems. In addition, SPHO will continue to support the establishment of an early infant diagnosis laboratory through coordination, equipment procurement and training.

SPHO will procure laboratory equipment service maintenance contracts. External quality assurance in TB sputum smears and HIV testing will continue and expand. SPHO will liaise with the MOH and CDC to begin the process of laboratory accreditation.

In FY 2010, SPHO will support the implementation of Laboratory QA programs for rapid HIV testing, TB smear microscopy, CD4, hematology, and blood chemistry in collaboration with the MOH and CDC. SPHO will continue to support laboratory staff to attend training in laboratory management, good laboratory practice, phlebotomy, accreditation, basic computer skills, and laboratory information systems.

PMTCT one time plus-up funds are being added to support: Improvements in infrastructure for PMTCT clinical and laboratory services

SPMO will conduct district level laboratory assessments and procure equipment as appropriate for maximum cost-effectiveness and coverage for use in facilities in Southern Province. CD4 machines for district or provincial laboratories, hematology to measure anemia, and blood chemistry kits and equipment will be procured for the PMTCT sites most in need. In many facilities throughout Southern Province, the use of clinical and laboratory equipment is often monopolized by ART patients. SPMO will use these funds to increase PMTCT patient access to important clinical and laboratory services as PMTCT-specific demand for these services increases with the new WHO PMTCT guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Treatment | HVTB | Redacted | Redacted |

**Narrative:**

The Southern Province Health Office (SPHO) will strengthen the implementation of TB/HIV integrated services including testing suspects for HIV, as TB patients tested and counseled for HIV increased from 39% in 2006 to 78.9% in 2008.

The SPHO will support 134 TB/HIV sites in seven districts in the implementation of TB/HIV activities, and with support from CIDRZ four districts. The SPHO will take overall responsibility for ensuring partner coordination.

TB case finding will be enhanced by opening ten new diagnostic sites, training of ten microscopists, procurement of microscopes and strengthening of external quality assurance (EQA) mechanisms. Approximately 100 community health volunteers will be trained in directly observed therapy and assist to conduct meetings with community leaders and CBOs on TB.

SPHO will conduct quarterly technical support supervision and data review meetings at provincial and district levels to ensure quality service and consistent data, using MOH approved tools. The Provincial TB/HIV coordinating body will continue providing strategic direction on TB/HIV integration activities at all levels.

SPHO will train one hundred (100) health workers in provider initiated testing and counseling and in infection control. Infrastructure improvements to reduce the risk of transmission of TB in ten ART sites and fifteen DOTS corners will be performed. Community sensitization activities using support groups and mobile drama groups in each of the seven districts will be conducted. Income generating activities to sustain community participation in TB control will be enhanced. SPHO will support the strengthening of quality systems for improved linkages and referral mechanisms. We shall continue to strengthen program management at provincial levels through the Provincial TB/HIV Coordinator. HIV prevention strategies will be integrated across all TB/HIV activities.

SPHO will support refresher training of laboratory staff including microscopists for TB smear microscopy and ensure that all TB diagnostic sites enroll into the national QA for TB smear microscopy.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 10227 | Mechanism Name: Western Provincial Health Office |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Western Province Health Office | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 2,385,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,385,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Western Province is a predominately rural province with a projected population of 1,015,753 in 2010, consisting of 480,888 males and 504,257 females. The geographic composition of this area consists of savannah woodlands and plains, traversed by the Zambezi River; deep sandy terrain and flood plains not only make communication and food production extremely difficult, but also makes it tough to access health services. Most areas of the province can only be reached by 4x4 vehicles year round and some parts only by canoes and speed boats during the rainy season. The challenging terrain makes delivery of logistics and health services difficult and the cost much of providing health services much higher, than most provinces in Zambia. By FY 2010, the province will have 12 hospitals and 148 rural health centers (total of 160 health facilities). The vastness of the province and low population density also make it difficult to make services easily accessible and is compounded by low staffing levels and insufficient infrastructure.

In FY 2010, the Western Province Health Office (WPHO) will focus on hard to reach areas that are cut off by seasonal floods, areas with high population density, high HIV and TB prevalence as well as special vulnerable population groups (e.g. such as pregnant women, children and people living with HIV/AIDS).

The HIV prevalence in Western Province according to the 2007 Demographic Health Survey has increased from 13.1% to 15.2% and therefore the WPHO's overall goal in the next 5 years is to prevent

new infections while improving health delivery to people living with HIV/AIDS/TB in the province. This is expected to significantly contribute to the attainment of the health-related Millennium Development Goals.

WPHO will increase access to and utilization of services, improve quality of services in all technical areas through supportive supervision, and mentoring of health care workers. We will ensure availability of logistics and support transportation of specimens and outreach services from hard to reach areas.

WPHO will put in measures to strengthen the referral system and coordinate all services provided in all technical areas by other partners working in HIV/AIDS and other fields. WPHO will strengthen community participation, promote sustainability, and monitor performance in all technical areas. WPHO will intensify HIV prevention activities through a combination of strategies that include Male Circumcision (MC), promotion of condom use including among positives and discordant couples, PMTCT, and Behavior change communication (BCC) and strengthening of prevention messages for those testing HIV negative, and ensuring that these services are promoted and provided at all HIV testing areas.

PMTCT will be provided with an increased focus on promotion of couples counseling and male circumcision where applicable. WPHO will provide capacity-building to recruited and existing staff to improve their performance. WPHO will refurbish, renovate, and extend chest clinics, laboratories, counseling rooms, two ART rooms, youth friendly corners, and MC operation rooms. This will increase space, strengthen infection prevention, and improve the quality of services provided. WPHO will provide motorbikes and bicycles to selected sites to ease the difficulties of the staff and community volunteers have in transportation of specimens and slides.

WPHO will promote community ownership and active involvement by working with selected community members and groups such as traditional, civic and religious leaders, faith-based organizations, women's and youth groups.

Integration of activities is expected to improve cost efficiencies. Technical support and mentoring will be integrated across technical areas as well as promoting the use of multi-skilled supervising and mentoring staff. WPHO will strengthen health provider skills in data analysis and utilization so that activities are planned and implemented based on evidence and identified need. WPHO will also integrate transportation of specimens (CD4, smear slides, and DBS) across technical areas.

Qualified personnel will be recruited and trained in providing services in all the technical areas in order to ensure that, where feasible, all services are provided under one roof. The staff will also provide health services in areas that are not specifically supported by USG funds. WPHO will enhance provision of health services with gender mainstreaming into perspective.

In FY 2010, WPHO will monitor services in the technical areas through monthly, quarterly, bi-annual and, annual progress reports, data audit reports, performance assessment, and technical support reports.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10227** | | |
| **Mechanism Name:** | **Western Provincial Health Office** | | |
| **Prime Partner Name:** | **Western Province Health Office** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | 245,000 | |

**Narrative:**

By end of FY 2009 there will be 34 ART sites in the province (17 supported by USG funds). In FY 2010, Western Provincial Health Office (WPHO) using USG and global funds will scale up to 4 new sites and CIDRZ to 2 more sites resulting in a total of 40 sites. We will continue supporting mobile activities and recruit four more ART providers.

Currently, over 80% of patients positively respond to ARV treatment, only a small percentage of patients develop drug adverse reactions, immune reconstitution inflammatory syndrome and treatment failure. WPHO supports adherence counselors to assess clients for compliance before initiation of and during treatment; this has reduced default rates and improved clinical outcomes.

We will strengthen quality of ART services by conducting in-service training for health facility staff in adult ART, management of opportunistic infections, and adherence. Staff will assess, prepare, and counsel clients for adherence at each clinical visit. Community adherence counselors will be trained and equipped with the skills to ensure treatment and prophylaxis adherence, counsel and test family members, and

promote prevention among positives and discordant couples. WPHO will use the SmartCare system to track and evaluate clinical outcomes through mortality rate, immunological and virological reports. ART site managers will be instructed in logistic management and support maintained for the clinical officers recruited in FY 2009.

We will mentor staff in new sites monthly and old sites quarterly and ensure adherence to ART accreditation guidelines by intensifying supportive supervision, procuring furniture, stationary and motor bikes, and support transportation of specimens to district and provincial laboratories. PLWHA will receive quality laboratory monitoring services. One health center will be refurbished and linkages strengthened between programs and referral systems. WPHO will put in place a record system to monitor and follow-up referrals.

We will increase the number of patients on ART from 830 at the end of FY 2009 to 1830 by end of FY 010.

WPHO will monitor and evaluate the program through technical review meetings, technical support, and progress reports.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 265,000 | |

**Narrative:**

In FY 2010, the Western Province Health Office (WPHO) will increase access to Counseling and Testing (CT) by increasing the number of health facilities from 140 to 160. The provision of CT during traditional ceremonies, commemoration days, public functions and conduct TC campaigns at community and educational institutions will be a focus. Demand for CT will be created through the use of drama performances to deliver prevention messages in four districts. WPHO will support sensitization meetings for local leaders (chiefs, civic/church leaders and neighborhood health committee members) in two districts with high risk populations, and the project will collaborated with four radio programs.

WPHO will ensure provision of quality counseling services by training community-based volunteers (CBVs), Classified Daily Employees (CDEs), and training facility staff in couples counseling and testing. Use of laboratory staff in the training and carrying out of quality assurance activities will promote higher standards for HIV testing. Individuals, couples and families are encouraged to know their HIV status; and those individuals testing positive will be assessed for ART eligibility and referred appropriately. Those testing negative will be given information on how to maintain their status and encourage other family members to know their status. WPHO will promote partner counseling and condom use in

discordant couples. Services will be integrated into family planning, male circumcisions and blood donor services. WPHO will intensify supportive supervision to ensure adherence to national guidelines. Approximately $75,000 is provided to help assure quality training and oversight for SmartCare CT module implementations, at all CT sites. The retesting policy will follow WHO guidance, emphasizing high-risk groups, pregnant women and STI clients. This mix of strategies will result in 15,000 clients accessing CT services.

WPHO will coordinate all CT services including those provided by other partners (CIDRZ, CHAZ, CRS, and PLWHA) to ensure adherence to national standards through quarterly stakeholders meetings. Monthly reports, quarterly data audit review and, technical supervision reports will be used for monitoring and WPHO will ensure sustainability by encouraging districts to include CT activities in annual plans.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 125,000 | |

**Narrative:**

By end of FY 2009 there will be 34 ART sites in the province, of these, 17 will be supported by USG funds. In FY 2010, we will scale-up to 4 new sites and CIDRZ will scale- up to 2 more sites, totaling 40 ART sites in the province.

WPHO will increase access to pediatric ART by supporting outreach activities, intensifying adherence to national guidelines on Provider-Initiated Testing and Counseling, follow-up of PCR positive infants to ensure timely treatment and monitoring of side effects. We will support adolescent peer groups among HIV positives.

In order to ensure quality pediatric ART services, WPHO will train health facility staff in pediatric ART and in management of opportunistic infections, pediatric counselors and community adherence counselors. We will mentor staff in new sites monthly during the first quarter of implementation and quarterly for staff in old sites. Supervision will be provided to all sites on a quarterly basis.

WPHO will put in place a record system to effectively follow up HIV exposed children and follow up referrals to ensure access to services. We will strengthen retesting of all exposed/ negative children as per guidelines. Community participation will involved training of lay counselors and engaging community leadership in developing the terms of reference (e.g., encouraging families/couples and individuals to test and know theirs' and their children's status, carrying out HIV rapid testing and follow-up , and providing messages on prevention focusing on use of condoms and avoiding multiple partners) for lay counselors. We will support meetings with local leadership to increase utilization for pediatric services and formation

of treatment support groups.

We will recruit ART providers, procure furniture for ART sites; motor bikes to facilitate transportation of specimens to district laboratories and provide quality laboratory monitoring services.

WPHO will monitor and evaluate the program through quarterly technical review meetings, progress and supportive supervision reports.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 325,000 | |

**Narrative:**

WPHO, in collaboration with the DHOs (District Health Offices) will continue to support the implementation of SmartCare through training, limited site readiness preparation, provision of logistical support for the deployment and post-deployment supervisory visits. WPHO will support a systematic and consistent flow of data from SmartCare facilities to the DHOs, then WPHO and finally to the Ministry of Health headquarters for planning and health decision making. WPHO will further provide support, dissemination and supervision of upgrades and other enhancements to SmartCare periodically when changes are made to the system.

To provide enhanced PMTCT and ART services to positive mothers, SmartCare will be deployed in at least 80% of the sites offering PMTCT, which have sufficient electricity.

In order to achieve this objective, WPHO will train at least 2 health workers in SmartCare, per deployed site, and all DHO and hospital program officers in M&E. This will build capacity in the use of health information for effective planning and program improvement. WPHO will also continue salary support to eight data associates to facilitate data collection and analysis at the district and provincial levels. Data Associates will provide technical support to health facility staff on data management and analysis. WPHO will continue to service and maintain SmartCare ICT equipment and internet services in the DHOs.

WPHO will support community sensitization activities focusing on the importance and use of electronic patient health records (Smartcards). WPHO will support Drama performances, meetings with local leadership (Chiefs, civic and church leaders and NHC members) and air radio programs.

WPHO will improve the quality of SmartCare facility data through performance review meetings. We will support DHOs to collect, verify and report to the provincial health office to ensure that old and new health

staff are competent to accurately record, analyze, and report health data using SmartCare. WPHO will monitor strategic information activities through monthly and quarterly health information reports, technical review meetings, biannual progress reports, and field supervisory visits reports.

PMTCT one time plus-up funds are being added to support: PMTCT missed opportunities evaluation of program and Provincial PMTCT M&E training on the OGAC next generation indicators.

Cost information on pediatric HIV/AIDS care and treatment is limited, plus-up funds will be used explore missed opportunities for PMTCT and PMTCT failures across the cascade, including the social, cultural, laboratory and clinical factors that contribute to infant infection.WPHO will focus on PMTCT sites within the Western Province of Zambia. WPHO will use these funds to strengthen existing monitoring and evaluation systems throughout the provincial network and ensure that timely usable data is collected from the covered PMTCT sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 170,000 | |

**Narrative:**

Western Provincial Health Office (WPHO) in collaboration with CIDRZ will promote and support provision of male circumcision (MC) as one of the HIV prevention strategies in the province. The objective is to contribute to the reduction of HIV transmission in the province and towards meeting the national target of carrying out 100,000 circumcisions in FY 2010.

Some communities of Western Province traditionally practice male circumcision; in these communities, WPHO will focus on safety and infection control. In other communities emphasis will be on raising awareness to increase utilization, safety and infection control. Circumcision will be provided as a package (testing and counseling, condom use, couples counseling and involvement of women, linkages to ART, STI and Family Planning services, infection control) with strict adherence to national guidelines.

CIDRZ will carry out a provider skills training for 4 health facilities in order to equip them with the desired skills, and procure MC equipment for Lewanika General Hospital and selected centers. WPHO will provide the leadership, mentor and provide technical support to the trained staff. Two clinical officers/nurses will be hired and renovation of two rooms will be performed. With the above interventions in place, we aim to perform 700 circumcisions.

The delivery of MC services will increase to four health facilities that will be selected based upon population density, and HIV prevalence. To increase demand, we will support sensitization meetings

with the local leadership (Chiefs, civic and church leaders, Neighborhood Heath Committee members, and traditional MC practitioners), communities targeting men and women, and carry out MC campaigns in schools and colleges located within the health facilities catchment areas. WPHO will develop MC Information Education Communication materials in local languages and integrate MC in other technical areas (PMTCT, Counseling and Testing, Sexually Transmitted Infections, TB, and Antiretroviral Treatment) and encourage districts to put MC services high on the district planning agenda.

WPHO will monitor program implementation through performance assessments, technical review meetings, and monthly

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 200,000 | |

**Narrative:**

Western Province Health Office (WPHO) will strengthen condom and other preventive activities in five districts using a combination of prevention strategies that include PMTCT, MC, community sensitization and prevention for positives. The program will also address issues of harmful social norms, GBV, intergenerational sex, transactional sex, excessive alcohol consumption, and multiple and concurrent partners; youth friendly services will continue (promotion of condom use, life skill, family planning, MC, substance abuse, teenage pregnancy and STI and HIV treatment and support). In addition to targeting women and youth, priority populations such as communities in fishing camps, lumbering camps, men organizing traditional ceremonies, and men's fellowship church groups will be sought after.

WPHO will facilitate sensitization meetings with local leaders (chiefs, civic and church leaders), mobilize communities, support drama performances, and radio programs. The messages will include promotion of the role of men as heads of households in prevention of HIV and STIs. PLWHAs will be engaged in planning, implementation and monitoring support to PLWHAs for carrying out preventive activities to ensure ownership and sustainability of the program

To strengthen health systems and increase service coverage, WPHO will train peer counselors and support the "Youth Alive" group in implementing preventive activities aimed at imparting life skills and encouraging youth to know their status. Anti-AIDS clubs for both in and out of school youth will be offered CT services, and youth friendly corners will be renovated.
The distribution of condoms and efforts to educate on consistence and correct use will intensify. Community sensitization on PMTCT and STI screening will continue as will opportunities for people to know their status as part of the prevention package. WPHO will conduct community outreach activities targeting most at risk populations. Through these interventions WPHO aims to reach 300,000 people with

prevention messages and counsel and test 12,500 clients.

WPHO will monitor the program through performance assessments and supportive supervision reports.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 405,000 | |

**Narrative:**

The provision of services will scale up from 140 to 160 sites and support outreach activities. Western Province Health Office (WPHO) will support active engagement of community leaders, and NHCs members in promoting PMTCT services which has proved to be a very successful strategy for increasing couples counseling. Area chiefs, civic and church leaders will be engaged in supporting male sensitization meetings and increasing couples counseling within the antenatal clinics.

WPHO will ensure quality of PMTCT services by supporting provision of comprehensive PMTCT services in accordance with the national guidelines. WPHO will orient Classified Daily Employees in syphilis screening and HIV testing, train community-based volunteers (CBV) in finger pricking HIV testing, and health workers in the new PMTCT package, orient health workers in the use of HB machines, training of CBVs, and health workers in the PMTCT. A record system will be developed to facilitate follow-up for both mothers and exposed infants, in addition to use of the revised antenatal and child health cards. HIV negative women will be retested later in pregnancy and or labor to manage incident infections. Further, WPHO will orient staff in selected facilities to follow-up and facilitate linkages to services such ART and TB sites.

In order to ensure uninterrupted supply of HIV and syphilis test kits, procure haemocue machines, and micro cuvettes, bicycles, and cotrimoxazole syrup as back-up supply for prophylaxis, measures to strengthen the DBS courier system will be implemented. This is also expected to ensure timely initiation of infants on ARVs and provide fuel to transport Dried Blood Samples and CD4 specimens.

WPHO will continue to support PMTCT health providers recruited through this mechanism, support lay counselors to follow- up exposed infants, and Cotrimoxazole prophylaxis. Lay counselors will sensitize communities, test and counsel, and encourage couples counseling; promote use of condoms in general, among positives and discordant couples, as well as during pregnancy and lactation. Postnatal mothers will be linked to family planning services and negative male partners to male circumcision. Program implementation will be monitored through technical review meetings and supportive supervision reports.

PMTCT one time plus-up funds are being added to support the procurement of bicycle ambulances for

facilities in Western Province where it is difficult for pregnant women to reach appropriate facilities in time for a safe delivery of their baby. Provision of PMTCT at the time of delivery is an important intervention for HIV prevention that can be maximized by the utility of bicycle ambulances to transport expectant mothers to the health facility.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 250,000 | |

**Narrative:**

The goal is to improve the capacity of laboratories to provide effective and efficient quality laboratory services in order to enhance diagnosis and patient monitoring in HIV/AIDS/TB/STI related conditions.

WPHO will support selected laboratories to meet laboratory accreditation requirements, initiate, and conduct the accreditation process with Ministry of Health and CDC. We will support and ensure quality of all laboratories testing including HIV, build capacity of laboratory personnel through various trainings undertaken in collaboration with MOH, CDC and other partners. Laboratory staff (34) will attend in-country training courses in lab management, quality assurance (QA), basic computer skills, laboratory accreditation, phlebotomy, equipment maintenance, and lab information system. WPHO will support TB QA activities in collaboration with the Chest Disease Laboratory and a QA system for laboratory related tests including, but not limited to, HIV rapid test, CD4, and TB smear microscopy will be established from province to district and district to health center. WPHO will procure one CD4 fax count machine for a district laboratory to replace the CD4 guava machine which has erratic supply of reagents. We will procure equipment maintenance services.

WPHO will create an operational logistic system to bring specimens from health centers to district and or provincial laboratories where there is CD4 testing capacity and other clinical lab capacity. We will support specimen referral and transportation systems by procuring motor bikes for ART sites, procure fuel and cool boxes for transporting specimens.

We will monitor services through quarterly technical support, quarterly technical review meetings, and progress reports.

PMTCT one time plus-up funds are being added to support: Improvements in infrastructure for PMTCT clinical and laboratory services

WPHO will conduct district level laboratory assessments and procure equipment as appropriate for maximum cost-effectiveness and coverage for use in facilities in Western Province. CD4 machines for

district or provincial laboratories, hematology to measure anemia, and blood chemistry kits and equipment will be procured for the PMTCT sites most in need. In many facilities throughout Southern Province, the use of clinical and laboratory equipment is often monopolized by ART patients. WPHO will use these funds to increase PMTCT patient access to important clinical and laboratory services as PMTCT-specific demand for these services increases with the new WHO PMTCT guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 400,000 | |

**Narrative:**

The TB program in Western province has seen marked improvement with the counseling and testing for HIV among TB patients increasing from 38% in 2006 to 82% in 2008. WPHO will increase access to TB/HIV collaborative activities by scaling- up services to 160 facilities; TB diagnostic services will be increased in five new health facilities giving a total of 54 diagnostic sites for the province.
Demand for TB services will be created by strengthening participation of community leaders (chiefs, civic and church leaders including Neighborhood community members) in health sensitization and mobilization, support of drama groups and trained treatment supporters.
We will increase diagnosis of smear positive TB among pulmonary TB patients by training clinical, nursing and laboratory staff and ensuring that all 160 health facilities open TB suspect registers to document people with cough for more than two weeks.

WPHO will support four districts while CIDRZ will support three but the overall responsibility is for WPHO to ensure proper coordination.

WPHO will ensure quality TB services by training staff in the Stop TB strategy, TB/HIV collaborative activities, clinical management and TB infection control. We will support treatment adherence, defaulter and contact tracing to prevent emergence of resistant TB strains. WPHO will recruit a provincial TB coordinator and maintain the laboratory coordinator as well as TB coordinating bodies at all levels. WPHO will encourage TB/HIV co-infected patients to use condoms and notify partners. These patients will be linked to support groups of people living with HIV and AIDS for continued care and support.

WPHO will procure bicycles, umbrellas, gum and boots to facilitate TB treatment supporter's work. Motor bikes will be purchased for transportation of sputum specimens and prepared smears. WPHO will renovate the Sesheke chest clinic. Technical support will be provided quarterly, from Province to District and from District to Health Center and conduct technical data review meetings to ensure consistent and quality data. All seven districts use the government approved data collecting and reporting tools.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10229** | **Mechanism Name: American Society for Microbiology** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American Society for Microbiology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 50,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 50,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Opportunistic infections are common in HIV populations and are a major threat to People Living with HIV/AIDS (PLWHA) both prior to diagnosis as well as during care and treatment programs. Global efforts toward detection of tuberculosis are currently in place. However, basic microbiology laboratory services for blood stream and other infections, which have high morbidity in the HIV infected patients, are limited and lack quality.

The goals of the American Society for Microbiology's (ASM) program are to address microbiological laboratory capacity-building needs in PEPFAR countries by strengthening laboratory organizational and technical infrastructure, especially as it relates to training of personnel and development of processes of Quality Management (QM) Systems in the laboratory setting; and assuring the quality of laboratory testing for tuberculosis (TB) and other opportunistic infections (OIs), by instituting systematic approaches to delivering clinical microbiology services to HIV/AIDS, TB, and OI, prevention, treatment and care programs. ASM's objectives are to:

1. Build human capacity at national and regional/provincial laboratories through the provision of technical assistance in the form of mentoring Zambian laboratory workers to improve the quality and delivery of

clinical microbiology services and strengthen local leadership in testing, training, supervision, and quality assurance for sustainability purposes.
2. Strengthen the capacity of regional/provincial, district, and primary laboratories to perform laboratory testing essential for accurate diagnosis of HIV/AIDS-related OIs through the development, customization, and roll out of country specific training packages and integrating the curriculum into pre-service training when appropriate.
3. Develop and strengthen national external quality assurance (EQA) programs for TB and bacteriology diagnostics, enabling laboratories at the national, regional/provincial, and district level to accurately assess and improve the knowledge base and resource availability of the laboratory network, and develop linkages with international EQA programs.
4. Provide technical guidance on laboratory physical infrastructure and procurement of laboratory equipment and supplies to enable high quality, rapid, and affordable diagnostic testing of HIV/AIDS-related OIs for the tiered, integrated laboratory network.
5. Contribute technical input to country laboratory strategic plans to strengthen and enhance the planning, management, and microbiology service capacity of the national laboratory network and promote an indigenous, sustainable response to infectious disease epidemics.

In FY 2010, ASM will continue to provide in-country support for microbiology and opportunistic infections, laboratory systems and strategic planning, standardization of protocols for cost effective testing, antibiotic utilization, infection control and good laboratory and clinical practice. 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, improvements in rapid TB culture, and drug susceptibility testing at the national and regional TB reference laboratories. Rapid cost effective diagnostics to improve quality and human resource capacity in the laboratory will be implemented.

ASM will address Human Resources for Health areas pre-service education, in-service training, and quality improvement. It will seek to strengthen the training network throughout Zambia to build a sustainable training mechanism by building a team of indigenous trainers and master trainers through the support of external ASM mentors. With the assistance of the mentor, the team will deploy basic microbiology training workshops to provincial and district laboratories over the next year. ASM will coordinate training activities with local partners to maximize resources available for training and ensure integration of activities. ASM will also provide technical assistance for strengthening of quality systems and support laboratories seeking WHO/AFRO accreditation.

ASM will prioritize monitoring and evaluation as a means of routinely tracking the key elements of program performance and proposes to optimize efforts by developing more standardized and harmonized tools for data collection and reporting. Data will support real-time project monitoring to identify best

practices and course corrections needed through input, process, and output indicators, as well as ASM's overall contribution to improving laboratory diagnostic testing of HIV/AIDS-related OIs via increased OI case detection and treatment success.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 50,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10229** |
| **Mechanism Name:** | **American Society for Microbiology** |
| **Prime Partner Name:** | **American Society for Microbiology** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 50,000 | |

**Narrative:**

ASM will continue to send technical experts to provide support to CDC-Zambia laboratory staff and local laboratories for strengthening microbiology services and treatment of opportunistic infections. During multiple consultations of approximately one month, the experts will continue to provide onsite consultation/supervision for routine microbiology diagnostics and antimicrobial susceptibility testing in the form of mentoring; training for laboratorians in basic microbiology techniques, and develop quality standards for microbiology diagnostics.

They will continue to implement a QM Program within microbiology laboratories, to include workflow plans, lab safety, recording and reporting of results, media and reagents quality control (QC), instrument maintenance, and specimen and record management; write the supporting SOPs; prepare the supporting forms, flowcharts, checklists, and worksheets; customize the details of the QM SOPs to the laboratory's needs and procedures; and develop SOPs for QA programs, training and competency, and internal QC

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10233** | **Mechanism Name: UNICEF Zambia** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: UNICEF | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 950,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 950,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

UNICEF –Zambia in March 2008 was awarded a grant from CDC to support the acceleration of the scale-up of PMTCT services as well as reduce the geographical inequity in the distribution of sites implementing PMTCT and pediatric HIV care services being provided in one of the northern region provinces of Zambia-Luapula Province. UNICEF worked with the MOH, Luapula Provincial Health Office (PHO), and District Health Management Teams (DHMTs) in the districts of Milengi, Samfya and Kawambwa. Through these efforts, PMTCT and Pediatric HIV service delivery at public sector facilities has been strengthened. The basic package of services that are being provided at the health facilities include counseling and testing (including child counseling); PMTCT; early infant diagnosis including referral of dried blood spot (DBS) samples for PCR examination, and identification and referral of children for pediatric ART. The identified sites will continue receiving HIV-related commodities (drugs, test kits, reagents, etc.) through the established supply chain management system. UNICEF has excellent relations with the PEPFAR supported programs such as Zambia Prevention Care and Treatment (ZPCT) and Centre for Infectious Disease Research in Zambia (CIDRZ) and will continue to work nationally, providing financial and technical assistance to selected districts of Luapula and Western provinces to expand implementation of PMTCT and Pediatric HIV care and support.

In FY 2010 the programs main goal will be to reduce the proportion of new HIV infections transmitted from mother to child transmission through the implementation of delivery of more efficacious dual and triple regimens for PMTCT and ensuring that HIV positive pregnant women who need ARVs for their own health are able to access them. In addition the program will aim at improving the quality and duration of life of HIV-infected women and their children and families through delivery of a comprehensive package of care in line with the 2007-2010 PMTCT/Pediatric HIV care national scale-up plan. UNICEF will continue to support the Ministry of Health (MOH) to improve PMTCT and Pediatric HIV care program management in Luapula and Western province and work with the PMTCT Technical Working Group to update guidelines according to WHO recommendations.

Goal

To reduce the proportion of new infections transmitted through mother to child transmission and improve the quality and duration of life of HIV-infected women, their children, and families, through the delivery of a comprehensive package of care to at least 80% HIV positive pregnant mothers and 80% infected children in line with the 2007-2010 national PMTCT/Pediatric HIV Care Scale-up Plan.

Objective

1. To optimize the provision of routine confidential Opt-Out HIV testing for prevention of mother-to-child transmission of HIV to 80% of pregnant mothers and pediatric HIV care, support and treatment services (including early infant HIV diagnosis) to 80% HIV infected children.
2. To strengthen infant feeding and nutrition advice, counseling and support for women, their children and families in the context of PMTCT and HIV care and treatment for children.
3. To integrate PMTCT and Pediatric HIV services as part of maternal neonatal and child health (MNCH) service delivery system.

Geographic areas

Using the routine screening model, all expectant mothers in Milenge, Samfya and Kawambwa district of Luapula province and Lukulu, Kalabo, Senanga and Shangombo districts of Western provinces.

Key Contributions to Health systems strengthening

Through this PMTCT grant UNICEF will assist the Government of the Republic of Zambia (GRZ) in offering a minimum package of care in antenatal clinics. The package includes taking a detailed medical and reproductive history, family planning counseling, emergency obstetric care, safe mother hood and relevant laboratory investigations. The set of routine investigations includes checking hemoglobin (Hb) which estimates the level of anemia if present, a screening test for syphilis (RPR) and a rapid (same day) HIV test. In addition, they are provided with folic acid and ferrous sulphate to build up blood stores,

Fansidar for malaria treatment and Insecticide Treated Mosquito Nets (ITNs).

Cross cutting programs and Key issues

UNICEF will support the PMTCT/Pead ART TWG so that MOH can galvanize all partners and support evidence-based interventions and effectively oversee utilization of available resources.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10233** |
| **Mechanism Name:** | **UNICEF Zambia** |
| **Prime Partner Name:** | **UNICEF** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 950,000 | |

**Narrative:**

UNICEF works closely with MOH and plays a key role in systems strengthening and advocacy at a national level. We will continue to facilitate counselling and testing (CT), using the "opt out" approach, for women and their partners integrated into antenatal care (ANC), labor and, in postnatal settings. CD4 count for all HIV-positive pregnant women using the sample referral system will be employed and determination of hemoglobin (Hb) levels in HIV positive mothers for the initiation of dual ARV prophylaxis will be assured. UNICEF will also continue to promote institutional deliveries, facilitate HIV testing of all HIV-exposed infants at the appropriate age (at six weeks if PCR is available, or at 9 and 18 months if no PCR is available and /or after cessation of breast feeding) and conduct routine counseling and testing for all in-patient children

Comprehensive care and support to mothers, children and their families (PMTCT-Plus) will be provided

through post-natal prevention counseling; family planning and infant feeding counseling as well as community support and follow up.

Zambia has a strong immunization program integrated with growth monitoring and promotion. This link will be strengthened with routine testing of both the well child and any child admitted to health centre. The Maternal and Child Health program offers the opportunity for follow-up of exposed and infected children during postnatal visits at 6 days and 6 weeks, and facilitates co-trimoxazole prophylaxis for all HIV-exposed babies.

Integration of HIV services in Child Health Week and national immunization activities have been piloted in 2009 and the success of this will be replicated in coming years. The 'Road to Health' card has been updated to include the HIV status of the mother antenatally and where infant testing is available the child's status is indicated too.
Integrated reproductive health services offer a package that includes not only PMTCT, Malaria prevention but family planning too. FP starts in antenatal period at the same time that HIV CT are being offered and continues through postnatal period.

Capacity building of health care workers in PMTCT, pediatric HIV care management, Integrated Management of Childhood Illness (IMCI) and counseling services are a priority. UNICEF will continue to work with PEPFAR projects (ZPCT and CIDRZ) in the implementation of PMTCT services and Pediatric HIV care, infant young child feeding in the context of HIV and safe motherhood in FY 2010.

UNICEF will support the MOH to conduct the bi-annual technical supervision offered by the provincial and district health offices technicians to build capacity of health staff at health facilities. Additional support will be provided to conduct the quarterly PMTCT/Ped ART data audit meetings at every provincial site.

PMTCT one time plus-up funds are being added to support UNICEF in the provision of training in infant feeding to nurses to improve the quality of nutrition within the national PMTCT program.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 10234** | **Mechanism Name: University of Alabama - PS10-10108** |

| | |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Alabama | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,130,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,130,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Goals and objectives: The University of Alabama at Birmingham supports the Ministry of Health (MOH) in expanding access to and uptake of HIV testing, using novel strategies designed for urban and rural settings. Our programs work closely with MOH staff at all levels by assisting in strategic planning and providing technical assistance. Our specific objectives in FY 2010 are to:

1. Provide HIV counseling and testing (CT) in communities through door-to-door initiatives
2. Bolster CT services in health centres
3. Expand access to CT using mobile health outreach activities
4. Enhance individual knowledge about HIV through intensive community engagement, focusing on HIV prevention

Coverage and target populations: We support MOH CT sites in Lusaka district and six districts (Shangombo, Lukulu, Senanga, Kaoma, Mongu, Kalabo) in Western Province. We will reach the seventh district in Western Province, Sesheke, in FY 2010. Our target population comprises adults – including pregnant women – and children of unknown HIV status.

Contributions to health systems strengthening: The primary focus of our testing strategy is community-based CT, which requires a large cadre of lay counselors equipped to cover broad distances to provide services. This commitment to task-shifting has allowed our program to rapidly expand in urban communities and in remote, rural sites. We also provide support to existing CT services in established health centers. The lay counselors assigned to these posts are cross-trained in basic history taking, vital signs measurement, and adherence counseling – so they provide collateral contributions to HIV care and treatment teams on-site.

Cross-cutting issues: CT services are a natural entry point for HIV prevention activities. As part of our

services, we provide extensive counseling regarding HIV prevention designed for both HIV-infected and non-infected individuals. This focuses on education about HIV transmission, targeted messages to counter myths regarding the disease, identification of risk factors for transmission, and known interventions for prevention. We encourage couples-based CT in our programs, given its positive impact on lifestyle choices and the potential for HIV prevention among discordant couples. We have worked with local partners to distribute condoms as part of our activities, and have also established referral systems with local health centers and non-governmental organizations for the treatment of sexually transmitted diseases and for male circumcision.

Cost-efficiency strategies: In order to promote cost-efficiencies, we have partnered with ongoing government and NGO initiatives, so that our network of community-based lay counselors is maximally utilized. This includes the use of this network for bednet distribution, community health education, and contact tracing. In addition, we have worked closely with the provincial and district health offices, so that many financial and administrative responsibilities are managed directly by these offices and do not require additional program staff.

Monitoring and Evaluation: We will work closely with the provincial and district health offices to collect routine aggregate statistics regarding our program. We will collect information regarding HIV testing rates stratified by gender and age. On a quarterly basis, these data will be reviewed internally to identify potential weaknesses in our approach, so that the appropriate interventions may be implemented. On a semi-annual basis, we will review these figures with the district health offices to address common obstacles and challenges.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 328,700 |

## Key Issues

Malaria (PMI)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10234** |
| **Mechanism Name:** | **University of Alabama - PS10-10108** |
| **Prime Partner Name:** | **University of Alabama** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 1,130,000 | |

**Narrative:**

Support for counseling and testing (CT) services in twenty-eight communities: 21 communities across seven districts in Western Province and 7 communities in Lusaka District. In Lusaka, CT is available through quarterly intensive community door-to-door campaigns. In each Western Province community, CT is available through three services: (1) ongoing door-to-door campaigns by trained lay counselors offering in-home testing and counseling; (2) clinic-based HIV testing by trained lay counselors; and (3) mobile health program testing by trained lay counselors, offered as part of existing district health outreach activities.

Program activities in FY 2010 include:

1. Training a minimum of 14 new lay counselors in CT.
2. Continuing to support a minimum of 98 lay counselors in Western Province.
3. Conducting nine new community site assessments (six new communities in six existing districts and three new communities in one new district).
4. Procuring transportation equipment (motorcycles, bicycles, and/or boats) as appropriate for the new communities.
5. Conducting nine intensive mobile CT drives in the nine new communities.
6. Providing ongoing evaluation of CT services in the field, including (a) regularly evaluating counseling and testing skills of providers; (b) supporting quality assurance (QA) of HIV tests in all sites; (c) participating in national QA programs; (d) implementing "refresher" trainings adapted to the MOH/CDC standard training package; and (e) all essential supplies, job aids and tools needed to conduct rapid HIV testing Consideration should be given to hiring a laboratory QA manager to coordinate and supervise lay counselors, liaison with the MOH QA team for program enrollment, and provide feedback in order to ensure high quality of rapid HIV testing.
7. Providing mentoring and supervision to improve the quality of counseling, with a particular focus on promoting couples counseling and integrating HIV prevention messages.
8. Designing and implementing a pilot program for performance-based funding at one district site, to determine its feasibility for broader implementation.
9. Supporting ongoing community outreach activities, including drama performances and meetings with community, church, and traditional leaders.

The CT coordinator will review monthly statistics from all communities, and provide supportive supervision on a quarterly basis to identify areas for improvement and develop a quarterly quality improvement action plan. We will meet with management staff in each district twice a year to address common obstacles and challenges.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10235** | **Mechanism Name: UNZA SOM Follow-on** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Zambia | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,330,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,330,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The University of Zambia is the only institution in Zambia that offers higher level medical training hence the Government of the Republic of Zambia's (GRZ) vision of training 100 doctors per year dating as far back as 1970 has not been realized. The School of Medicine's (SOM) first admissions were in 1966 when Zambia's population was about 4 million which has since increased to 12 million. The School has been operating below levels required to produce adequate health manpower to satisfy the health workforce needs for Zambia or to deliver optimal health care in combating HIV/AIDS/TB/STI/Malaria and other health needs. In the last 40 years, there has been no corresponding growth and development in particular support areas such as laboratories, lecture rooms, and other physical structures in spite of the introduction of post graduate programs in 1983 and more recently, the undergraduate programs in pharmacy, physiotherapy, biomedical sciences, environmental health and HIV residency diploma courses, that tripled the number of students. The lack of capacity for adequate health workforce production is basically owing to four factors namely: 1) lack of teaching facilities, lecture rooms and laboratories, 2) lack of adequately trained faculty, 3) poor conditions of service, and 4) lack of adequate student and staff accommodation. The School of Medicine development master plan aims at increasing the number of

graduating doctors to 150 per year by 201; currently only 80 doctors are admitted into the school per year. To achieve this goal, the SOM has identified the need to increase its teaching space that includes lecture theatres, tutorial rooms, laboratory space and equipment.
In this regard, the overall institutional objectives under this funding mechanism for the School of Medicine, in FY 2010 are as follows: (1) Continue to strengthen the quality and scope of the graduate programs in the Master of Public Health degree (2) Continue strengthening the quality and scope of the laboratory equipment, infrastructure and biomedical training for both undergraduate and graduate courses; and (3) Rehabilitate the teaching space infrastructure that includes lecture theatre, tutorial rooms, the anatomy and physiology laboratories at Ridgeway Campus and the public health laboratory in the Department of Community Medicine; (4) Participate in enhancing effective sexual risk reduction through selected and specific known interventions to community health centers throughout Zambia; (5) Develop and implement circumcision programs in Zambia as part of comprehensive care, treatment and support critical in HIV prevention; (6) Continue the development, implementation, and evaluation of a Certificate Program that prepares nurses in Zambia to provide comprehensive care, treatment and support, including initiation of antiretroviral therapy (ART) for patients with HIV/AIDS. In the second phase of this program, the main focus is to intensify training of nurses in all provinces and expand their roles so that they are able to meet the challenges of HIV/AIDS care and support programs; and (7) Maintain support of visiting lecturers to enhance the quality of the teaching in disciplines identify by the dean's committee as requiring such support.

The strengthened school in FY 2010, is expected to increase the output of public health graduates being supported from 10 to 20, increase the number of biomedical scientists and doctors through improvement of current infrastructure in order to cater for high enrolment demands, and improve on linkages with other preventative programs. As a result, this will benefit the whole country at large in that there will be an increase in the number of graduates, improved quality of education, improved research, and participation in actual health education and health promotion from labs to community level.

A number of cross-cutting programs and key issues for cost efficiency surface mainly in training. Funds for certain basic core courses in Master in Public Health and Master in Clinical Medicine that might be duplicated will be offered in a coordinated manner in FY 2010. Other strategies that will be considered for more cost efficiency will involve increasing the number of enrolled students as this does not directly affect fixed costs, yet impacts immensely in output as average costs are varied but maintained on the efficient production frontier.

Monitoring and evaluation plans for health systems strengthening in the School, have differential frameworks. The M&E for the Master in Public Health program includes internal evaluation frameworks where evaluation is performed by students and faculty. In this case, students provide personal feedback

on learning materials received during program. Other programs under this funding mechanism utilize external evaluation framework, which make use of an external person against the set targets. In the HVOP program, the monitoring and evaluation plan will follow and rely on the RE-AIM (Reach, Efficacy/Effectiveness, Adoption, Implementation and Maintenance) strategy. As for the male circumcision program, the stipulations of inputs, outputs, outcomes and expected impacts will allow for monitoring and evaluation. The internal M&E mechanism constitutes project director, site manager as well as the Dean of the School of Medicine. The National MC task force will have a quality assurance subcommittee which will provide the external M&E to all sites through the National MC coordinator.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Education | 335,000 |
| Human Resources for Health | 335,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **10235** | | |
|---|---|---|---|
| **Mechanism Name:** | **UNZA SOM Follow-on** | | |
| **Prime Partner Name:** | **University of Zambia** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | 395,000 | |

**Narrative:**

During FY 2010, the School of Medicine (SOM) aims to support the nursing certificate program to strengthen nurses' training for effective care and support for HIV/AIDS in Zambia. We aim at developing, implementing, and evaluating a certificate program to prepare nurses to provide comprehensive care, treatment and support, including initiation of antiretroviral therapy (ART) for patients with HIV/AIDS. This is based on the realization that to address the health workforce shortage and increase access to and quality of HIV services, the redistribution of tasks among health workforce teams is necessary. Therefore, there is need to develop mechanisms for clinical training, mentoring and supervision of workers who assume expanded roles, and for developing financial and/or non-financial incentives in order to retain

and enhance the performance of these health workers.
The second component is to support short term visiting lecturers from within and outside the region to provide lectures and clinical skills in disciplines with limited available expertise as determined by the Deans' advisory committee of the SOM. Due to the shortage of human resources, training programs in the school are generally grossly understaffed. Through this support the School will pay for the visiting professor's travel and upkeep to provide a block of lectures and clinical skills training. There will be a deliberate effort to identify and bring in experts from within the region as it is cost effective. Where regional expertise is not available, experts will be identified from outside the region.
Additionally, in FY 2010, UNZA will strengthen and build local human laboratory capacity by continuing renovation and upgrading of training laboratories, and revise curricula for biomedical science students. UNZA will support revision of curricula for biomedical students, biomedical training and renovation of laboratories in other departments within the School of Medicine (such as the public health laboratory in the Department of community Medicine). UNZA will hire one Zambian biomedical expert to coordinate both undergraduate and graduate biomedical training, mentorship and building capacity in this field in collaboration with University of Nebraska.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 700,000 | |

**Narrative:**

In FY 2010, USG funds will continue to support the Master of Public Health (MPH) program. The SOM plans to continue strengthening the quality and scope of the MPH program for effective imparting of skills for care and support services in HIV/AIDS. Additionally, the SOM continues to emphasize and promote the need for requisite tools necessary for the training of health professionals. The above stated program to be implemented in FY 2010 broadly aims to achieve this objective for development of a health workforce with necessary skills to combat HIV/AIDS/TB/STI/Malaria. Given that the School of Medicine at the University of Zambia is the only medical school in Zambia, this is critically important and will impact immensely in the provision of health care in the country.

USG Zambia will additionally help build a lecture that would accommodate 180 students. This project will greatly increase and improve students learning environment leading to better quality of graduates who will be leaders in provision of HIV/AIDS/TB/STI/Malaria prevention, treatment and care services in Zambia. This undertaking is a response to addressing one of the four factors preventing the school from producing adequate numbers of health workers to alleviate the health workforce shortage.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 185,000 | |

**Narrative:**

The University Teaching Hospital (UTH) Urology section has run a Male Circumcision (MC) and Male Reproductive Health service since August 2004, with over 2000 procedures having been performed. The complication rate of 3% non permanent adverse events is close to that achieved at research sites in the region. The site began providing counseling and testing (CT), MC, and Neonatal MC services in November 2008. One full time counselor, two MC providers, one neonatal MC coordinator and one data entry operator have been seconded to the site. To date the site has conducted two trainings of 25 MC providers, and it has conducted 430 adult and 103 Neonatal comprehensive MC. It is anticipated that in FY 2009, the center will have provided training to 100 providers and offered MC services to 600 clients. In addition, the center is expected to conduct approximately 120 Neonatal MC and provide CT to 300 clients.

During FY 2010, we hope to continue the MC program and support services as carried out in 2008 and 2009. It is anticipated that by the end of FY 2010, the center will provide training to 100 providers and provide MC services to 600 clients. The site intends to train 50 MC counselors from among the staff of the UTH. To establish a sustainable program, and thereby have a large pool of trained staff within the Hospital, the site intends to train an additional 50 MC counselors from 5 provinces in Zambia where organizations providing MC will need trained MC providers. These organizations include Churches Health Association of Zambia, Family Health International and the Zambia Police Service. SOM will work with existing clinical facilities and non-governmental organization to strengthen their capacity in providing high quality MC services. The SOM's' goal is to establish a high quality comprehensive MC training and service to effectively scale-up into provinces that includes a package of testing and counseling, condom use, couple counseling and involvement of women, linkages to antiretroviral therapy, screening and treating for sexually transmitted infections, family planning services and infection control with strict adherence to national guidelines. SOM will also develop its oversight and technical assistance capacity in MC.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 50,000 | |

**Narrative:**

This program was designed to train Community Health Center (CHC) staff in the implementation of an evidence-based sexual risk reduction intervention among HIV seropositive and discordant couples. The intervention builds on the outcomes of several NIH funded studies carried out in Zambia at the UNZA-School of Medicine (SOM) and in the US at University of Miami (UM). Using cognitive behavioral strategies, this sexual risk reduction intervention focuses upon increasing HIV knowledge, skill-building to increase sexual barrier use, sexual negotiation and communication. This intervention utilizes gender

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| concordant groups to allow men and women to discuss gender specific concerns and develop gender specific strategies for sexual risk reduction while addressing information critical to reducing HIV/STI transmission. In FY 2010, we plan to continue implementing these activities as a build up to what has already occurred. In the first three months, one group led by CHC staff with provincial health office (PHO) staff as co-leader will be trained, the SOM and UM consultants will provide an overview of the project to PHO leadership; and existing PHO staff from those trained previously among the four PHOs will select two additional CHCs from each of selected three districts to receive training in the project. The SOM, UM & PHO staff will develop program evaluation strategies & finalize project materials for new PHO. In the period from the fourth to eighth month, the third and fourth groups will be led by CHC staff members and PHO staff previously trained will provide supervision to CHC staff conducting the program. The new PHO staff will receive training as well as the new selected CHCs' staff. During the 9th to 12th months, the SOM Trainers & PHO staff at new PHO will provide training to selected CHC staff in each province over 2 days. During Y2, PHO staff and CHC staff will conduct groups 1 & 2. The first intervention group will be led by PHO senior trainer with CHC staff as co-leader while the second intervention group will be led by CHC staff. The SOM, UM & PHO staff will conduct program evaluation, analyze the evaluation and assess program implementation as well as plan for expansions to remaining PHOs. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10236** | **Mechanism Name: UTH-HAP** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University Teaching Hospital | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 4,410,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 4,410,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Zambian Children New Life Centre | | |

## Overview Narrative

Context and Background. The PEPFAR program and other donors complement and feed into the activities of the national HIV program

UTH Profile: The University Teaching Hospital (UTH) is situated in Lusaka. About 50% of the population is children aged less than 15 years, while women childbearing age constitutes about 20% of the total population. Lusaka has 30 primary health facilities run by the Lusaka District Medical office, eleven of which have delivery (labor) suites, and nine offering ART. Referred patients to UTH access most services free of charge, but cost share for specialized investigations. The Lusaka HIV prevalence at 21% is much higher than the national average.

The UTH is the national tertiary referral hospital, but also provides primary and secondary care to Lusaka residents, and contributes to surveillance endeavors. The UTH Mission statement is "To provide affordable, quality health care, function as a national reference center, train health care providers, conduct research to help resolve existing health problems and for the development of Science".

Main Objective: To turn UTH into a regional HIV Centre of excellence through the provision of expert HIV care and treatment, specialized laboratories, reclaim its leadership role in the development of training materials, training and mentoring of health workers, and provision of technical support to the Ministry of Health and its partners.

Methods: Providing a continuum of HIV care, by building on what has already been achieved locally and elsewhere to turn the tide of global HIV/AIDS. The above aim is being achieved through the 1) training of a critical mass of Master Trainers in advanced HIV/AIDS prevention, care and treatment, mentorship and clinical evaluations of HIV and AIDS programs. 2) Expansion and strengthening of new and old service C&T outlets, Family Support Units (FSU), pediatric ART and those providing palliative care, 3) domestication and timely revision of HIV and AIDS related international guidelines and training manuals 4) active participation in all HIV and AIDS related technical working groups (TWG) to help guide government policy based on evidence based medicine 4) strengthen and support the national mentoring program 5) and, continue contributing to HIV/AIDS related surveillance activities. HIV/AIDS is a mammoth challenge to the health care delivery system that requires innovative ways of getting more people on HIV/AIDS preventative strategies and ART.

2010 Project Strategy

The program will continue building on the UTH national mandate; to offer expert tertiary health care, train

health care workers (HCW) and conduct research. For this application we will continue to concentrate on three major areas: 1) achieving primary prevention of HIV infection through the PMTCT, MC programs and adult ART, 2) improving the care and treatment of HIV/AIDS and related conditions and 3) strengthening laboratory support for surveillance, diagnosis, treatment and disease monitoring. The guiding principle in the design of this program lies in the comprehensive application of existing best practice, expansion, capacity building, task shifting, sustainability and community mobilization. Additionally, in FY 2010, UTH seeks to continue implementing different surveillance activities in HIV/AIDS/STI/TB important in enhancing GRZ's response to the HIV/AIDS/TB pandemic. HIV prevalence and incidence data are critical in assuring that the program activities are responding to state of the epidemic, as well as informing and guiding policy and interventions. UTH will contribute to the development of a survey protocol for estimating the prevalence of HIV in children less than five years olds. UTH will seek to estimate the HIV incidence for recent infection using the BED-CEIA testing strategy. HAART has been scaled up to most health centers in Zambia. It is important that surveillance and monitoring of HIV Drug resistance (HIV DR) is part of HAART programs. UTH will seek to use specimens from the 2010 HIV SS in ANC to evaluate the burden and extent of transmitted HIV drug resistance in Zambia.

Expected Outputs in 2010 (are outlined in the table on page 9). In essence UTH-HAP is a wraparound program; [prevention, care and support, treatment and laboratory infrastructure with multiple indicators).

Monitoring and evaluation: Enabling the collection, aggregation and transmission of core indicator data from service delivery, district, and national levels, including reporting to USG, to inform clinic and program management decisions at all levels is an important goal of HMIS. It involves data quality, data transmission and data exchange formats, and security and confidentiality. In 2010, UTH-HAP will adhere to the overall purpose and components of an M&E system as outlined in the "Organizing Framework for a Functional HIV Monitoring and Evaluation System", published by UNAIDS in 2008, also known as the 12 Components Framework, whose purpose is to have a fully functional, unified, national M&E system. We will also Build on UTH-Hap capacity to conduct program evaluation and operations research. (4,948)

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Food and Nutrition: Policy, Tools, and Service Delivery | 50,000 |

## Key Issues

Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10236** | | |
| **Mechanism Name:** | **UTH-HAP** | | |
| **Prime Partner Name:** | **University Teaching Hospital** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 100,000 | |

**Narrative:**

Context and Background: Adult care and support is a continuum of activities for HIV-infected adults and their families aimed at extending and optimizing quality of life through the provision of clinical, psychological, spiritual, social, and prevention services. At UTH –HAP, clinical care includes; prevention and treatment of OIs (excluding TB) and other HIV/AIDS-related complications including malaria and diarrhea (providing access to commodities such as pharmaceuticals, insecticide-treated nets and related laboratory services, pain and symptom relief, and nutritional assessment and support).

Physiotherapy: Some adult patients on (ART) have complications such as arthritis and nerve complications resulting in weakness in the limbs and nerve pain that may be secondary to HIV itself, opportunistic infections (OI's) or/and HIV-related tumors. As part of palliative care, these patients are rehabilitated in order to recover to some degree of function and have an improved quality of life. The success of this program in 2010 will be achieved through building on what has already been achieved and expansion of the palliative care programs (increase the number of service outlets) to more communities. Program emphasis will be on training of HCW and CCW, community mobilization and sensitizations, community based workshops and task shifting, collaboration with community and national stakeholders to advocate for continued services for people with special needs through out the country. Target population: both male and female adults. Our goal is: To provide physiotherapy in Palliative Care services through Physiotherapists and community based care givers, expand and saturate Physiotherapy in Palliative Care (PC) services to all communities in Lusaka and beyond,

Strategies for the coming year:  In 2010, we hope to improve and consolidate prevention services which will include ?prevention for positives behavioral counseling and counseling and testing of family members.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 850,000 | |

**Narrative:**

Context and Background:
In keeping with the UNAIDS and WHO goals of universal access to HIV prevention, care, and treatment, there is now considerable advocacy to universal access to HIV C&T, with the goal that all persons should know their HIV status. The UTH –HAP has three C&T programs that aim to Identify those in need of HIV care and treatment and to provide specific prevention education and counselling based on knowledge of HIV status.

Provider initiated counseling and inpatient testing program (PITC):  has been ongoing at UTH since 2005, in 2010 we aim to provide, consolidate, and maintain high levels of PITC on all in patient wards. PMTCT and STI clinic.

Family Support Unit (FSU): was set-up in 1992 and continues to be the VCT arm of UTH-HAP, in 2010, we aim to coordinate & expand FSU within & outside Lusaka to provide psychosocial support & supportive counseling services and continue to build the national psychosocial C&T capacity by offering a menu of training interventions;  offer intensive adherence information, education and counseling, orientation of HBC groups in Pediatric HIV care, provide outdoor/mobile VCT at community events i.e. "world AIDS day, VCT day,  continue with Kids'-club activities for enrolled Pediatric clients, continue to host community, sensitization/educational activities to increase awareness of pediatric HIV issues, including availability of treatment, orphans and HIV.  Continue to offer house- hold VCT to clients unable to access health facilities for various reasons. The unit will target over 100 households. This will also involve partnering with the Child sexual abuse unit and community schools who have these gaps.

Zambia Voluntary Counseling and testing Services (ZVCTS); Is tasked by MOH, to identify and set -up VCT centers and accreditation of ART centers in hard to reach under serviced rural areas. In 2010, about 100 rural sites in 12 districts will be identified and established. Baseline activities will include meetings with the District management staff to identify new sites with appropriate basic requirements for provision of C&T in rural areas. Available IEC materials will be translated into local languages and distributed to enhance social marketing of VCT service in rural areas.  Rural counselors will be trained in HIV rapid

testing and refresher courses for the service providers in the provision of VCT services in already existing sites will be conducted on the newly revised testing algorithm. ZVCT will participate in national events such as Worlds AIDS, VCT Days and other public gatherings. All new sites will be followed –up with supervisory visits in conjunction with the district management, to assure quality of services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 1,180,000 | |

**Narrative:**

Context and Background: Zambia is faced with a generalized HIV epidemic that contributes to difficulties in identifying children and reaching paediatric treatment goals. The Zambian paediatric ART guidelines have adopted a public health approach to virologically test HIV exposed infants at six weeks supported by a confirmatory HIV rapid test at 18 months of age. GRZ has strengthened policies to remove barriers to access i.e. the recording of maternal and infant HIV status on the under five card for easy identification of HIV exposed/infected infants and children. Several paediatric ART trainings have been carried out country wide, to ensure an adequate cadre of health workers is equipped to deal with the special needs of children.

Accomplishments since last COP: UTH HAP provides PITC to >95% of children admitted into paediatric wards, confirmation of HIV exposure with a DNA positive test is done on over 75% of admitted HIV exposed infants, ART (as soon as a definitive diagnosis of HIV is made in infants), cotrimoxazole prophylaxis (all HIV exposed/infected from 4-6 weeks of age), and
Integrated treatment programs (MCH, TB, malaria and Nutrition).

Community Based Intervention Association (CBIA): Children with HIV may develop complications such as developmental delays and variable types of disabilities. As part of palliative care, UTH –HAP works with CBIA to support young children with disabilities to recover to some degree of function and have an improved quality of life.

Strategies for 2010: Extension and optimizing the quality of life for HIV-infected children and their families throughout the continuum of illness through the provision of appropriate clinical, psychological, spiritual, social, and prevention services. We will also work on achieving gender equity in services and support for service providers. Mobile clinic; provision of pediatric ART to under privileged children in underserved hard to reach communities. Back-up supplies; providing access to commodities such as pharmaceuticals, insecticide treated nets and related laboratory services, pain and symptom relief, and nutritional assessment and support. Expansion of CBIA activities to other districts to reach 100 children in 5 communities with educational and developmentally stimulating activities, train caregivers in home based

pediatric palliative care and integrates physiotherapy with pain management.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 890,000 | |

**Narrative:**

The UTH -PCOE contains the most comprehensive program elements and organisational structure. It provides care and treatment to HIV exposed/infected infants and children and there are cumulative > 8,000 children in care and about half of these are on ART. We hope to continue providing and demonstrating exemplary best practices of care and treatment for HIV infected and exposed children, so as to increase the number of children engaged in care and receiving antiretroviral therapy inclusive of prophylactic therapy with Cotrimoxazole, and to achieve a notable reduction in the number of severely malnourished HIV infected children >18 months, in Misisi, Chawama, Kuku and Kanyama;

UTH - PCOE will support current and expansion activities by building on its core programmatic elements. We will continue partnering and collaborating with ICAP and offering technical support to the MOH in the development of pediatric HIV related guidelines and training manuals, capacity building of HCW in the care and treatment of children with HIV/AIDS, will support the expansion of pediatric ART in the Southern Province as well as down referral to district sites that filter into local hospitals. The PCOE mobile ART clinics will continue to serve the under privileged children in underserved areas of peri- urban Lusaka. In 2008 the PCOE established the "Misisi: Community Nutrition/HIV Care Program". This is a community model piloting the effectiveness of early detection of malnutrition in infants and young children, and a comprehensive application of existing best practice with community participation that enhances sustainability. UTH will also buy into the food by prescription program. This was recently drafted in Zambia and will provide for clinically malnourished pre-ART and ART children. From 2009, Zanelic and the nutrition program will be supported with a weekly mobile ART services

In 2010 we hope to increase service outlets providing pediatric ART: Together with the Southern province provincial office (PMO) UTH-PCOE have identified districts in need of new pediatric outlets, preparation of the sites will include; training and mentoring MDT on site and work to achieve more children newly initiating pediatric ART, who ever received ART and increase the number of children currently on ART. In the nutrition program we hope to achieve a notable reduction in the number of severely malnourished HIV infected children >18 months, in Misisi, Chawama, Kuku and Kanyama; through community mobilization, sensitization, outreach activities and active community participation, monthly audits.

The early infant diagnosis lab (EID): will continue testing DBS for DNA PCR for UTH, Southern Province and CHAZ supported health facilities. The lab will work on improving its diagnostic capability through

infrastructure development, regular maintenance and certification, and support for extra staff.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 250,000 | |

**Narrative:**

In FY 2010, UTH seeks to continue implementing HIV surveillance activities, and expanding the laboratory capacity in the following areas: (1) dissemination of information from the 2008 HIV sentinel surveillance (HIV SS); (2) implementation of the 2010 HIV SS survey in the 27 sentinel sites; training field staff, perform sample analysis, data management, analysis and report writing; (3) estimation the HIV incidence using the BED-CEIA testing strategy; (4) UTH will continue in estimating the extent of the emergence of transmitted HIV drug resistant strain in sentinel surveillance sites; (5) As HIV prevalence data among children is lacking, UTH plans to contribute to development of a protocol for estimating the prevalence of HIV in this category, and implementation in selected sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 425,000 | |

**Narrative:**

CSA: The UTH - PCOE one stop centre for sexually abused children intends to consolidate the development of systems, and guidelines in the management of CSA. The centre will continue to lead in the prevention and management of sexually abused children. By 2010; children completing a 28 day PEP course will increase from 64% to 75%, two sites in Kafue and Mazabuka will be established to offer services to sexually abused children, 100 individuals will be trained on the recognition, reporting and prevention of child sexual abuse, will continue to enlist community support through the radio, electronic media and giving education messages to youth organizations.

ZANELIC is a local NGO which provides emergency shelter to abused children and strives to create an environment where children are safe from all forms of abuse and promotes the rights of children in Zambia. Its main objective is "To provide shelter, basic health, education, care and psychosocial counseling and support to physically and emotionally abused children, HIV testing services to sexually abused children and ensure that 90% of these children become emotionally stable and prepared for reintegration". In 2010 UTH-HAP will continue partnering with ZANELIC and will support its consolidation and expansion of current activities to the Southern Province.

Clinic -3: In 2010 clinic – 3 will continue consolidating its various activities, and in line with PEPFAR goals to link STI clients to HIV diagnosis, treatment and care, and screening of HIV positive clients for STI, Clinic 3 will continue running its VCT centre and offering PITC to all patients referred to the clinic. It will

continue educating patients on the transmission, complication, prevention and the link between STIs and HIV. Patients will continue to be empowered on how to use condoms through videos, DVDs, and penile and vaginal model demonstrations, and taught how to negotiate safer sex. At the end of each session condoms and IEC materials in various local languages will be distributed to all patients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 450,000 | |

**Narrative:**

UTH activities in FY 2010 will remain in line with the five year plan submitted with FY2009: UTH will assist the MOH to assure the accuracy of HIV test results generated by all facilities conducting rapid HIV testing in Zambia (C&T, PMTCT, and care and Treatment programs) as well as TB AFB smear microscopic results.

At the UTH Virology Laboratory, we will continue managing the National QA program in collaboration with CDC . It will oversee and provide technical assistance to provincial laboratories, PMTCT, and VCT sites to establish QA for rapid HIV testing. UTH Virology laboratory staff will coordinate training of trainers (TOTs) and roll-out training sessions of rapid HIV testing. UTH will prepare HIV proficiency panels using dried-tubes specimens methods, continue to conduct the national External Quality Assessment Scheme (EQAS) for rapid HIV testing, and perform supervisory visits. In addition, UTH will continue to establish a national EQAS for CD4 testing.

TB laboratory: We will ensure that AFB smear microscopy reagents consumable are always available and when lacking provide back-up supplies. UTH will continue supporting the expansion of EQA activities for acid fast bacilli (AFB) outside Lusaka including: training, on-site evaluation, proficiency testing, AFB smear microscopy blind rechecking, and feedback to the laboratories and building human resource for challenges in tuberculosis laboratory management. UTH will provide EQA data and feed back to the national TB reference laboratory (Chest Disease Laboratory).

Microbiology laboratory: We will strengthen the diagnosis of bacteremia/septicemia and other bacteriological identification and testing. The microbiology laboratory will improve its diagnostic capability through staff training, infrastructure development, regular equipment maintenance and certification, and supply chain management. We will establish internal and external quality assurance program for microbiology in two district hospitals in Lusaka province.

Furthermore, UTH will co-ordinate, and support regular meetings with CDC and other partners, to allow dissemination of activity and improve collaboration to avoid duplication of activities and encourage

feedback.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 265,000 | |

**Narrative:**

Context and Background: Tuberculosis is one of the infectious diseases which pose a challenge in HIV infected persons and earlier detection of active TB in HIV infected patients helps in the management of the disease. The UTH Tuberculosis laboratory has the capacity for relatively quicker diagnosis of TB and drug susceptibility testing of Mycobacterium tuberculosis isolates. These services if properly utilized will play a big role in the management of TB patients and HIV/TB co-infected patients. The provision of quality assured results is one important aspect of the DOTS strategy. The continued monitoring of internal quality control systems at diagnostic centers and use of external quality Assessment tools cannot be over emphasized in the fight against tuberculosis. The laboratory uses approved Ministry of Health laboratory registers and forms.

The PCOE will work closely with the International centre of AIDS care and treatment program (ICAP) and the Ministry of Health National TB programme to develop practical screening algorithms to diagnose TB in HIV infected children and adults as well as training materials to improve TB diagnosis.

TB Laboratory: UTH laboratory examined 12,931 sputum smears in 2008 and 2,303 were smear positive. There were 12 MDR isolates in the same year. The laboratory provides diagnostic services and release results in the shortest possible time for patients in Lusaka, Eastern and Western provinces. Where need arises, technical staff will be sent for training in new methods and of particular importance i.e. in FY 2010, in the performance of DST on second-line drugs. We will receive samples from UTH and from provinces under our jurisdiction for culture, identification and drug susceptibility testing to both first line and second line anti-tuberculosis drugs, consequently contributing to the diagnosis and management of MDR and XDR-TB.

Monitoring and Evaluation: All activities will be monitored by way of on the spot checks, meetings, monthly, quarterly, semiannual report and annual reports. Data bases will be created for data collection purposes.

Funds for this activity will through Columbia University. (ICAP)

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 10237 | Mechanism Name: Zambia Emory HIV Research Project (ZEHRP) |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Zambia Emory HIV Research Project | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 810,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 810,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Zambia Emory HIV Research Project (ZEHRP) is the leader in offering Couples HIV Counseling and Testing (CHCT) in Zambia. ZEHRP has counseled and tested Zambian couples since 1994; as of July 2009, ZEHRP supported CHCT services at 14 sites throughout Lusaka and the Southern Province. This project aligns with PEPFAR II's increased emphasis on HIV prevention since CHCT has proven to reduce HIV transmission within couples. Joint testing and counseling decreases transmission of HIV by more than 60% within discordant couples, and reduces sexually transmitted infections and unplanned pregnancies in all couples. The PEPFAR goal of preventing 12 million new HIV infections must incorporate prevention strategies targeting the population at highest risk – cohabiting African couples. Moreover, the legislation authorizing PEPFAR II specifically recognizes the significance of discordant couples, who can most effectively be identified through CHCT. Implementation of prevention strategies within these couples is most effective when they receive HIV results and counseling together; although as a result of inadequate counselor training some programs continue to separate men and women during post-test counseling.

Comprehensive goals and objectives of this project include the following:

1. Offering and promoting CHCT throughout Lusaka and Southern Provinces, primarily at government

clinics.
• Couples receive appropriate risk reduction messages and advice for healthy living based on couples' HIV test result: concordant negative, concordant positive or discordant.
2. Partnering with other USG funded organizations to ensure national level expansion of CHCT.
3. Actively following-up and referring HIV-positive individuals for care and treatment
• All HIV-positive, pregnant women identified at CHCT are referred for PMTCT, unless the woman is already enrolled. All HIV-positive clients are referred for Antiretroviral Therapy assessment, unless already on ARVs or under assessment.
4. Long-term follow-up of discordant couples
• ZEHRP's clinic provides discordant couples with additional counseling, condoms, direct links to male circumcision services, family planning (including long-term birth control methods that are unavailable at their local clinic), and screening and treatment for syphilis. In Southern Province, where there is no ZEHRP clinic, discordant couples are invited to return to CHCT sites for a follow-up visit to receive additional risk reduction counseling and condoms.
5. Testing children under five attending CHCT with parents
• Pediatric testing makes CHCT a more family oriented approach and will capture children that may be missed by other pediatric testing programs. Because both parents consent to testing and hear the child's results, adherence to pediatric ART can be expected to improve for those children. Positive children identified at CHCT are referred into the pediatric ART programs at the clinics.

Geographic coverage and target population: ZEHRP supports CHCT services in Lusaka and Southern Province for all couples - married, cohabiting, engaged, or dating. While the majority of couples tested to date have been cohabiting, ZEHRP is ensuring the promotion of CHCT services to premarital couples. ZEHRP supports CHCT in clinics throughout Lusaka such that all couples within the city should have access. In Southern Province, a much larger geographic area, CHCT is offered in urban towns of Kafue, Mazabuka, and Monze with mobile units that can travel to nearby villages.
Support for cross-cutting/key issues: At CHCT, all couples receive family planning information and referrals as needed for family planning services at the clinics. During follow-up visits with discordant couples in Lusaka, ZEHRP offers IUD and implant, and long-term family planning methods that are often unavailable elsewhere. CHCT increases gender equity in HIV/AIDS activities and services, requiring equal participation for women and men, thus incorporating more men into HIV/AIDS prevention activities.

Contributions to health systems strengthening: By integrating CHCT into standard VCT services within clinics, ZEHRP has improved the scope and comprehensiveness of clinic services. ZEHRP trains clinic counselors in CHCT counseling, which requires special arbitration skills, especially when dealing with discordant couples.

Cost-effectiveness: Partnering with the District Health Management Teams to integrate CHCT into government clinics maximizes use of existing facilities and leverages PMTCT with prevention of heterosexual transmission when pregnant women and partners are jointly tested. The DHMTs offer free space and clinic counselors are recruited to provide CHCT in their own clinics. ZEHRP will continue to train and mentor clinic counselors to take on management responsibilities for CHCT programs.

Monitoring & Evaluation: ZEHRP will continue to collect age, cohabitation status, testing history, and HIV test result for tested couples; clinic counselors have been trained to use these tools. Promotions are tracked using individual invitations (personal invitations have proven to be an effective means of encouraging couples to attend CHCT) and a Public Endorsement Report Form to capture larger events including health talks at clinics, churches, and work places.

## Cross-Cutting Budget Attribution(s)

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|---|---|
| Human Resources for Health | 399,890 |

## Key Issues

(No data provided.)

## Budget Code Information

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|---|---|
| **Mechanism ID:** | **10237** |
| **Mechanism Name:** | **Zambia Emory HIV Research Project (ZEHRP)** |
| **Prime Partner Name:** | **Zambia Emory HIV Research Project** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 660,000 | |

**Narrative:**

Zambia Emory HIV Research Project (ZEHRP) will offer HIV counseling and testing to cohabitating and non-cohabitating couples. ZEHRP has also extended CT services to children between the ages of 6 weeks and 5 years who have accompanied their parents to Couple HIV Counseling and Testing (CHCT) and have an HIV-positive mother. This encourages the family-based approach to CT services.

ZEHRP counselors provide couples with the prevention messages of Be Faithful, Male Circumcision or consistent condom use depending on their HIV test result; concordant positive, discordant, concordant negative. Couples are also linked to appropriate care and clinical services such as PMTCT and ART. ZEHRP offers IUD and implant, long-term family planning methods, to all tested couples and provides discordant couples re-testing at regular intervals and access to condom,

CHCT will be offered mainly in government clinics in Lusaka and Southern Provinces. ZEHRP offers CHCT on the weekends at government clinics so that working individuals (especially men) are available. In addition, clinic space and clinic staff time are available on weekends. ZEHRP will continue to promote CHCT services in the community to increase demand and decrease stigma.

ZEHRP staff will monitor and evaluate the quality of CHCT services through site visits and evaluations. ZEHRP staff will review all data collection tools for errors on a weekly basis. ZEHRP staff will continue to hold monthly meetings with government clinic counselors to address any programmatic changes and M&E. A staff member with counseling experience will be present to address any counseling issues that may arise. In addition, a staff counselor will be assigned to each clinic as the point person for government clinic counselors. Quality Assurance of HIV testing procedures at field sites will be supervised and evaluated by a trained laboratory technician with plans to incorporate ZEHRP staff into the National External Quality Assurance Program.

ZEHRP aims to test 8,300 couples from the general community along with the previously mentioned 1,700 couples in PMTCT/ANC settings and prevent 60% of incident HIV infections in discordant couples between October 2010 and September 2011.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 150,000 | |

**Narrative:**

Between January 2008 and June 2009, Zambia Emory HIV Research Project (ZEHRP) tested 1201 pregnant women, of which 410 were referred for PMTCT because they were not already enrolled. Couple HIV Counseling and Testing (CHCT) will continue to capture pregnant women that are not already enrolled in PMTCT. Pregnant women already enrolled in PMTCT are referred to the clinic based ZEHRP weekend service sites and retested as a couple to help with disclosure and ensure involvement of the father. By counseling men and women together on the importance of PMTCT, CHCT can encourage adherence to prevention methods under PMTCT. Both partners will understand the means of preventing transmission to the child and can openly talk about how they can prevent transmission and re-infection in their situation.

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| ZEHRP aims to test 1700 pregnant women and their male partners between October 2010 and September 2011. We will be in communication with CDC Zambia to readjust target number of pregnant women tested and their male partners with CHCT in PMTCT and ANC settings pending funding.<br><br>PMTCT one time plus-up funds are being added to support: an evaluation on partner HIV testing. Developing and building programs that improve and expand confidential testing and counseling and PMTCT is critical for achieving overall primary prevention of HIV in Zambia. Overall, 11.2% of cohabiting couples are discordant for HIV, including 6.6% of couples where the man is positive and woman negative, and 4.6% of couples where the woman is infected. While over 80% of pregnant women were tested in 2008, only about 10% of their male partners were tested. Partner testing can reduce incident infection in pregnant women and their infants through identification of male-positive discordant couples. More information is required on why partner testing is low. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10238** | **Mechanism Name: Zambia National Blood Transfusion Service** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Safe blood transfusion or blood safety is an essential lifesaving intervention for various medical conditions

requiring the transfusion of blood or blood products. It is also one of the most effective strategies for the prevention of transfusion transmissible infections (TTIs), including HIV, hepatitis viruses, and syphilis. The burden of TTIs in Zambia is high. HIV prevalence in adults aged between 15 and 49 years is currently estimated at 14.3%, a decline from 16.1% in 2002 (ZDHS 2007), while the prevalence of Hepatitis B (HBV), Hepatitis C (HCV), and Syphilis in the general population are estimated at 8%, 2%, and 4.2%, respectively.

The main beneficiaries of blood transfusions in Zambia are pregnant women, largely due to maternal hemorrhage and anemia secondary to malaria in pregnancy (accounting for approximately 20% of the total blood units), and children under the age of 5 years (approximately 40% of blood units), largely due to anemia secondary to malaria or worm infestations. Other conditions requiring blood transfusions include different types of anemia complications, trauma, various types of cancers, and HIV/AIDS related complications.

The main objective for FY 2010 will be to increase annual blood collections from the 90,049 units collected in 2008/09 to 100,000 units in 2009/10, and to reduce the total discards attributable to TTIs from the 10.6% in 2008/09 to 6%, and HIV discards from 3.8% to 2.5%, respectively.

To support this objective, the ZNBTS will prioritize the following strategies:

• Significant strengthening of blood donor management and retention by rolling-out the newly developed SmartDonor electronic blood donor database management system. The system was developed with technical and financial support from CDC Zambia. It is still currently being piloted and full-scale implementation will commence during 2009;
• Strengthen blood donor retention by implementing the pledge 25 blood donor club strategy in all the ZNBTS centres, and by carrying out the planned knowledge, attitudes and practice study on blood donor attitudes during 2009/10, and implementing the recommendations from this study in 2010/11;
• Improve the accuracy, timeliness, and relevance of blood donor data capturing and management, through implementation of the new blood donor tracing system, including acquisition of computer laptops for use by mobile blood collection teams;
• Strengthen standards of mandatory laboratory screening of blood for TTIs, through improvements in technologies, testing capacities and methods;
• Scaling-up of the production and use of blood components, through increased production capacities and staff training;
• Strengthen infrastructure, including expansion of capacities, procurement of appropriate equipment, improvement in primary processes, and development and implementation of appropriate policy and legal frameworks;

• Finalize the national blood transfusion legal framework, after the revision of the draft policy has been completed;
• Complete the construction of the new Kabwe blood centre as scheduled, and source funding for renovating the Kitwe blood centre; and
• Upgrade the technologies and scale-up capacities for blood collections, laboratory screening and processing, and cold chain for distribution and storage of blood and blood products. In this respect, it is proposed to procure automated Architect laboratory screening systems for Lusaka, Kitwe, and Livingstone blood centres, and automated Elisa systems for the other six centres. It is also proposed to procure additional cold chain to meet the gaps identified at blood centres and hospitals.

ZNBTS has its own internal systems for monitoring performance and is also subject to monitoring and evaluation by key stakeholders. During FY 2010, the focus will be directed at:
• Supporting and facilitating technical/supervisory visits;
• Complete the pilot and fully implement the new SmartDonor management system;
• Participate in the on-going piloting of the new Web-based PEPFAR Blood Safety Indicators system;
• Conduct national performance review meetings/workshops on a quarterly or semiannual basis. Continue to incorporate essential training programs into these meetings;
• Facilitate the inclusion of blood safety in the MOH performance assessment system; and
• Provide for internal and external audits, both financial/management and technical audits.

ZNBTS will ensure long-term sustainability of the blood safety program by focusing on completing the on-going development of appropriate policy and legal frameworks. Furthermore, by continuing the promotion of behavior change among the population in favor of blood safety/donations, which will help to develop a culture of donating blood.

Apart from the core blood safety activities, ZNBTS will develop linkages with the National Malaria Program. There is a link between blood safety and malaria, as a large proportion of blood collected goes towards the treatment of anemia secondary to malaria. ZNBTS will collaborate with the National Malaria Control Center to identify opportunities for mutual interests.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Impact/End-of-Program Evaluation
Military Population
Mobile Population

## Budget Code Information

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|---|---|
| **Mechanism ID:** | **10238** |
| **Mechanism Name:** | **Zambia National Blood Transfusion Service** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | Redacted | Redacted |

**Narrative:**

ZNBTS will continue to support the implementation and roll-out of the SmartDonor database system, developed in collaboration with CDC Zambia.

The existing SmartDonor system for capturing and managing strategic blood safety information will be fully implemented and strengthened. This includes facilitating a linkage between the clinical elements of SmartCare that are located in a hospital to capture transfusion information for the patient EHR (a new module for SmartCare that ZNBTS will soon complete specifications for), and the SmartDonor system that tracks the origin of the donated unit, to provide a vein-to-vein monitoring capacity.

Implementation of the new CDC/PEPFAR web-based blood safety indicators monitoring tool will be supported.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMBL | Redacted | Redacted |

**Narrative:**

ZNBTS activities in 2010 will include:
• Continuously strengthening of mandatory testing of blood for HIV, HBV and HCV using ELISA method, and syphilis using RPR kits, to continue being the standard minimum requirement for all the 9 blood transfusion centres. Kits and consumables have been standardized and are procured on centrally managed contracts;
• Maximize the use of automated immuno-analysers, for HIV, HBV, and HCV testing, at the Lusaka and

Kitwe centres;
• Procure additional laboratory equipment, particularly the automated Elisa and Architect systems, so as to enhance capacities and standards of blood screening;
• Maintain the existing algorithm for blood testing and confirmation, which requires that specific steps are followed;
• Continue with improvement of the primary processes and systems;
• Complete the description and documentation of all primary processes and standard operating procedures;
• Standardize protocols and operating procedures for donor services, blood screening and processing, storage and transportation, at ZNBTS facilities;
• Complete the process of developing and documenting the new quality assurance system;
• Ensure 100% score on External Quality Assessment (EQA) for all the centres;
• Ensure that all the samples for EQA are dispatched in accordance with the agreed timeframes and standards; and
• Establish a complete QA laboratory at Lusaka.

Linkages with clinicians will be further strengthened. The focus will be directed at facilitating the establishment of provincial transfusion committees, regular scheduled meetings between ZNBTS and the Provincial and Hospital Directors, and appropriate training and sensitization for clinicians, on blood use and reporting. The specific areas of focus will include:

• Continue providing safe blood supplies to all service outlets, currently at 130, and any new outlets throughout the country, regardless of whether they are public, private, faith-based or military hospitals;
• Promote and increase capacities for production of blood components at Lusaka and Kitwe blood centers. This will be achieved by ensuring that component preparation equipment included in the budget is procured in good time;
• Strengthen clinical interface and support the establishment of hemovigilance system, through the establishment of provincial and hospital transfusion committees, regular scheduled meetings between ZNBTS and the Provincial and Hospital Directors; and
• Promote appropriate methods of blood use, through the revision of the current guidelines and, appropriate training and sensitization of clinicians.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

Approximately two-thirds of blood donors are students. ZNBTS recruits these students through health

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| education talks that include AB prevention messages. ZNBTS will target to reach out to over 200,000 students in 2010 with such talks. Prospective blood donors are deferred from donation if they had sex with any new partner in the previous six months, multiple partners, an STI in the prior 12 months, a commercial sex partner, or have a partner with an HIV-risk behavior. Therefore the messages provided are strong, explicit and implicit AB messages,, and ZNBTS seeks regular blood donors who exemplify healthy lifestyles with low HIV-risk. Blood donor clubs will be supported that encourage these behaviors. Records will be maintained on numbers of students reached with these messages and support provided to the donor clubs. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10240** | **Mechanism Name: AIDSRelief (Track 1.0 ART)** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Catholic Relief Services | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 4,355,513** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Central GHCS (State) | 4,355,513 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Children's AIDS Fund | Chreso Lusaka | Constella Futures |
| Mtendere Mission Hospital | St Francis Mission Hospital | University of Maryland School of medicine |
| Wusakile Mine Hospital | | |

## Overview Narrative

Activities for Track 1 and Track 2 funding at site level overlap, therefore the narratives for the two tracks of funding are the same. AIDSRelief (AR) aims at providing durable comprehensive quality care to

persons infected with HIV/AIDS. AR strategic program implementation components are developed toward increasing the sustainability of quality HIV care. AR currently serves in 8 provinces and at 19 treatment facilities, primarily in rural Zambia, with target populations that include HIV exposed and infected children, HIV infected adults and pregnant women, alcohol and substance abusers, and prisoners. Our HIV services wrap around a family centered care approach that is strongly linked to the community and integrated with monitoring and evaluation strategies, designed to integrate the family in health decisions including prevention strategies, adherence, and family testing. Our activities and strategic plan can be divided into six major components: 1) community based treatment services (CBTS); 2) medical care including adult and pediatric anti-retroviral therapy (ART), TB and STI management, maternal child health and early infant survival, palliative care, training and professional development; 3) Nursing Care; 4) Outcomes and Evaluation (O&E); 5) Laboratory services; and 6) Health Systems Strengthening (HSS). AR program components are focused on integrating prevention as the primary means to reduce new HIV and TB infections. Our plans for transitioning and sustainability are incorporated into each of these areas of focus and Local Partner Treatment Facility (LPTF) support is accomplished by multi-disciplinary teams with members representing each of the above categories. These teams provide regular on-site support to address critical issues and ensure that necessary components for quality care are developed and maintained. The sites are taking ownership of a comprehensive care delivery model that has been reinforced through mentoring and site visits. Smart Care data and patient outcomes information is regularly fed back to sites to strengthen data use for continuous quality improvement at site level.

Our medical component works closely with the Ministry of Health (MOH) in implementing HIV care and treatment at the site level, conducting trainings accredited by the MOH, plus providing significant assistance in developing antiretroviral therapy (ART), opportunistic infections, prevention of mother to child transmission of HIV (PMTCT), TB, and Pediatric guidelines and training materials. We have partnered with the University Teaching Hospital (UTH), University of Zambia (UNZA) and the MOH in implementing the HIV Diploma Course that trains providers as HIV experts. We have partnered with the General Nursing Council and other implementing partners (University of Alabama/Center for Infectious Disease Research Zambia and Zambia Prevention, Care, and Treatment) in the pilot HIV Nurse Practitioners Diploma program in efforts to task shift and decentralize care to be closer to the patient. AR serves with the Medicine Council of Zambia (MCZ) to develop accreditation of treatment facilities and also certification of ART providers. AR O&E component ensures sites understand quality assurance and develop strategies to implement treatment efficiencies, plus capture key indicators to streamline technical support to areas of identified need. Our HSS component focuses on developing plans to decentralize HIV care to the community through satellite clinics, and task shifting some care responsibilities to trained health care workers. Our CBTS team incorporates the community into each aspect of the HIV care and treatment continuum. Developing integration of health care services at the site level so that TB/HIV, PMTCT/ART, pediatrics and STI efforts harmonize with the community based programs improves cost

efficiencies and has lead to an overall program lost to follow up of less than 2% and an overall retention rate of 85%. The management team is also investing in assisting sites with budget development to ensure cost effective strategies to provide sustainable quality programs.

AR focuses on frequent onsite support as a means of disseminating information, initiating new strategies, building linkages, and addressing prevention interventions. Key priorities for CY 2010 focus on prevention with positives, encouraging couple/family counseling and testing, early infant diagnosis and treatment, ensuring all HIV+ pregnant women have access to counseling, testing and ART at all levels, and increased linkages with facilities performing male circumcision. Our CBTS team performs community based pediatric training focusing on identification of infants at risk and the importance of early treatment, as well as strengthening community capacity for couples counseling, and using prevention for positives strategies and prevention counseling for HIV negative clients. Strong linkages with existing home based care facilities strengthen this capacity.

Our transition and sustainability plan encompasses coordinating site support with the Churches Health Association of Zambia, plus scaling up Chreso ART Center for direct funding. AR will coordinate technical support with the MOH, UTH, and UNZA.
AR cannot meet the demand for ART scale up and ensure the same quality of care with level funding, but we will continue to evaluate and implement cost-efficiencies through strategies, such as performance based funding that will allow some scale up of ART.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

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|---|---|
| **Mechanism ID:** | **10240** |
| **Mechanism Name:** | **AIDSRelief (Track 1.0 ART)** |
| **Prime Partner Name:** | **Catholic Relief Services** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

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|---|---|---|---|
| Care | HBHC | 2,700,000 | |

**Narrative:**

Adult care and support services are largely centered on the work of the Community Based Treatment Services (CBTS) that focuses on incorporating the community to extend and optimize the quality of life for people living with HIV. In FY 2010 the CBTS specialists will work with adherence staff, community health workers (CHW), and treatment support groups to provide training on treatment preparation, support, and reducing transmission of HIV infection; they will continue tracking patients on care and ART for adherence to prophylaxis and treatment. CBTS will provide messages on prevention to those in care and on ART and ensure clients have access to support groups. In addition, they will help to ensure that clients in care remain linked to the clinic and receive follow up CD4, and preventive health care including cotrimoxazole prophylaxis, insecticide-treated nets, nutritional assessment, prevention assessment, education about clean water, and treatment of diarrhea and other acute illnesses. CBTS will also train staff and CHW to utilize the patient as a window into the family and strengthen the relationship with HIV positive family members not yet on ART. The CBTS team will also help to identify HIV positive individuals at risk for poor adherence including, but not limited to, substance abuse and mental health issues. CBTS will work closely with the networks of local home based care providers and services that are integral parts of our strategic task shifting plans. The CBTS team will support linkages between the ART clinic and the community based support groups including palliative care services.
Another component of Adult Care and Support is training on palliative care provided by palliative care specialist on regional teams. Their training focuses on pain as the 'fifth vital sign', recognizing and addressing provider burn out and stress in the workplace, pain and symptom management in relation to OI, mental health including end of life care, and understanding supportive care for women and children. AIDSRelief (AR) will continue this activity in FY 2010

AR will integrate prevention for positives (PWP) into the standard of care in FY 2010. We will work with the MOH to integrate PWP into national treatment and care guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 1,002,186 | |

**Narrative:**

In FY 2010 AIDSRelief (AR) will focus on strengthening the quality and delivery of ART services. One of the center pieces of the AR program is our commitment to on-site training and mentoring. During regular site support visits we conduct Ministry of Health (MOH) sponsored trainings for sites in a particular region, and incorporated into all of these trainings is mentoring opportunities in both the out and in patient setting. During these visits indicators are collected and assist in determining site needs and to identify gaps. In FY 2010 AIDSRelief will continue with these activities. In conjunction with the MOH, University of

Zambia (UNZA), and the University Teaching Hospital (UTH) a fully UNZA accredited 12 month HIV Diploma course was initiated for advanced training of physicians. The course is taught by a combination of faculty from the University of Maryland and the UTH. The first graduation will include 13 residents. This diploma course will produce the next generation of HIV educators and decision leaders in Zambia. In FY 2010 AR will continue supporting this course.

Nursing is the pivot point for effective task shifting and addressing the ever increasing human resource crisis in Zambia. The nursing strategic plan centers around three stages of task shifting: level one focuses on shifting basic nursing care and triage to community health workers, level two on preparing nurses to triage and refill prescriptions on stable patients, and level three on developing a cadre of nurses to become Nurse Practitioners. The nursing team focuses on providing appropriate MOH approved trainings for nurses, and continues to work closely with General Nursing Council of Zambia (GNC) to teach and mentor nurses as ART prescribers and providers. In FY 2010 AR will continue supporting and strengthening the Nurse Practitioners Diploma program.

We shall conduct nutrition assessment for all clients before commencement of ART for appropriate nutritional interventions. The outcomes and evaluation team have been working with clinical teams to support the use of data for program improvements at site levels.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 153,002 | |

**Narrative:**

The AIDSRelief (AR) strategy to further close the gaps in pediatric care and support is anchored by a focus on early infant/childhood survival and includes six target areas to be addressed across all 19 sites: mother-to-child transmission; pediatric HIV testing and counseling for infants, children, adolescents, and their families; comprehensive; care of exposed infants and their HIV+ mothers, including provision of co-trimoxazole (CTX) prophylaxis for exposed and infected children, as well as a comprehensive preventive care package for exposed, infected, and affected children; treatment of infected children, including ART, OI treatment, infant feeding and nutrition assessments, palliative care, and psychosocial support services; care for families; and outcomes and evaluation.

AR will continue to focus on diagnosis and turnover of results for Early Infant Diagnosis to ensure timely initiation of all infants confirmed positive. AR will also provide oversight and ongoing training of staff in correct Dried Blood Spots methodologies. Training to ensure prompt recognition of developmental delays, failure to thrive, TB, and recurrent infections will be emphasized at the provider and community levels. All HIV exposed infants will be enrolled in care through their second birthday to ensure ongoing

Septrin prophylaxis, prompt diagnosis, routine vaccinations, and support for maternal health. ART and OI treatment is discussed in Pediatric Treatment.

Family involvement is a key to supporting best outcomes for HIV+ infants and children, and emphasis on male involvement is incorporated into pediatric care messages. Providing strategies for ART clinics to see all family members on the same day helps promote this endpoint

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 500,325 | |

**Narrative:**

AIDS Relief (AR) is committed to ensuring the long term health of all HIV-infected children through the provision of comprehensive quality care and treatment. At the site level, ongoing technical support will be provided in 3 key areas: determining eligibility; treatment initiation, monitoring and follow up; and practical pediatric treatment challenges.

Treatment initiation begins with early diagnosis of pediatric HIV infection. As guidelines for treatment initiation continue to change based on available evidence, the local clinical staff will be oriented to the new guidelines through training and mentorship. This will include current information on which regimen to use for children with a known history of NNRTI exposure – in Zambia, there is now agreement that all NVP exposed infants will be started on a boosted PI regimen. Providers will also receive ongoing training and mentoring in recognizing and treating ARV-related toxicities; treatment failure; OI treatment and prevention; and nutrition recommendations for infected children on treatment. Additionally, ongoing, on-site training and mentoring in the recognition and management of key clinical conditions – HIV-TB co-infection, Pneumocystis Carinii Pneumonia, HIV encephalopathy, growth failure, nutrition assessment and others – which render a child eligible for ART treatment will be provided. We will link with DHMTs for the provision of Food By Prescription services.

Third, providers, adherence counselors, and pharmacy staff will be trained and updated in practical issues which can create specific challenges for pediatric ART care, such as treatment preparation, disclosure counseling, adolescent issues; treatment support, storage and administration of ARVs, and when and how to re-dose ARVs.

AR will provide both central and local training and mentoring in the MOH Pediatric HIV Care Training Course for staff and providers that have not yet received it. In an effort to both decentralize care and strengthen district-level capacity, providers from rural health centers affiliated with our local partners, as

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| well as those from the associated district-level facilities, will be included in these trainings. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10241** | **Mechanism Name: CRS FBO follow on** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Catholic Relief Services | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 9,555,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 9,555,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| CHAZ | Chikuni Mission Hospital | Children's AIDS Fund |
| Chilonga Mission Hospital | Chreso Kabwe | Circle of Hope |
| Constella Futures | Itezhi-tezhi Interfaith networking Care Organization | Kamoto Mission Hospital |
| Katondwe Mission Hospital | Livingstone Creso | Macha Mission Hospital |
| Malcom Watson Mine Hospital | Mwandi Mission Hospital | Siavonga Hospital |
| Sichili Mission Hospital | University of Maryland School of medicine | |

## Overview Narrative

Activities for Track 1 and Track 2 funding at site level overlap, therefore the narratives for the two tracks of funding are the same. AIDSRelief (AR) aims at providing durable comprehensive quality care to persons infected with HIV/AIDS. AR strategic program implementation components are developed toward increasing the sustainability of quality HIV care. AR currently serves in 8 provinces and at 19 treatment

facilities, primarily in rural Zambia, with target populations that include HIV exposed and infected children, HIV infected adults and pregnant women, alcohol and substance abusers, and prisoners. Our HIV services wrap around a family centered care approach that is strongly linked to the community and integrated with monitoring and evaluation strategies, designed to integrate the family in health decisions including prevention strategies, adherence, and family testing. Our activities and strategic plan can be divided into six major components: 1) community based treatment services (CBTS); 2) medical care including adult and pediatric anti-retroviral therapy (ART), TB and STI management, maternal child health and early infant survival, palliative care, training and professional development; 3) Nursing Care; 4) Outcomes and Evaluation (O&E); 5) Laboratory services; and 6) Health Systems Strengthening (HSS). AR program components are focused on integrating prevention as the primary means to reduce new HIV and TB infections. Our plans for transitioning and sustainability are incorporated into each of these areas of focus and Local Partner Treatment Facility (LPTF) support is accomplished by multi-disciplinary teams with members representing each of the above categories. These teams provide regular on-site support to address critical issues and ensure that necessary components for quality care are developed and maintained. The sites are taking ownership of a comprehensive care delivery model that has been reinforced through mentoring and site visits. Smart Care data and patient outcomes information is regularly fed back to sites to strengthen data use for continuous quality improvement at site level.

Our medical component works closely with the Ministry of Health (MOH) in implementing HIV care and treatment at the site level, conducting trainings accredited by the MOH, plus providing significant assistance in developing antiretroviral therapy (ART), opportunistic infections, prevention of mother to child transmission of HIV (PMTCT), TB, and Pediatric guidelines and training materials. We have partnered with the University Teaching Hospital (UTH), University of Zambia (UNZA) and the MOH in implementing the HIV Diploma Course that trains providers as HIV experts. We have partnered with the General Nursing Council and other implementing partners (University of Alabama/Center for Infectious Disease Research Zambia and Zambia Prevention, Care, and Treatment) in the pilot HIV Nurse Practitioners Diploma program in efforts to task shift and decentralize care to be closer to the patient. AR serves with the Medicine Council of Zambia (MCZ) to develop accreditation of treatment facilities and also certification of ART providers. AR O&E component ensures sites understand quality assurance and develop strategies to implement treatment efficiencies, plus capture key indicators to streamline technical support to areas of identified need. Our HSS component focuses on developing plans to decentralize HIV care to the community through satellite clinics, and task shifting some care responsibilities to trained health care workers. Our CBTS team incorporates the community into each aspect of the HIV care and treatment continuum. Developing integration of health care services at the site level so that TB/HIV, PMTCT/ART, pediatrics and STI efforts harmonize with the community based programs improves cost efficiencies and has lead to an overall program lost to follow up of less than 2% and an overall retention rate of 85%. The  management team is also investing in assisting sites with budget development to

ensure cost effective strategies to provide sustainable quality programs.

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Our transition and sustainability plan encompasses coordinating site support with the Churches Health Association of Zambia, plus scaling up Chreso ART Center for direct funding. AR will coordinate technical support with the MOH, UTH, and UNZA.
AR cannot meet the demand for ART scale up and ensure the same quality of care with level funding, but we will continue to evaluate and implement cost-efficiencies through strategies, such as performance based funding that will allow some scale up of ART.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10241** |
| **Mechanism Name:** | **CRS FBO follow on** |
| **Prime Partner Name:** | **Catholic Relief Services** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 2,912,000 | |

**Narrative:**

Adult care and support services are largely centered on the work of the Community Based Treatment Services (CBTS) that focuses on incorporating the community to extend and optimize the quality of life for people living with HIV. In FY 2010 the CBTS specialists will work with adherence staff, community health workers (CHW), and treatment support groups to provide training on treatment preparation, support, and reducing transmission of HIV infection; they will continue tracking patients on care and ART for adherence to prophylaxis and treatment. CBTS will provide messages on prevention to those in care and on ART and ensure clients have access to support groups. In addition, they will help to ensure that clients in care remain linked to the clinic and receive follow up CD4, and preventive health care including cotrimoxazole prophylaxis, insecticide-treated nets, nutritional assessment, prevention assessment, education about clean water, and treatment of diarrhea and other acute illnesses. CBTS will also train staff and CHW to utilize the patient as a window into the family and strengthen the relationship with HIV positive family members not yet on ART. The CBTS team will also help to identify HIV positive individuals at risk for poor adherence including, but not limited to, substance abuse and mental health issues. CBTS will work closely with the networks of local home based care providers and services that are integral parts of our strategic task shifting plans. The CBTS team will support linkages between the ART clinic and the community based support groups including palliative care services.
Another component of Adult Care and Support is training on palliative care provided by palliative care specialist on regional teams. Their training focuses on pain as the 'fifth vital sign', recognizing and addressing provider burn out and stress in the workplace, pain and symptom management in relation to OI, mental health including end of life care, and understanding supportive care for women and children. AIDSRelief (AR) will continue this activity in FY 2010

AR will integrate prevention for positives (PWP) into the standard of care in FY 2010. We will work with the MOH to integrate PWP into national treatment and care guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 3,160,263 | |

**Narrative:**

In FY 2010 AIDSRelief (AR) will focus on strengthening the quality and delivery of ART services. One of the center pieces of the AR program is our commitment to on-site training and mentoring. During regular site support visits we conduct Ministry of Health (MOH) sponsored trainings for sites in a particular region, and incorporated into all of these trainings is mentoring opportunities in both the out and in patient setting. During these visits indicators are collected and assist in determining site needs and to identify gaps. In FY 2010 AIDSRelief will continue with these activities. In conjunction with the MOH, University of Zambia (UNZA), and the University Teaching Hospital (UTH) a fully UNZA accredited 12 month HIV Diploma course was initiated for advanced training of physicians. The course is taught by a combination

of faculty from the University of Maryland and the UTH. The first graduation will include 13 residents. This diploma course will produce the next generation of HIV educators and decision leaders in Zambia. In FY 2010 AR will continue supporting this course.

Nursing is the pivot point for effective task shifting and addressing the ever increasing human resource crisis in Zambia. The nursing strategic plan centers around three stages of task shifting: level one focuses on shifting basic nursing care and triage to community health workers, level two on preparing nurses to triage and refill prescriptions on stable patients, and level three on developing a cadre of nurses to become Nurse Practitioners. The nursing team focuses on providing appropriate MOH approved trainings for nurses, and continues to work closely with General Nursing Council of Zambia (GNC) to teach and mentor nurses as ART prescribers and providers. In FY 2010 AR will continue supporting and strengthening the Nurse Practitioners Diploma program.

We shall conduct nutrition assessment for all clients before commencement of ART for appropriate nutritional interventions. The outcomes and evaluation team have been working with clinical teams to support the use of data for program improvements at site levels

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 440,000 | |

**Narrative:**

AIDSRelief (AR) will aim to improve uptake of counseling and testing (CT) by increasing the availability of CT in rural areas through routine provider initiated testing and counseling (PITC) in the health facilities and community outreach with home testing service. This will be achieved through training of staff and strengthening linkages with other services. These activities will be followed by regular supervision and follow up visits and participation of testing sites in the national External Quality Assessment program for rapid HIV testing.

PITC will be offered to in-and-out patients, all TB patients, pregnant women, and patients diagnosed with STIs, as well as family members of persons living with HIV/AIDS (PLWHA). We will offer CT services at the community level and home testing for families of PLWHA and work with outreach teams to ensure referrals and follow-ups are done for all positives.

Funding under this activity will support the cost to conduct community-level testing and use systematic task shifting strategies to train lay counselors in CT. To accomplish this activity hospital staff will be trained and updated to provide CT (including PITC and couples counseling). Supervisory staff at the hospital will ensure that minimum quality standards of services are met both in health facilities and in the

community. Since many AR sites are in remote locations, a variety of personnel must multi-task to accomplish goals. The final component will be to strengthen and expand linkages to ensure continuity of care for all persons accessing CT through AR. Engaging people who test positive into comprehensive HIV care and specific prevention messaging regarding behavior change, disclosure, alcohol abuse, family planning etc, is the cornerstone of our CT approach. We will accomplish this through strong linkages with community-based tracking programs, evidence-based counseling, and enrolling and retaining people into ART program. Linkages will be formed with other HIV-related activities including palliative care, orphans and vulnerable children projects, social, psychological, and legal support services conducted by local organizations and CHAMP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 739,412 | |

**Narrative:**

The AIDSRelief (AR) strategy to further close the gaps in pediatric care and support is anchored by a focus on early infant/childhood survival and includes six target areas to be addressed across all 19 sites: mother-to-child transmission; pediatric HIV testing and counseling for infants, children, adolescents, and their families; comprehensive; care of exposed infants and their HIV+ mothers, including provision of co-trimoxazole (CTX) prophylaxis for exposed and infected children, as well as a comprehensive preventive care package for exposed, infected, and affected children; treatment of infected children, including ART, OI treatment, infant feeding and nutrition assessments, palliative care, and psychosocial support services; care for families; and outcomes and evaluation.

AR will continue to focus on diagnosis and turnover of results for Early Infant Diagnosis to ensure timely initiation of all infants confirmed positive. AR will also provide oversight and ongoing training of staff in correct Dried Blood Spots methodologies. Training to ensure prompt recognition of developmental delays, failure to thrive, TB, and recurrent infections will be emphasized at the provider and community levels. All HIV exposed infants will be enrolled in care through their second birthday to ensure ongoing Septrin prophylaxis, prompt diagnosis, routine vaccinations, and support for maternal health. ART and OI treatment is discussed in Pediatric Treatment.

Family involvement is a key to supporting best outcomes for HIV+ infants and children, and emphasis on male involvement is incorporated into pediatric care messages. Providing strategies for ART clinics to see all family members on the same day helps promote this endpoint.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 500,325 | |

**Narrative:**

AIDS Relief (AR) is committed to ensuring the long term health of all HIV-infected children through the provision of comprehensive quality care and treatment. At the site level, ongoing technical support will be provided in 3 key areas: determining eligibility; treatment initiation, monitoring and follow up; and practical pediatric treatment challenges.

Treatment initiation begins with early diagnosis of pediatric HIV infection. As guidelines for treatment initiation continue to change based on available evidence, the local clinical staff will be oriented to the new guidelines through training and mentorship. This will include current information on which regimen to use for children with a known history of NNRTI exposure – in Zambia, there is now agreement that all NVP exposed infants will be started on a boosted PI regimen. Providers will also receive ongoing training and mentoring in recognizing and treating ARV-related toxicities; treatment failure; OI treatment and prevention; and nutrition recommendations for infected children on treatment. Additionally, ongoing, on-site training and mentoring in the recognition and management of key clinical conditions – HIV-TB co-infection, Pneumocystis Carinii Pneumonia, HIV encephalopathy, growth failure, nutrition assessment and others – which render a child eligible for ART treatment will be provided. We will link with DHMTs for the provision of Food By Prescription services.

Third, providers, adherence counselors, and pharmacy staff will be trained and updated in practical issues which can create specific challenges for pediatric ART care, such as treatment preparation, disclosure counseling, adolescent issues; treatment support, storage and administration of ARVs, and when and how to re-dose ARVs.

AR will provide both central and local training and mentoring in the MOH Pediatric HIV Care Training Course for staff and providers that have not yet received it. In an effort to both decentralize care and strengthen district-level capacity, providers from rural health centers affiliated with our local partners, as well as those from the associated district-level facilities, will be included in these trainings.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 360,000 | |

**Narrative:**

Futures Group International, LLC (Futures) is leading in the Strategic Information (Monitoring and Evaluation and health management information systems-HMIS). Futures will work with the Ministry of Health (MOH), Centers for Disease Control and Prevention and other partners to consolidate and bring to fruition the intended results of SmartCare which will be used to collect and track data from the various

local implementing partners.

A total of 120 health personnel in 19 treatment sites will be trained in data management and information usage for improved health outcomes. Futures will produce accurate, monthly, quarterly, semi-annual and annual reports for the AIDSRelief program to meet all reporting and programmatic requirements at all levels.

Future, collaborating with Ministry of Health (MOH), will support sites in the management of SmartCare and providing useful feedback to MOH and CDC for better use of data at local, district and national level. They will also provide specific training and technical assistance in trouble shooting, networking, reporting, and reports in SmartCare, raw based security, and merge functions within the national health system.

With the wealth of information accumulated over the past 7 years, Futures will continue to utilize the information for adaptive management to document trends and achievements, best practices, and lessons learned. We will endeavor to disseminate extracted information through quarterly publications of findings and make presentations to such forums as partners forums, programmatic review meetings, and write abstracts/white papers that can be submitted for conferences and/or published in relevant publications. Additionally, through the (Data Demand Data Use) DDIU workshop, Futures will strengthen LPTFs ability to extract, synthesize, and convert data we collect into meaningful information, to share best practices on data use for informed decision making, and to improve the working relationships of the SI and CQI teams to ensure streamlined data use activities.

Futures will collaborate with all partners to realize the vision of the AIDSRelief Sustainability plan.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 200,000 | |

**Narrative:**

The program will target discordant couples at all 19 LPTF AR supported sites within the eight provinces in Zambia with other prevention strategies. Promoting prevention strategies among discordant couples that are culturally acceptable and initiating the HIV+ partner on ART as soon as possible will work towards decreasing sexual transmission of HIV among discordant couples. AR onsite and central trainings will incorporate identifying and addressing issues surrounding discordant couples. We will continue to train all cadres of health care workers on prevention strategies and counseling of discordant couples at each encounter to prevent future infections. AR emphasis on family counseling and testing and male involvement will promote initiation of ART when appropriate, regular testing according to risk levels, monogamous sexual relations, and standard prevention interventions at the community level

among discordant couples. We will also offer directed counseling to HIV negative clients, particularly women who test HIV negative in ANC programs for comprehensive prevention strategies. Other areas of focused prevention will take place within our LPTF with outreach to incarcerated persons both with Prevention with Positives strategies, and general prevention strategies for HIV negative incarcerated persons in and around Lusaka and Kabwe where selected LPTF have prison outreaches. We will continue to build linkages with STI and TB management into HIV care and treatment programs and increase sexual prevention messages through posters, waiting room videos, and group counseling including couples counseling. Lastly, our substance abuse program will focus on risk reduction particularly for persons with alcohol abuse problems and Prevention with Positives within the support group structure.

AR will continue to work with sites to indicate number of discordant couples tested in SmartCare forums as a methodology for patient tracking. Regular supervisory visits will be conducted to ensure that program activities are implemented according to the guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 1,243,000 | |

**Narrative:**

In FY 2009, AIDS Relief treated 2,500 HIV (+) clients for TB and trained 100 health staff. AR will enhance laboratory capacity to TB diagnosis, prevent nosocomial infections, strengthen referral linkages to ensure timely diagnosis and treatment, ensuring accessibility to information, on the relationship between TB and HIV to the surrounding communities, enhancing the capacity for the diagnosis of smear negative and extra-pulmonary TB, and reducing the potential risk of nosocomial transmission. AR will strengthen infection control strategies by refitting laboratories in seven LPTFs and training laboratory personnel in Good Laboratory Practices (GLP). AR will ensure partner notification, condom use of co-infected patients, and linkages with support groups of people living with HIV/AIDS for care.

AR will place emphasis on intensified TB case finding, diagnosis, treatment and infection control. AR will make family case finding routine and will screen all HIV (+) individuals for TB. AR will test all TB patients and suspects for HIV infection. AR will strengthen the concept of "Provider Initiated Testing and Counseling." AR will strengthen linkages between the ART and TB clinics and train health workers in the management of TB/HIV co-infection and follow up with on-site mentoring. AR will also equip all the laboratories to perform sputum smear to detect TB and conduct quality assurance and quality improvement activities with nearby reference laboratories. AR will refer smear negative specimens to reference laboratories for culture and ensure that chest X-ray services are available for all sputum-negative individuals. AR will strengthen its communication strategy to sensitize the communities on the linkage between TB and HIV. Support will be provided to the National TB/HIV coordinating bodies at all

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| levels and to TB/HIV data review meetings at the district level, while collaborating with MOH in MDR-TB surveillance. In addition, renovations will be made to infrastructure to maximize TB infection control. AR will support CHAZ (sub partner) to strengthen human resources in TB/HIV activities and provide salary support to the TB/HIV officer, Assistant laboratory Officer and IT officer to carry out TB/HIV activities. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10260** | **Mechanism Name: USAID \| DELIVER PROJECT** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: John Snow, Inc. | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 6,400,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 6,400,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of the USAID | DELIVER PROJECT is to ensure an uninterrupted supply of commodities for HIV/AIDS prevention and treatment to government and non-governmental organizations (NGO) facilities and strengthening the existing nationwide logistic systems. In this light, the following interventions have been programmed:

• Provide continuous technical assistance in forecasting, quantification and procurement planning of various health commodities (procurement of HIV/AIDS commodities is carried out by Supply Chain Manager Support (CMS). All USG-procured commodities will be placed in the Government of the Republic of Zambia's (GRZ) central warehouse, Medical Stores Limited (MSL), where all public sector and accredited Non Governmental Organizations (NGO)/Faith Base Organizations (FBO) /Community Base Organizations (CBO)/work-place/private sector HIV/AIDS programs will have access to these critical supplies.


• Gather data, manage and continuously train counterparts in the use of the PipeLine Database, Supply Chain Manager, and provide continuous analysis of the national antiretrovirals (ARV), HIV tests, essential drugs, and contraceptive supply situations.
• Continuously work with Ministry of Health (MOH) to strengthen logistics systems for ARVs for HIV/AIDS treatment and post-exposure prophylaxis (PEP) for victims of rape,, HIV tests, and essential drugs.
• Continuously gather and share relevant information for decision making.
• Continue to conduct detailed assessments of storage needs at Service Delivery Points (SDP) which include financial estimates.
• Facilitate the development of the national commodity security strategies.

The project will collaborate and coordinate with other USAID cooperating agencies, international organizations and local counterparts as required to ensure maximum effectiveness and efficiency of its activities. These interventions are expected to achieve the following desired outcomes:
• Increased commodity availability for key HIV/AIDS related commodities: ARVs including ARV drugs for PEP in victims of rape, HIV tests, opportunistic infection (OI) drugs, family planning products, and essential drugs.
• More robust integrated supply chains to manage these commodities
• Increased capacity of the MOH counterparts to effectively manage these supply chains

Successful implementation of these interventions will be measured/ assessed by tracking defined performance indicators using routinely collected data through the Logistics Management Unit, and data that are periodically collected using other USAID | DELIVER PROJECT developed monitoring tools including Procurement Planning and Monitoring Reports (PPRMs), Logistics Indicators Assessment Tool (LIAT), and monitoring and evaluation tools. Other data sources and data collection activities will also be used to track performance in specific areas using specific defined performance indicators.

We will leverage PEPFAR funds with Child Survival, Family Planning and Malaria (PMI) funding to support the improvement of the essential drugs supply chain, thereby improving access to vital HIV/AIDS related commodities.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 1,352,376 |

## Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10260** | | |
| **Mechanism Name:** | **USAID \| DELIVER PROJECT** | | |
| **Prime Partner Name:** | **John Snow, Inc.** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 6,400,000 | |

**Narrative:**

The purpose of this activity is to expand assistance for ensuring that ARV drugs, HIV tests, sexually transmitted infection (STI) drugs, and OI drugs procured by the USG, GRZ, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), and other partners are in sufficient supply and provided to Zambians at service delivery sites through efficient and accountable health commodities supply chain systems.

With FY 2010 funding, the USAID | DELIVER PROJECT will expand efforts to strengthen the effectiveness, efficiency, and sustainability of the national ARV, HIV tests and essential drug logistics systems. Activities will include:

1. Supporting the MOH in coordinating ARV drug including ARV drugs for PEP in victims of rape HIV test, and OI/STI drug forecasting and procurement planning capacity at the central level.
2. Quantifying required ARV drugs including ARV drugs for PEP in victims of rape, HIV tests, and OI drugs consistent with resources and policies.
3. Providing technical assistance to the MSL for their Logistics Management Unit (LMU) and in improving the accuracy of their stock information.
4. Reinforcing the standardization of ARV drug, HIV test kit and essential drug (including OI/STI drugs) inventory control procedures at central, district, and service delivery sites, including the documentation and dissemination of logistics policies and procedures.
5. Institutionalizing pre-service logistics management training within the appropriate schools of pharmacy, schools of nursing and medical schools in Zambia.
6. Continuing installation of the SmartCare software tool at ART and HIV testing sites to collect and use

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| for ordering ARV drugs and HIV tests; significantly reducing the time and effort required for ordering and reporting.<br>7. Improving ARV drug, HIV test and ED logistics decision-making processes at the central level through use of aggregated data from health facilities as provided through the national logistics management information systems (LMIS).<br>8. Significantly increasing the frequency of monitoring and evaluation of the ARV drug, HIV test kit, and ED supply chains, and making improvements as needed, taking full advantage of the seven provincial offices; and,<br>9. Collaborating with the SCMS project and other partners and stakeholders to address the broader area of HIV/AIDS commodity security.<br>10. Continue to conduct detailed assessments of storage needs at SDP which include financial estimates. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10274** | **Mechanism Name: Media Support Partnership** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Media Support Partnership | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,804,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,804,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| MARCH Zambia | | |

## Overview Narrative

The Modeling and Reinforcement to Combat HIV/AIDS (MARCH) project strategy in Zambia was initiated

in FY
2005. This program promotes behavioral change in support of HIV prevention, treatment and positive living in the
reproductive age group (15-49 yrs).

MARCH uses two strategies; Modeling – through Radio Serial Dramas (RSDs) that provides listeners with authentic
and realistic examples of people attempting to change risky behaviors to non-risky ones over a period of time; and interpersonal Reinforcement, which boosts the effectiveness of the RSDs by supporting community members in their efforts to adopt and maintain safe behaviors. Reinforcement Activities (RAs) rely primarily on community theatre, peer education, and discussion groups and link people to existing and forthcoming services.

MARCH has the following objectives:
• Reduce concurrent and multiple sexual partners
• Promote effective parent-child communication
• Reduce alcohol abuse
• Promote PMTCT
• Support PLWHA/positive living
• Promote uptake of ART and reduce stigma

MARCH is operating in the Southern and Western Provinces of Zambia. In Southern Province, the program is in 4 in four (4) districts:Livingstone, Choma, Monze and Mazabuka; and in Western Province the program is in three (3) districts: Mongu, Senanga and Sesheke. Target populations in these areas are people between the ages of 15 – 49 years.

The program's key contributions to the strengthening of the health systems are that:
? It provides feedback to the MOH through a strong partnership with youth friendly centers in the target districts and
? It provides feedback to the National HIV/AIDS/STI/TB Council on views and challenges
from the community vis-à-vis PMTCT and ART through the various District and Provincial AIDS Task Forces (DATF, and PATF) via the office of the Provincial AIDS Coordinator (PACA).
? It creates demand for ART and counseling by encouraging uptake of these services through the RSD and RAs
? It addresses the uptake of male circumcision by providing accurate information to dispel
myths or misconceptions about male circumcision, and addressing some attitudinal barriers.

MARCH promotes gender equality as a cross cutting program in which issues of polygamy (especially in southern province where Tongas uphold polygamy), child abuse and violence against women are being addressed.
In order to be more cost efficient in FY 2010, the program will develop initiatives such as:
? Promoting the use of bicycles for peer educators to cover more areas with the same number of peer educators
? Seeking private sector sponsorship for the Radio Reinforcement activities and save funds for more community group meetings
? Piggy-back on DATF field visits in Western Province to visit outlying areas and deliver interventions.
? Seeking free repeat broadcasts from the radio stations to increase opportunities for listenership in the target districts.
The following Monitoring and Evaluation plans for FY 2010 are proposed to strengthen our effective tracking of the progress of the program:
? Increase follow-ups and supervision in order to identify gaps earlier
? Improve data collection, timely flow from the field and proper data management at all levels
? Develop a more detailed data analysis plan to facilitate program monitoring and comprehensive reporting

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10274** | | |
| **Mechanism Name:** | **Media Support Partnership** | | |
| **Prime Partner Name:** | **Media Support Partnership** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVAB | 1,504,000 | |
| **Narrative:** | | | |

In FY 2010, MARCH will continue producing the RSDs and rolling out RAs in the Tonga language in Southern Province and Lozi in the Western Province. The MARCH program will focus on behavior change and social norms around the following behavior change objectives:
? To reduce multiple and concurrent sexual partners and be faithful to one partner after Counseling /Testing and disclosure to one another
? To sensitize teenagers to be able to identify sexual abuses and to report such abuses (while portraying a teenager successfully abstaining).
? To communicate effectively to children on issues of sex, sexuality, masculinity and safe circumcision (which includes delaying sexual debut thus encouraging abstinence)
? To promote secondary abstinence among youths
Through the RSD and community RA activities, the communities will be encouraged to seek HIV counseling and testing and be linked to appropriate care services. MARCH will strengthen linkages with other USG partners that provide care services and work closely with DAPP TCE to maximize listenership to the RSD and adoption of behavioral change in Mazabuka district. MARCH will piggy-back on DATF field visits in the Western Province to visit outlying areas and deliver interventions to Sesheke, Senanga and Mongu.

MARCH will work with the "One Love, Kwasila" T.V. series as a complementary partner to encourage fidelity and reduce MCP and use the existing partnerships in clinics for peer education in which 150 peer educators will be engaged.

In FY2010 MARCH will continue implementation of the Families Matter! Program (FMP). FMP is guided by the belief that parents are in a powerful position to positively shape their children's health and behavior but that their voices often must compete with the messages sent to children by the media, peers, and society at large. Thus the main aim of this program is to equip parents/caregivers with skills and knowledge of how to communicate with their children on issues of sex, early pregnancies and HIV/AIDS. FMP will reach 2000 families in Southern and Western Province with this intervention. The project intends to intensify activities in physically difficult to reach areas in a total of 100,000 people with AB messages.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 300,000 | |

**Narrative:**

MARCH will continue upholding positive social norms as a preventive measure for HIV/AIDS. The program intends to increase the number of people reached through community level activities that promote HIV/AIDS prevention

through other behavior changes beyond abstinence and/or being faithful from 25,000 to 40,000. Community peer educators will be empowered to be able to reach wider areas (by provision of bicycles etc). In addition, 100 people will be trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful. This work will continue in FY 2010. The key behavior change objectives will be:

• Practice responsible drinking to allow for consistent and correct condom use.

• To become fully involved and support a partner in PMTCT (and discuss options of childbirth for HIV+ couples)

• To provide psycho-social, nutritional and palliative care/support to a PLWHA.

Through the RSD and community Reinforcement Activities, communities in Southern and Western Provinces will continue to be encouraged to focus on social norms that indirectly fuel the spread of HIV/AIDS, such as excessive alcohol intake which impairs mental judgment. MARCH will continue working closely with other USG funded partners like Corridors of Hope in Livingstone, DAPP TCE in Mazabuka and NEWSTART to increase awareness and promote other behavior change beyond abstinence and/or being faithful while providing CT and ART services.

MARCH will piggy-back on DATF field visits in Western Province to visit outlying areas and deliver interventions to Sesheke, Senanga and Mongu. The program also intends to increase the number of Radio Reinforcement activities addressing other behavior change beyond abstinence and/or being faithful, airing one every month (a total of 60 shows on four radio stations in SP and 36 on 3 radio stations in WP).

In FY 2010, the program will also use the RSD to promote Male Circumcision (MC), already quite common in most parts of WP and becoming increasingly so in SP. The idea will be to build on this 'best practice' while encouraging correct and clinically safe circumcision of young men and dispelling myths that may discourage youths from undergoing MC.

MARCH also promotes gender equality as a cross cutting program in which issues of polygamy (especially in Southern Province where Tongas uphold polygamy), child abuse and violence against women will be addressed.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10296** | **Mechanism Name: Local Partners Capacity Building Project II** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Academy for Educational Development | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 5,814,428** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 5,814,428 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Local Partner Capacity Building (LPCB) Project is designed to enhance the organizational capacity and sustainability of local non-governmental organizations (NGOs) that are working to respond to the HIV/AIDS pandemic. Partner organizations (POs) will be based throughout the nine provinces in Zambia in both rural and urban areas, and will comprise a variety of entities, including faith-based and community-based organizations. The project specifically focuses on strengthening the management, financial, technical, and monitoring and evaluation (M&E) capacities of Zambian organizations; it also supports a number of Capacity Leader Organizations and Organizational Development (OD) Advisors to develop their capabilities and expertise to work directly with local organizations as institutional strengthening service providers. This is an important design component of the project and will be LPCB's legacy of sustainability—one benefiting both the NGO sector, as well as the professional cadre of organizational development professionals in Zambia. In FY 2008-2009, LPCB has targeted 80 partner organizations (Cohorts 1 – 4) from nine provinces: Lusaka, Southern, Copperbelt, Eastern, Luapula, North-Western, Western, Northern, and Central. Beyond the 80 POs, LPCB also helped strengthen multiple other Zambian organizations through their participation in LPCB-sponsored capacity building events and the distribution of LPCB tools and resources.

In FY 2010, LPCB will identify an additional 20 partner organizations through an Expression of Interest (EOI). This 5th Cohort of POs will follow the same course as the first four: a 1 year intensive program of capacity strengthening, which LPCB expects will prepare POs to receive LPCB and other donors' funding. Phase 1 of this process-oriented approach consists of selecting Partner Organizations through an EOI, a launch workshop, participation in the Institutional Development Framework assessment, and development of an organizational strengthening plan. Phase 2 introduces POs to a suite of Capacity Building Events in six different OD areas that include but are not limited to financial management, resource development and human resource management. Capacity Leaders and OD Advisors will be strategically matched with POs to provide targeted technical assistance, guidance, and mentoring according to the POs organizational strengthening plan. Phase 3 offers POs an opportunity to apply for grant awards. An RFA/bidders meeting is held, proposals are submitted, a best and final (BAFO) negotiation process takes place and finally grantees are selected and awarded funds for HIV/AIDS service delivery. Once organizations receive service delivery awards they will graduate from the program but will remain part of the LPCB Network and will continue to have access, if needed, to one-on-one assistance from Capacity Leaders, OD Advisors and LPCB staff.

Also in FY 2010, Cohort 3 will pursue electives to target specific capacity needs, and those POs that were successful in their grant application will begin receiving grants. Cohort 4 will be ending their core trainings, preparing grant applications, and—for those POs that are selected for award—implementing those grants. Successful POs from Cohorts 1 and 2 will have the opportunity in FY 2010 to apply for scale-up grants to expand their HIV service delivery programs in the areas of Prevention with positives, Testing and Counseling (TC), Other Prevention with and without Most at-risk Populations (MARPS), and Abstinence/ Be Faithful (AB) services.

In fiscal years 2008 and 2009, LPCB provided 50 organizations with grants ranging from $5,000 for commodity purchases to $20,000 for HIV/AIDS service delivery. In addition, Capacity Leader Organizations were provided with grants ranging from $75,000 to $125,000 to carry out organizational development activities with POs and implement HIV services. During FY 2010 LPCB will continue to provide small grants to POs who have demonstrated commitment and progress in the capacity development program, and will increase to $250,000- 350,000 the average award to medium-large size organizations that have demonstrated success in both technical service delivery as well as organizational development.

By design, LPCB is changing the dynamics of organizational technical assistance by creating a cadre of Zambian service providers that cater to the needs of those who are on the front lines of fighting the HIV/AIDS pandemic. Over the course of the project, LPCB is developing a network of top-notch local organizations (Capacity Leaders) and OD Advisors that understand the particulars of the organizations

engaged in this battle, both in terms of their individual characteristics and as a committed group with specific funding and reporting imperatives. LPCB also is enabling a large number and range of organizations throughout Zambia to become aware of their organizational assets and liabilities, and understand why attention to the health of their organizations is as critical as the substance of the activities they implement. These organizations will more ably identify and scale up good practices, they will better manage and report on their resources, and they will pay attention to the needs of their staff and volunteers.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10296** | | |
| **Mechanism Name:** | **Local Partners Capacity Building Project II** | | |
| **Prime Partner Name:** | **Academy for Educational Development** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | 450,000 | |

**Narrative:**

In FY 2010, LPCB will identify an additional 20 partner organizations through a new call for expressions of interest. The LPCB technical team will target organizations that have proven capacity in Voluntary Testing and Counseling (VTC) with a particular focus on those organizations that are working in rural and off-the-rail areas. LPCB will work with several organizations to promote community-based counseling and testing and where appropriate introduce the practice of door-to-door testing. LPCB will support local partners to train care givers using the Zambian National Guidelines in family based, group and mobile testing.

In addition, LPCB will award grants to 2-3 organizations to conduct TC primarily in underserved rural areas using mobile TC centers. These organizations will deliver TC to youth and adults using a group counseling method in settings such as schools, farms, churches and other public arenas.

Family based testing will be carried out through door-to-door sessions by trained caregivers. HIV testing will be conducted on-site immediately after consent is given. Families that agree to be counseled and tested together will be able to provide stronger support if a member of the family is found to be HIV positive, and will receive reinforcing messages for those who are negative. Individual family members opting to take an HIV test will be provided with specific and individualized counseling and couples in families that request counseling together be counseled together. HIV-positive family members will be linked to prevention, care, and treatment facilities. Their family members will also have the opportunity to be trained in treatment adherence, psychosocial support and positive living in order to provide additional support.

In addition to TC service delivery, LPCB will aim to increase the number of volunteer care givers in rural areas that can provide counseling and testing services. More volunteer caregivers will be trained in family-based TC. The training will cover a range of issues including current HIV testing protocols as per national guidelines, group, couples and child counseling, and mobile TC. LPCB will counsel and test 10,000 individuals and train 70 caregivers in TC.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 3,164,428 | |

**Narrative:**

In FY 2010, LPCB will identify 20 partner organizations through an expression of interest. This 5th cohort of partners will follow the same course as the first four: a facilitated organizational self-assessment; development of an organizational strengthening plan; an introductory workshop; a core training series; an individualized pairing with a Capacity Leader organization or OD Advisor for training, guidance, and mentoring; and, opportunity to apply for a grant to develop institutional capacity and implement HIV/AIDS services. Capacity Leaders and OD Advisors will be matched with POs to provide targeted technical assistance. At the same time, Cohort 3 will be pursuing electives to target capacity needs, those POs that will have been successful in their grant application and will begin receiving grants. Cohort 4 will be ending their core trainings, preparing grant applications and throughout the remainder of the year implementing those grants if awarded.

The 20 new partner organizations will be expected to participate in the core suite of 6 Capacity Building Events. As in FY 2009, these sessions will cover up to 7 different topics as a way to provide educational

opportunities and improved capacity to individuals within organizations that are working to scale up the HIV response in Zambia. Topics that will be covered in the core event series include M&E, Financial Management, Human Resources, Resource Development and Marketing, Program Design, and Board Governance. Additional elective courses will be made available to organizations that have completed the core series.

Concurrently, LPCB will provide continuing support to four Capacity Leader organizations and eight Organizational Development Advisors. In FY 2010 LPCB will identify and add two new Capacity Leader organizations and more OD advisors if necessary. As in FY 2009, Capacity Leader organizations will continue to provide one-on-one mentoring and organizational development technical assistance, but in FY 2010 we expect that they will also receive funding in specific technical areas to provide grants to local organizations as well.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 1,800,000 | |

**Narrative:**

In FY 2010, LPCB will identify an additional 20 partner organizations in nine provinces through a new call for expressions of interest. The LPCB technical evaluation committee and Technical Advisory Group will select 12-15 of these organizations to carry out AB prevention activities. In addition, existing partners that have demonstrated success in scaling up AB programs will continue to be funded in FY 2010. In order to promote sustainable models, LPCB will fund Capacity Leader Organization to establish grant programs to fund existing partners from Cohorts 1 and 2. The average grant award for scale-up will be $100,000.

LPCB grantees will be responsible for training 200 people to promote HIV/AIDS prevention through comprehensive AB programs. Those trained will reach 40,000 people through community outreach activities that address key drivers of the epidemic in Zambia: male and female behavior norms that increase vulnerability and risk, economic and legal issues that affect women's ability to respond to the challenges of HIV/AIDS, and problems associated with early sexual debut of youth. High priority target populations include youth, young people planning to marry, men (targeting adult male behavior change with a focus on partner reduction), and women. An additional and related focus of within these target groups is to help maintain HIV free status of individuals.

Capacity Leader Organizations, OD Advisors, and LPCB's technical team will provide technical assistance to PO grantees to develop context specific approaches to HIV/AIDS prevention. At the same time, LPCB will continue to provide a range of other capacity-building support to increase the impact of these activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 400,000 | |

**Narrative:**

In FY 2010, LPCB will identify an additional 20 partner organizations in -nine provinces through a new call for expressions of interest. The LPCB technical evaluation committee and Technical Working Group will select 5-10 of these organizations to carry out other prevention activities. In addition, existing partners that have demonstrated success in implementing HIV prevention programs will be funded in FY 2010 to expand services to include other prevention activities. In order to promote sustainable models, LPCB will fund Capacity Leader Organizations to establish grant programs to fund existing partners from Cohorts 1 and 2. The average grant award for scale-up will be $100,000.

LPCB grantees will be responsible for training 50 people to promote HIV/AIDS prevention through comprehensive ABC programs including the promotion of condoms. In addition to community outreach activities, LPCB will also fund innovative and best practice approaches to reach HIV negative and positive individuals and MARPs. These may include, but are not limited to: incorporating prevention with positives into ART programs; using technology to reach hidden and rural populations, developing support groups for HIV+ and for discordant couples; and expanding alternative income generating opportunities for sex workers. In total, LPCB-funded activities will reach 4,000 HIV-positive individuals and 4,000 MARPs and 20,000 individuals in the general population.

Capacity Leader Organizations, OD Advisors, and LPCB's technical team will provide technical assistance to PO grantees to develop context specific approaches to HIV/AIDS prevention. At the same time, LPCB will continue to provide a range of other capacity-building support to increase the impact of these activities.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10299** | **Mechanism Name: Zambia Integrated Systems Strengthening Program (ZISSP)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |

| | |
|---|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Zambia Integrated Systems Strengthening Program (ZISSP) will focus on supporting health systems strengthening initiatives, selected aspects of facility-level health services delivery, and integrated community-level promotion and service delivery interventions. This five year project builds on experiences from the soon-to-conclude Health Services and Systems Program (HSSP) and adds an explicit and enhanced community component. The new project will operate at the national level, in all nine provinces and in at least 27 target districts. It will be linked to other USG-funded HIV prevention, care and treatment programs. The majority of funding for this project will come from non-PEPFAR accounts including the President's Malaria Initiative (PMI), Family Planning (FP) and Maternal and Child Health subaccounts.

ZISSP will strengthen the ability of the Ministry of Health (MOH) at the national level to plan, manage, supervise, and evaluate delivery of health services nationwide. It will provide additional Zambian staff to the MOH to help resolve difficult challenges facing the health sector, including human resources management capacity, recruitment and retention of skilled health workers, and the need for increased national capacity to oversee the delivery of FP, emergency obstetric care, child health and nutrition, and malaria services. These staff will, in tandem with USG staff, support Technical Working Groups (TWGs) that operate as part of the MOH's coordination mechanisms. Strong support for TWGs encourages meaningful joint planning and discussion of health policies, service coverage information, capacity building, and lessons learned across the country.

ZISSP will increase capacity of provincial health teams to perform technical and program management functions in support of the district health teams. It will provide a clinical care and management skills improvement team in each of the nine provincial medical offices (PMOs). The Clinical Care Specialists (CCSs) will help district and facility staff identify and solve technical problems, provide supportive supervision for key interventions, and, as required, train and mentor district health staff in HIV-related activities, malaria interventions, FP, maternal health, child health and nutrition interventions. The

management specialists will coach district and facility based staff in management and leadership skills. The team will assist provincial, district and facility staff to strengthen the management skills needed to translate existing action plans into effective implementation.

ZISSP will improve community involvement in the production of health in targeted districts. It will implement activities targeted at individuals, families and communities to improve their ability to adopt appropriate health promotion and disease prevention behaviors, their capacity to provide appropriate health care services and prevention activities, and their linkages to the formal health care service delivery system. Community level activities will focus on prevention of new HIV infections, prevention education for HIV positive and negative individuals, equity of access to HIV services for males and females, and increased male involvement in health. ZISSP will support community-level service delivery and local organization capacity-building to facilitate sustainability of interventions.

ZISSP will implement a cohesive strategy to identify and address barriers to care, including cultural or economic barriers, misinformation about FP, malaria, maternal neonatal and child health (MNCH) and HIV practices. It will work with USAID's new health communication program to define the kinds of communication materials, methods, and channels that are needed to address these barriers. In most cases, ZISSP will not develop or generate behavioral change communication materials but will disseminate and/or utilize materials developed by other USG or partner programs in conformity with plans and strategies developed for country-wide implementation.

ZISSP will strengthen the involvement of traditional, faith-based, and other opinion leaders as change agents for health by building technical and programmatic management competencies of community groups for sustainable mobilization activities. It will also support the MOH's efforts to develop a Community Health Worker (CHW) Strategy which will define the set of services to be provided by the CHW, develop a standardized training curriculum and address issues of compensation and retention.

ZISSP will ensure that service delivery and other activities are effectively integrated at appropriate levels of the health system in target districts through joint planning and in-kind activities with partners. It will collaborate with partners to deliver integrated services for FP, MNCH, malaria, nutrition, and HIV/AIDS. Key targets for activity integration are other USG- and partner-funded activities. Integration will link HIV/AIDS, health, and related social services; develop systems and networks for coordination and referral within and between the community, district, and provincial levels of the health system; and lead to coordinated use of resources to maximize health benefits.

The contractor will develop a performance monitoring plan that enables tracking and attribution of higher level outcomes to project activities. These indicators will supplement those contained in the USG-defined

indicator set.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |
| Human Resources for Health | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10299** | | |
| **Mechanism Name:** | **Zambia Integrated Systems Strengthening Program (ZISSP)** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | Redacted | Redacted |

**Narrative:**

This activity relates to those in ZPCT II, USAID's new health communication project, and Centre for Infectious Disease Research in Zambia (CIDRZ).

Lack of skilled health care workers is the most significant factor hampering the scale-up of antiretroviral therapy (ART) services in Zambia. This project is designed to increase access to ART services through financial and technical assistance to the retention of at least 119 skilled health workers (doctors, nurses, clinical officers, laboratory personnel, and others) in rural areas where the human resource crisis is most acute. This activity will also support the CCSs, placed in each PMO, in monitoring, and coordination of ART scale-up in hospitals, health centers, and mobile posts.

This activity will assist MOH to support implementation of the performance assessment tools and the minimum quality assurance standards for HIV services, and to strengthen supervisory services that focus on case management and quality improvement. As an extension of the work done by HSSP, this activity will collaborate with the Medical Council of Zambia to strengthen and monitor the accreditation mechanism for certification of private ART providers to ensure that the services and treatment protocols meet national standards. This, however, will be done with the view of graduating MCZ from receiving direct assistance.

An important component of this activity will be to strengthen the management capacity of district health offices and health facilities for planning, implementation, monitoring, and evaluation of key health interventions, including HIV/AIDS services.

To ensure sustainability, this activity will be implemented within the existing Government of Republic of Zambia (GRZ) structures and plans. The activity will facilitate the development and dissemination of appropriate standard guidelines, protocols, plans, and budgets. The tools and guidelines will be disseminated for use by relevant MOH structures. The activity will also assist GRZ in implementing a facility-level quality improvement program. All the components of this activity will be integrated into the existing programs and structures to ensure continuity of services after the activity concludes.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

This activity is linked to the new health communication program and addresses both Zambian and PEPFAR's goals for increasing the number of people who know their HIV status and the provision of quality TC information. It is also tied to other program areas including MC, adult and pediatric treatment, and AB.

This activity will support the health communication program in the implementation of a comprehensive behavioral change communication (BCC) approach that is based on research and complements the NPS.

The facilitation of trainings for lay counselors and peer educators are to be conducted through this activity and materials developed by the health communication program will be used. At the same time, the activity will engage traditional, religious, and community leaders to encourage Zambians to seek testing and know their HIV status while attracting more men as counselors. Community volunteers will promote

individual, couples', and family counseling, as well as increased male involvement and responsibility in health issues. This activity will also support the integration of TC promotion activities in FP and MNCH services, thereby increasing efficiency and expanding potential audience size. Furthermore, the activity will strengthen linkages between TC and care and treatment services.

Technical assistance will be offered to neighborhood health committees (NHCs), community-based organizations (CBOs), faith-based organizations (FBOs) and non-governmental organizations (NGOs) to expand access to TC and related services via mobile outreach programs.

Provincial CCSs will assist district staff in the training and provision of supportive supervision to community volunteers engaged in TC activities. The CCSs will also provide technical supportive supervision to district health office staff to improve their management skills and to health facilities that provide TC to assure quality of services. The CCSs will also assist the district health offices to plan for TC activities and ensure that these activities are included in the district action plans. This will ensure district ownership and sustainability of activities

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | Redacted | Redacted |

**Narrative:**

Narrative (2250 characters)

This activity relates to the adult treatment and counseling and testing activities.

This activity will support local organizations that deliver community-level health services. These services include the community component of Integrated Management of Childhood Illness (C-IMCI) which is provided by CHWs. The revised C-IMCI training modules include a component on HIV and training of CHWs in C-IMCI will equip them with skills necessary to manage sick children in the community and appropriately refer children for testing, counseling, and commencement of ART. CHWs will be linked to prevention of mother to child transmission (PMTCT) activities conducted by other USG- and partner-funded programs and they will be used to track HIV infected and exposed infants and children including those lost to follow up.

This activity will partner with the new USAID/Zambia health communication program to implement health education interventions as stipulated in the National Pediatric HIV/AIDS Communications Framework. The activity will support the MOH's efforts by improving parents/caregiver's knowledge of treatment program availability and adherence, and providing materials to health care workers which will enhance

their ability to counsel parents of HIV positive children. This activity will also engage community, religious and other opinion leaders to advocate for pediatric ART services.

Provincial CCSs will provide supervision, monitoring, and coordination of ART scale-up in hospitals, health centers, and mobile posts. They will also mentor health facility staff and facilitate their training in pediatric ART in collaboration with GRZ and other USG- and partner-funded programs.

This activity will support the integration of pediatric ART services at appropriate levels of the health system and ensure that districts include pediatric ART in their action plans. This will ensure district ownership and sustainability of the activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | Redacted | Redacted |

**Narrative:**

This activity will be linked to the new ZPCT II and current activities carried out by the Centers for Disease Control and Prevention (CDC) and CIDRZ.

Review of district action plans has revealed that planning is not sufficiently based on evidence and sound epidemiological data. This activity will assist the MOH to support and supervise districts and hospitals to improve data quality and enhance utilization of data for informed decision making. This will be accomplished by strengthening competencies of the PMO in supervision and technical backstopping for Anti-Retroviral Therapy Information System (ARTIS) which has now been integrated into the revised Health Management Information System (HMIS). PMO and MOH headquarters staff will be trained for this purpose. Additionally, the activity will provide support to the MOH to develop an integrated package of HMIS reference materials for HIV/AIDS services.

This activity will collaborate with CDC to aggregate facility data using SmartCare and facilitate overall integration into the HMIS. It will also collaborate with WHO and European Union (EU), which currently provides HMIS support to MOH.

To ensure sustainability, the activity will be implemented with the MOH, Provincial Data Management Specialists, and other partners (ZPCT II, CDC, CIDRZ, EU, and WHO) to develop, disseminate, and maintain the HIV/AIDS reporting systems which are integrated into the overall Zambian government HMIS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

This activity will link with the human resources for health activity.

This activity will assist the MOH to strengthen policies and systems that support HIV/AIDS services in general planning and human resource (HR) planning and management. In the area of planning, the activity will support the MOH to produce technical updates for the annual health sector planning meetings based on priorities and objectives of the National Health Strategic Plan.

This activity will assure that provincial and district health offices can better plan, manage, supervise and evaluate health services at district and community levels. It will improve the skills of district level managers and planners to use data for planning especially as it relates to HIV/AIDS services to ensure efficient use of scarce resources. It will also build and strengthen linkages between PMOs and technical offices of the MOH at national level; PMOs and the District Health Management Teams (DHMTs); DHMTs and health facilities; and health facilities and the community. Furthermore, ZISSP will support PMOs and DHMTs to coordinate stakeholders working in the provinces through organizing meetings, workshops and other means of increasing discussion and collaboration among those involved in delivery of HIV/AIDS, malaria, FP and MNCH services.

In the area of HR planning and management, the activity will support the MOH and PMOs to strengthen technical support supervision to districts in HR planning and management. Specifically, 72 district and 22 hospital action plans will be reviewed to determine the level of inclusion of HR requirements. Technical support supervision will be provided to districts that do not comply with the HR planning guidelines.

To ensure sustainability, this activity will be implemented within the existing GRZ structures and plans. ZISSP will support the MOH to provide leadership in planning, thereby facilitating the incorporation of these activities into the GRZ portfolio. The activity will collaborate with the MOH Planning Unit to strengthen and further decentralize the district planning process. The PMOs will be encouraged to play a stronger role in the review, monitoring, and evaluation of their respective district action plans.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | Redacted | Redacted |

**Narrative:**

This activity will relate to USAID/Zambia's new health communication program and the Zambia Prevention, Care and Treatment Partnership (ZPCT II). It links with other sexual prevention, counseling and testing, and adult treatment activities.

This activity will retain skilled health workers, including doctors, nurses and clinical officers in remote areas of Zambia through the ZHWRS. These health workers will provide a pool of health personnel who are available to participate in the roll out of male circumcision (MC) services. This activity will collaborate with other USG-funded activities to facilitate the training of health workers in the provision of MC services using World Health Organization (WHO) training materials in accordance with national standards. Provincial CCSs will mentor junior doctors and clinical officers and provide technical support supervision to facilities offering MC services to ensure that quality surgical procedures are provided to minimize post operative complications.

This activity will collaborate with the new health communication program in implementing a national MC awareness campaign that includes messages regarding TC with emphasis on couples' testing, the importance of knowing one's HIV status and the advisability of MC for men who have tested negative, the need to use a trained service provider, post-procedural care and abstinence during wound healing, and stigma/discrimination reduction. The initial target audience will be sexually active men, particularly HIV negative males in HIV discordant sexual relationships. Key messages will also be developed for other key audiences including women, parents, policy makers, community leaders, and HIV positive men and women. Additionally, this activity will work with community volunteers and leaders to advocate for MC as a means of preventing HIV acquisition in men and indirectly in women.

To ensure sustainability this activity will be conducted within existing GRZ structures. The activity will support local organizations that are involved in community-level service delivery thus building local capacity.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

This activity links with other sexual prevention (OP), biomedical prevention (male circumcision), testing and counseling (TC), and pediatric and adult treatment activities. Abstinence/be faithful (AB) activities support Zambian and PEPFAR goals through a comprehensive approach that promotes better health seeking behavior.

This activity will be linked with the USAID/Zambia health communication program and will support the National Prevention Strategy (NPS), which was developed in 2008 by the MOH in collaboration with the National HIV/AIDS/STI/TB Council (NAC) and other local partners, to reverse the tide of HIV/AIDS by intensifying prevention activities nationwide. It will support the new health communication program in

carrying out community and mass media campaigns targeting youth to adopt the healthy behavior of abstinence, being faithful and post exposure prophylaxis in the event of rape as a means to prevent HIV transmission. Messages targeted at adults will focus on mutual fidelity among couples and avoidance of multiple concurrent sexual partnerships.

This activity will engage traditional, religious, and community leaders and other role models who will assist in reaching out to youth and spreading appropriate AB messages. Additionally, this activity will support local organizations involved in community level service delivery including peer education programs for in- and out-of school youth. Youth friendly corners in health facilities will be revitalized and supported as these are vital channels through which messages on abstinence and delayed sexual debut may be delivered to the youth.

Provincial CCSs will mentor and provide supportive supervision to district and health facility staff providing HIV prevention services. They will assist district staff in training of and provision of supportive supervision to community volunteers engaged in AB activities. The CCSs will also assist the district health offices to plan for AB activities and ensure that these activities are included in the district action plans. This will ensure district ownership and sustainability of activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

The main drivers of the HIV epidemic in Zambia include multiple or concurrent sex partnerships, in which consistent condom use tends to be low, transactional sex practices, gender based violence (GBV), and cultural practices that impact health negatively such as alcohol consumption. This activity supports Zambian and PEPFAR goals for appropriately targeting most at-risk populations (MARPs) with interventions promoting partner-reduction, GBV prevention, and condom use.

This activity will be linked to the new health communication program and support the development of mass media campaigns to promote reduction of concurrent partnerships and transactional sex through raising risk awareness. Messages on correct and consistent condom use will be complemented with in-depth information on behavior change and the development of respectful, gender-equitable relationships between men and women. Traditional, religious, and community leaders will be encouraged to serve as role models for men to affect change in male norms and behaviors that undermine risk avoidance efforts. These leaders will assist in creating awareness on the negative health impact of traditional practices such as sexual cleansing, dry sex, GBV, and initiation ceremonies through radio and community outreach efforts. Issues related to alcohol will be integrated in all communication interventions.

| |
|---|
| This activity will facilitate the training of community volunteers including CHWs, home based care providers, and safe motherhood action groups (SMAGs) to enable them to deliver OP messages in their communities. Community volunteers will promote healthy behaviors such as seeking prompt treatment of sexually transmitted diseases and rape cases. It will support integration of OP activities in FP and MNCH service, thereby increasing efficiency and expanding potential audience size.<br><br>Provincial CCSs will assist district staff in training and the provision of supportive supervision to community volunteers engaged in OP activities. The CCSs will also assist the district health offices to plan for OP activities and ensure that these activities are included in the district action plans. This will ensure district ownership and sustainability of activities. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10306** | **Mechanism Name: Community Empowerment Through Self-Reliance (COMETS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: CHAMP Services Ltd | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 0** | |
|---|---|
| **Funding Source** | **Funding Amount** |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

COMETS shall continue to support the Zambian government's broad based multi-sectoral approach to reduce the impact of HIV and AIDS. This will be through multipronged HIV interventions implemented under the USG Global Development Alliance (GDA) MOU and public and private sector partners (PPP) HIV programs in the workplace and outreach communities. COMETS has expanded the original mining

and agribusiness GDA to include 5 new private sector partners. The COMETS project reaches over 250,000 households in 8 of the 9 provinces of Zambia. The overall guiding principle of the GDA's is to reduce the impact of HIV/AIDS on partner workplaces and communities through the provision of quality Prevention AB, Prevention Other, Testing and Counseling services (TC), Care and Support Services, and Strategic Information. These interventions are harmonized with national and international guidelines and standards and build upon existing networks, linkages and referral networks in the GDA Partners sites. COMETS will focus on increasing knowledge and promoting behavior change to promote balanced prevention interventions reaching 270,000 adults, increasing access to TC with a target of 45,600 individuals, and improving the quality of PLWH reaching 13,795 individuals.

During this period, CHAMP will work with the GDA partners to further enhance and expand their existing HIV programs in the workplace and outreach to communities in five key technical areas.

Prevention Other activities will include the regional partnership with International Organization for Migration (IOM) Partnership on HIV and Mobility in Southern Africa (PHAMSA) program. This component focuses on migrant, contract and seasonal workers in two sites, Solwezi and Katete, and seeks to address issues around migrant vulnerabilities, life skills, social change behavior, gender, and integration of migrant populations into local communities. Over 4,000 individuals will be reached with prevention messages and more than 500 individuals will receive TC.

As malaria outcomes are significantly worse in HIV infected individuals, COMETS collaborates with MOH, NMCC and other key partners to expand the existing malaria prevention and control programs that are in six of the GDA partner sites and services. COMETS GDA partners further support implementation of the national malaria program through logistical support to the distribution of nets and IRS through their workplace and community sites.

COMETS will contribute directly to strengthening health systems through the provision of technical support to the PPP partners to (a) implement the national HMIS Smartcare system, (b) train public and private sector healthcare professionals in ART, Palliative Care and TC, and (c) upgrade and standardize the provision of quality care and support services in GDA public and private facilities. The COMETS Virtual Learning Network is facilitating the collection of data from PPP partner facilities particularly in remote areas. At the district and community level, COMETS is providing direct support and capacity building to 56 Rural Health Centers through the Mobile Health Units (MHUs).

COMETS has mainstreamed gender, considering gender dynamics at each point of the implementation plan. The majority of GDA employees, roughly 40,000, are male and workplace male-oriented strategies are employed to influence their role and cultural perceptions from a sexual prevention perspective that

leads to behavior change .

The COMETS community grants scheme supports community group interventions in the 56 RHC catchment populations. The grants are awarded through a district level committee which evaluates the grant proposal following agreed upon criteria. The community grant scheme is supporting community led activities in sexual prevention, TC, OVC care and support and home based care and providing households with access to income and productive opportunities.

COMETS also continues to develop individuals through the HIV Resource Persons Network (HRPN) , volunteers who are active in the workplace and the community as peer educators, lay counselors, caregivers and Treatment Adherence Agents. There are 1,500 HRPN who are actively managed and supported through the HRPN database. Together these activities drive the development of human resources for health.

The partnership model of working through existing organizations is inherently efficient as it allows existing infrastructure, networks, and programs to be utilized rather than requiring new resources. Costs will be monitored throughout the program by the PPP partners using the cost-benefit tool, M&E, financial contributions and technical support to capture and analyze resources used. Monitoring will be undertaken on a regular basis through monthly reports following USG reporting requirements. The PPP partners will be trained in participatory monitoring methodologies, to enhance ownership and sustainability.

Interventions under COMETS will be integrated in current partner structures setting the stage for long term sustainability with partners taking ownership of their programs. COMETS harmonizes with the national and local plans and coordinate with the Partnership for Supply Chain Management, USAID DELIVER and the MOH. CHAMP is an indigenous organization working through Zambian organizations so that the project is Zambian in inception and delivery.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services

Mobile Population
Workplace Programs

## Budget Code Information

(No data provided.)

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10309** | **Mechanism Name: VU-CIDRZ AITRP** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Vanderbilt University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 240,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 240,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Vanderbilt University-Center for Infectious Disease Research in Zambia AIDS International Training and Research Program (VU-CIDRZ AITRP; 5-D43-TW001035-11, led by Dr. Sten Vermund, has played an important role in the development and sustainability of research capacity in Zambia. 30 Zambians have received Masters of Public Health (MPH) from the UAB or Masters in Science (MSc) from the London School of Hygiene and Tropical Medicine; all have returned to work in Zambia. Over 500 Zambians have been trained in-country and over 45 Zambians have been trained in public health short courses at UAB. The VU-CIDRZ 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. Happily, the CDC-Zambia office concurs with this need and has

indicated continued support for this AITRP supplement to support the ongoing in-country mentorship and training work outlined below.

Specific Aims:

1. Train a new generation of HIV/AIDS research leaders in our partner nations, allied closely with institutions that are superbly placed to provide national and regional leadership in HIV/AIDS prevention and care research. Training will include semi-annual week-long workshops in Zambia that will focus on scientific writing for publication and proposal development.
2. Promote the initiation of new HIV-related research that complements and facilitates existing international research endeavors between U.S. and foreign investigators and builds long-term collaborative relationships among international scientists themselves. We seek to help our partner sites develop into national and regional research and training centers of excellence.
3. Track and document the long-term impact of training on (1) Trainee careers; (2) Research capacity of home institutions; and (3) Impact of conducted research at institutional, regional, national, and global levels.

Activities:

1. M. Med Capacity Building

The UNZA M.Med program is a degree taken in parallel with post-graduate residency training. This degree involves a research project and a full M.Med thesis. 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. Through the activities associated with the needs assessment conducted in 2008, it was determined that the following needs were most pressing and could be ameliorated through continued support in FY 2010. These include support to the VU-CIDRZ AITRP: a) fiscal and research methodology training support for faculty and supervisors; b) dissertation supervision and financial support for student research; and c) an extensive M.Med curriculum review and enhancement.

2. Short-term In-country Training:

Since much of our Fogarty training has focused on long-term degree training at UAB and LSHTM, we have lacked for adequate resources for an equally compelling component, namely the intensive workshops led by visiting scholars and our local collaborators from CDC-Zambia. Our viewpoint was, and still is, that research excellence will not be found when technical expertise and practice-based experience are lacking. Key barriers to broadening the scope of HIV/AIDS-related research in the field are limited knowledge, technical expertise, and practice-based experience. We intend to conduct two short courses in grant writing and manuscript writing in 2010 to support HIV/AIDS-related research efforts in-country. We will utilize local expertise and other fiscal support as we have done in the past. 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 directed to hands-on applications of the materials learned. We recommend a maximum of 25 trainees per workshop to enhance the contacts between trainers and trainees. The impact of the training program on the trainees will be assessed with the help of a pre- and post-test evaluation and follow-up assessment, one year post-training.

3. Program Evaluation
Now that we are entering our third year of CDC supplemental funding to our AITRP, we feel it is critical to evaluate our progress during the upcoming cycle. The web-based evaluation will be administered to all M.Med students. Indicators such as time spent with mentor, availability of their mentor, quality of mentorship, quality of dissertation mentorship, quality of courses, and general qualitative comments will be collected and measured. A survey will be administered to M.Med faculty and leadership assessing our assistance, quality of workshops and trainings, and visiting faculty lectures as well as qualitative comments. Indicators such as number of publications drafted, submitted, and published, M.Med course curricula and actual courses taught, attendance of M.Med students and faculty in M.Med courses, attendance of M.Med faculty to CIDRZ workshops, and UNZA research methods workshops will also be collected.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 240,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **10309** | | |
|---|---|---|---|
| **Mechanism Name:** | **VU-CIDRZ AITRP** | | |
| **Prime Partner Name:** | **Vanderbilt University** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 240,000 | |
| **Narrative:** | | | |
| The VU-CIDRZ AITRP is providing modest salary support for eight M.Med coordinators to devote time to | | | |

| |
|---|
| intensive research training, mentoring and M.Med program coordination. Six M.Med coordinators are in charge of overseeing and strengthening their respective M.Med programs (General Surgery, Pediatrics, Internal Medicine, OBGYN, Orthopedics, and Urology). One M.Med research coordinator was appointed to improve research supervision and mentorship across all programs in order to improve the quality of student research. Another M.Med Education Coordinator was appointed to oversee the development standardization and improvement of the M.Med curricula in all six programs; we aim to continue to provide support for the M.Med Coordinators. In partnership with the M.Med Research Coordinator, the M.Med students will be guided through their research design, implementation, analysis, publication of results, and grant submissions.<br>M.Med student dissertation support<br>The dissertation is an important part of the M.Med program. In an effort to infuse research into all teaching programs at UNZA, the university's directorate reenergized its research board in 2005. Once students have created a research project, the execution of the project proves problematic because of lack of continued supervision and financial support. All students are required to secure their own research funding. While students are usually able to secure some funding through their sponsors, this is often insufficient to cover the cost of the proposed project. This results in students altering their project's scope in order to accommodate these financial constraints. We aim to sponsor 3 one-time research awards up to $5,000 and one available for M.Med faculty at $10,000. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10314** | **Mechanism Name: Communications Support for Health (CSH)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In coordination with other partners, the Zambia Behavioral and Social Change Communication Program (ZBSCCP) will improve the health of Zambians at-risk for, living with, and affected by HIV through promoting positive and sustained changes in health behaviors, gender, and other socio-cultural norms. ZBSCCP contributes to health improvement by building sustained capacity of the health system and other stakeholders to design, implement, manage, and evaluate effective communication activities for greater coverage of target groups, retention of key messages, and adoption of healthy beliefs and practices. These activities include the development of national campaigns, materials, and other approaches/interventions featuring actionable messages, aligned with national strategies, informed by formative research, and pre-tested with the intended audience(s) for linguistically and culturally appropriate content. Proper implementation of all activities entails training and supportive supervision on the use of materials and dissemination of messages. As an integrated program, ZBSCCP will receive only a minority of PEPFAR funding for HIV/AIDS-related activities. It will also receive malaria, family planning/reproductive health, and maternal, newborn, and child health funding to address behavioral and social change communication from a holistic perspective.

Aligning with the proposed Partnership Framework, ZBSCCP will contribute to the goal of intensifying prevention by focusing messages on risk reduction and that of enhancing Zambian leadership and management by developing the human and institutional capacity on health communication.

Several sub-groups will be targeted with tailored messages and approaches to meet their needs. Activities to prevent sexual transmission and promote testing and counseling (TC) will target youth (ages 15-24) and adults (older than 24) across Zambia. Male circumcision (MC) activities will target HIV-negative men and their female partners; they will also provide information for parents/guardians on neonatal circumcision. Improving quality and emphasizing prevention in treatment services will target clinical staff, lay health workers, adult and pediatric clients, and their families in the five northern provinces supported by the Zambia Prevention, Care, and Treatment (ZPCT II) Partnership (Central, Copperbelt, Luapula, Northern, and North-Western) and all nine provinces supported by the Zambia Integrated Systems Strengthening Program (ZISSP).

To strengthen health system communication activities, ZBSCCP will establish a resource center in the Ministry of Health (MOH) to collect and disseminate materials to provincial health offices, district health management teams, and the private sector. ZBSCCP will support a technical expert in the MOH to coordinate establishment of the center, oversee development of national campaigns, and transfer skills to

appropriate counterparts. Representatives from ZBSCCP will participate in the national technical working group on health communication to coordinate activities with other partners.

Activities will feature one cross-cutting dimension and address two sets of key issues. To implement the cross-cutting gender strategy of reducing violence and coercion, ZBSCCP will develop prevention messages that emphasize positive male norms, such as men acting as responsible providers to dissuade them from alcohol abuse and build their skills in constructive problem-solving that preserve their family and community relationships.

ZBSCCP will also implement two strategies under the key issue of gender by developing messages to increase health-seeking practices, especially among men (e.g., couples TC, family-centered services). To address the key issue of health-related wraparounds, communication activities will couple messages on HIV prevention with those on family planning/reproductive health (FP/RH), especially to promote MC for greater involvement in RH and to reduce the level of unmet need among HIV-positive women. Activities will also couple messages on HIV prevention and treatment with those on child survival, targeting clients of prevention-of-mother-to-child (PMTCT) services and post-natal and pediatric care as part of family-centered services. These coupled messages will highlight the importance of providing the basic care package and additional services, depending on the HIV status of the infant/child.

To achieve greater cost efficiencies over time, ZBSCCP will coordinate the dissemination of messages between the MOH and media entities (e.g., print publications, radio, and television) in the public and private sectors. Such coordination should increase their collective responsibility for public interest in the national HIV/AIDS response.

As part of the monitoring and evaluation (M&E) plan, ZBSCCP will assess participation in activities, exposure to messages, and changes in knowledge and behaviors by conducting standardized population-based surveys and other studies as needed. Data from these studies shall meet PEPFAR and USAID reporting requirements and contribute to Zambia's Health Information Management System and HIV/AIDS M&E Framework.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10314** | | |
| **Mechanism Name:** | **Communications Support for Health (CSH)** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | Redacted | Redacted |

**Narrative:**

ZBSCCP aims to improve the health of HIV-positive adults, their partners, and families by enhancing services and integrating prevention messages through communication and training activities, in coordination with ZPCT II, ZISSP, and other projects that support treatment provision. These activities will target adult clients and staff in facilities in the five northern provinces (Central, Copperbelt, Luapula, North-Western, and Northern) supported by ZPCT II and all nine provinces supported by ZISSP.

To enhance the quality of services, ZBSCCP will implement a structured adherence intervention, adapting evidence-based approaches and standardized materials. For adult clients, this intervention will include communication activities with actionable messages on adherence and related healthy practices (e.g. maintaining proper nutrition, monitoring CD4 counts). Complementary training activities for staff, especially lay adherence support workers in facilities and communities, will build their skills to reinforce these messages in follow-up counseling sessions and other discussions with clients.

ZBSCCP will also implement communication activities on prevention with people living with HIV (PLHIV). Key messages in these activities include the disclosure of HIV status to partners; TC for partners and children; counseling on sexual risk reduction (including abstinence, mutual monogamy, partner reduction, and correct and consistent condom use), responsible alcohol consumption, and FP/RH options; screening for and treatment of STIs; and MC for HIV-negative male partners. The development of these messages will follow guidelines on PLHIV in facility-/community-based settings issued by the U.S. Centers for Disease Control and Prevention (2003) and World Health Organization (WHO, 2008), and involve the target audience(s) in formative research and pre-testing.

ZBSCCP will provide training and supportive supervision for clinical staff and adherence support workers to incorporate PLHIV messages in all interactions with clients. Through all communication and training activities, ZBSCCP shall contribute to improvements in the quality of life for adults on treatment and prevention of new infections among their partners.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

ZBSCCP will implement the communication and social mobilization activities on TC, in coordination with ZPCT II, ZISSP, social marketing, and other projects that support TC service provision. These activities will focus on sexually active and high-risk youth (ages 15-24) and adults (older than 24), with tailored approaches and messages for different sub-groups. All activities will emphasize the importance for individuals to know their HIV status, generating demand for services in diverse settings (i.e. boosting voluntary TC) that complement the provider-initiated approaches in facilities and increase the overall uptake of TC.

Contributing to the prevention of new infections (92 percent of which will likely occur among partners in casual as well as low-risk heterosexual relationships), ZBSCCP will promote couples TC, especially in HIV and FP/RH services to reinforce healthy sexual practices and minimize HIV risk among sero-discordant and concordant negative couples. Integrating with the delivery of preventive health services, ZBSCCP will promote TC for males and couples among potential MC clients and for children among PMTCT clients.

ZBSCCP will incorporate these promotional messages into activities and materials advocating comprehensive prevention through appropriate channels (e.g. peer outreach, mass media). It will also support the delivery of TC services through a national telephone hotline and campaigns, including national and local TC events.

While ZBSCCP will adapt materials and messages from existing resources (e.g. PEPFAR-supported toolkit for TC events), the development of innovative interventions (e.g. promoting couples TC in various circumstances and settings) will involve target audience(s) in formative research and pre-testing. ZBSCCP will implement all activities with training and supportive supervision.

Through these activities, ZBSCCP shall promote TC as a "gateway" for follow-up services that reinforce the responsibilities and capabilities of individuals, couples, families, and communities to prevent HIV

spread.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | Redacted | Redacted |

**Narrative:**

ZBSCCP aims to improve the health of all infants and children, focusing on those exposed to or infected with HIV, by enhancing services and integrating prevention messages through communication and training activities, in coordination with ZPCT II, ZISSP, and other projects that support treatment provision. These activities will target parents, guardians, and staff caring for pediatric clients in facilities in the five northern provinces (Central, Copperbelt, Luapula, North-Western, and Northern) supported by ZPCT II and all nine provinces supported by ZISSP.

To enhance the quality of services, ZBSCCP will develop job aids and other materials for training and supportive supervision of clinical staff to provide the pediatric basic care package and additional services, depending on the HIV status of the infant/child. Likewise, ZBSCCP will develop convenient flip charts and other materials that PMTCT motivators and other lay health workers can use to raise awareness of and generate demand for high-quality services.

The messages in these materials will emphasize prevention in two main ways. First, they will reinforce messages in PMTCT activities primarily for pregnant women to avoid infection and prevent perinatal transmission. Second, the messages will link with child survival activities to promote adoption of high-impact interventions to prevent the onset of childhood illnesses and malnutrition through diarrheal and respiratory disease management, exclusive breastfeeding, immunization, nutritional assessment and supplementation, and safe water/hygiene/sanitation, among others.

The development of all messages will follow guidelines issued by WHO (2008) and involve the target audience(s) in formative research and pre-testing. ZBSCCP will work with ZPCT II, ZISSP, and other projects for effective use of materials and dissemination of key messages through training of trainers and service providers. Through these communication and training activities, ZBSCCP will contribute to improvements in the quality of life for pediatric clients and prevention of new infections among infants and children.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | Redacted | Redacted |

**Narrative:**

ZBSCCP will implement the communication and social mobilization activities in MC, in coordination with

ZPCT II, ZISSP, social marketing, and other projects that support comprehensive MC service provision and in alignment with the national MC strategy that MOH launched in June 2009. In order to reduce male HIV incidence (which has stabilized around 1.2 percent since 1995), ZBSCCP will focus on boys and men, while some activities will raise awareness of MC among female partners and parents of male infants.

All activities will cover target groups across Zambia, with special attention to two provinces with relatively higher rates of MC: Northwestern (71%) and Western (40%). In these provinces and other communities that widely practice MC for cultural reasons, ZBSCCP will engage traditional providers through documentation of techniques used and complications experienced, and promotion of comprehensive MC services (i.e., building on the healthy socio-cultural norm of MC to increase the acceptability and use of services in facilities).

Developing activities that follow the guidance and adapt the toolkit produced by the United Nations agencies, ZBSCCP will enable boys, men, and parents to make responsible decisions on MC, based on knowledge of their HIV status and information on the benefits and risks. For clients, ZBSCCP will reinforce the messages on remaining abstinent during wound healing and avoiding high-risk sexual practices thereafter to minimize the risk of complications and HIV acquisition. Messages for women will emphasize the benefits and risks of MC to them and their roles in the decision-making process on MC for their male partners and children.

ZBSCCP will implement a national MC campaign and other activities, with materials and messages informed by formative research, pre-tested among target audiences, and delivered through appropriate channels (e.g., mass media), and with training and supportive supervision components for proper implementation. Through these activities, ZBSCCP will promote MC as part of comprehensive prevention that includes messages on healthy sexuality and relationships, and links with other services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

ZBSCCP will target sub-groups of youth (ages 15-24) and adults (older than 24) with tailored activities to meet their unique needs. Complementing school/community-based efforts, activities for general youth aim to delay their sexual debut by empowering them around their values, aspirations, and expectations. Activities for sexually active and high-risk youth will promote secondary abstinence. For these youth as well as adults, activities will also address sexual risks (e.g., multiple and concurrent partners), behavioral triggers (e.g., alcohol abuse), and harmful gender norms.

Activities under this component include campaigns, materials, and other interventions with actionable messages delivered through appropriate channels (e.g., peer outreach, mass media). These messages aim to prevent HIV acquisition from casual and low-risk heterosexual sex – the predominant modes of transmission.

While ZBSCCP will cover youth and adults across Zambia, the focus of interventions will vary by sub-group. The intent of these activities center around sustaining behavioral change among urban males, contributing to a further decrease in HIV prevalence that declined between 2002 and 2007. ZBSCCP will intensify efforts targeting urban females and rural residents to prevent new infections and reduce HIV prevalence, which did not change significantly in these sub-groups between 2002 and 2007.

Most activities will adapt evidence-based interventions with standardized messages. However, to address emerging needs, ZBSCCP will develop innovative interventions through formative research and pilot testing to determine appropriate approaches and content for effective uptake of key messages. All activities will include training and supportive supervision for proper implementation.

ZBSCCP will promote abstinence, mutual monogamy, and partner reduction as part of comprehensive prevention, which incorporates messages on correct and consistent condom use and MC, and facilitates linkages to community/facility-based services, including TC.

Adapting standardized population-based surveys and other methods, ZBSCCP will assess participation in activities, exposure to messages, and changes in knowledge and behaviors.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

ZBSCCP will target sexually active and high-risk youth (ages 15-24) and adults (older than 24). Activities will promote correct and consistent use of condoms, screening and treatment for sexually transmitted infections (STI), responsible consumption of alcohol, and other actionable prevention messages. These messages will address relevant sexual health and gender issues, such as the risks of dry sex, sexual cleansing, initiation ceremonies, and gender-based violence and communication skills for healthy, equitable relationships. ZBSCCP will incorporate messages into campaigns, materials, and other interventions delivered through appropriate channels (e.g., peer outreach, mass media). These activities aim to prevent HIV acquisition from heterosexual sex, with special messages for extramarital, age/wealth disparate, and other transactional relationships and sero-discordant couples.

ZBSCCP will cover youth and adults across Zambia. While addressing the needs of urban males to sustain changes in behavior and the decline of HIV prevalence that occurred between 2002 and 2007, ZBSCCP will focus on urban females and rural residents, in conjunction with other efforts, to achieve the same results.

Most activities will adapt evidence-based interventions with standardized messages. To encourage changes in harmful behavioral patterns and social norms (including gender) inadequately addressed by past efforts, ZBSCCP will develop innovative interventions with key messages, informed by formative research and pre-tested with the target audience(s) for better uptake. Implementation of all activities will include training and supportive supervision.

ZBSCCP will support comprehensive prevention and link with the ZPCT II, ZISSP, social marketing, and other projects to generate demand for and facilitate access to condoms, STI management, and alcohol abuse treatment, in addition to MC and TC.

Adapting standardized population-based surveys and other methods, ZBSCCP will assess participation in activities, exposure to messages, and changes in knowledge and behaviors.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10332** | **Mechanism Name: UNIVERSITY OF NEBRASKA** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Nebraska | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 590,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 590,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Objectives and goals: The overall objective is to support the UTH pediatric care and treatment program to: perform PCR diagnosis of HIV infected infants; provide pre-assessment service before commencement of ART; perform HIV genotyping to monitor drug resistant viruses; train laboratory personnel and; to develop human resources. This is essential to supporting the scale up of the anti-retroviral program in Zambia.

These goals will be achieved by the following specific aims; several of which are ongoing and one that is new:

1) Continue to perform HIV PCR to diagnose HIV infection in infants born to HIV positive mothers;
2) Perform HIV genotyping analysis on ART treated failure cases for the drug resistant viruses;
3) Continue to train Zambian laboratory personnel on PCR HIV diagnosis and genotyping; and
4) Strengthen UNZA biomedical sciences curriculum through a hybrid training program with the University of Nebraska

Health systems strengthening: In line with WHO recommendations, the Zambian government has recommended ART for all infected infants and Protease Inhibitor based regimes for those exposed to Nevirapine. Infected infants will need to be identified, treated, and tested for the presence of ART resistant viruses at follow up to guide treatment options. Such monitoring will include not only CD4 count but viral load and genotyping for drug resistant viruses, which will guide treatment for FY 2010 and beyond.

Preliminary data, based on tests conducted at UTH and in Nebraska to gauge HIV drug resistance among treatment naïve Zambian adults, provides insight on the magnitude of the emerging resistance problem. Blood samples collected and tested during 2005 from 100 adults, found about 7% prevalence of NRTIs or NNRTIs resistant mutations. Moreover, the T74S polymorphism in the protease gene was about 23% for of treatment naïve individuals. A preliminary/baseline surveillance project carried out during 2000 in Zambia showed no NRTI or NNRTI resistance and only 12.5 percent protease gene polymorphism; this; this alarming increase highlights the urgent need to monitor treated patients.

Key Issues: Efforts in Zambia to diagnose and treat HIV/AIDS remain largely hampered by a lack of infrastructure, resources, and trained personnel. Not only is more physical infrastructure needed (e.g. clinic and lab space, equipment), there are also two key areas that need to be addressed. The first is that additional in-country expertise is necessary, including biomedical scientists with B.Sc. degrees that can

enhance the health system workforce. Additionally, the second issue relates to development, adaptation and transfer of technology, so that they can be used in the setting where resource is limited,

Over the past year several key areas have been addressed including: providing laboratory support for pediatric care, transfer and development of infant PCR diagnosis, training of laboratory personnel, and the provision of equipment and supplies necessary to perform PCR diagnosis of HIV-exposed infants, viral load and HIV genotyping for monitoring of drug resistance. Currently, laboratory trained staff are performing all the needed laboratory assays, but at the same time they are providing technical assistance to personnel from other laboratories. They will be trained by personnel sent from Nebraska or be sent to Nebraska for further training as needed. The NIH Fogarty AIDS International Training and Research Program (AITRP) has provided ongoing support for the training of senior leadership and expertise for this activity.

Target Populations: The targeted populations for the program are infants and children at the UTH PCOE where they will be diagnosed, treated and follow-up. While the potential candidates for training and human resource strengthening will be in-country laboratory staff.

Strategy to enhance efficiency: We are anticipating a higher demand of the genotyping tests as more patients are being treated and more drug failure cases will be observed. Cheaper in-house viral load and genotyping tests will need to be developed and adapted to reduce future cost, since these tests are essential for the guidance of clinical care. Technical expertise from this center will support laboratory infrastructure development of other sites in Zambia if needed. Lessons learned from this activity in setting up the various tests will be applied to expanding activities to other sites if needed.

Monitoring and evaluation: There will be established standard operating procedures, documentation, database and instrument calibration procedures and preventive maintenance. Our plan has been daily monitoring by our project director and laboratory manager. There will be internal QC checks and data validation. In addition, there will be a semi-annual evaluation of performance and system audits by US personnel.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Education | 30,000 |
| Human Resources for Health | 280,000 |

## Key Issues

Child Survival Activities

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10332** |
| **Mechanism Name:** | **UNIVERSITY OF NEBRASKA** |
| **Prime Partner Name:** | **University of Nebraska** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 280,000 | |

**Narrative:**

Early diagnosis and treatment of HIV infected infants and children are keys to successful pediatric care and support. Infected infants need to be identified, treated, and tested for ART resistant viruses at follow-up to guide treatment for FY 2010 and beyond. In FY 2010, funds will continue to be used to support PCR diagnosis, viral load and genotype for Pediatric Centre of Excellence. Currently five laboratory technicians are trained in PCR technology and engaged in these activities; three of these are also trained in viral load testing and genotyping. Supervision and oversight are provided from the laboratory Manager and Director to ensure daily monitoring and quality assurance. Nebraska budget will continue to support the salaries of three laboratory technicians and the Director of Genotyping is now available for monitoring of treated individuals with clinical and immunological failures. Over 150 cases have been successfully genotyped; results from an additional 100 cases from sentinel surveillance of drug naïve cases throughout the country were obtained, and 7% of these cases are already carrying potential drug resistance viruses. Therefore, we are anticipating a higher demand of the tests as more patients are being treated and more drug failure observed. The laboratory is expected to perform about 500 PCR diagnosis, 80 viral load tests and 20 genotyping per month. It will start seeking accreditation through a recognized international institution.

Much of the limitations on viral load and genotyping are due to reagent costs. Therefore, an additional activity is to adapt in-house viral load and genotyping tests to reduce the costs, increasing the number of tests conducted, especially when there is a continued scale-up of the treatment program and more demand on viral load and genotyping. In addition, technical expertise from this activity will be used to train laboratory personnel from UTH and other facilities (at least 20), and support laboratory infrastructure development of other sites in Zambia. Under this activity Zambians trained in FY 2010 will work with

facilities in other provincial hospitals to transfer their knowledge and skills on viral load and resistance monitoring activities so more children can access treatment as well as build sustainable pediatric treatment at the provincial levels such as the Arthur Davison Children's Hospital in Ndola.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 310,000 | |

**Narrative:**

The following proposed activity is new for FY 2010, as there is critical shortage of trained human resources, even at the BSc level, such as those with a degree in Biomedical Science to support the HLAB technical area. UNL, UNZA, and UTH have a history of successful training and research collaboration, and through several projects have established considerable in-country research, training projects and infrastructure (these projects and facilities are staffed by former Nebraska Fogarty Program trainees). A total of 35 Zambians have been trained through the Nebraska training program since 2000 (including one trained in Nebraska and at CDC-Atlanta). However, the project team's experience with HIV/AIDS-related work in Zambia indicates there is still a pressing need to increase the number of well-trained healthcare personnel and to build additional infrastructure to support Zambia's response to the HIV/AIDS epidemic. The proposed human resource development program is modeled after the successful Nebraska Fogarty training program. A memorandum of agreement has been established between UNL and the University of Zambia to facilitate Nebraska-Zambia collaboration training and technical assistance projects and can be expanded to include training towards a BSc degree due to the need for a more vigorous curriculum for the degree. The proposal is to provide short-term training of UNZA lecturers at UNL, develop a more vigorous B.Sc. curriculum at UNZA, as well as to select several students from UNZA who have been accepted into the Biomedical Sciences degree program to take the required courses in Nebraska and through distance learning when appropriate, where the students will be awarded the B.Sc. degree by UNZA. This has been endorsed by UNZA and University of Nebraska administrations, and will first select a minimum of 4 students to enroll into such a program in FY 2010. In addition, educational materials, books, and audiovisual items will be purchased as needs arise.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 10334 | Mechanism Name: Time to Learn |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |

| | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Orphan and Vulnerable Children Education Support Initiative (OVC- ESI) includes a PEPFAR component designed to reduce the risk of HIV infection and impact of AIDS among orphans and other vulnerable children. Under this component, the OVC-ESI will implement interventions to counteract socioeconomic conditions that increase the vulnerability of this high risk population in education. Presently, there are over 1.2 million orphans in Zambia and approximately 700,000 are in school. The OVC-ESI program is designed to expand and strengthen the Ministry of Education's (MOE) assistance to OVC by improving education services to disadvantaged and HIV/AIDS impacted children. This program will both assist the MOE to improve its support to community schools and provide scholarships to deserving learners enrolled in Grades 8 to 12.

Community schools are small, locally initiated and managed institutions that cater to disadvantaged children without access to the public school system. The OVC-ESI will target 3,000 community schools with interventions that improve learning conditions and mitigate the impact of HIV/AIDS. Using a wrap around approach, the OVC-ESI will use education funds to improve the quality of instruction and the learning environment in community schools. The OVC-ESI will use PEPFAR funds to promote a network of support for OVC in community schools. The schools, community members and learners will participate in HIV/AIDS prevention activities that promote child protection, mitigate dropping out of school, reduce teenage pregnancies, and increase learner participation in schooling.

The OVC-ESI will also strengthen the MOE's overall response to HIV/AIDS in schools by supporting improvements to the national curriculum on life skills. In addition, teacher training and HIV/AIDS learning materials will be provided to community schools. These schools at present do not have any materials on HIV/AIDS prevention. A major part of this training will include guidance and counseling support for OVC. Because community schools are not adequately staffed, guidance and counseling training will be extended to local school committees to strengthen community support for OVC. The OVC-ESI program

complements other education activities that promote school effectiveness through enhanced system processes, instructional methods and school management practices funded using Africa Education Initiative (AEI) funds and other educational resources.

The PEPFAR funded scholarship component within the OVC-ESI program will be provided to 8,000 learners annually. The majority of OVC in community schools that qualify to Grade 8 are economically disadvantaged and unable to pay the required costs. The scholarship is designed to capture all students from community schools that have demonstrated the interest and ability to succeed in school. Every effort will be made to negotiate with target schools to share the costs of the scholarships through in kind contributions and local Parent and Teachers Associations (PTA) will be encouraged to find ways to support the OVC in their school.

The scholarship activity supported under past programs has had positive results. For example, since 2006, more than 24,000 students have received PEPFAR funded scholarships and 6,000 of these students went on to the university. The scholarships pay for the school expenses but also insure the students are living in secure homes and are protected from dangerous situations that will expose them to the possibility of contracting AIDS. The scholarship program is intended to assist the student's achievement and the skills required to secure employment. This is done by involving high school age scholarship students in special school based study groups and enrolling students in local job related internships. Emphasis is placed on identifying and assisting the HIV high risk students and ensuring these students are provided with the opportunities required to keep themselves safe from infection. The life skills sessions stress how to prevent HIV/AIDS and include student discussions led by trained local NGO facilitators. For the younger children receiving scholarships, appropriate life skills training will also be provided.

The PEPFAR component of the OVC-ESI will also include small grants to encourage schools and local communities to better support OVC. Small grants awarded in the past have generated significant cooperation and ownership among schools and local communities. The implementation of OVC-ESI interventions will be monitored on a quarterly basis through reports and on site visits to the schools. The key areas that will be monitored include student knowledge of AIDS and related prevention measures, student dropout rates and number of pregnancies. The progress on the development of the improvement of the life skills curriculum and support materials will be monitored by USAID on a bi-monthly basis in order to identify gaps and delays in management.

An end of the year evaluation will be conducted to determine how many students were enrolled in the program, verify the selection criteria used, document the scholarship students performance in school, and assess the effectiveness of the HIV prevention measures used and other support services provided to the

students. The end of year evaluation will also assess progress in improving the life skills curriculum and the impact of the materials and training provided to the schools.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Education | Redacted |

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10334** | | |
| **Mechanism Name:** | **Time to Learn** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HKID | Redacted | Redacted |

**Narrative:**

A critical concern is that the neglected OVC population is at a high risk of contracting HIV. These children tend to have minimal access to education, have high drop out rates when they do try to enter the school system and are living in high risk settings. It is common for these children to be exploited and suffer other forms of abuse. Many girls, for example, are forced into early marriages before they have completed their education. The scholarship component is a wrap around activity within a larger education program designed to support OVC education in community schools. The scholarships are provided to community school students that enter grade eight and need financial support and special services to continue through high school. The objective is to reduce the spread of HIV/AIDS among this high risk group by keeping these students in school and in an environment where they can care and protect themselves. The scholarships cost on average 200 dollars per year for each student. These funds pay for all school related expenses and student support. Selection of the students is managed by a committee, composed of the head teacher school teachers, community members and parents.

There are over 500,000 students in community schools. More than one third of the children in community schools are HIV /AIDS affected and orphaned while the remaining students come from severely disadvantaged homes and are deprived of education though the conventional school system. To assist the OVC, a targeted life skills intervention will be supported. Emphasis will be on ensuring the OVC, in the most critical community schools, are provided with the extra support required. This includes the provision of food, medical referrals, special guidance services and academic support. The intent is to promote a culture of care and support in both the community and in the school.

Because community schools are severely neglected, they do not have any student learning materials that focus on HIV/AIDS prevention and life skills. Volunteer teachers that manage the community schools will participate in training on how to use these learning materials. These teachers will be trained in the district resource center by ministry of education.

It is expected that at least 600 community schools will participate in this component of the program reaching 3,000 children and 6,000 community members. Community members are expected to participate in supporting the schools and OVC in particular.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10354** | **Mechanism Name: OVC system strengthening** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of the program is to enhance the provision of quality orphans and vulnerable children (OVC) care through strengthened systems for coordination, planning and implementation.

The main objectives are to:
i) Provide comprehensive and quality OVC services through enhancing the policy environment and building effective systems that favor easy identification and targeting of highly vulnerable OVC with effective monitoring of their outcomes; and

ii) Strengthen OVC households through provision of shelter, providing demand driven job trainings as well as providing access to micro financing enterprising activities which are linked to ready and successful markets.

It is expected that the program will aid the Ministry of Community Development and Social Services (MCDSS) to come up with a national OVC policy, a costed OVC national strategic plan as well as the standards of implementation for OVC which are aligned to the national response of the National AIDS Council as well as the National Development Plans.

In order to increase effectiveness of services and funding, the program will work with the Central Statistics Office (CSO) to develop an OVC database for tracking vulnerable children within all 72 districts and linked into the national M&E system.

The program will aim to enhance the inter ministerial OVC committee and assist in improving coordination between ministries and all key stakeholders providing services to OVC at national and district levels. The program will work with GRZ to strengthen national social welfare systems, with a focus on care and protection of OVC.

The program will also work with the MCDSS to build capacity at national, provincial and district levels by providing direct provision of technical assistance and training of the key MCDSS staff.

The program will engage in capacity building of the Community OVC response committees and work with political and community leaders in enhancing capacity on community care for OVC and ensure local ownership of OVC intervention programs. The program should also provide a platform for vulnerable households to have economic resilience through income generating activities so as to have the OVC weaned off the external support programs.

The program will work to prevent vulnerable children from winding up on the street through the use of an early warning tool which identifies children highly likely to end up on the street and have the tool operationalized in all the 72 districts of Zambia.

The program will build on previous programs to provide decent shelter for OVC and will link to public private partnerships for entrepreneurial skills training as well as providing jobs and linkages to markets for income generating activities.

This project will support strengthening of the government social protection system through capacity building of the MCDSS OVC response structures as well as informal contributions to system strengthening through community committees.

Cross-cutting elements of the program will promote public-private partnership in order to conduct skills training which are demand driven and engage older OVC and OVC households to income generating activities. The program will also utilize service standards for food and nutrition, education, and child protection.

In order to become more cost efficient, program strategies are designed to ensure that OVC programs are integrated into existing district structures, both government and NGOs, and that they contribute to building capacity of these structures to assure sustainability beyond the life of this program. The program will also contribute to the sustainability of the HIV/AIDS OVC response in its work to solidify and reinforce critical networks through public private partnerships.

Monitoring and evaluation plans consist of a mid-term review as well as end of project evaluation. The M&E plans will include the indicators as set in the National M&E framework for the National Plan of Action for children.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10354** |
| **Mechanism Name:** | **OVC system strengthening** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | Redacted | Redacted |

**Narrative:**

Zambia has a population of 12,200,000 of which 50% are children under the age of 15. The 2007 Zambia Demographic and Health Survey (ZDHS 2007) further show that 19% of children under age 18 are orphans and vulnerable children (OVC).

The responsibility of coordinating OVC activities which lies with the Ministry of Community Development and Social services (MCDSS) is challenging as there is no birth and death registration system that could give the actual number of OVC. Identification and targeting of OVC is further complicated by lack of an OVC database which can identify and link OVC by type of service needed as well as type of service offered by partner institutions in any given geographical location. Double counting of OVC has been prevalent as different partners have not been aware of their counterparts offering same services to the same cohort of OVC. Further, development of a database through the system strengthening program will provide information on OVC that could be used for coordination, planning, monitoring, and evaluating the overall country response to OVCs.

The MCDSS has structures down to community level. Despite the Ministry having structures in place, resource mobilization, coordination, monitoring and evaluation for OVC interventions is still a challenge, due to inadequately built systems, poor or lack of OVC infrastructure, critical shortage of social workers and other OVC support staff, lack of policy guidance as well as implementation strategies. This program will strengthen policy environment by working with the government to introduce legislation that promotes the rights of OVC, producing a costed national OVC strategic plan and development of OVC standards of care. The program will also boost government's capacity by providing technical assistance.

The PEPFAR OVC guidelines stipulate the comprehensive provision of OVC care services through the six plus one interventions. The government of Zambia equally recognizes the six plus one interventions as necessary and sufficient for the upbringing of OVC. Many of the partners under bilateral and Track 1 agreements are able to provide psychosocial support, formal education support, child protection services

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| and make referrals to health care services. However, provision of shelter for the most incapacitated households which are usually child headed or households headed by elderly grandparents remains critically low. This program will aid in providing shelter to the most vulnerable OVC in need. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10364** | **Mechanism Name: Read to Succeed** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Institutional Capacity Support Program (ICSP) includes a PEPFAR funded component that promotes the institutionalization of the HIV/AIDS response throughout the Ministry of Education. The PEPFAR component is a combination of HIV/AIDS interventions including abstinence and be faithful (AB), palliative care and testing and counseling (TC) so that a mix of workplace services reach targeted individuals.

Teacher deaths have been decreasing annually since 2005. According to the 2005 to 2008 Ministry of Education (MOE) statistical bulletins, 909, 872, 593 and 501 teachers died in the respective years. The significant decline can be explained by a range of factors including nationwide access to general HIV/AIDS services and antiretroviral therapy (ART), improved awareness and access to TC through the MOE's workplace program. Past USAID support to the MOE has leveraged funds for workplace activities provided by other cooperating partners. The teaching force in Zambia is critically important in continuing education efforts, and includes over 71,000 teachers in more than 8,500 schools across the country.

Some of these schools are in remote, rural areas with fewer than five staff. While TC and AB efforts in the urban areas continue to be pursued, the PEPFAR component of the ICSP will reach MOE staff in rural areas through innovative and decentralized workplace initiatives that extend to the school level.

Past efforts to expand work place activities into the rural provinces (Central and Southern) have yielded positive results. An increasing number of MOE staff has attended HIV/AIDS sensitization workshops and undertaken TC. While the numbers in rural areas are encouraging, they are less than those achieved in urban areas. In rural areas, geographical coverage is extensive and transportation challenges in the rainy season increase implementation costs. Due to this constraint, the ICSP will work with the MOE to revise the strategy in order to reach more staff with TC and ensure linkages for a comprehensive approach. Part of this strategy will include institutionalizing work place activities at the lower levels (province, district and school). In order to deal with issues of stigma, the PEPFAR component of the ICSP will promote HIV/AIDS services within the broader context of improving general teacher health.

The lessons learned from the initiation of Teacher Health Days is that talking about health in general rather than putting HIV/AIDS upfront, has increased the uptake of TC services. Teacher Health Days, which offer a broad range of health services (testing for diabetes, blood pressure, nutrition guidelines), are designed to reduce HIV-related stigma by emphasizing general health. This initiative will be extended to the school level to localize the HIV/AIDS response.

Mobile services will also be used to provide better outreach in rural areas. This approach will be integrated in the ongoing support services provided by the recently established Provincial Committees (PC) under the MOE. 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 PEPFAR supported HIV/AIDS interventions are supported in a sustainable way from within the current MOE structure.

The ICSP will continue to strengthen the partnership established in past years with the three teacher unions and MOE to help mobilize teachers in accessing the Teachers Health Days, as well as in bringing TC via mobile services to union events. The teacher unions and the MOE have made positive efforts to mobilize staff to access TC and AB messages and other health services. ICSP will also work through local nongovernmental organizations (NGO) to take mobile testing to both urban and rural schools and, where possible, union events. The PEPFAR component of the ICSP will reach 20,000 individuals with TC accessible through mobile testing in urban and rural schools and union events. The program will also provide palliative care services to 4,000 MOE staff.

The ICSP will also build on the results of the 2009 knowledge attitude and practice (KAP) survey to provide better services to MOE staff. The PEPFAR component of the ICSP will focus on the sustainability

of interventions. The ICSP will work with the Ministry of Education to prioritize interventions and link them to the 2008-2015 MOE Strategic Plan. This effort will promote the establishment of HIV/AIDS workplace programs and facilitation of related services at the province, district and school levels. Thus, ICSP will work to ensure that MOE funds HIV/AIDS interventions beyond its life. The MOE has in past provided financial support for the roll out of Teacher's Health Days and has also supported the World AIDS Day commemoration. Other activities are also now being budgeted for by the MOE to ensure that HIV/AIDS activities are integrated and mainstreamed within the budget.

The ICSP will also develop IEC materials and other resources in collaboration with the MOE's Directorate of Human Resource and Administration. The ICSP will use education resources to strengthen teacher deployment. The goal is to develop an up-to-date teacher monitoring system that accurately informs decisions to manage and support teachers.

All FY 2010 targets will be reached by September 30, 2011.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10364** | | |
| **Mechanism Name:** | **Read to Succeed** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | Redacted | Redacted |
| **Narrative:** | | | |
| Palliative care within the PEPFAR component of the ICSP will ensure that the MOE provides a | | | |

comprehensive set of HIV/AIDS support services. The Palliative and Home Based Care interventions involve training of caregivers in palliative care and provision of home-based services. A total of 1,000 caregivers who will include teachers and MOE staff will be trained in Antiretroviral Treatment (ART), ART adherence, counseling and basic nursing skills.

The main focus of the training will be to increase the capacity of caregivers within MOE in providing quality palliative services. Amongst several initiatives, the training will enable caregivers to identify HIV/AIDS disease progression in a timely fashion in order for them to provide services to clients who need to start treatment. In order to ensure that teachers on ART adhere to treatment, identified household members will be trained in ART adherence.

In addition, the ICSP will partner with Anti-AIDS Teachers Association in Zambia (AATAZ), a non-governmental and non-profit making teacher organization, to provide capacity building and assistance to support HIV/AIDS infected teachers. AATAZ's objectives are provision of HIV&AIDS sensitization to teachers and addressing of teachers' HIV&AIDS related health problems. The ICSP will enhance the capacity of this support group to provide care and support to people with HIV/AIDS. Additionally, AATAZ will write and produce HIV and AIDS teachers' testimony pamphlets that will help to create positive change and raise awareness about HIV&AIDS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

Narrative (2250 characters)

The MOE recognizes that TC is the first step towards ensuring adequate HIV prevention activities in addition to accessing HIV/AIDS treatment, care and support. With the national HIV prevalence rate of 14.3 percent, TC will continue to be a critical pillar of the MOE's response to HIV/AIDS, but will receive a renewed focus on the vast majority of citizens, teachers included, who are HIV negative. While the numbers of MOE staff participating in TC in the past is encouraging, more need to come forward. In rural areas, because of geographical coverage, providing TC is challenging due to remoteness and transportation costs. The ICSP will use MOE structures, working in collaboration with the Ministry of Health and mobile service providers at the lower levels, to institutionalize the provision of TC. The ICSP will also work with local NGOs to better reach targeted individuals. The ICSP plans to reach 20,000 individuals with counseling and testing by September 30, 2011.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

The implementation of AB prevention activities under the PEPFAR component of the ICSP builds on the lessons learned from using Teacher Health Days (THDs) which emphasize general health. THDs, which offer a broad range of health services (testing for diabetes, blood pressure, nutrition guidelines), are designed to reduce HIV-related stigma by emphasizing general health. The AB activities under the ICSP will promote fidelity and behavior change, in particular partner reduction. The AB activities will also draw on the declining teacher deaths to build more positive health messages for teachers and MOE staff in general.

The ICSP will reach MOE staff with AB messages in both rural and urban areas across the country. In order to ensure the sustainability of this intervention, the ICSP will work with the MOE to integrate HIV/AIDS interventions in the mainstream of the planning and budgeting process. This effort will promote the establishment of HIV/AIDS workplace programs and facilitation of related services at the province, district and school levels. It is expected that 15,000 people (primarily teachers) will be reached through AB interventions nationwide.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10622** | **Mechanism Name: UNZA M&E** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Zambia | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 100,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 100,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The vision of the University of Zambia Center of Excellence (UNZA CoE) lies in the following goals:
Development of a diverse set of courses and programs which meet national, regional, and global work force demands in monitoring and evaluation (M&E); and
Development and implementation of innovative human resource programs to expand the qualified work force of M & E professionals across the country and region.

In achieving these goals the following objectives will need to be implemented:
Expansion of CoE facilities through the completion of renovations;
Further development of the Short Course in Planning/Monitoring and
Evaluation (PME);
Implementation of an already-approved undergraduate curriculum in planning and M&E within the Demography Division (DD);
Development of a University-approved diploma program, graduate (Master's), and post-graduate curricula;
Expanded access to M&E training beyond students who have the ability to attend semester length courses taught on the main campus;
Establishment of a visiting scholars program to encourage exchange of theory, practice, teaching methodologies, research capacity, and consultancies;
Creation of an Internship program;
Increased media coverage of M&E and the CoE-UNZA; and
Establishment of DD and UNZA CoE staff as experts in multi-sectoral monitoring and evaluation.

Since 2006, when the DD piloted the first PME short course, subsequent M&E short courses have been carried out at least twice a year, with increasing numbers of participants (e.g., health professionals such as medics, teachers, military personnel, and organizational Program Managers) and institutional coverage from the Ministry of Education (MOE), Ministry of Health (MOH), and local organizations engaged in HIV/AIDS work. The operations of the course have been based on student tuition fees which are used to reproduce reading materials through purchase of a small Canon copier machine but which have been inadequate to support needed growth of the program. Experienced USG M&E staff from cooperating partners (e.g., SHARe and UNAIDS), and UNZA professors and lecturers have provided technical support in the design of curricula, lectures, and workshop materials.
To support UNZA becoming an established and sustainable in-country training center able to support an HIV/AIDS M&E workforce, FY 2010 funds provided would be used to renovate and equip two 100-set conference rooms, two classrooms, 15 offices, and one resource center, and expand one computer lab with internet connectivity. In addition, support in FY 2010 would be used to pay salaries for project staff,

particularly a full-time Administrative Coordinator, support participants' tuition fees, scholarships for the final year of study, field project stipends, and acquisition of additional teaching materials.

Continued support of the M&E educational activities will improve competencies related to data use, strategic and program planning, and technical aspects of evaluation and information technology. Potential for sustainability of the activities is evidenced by approval of the University Senate to offer the PME course to all full-time students in the Schools of Humanities, Social Sciences, and Medicine.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10622** | | |
| **Mechanism Name:** | **UNZA M&E** | | |
| **Prime Partner Name:** | **University of Zambia** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 100,000 | |

**Narrative:**

The funds for FY 2010 will be used to complete two modern conference rooms, with seating capacity for 100, two classrooms renovated, fifteen offices renovated, one resource center equipped with modern facilities expanded, and a modern computer lab with internet connectivity and seating capacity of 30. Funding will further enable UNZA to extend its coverage to the remotest parts of the country by giving scholarships to participants coming from afar (on a competitive basis at least two participants per province).

Upon completion of the UNZA CoE, the undergraduate course will be implemented and open to all students in the school of Humanities and Social Sciences (HSS). Once the undergraduate PME course takes effect, 8 interns will be attached to institutions dealing with HIV/AIDS. The project staff will closely monitor day to day implementation of the project to ensure successful implementation and quality

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| assurance.<br><br>UNZA M&E will endeavor to train more health care professionals (Doctors, Nurses, and other cadres especially those involved in HIV/AIDS activities) |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10725** | **Mechanism Name: CRS-ISAP** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Catholic Relief Services | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,775,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,775,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| LinkNet | | |

## Overview Narrative

Integrated Support for ART & PMTCT (ISAP) is a new program with a goal of supporting local partner treatment facilities (LPTFs) and local communities to expand their capacities to respond to HIV/AIDS-related needs. ISAP will support 15 sites in eight provinces, expanding to four additional AIDSRelief sites, and will focus on three elements, including 1) PMTCT services for several faith based health facilities; 2) Health Systems Strengthening (HSS) activities at Macha Mission Hospital (MMH) to increase nurse training capacity; and 3) Strategic Information activities with LinkNet to connect rural hospitals to better ICT services. ISAP will develop and implement activities to support capacity building in the provision of comprehensive PMTCT care and treatment services to beneficiaries in collaboration with the Ministry of Health (MOH). ISAP will implement a fully integrated PMTCT and ART care and delivery

service by establishing high quality, comprehensive ART care for pregnant women and their families. ISAP has two main objectives: 1) Pregnant women's access to high quality PMTCT activities; and 2) LPTFs use of information communication technology (ICT) to expand human resources and health communication capacities.

Under the first objective, ISAP will work in strong coordination with AIDSRelief, the HRSA/CDC-funded PEPFAR project that currently supports ART programs at the same LPTFs, to ensure comprehensive care and treatment. ISAP will 1) build capacity of LPTFs to effectively manage comprehensive PMTCT programming and successfully link PMTCT services to ART services; 2) encourage pregnant women and their families to seek comprehensive treatment with an emphasis on adherence; and 3) provide pregnant women with effective ART and prophylaxis. To ensure that communities surrounding LPTFs actively participate in PMTCT services, ISAP will sensitize community members on the benefits of HIV testing and treatment during pregnancy; engage male partners in PMTCT, including education related to male circumcision; provide training or retraining to medical staff, including traditional birth attendants (TBAs) caring for pregnant women; and partner with other local organizations to provide enhanced ART and MCH outreach for families in rural areas. Comprehensive HIV/AIDS treatment for pregnant women and their families will include linkages between ante-natal clinics (ANC) and ART clinics to ensure that positive pregnant women receive an effective combination of ART. In addition, ISAP will provide infants with a comprehensive package of support, including monitoring and care for 18 months to include early infant diagnosis (EID), Septrin prophylaxis, growth monitoring, treatment of pediatric illnesses and, as necessary, ART administered by a pediatric-trained health care worker. Finally, ISAP will provide an evidence-based effective combination of ART and prophylaxis to pregnant women with a focus on adherence, even to those started on HAART. ISAP will prioritize CD4 counts for pregnant women, training health care workers accordingly to provide technical assistance (TA) to ART providers, while also training ANC midwives to provide ART care, counseling on infant feeding, disclosure counseling and family testing. For all of these activities, ISAP will implement MOH guidelines to provide TA to LPTFs on patient tracking, update core curriculum in PMTCT, and enhance linkages between PMTCT and maternal child health facilities

Under the second objective, ISAP will build capacity at selected LPTFs, starting with MMH, to leverage ICT for health, including maintaining uninterrupted access to SmartCare, making distance learning course available for enrolled nurses, and training and certifying local staff in standard computing courses. These activities will be based around the nurse training school (NTS) and the local public/private venture LinkNet, both of which are affiliated with MMH. Through support to the NTS, ISAP will focus on alleviating the human resource burden at the NTS, while supporting the necessary intake expansion in close collaboration with the MOH and other partners. ISAP will work closely with the NTS and other stakeholders (including Clinton Foundation) in piloting a distance learning adapted version of MOH curriculum for enrolled nurses. We will be able to train LinkNet cohorts in A+ and the graduates will again

be trained in basic SmartCare and as network administrators. The trained staff will be deployed to LPTFs to support and monitor SmartCare.

ISAP will rigorously monitor and evaluate program activities. Using in-country networks and available technology, ISAP will build strong patient monitoring and management systems that are used to collect data and track strategic information from the LPTFs through the ongoing AIDSRelief program. Strategic information includes indicators from PEPFAR, other United States Government (USG) agencies, and the MOH. This collective information supports the provision of high quality PMTCT services within broader public health care and, specifically, HIV/AIDS care and treatment ensures drug availability, tracks patient and program progress, and provides accuracy in reporting to both the USG and MOH. ISAP will also work with existing service providers and networks to provide comprehensive PMTCT to pregnant women and their families. ISAP will build on institutional partnerships between the GRZ, private hospitals, AIDSRelief, and the Churches Health Association of Zambia to provide these comprehensive services.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **10725** | | |
|---|---|---|---|
| **Mechanism Name:** | **CRS-ISAP** | | |
| **Prime Partner Name:** | **Catholic Relief Services** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 650,000 | |
| **Narrative:** | | | |
| Through existing in-country networks and available technology, ISAP will build strong patient monitoring and management systems to collect data and track strategic information from the LPTFs. This collective information will support the provision of high quality PMTCT services within broader public health care and, specifically, HIV/ AIDS care and treatment, ensure drug availability, track patient and program | | | |

progress, and provide accuracy in reporting to both the USG and MOH. ISAP will also build capacity among LPTFs to use data to enhance activities.

ISAP in collaboration with LinkNet will support LPTFs in the management of SmartCare and providing useful feedback to MOH and SmartCare programmers for better use of data at local, district and national level. The LinkNet activity will continue to bring the fight against HIV-AIDS to some of the harder-to-reach districts in Zambia. This activity improves the quality of HIV Care, Prevention, and Treatment by establishing locally sustained deployment of the essential health communications, Electronic Health Record (EHR) Systems, and other Health Management Information Systems needed for sustaining quality care in poorly connected remote locations. The LinkNet activity leverages both the SmartCare urban success and the success of the LinkNet proof of concept for community sustainable ICT rural hospital projects in Macha and Mukinge and in other similar project sites in rural Zambia, to help in the national deployment and linking of this new national health information system.

LinkNet will provide specific monitoring and evaluation, training and technical assistance in trouble shooting, networking, anti-virus management, reporting and reports in SmartCare, raw based security and merge functions within SmartCare at LPTFs.

Every effort will be made to preserve all HIV and other clinical testing information and all clinical services and treatment information in the SmartCare electronic health record system, from all program areas, whether obtained via VCT, provider initiated testing and counseling, PMTCT, door-to-door testing, or medical history obtained via general outpatient clinical services.

PMTCT one time plus-up funds are being added to support: Analysis and dissemination of information using Next Generation PMTCT indicators to assess program effectiveness including the impact of COP funding increases for operational costs and one-time plus-up funds.

CRS will focus on the PMTCT sites within the mission network throughout Zambia. CRS will use these funds to strengthen existing monitoring and evaluation systems throughout the mission network and ensure that timely usable data is collected from the covered PMTCT sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 150,000 | |

**Narrative:**

HSS will form the basis for long-term sustainability of comprehensive HIV programming. At the national level, ISAP will build on established relationships with various departments of the MOH to collaborate on

the revision and dissemination of national guidelines and development of curricula and educational materials. At the district level, ISAP will strengthen health care systems through community programming and ensure that sub-grantee programs are aligned with annual operational plans. ISAP will engage sub-grantees in identifying health systems gaps, placing particular emphasis on development of human resources and staffing, operational policies and procedures, and internal financial controls. Specifically, starting with MMH, ISAP will leverage ICT for health, including maintaining uninterrupted access to the SmartCare electronic health record system, making distance learning courses available for enrolled nurses, and training and certifying local staff in standard computing courses and in the use of SmartCare. Technical systems strengthening will focus on using the electronic health record to strengthen referral systems between various providers across the continuum of care, using the SmartCare EHR to provide M&E capacity that will allow data to be used for decision-making, and to establish standard operating procedures that will allow for stable quality service provision including ongoing maintenance of patient electronic health records.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 975,000 | |

**Narrative:**

ISAP will implement a fully integrated PMTCT and ART care and delivery service by establishing high quality, comprehensive ART care for pregnant women and their families. To accomplish this, we have three main strategies: 1) Communities surrounding LPTFs actively participate in PMTCT services. ISAP will sensitize community members on the benefits of HIV testing (re-testing in late pregnancy) and treatment during pregnancy; engagement of male partners in PMTCT, including education related to male circumcision; provide training or retraining to medical staff, including traditional birth attendants (TBAs) caring for pregnant women; and partnering with other local organizations to provide enhanced ART and MCH outreach for families in rural areas; 2) Pregnant women and their families are engaged in comprehensive HIV/AIDS treatment. This requires linkages between ante-natal clinics (ANC) and ART clinics to ensure that positive pregnant women receive an effective combination of ART. In addition, ISAP will provide infants with a comprehensive package of support, including monitoring and care for 18 months to include early infant diagnosis (EID), Septrin prophylaxis, growth monitoring, treatment of pediatric illnesses and, as necessary, ART administered by a pediatric-trained health care worker; 3) Pregnant women receive an evidence-based effective combination of ART and prophylaxis to pregnant women. ISAP will prioritize CD4 counts for pregnant women, with appropriate referral to HAART for those eligible, training health care workers according to provide technical assistance (TA) to ART providers, while also training ANC midwives to provide ART care, counseling on infant feeding, disclosure counseling and family testing. ISAP will support dual and triple therapy prophylaxis.

| |
|---|
| PMTCT one time plus-up funds are being added to support: the renovation of maternity units and staff houses and the provision of solar panels.<br><br>Many antenatal and maternity facilities are improvised and not appropriate for delivery services and lack private space for HIV testing and PMTCT counseling. Further some facilities have provision only for antenatal care, without any delivery rooms. In many rural facilities, staff housing for PMTCT staff is limited or substandard to attract qualified staff. Facility deliveries are low due to long distances and lack of transport. Many sites lack electricity and proper water supply affecting quality of delivery services. These would require solar power and boreholes to improve service delivery.<br><br>CRS will construct, upgrade, remodel or refurbish antenatal clinics, maternity units, MCH and laboratory facilities within the mission network to improve efficiency in PMTCT services. The MOH and ZDF will assist in site selection based on a criteria that places emphasis on prioritizing facilities with poor infrastructure and potential impact. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10726** | **Mechanism Name: USAID RFP – Nutrition Support for HIV Affected Populations** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: UNHCR | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 2,023,702** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,023,702 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The aim of this project is to support the development of expertise in HIV and nutrition, through use of counselors. Activities will include identifying promising practices for integrating food by prescription (FBP) into existing programs, thereby enhancing the effectiveness of the intervention. Support will also be provided for the development of a locally sourced, high energy food which can be provided through pharmacies but which may also have a non-clinical use.

Illustrative Goals, Objectives, and Results are as follows:

Goal: The goal of this project is to prevent malnutrition and promote good nutrition for adults and children enrolled in HIV/AIDS prevention, care, and treatment programs and at risk OVC clients. The secondary focus is to assess and treat malnutrition in these targeted populations when it occurs and support adherence to treatment for AIDS and related opportunistic infections (OIs). Supportive efforts will be made to assure capacity and delivery of both the constellation of nutrition services and nutrition product interventions.

Objective: The overall objective of this project is to act as a catalyst to promote broader and better food and nutrition support by USG agencies and selected partners working with targeted populations, including elements of clinical and community activities, education and training, and nutrition intervention product availability.

Objective 1: Development and evaluation of clinical and community-based nutrition interventions for adults infected and affected by HIV/AIDS in pre-, ART, and PMTCT services.
Illustrative results:
• Nutritional interventions designed and evaluated for PLHA entering pre, ART, and PMTCT services.
• HIV related nutrition services integrated into existing programs in at least 20 facilities.
• Development of linkages between project activities and existing HIV programs providing clinical services for PLHA.

Objective 2: Development and evaluation of clinical and community-based nutrition interventions for children infected and affected by HIV/AIDS.
Illustrative results:
• Nutritional interventions designed and evaluated for PLHA entering pre, ART, and PMTCT services.
• HIV related nutrition services integrated into existing programs in at least 20 facilities.
• Development of linkages between project activities and existing HIV programs providing clinical services for PLHA.

Objective 3: Support the development and enhancement of Nutrition/HIV specialists at the clinical and

community levels.
Illustrative results:
• Training services expanded to encompass nutrition and HIV at clinical and community levels
• Diploma level nutrition program expanded to build HIV subspecialty.
• Support for placement of new nutrition/HIV subspecialty diploma holders

Objective 4: Establish linkages between agriculture and economic growth activities for the production of nutritious foods for use in clinical and community settings.
Illustrative results:
• Support local organization(s) to develop appropriate foods for malnourished PLHAs
• Facilitate linkages between private sector producers and distribution networks for clinics and community-based programs.

Host country ownership and gender will be two key sustainability issues within this project. First, host country ownership will rest on the ability of the project to train local staff to provide quality nutrition services as well as the identification of a local processor to develop the food product. Second, gender will be a focus given the dynamics at the household level which guide food availability and use. A strong gender focus within this project will ideally help to change attitudes and behaviors within the household to target those most at need for food/nutrition at any given time.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10726** |

| Mechanism Name: | USAID RFP – Nutrition Support for HIV Affected Populations |
|---|---|
| Prime Partner Name: | UNHCR |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 523,702 | |

**Narrative:**

Activities in this area will support all four project objectives and will directly tie nutrition activities to adult HIV treatment support. In particular, the project will develop and expand new and existing opportunities to integrate a food by prescription approach to HIV treatment with the expectation that this will result in enhanced patient outcomes. Food and Nutrition Support for malnourished pre-ART and ART patients will follow Zambian draft Food by Prescription guidelines developed by the National Food and Nutrition Commission, as well as adhering to OGAC Food and Nutrition guidance on nutrition assessment, counseling, and support. National guidelines on Integrated Management of Acute Malnutrition (IMAM) may soon require diagnosis and treatment of malnutrition in all clinical settings, including ART.

Illustrative activities include identifying a producer to manufacture a product locally which can then be used in a prescriptive fashion for patients on ART. Other actions include identifying counseling and dispensing mechanisms for use with the prescriptive approach. Emphasis here is on how to integrate nutrition or FBP into the clinical setting without adding undue burden on existing health care providers. In some cases, additional cadres of staff may be required including lay counselors or adherence support workers.

Ideally more than one implementation modality will arise – perhaps urban/rural models or high capacity and lower capacity models for integrating FBP into the clinical setting. Regardless, the activities will focus on proving the concept of how services could be provided. Large scale implementation will be the role of existing HIV treatment partners.

Food and nutrition support may also facilitate clinic-to-community linkages between VCT/PMTCT, HBC, and ART that will further reduce loss-to-follow up from HIV diagnosis throughout pre-ART stage and ARV treatment period.

Specific targets will be finalized upon award of the contract.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 1,500,000 | |

**Narrative:**

Activities in this area will focus on the achievement of Objectives 1, 2, and 3. In particular, the focus will be on developing community and clinic-based approaches to reach women and children who are infected and affected by HIV/AIDS through PMTCT services. Ideally, services will be expanded beyond the delivery period to ensure that children born to HIV positive mothers are not lost from the system. Services will include counseling on infant feeding practices as well as practical support for informed choices with regard to infant feeding practices. Support may include the use of food in a prescriptive fashion based on nutritional status. The nutrition project will develop and test activities. Full implementation will be through existing partners with funding and services in these areas.

Food and Nutrition Support for PMTCT clients (HIV positive women and their HIV exposed infants) will follow Zambian national PMTCT guidelines, and will also refer to national Infant and Young Child Feeding (IYCF) guidelines for more in-depth infant feeding advice. It will adhere as well to OGAC Food and Nutrition guidance which prioritizes PMTCT Food and Nutrition support. PMTCT nutrition support will prioritize exclusive breast feeding to six months. The goal is long-term HIV-free survival of infants and maternal nutrition support to ensure maternal health and a healthy birth. Nutrition support will be preventive, and then curative. All HIV positive and HIV exposed infants are high priority for nutrition support. Replacement feeding may be needed in cases such as the death or incapacity of the mother due to HIV/AIDS or other illness.

Training options may range from the one-week IYCF course, to decentralized short courses; the IYCN project may provide technical assistance, training, and materials to USG partners; food support and multi-vitamin, micronutrient supplements, may be provided to infants from six months up to five years, and to HIV positive mothers from six months prenatal to six-months postnatal. Family food security needs of PMTCT clients/infants, and other family income or livelihood needs, will generally be referred to other providers, such as WFP.

Specific targets will be finalized upon award of the contract.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10816** | **Mechanism Name: Boston University** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |

| Prime Partner Name: Boston University | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 3,750,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 3,750,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Mothers 2 Mothers | | |

## Overview Narrative

In FY 2010 Boston University Center for International Health and Development, through its local Zambian NGO, Boston University Center for International Health and Development Zambia (BU-CIHDZ), will continue to expand the national prevention of mother-to- child transmission (PMTCT) program in the 8 districts in Southern Province (SP) in which it has been working to date. The primary objective will continues support of efforts by the GRZ in scaling-up and sustaining quality PMTCT and early infant diagnosis (EID) services within maternal, neonatal, and child health programs in accordance with the Zambian national PMTCT strategic objectives.

BU-CIHDZ will implement activities designed to: 1) increase access to quality PMTCT activities; 2) improve quality of PMTCT services integrated into routine safe motherhood activities; 3) increase coverage of counseling and testing services; 4) increase uptake of dual and highly active antiretroviral therapy (HARRT) 5) improve referral and linkages to antiretroviral treatment (ART) for positive women and their families; 6) increase access to an expanded EID program; 7) improve palliative care to HIV-affected children (e.g. provision of co-trimoxazole); 8) improve the use of electronic health records using SmartCare ; 9) implement innovative approaches to reach less accessible rural populations through the use of community health workers (CHWs) and trained traditional birth attendants (tTBAs); 10) continue the promotion of exclusive breastfeeding for HIV-infected children (as per national guidelines); 11) continue to work closely with traditional leaders to increase male knowledge of, and involvement in, PMTCT issues; 12) as requested by the Ministry of Health (MOH), strengthen PMTCT mother-infant follow-up by enlisting tTBAs and CHWs to assist in the scaling-up of the Singazongwe pilot follow-up program throughout all 8 of the BU-CIHDZ supported districts in SP; and 13) continue the strategic development and planned implementation of a clear exit strategy such that the PMTCT program is fully integrated and sustainable in the SP health system by the end of PEPFAR II (2014).

BU-CIHDZ works in 8 of the eleven districts in SP; Mazabuka, Siavonga, Gwembe, Monze, Choma, Kalomo, Kazungula and Livingstone. The ongoing PEPFAR-funded service delivery work of BU-CIHDZ currently supports a total of 165 health clinics in SP; the total catchment population of said supported clinics is approximately 1,227,000.

Current priorities include promotion of disclosure and enhanced male partner and family support, uptake of key PMTCT interventions such as the more efficacious PMTCT antiretroviral regimens, CD4 testing and prompt initiation of HAART for eligible women, adherence to national guidelines on infant feeding methods, improved uptake of infant testing, positive prevention, and linkages to ongoing care and treatment for HIV-positive mothers, infants, and other family members.

The activities to be undertaken in FY 2010 are cross-cutting programs in the categories of Human Resources for Health (e.g. PMTCT and EID Training for health center and district level staff as well as community volunteers) and Food and Nutrition: Policy, Tools, and Service Delivery (e.g. promotion of exclusive breastfeeding in line with the National PMTCT Guidelines). BU-CIHDZ activities also have key issues under the category of Health-Related Wraparounds, namely Child Survival Activities and Safe Motherhood (e.g. collaboration with University Teaching Hospital, Clinton HIV/AIDS Initiative (CHAI), Center for Infectious Disease Research Zambia (CIDRZ), Mothers2Mothers (M2M) and Catholic Medical Mission Board (CMMB) on issues and activities related to PMTCT, EID and pediatric ART uptake), as well as Family Planning (e.g. linking to condom distributors and couples counseling, respectively, Society for Family Health and Zambia-Emory HIV Research Project).
Boston University has a long history in Zambia and will continue in FY 2010 to strengthen partner relations and collaboration in the interest of jointly contributing to improve specific services within the Zambian health care system in an efficient and cost effective manner. Specifically, BU-CIHDZ will continue collaborating with M2M and CMMB in their respective work with HIV-positive mentor mothers and male involvement community groups; also, BU-CIHDZ will work closely with CIDRZ to further identify barriers to pediatric ART and co-trimoxazole uptake, and find innovative ways to address these barriers both at the community, clinic, and national level.

BU-CIHDZ has a monitoring and evaluation plan in place for both its PMTCT and Pediatric Care and Support (PDCS) activities. Using MOH registers and/or SmartCare outputs, data is gathered from each supported health facility on a monthly basis. This data is then analyzed to monitor the performance of individual sites and districts as a whole; technical assistance is dispatched as necessary. PDCS activities (EID) are similarly monitored with additional system checks in place to monitor both the testing commodity and sample/results transport systems to ensure barriers to results being quickly received by families are identified and mitigated when possible.  Additionally, the community sensitization program is monitored

using qualitative methods which track community engagement (e.g. meeting attendance), and compare PMTCT service uptake at catchment clinics.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Food and Nutrition: Policy, Tools, and Service Delivery | 15,000 |
| Human Resources for Health | 100,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10816** |
| **Mechanism Name:** | **Boston University** |
| **Prime Partner Name:** | **Boston University** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 400,000 | |

**Narrative:**

In FY 2010, BU-CIHDZ will work closely with MOH and other partners including CIDRZ and CHAI to systematize the EID program in SP and ensure a strong link between PMTCT and ART clinics.

FY 2010 activities in EID will result in the scale-up of infant HIV diagnosis in SP by continued collaboration with the SPHO, University Teaching Hospital, CHAI, CIDRZ and other partners. Activities will focus on building and operationalizing a stronger referral system to ART care and treatment centers. Earlier HIV diagnosis will lead to earlier referral and initiation of antiretroviral therapy at much younger ages.

In partnership with SPHO and the DHMTs, BU-CIHDZ will train 100 health workers in supported facilities in the dried blood spot (DBS) collection. In addition to DBS trainings in a group setting, BU-CIHDZ staff will conduct routine technical support visits to all supported facilities to reinforce the package of care for exposed infants, including perinatal antiretroviral prophylaxis, uptake of co-trimoxazole, ongoing nutrition

assessment, and repeat testing after breast feeding cessation. Emphasis will also be on provider initiated testing of older children in the maternal and child health clinic, prompt referral to care and treatment for identified positive children, and appropriate infant and young child feeding practice.

FY 2010 activities will also include working with MOH to find more efficient systems to deliver EID results to the very rural areas of SP. Some of the inherent logistical difficulties surrounding EID in SP stem from delays in promptly returning DBS results to the rural health facilities. In partnership with the MOH, BU-CIHDZ proposes to implement a DBS online laboratory database system which will allow results to be accessed both via internet as well as through direct cell phone SMS communication to the facilities where they were collected. Confidentiality will be ensured by using only patient identification numbers. SP DHMT and PHO can then access the database securely via the internet to get immediate results. Concurrently, rural and urban healthcare facilities with cell phone access (a majority of facilities in SP even in remote locations) will be sent batched DBS results for their specific facility via SMS messages.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 150,000 | |

**Narrative:**

PMTCT one time plus-up funds are being added to support: Cost-benefit analysis comparing the additional costs of earlier HAART for pregnant women or complex PMTCT regimes based on pediatric cost data. Cost information on pediatric HIV/AIDS care and treatment is limited, though Boston University (BU) has already used several approaches for adult care and treatment. BU will continue to enhance the understanding and document the reasons and cost of PMTCT failures. This will assist in advocacy for improvements in coverage.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 2,950,000 | |

**Narrative:**

In FY 2010, through collaboration with the SPHO and district health management teams (DHMTs), BU-CIHDZ will directly support PMTCT services in 8 districts of SP. In partnership with SPHO and the DHMTs, BU-CIHDZ will train 100 health workers in supported facilities in the National PMTCT training package. BU-CIHDZ will continue to focus efforts on training health workers on data management, ensuring all facilities are correctly completing MOH registers, using SmartCare (SC) according to MOH procedures and reporting complete data to the district health offices monthly. These facility- to-district reporting strengthening activities include instituting operations to ensure that the SC merge is routinely and correctly done between facilities and districts, and that key skills in clinical use of SC information for improved care are established. In addition to the national training package, BU-CIHDZ staff will conduct

routine technical support/mentor visits to emphasize technical areas such as provider initiated counseling and testing, retesting of HIV negative pregnant women, couples testing and condom promotion during pregnancy and lactation.

BU-CIHDZ will continue to support provincial/district efforts to develop networks and referral systems for pregnant women to better access health services such as family planning and ART services. These networks are critical for linking HIV positive pregnant women to ART services and developing an approach where all HIV positive women are referred for baseline CD4 counts and ART services. BU-CIHDZ will also support the provision of counseling on appropriate feeding options for infants born to HIV positive women and those of unknown status.

To address the health center staffing shortfalls which affect PMTCT service delivery (e.g. counseling and testing, mother-infant follow-up, community engagement of male involvement), BU-CIHDZ will continue supporting a cadre of community lay counselors and work towards better incorporating a focus on male involvement into their community outreach.

Master level students from Boston University School of Public Health will continue to be recruited to work with the PMTCT activities in Southern Province on six month rotations.

PMTCT one time plus-up funds are being added to support: Community approaches to improve uptake of highly efficacious PMTCT.

While over 80% of pregnant women were tested in 2008, only about 10% of their male partners were tested. Boston University (BU) will strengthen PMTCT services by using a number of effective approaches to enhance partner counseling and testing.
• Increased male partner involvement in PMTCT will ensure that couples access testing where they will know each other's HIV status and receive important preventive services.
• Implementing prevention strategies that target couples in PMTCT is most effective when they receive HIV results and counseling together. Thus BU will provide male partners with the opportunity for additional counseling, risk reduction messages, direct links to male circumcision services and screening and treatment for STIs.
• BU will reinforce and encourage adherence to HIV prevention methods by counseling men and women together on the importance of PMTCT. Both partners will understand the essence of preventing transmission to the child and will be able to openly talk about how they can prevent transmission in discordant and re-infection in concordant couples.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Treatment | HLAB | 250,000 | |

**Narrative:**

PMTCT one time plus-up funds are being added to support: the assessment and development of courier system.

Boston University will conduct district level laboratory assessments with Ministry of Health (MOH) and other partners and assess and strengthen courier systems for facilities without full laboratory services. A courier system is in place to link ANCs with the 131 laboratories with CD4 capacity, but this has not succeeded in providing timely results on a consistent basis. The use of specimen tubes with fixative to allow stable CD4 measurement for 7 days rather than the current 2 days is being validated at this time in Zambia. This will allow the expansion and improvement of the courier system for centralized testing, in order to provide CD4 services to the most remote ANCs.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10817** | **Mechanism Name: Jhpiego** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: JHPIEGO | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 3,670,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 3,670,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Bwafwano Community Home Based Care Organization | Community Based TB/HIV/AIDS Organization | Johns Hopkins University Center for Clinical Global Health Education |

## Overview Narrative

Jhpiego will continue to implement its Technical assistance, program implementation and capacity building support for multiple emphasis areas in the Republic of Zambia under the President's Emergency Plan for AIDS Relief during this second year of implementation. Jhpiego will build on extensive past experience working with CDC/Zambia, the Ministry of Health (MOH) and the Zambia Defense Forces (ZDF) to achieve the goal of supporting Zambia's response to the HIV/AIDS epidemic by expanding quality interventions in HIV/AIDS prevention, care and treatment and building the capacity of the MOH, the National HIV/AIDS/STI/TB Council (NAC) and other Zambia organizations to deliver quality service in a sustained manner.

This goal will be accomplished through the following program areas: Male circumcision (MC): expand comprehensive MC services with integration of couples counselling; train counselors and clinicians; and implement an MC communication strategy that includes increasing female involvement Palliative care: introduce the "single visit approach" to cervical cancer screening; scale up cervical cancer prevention services. HIV treatment services: finalize and implement the pediatric antiretroviral therapy (ART) continuing education module with the MOH and NAC; support efforts to monitor quality of care in ART services; facilitate use of technology to disseminate and make available clinical guidelines and resources. Tuberculosis (TB): build capacity and expand integration of HIV and TB services; improve infection prevention; strengthen and expand capacity in training skills, supervision, and monitoring; and help improve diagnosis and treatment of TB in HIV-infected and exposed children. HIV counseling and testing: promote task-shifting; provide training for lay counselors; and mobilize and engage communities in the promotion of HCT including couple counselling. Strategic information: support the scale-up and implementation of SmartCare through clinical training, supportive supervision, curriculum review, and site readiness. Human capacity development and training: identify gaps; build capacity in curriculum development and instructional design; conduct technical updates; improve teaching ability; and contribute to MOH's efforts to curb attrition.

Jhpiego has designed a comprehensive program that includes working with all levels of the MOH and frontline healthcare providers as well as schools of medicine and nursing. This strategy will ensure that these institutions will be able to sustain services long after Jhpiego's interventions have ended. Drawing on nearly ten years of experience working with the GRZ, Jhpiego designs programs and interventions with Zambian leadership and involvement at all levels. Jhpiego will continue this model working with district managers, supervisors, and service providers to implement participatory capacity building strategies for annual strategic planning, service delivery, logistics systems, staffing allocation and service supervision management strategies that recognize achievements and identify how to address gaps identified in services. Jhpiego will provide the requisite level of technical assistance to districts, scaling back as milestones are achieved and district capacity is institutionalized in accordance with the national

strategy for decentralization.

Target geographical areas are mainly in the Southern, Western and Eastern Provinces of Zambia; MC services will also expand in Lusaka Province. These regions were chosen to continue building capacity and strengthening the integration of results obtained during the last four years that Jhpiego has been working with CDC's support in these regions. However, Jhpiego works at the national level by supporting the MOH in their ongoing activities such as PMTCT and ART Data Use Package work group, MC role out in all nine Provinces, and implementation of the ART CME in all ART sites.

To ensure collection of necessary PEPFAR program-level indicators and other output data for project monitoring, Jhpiego will work through the MOH district, provincial and central level information systems, when feasible, and directly with health facilities when proper information systems are not in place, especially for newer areas such as MC. Jhpiego will use TIMS, the training information monitoring system, to track persons trained and trainers used to facilitate follow-up and record keeping.

Jhpiego will continue to expand cost efficient programs through our blending learning approaches which use distance learning, e-learning, and OJT in addition to classroom settings

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 100,000 |
| Human Resources for Health | 1,200,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **10817** | | |
|---|---|---|---|
| **Mechanism Name:** | **Jhpiego** | | |
| **Prime Partner Name:** | **JHPIEGO** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | 700,000 | |

**Narrative:**

Jhpiego will continue to support the Ministry of Health (MOH) and National AIDS Council (NAC) to distribute the clinical care guidelines to providers in useful electronic formats and appropriate technologies (e.g., CD-ROM, web-based, handheld devices). An additional 300 Smartphones will be procured, loaded with the latest ART guidelines and protocols and distributed to the ART providers as a source of updated information as well as a supervisory tool. Jhpiego will continue to support the distribution of the paper -based guidelines as well as a CD-ROM of the guidelines that were procured in FY 2009.

Jhpiego will continue to support the implementation of continuing medical education (CME) for HIV/AIDS clinical staff in public and private facilities. The initial Adult ART module will be disseminated to 450 providers and implemented in 38 preservice institutions. New PMTCT and Pediatric ART modules will be further disseminated to 450 healthcare providers at ART sites as well as 38 preservice education institutions nationwide, to support educational process of medical and nursing students. Jhpiego will also continue to work with the Johns Hopkins University Center for Clinical Global Health Education to implement the online course in ART, PMTCT and Pediatric ART.

Jhpiego will continue its work to develop and implement an ART training simulation in 40 (District Hospitals to begin with since most of them do not have specialists physicians) ART sites using Simentor, a computer-based interactive tool which allows providers to go through a series of HIV care cases and receive feedback on their clinical decision making skills. This is a tool which can be used both for advanced training as well as for monitoring performance.

A-QIP is designed to facilitate quality improvement among the Government of the Republic of Zambia (GRZ) and cooperating partners (CPs) in Zambia. Through the AQIP program Jhpiego will continue to support the PMTCT and ART data use for quality program and will train 400 people (nine provincial data management specialist and nine hospital informatics officers plus training the same as trainers; 72 district health information officers, two ART and two PMTCT providers per provincial hospital and district.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 200,000 | |

**Narrative:**

Jhpiego will continue to work with Ministry of Health (MOH) and other partners to 1) train lay workers in HIV counseling and testing (HCT) and 2) ensure that trained lay counselors provide quality services and meet the demand for HCT, both in service delivery sites and in the surrounding community.

Jhpiego will continue training new lay counselors in counseling and testing using finger prick. Jhpiego will seek technical assistance from CDC and UTH virology lab in the training of 15 trainers in the CDC/MOH standardized three days HIV testing course. These trainers will then go on to provide updated training to 120 previously trained lay counselors from Southern, Western and Eastern provinces in HIV testing using the updated curriculum. Jhpiego will also support the training of 120 new lay counselors in HCT. These lay counsellors will provide services in communities and at clinics, allowing qualified medical personnel to attend to clinical care duties. Jhpiego will work to promote couples counseling and prevention counseling for both positives and negative client. Appropriate links for clients to family planning and male circumcision services will be made

Regular post training follow up and supportive supervision will be conducted to ensure quality of HIV testing and counseling of both newly trained and previously trained community counselors. Supervisory teams will include laboratory personnel to ensure correct testing procedures and quality. Lay counselors will participate in the national External Quality Assessment program for rapid HIV testing.

These activities will be complimented by the CT and supervision trainings conducted by the provinces themselves; Jhpiego will work in close collaboration with Community-Based TB/HIV Organization to strengthen their capacity and support the provinces in conducting these trainings.

Jhpiego will continue providing support to the local management and supervisory teams to ensure that they will soon take the lead in both training and supervision activities and will work to enhance their ability to sustain and expand these programs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 900,000 | |

**Narrative:**

Jhpiego will continue to support the implementation of SmartCare through training, deployment, supportive supervision visits, provision of logistical support, and limited site readiness preparation. Jhpiego will work closely with the Ministry of Health (MOH), CDC-Zambia and other 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.

Jhpiego will support the training of 250 service providers in the provinces and districts targeted during the scale-up. Jhpiego will work with the provincial and district trainers and with all the partners supporting

the scale up of the system to ensure that the quality of training is maintained from the PHOs in the districts.

The sustainability of the SmartCare program is assured through 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.

Jhpiego will continue to work with the General Nursing Council and nursing schools to include SmartCare in the pre-service curriculum and in the development of a learning management system framed around EHR. A total of 300 final year nursing students will be trained in the use of SmartCare. It will include the potential development of e-learning materials to enhance the transfer of knowledge, skills and attitudes related to the target competencies while simultaneously preparing future providers to work with the EHR as part of the SmartCare approach.

SmartCare is a cross-cutting data collection and reporting tool for all the three SI areas. Deployment, training and supervisory support will enhance the national SI strategy in the following ways: HMIS data collection and reporting for decision support at all levels; capture and report on PEPFAR & other indicators for M&E purposes; provide data for use in some of the surveillance and survey activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 920,000 | |

**Narrative:**

Jhpiego will continue to support 20 MC service delivery sites and will expand support to an additional ten sites. Jhpiego will work with the Ministry of Health (MOH) to ensure that all processes are well coordinated: orientation of managers; involvement of Provincial Medical Office (PMO)/District Health Office (DHO), site assessments, renovations and refurbishment, training providers, provision of equipment and clinical supplies, and post training follow-up with supportive supervision.

Jhpiego will hold two-day orientation workshops to provide an overview of MC including site preparedness and supportive supervision. The MC skills course is a 10-day training that uses the UNAIDS/WHO/Jhpiego training package to equip providers with the necessary knowledge, skills and attitudes to provide safe MCs. The MC counseling course is a separate five day activity where trainees are trained to provide MC-specific counseling including HCT. Jhpiego will promote couple counseling in the MC program and facilitate referrals between services linked to MC, e.g. HIV care and PWP programs.

Jhpiego will provide safe mobile MC services in consultation with traditional leadership in areas where

traditional MC is practiced, and at selected Zambia Defense Forces youth vocational training sites. MC will also be integrated in the training curriculum of Medical Licentiate and Clinical officers at Chainama College of Health Sciences.

Jhpiego will continue to;
• Provide ongoing support to all sites to ensure provision of high quality, comprehensive MC services through 3-day supportive supervision visits using a standard-based management and recognition approach.
• Ensure quality in counseling and HIV prevention messages by monitoring changes in sexual risk behavior of clients post MC.
• Engage sub-partners to promote Behaviour Change Communication on MC, HIV/AIDS and other male reproductive health issues and promotion of female involvement through community based activities, emphasizing combined prevention strategies that include ABC and HCT as an integral part of MC.
• Screen and treat for sexually transmitted infections before MC provision
• Work with MOH/NAC and other stakeholders in the dissemination of MC guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 300,000 | |

**Narrative:**

PMTCT one time plus-up funds are being added to support: the Ministry of Health (MOH) with updating the national PMTCT guidelines and their implementation.

Jhpiego will work with the Ministry of Health to update the National Guidelines for PMTCT to comply with the recently released WHO guidelines. Jhpiego will consult with PMTCT experts, the national PMTCT Technical Working Group, the Provincial Health Offices, and other stakeholders to ensure that the guidelines are translated into Zambia-specific materials. Jhpiego will print and disseminate curricula, training materials and jobs aids for nurse prescription of HAART during pregnancy, use of complex regimens including, if recommended, prevention of lactation transmission. Jhpiego will oversee the development and piloting of modules for couple prenatal education that includes couple testing and counseling, male reporductive health, and parenting information. In order to roll-out the implementation of the new guidelines, Jhpiego will host training of trainers sessions for selected participants from each province.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 650,000 | |

**Narrative:**

Jhpiego trained 387 health care providers in the first half of FY 2009. In FY 2010, Jhpiego will strengthen and expand the capacity at the provincial level in skills, supervision and monitoring, and will continue to develop district level HIV/TB clinical training skills by ensuring that new trainers co-train with experienced trainers. Jhpiego will train 40 new trainers to account for the attrition. These trainers and those trained previously will support the scale-up of TB/HIV trainings in the districts using resources from MoH and other partners.

Jhpiego will support the MOH in reviewing and updating the PITC Learning Resource Packages and support the printing of 3000 copies of the training package. Jhpiego will promote the integration of couples counseling and prevention counseling in TB services. In addition, JHPIEGO will support raining of 200 providers in TB infection control and will support the local PMO/DHO teams to provide post training follow up, supportive supervision and on the job training (OJT) to ensure implementation of TB infection control. An additional 80 service providers will receive OJT in 10 additional district hospitals.

Community Based TB/HIV Organization (CBTO) and the PMO/DHO will be used to support the training of 120 Community Care and Treatment Supporters (CCTS). The focus will also be on strengthening supportive supervision and exploring an integrated system that includes HIV/TB/PMTCT/Malaria. Strengthening the TB/HIV bodies and TB data review meetings is also a priority. In order to enhance record keeping, 3000 home visit diaries will be provided to the Community volunteers.

Jhpiego will support the pre-service education institutions in strengthening their TB/HIV curricula component through access to continuing education programs with the latest evidence-based information. Jhpiego's blended learning approach will ensure that frontline providers and students are given the knowledge and the skills that they need to provide quality service. The initial and new educational modules will be provided to 38 preservice education institutions nationwide, reaching 700 final year students to support educational process of medical and nursing students

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10818** | **Mechanism Name: Columbia University** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University | |

| | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,730,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,730,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| University Teaching Hospital | | |

## Overview Narrative

This activity relates closely to activities and the narrative described in the University Teaching Hospital Prime Partner FY 2010 narratives under budget code PDCS, PDTX and HVTB.

The International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University's Mailman School of Public Health is proposing to continue to support the strengthening and implementation of pediatric HIV care and treatment services in Zambia through continued partnership with the University Teaching Hospital Center of Excellence (UTH PCOE) and the Zambia Ministry of Health (MOH). Since 2005, ICAP, via the CDC-funded University Technical Assistance Program (UTAP), has provided program, technical and operations support to develop, implement, manage and evaluate the University Teaching Hospital (UTH) and Livingstone General Hospital (LGH) Pediatric HIV Centers of Excellence (PCOEs) in partnership with the UTH Department of Pediatrics in Lusaka, and to support the expansion and decentralization of pediatric HIV services and capacity throughout the country. ICAP proposes to expand on this effort to ensure implementation of high-quality, decentralized pediatric HIV/AIDS care and treatment services.

ICAP activities and strategies are rooted in strong partnership with UTH PCOE, through the Department of Pediatrics that manages the PCOEs and the MOH. Together, objectives and program components for FY 2010 have been defined. ICAP aims to support the implementation of integrated and comprehensive pediatric and family-centered HIV support, care and treatment (HIVSC&T) services and reduce HIV-related morbidity and mortality among children and families. This will be accomplished by building national capacity to implement pediatric and family-focused HIVSC&T services to primary care facilities and by increasing the availability and implementation of quality comprehensive pediatric and family-centered HIVSC&T. This includes improving the quality and scope of pediatric and family-focused HIVSC&T services; by improving psychosocial, adherence and community support, and care programs

for families; and by increasing patient follow-up, tracing, and tracking efforts for families engaged in HIV care.

Through partnership with UTH, ICAP will strengthen the health system by providing technical support at the national level to achieve the above noted activities. In turn, ICAP will support UTH through a sub-agreement to implement the above noted activities on the district and health facility level. ICAP will adopt a dynamic and contextualized strategy to support each level to operationalize these services. Innovative strategies will be implemented, including building the technical and program capacity of UTH COE team through skills building, knowledge transfer, supportive supervision, clinical mentoring and modeling in order to improve quality of care at the COE and to assist them to decentralize those skills. Finally, with UTH COE, ICAP will support the process of developing policies, performance tools and job aids, in addition to updating MOH guidelines, training materials and resources in line with changing WHO recommendations.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
TB

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10818** |
| **Mechanism Name:** | **Columbia University** |
| **Prime Partner Name:** | **International Center for AIDS Care and Treatment Programs, Columbia University** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 530,000 | |
| **Narrative:** | | | |

ICAP will continue to work closely with UTH PCOE to ensure continued strengthening of pediatric HIV care and treatment services. Priority activities include:

Integrated and comprehensive pediatric HIV care and treatment services at the PCOE- ICAP/UTH will support the implementation of the following program elements at the PCOE:
• Early infant diagnosis and follow up treatment for all positive infants
• Quality and continuous clinical care for all infected children
• Monitoring and assessment of all infected children for treatment eligibility
• Continuous assessment and retention of all children enrolled in care and treatment services for treatment complications, outcomes, and failure
• Increased linkage and coordination to support HIV needs of the family
• Implementation of comprehensive care package for the HIV-infected child at all ARV sites supported by the PCOE, including cotrimoxazole prophylaxis, management of opportunistic infections, palliative care, growth monitoring, and neuro-developmental and nutritional assessments
• Pediatric adherence and psychosocial programs, including support groups for HIV infected children and adolescents on treatment

Policies, Systems and Program- ICAP, in partnership with UTH, will support national level MOH stakeholders and provide support to strategically plan, disseminate and monitor key pediatric support, care and treatment programs. Specifically, ICAP will support the development of key advanced policy, guidelines, protocols and training resources. Emphasis will be placed on essential program areas that have not been comprehensively operationalized such as those for adolescents living with HIV. ICAP will work closely with UTH to develop a comprehensive support package to support implementation of services for adolescents living with HIV. Key topics will include clinical management, prevention for adolescents living with HIV, and psychosocial support addressing their specific needs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 700,000 | |

**Narrative:**

Supporting and strengthening UTH PCOE's Pediatric HIV Training Program: UTH PCOE has been designated by the GRZ to serve as the national Pediatric Training Center. ICAP will support UTH to develop and implement a training program whereby clinical staff at sites targeted to initiate pediatric HIV/AIDS related services visit the PCOE to receive on-the-job training and are followed-up regularly to ensure ongoing transfer of skills and learning. ICAP will work closely with UTH and the MOH to develop a model and approach that is best suited for the Zambia context and ensure a robust emphasis on

providing post-training follow-up and systems support. A priority will be implementation of the pediatric HIV testing training program based on the revised guidelines and curriculum developed by UTH, ICAP and University of Medicine and Dentistry- Francois Xavier Bagnoud Center (FXB).

Sub-National (district) level: As appropriate and feasible, ICAP will support UTH PCOE to strengthen the capacity of the district level health authority to implement and manage pediatric HIV support, care and treatment plans to achieve saturation of pediatric services in their area. Initial targets would include the Livingstone, Siavonga, Monze, and Mazabuka District Health Management Teams (DHMT). As feasible, illustrative activities will include providing support to above noted DHMT to enhance the management and support they give to facilities implementing family-focused pediatric HIV services. Support will include providing the DHMT with the capacity to conduct site assessments, program quality evaluations, logistics management, supportive supervision visits, and work plans to ensure greater ownership and leadership of pediatric HIV services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 500,000 | |

**Narrative:**

ICAP, in partnership with UTH, will engage national level MOH stakeholders and provide support to strategically build capacity to deliver pediatric TB/HIV care and treatment programs. Specifically, ICAP will actively support the development and adaptation of pediatric TB/HIV policy, guidelines, protocols and training resources in consultation with the National TB program:

• Develop practical algorithms and guides for screening and diagnosis of TB in HIV-exposed and HIV-infected children and facilitate dissemination of these algorithms including adapting an adult TB screening questionnaire currently used in ICAP supported programs and pilot its use to assess the feasibility and efficacy of identifying TB in infants and children in consultation with the Ministry of Health National TB program.

• Develop protocol and training materials in consultation with MOH NTP to:

o Ensure that all children and family members diagnosed with TB are routinely counseled and tested for HIV under the National TB and HIV program

o Ensure young children in the households of adults with active TB are screened and receive appropriate Isoniazid (INH) prophylaxis for prevention of TB infection.

ICAP and UTH PCOE will also continue to partner with FXB to provide support in the development of TB/HIV related training and performance related resources such as curriculums, job-aids, handbooks, and wall charts that support providers to read pediatric x-rays, screen and treat children for TB.

• UTH PCOE has been designated by the GRZ to serve as the national Pediatric Training Center. ICAP will support UTH to develop and implement TB/HIV related training events and tools for implementation

| |
|---|
| at the PCOEs and dissemination for other partner's training needs.<br><br>As appropriate and feasible, ICAP, through sub-agreement with UTH PCOE, will aim to strengthen the capacity of the district health authority to implement and manage pediatric TB/HIV care and treatment activities. Priority targets continue to include Livingstone, Siavonga, Monze, and Mazabuka DHMT. Activities will focus on enhancing the diagnosis and management of TB in children infected with and exposed to HIV at several large facilities.<br>All indicators will be reported by UTH. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10820** | **Mechanism Name: USAID RFP – IQC to Support HIV Prevention, Care, and Treatment Activities** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This activity narrative is a draft that will be revised upon award of the contract. Targets will be adjusted on the actual start date of the project.

The aim of this project is to support more effective prevention, care, and treatment of HIV infections over the next five years through more efficient and effective programming in the respective areas. The eventual awardee will submit a more detailed narrative, describing its approach, after competition has

been completed. The more detailed partner narrative will be entered in place of this overview.

Main project areas will be Orphans and Vulnerable Children (HKID), Adult Care and Support (HBHC), Other Prevention (HVOP), and Testing and Counseling (HVCT). The project will focus on discrete task areas which can be carried out in a defined time period for activities such as enhanced economic support programs. Actual activities will not be implemented through this mechanism but will be identified and defined as conceptually viable. Implementation will be through other programs and projects across the U.S. government portfolio.

The projects goal is to support the development of state-of- the-art, rigorous prevention, care, and treatment interventions within existing U.S. government programs and projects. Specific objectives will be defined as the project is further developed, however in general the objectives and concomitant activities will focus on discrete technically focused interventions which have a proven track record and are able to be incorporated into other projects and/or programs. The IQC will serve to carry out the "proof of concept" for new interventions. Other activities may include support for the further development of public-private partnerships, identifying promising examples of local institutional capacity building and provide focused support for U.S. government actions, including data quality assessments or other time limited interventions.

The geographical scope of the project will vary depending on the task order driving the activity. Interventions may be at the national level or at the provincial, district or community levels. The primary target populations include the 85% of Zambians who are HIV-negative, at-risk OVC and youth, other vulnerable groups (PLWHA and the discordant/uninfected spouses/partners of PLWHA), women affected by Gender-Based Violence (GBV), their families and communities, and Zambians whose risk of infection is increased by abuse of alcohol and other substances.

This project may be utilized to provide long term technical assistance to appropriate Ministries such as: the Ministries of Health, Youth Sport and Child Development, and Community Development and Social Services.; other targets may include the National AIDS Council. Additionally, a targeted study to design more successful and self-sustainable economic growth (employment and empowerment) opportunities could be focused on youth and young adults. A key element of economic growth activities will be careful analysis of market demand prior to design and implementation. The study's design will respond to effective demand, and not be supply-driven.

Cross-cutting program elements include: closer alignment of USG prevention efforts with those of the GRZ; greater continuity and integration of prevention efforts with Care and Treatment interventions; prevention centered around evidence-based approaches, including reduction of multiple and concurrent

partners; gender integration of prevention efforts; and addressing alcohol as a risk factor.

The target of this project is to define cost effective and efficient approaches to prevention, care, and treatment. Discrete activities which would be identified and requested through a task order process are designed to identify the most state of the art and cost effective approaches. All task orders will include a focus on cost efficiency and sustainability.

Monitoring and evaluation will include a focus on how to ensure that programs are able to report in a timely and efficient manner through local and national systems.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:**<br>**Mechanism Name:**<br>**Prime Partner Name:** | **10820**<br>**USAID RFP – IQC to Support HIV Prevention, Care, and Treatment Activities**<br>**TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | Redacted | Redacted |
| **Narrative:** | | | |
| Task orders under this area will focus on integrating HIV prevention messages into adult care and support activities. Illustrative tasks include identifying opportunities to link care and support with HIV prevention through prevention with positives types of activities, or for targeting discordant partners. | | | |

Tasks in this area will focus on ways to return individuals to a state of productivity in line with their vocation prior to HIV diagnosis. Other tasks include assessing the types of economic empowerment activities which are appropriate for HIV positive individuals across different sections of Zambian society – from farmers to those who may have previously had formal employment. These foci may differ as well by geographic location whether in urban/peri-urban settings or largely rural.

The focus of all interventions under this area will be to move people back into a level of productivity that they previously held prior to onset of AIDS. This will be accomplished by mixing care and support activities, including palliation as necessary, with economic growth opportunities. The expectation is not to turn the poor into the rich, but rather return individuals to a level of productivity that allows them to support their households.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | Redacted | Redacted |

**Narrative:**

Task orders under this area will focus on linking activities to support orphans and vulnerable children with other HIV prevention services targeting at risk youth. This will include activities highlighted under HVOP, HVCT, and HBHC in order to define approaches for all key target groups. Illustrative activities will include linking economic growth activities to OVC services where sustainable jobs are created and fill an identified void. These approaches will only be tested and validated under this activity with scale up to follow through other implementation mechanisms.

Activities will also focus on the linkage between formal education and individual risk perception as it relates to the acquisition of HIV. Task orders could be used to identify the approaches to reach vulnerable children – both in and out of school – and identify mechanisms to keep kids in school and ideally return those who were once in school back to the formal setting. Linkages to economic opportunities will also be critical as the youth "bulge" continues to move up through the demographic pyramid and will soon become the largest productive age group.

In this area, public-private partnerships will be explored with an eye toward directly linking up sectors with employment needs to the types of skills that can easily be developed by those with minimal or limited education. Opportunities for those with greater education (partial secondary or even full secondary, but who have not had the opportunity for tertiary education) will also be linked with the assumption that they could be geared more towards skilled labor.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

Task orders under this area will focus on defining testing and counseling approaches to reach high risk groups including adolescents and young men. Activities will highlight ways to reach adolescents about their status, the practice of preventive behaviors and joint learning with new partners. Approaches, once identified and validated, will be scaled up through other programs. Illustrative tasks include strategies to reach out of school youth and those on the street, as well as ways to promote testing for young, higher risk individuals that does not reward risk taking behavior. Some other activities might include methods to promote young men to come in with their partners or spouses for testing and counseling. These activities will be task driven and respond to an identified programmatic need or gap.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Task orders under this area will focus on effective HIV prevention services primarily targeting at-risk adolescents and others, the majority of whom are still HIV negative. Activities will focus on the development of interventions likely to garner impact for this risk group which can be integrated into existing and or new HIV prevention activities at either community or higher levels. In general, activities/interventions will be tested under this mechanism with larger scale implementation through partnership arrangements with other programs.

Illustrative activities include defining approaches to reach out of school, but not adult age, adolescents – a high risk target group with excessive amounts of unstructured time and activity, and limited constructive life focus or goals. Interventions could include methods of promoting peer-to-peer messages; or ways to identify and reach adolescent mentors who can help their peers make and maintain safe choices which could include the use of condoms. In all cases, the focus will be on the HIV negative individual with links to other services if individuals are identified as positive.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 10875 | Mechanism Name: United Nations High Commissioner for Refugees/PRM |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of Population, Refugees, and Migration | Procurement Type: Umbrella Agreement |

| Prime Partner Name: UNHCR | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 250,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 250,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Aktion Afrika Hilfe (AAH) | Ministry of Community Development and Social Services | World Vision |

## Overview Narrative

The United Nations High Commissioner for Refugees (UNHCR) is working in partnership with the United States Government PRM (USG) 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. PEPFAR funding, which begun in 2006, enhanced the interventions with an emphasis on prevention. HIV/AIDS prevention and education campaigns conducted by host country governments need to be adapted to refugees, who speak different languages and have different cultural backgrounds. Refugees suffer 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 are tailored to this unique, high-risk population. UNHCR continues to spearhead prevention and health systems strengthening intervention in working with Implementing Partners (IP). These are World Vision International (WVI), Aktion Afrika Hilfe (AAH) in Kala and Mwange camps and Ministry of Community Development and Social Services (MCDSS) in Mayukwayukwa and Meheba settlements.

Refugees reside in the following geographic areas of Zambia: Kala Camp- Luapula Province, Mwange in Northern Province, Mayukwayukwa in the West and Meheba in the Northwestern Provinces. With ongoing repatriation, the Kala refugee population has reduced from 13,364 in October 2008 to the current (June 2009) 10,039 while Mwange is now at 11,630 from 15,207. Meheba settlement as at June 2009 has 15,977 refugees whilst Mayukwayukwa has 10,548, bringing the total camp based population to approximately 48,200.

UNHCR works with HIV/AIDS Interagency Task Forces established at each camp which comprise

community representatives, , refugee leaders, and camp administration, as well as representatives from IP and UNHCR. The UNHCR also works with district and national HIV/AIDS programs to ensure they are operating under guidelines established for Zambia. Under 'one' United Nations (UN), UNHCR is part of the UN Joint team on HIV/AIDS.

The goal of UNHCR is to ensure that refugees, internally displaced persons (IDPs) and other peoples of concern (POCs) are protected. The overall strategic objective is to support and promote HIV/AIDS policies and programs to reduce morbidity and mortality and to enhance quality of life among refugees, IDPs, returnees and other POCs to UNHCR.
Specific objectives include:
• To ensure that human rights of UNHCR's POCs are protected in HIV prevention, treatment, care and support programmes.
• To coordinate, advocate for, and effectively integrate HIV policies and programs in a multi-sectoral approach for POCs by strengthening and expanding strategic partnerships with key stakeholders.
• To reduce HIV transmission and morbidity through scaling up effective prevention interventions to UNHCR's POCs with an emphasis on community participation, especially among women, children and people with special needs, to ensure they have access to HIV prevention information and services.
• To build and strengthen HIV knowledge and skills as well as to provide necessary technical tools to POCs and those staff working with them.

A consultant has been hired to serve as UNHCR's HIV/AIDS Technical Officer for all PEPFAR programs. The consultant assists all implementing partners to plan, implement, collect monthly data about their HIV/AIDS activities, and monitor progress towards reaching their targets. The Technical Officer undertakes a minimum of one monitoring visit per quarter to each of the four refugee sites. IPs submit reports on a quarterly basis and as per UNHCR requirements, financial reports are verified on-site before releasing subsequent installment to the IP. Quarterly meetings are scheduled in Lusaka to allow implementing partners to exchange experiences and new ideas.

Activities in each refugee site are spearheaded by an HIV/AIDS task force mainly comprising a cross section of refugees and staff working among them. They link up with clinics established in their locations as well as all groups involved in HIV/AIDS interventions. These clinics are linked to the country's district hospitals.

HIV/AIDS activities in FY 2009 focused on prevention and VCT. All four refugee sites have HIV and AIDS Task Forces. All planned targets were exceeded. Various age groups in the refugee settlements are able to confidently converse on HIV and AIDS prevention as a result of the information disseminated through PEER Educators, drama groups, Anti AIDS clubs and support groups. Statistics show that the number of

people seeking VCT services has doubled. More and more people are accessing condoms for family planning and STI prevention which includes HIV. There are 89 condom distribution points against the planned 80. Prevalence rates have continued to be lower (on average 2.8%) that in the host community (14.3%).

Sexual Prevention and Counseling and Testing continue to be our main areas of focus with the inclusion of PMTCT. Gender and strengthening human resources for health will be cross cutting issues.

The refugees are involved in the design, implementation, and monitoring of the program to enhance effectiveness and 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.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | 8,500 |
| Human Resources for Health | 45,000 |

## Key Issues

Mobile Population

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10875** |
| **Mechanism Name:** | **United Nations High Commissioner for Refugees/PRM** |
| **Prime Partner Name:** | **UNHCR** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 56,000 | |

**Narrative:**

In FY2009, MOH trained 12 of their staff and 54 lay counselors to implement VCT. UNCHR, through its implementing partners established six more sites (Mayukwayukwa -two, Meheba -four) as VCT centers bringing the total to 15. Approximately 4,600 people tested for HIV and received their results.

The budget decreased from $100,000 in the previous year to $56,000 because MOH staff are trained in VCT. In FY2010, refugees will be made abreast of the VCT services available and the advantages to knowing one's HIV status. Lay counselors and peer educators will target 80 men with positive messages to access VCT. Ministry of Health (MOH) will train 36 Lay Counselors in Meheba and Mayukwayukwa settlements in mobile VCT. 4,600 people are targeted to test for HIV and receive their results. MOH will purchase laboratory supplies (test kits, needles, syringes and gloves) for HIV testing. VCT services include promotions through the VCT centers, information, education, and communications (IEC) programs through peer education; promoting condom distribution and Prevention of Mother to Child Transmission (PMTCT).

Prevention of Mother to Child Transmission (PMTCT) is part of VCT activities in Kala and Mwange camps. Except for one case where a pregnant woman did not want to test in fear of her husband in Kala camp, 99% of the women attending ante-natal clinic have tested and five out of 259, or 2%, came out positive. In the settlements, PMTCT is almost non-existent. UNHCR will work with MOH to ensure this service receives due attention. MOH will ensure every pregnant woman has access to HIV/STI screening and treatment and receive specific information on how to prevent mother-to-child transmission of HIV and other STIs. HIV-positive pregnant women will have access to ARVs and information on infant feeding alternatives.

UNHCR has established a referral system for HIV care and treatment in the camps and settlements for those who require further access to HIV/AIDS care and support outside of the provisions available in the camps. In FY 2010, the camps will continue to build broader networks among the organizations providing these services in nearby towns and a training session will be held for all camp/settlement staff to become aware of the referral services that are available for refugees.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 165,000 | |

**Narrative:**

In FY 2009, 200 adolescent girls attended 4-day youth camps that focused on their vulnerabilities and they reached 1800 more girls. 100 youths took part in sports activities that reinforced messages on HIV prevention. One hundred school age youth trained in life skills, equipping them for healthy decisions about HIV/AIDS. These in turn reached 3,600 fellow youths with HIV prevention messages. The community accessed IEC materials. Fifty school age youth were trained in assertiveness and decision making using the Stepping Stones approach and in-turn reached 1,800 school age youths.

FY 2010 will host 4-day youth camps targeting 120 adolescent girls on vulnerability of the girls to HIV infection. The girls will reach 360 more girls of the same age group with - comprehensive abstinence and be faithful messages. Sensitization messages will include transgenerational sex, vulnerable relationships like limited trust in marriages, and the reality and impact of concurrent multiple partners. Youth Sports Camps will target 200 school going children to promote HIV/AIDS awareness messages. Hundreds of adults and youths receive HIV/AIDS awareness messages through public matches by youth and drama performances during the breaks. 200 school age youth will participate in 3-day workshops on life skills training aimed at prominent school age youth and youth opinion leaders that can positively influence their peers to make healthy decisions when confronting matters of HIV/AIDS. Communities will receive reinforced HIV/AIDS prevention messages and behavior change through traditional village communication methods such as drama troops. Two troops per settlement will train and receive equipment. The refugees will access IEC materials in French, Portuguese, Swahili, and English. Eighty school age youth will be trained in assertiveness and decision making using the Stepping Stones approach. They in-turn will reach 180 school age youth throughout the year with HIV/AIDS abstinence and be faithful messages.

Programs will extend to the neighboring Zambian villages and communities, including anti-AIDS and sporting events. Approximately 8,500 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.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 29,000 | |

**Narrative:**

In FY 2009, nearly 12,500 people received messages on HIV prevention through other behavior change. Seventy PEER Educators and key community leaders trained to promote behaviour change that is other than abstinence and being faithful. Eighty-nine condom outlets had a consistent supply of male and female condoms. Community members accessed culturally appropriate IEC materials.

In FY 2010, UNHCR continues to promote HIV/AIDS other prevention messages on behavior change that is beyond abstinence and /or being faithful to about 13,500 people. Thirty-six peer educators and sixty church/traditional community leaders will train to promote other behavior change. Peer educators will continue with community mobilization, sensitizing the community on safer sexual practices through abstinence, being faithful, and correct and consistent use of condoms while teaching peers how to hold discussions with their peers and advocate behaviors that promote prevention of HIV infection. Drama troops will be supported to continue actively disseminating HIV/AIDS messages. Discussions with the positives will bring to the fore the importance this group has in ensuring prevention of HIV infection.

Information, education, and communication (IEC) materials will also be developed in languages like French, Swahili, and Portuguese. Drama, debate and awareness sessions will be conducted.

Community groups within the camp, such as people living with HIV/AIDS (PLWHA), will be supported to enhance their capacity to mitigate HIV/AIDS in their communities and ensure sustainability of activities. They will be trained in HIV/AIDS information, prevention, care, support, fundraising and community outreach. Stigma and discrimination will be incorporated into all training and outreach messages. Awareness programs will also include a call for communities to show compassion and support to people living with AIDS through community response. Approximately forty commercial sex workers will be trained in income generating activities (IGA) and facilitated to initiate the IGA.

Refugee women and girls will be targeted in sexual and gender based violence (SGBV) and reproductive health. Community groups will be sensitized on SGBV and psycho-social support to survivors of violence. Adolescent girls (60) and women (60) will be especially targeted.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10984** | **Mechanism Name: DOD Project Concern International PCI** |
|---|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: Project Concern International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,800,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,800,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Founded in 1961, Project Concern International (PCI) is an international non-profit health and

development organization committed to preventing disease, improving community health, and promoting sustainable development. With a FY 2009 organizational budget of $37 million dollars, PCI serves over 4.5 million people annually through programs based in 15 countries spanning the Americas, Asia and Africa. PCI's programs worldwide focus on integrated, community based solutions built on interventions combining food and nutrition security; disease prevention; maternal and child health; water and sanitation; and capacity building/institutional strengthening.

PCI has more than 25 years of experience successfully managing major USG awards and cooperative agreements, including managing sub-grant programs. PCI has established systems at both field and headquarters levels to ensure high quality financial and program management and reporting. PCI is a USAID-registered PVO and has expertise in USG reporting procedures, maintains a Federal Letter of Credit, conducts an annual A-133 Audit, and is familiar with all relevant OMB circulars.

PCI's global work in HIV/AIDS spans the range of prevention, care and support interventions. PCI's HIV/AIDS work emphasizes building lasting local capacity to design and deliver high quality HIV/AIDS programs. The overall approach to development is one in which civil society and government work together in a coordinated manner in order to maximize the potential for ownership, impact, and sustainability in any endeavor, and PCI's partnership with the Zambia Defence Force (ZDF) is no exception.

PCI will sub-grant some activities under HVOP to the Baptist Fellowship of Zambia (BFZ) and UNAIDS. PCI will continue to participate in the quarterly joint consultative meeting with DFMS, the DoD office at the US Embassy in Lusaka, JHPIEGO, and other stakeholders. In order to ensure that the program effectively addresses the priority needs of the ZDF, plans have been developed jointly with the ZDF, through the Director General of Medical Services and the HIV/AIDS Coordination Unit, and in close consultation with the US Embassy/Zambia, and JHPIEGO.

With an estimated adult HIV prevalence of 14.3%, HIV/AIDS affects all sectors of the population. According to the 2007 Demographic and Health Survey, approximately 70% of all males have had sex before the age of 20. Thus, the majority of young men, upon joining the military, are sexually active. Furthermore, when young men join the military, it is often the first time they are away from home and have access to income. The cultural norm of multiple sexual partners combined with extended periods of time away from home; highly predispose military personnel to HIV infection. PCI will use a combination of strategies to reduce the rate of HIV transmission and provide care and support among uniformed personnel.

The Zambia Defense Force Medical Services (DFMS), together PCI, have been implementing an

HIV/AIDS prevention and care program in Zambia since 2003, with funding from the U.S. Department of Defense HIV/AIDS Prevention Program (DHAPP). Over the past five years, PCI has worked with the ZDF to develop the physical and human resources infrastructure and skills necessary to support a comprehensive HIV prevention, care and support program. PCI has trained ZDF personnel in HIV counseling and serology testing, ART adherence, sexually transmitted disease management, peer education, palliative care and others. In addition, PCI has assisted the ZDF by renovating and equipping VCT centers. To reduce HIV-related stigma, PCI has supported the involvement of HIV+ ZDF personnel in prevention and care activities.

PCI and UNAIDS will continue to support gender mainstreaming throughout all programs, taking into account the special environment in ZDF, and thus addressing gender-biased perceptions, attitudes and risk behaviors among male and female staff.

PCI will continue to promote the sustainability of the program through capacity building of ZDF personnel. The salaries of these personnel are paid by the ZDF; therefore, their service is not limited to the duration of a particular grant. PCI will work with the ZDF leadership to ensure that they take on more of the financial responsibility of the program by incorporating HIV/AIDS activities into their annual budgets. To this end, PCI has supported ZDF to develop an HIV/AIDS Strategic Plan, followed by the development of camp-specific work plans and budgets. Additionally, PCI is continuing to work with the ZDF to build their resource mobilization skills and increase their capacity to plan and manage HIV/AIDS activities independently.

Building on the achievements and lessons learned from the past five years, the overall goal of the proposed program is to continue to strengthen the capacity of the ZDF to implement effective HIV prevention, care and support activities. Proposed activities focus on improving quality of services, strengthening strategic information systems, using data for decision-making, and implementing sustainability strategies. Specific objectives are:

1. To promote positive sexual behavior change among ZDF personnel, their families and civilians in the surrounding communities beyond abstinence and being faithful;
2. To provide accessible, confidential, quality counseling and testing services at static ZDF sites and through mobile outreach;
3. To ensure that chronically ill HIV positive patients are receiving comprehensive palliative care, with links to anti-retroviral therapy (ART) and other HIV-related services;
4. To build the capacity of the DFMS in the collection, analysis, dissemination, and use of HIV/AIDS-related data; and

All proposed activities are organized in accordance with four select PEPFAR program areas: other sexual prevention (HVOP), counseling and testing (HVCT), adult care and support (HBHC), and strategic information (HVSI). PCI will continue to engage ZDF leadership for their support of HIV/AIDS activities throughout the ZDF. In FY 2010, PCI will conduct two leadership workshops targeting 60 senior officers to ensure their ongoing commitment to ZDF HIV/AIDS initiatives and discuss opportunities to build on ongoing efforts

Activities will be implemented in all 54 ZDF camps in all nine provinces of Zambia: Lusaka, Southern, Northern, North-Western, Eastern, Western, Central, Copperbelt and Luapula.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 30,000 |
| Food and Nutrition: Commodities | 30,000 |
| Human Resources for Health | 35,000 |
| Water | 10,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Military Population

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10984** |
| **Mechanism Name:** | **DOD Project Concern International PCI** |
| **Prime Partner Name:** | **Project Concern International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 400,000 | |
| **Narrative:** | | | |

Since 2004, PCI has trained HBC volunteers at all 54 ZDF camps to identify and register chronically ill PLHA . The HBC volunteers provide care services in support of families, conduct ART adherence monitoring, and refer patients to health facilities for additional care and treatment services.

In FY 2010, PCI will not train additional caregivers due to continued reduction in the number of clients requiring HBC support as a result of improved access to ART. The budget allocation for the procurement of HBC kits will be reduced to reflect this trend.

PCI will continue to provide food supplement to PLWHA in care and treatment programs including PMTCT programs. Therapeutic Food will be given to malnourished under 5s. Care providers have been trained in anthropometry and provided with the equipment. All clients receiving food and nutrition intervention will undergo nutrition counseling and will be linked to community based food security and livelihood assistance where possible. In addition they will receive Clorin to promote safe drink drinking water.

In FY 2010 PCI will reinforce prevention messages with PLHA, in order to prevent potential HIV transmission to all current and future sexual partners of that infected person. To respond to this, PCI will support on-site training of medical personnel, community volunteers (peer educators, adherence supporters, TB treatment supporters, and lay counselors) to offer PwP messages.

In FY 2008 and FY 2009, PCI provided financial support to sixteen support groups to pilot income generating and livelihood projects. In FY 2010, PCI will support an additional 6 support groups

In FY09, PCI trained 10 DFMS nurses in cervical cancer screening in an effort to reduce the number of women dying due to late diagnosis of this cancer. In FY 2010, PCI will continue to support these nurses to accompany the mobile CT units to conduct cervical cancer screening. Women with abnormal results will be referred for couples HIV counseling and testing because of the close association between cervical cancer and HIV.

Volunteer retention remains one of the program's main challenges. In FY 2009, PCI provided financial support for income generating activities to 10 pilot service delivery sites, which provided HIV/AIDS program volunteers with sustainable income as a retention strategy. In FY 2010 PCI will scale-up this initiative to 8 additional sites?

Linkages have been made with the Palliative Care Association of Zambia to ensure that ZDF has access to technical input, guidelines, and training packages. PCI staff conducts supportive supervisory visits to ensure that services meet established quality standards.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 400,000 | |

**Narrative:**

According to the 2007 Zambia DHS, only 22% of all men have ever been tested for HIV. Provision of CT services to the ZDF is more costly and challenging than to the general public because military bases are scattered all over the country and many personnel are highly mobile, or are stationed in very secluded and remote locales.

CT services are very important in PCI's programming given their effectiveness as a prevention strategy and an entry point into other HIV-related services. In FY 2010, PCI will continue to support the DFMS in ensuring that high quality services are provided at the all the 54 fixed CT centres through on-site supportive supervision and mentoring of CT providers.

PCI will continue to support the mobile CT tour of ZDF camps and other military operation areas. Funds will be used for the operation and maintenance of two vehicles, logistical support for CT providers, and medical supplies. All mobile CT providers are trained in rapid HIV testing, and a qualified on-site laboratory technician carries out quality assurance on 10% of the samples.

PCI will conduct annual refresher trainings for CT providers, with a focus on building CT provider capacity to provide PwP messages. Pre-ART clients will be referred to support groups of PLHA for regular HIV prevention messages in between clinic appointments. In order to cut down on cost, PCI will stop giving T-shirts to CT clients. Instead, inexpensive branded caps and arm bands will be given as a demand creation strategy. Condoms will be offered to all Ct clients.

PCI will continue with the initiative started in FY 2009 aimed at strengthening referral services for CT clients. Clients who test HIV-positive will have their blood drawn and sent to the nearest health facility with CD4 capability. The ZDF health facility staff will collect the CD4 results and clients will be given a date for collecting their results. ART adherence supporters will follow up clients that fail to collect their results. Clients with the recommended CD4 count will be commenced on ART, or referred to appropriate health facilities.

In FY 2009, PCI supported the training of 40 HBC volunteers to provide CT services to family members of HBC clients including PwP messages. PCI will scale-up delivery of these services by training an additional 40 service providers. Home based CT services help to overcome barriers to CT, including transport to CT centers and stigma. It also offers a unique opportunity for couples counseling and testing.

In order to improve the quality of services being provided, PCI has adopted UNAIDS CT assessment tools for the ongoing monitoring of CT activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 300,000 | |

**Narrative:**

PCI will continue to support the ZDF in strengthening its capacity in strategic information management and promoting evidence-based planning and strategic decision-making at all levels. PCI will continue to provide annual refresher training to the HIV/AIDS Unit Coordinators and Ward Masters from each ZDF camp and central-level HIV/AIDS Unit staff to effectively monitor, supervise and report on all HIV/AIDS-related activities in their respective camps. To ensure the sustainability of strong camp-level strategic information management and use for decision-making, the HIV/AIDS Unit Coordinators will be assisted to develop and update camp-specific M&E plans during these trainings.

In April 2009, PCI began the process of developing and pilot-testing additional process, output, outcome and quality of services indicators that measure key metrics needed to inform decision-making. These indicators are captured on the Camp Assessment Tool. This tool is designed to be used quarterly by camp-level DFMS and PCI staff to routinely assess the quality of services, outcomes of key activities and includes instructions for providing continuous quality improvement based on this information.

PCI will work closely with JHPIEGO to ensure efficient and effective referrals and linkages between community-based and clinic-based HIV/AIDS prevention, care and support services. Referral forms will be used when referring clients from the community to the clinic and vice versa. In addition, a referral feedback form will be issued to the client as proof that they received the required services.

In FY2009, PCI provided technical assistance and support to the DFMS to establish a central database for all HIV/AIDS service level statistics and activities. This activity was conducted in close collaboration with JHPIEGO and other partners to ensure that the system generated all of the information necessary to respond to individual programmatic and collective information needs. In FY 2010, PCI in collaboration with JHPIEGO will support DFMS to electronically link all the service delivery sites to the central data base. This will be achieved through procurement and installation of data cards linked to a mobile service provider.

With the leadership of the DFMS HIV/AIDS office, PCI will also continue conducting supervision tours of ZDF camps to monitor the quality of services being provided by trained cadres of health workers

and provide on-site technical assistance. PCI will continue to provide continuous monitoring, mentoring and follow up of service providers to ensure the quality of the HIV/AIDS activities at the camp level.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 700,000 | |

**Narrative:**

In FY 2010 PCI will continue to support the tour of ZDF camps by Lusaka based ZDF drama group. In addition, PCI will offer technical assistance to local drama groups established in the 54 ZDF camps in FY 2009. These groups have been trained in theatre for development (TFD), a BCC strategy that uses performance arts to communicate HIV/AIDS messages. Performance will focus on male circumcision, Couples HIV Counselling and Testing, alcohol abuse, PMTCT, and multiple sexual relationships.

In FY 2009, PCI initiated the integration HIV/AIDS awareness activities into sporting events such as inter-service sports days. Local organizations (Grassroots Soccer and EduSport) trained 10 ZDF officers from 10 camps to facilitate HIV awareness at such events. In FY 2010, PCI will scale-up this activity by training facilitators from 20 additional ZDF camps.

In FY 2009, PCI conducted a ToT workshop for 90 anti-AIDS club youth leaders from 45 ZDF schools and provided them with skills in youth-centered and driven interactive communication strategies for HIV prevention, including abstinence, secondary virginity, peer pressure, and condom use. In FY 2010, PCI will continue to support these activities through provision of stationery and other HIV/AIDS educational materials. PCI will help establish youth friendly corners at ZDF clinics where youths will be referred for various services.

Through a sub-grant to the Baptist Fellowship of Zambia (BFZ) PCI will provide logistic support to military chaplains to scale-up marriage seminars in all ZDF camps. These seminars provide couples with an opportunity to communicate on various issues that affect their relationship such as sexuality, gender violence and alcohol abuse.

Through another sub-grant to UNAIDS, PCI will strengthen ZDF capacity to address HIV/AIDS in its UN peacekeeping and local border security operations including new recruit training sessions. Activities will include facilitation of pre-deployment HIV/AIDS sensitization and counseling and testing and equipping troops with condoms and educational materials. Military chaplains will be supported to conduct group counseling sessions for troops returning from peace keeping operations and their spouses in order to psychologically prepare them for re-union.

| |
|---|
| PCI will reproduce military-specific BCC materials which were developed and updated in FY 2009. Topics covered include HIV risk assessment, STIs, CT, ART, male circumcision, Cervical cancer, PMTCT, alcohol abuse, multiple sexual partnerships, and couples counseling and testing.<br>Military branded condoms will be distributed at all 54 service delivery sites. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11027** | **Mechanism Name: National AIDS Council Joint Financing Arrangement** |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National HIV/AIDS/STI/TB Council - Zambia | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 100,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 100,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The activity in this COP will support the National AIDS Council through the Joint Financing Agreement. The Goal of the Program is to eliminate the threat of HIV and AIDS and associated Opportunistic Infections for the benefit of society.

The objectives of the Program are to co-ordinate and support the development, monitoring and evaluation of the multi-sectoral national response for the prevention and combating of the spread of HIV, AIDS, STI and TB in order to reduce the personal, social and economic impacts of HIV, AIDS, STI and TB as set out in the Strategic Plan.

The Mission of NAC is to provide leadership for a co-ordinated fight against HIV/AIDS in order to reverse the epidemic. The NAC Act makes specific provision for the NAC's functions to:

a) Support the development and co-ordination of policies, plans and strategies for the prevention and

combating of HIV, AIDS, STI and TB;
b) Advise the Government, health institutions and other organizations on the policies, strategies and plans to prevent and combat HIV, AIDS, STI and TB;
c) Ensure the provision and dissemination of information and education on HIV, AIDS, STI and TB;
d) Develop a national HIV, AIDS, STI, and TB research agenda and strategic plan which will include the quest for a cure for HIV, AIDS as one of the research priorities;
e) Support programmes relating to prevention, care, and treatment of HIV, AIDS, STI and TB;
f) Mobilise resources to promote and support identified priority interventions including research in areas relating to HIV, AIDS, STI and TB;
g) Provide technical support and guidelines to health and other institutions involved in the:
i. prevention and treatment of HIV, AIDS, STI and TB; and
ii. care and support of persons infected with or affected by HIV, AIDS, STI and TB;
h) Collaborate with other research institutions in relation to HIV, AIDS, STI and TB; and
i) Undertake such other activities as are conductive or incidental to its functions under the Act.
Within the broader vision of the National AIDS Strategic Framework 2006-2009, the NAC-S is expected to play the following critical roles:
• Support the national response to HIV and AIDS including development and implementation of the Strategic Plan and Annual Work Plans;
• Co-ordinate all HIV and AIDS activities at National, Provincial and District levels, and in the Public and Private Sectors and Civil Society;
• Mobilise resources from various Co-operating Partners locally and internationally;
• Manage strategic information on HIV and AIDS;
• Build capacity, plan, track, monitor and evaluate the country's local responses on HIV and AIDS;
• Facilitate the operations of all Theme Groups ("TGs") and the development of various technical documents such as guidelines and standards related to the issues around HIV and AIDS; and
NAC will submit a comprehensive Annual Work plan and Budget for the year drawn from the NAC Strategic Plan.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 11027 | | |
|---|---|---|---|
| Mechanism Name: | National AIDS Council Joint Financing Arrangement | | |
| Prime Partner Name: | National HIV/AIDS/STI/TB Council - Zambia | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 100,000 | |

**Narrative:**

Strengthening a multi-sectoral response and linkages with other health and development programs: NAC will conduct routine DATFs' technical advisory and monitoring visits to HIV/AIDS programmes and projects in the districts and undertake Continuous Organisation Capacity Assessment (OCA) and follow ups at district, province and national levels. In addition NAC will continue to spearhead the process for the preparation of the new National Strategic Framework for the period 2011 – 2015. The support will be used to continuously improve organizational and management capacity for a competent and efficient leadership and coordination of the multisectoral response as stated in the Annual Work plans and Budgets for the years 2007 to 2009

The process of preparation of Consolidated National Work planning will continue and NAC will continue to advocate for all partners to use the workplan in planning and focusing of activities.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11626** | **Mechanism Name: Jhpiego** |
|---|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Grant |
| Prime Partner Name: JHPIEGO | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 2,550,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,550,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Jhpiego will continue to implement the third year of the DOD program through the HIV/AIDS Prevention, Care and Treatment Program: Prevention, Care and Treatment of HIV/AIDS in Foreign Militaries award. Jhpiego will continue its work supporting the Zambia Defense Force (ZDF) in the military's effort to rapidly expand HIV/AIDS services to additional clients (military personnel and the civilian populations near military installations) served by the ZDF by developing sustainable training, supervision, logistics and monitoring and evaluation systems. Jhpiego will continue capacity building and strengthening with the ZDF health services by supporting the provision of quality, comprehensive HIV/AIDS prevention, care and treatment services. These programs will benefit military and civilian clients and patients at all 54 Defense Force Medical Services (DFMS) supported health facilities through capacity building, system strengthening and standardized supervision.
Jhpiego will also support the ZDF in the use of use a Performance and Quality Improvement (PQI) approach in which gaps in services and quality are self identified by central level managers, supervisors, and site level service providers. Over the past decade, Jhpiego has developed and refined our own PQI tool, Standards-Based Management and Recognition (SBM-R), a practical management approach for improving the performance and quality of health services. Using the SBM-R tool, solutions to address and close performance and quality gaps will be identified by the ZDF, ensuring ownership of the activities. The Goal of this project is to rapidly expand HIV/AIDS services to additional clients and patients served by the ZDF by developing sustainable training, supervision, logistics and M&E systems.

Jhpiego will meet this goal through the following objectives:
1. Increase clinical capability by supporting comprehensive HIV services including ART, cervical cancer screening, TB/HIV and PMTCT services in 54 DFMS medical facilities
2. Integrate HIV counseling and testing into Palliative Care, STI, and Other Prevention services
3. Work with ZDF and other partners to strengthen systems in the ZDF

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

Jhpiego, as an important partner to the MOH HIV/AIDS programs, supports the ZDF in gaining access to materials, systems, and commodities funded by the U.S. Government, other donors, and numerous

technical partners who work with the MOH, and to harmonize services and maximize efficiencies between ZDF and MOH facilities and programs. In FY 2010, Jhpiego will facilitate further collaboration to ensure harmonization and standardization of approaches, tools and materials between the two systems.

To ensure collection of necessary PEPFAR program-level indicators and other output data for project monitoring, Jhpiego will work through the ZDF information systems, when feasible, and directly with health facilities when proper information systems are not in place, especially for new areas such as MC. Jhpiego will use TIMS, the training information monitoring system, to track persons trained and trainers used to facilitate follow-up and record keeping.

To assist in development of a sustainable quality work force, Jhpiego worked with the ZDF to identify one capable institution in order to institutionalize the human capacity building. The Maina Soko Military Hospital and the Defense School for Health Studies in Lusaka were identified in FY 2008 as the future center for capacity building within Defense Forces, and will provide continued in-service training on the number of programs undertaken by Jhpiego during the past years of work with ZDF. In FY 2010, Jhpiego will continue work with the Maina Soko hospital and will provide support and supervision to ensure quality of services and training.

To ensure sustainability, Jhpiego works within the existing ZDF structures and plans. Jhpiego facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. Jhpiego will continue to strengthen and expand facility-based performance improvement systems, providing increasing opportunities for the trained staff from model sites to lead supervision and mentorship programs, while still mentoring and actively supporting the ZDF sites whenever necessary.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 100,000 |
| Human Resources for Health | 700,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 11626 | | |
|---|---|---|---|
| Mechanism Name: | Jhpiego | | |
| Prime Partner Name: | JHPIEGO | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 250,000 | |

**Narrative:**

HIV-infected women are at a much higher risk of developing precancerous lesions of the cervix, and have more rapid progression to cancer than women who are not HIV-infected. In addition, women receiving appropriate anti-retroviral therapy are living longer, increasing the risk that those precancerous lesions will progress to cancer. As a result, HIV-infected women should receive cervical cancer prevention services as part of their routine HIV care and treatment.

Currently, cervical cancer screening is available in Lusaka and to a limited extent in two other districts. The "Single Visit Approach" (SVA) is a recognized alternative for low resource setting to the cytology-based model of cervical cancer prevention services. The service is provided by trained healthcare providers at the primary care level ensuring that it is accessible to women.

Jhpiego proposes to build on and complement efforts by the Centre for Infectious Disease Research in Zambia (CIDRZ) and WHO to support the MOH to scale up cervical cancer prevention in Zambia. The proposed activities are a stakeholder meeting, establishment of a technical working group (TWG), development of service delivery guidelines; and development of a framework for scale up. This would be followed by adaption of the training package and implementation of the training program. We would train 40 providers to provide services at six ZDF sites to provide services an average of 35 clients a month for nine months.

The services will be implemented through the ART clinics and referral systems between pre-ART, ART, PMTCT and PwP services would be implemented. A referral system for advanced disease would also be implemented. Services provided would be tracked through client records and periodic supportive supervision to ensure quality services are provided.

In order to leverage resources, Jhpiego proposes to implement this integrated intervention in the six ZDF sites where we will be providing support for MC services. Since most of these sites are not providing MC five days a week, the same space that has already been refurbished with PEPFAR funds could be used to provide cervical cancer screening. The logistics and feasibility would need to be discussed with each site.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 200,000 | |

**Narrative:**

Jhpiego will build on previous work to support treatment services in the 54 ZDF health facilities. Jhpiego will target at least 80 providers in ART, including doctors, nurses, clinical officers, and other health cadres. The ART training is a part of the series of trainings on core competencies for these cadres and will also include PMTCT management and diagnosis and management of TB and other OIs, in an effort to strengthen linkages between ART and other HIV/AIDS prevention, care and treatment services to ensure more comprehensive and continuous care for people leaving with HIV/AIDS.

Following the training, supervision visits to the service providers will be jointly conducted by Jhpiego and ZDF using SBM-R and other supervisory tools that were developed in the previous years. To ensure a synergy of the efforts in the process, Jhpiego will deepen our linkages with the MOH, the National HIV/AIDS/STI/TB Council (NAC), and other collaborating partners such as PCI and the Naval Medical Center in San Diego (NMCSD).

Jhpiego will continue supporting the DFMS in conducting workshops using the orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) 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, to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations.

Jhpiego will work with ZDF to incorporate Prevention With Positives (PwP) principles in clinical care settings for patients receiving ART as these patients frequently visit the clinic, providing an opportunity to deliver prevention messages. Pre-ART patients will also be targeted with PwP approaches during the visits to the facility. As clinical services are an entry point for nutritional care, nutritional status of patients will assessed and malnourished patients will be provided with micronutrient support, therapeutic feeding or be referred to PCI's nutritional support programs in the community. In addition, Jhpiego will link and integrate clinical and community activities to improve early identification of clients, follow up, and retention in care.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 200,000 | |

**Narrative:**

Jhpiego will train 60 providers, including doctors, nurses, clinical officers and other health cadres in the

management of pediatric HIV using national guidelines. Pediatric treatment is currently available at selected centers where there are specialists trained in pediatric management. This training is a part of the series of trainings on core competencies for these cadres and will also include ART and PMTCT management, in an effort to strengthen linkages between ART and other HIV/AIDS prevention, care and treatment services to ensure more comprehensive and continuous care for people leaving with HIV/AIDS.

Jhpiego will train health care providers in early infant diagnosis using the Dry Blood Spot (DBS) technique and link the ZDF system to the national system of specimen collection and testing. Links to integrate clinical and community activities to improve early identification of clients, follow up, and retention in care will also be ensured.

Following the training, supervision visits to the service providers will be jointly conducted by Jhpiego and ZDF using SBM-R and other supervisory tools that were developed in the previous years.

To support performance improvement systems and quality ART service delivery, Jhpiego will conduct supportive supervision visits to the 24 model facilities. Jhpiego will continue supporting the DFMS in conducting workshops using the orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) 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, to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations.

To ensure sustainability, Jhpiego works within the existing ZDF structures and plans. Jhpiego facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. Jhpiego will continue to strengthen and expand facility-based performance improvement systems, providing increasing opportunities for the trained staff from model sites to lead supervision and mentorship programs, while still mentoring and actively supporting the ZDF sites whenever necessary.

Narrative (2250 characters)

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 400,000 | |

**Narrative:**

ZDF has a program to train a cadre called Military Medical Assistants (MMAs) who form a very important part of the ZDF health services as they are often called on, due to the lack of adequate professional health staff, to work in the health centers in positions as high as that of Ward Masters, a position including administrative and medical responsibilities just below doctors. Jhpiego supports this program

and will train 100 MMAs.

Jhpiego will build on experience within the MOH system to support the development of a better system for planning and managing their health and HIV clinical prevention, care, and treatment services. Jhpiego will assist the ZDF in strengthening their planning and management through extensive support of their planning process and develop strategic planning capacity at the DFMS central level.

The SmartCare program employs Electronic Medical Records to enable providers to create and access updated portable records of the patient's medical history and ongoing treatment plans. This system is especially useful for the mobile personnel of the ZDF, thereby assisting with continuity of care and treatment. Jhpiego has supported the rollout of SmartCare in 54 ZDF facilities and will continue to provide minimal technical support to ZDF facilities, providing refresher training as needed. In order to ensure sustainability of the program, the Defense School of Health Sciences will be supported to provide pre-service training in SmartCare to its students.

Jhpiego will continue to work with the ZDF and in-country partners on planning, forecasting, procurement and logistics management to strengthen the medical procurement and logistics systems throughout the ZDF. Jhpiego's partner, John Snow International (JSI) Logistics Services, will assist in the area of logistics support through supportive supervision of the ZDF the 260 ZDF staff previously trained by JSI in procurement, logistics management and forecasting systems, providing refresher training as needed. JSI will also monitor the supply chain system for ARVs and HIV test-kits designed earlier. As a result, the ZDF will be able to plan and manage services as well as avoid stock outs in ARVs, HIV test-kits and commodities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 350,000 | |

**Narrative:**

Jhpiego will provide support to six MC Service delivery sites within the ZDF. This will include orientation of managers, assessment of sites, renovations and refurbishment where necessary, training of providers, provision of equipment and medical surgical supplies and post training follow up and supportive supervision.

The orientation for managers and supervisor is a two days program which provides an overview of MC including site preparedness and supportive supervision. Jhpiego will support the training of MC providers and MC counselors using the UNAIDS/WHO/Jhpiego training package. The MC skills course is a 10 days training that equips providers with the necessary knowledge, skills and attitudes to provide safe MCs.

The MC counseling course is a separate training for five days and equips the providers will necessary knowledge, skills, and attitudes to provide counseling for MC including HIV testing and Counseling.

Jhpiego will roll out their recently developed male circumcision simulation to reinforce decision-making skills and improve patient-provider relationships. Jhpiego will promote couple counseling in the MC program to enhance female involvement and will facilitate referral between services linked to MC, e.g. HIV care and PwP programs.

All sites supported will provide the minimum package of services which include:
• HIV testing and counseling provided on site
• age appropriate pre- and post-operative sexual risk reduction counseling
• exclusion of symptomatic STIs and treatment when indicated
• provision and promotion of condom use
• circumcision surgery in accordance with national standards
• Counseling on the need for abstinence during wound healing
• Wound care instructions
• Post-operative clinical assessment and care
Ongoing support to sites will continue to ensure that they provide high quality, comprehensive MC services, through periodic supportive supervision visits using a standard-based management and recognition approach.

With all these efforts, it is envisioned that 30 providers will be trained in MC, 30 counselors will be trained and 20 managers oriented in MC program; comprehensive MC services will be provided to 2,700 men per site (average 50 MCs per month per site for nine months).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 100,000 | |

**Narrative:**

Jhpiego will continue strengthening ZDF service providers' knowledge and skills in STI and HIV prevention counseling working with the ZDF Medical Services to better integrate CT into STI services, adapting a "no lost opportunities" approach to prevention counseling as well as care for HIV infected clients to better STI services. A total of 75 service providers will be trained. The sustainability of this effort is a major focus of the work and is reinforced through using and expanding training capacity already developed within the ZDF Medical Services. ZDF trainers previously developed by Jhpiego will conduct this training, and Jhpiego will support these trainers through co-teaching opportunities and supportive supervision. In addition, STI information will be incorporated into the comprehensive HIV/AIDS orientation

package for lay workers. This package will be used to provide prevention education for ZDF personnel. Whenever possible, Jhpiego will also continue to increase gender equity in provision of trainings, by providing learning opportunities to equal proportions of males and females in all the programs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 800,000 | |

**Narrative:**

Jhpiego has supported PMTCT services at 20 ZDF sites, and will expand to an additional four model sites that will be determined. Jhpiego will expand facility-based performance improvement systems and maximize the benefit to ZDF from the model sites by working with ZDF central command and DFMS, as well as base commanders, to develop a system of staff rotation and on-the-job training. Jhpiego will to train ZDF staff in PMTCT (80) and will select 20 high performing PMTCT providers and develop them as trainers and mentors to further develop capacity to expand and support PMTCT services. As needed, previously trained staff will be retrained on QA and EQA to enhance the testing being done in the PMTCT context. The EQA will be addressed during the lay counselors training. The training covers all topics of an effective PMTCT package including effective/efficacious PMTCT regimens, CD4 screening, HAART for HIV+ eligible pregnant women, IYCF, couples counseling and male involvement.

Working with MOH, Jhpiego will continue to implement the mentorship and supervisory tools. This will support the implementation of services after service providers have been trained while addressing any gaps in knowledge and leading to routine monitoring of the quality and completeness of PMTCT services. Jhpiego will work on policy and training to include nutrition assessment for pregnant women to enhance food supplementation for effective prevention from mother to child.

To address sustainability, Jhpiego will identify institutions in two provinces that can be developed to provide ongoing capacity building. Direct assistance to the institutions will be based on initial assessment and will include educational equipment and support to establish training processes. The result is to improve both pre-service training as well as in-service training based on national strategies and guidelines. The implementation of these activities will be coordinated at the central level with MOH.

Jhpiego will train 120 lay workers by targeting at least three lay workers from each of the PMTCT sites in the two selected provinces. Jhpiego will provide mentoring and supportive supervision to these workers to ensure quality and safety of services.

PMTCT one time plus-up funds are being added to support: Development, dissemination and training in

the new PMTCT Guidelines. As described, changes in PMTCT guidelines have occurred. The MOH has quickly adopted as policy in Zambia the revised WHO guidelines, and the MOH has committed to change its implementation guidelines to allow nurses to prescribe three ARVs in the PMTCT program. However, roll-out may be delayed without additional resources for training and material development. Mobile teams from ART clinics have assisted, but require short-term funding. In addition, partner testing is recommended, but only a minority of nurses has received such training. One-time funding will be considered for development and printing of new guidelines for PMTCT. Development of curricula, training materials and job aides for nurse prescription of HAART during pregnancy, use of complex regimens including, if recommended, prevention of lactation transmission; and
Development and piloting of modules for couple prenatal education that includes couple testing and counseling, male reproductive health, and parenting information.

DOD PEPFAR will support the Zambia Defence Forces to train military medical personnel once the guidelines have been developed. JHPIEGO has been providing training and will be strategically placed to carry out this activity including dissemination. Military health facilities are not part of the MOH service delivery system and as such the activity has to be planned for and budgeted for separately. The military health facilities cater for military members, their facilities and the community surrounding the military bases, this has brought about an overwhelming burden but is an opportunity to reach women and children receiving services from them. An estimated 253, 000 people are being reached through the military bases around the country.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 250,000 | |

**Narrative:**

Jhpiego will train at least 40 providers, including doctors, nurses, clinical officers, and other health cadres, in diagnosis and management of TB including intensified case finding and management of other opportunistic infections (OIs). Using the training package developed by the ministry of health, health care professionals in ZDF will be trained in TB infection control. This training is a part of the series of trainings on core competencies for these cadres and will also include ART and PMTCT management, in an effort to strengthen linkages between ART and other HIV/AIDS prevention, care and treatment services to ensure more comprehensive and continuous care for people leaving with HIV/AIDS. Following the training, supervision visits to the service providers will be jointly conducted by Jhpiego and ZDF using SBM-R and other supervisory tools that were developed in the previous years.

Jhpiego will continue to expand the local ZDF capacity by training an additional 12 ART and TB staff as trainers and mentors to support and expand the program. To support performance improvement systems

and quality ART service delivery, Jhpiego will conduct supportive supervision visits to the 24 model facilities. Jhpiego will continue supporting the DFMS to conduct workshops using the orientation package for lay workers (e.g., managers, clergy, community leaders, and caregivers) on HIV/AIDS prevention, care and treatment orientation package, covering CT, PMTCT, Care and ART as well as linkages to other services such as TB and STIs, to educate them on HIV/AIDS and provide them with accurate and relevant information they can disseminate to more diverse populations.

To ensure sustainability, Jhpiego works within the existing ZDF structures and plans. Jhpiego facilitates the development and dissemination of appropriate standard guidelines, protocols, and plans. Jhpiego will continue to strengthen and expand facility-based performance improvement systems, providing increasing opportunities for the trained staff from model sites to lead supervision and mentorship programs, while still mentoring and actively supporting the ZDF sites whenever necessary.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11627** | **Mechanism Name: DAO Lusaka** |
|---|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: U.S. Department of Defense Southern Command | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 5,150,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 5,150,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview 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 conducted by the DOD PEPFAR office in Lusaka. ZDF has not benefited from the successes the Ministry of Health (MOH) has scored in the fight

against HIV/AIDS and DOD remains their single most important partner. The program will contribute to improved service delivery in HIV care and treatment through Systems Strengthening and Policy Development.

In 2009, a letter of agreement was signed by Ministry of Defense (MOD) and MOH to facilitate ZDF access to ARVs and HIV test kits from the Medical Stores. By linking the ZDF to the national drug supply system, the supply chain has improved and stock outs are things of the past. In FY 2010, DOD will support the three services in the Zambia Defense Force to come up with service specific HIV/AIDS Action Plans. These plans will be drawn from the ZDF HIV/AIDS Policy and ZDF Strategic Plan. It is expected that this process will help in fostering buy-in and enhancing ownership and sustainability of the program. The Defense Institute of Medical Operations conference will continue to be used as a training ground for leadership in HIV/AIDS programs; participation will be extended to the Defense School of Health Sciences and targeting the senior faculty members. Monitoring and Evaluation and Operational Research training will also be provided to key members of the Defense Force Medical Services (DFMS) and Directors of Medical Services for Zambia Army, Zambia Airforce and Zambia National Service. This is in response to the needs identified by the ZDF who want to take an active step in the area of operational research and M&E. The capacity, when developed, will enhance appropriate generation and utilization of medical data which will be used for programming by the ZDF, thereby enhancing ownership and sustainability of the program. In FY 2010, more strategic ZDF personnel will participate in the PEPFAR Implementers meeting in order to share and cross pollinate ideas and form lasting linkages. This capacity is developed in the ZDF personnel themselves thereby ensure sustainability well beyond PEPFAR.

Limited resources in the ZDF, coupled with an increasing population have left the military and uniformed services with substantial laboratory infrastructure deficits, which are compounded by the remote location of many of the camps, as well as inadequate support from donors and the Ministry of Health. While it is government policy to enhance comprehensive HIV/AIDS care and treatment programs which include PMTCT, Adult Care and Support, TB/HIV and Adult Treatment activities and training, deficiencies in infrastructure to include proper laboratory facilities have negatively affected the process.

This activity contributes to the national laboratory strategic plan by incorporating government personnel and policies and links with Centers for Disease Control and Prevention (CDC-TA #9022) activities in the Laboratory section, Project Concern International (PCI) and JHPIEGO's assistance to the Military and other Uniformed Services living in camps with comprehensive HIV/AIDS care and treatment programs which include PMTCT, Adult Care and Support, TB/HIV and Adult Treatment activities and training. The program will improve infrastructure to include laboratory facilities which will contribute to improved service delivery in HIV care and treatment by providing environments that are conducive to facilitating comprehensive HIV/AIDS Voluntary Counseling and Testing (VCT), Adult Care and Support and ARV

delivery.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 1,600,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **11627** |
| **Mechanism Name:** | **DAO Lusaka** |
| **Prime Partner Name:** | **U.S. Department of Defense Southern Command** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 1,550,000 | |

**Narrative:**

Infectious Diseases Institute (IDI): Training for nurses and clinical officers, doctors and laboratory staff at this institution is ongoing. The South to South training has proven to be highly cost-effective in. In FY 2010, more nurses and clinical officers, doctors and laboratory staff will be trained and train others. New cadres to be trained will include personnel in the medical records section and monitoring and research division. Some of these courses will be provided by the University of Zambia and Mildmay in Uganda. Military International HIV Training Program (MIHTP): Training of physicians on antiretroviral therapy, opportunistic infections, statistics, computers, and management of HIV associated diseases is ongoing. In FY 2010, DOD/SD civilian health care providers will expand their trainings to MSMH FSU.
Family Support Unit: This multidisciplinary clinic will provide comprehensive "one stop" HIV/AIDS services to families. Any family member seen at this unit will be an entry point for other family members. Disclosure especially in discordant couples will help reduce HIV infection. The extra rooms at FSU will increase office space at Maina Soko Military Hospital. Comprehensive family care will enhance couples and family counseling while the child care section will foster specialized care in a child friendly environment. Training at Naval Medical Centre, San Diego will continue in FY 2010. Food and Nutrition Support for malnourished pre-ART and ART patients will follow Zambian draft Food by Prescription guidelines. Linkages between ART and nutrition program will improve treatment outcomes.

Prevention with Positives workshops: In FY 2010, a minimum package for PLWH will be enhanced by JHPIEGO (clinical activities) and PCI (community).
Northern Command Hospital: This referral hospital will cater to the North Western, Luapula, Northern, Copperbelt province and Central Provinces. The Northern Command Hospital will help decongest MSMH and improve service delivery. Once plans have been finalized, DOD will work closely with ZDF leadership to strengthen the HIV/AIDS unit of this hospital, the laboratory and the family support unit.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 1,800,000 | |

**Narrative:**

PMTCT one time plus-up funds are being added to support: This will involve Improvement of infrastructure for PMTCT clinical services. Many antenatal and maternity facilities are improvised and not appropriate for delivery services and lack private space for HIV testing and PMTCT counseling. Further some facilities have provision only for antenatal care, without any delivery rooms. In many rural facilities, staff housing for PMTCT staff is limited or substandard to attract qualified staff. Facility deliveries are low due to long distances and lack of transport. Many sites lack electricity and proper water supply affecting quality of delivery services. These would require solar power and boreholes to improve service delivery. As these funds will be provided on a one-time basis. All recurring costs from these enhancements will be transferred and factored into the routine program interventions, of which a greater proportion of future costs should be assumed by the GRZ and the ZDF

Specific to the military health facilities, infrastructure improvement under this one-time funding will be considered for the following:

1.1 Construct, upgrade, remodel or refurbish antenatal clinics, maternity units, MCH and laboratory facilities to improve efficiency in PMTCT services. The ZDF will assist in site selection based on criteria that places emphasis on prioritizing facilities with poor infrastructure and potential impact;
1.2 Where there is a need for mother's shelters (pre-delivery), staff housing or solar power, provide these or other improvements; and

DOD PEPFAR has been improving infrastructure in partnership with the ZDF and the Ministry of Works and Supply; another important partner will be the Ministry of Health to review existing and approved maternity wings that can help to meet the needs of both clinicians and the mothers. This activity will go towards expansion of existing structures to provide adequate space for testing and counseling and onward referral to PMTCT services, additional space will be for delivery, recuperating and possibly admission for review and observation, laboratory services should also be housed in these spaces to

ensure there is no loss to follow up due to referral for external lab services as has been in the past. Military health facilities are not part of the MOH service delivery system and as such the activity has to be planned for and budgeted for separately, the ZDF has not received the same level of investments as the MOH and this will help to jump start and scale up the PMTCT activities. The military health facilities cater for military members, their facilities and the community surrounding the military bases, this has brought about an overwhelming burden but is an opportunity to reach women and children receiving services from them. An estimated 253, 000 people are being reached through the military bases around the country. Community approaches to improve uptake of highly efficacious PMTCT, this is due to the unique nature of the military setting and their possible exclusion from other initiatives in the civilian community

Partners testing. Developing and building programs that improve and expand confidential testing and counseling and PMTCT is critical for achieving overall primary prevention of HIV in Zambia. According to the 2007 ZDHS, only 45% of infected women and 28% of infected men had ever been tested for HIV. Overall, 11.2% of cohabiting couples are discordant for HIV, including 6.6% of couples where the man is positive and woman negative, and 4.6% of couples where the woman is infected. With low national uptake of counseling and testing, the vast majority of Zambians do not know their HIV status and that of their partners/spouses. While over 80% of pregnant women were tested in 2008, only about 10% of their male partners were tested. Low levels of male partner involvement in PMTCT services in Zambia have been of great concern. PMTCT services need to be strengthened using a number of effective approaches to enhance partner counseling and testing. Increased male partner involvement in PMTCT will ensure that couples access testing where they will know each other's HIV status and receive important preventive services and education on condom use to prevent the spread of infection in discordant couples, information on reduction of multiple concurrent sexual partners and repeat testing for both mothers, infants and male spouses. Implementing prevention strategies that target couples in PMTCT is most effective when they receive HIV results and counseling together. Thus the program will provide male partners with the opportunity for additional counseling, risk reduction messages, direct links to male circumcision services and screening and treatment for STIs. By counseling men and women together on the importance of PMTCT, this will reinforce and encourage adherence to these HIV prevention methods. Both partners will understand the essence of preventing transmission to the child and will be able to openly talk about how they can prevent transmission in discordant and re-infection in concordant couples.

Community Mobilization around PMTCT. Increased male partner involvement in PMTCT is a key ingredient to reducing HIV transmission among discordant couples. Male/partner testing and counseling needs to be promoted through mobilization of communities and their leaders need to take active involvement in PMTCT matters. To increase PMTCT uptake among both men and women, focus should

be placed upon male involvement through direct participation and sensitization using various innovative strategies and approaches. If traditional leaders' influence and involvement in PMTCT services is aggressively solicited to promote community involvement, the uptake of male partner counseling and testing is more likely to increase resulting in reduced infection among women and their infants and also among negative male partners in discordant relationships. Traditional and other community leaders can also play a critical role in assisting to ameliorate negative social norms associated with gender imbalances. Social norms that promote infidelity are hard to stamp out and therefore need concerted efforts capable of altering community values that continue to promote negative practices and behaviors. Well informed traditional leaders, committed and motivated community lay counselors, support groups and others community members, can, collectively, make a big impact on male involvement in PMTCT resulting into potentially increased partner counseling and testing and HIV status disclosures. Active involvement of all the key stakeholders at community level resulting into increased partner counseling and testing will also reduce stigma. While health facilities are the nucleus of PMTCT services in any given locality, outreach activities that promote and encourage increased community participation in breaking down barriers to partner counseling and testing are necessary and crucial. Such activities need to draw from expertise of health staff as well as on the local knowledge and positive traditions where the potential for enhanced male involvement can be nurtured and fostered.

Community leadership coupled with health worker commitment is critical to improve uptake of new regimes, of partner testing, and to improve coverage of four antenatal visits, testing uptake, facility delivery, repeat maternal testing, early infant diagnosis, and prompt treatment of infected children. Lessons learned from successful communities will be disseminated.

One-time funding will be considered for the following to strengthen communities' promotion of PMTCT and also sharing information on successes and challenges among facilities and groups.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 1,800,000 | |

**Narrative:**

The activities under this mechansim will remain unchanged from FY 2009. In FY 2005 – FY2009, the Zambia Defense Force (ZDF) identified eight regional sites located in the following provinces: Copper belt, Southern, Lusaka, Eastern, Central, Western and, Northwestern to focus on strengthening their HIV/AIDS treatment and care services. The sites received basic laboratory equipment and training. During the same period, the labs were linked to SCMS to ensure sustainable operations. Five additional pre-fabricated laboratories known as Togatainers were ordered and earmarked for health care facilities in the Zambia Army and Zambia Airforce. The process of establishing an Early Infant Diagnosis (EID)

laboratory at Maina Soko Military Hospital was commenced and includes renovations to existing infrastructure, procurement of equipment and supplies, equipment maintenance agreements and certification of biological safety cabinets and other equipment. Technical assistance for the expansion of the EID services will be supported by CDC through the Lusaka provincial health office and CDC Lab technical staff. The activities will compliment and support the MOH National Lab QA program, to continue to build local capacity and sustainability.

In FY 2010, DOD activities will also include improvement and expansion of ART and laboratory infrastructure on 5 existing sites at Lumezi ZNS (Lundazi, Eastern Province), Chisamba ZNS (Chibombo, Central Province), Katandano ZNS, (Solwezi, Northwestern Province), Mtetezi ZNS (Katete, Eastern Province) and Luanshimba ZNS (Mkushi, Central Province) which will aid in scaling-up interventions to meet the HIV/AIDS prevention, care and treatment. Procurement of laboratory equipment will also be made for the Togatainers and other laboratories. Sustainability of services will be ensured through construction of permanent and improved infrastructure, training of personnel and linkage to the national laboratory strategic plan by incorporating government personnel and policies. All 5 laboratory facilities will be accredited and certified by the national QA system.

PMTCT one time plus-up funds are being added to support: This will involve Improvement of infrastructure for PMTCT laboratory services. Many antenatal and maternity facilities are improvised and not appropriate for delivery services and lack private space for HIV testing and PMTCT counseling and lab services. Further some facilities have provision only for antenatal care, without any delivery rooms or labs. Facility deliveries are low due to long distances and lack of transport. Many sites lack electricity and proper water supply affecting quality of delivery services, this has also impacted laboratory services on the ground which are generally non-existent and have created a critical gap in the provision of quality services. These would require solar power and boreholes to improve service delivery. As these funds will be provided on a one-time basis. All recurring costs from these enhancements will be transferred and factored into the routine program interventions, of which a greater proportion of future costs should be assumed by the GRZ and the ZDF.

Specific to the military health facilities, infrastructure improvement under this one-time funding will be considered for the following:

1.1 Conduct district level laboratory assessments with ZDF and other partners and procure equipment as appropriate for maximum cost-effectiveness and coverage:
1.1.1 CD4 machines for district or facility laboratories
1.1.2 Hematology to measure anemia
1.1.3 Blood chemistry

| |
|---|
| 1.2 Assess and strengthen, as necessary and in consultation/collaboration with MOH, courier systems for facilities without full laboratory services;<br><br>DOD PEPFAR has been improving infrastructure in partnership with the ZDF and the Ministry of Works and Supply; another important partner will be the Ministry of Health to review existing and approved laboratories that can help to meet the needs of both clinicians and the clients. This activity will go towards expansion of existing structures to provide adequate laboratory services that should be housed within the maternity to ensure there is no loss to follow up due to referral for external lab services as has been in the past. Military health facilities are not part of the MOH service delivery system and as such the activity has to be planned for and budgeted for separately, the ZDF has not received the same level of investments as the MOH and this will help to jump start and scale up the PMTCT activities. The military health facilities cater for military members, their families and the community surrounding the military bases, this has brought about an overwhelming burden but is an opportunity to reach women and children. An estimated 253, 000 people are being reached through the military bases around the country. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11687** | **Mechanism Name: Peace Corps** |
|---|---|
| Funding Agency: U.S. Peace Corps | Procurement Type: USG Core |
| Prime Partner Name: U.S. Peace Corps | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 50,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 50,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

There are two main goals under this mechanism:

Goal 1: Rural communities develop and implement appropriate and sustainable HIV/AIDS awareness and

prevention programs.
Goal 2: Rural communities provide support for people living with HIV/AIDS (PLWHA) and their providers/caregivers and families.

In FY 2010, Peace Corps Zambia (PC/Z)will continue with its program of enhancing community based development, coordination, and implementation of HIV prevention and support in the rural areas of Zambia, in line with the USG Mission and Zambian Government strategy. The findings of the 2007 Zambia Demographic and Health Survey indicate higher rates of infection in the older age groups and those that are married or in some type of union. Though infections peak later in men than in women, they are less likely to have accessed HIV-related services such as counseling and testing and are more likely to engage in high risk sexual activities. Younger unmarried females have rates that approximate those older men highlighting issues of trans-generational sex. The Zambia National Prevention Strategy and the USG/Zambia recommendations on Prevention both give priority to addressing multiple and concurrent partnerships and addressing alcohol and substance abuse. Both also identify male involvement within the programs and effective leadership as areas that are weak and need strengthening.

In line with these and the USG and Zambian Government Strategy, PC/Z will expand activities to address multiple and concurrent partnerships, change male norms that sustain sexual networks and provide training and support to traditional and local leaders to facilitate action and dialogue on these behaviors. With the regionalization plan, more support will be provided at a regional level with linkages to other prevention and care programs being strengthened to ensure communities served can have access to comprehensive interventions.

The activities carried out will address issues of gender; in particular, they will address harmful male norms using the support of traditional leaders and will also increase women's access to income and productive sources, through leveraging of VAST (Volunteer Activities, Support and Training) and other funds.

Activities will be carried out in villages within six provinces. Most of the sites are remote and rural. The activities will target 41,200 people in 160 Volunteer sites.

PC/Z has been integrating its HIV activities into all Peace Corps projects. Over the coming years, the number of Volunteers supported by PEPFAR will be decreased as the costs of carrying out the activities are aligned with those funded through the agency core budget. Staff costs being borne by PEPFAR will also be gradually moved to the appropriate budget. With full integration of HIV/AIDS into the existing projects, the cost of carrying out work in the area of HIV/AIDS will be a part of every Peace Corps project rather than a separate program on its own. This will not only improve efficiency but will ensure

sustainability of the work beyond PEPFAR.

Peace Corps has developed a Volunteer Reporting Tool that enables Volunteers to track and report their work electronically. All Volunteers are trained and supported to use the tool and a database is maintained at post to track all work being done in each of the projects and in the HIV/AIDS initiative.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing women's access to income and productive resources

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **11687** | | |
| **Mechanism Name:** | **Peace Corps** | | |
| **Prime Partner Name:** | **U.S. Peace Corps** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 30,000 | |

**Narrative:**

Volunteers and their counterparts will provide community-based social and prevention services. Volunteers will mainly build the capacity of community based home care providers and mobilize people living with HIV and AIDS (PLWHA) to form community based support groups and also link the members to other care and support programs within the community. They will support behavioral interventions for prevention and link them to other partners providing the biomedical interventions.

Using the skills and expertise of the other Peace Corps projects (Linking Income Food and Environment and Rural Aquaculture), Volunteers will work with affected individuals and households to enhance food security through delivery of nutrition workshops, supporting nutrition gardening and fish farming. Peace Corps Volunteers will follow national nutrition guidelines – Zambian Nutrition and HIV guidance.

Volunteers will work with communities to leverage VAST and other funds for income-generating activities, such as community gardens and fish farming for improved nutrition and food security for PLWHA, their families, and caregivers. Specific attention will be given to increasing women's opportunities to improving their economic status through these income- generating activities. Volunteers will also work with affected households to improve access to safe water and sanitation and they will coach family members in how to maintain a more hygienic environment for the chronically ill, particularly those who are bedridden.

Volunteers and their counterparts will target both HIV positive men and women in the age groups 15-49 years. As more women take on the role of care-giving, special emphasis will be given to training them and helping them access income generating activities.

The work will be undertaken in 26 districts in six provinces. Approximately 800 people living with HIV will be reached with the activities. In line with PEPFAR and the country strategy, PC/Z will increase access to comprehensive prevention services for PLWHA.

Volunteers will work closely with service outlets such as health clinics to notify nurses, other health workers or home based care teams of the need to visit a chronically ill person or to collect supplies to replenish a home care kit. Volunteers will also interact with representatives from other sectors such as agricultural extension agents and collaborate with entrepreneurs to establish nutrition gardens and income-generation activities.

PC/Z will conduct regular monitoring of the program through the Volunteer Reporting Tool and will coordinate and collaborate with other organizations providing care and support to ensure the work is in line with set national guidelines and standards. All Peace Corps Volunteers are trained in permagardening to encourage PLWHA to establish nutritious home gardens.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 20,000 | |

**Narrative:**

Volunteers and their counterparts will mobilize and facilitate community leaders to take the lead on prevention and get the community to address societal norms such as multiple and concurrent partnerships and age-disparate partnering. Volunteers will work especially with male groups (ages 20-49) to address male norms and behavior that put them at risk of HIV infection and help link them to HIV counseling and testing and other related services. Volunteers will conduct male engagement activities

(three days or 21 sessions) based on Engender Health's "Men As Partners". Working with established groups such as fish farmers, farmers, teachers, women's groups, and church groups, Volunteers will conduct continuous education and re-enforcement of messages during regular monthly group meetings. They will also conduct five day trainings for peer educators within the groups to ensure sustainability beyond their service.

Volunteers continue to work with the older youth through school and community based programs to deliver culturally and age-appropriate AB messages with a focus on intergenerational as well transactional sex. Targeting older girls (15 to 24 years), Volunteers and their counterparts will work with health centre staff to support peer educators, establish youth-friendly centers for message and material dissemination, establish youth clubs, and also use sports and entertainment to build motivation and skills for HIV prevention. Volunteers will follow the Peace Corps Life Skills Manual, a comprehensive behavior change approach which has been used successfully by Peace Corps Volunteers worldwide since 2000. Training sessions (lasting five days or 24 sessions) on HIV/AIDS, sexually transmitted infections, and reproductive health will be integrated appropriately for different age groups and target audiences.

Volunteers will access the Volunteer Activities, Support and Training (VAST) program funds, to enable their communities carry out small projects, training and educational events related to AB prevention. Activities will include capacity building for community-based organizations carrying out prevention work, education activities using sports and entertainment, and commemoration of events like World AIDS Day. Volunteers will also use VAST funds for income-generating activities for community groups and clubs with specific attention being given to increasing young women's opportunities to improving their economic status through these income- generating activities.

Working with other PEPFAR funded and government programs, Volunteers will link the communities to counseling and testing services, male circumcision, and other areas of prevention.

The activities will occur in rural, remote villages in six provinces and will target 24,000 individuals.

Using the Peace Corps Volunteer Reporting Tool that Volunteers maintain of their activities, PC/Z will monitor and evaluate the progress of the activities in meeting the goals of the program.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 11694 | Mechanism Name: Centers for Disease Control and Prevention |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: USG Core |
| Prime Partner Name: HHS/Centers for Disease Control & Prevention | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 2,417,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,417,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Centers for Disease Control and Prevention (CDC) provides technical assistance (TA) to implementing partners across Zambia. Through trainings, procurement, travel, and contractors, CDC is able to monitor and evaluate activities and programs for quality assurance. CDC is a resource to implementing partners to help troubleshoot technical and logistic problems. With its extensive scientific background, CDC is strategically placed to provide timely assistance across all technical areas.

Though CDC provides TA to implementing partners in all nine provinces of Zambia, the majority of its efforts are concentrated in Lusaka, Eastern, Western, and Southern provinces. CDC targets its TA to implementing partners that work in urban and rural regions of Zambia. Recipients of CDC TA include the Ministry of Health (MOH), Provincial Health Offices, District Health Offices and Management Teams, community health care workers, lay counselors, traditional birth attendants, local non-governmental organizations, and international aid organizations.

In FY 2010, CDC will use TA to:

• Strengthen monitoring and data systems
• Strengthen linkages within referral and follow-up systems
• Procure supplies to avoid stock-outs and disruptions of services
• Produce information and education materials
• Provide programmatic guidance to partners to align with the Zambian National HIV Preventions Strategy

(ZNHPS)
• Monitor implementation
• Build capacity for effective prevention approaches
• Develop evaluations and assessments of impact and program effectiveness
• Scale-up prevention with positive programs (PWP)
• Integrate prevention aspects into all programs
• Update manuals and guidelines
• Ensure quality of service
• Provide applicable capacity building training courses
• Collaborate with other donors

Through provision of TA, CDC is able to build capacity of local organizations and local workers. Ensuring the quality of health facilities, labs, and services, CDC strengthens the Zambian health systems.

Utilizing local CDC staff in the provision of TA enables implementing partners to save monetarily from subcontracting to other organizations with high overhead and consultancy costs.

CDC Branch Chiefs and the CDC management and operations staff monitor the expenditure of TA funds.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **11694** |
| **Mechanism Name:** | **Centers for Disease Control and Prevention** |
| **Prime Partner Name:** | **HHS/Centers for Disease Control & Prevention** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 128,000 | |
| **Narrative:** | | | |

This activity builds on achievements of PEPFAR 1. Technical assistance (TA) funding will support; 1) TA to National HIV drug resistance (HIVDR) surveillance and monitoring, 2) supervisory visits to ART treatment, care and support sites, 3) developing capacity of ART sites to use SmartCare (a standardized electronic health record system) 4) development and integration of prevention for positives (PWP) in ART treatment and care programs, and 5) working with the Ministry of Health (MOH) and National AIDS Council (NAC) to update treatment and care training manuals and guidelines.

During FY 2005, in response to a specific request from the MOH, the USG provided TA to the national ART program in developing a national plan for surveillance for HIVDR. In fiscal years 2006, 2007 and 2008, the USG provided support for the procurement of equipment and supplies, and training for laboratory staff in testing for HIVDR. The USG also provided TA to prepare key sites for monitoring of HIVDR, in close collaboration with the World Health Organization (WHO), MOH, and NAC. MOH commenced HIV DR monitoring in 2 sites in FY 2009. The lessons learned from these pilot sites will be used to scale up HIVDR to additional sites and strengthen laboratory capacity for HIVDR monitoring.
In FY 2009 USG provided TA through supervisory visits to ART delivery sites and will continue to do so in FY 2010 to ensure that quality of service is maintained.

In FY 2008 and FY 2009 funds supported TA for CDC care, treatment and strategic information (SI) teams to the national program focusing on a quality improvement and expansion of SmartCare to more than 450 ART and prevention of mother to child HIV transmission sites. In FY 2010 CDC will support MOH to strengthen capacity at these sites to use SmartCare to identify gaps in service for improving service delivery.

PWP is a new activity that the USG will work in collaboration with MOH and NAC to develop and introduce in service delivery sites and will update treatment and care guidelines and training manuals to include PWP as part of the standard of care. Funds within this activity will also be used for staffing costs needed to monitor the ARV services and infrastructure rehabilitation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 85,000 | |

**Narrative:**

HVCT technical assistance (TA) will develop and implement community based agreements or "compacts" to decrease HIV incidence in Zambia. The term "community compacts" represents a different approach to HIV prevention, aimed at engaging directly with target communities and entering into a process whereby leaders and individuals alike are all involved in decreasing the number of new HIV infections.

Counseling and Testing (CT) is an essential intervention in all HIV/AIDS programs as a link between prevention, care and treatment efforts. Those who test HIV negative can change their behavior in order to prevent acquisition of the virus in the future. Those who test positive can change their behavior to prevent transmission to their partner(s) and to make informed decisions about seeking appropriate care and treatment.

In FY 2010, CDC will provide TA within communities and various points of care to integrate prevention. CDC will provide TA to partners to implement the new prevention strategy within their objectives. This will include support to partners engaged in house to house counseling and testing and those that provide adherence counseling to people on treatment.

CDC will provide TA in the implementation of goals and objectives in relation to care, treatment, and prevention in close collaboration with Zambian partners, District Health Management Teams, local chiefs, and community leaders. This activity will support meetings that focus on HIV prevention, importance of CT, the value of couples CT and the importance of maintaining less risky behaviors in communities.

This TA will support national CT and prevention meetings, travel to the field to monitor implementation of CT and prevention programs, and one international or regional travel to attend relevant trainings, workshops, or symposiums.

The TA will introduce community based electronic health record (EHR) data collection and use. This will begin with use of paper forms at point of service, with electronic entry of forms and linkage to full EHRs effected subsequently, at nearest health care facility. During 2010, one or more portable electronic platforms will be tested for candidacy as an immediate data capture device at the point of care.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 1,225,000 | |

**Narrative:**

In FY 2010, CDC Zambia will continue to provide Strategic Information (SI) technical expertise and support to the Ministry of Health (MOH), and other partners in three areas:

1) ICT expertise for: (a) procurement, maintenance, and replacement of IT equipment for the new Pediatric and Family Center of Excellence at UTH; (b) maintenance contracts for printers & computers, continued network operability for remote sites, VSAT and terrestrial communication links, and network hardware; (c) training for CDC and partner IT staff in networking and server administration; and (d) ZNBTS support on linking SmartCare to the national donor retention database, and continued salary

support for CDC staff.

2) M&E support to: (a) the national M&E capacity and workforce building initiative in cooperation with NAC, MOH, and other partners to deliver performance-based ongoing training, mentoring, and scholarships to Provincial and District partners; (b) finalize and disseminate a system dynamics evaluation of antiretroviral therapy treatment success and the role of ancillary services; (c) develop appropriate tools, manuals and quality assurance processes for SmartCare implementation; (d) Provincial Health Offices for M&E, SmartCare deployment and data quality assessments; and (e) to Zambian M&E professionals to publish and present operations and evaluation research.

3. HIV/AIDS surveillance support to: (a) Government of the Republic of Zambia (GRZ) in HIV and syphilis surveillance and reporting, and HIV incidence and prevalence in antenatal clinics using BED-CEIA assay; (b) strengthen the Zambian National Cancer Registry in surveillance and reporting of AIDS-related malignancies; (c) CSO to expand Sample Vital Registration with Verbal Autopsy (SAVVY) System; (d) MOH in monitoring transmitted HIV drug resistance prevalence among young antenatal clinic attendees; (e) provide expertise and training to increase Zambian human resource capacity in data management, statistical analysis, scientific writing, and preparation of manuscripts for publication; (f) improve Zambia's geographic data layers for mapping to support HIV/AIDS monitoring, evaluation, and response through MOH; and (g) GRZ to develop and implement an AIDS Indicator Survey.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 50,000 | |

**Narrative:**

In partnership with Support for HIV/AIDS Response in Zambia (SHARe), the University of Zambia Center of Excellence (UNZA COE), and the Joint United Nations Program on AIDS (UNAIDS), the National Association of State and Territorial AIDS Directors (NASTAD) assisted the Zambia National HIV/STI/TB Council (NAC) in promoting information flow and improving system-wide planning from districts and provinces to the national level. NAC strengthens multi-sectoral planning and data use efforts with NASTAD and SHARe by supporting Provincial AIDS Coordinating Advisors (PACAs), District AIDS Coordinating Advisors (DACAs), Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs) and Community AIDS Task Forces (CATFs). On-going technical assistance (TA) to NAC, PATFs and DATFs in Southern, Lusaka and Western provinces will continue to focus on strengthening the national system for collecting, disseminating and using data to inform the national response to HIV/AIDS, the institutional capacity of the UNZA COE, and data utilization and dissemination in support of evidence-based policy and prevention program planning for community-level responses to HIV/AIDS. These activities will allow Zambia to understand its HIV/AIDS epidemic better and use local data to

inform policy and HIV/AIDS programs.

The USG has been instrumental in facilitating joint capacity building with NAC and the national Monitoring and Evaluation (M&E) Technical Working Group to ensure harmonization of capacity building efforts and procedures in Zambia. An Evaluation Capacity-Building Sub-Committee includes staff from NAC, SHARe, UNAIDS, United Nations Development Program, Global Fund, Ministry of Health, United States Agency for International Development, and CDC. The sub-committee follows a plan which ensures an integrated and coordinated implementation plan for provision of technical assistance. Continued goals for FY 2010 are to: 1) strengthen HIV/AIDS program management, leadership, policy development and evaluation; 2) use data to inform policy and program development, and improve communication at the national, provincial, and district levels; and 3) strengthen the monitoring, evaluation, and planning training capacity of the UNZA COE.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 40,000 | |

**Narrative:**

In FY 2010, the Abstinence and Being Faithful (AB) technical assistance (TA) will support interventions that promote abstinence and be faithful. The TA will focus on supporting institutional and community-based AB programs implemented by USG partners. The AB activities will aim to reducing the transmission of HIV among youth and adults. The activities will mobilize religious and community leaders in facilitating the dissemination of AB messages during ceremonies and other events. TA will be provided to partners to align their activities with the new National HIV Prevention Strategy which recognizes the challenges of HIV prevention.

It is essential to promote programs that support AB as most young people engage in early sexual activity. According to ZDHS (2007), 16 percent of women aged 20 – 49 and 13 percent of men in the same age group reported that they had sexual intercourse by age 15. It is therefore important to target this age group with abstinence interventions. This activity will link to other program areas to build effective synergies and a consolidated approach to HIV prevention. Appropriate AB prevention models will be promoted and scaled-up to various groups with a goal of changing social norms and attitudes, focusing on reduction of multiple concurrent partnerships, age disparate partnering, gender-based violence and reduction in alcohol abuse. The activity will have a strong link to mobilization for increased uptake of MC services. The AB will be closely linked with TC so that individuals know their status. Those who test negative will be encouraged to remain negative while those who test positive will be reached with prevention for positive messages.

Regular field visits will be conducted for consultations with partners, monitoring implementation as well as building capacity of local staff to implement comprehensive AB interventions. The TA will encourage and support training in relevant behavioral science to build local capacity for effective prevention approaches; development of evaluation and assessments for impact and programmatic effectiveness. In addition these funds will allow for one international travel to attend relevant training, workshop, or symposium.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 40,000 | |

**Narrative:**

In FY 2010, this activity will focus on implementing Other Prevention activities and promote behavioral change to contribute towards the reduction of sexual transmission of HIV. The activity is linked to all prevention narratives, Abstinence and Being Faithful, Male Circumcision (MC) and counseling and testing (CT); it is also linked to antiretroviral treatment (ART) section addressing prevention with positives. Activities will also focus on providing technical assistance (TA) to implementing partners and communities to scale-up and integrate prevention messages targeted towards community members, families and individuals. In line with the GRZ approach to prevention, implementing partners will be encouraged to buy-in and follow the new National HIV Prevention Strategy.

The activity will target and address high risk behaviors among MARPS beyond AB and will focus on partner reduction and increased access to and availability of condoms. Information on condom use will emphasize consistent and correct condom use. Partner reduction and condom use will require that men are also mobilized to take part in prevention activities and sexual and reproductive health, in general, for the benefit of their families and the wider community. This activity will be carried in close collaboration with the GRZ, other partners and USG agency technical specialists. Provincial meetings will he held with partners on the national strategy to build capacity of local partner staff to take leadership in promoting comprehensive and effective HIV prevention.

CDC TA will provide oversight, to ensure that PEPFAR funded activities are consistent with the Zambian National Prevention Strategy and local partners will be trained in relevant behavioral science disciplines in order to build local capacity. Capacity of local partners will also be developed in evaluation of program effectiveness and impact of interventions. Under this activity, funds will support attendance at NAC/MOH meetings as well as travel to the field to monitor implementation of prevention activities. Support for travel to attend international meetings and workshops related to prevention, MC, CT and STIs will be provided.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 125,000 | |

**Narrative:**

Centers for Disease Control and Prevention (CDC)-Zambia will continue providing technical assistance to the Ministry of Health (MOH), the National HIV/AIDS/STI/TB Council (NAC), and implementing partners in the continued expansion of prevention of mother to child transmission of HIV (PMTCT) services nationally.

Since FY 2007, CDC-Zambia has continuously assisted the MOH to strengthen the monitoring and data system from facility to national-level reporting using the CDC developed PMTCT monitoring system and SmartCare. This activity will continue to be rolled out in the country in collaboration with MoH and partners.

In FY 2007/8, PCR testing on infant dried blood spots was rolled-out and implemented nationwide based on the courier systems linked to the three PCR reference laboratories (two additional planned for FY 2010). CDC will strengthen the linkages with the Pediatric Care and Support program to ensure that there is continuity of care of the exposed infant through the integration of dried blood spots (DBS) in routine maternal, neonatal and child health services.

In FY 2010, as in previous years, the USG will continue strengthening the national PMTCT program through the procurement of back-up (buffer) supplies in-line with the U.S. Five-Year Global HIV/AIDS Strategy. As part of this activity, the USG will procure supplies that are vital in the provision of the national minimum package of PMTCT to avoid national stock-outs that would disrupt provision of services. CDC will support the national PMTCT program with technical assistance and support for study tours and other relevant programmatic reviews. Lack of male involvement in PMTCT has been one of the compounding factors that impact on the program significantly. CDC will work with partners to improve on male participation in PMTCT and address the need to train PMTCT providers in couple counseling and testing.

CDC will also support the production of materials that will enhance PMTCT uptake including revision of guidelines. Finally CDC will work with PMTCT programs to leverage funds in support of the mother-2-mothers program that provides peer-to-peer education/psychosocial support services for PMTCT clients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 500,000 | |

**Narrative:**

In FY 2010, the Laboratory Infrastructure and Support Branch of CDC Zambia (CDC) will continue to provide technical expertise and pre- and in-service training to the MOH, partners, and other US agencies.

These efforts will improve the quality of laboratory services, strengthen the national quality assurance program, and build sustainable laboratory systems in Zambia. Efforts will be focused in the following areas:

1) Coordination and provision of technical support for:

a. National laboratory QA programs focused on rapid HIV testing, TB smear microscopy, CD4 enumeration, chemistry, and hematology;

b. National laboratory-related training courses for Zambian laboratory personnel focused on management, TB smear microscopy, QA/QC phlebotomy, and basic computer skills;

c. National roll out training for HIV rapid testing and TB smear microscopy;

d. Collaboration with ZPCT and other partners to standardize the quality of HIV rapid testing and TB smear microscopy;

e. Microbiology and opportunistic infection diagnoses at UTH laboratory

f. Development of a 5-year national laboratory strategic plan, and a national operational plan;

g. Laboratory Information System evaluation;

h. Laboratory accreditation activities; and

i. Laboratory response to outbreaks of diseases

2) Support of:

a. Three locally employed laboratory staff and two international senior laboratory experts

b. CDC staff in-country travel to perform on-site training and supervisory visits;

c. Laboratory personnel to attend international workshops and training for career development; and

d. Laboratory professional promotion events.

3) Provision of :

a. Material support for QA/QC;

b. Technical support and training in support of expansion of infant diagnosis utilizing PCR techniques at 3 provincial General Hospitals; and

c. Technical assistance to DOD in support of expansion of the military clinical and laboratory services in Zambia.

4) Assistance to the MOH to collect and analyze data at the MOH central collection point, followed by dissemination of national EQAS data through workshops, scientific meetings and/or conferences.

5) Follow-up on site visits.

6) Collaboration with other donors (e.g., Global Fund, WHO, PMI, USAID, and JICA) to ensure harmonized efforts.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 224,000 | |

| Narrative: |
| --- |
| In FY 2010, CDC will provide support to the Ministry of Health (MOH) National TB Program (NTP) in the following areas: Printing of 2000 copies of the National TB manual, print 2000 copies of the Facilitators manual for training TB treatment supporters for use by health care providers in the program. CDC will print 1000 TB registers for documenting the TB and TB/HIV data at diagnostic and TB treatment centers. Support will also be given to the National TB prevalence survey whose objectives are to: 1) Assess the prevalence of smear positive and bacterilogically positive pulmonary TB, 2) Assess the prevalence of symptoms suggestive of TB and predictive values, 3) Evaluate the magnitude of TB care out side NTP, and 4) Measure HIV prevalence.<br><br>CDC will support the NTP to continue providing support in printing the quarterly TB/HIV news letter to facilitate the sharing of knowledge and experiences in the implementation of activities at all levels.<br><br>In addition support will also be given to program evaluation and the use of cotrimoxazole for HIV positive TB patients in TB clinics. This activity is currently being implemented in the HIV clinics and some co-infected TB patients are not accessessing the cotrimoxazole.<br><br>In FY 2010, CDC will continue to provide support to the Ministry of Health (MoH) National TB Program (NTP) through technical supportive supervision at National, Provincial, District and health center levels in Lusaka, Southern, Eastern and Western provinces. On the job training to health facility staff will be held during these visits.<br><br>CDC will support the NTP to strengthen the TB/HIV coordinating bodies through technical support at meetings held quarterly in the Provinces and also provide similar support at National, Provincial and district TB/HIV data review meetings.<br>Financial and technical support in the national TB review where an evaluation will be conducted in all the provinces will also be provided by CDC. Attendance at international TB/HIV trainings and conferences and salary support will be offered to CDC staff.<br><br>In addition, CDC and the MOH National TB Program will be focus its efforts in the following areas : conducting of consensus building meetings/workshops aimed at documenting existing TB-TB/HIV data elements for purposes of building a SmartCare TB module, developing operational procedures of using the SmartCare TB module, signing off the SmartCare user interface (screens) and reports, and training 100% of the eligible TB facilities on how to use the SmartCare TB module. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12259** | **Mechanism Name: STEPS-OVC** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

PMTCT one time plus-up funds are being added to support: Community approaches to improve uptake of highly efficacious PMTCT regimens including the monitoring thereof. Developing and building programs that improve and expand confidential testing and counseling and PMTCT is critical for achieving overall primary prevention of HIV in Zambia. Overall, 11.2% of cohabiting couples are discordant for HIV, including 6.6% of couples where the man is positive and woman negative, and 4.6% of couples where the woman is infected. With low national uptake of counseling and testing, the vast majority of Zambians do not know their HIV status and that of their partners/spouses. While over 80% of pregnant women were tested in 2008, only about 10% of their male partners were tested. Increasing the promotion of and access to testing and counseling, beginning at the community level is one of the focus strategies to reaching the enhanced uptake as low levels of male partner involvement in PMTCT services in Zambia have been of great concern.

Male/partner testing and counseling needs to be promoted through mobilization of communities and their leaders need to take active involvement in PMTCT matters. To increase PMTCT uptake among both men and women, focus should be placed upon male involvement through direct participation and sensitization using various innovative strategies and approaches. If traditional leaders' influence and involvement in PMTCT services is aggressively solicited to promote community involvement, the uptake of male partner counseling and testing is more likely to increase resulting in reduced infection among women and their

infants and also among negative male partners in discordant relationships. Traditional and other community leaders can also play a critical role in assisting to ameliorate negative social norms associated with gender imbalances. Active involvement of all the key stakeholders at community level resulting into increased partner counseling and testing will also reduce stigma. While health facilities are the nucleus of PMTCT services in any given locality, outreach activities that promote and encourage increased community participation in breaking down barriers to partner counseling and testing are necessary and crucial.

Community leadership coupled with health worker commitment is critical to improve uptake of new regimes, of partner testing, and to improve coverage of four antenatal visits, testing uptake, facility delivery, repeat maternal testing, early infant diagnosis, and prompt treatment of infected children. Lessons learned from successful communities will be disseminated.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **12259** | | |
|---|---|---|---|
| **Mechanism Name:** | **STEPS-OVC** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | Redacted | Redacted |
| **Narrative:** | | | |
| PMTCT one time plus-up funds are being added to support: The monitoring and evaluation of community based activities. Resources will be utlized to monitor uptake of couples counseling using community approaches as well as adherance to regimens for women entering the PMTCT program.<br><br>Given the unique nature of these funds, monitoring of accomplishments will be critical to show program | | | |

success and to advocate for continued funding. Using both existing and potentially new PEPFAR indicators to track implementation progress will be essential in order to identify where interventions have an impact and where adjustments are required. Reporting out at national and international levels will also be an important responsibility covered with the use of these resources.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | Redacted | Redacted |

**Narrative:**

PMTCT one time plus-up funds are being added to support: Community based interventions woven into the newly procured community based prevention, care, and treatment program.

Activities under this area will strengthen the new activity which will promote testing and counseling. With the addition of these one time funds, activities will focus on the promotion of couples counseling for the antenatal setting. Community based personnel will work at a household and catchment level to foster an environment where men take greater responsibility for pregnancy outcomes, including knowledge of partner status during pregnancy.

Community based health providers will focus activities within their catchment areas to identify pregnant woman and encourage them, along with their partner, to access testing and counseling and enter into the PMTCT program should the results so require.

Community activities will also focus on adhearance to medications for woman who require the more efficacious regimens and will also include promotion of infant feeding and nutrition demonstrations. Given that this will be a relatively new phenomenon for these women, implementing the new protocol will require both vigilance and follow up. Activities at the community level will provide this follow up and serve as a touch point to ensure women follow appropriate prescription practices as well as continue to access services on a routine basis.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12260 | Mechanism Name: Project SEARCH |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |

| Prime Partner Name: TBD | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

PMTCT one time plus-up funds are being added to support:

Ten percent of the proposed plus-up funds will support national efforts to improve access and uptake to PMTCT, pediatric HIV care, and infant feeding services through a harmonized and integrated monitoring and evaluation system and operations research to identify barriers to uptake of services. Cost information on pediatric HIV/AIDS care and treatment is limited, though Zambia partners have used several approaches for adult care and treatment. Understanding and documenting the reasons and cost of PMTCT failures will assist in advocacy for improvements in coverage.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| **Mechanism ID:** | **12260** | | |
|---|---|---|---|
| **Mechanism Name:** | **Project SEARCH** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |

| | | | |
|---|---|---|---|
| Other | HVSI | Redacted | Redacted |

**Narrative:**

Resources requested under this area will be utilized to conduct operations research to identify areas of program implementation which are succeeding, and those which need further assistance. Funds will also be utilized to identify gaps in service provision and to gain a greater understanding of health seeking behavior around PMTCT services.

One-time funding will be considered for:
5.1 Assessment of complete costs of care for infected children, including ART costs, inpatient and outpatient services costs, with modeling of long-term survival and cost scenarios;
5.2 Cost-benefit analysis comparing the additional costs of earlier HAART for pregnant women or complex PMTCT regimes based on pediatric cost data;
5.3 Qualitative and anthropological analysis of missed opportunities for PMTCT and PMTCT failures across the cascade, including the social, cultural, laboratory and clinical factors that contribute to infant infection; and
5.4 Analysis and dissemination of information using Next Generation PMTCT indicators to assess program effectiveness including the impact of COP funding increases for operational costs and these one-time plus-up funds.
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## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12261** | **Mechanism Name: Supply Chain Management System Project** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 6,000,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |

| | |
|---|---|
| GHCS (State) | 6,000,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of the Supply Chain Management System project (SCMS) is to ensure an uninterrupted supply of HIV/AIDS prevention and treatment commodities to government and NGO facilities in Zambia.

SCMS activities and procurements benefit all nine provinces in Zambia. USG-funded ARV drugs, HIV rapid test kits, OI/STI drugs and laboratory commodities will be placed in the Government of the Republic of Zambia's (GRZ) central warehouse, Medical Stores Limited (MSL), where all public sector and accredited Non Governmental Organizations (NGO)/Faith Base Organizations (FBO) /Community Base Organizations (CBO)/work-place/private sector HIV/AIDS programs will have access to these critical supplies.

In September of 2009, the Office of the U.S. Global AIDS Coordinator announced its intention to make available up to $15 million to the President's Emergency Plan for AIDS Relief, Zambia Team (PEPFAR/Zambia) in FY 2010. PEPFAR/Zambia was chosen as one of the countries which could significantly improve the coverage of ARV prophylaxis, and change its regime from single dose nevirapine to more efficacious PMTCT regimens for mother and infant pairs. PEPFAR/Zambia has continued to make tremendous progress in counseling and testing coverage but lags behind in the provision of ARV prophylaxis for HIV positive women and their exposed infants. This plan therefore, demonstrates how these FY 2010 funds can assist PEPFAR/Zambia's advancement in reaching 80% of HIV positive pregnant women and their HIV exposed infants with more efficacious PMTCT regimens.

With an understanding of the need to strengthen efforts to reduce infections and the resource burden of the HIV/AIDS program in Zambia, in its Country Operational Plan (COP) 2010 presentation PEPFAR/Zambia indicated its intention to enhance the PMTCT program to further strengthen its prevention emphasis. PEPFAR/Zambia has achieved many successes in its PMTCT program, yet the impact on pediatric HIV infection has only been modest. There is fall-off in the cascade such that less than half of women enrolled in the program receive ARV prophylaxis. The PMTCT plus-up funds will be utilized to further jump start the expansion and strengthening of services required to sustain highly effective PMTCT. An effective PMTCT program will lead to significant reduction in the incidence of pediatric HIV cases, and consequently savings in costs due to a reduction in pediatric HIV care costs. Improved efficiencies in service delivery will be utilized to sustain an effective PMTCT program in future years, and will compensate for the additional initial increase in prophylactic ARVs.

This plan outlines, therefore, how SCMS will use these one-time funds, in order to achieve the following:-
• Undertake a one-time procurement for ART commodities for the PMTCT program

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12261** | | |
| **Mechanism Name:** | **Supply Chain Management System Project** | | |
| **Prime Partner Name:** | **Partnership for Supply Chain Management** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Treatment | HLAB | 1,000,000 | |

**Narrative:**

Improving service delivery

Despite the successes of the PMTCT program, the majority of HIV+ women are reached with only single dose nevirapine. In order to meet the objectives of the plus-up funds, the USG program will improve the quality of the PMTCT services and promote integration with pediatric and adult ART, child survival, nutrition and reproductive health services. The activities planned under this strategy will initialize implementation of more efficacious regimens through strengthening logistic/supply systems, procurement of ARVs and other PMTCT supplies and specimen systems. Since this is a one-time funding activity, the costs of the initialization of these activities, will be factored into routine planning for subsequent years.

One time funding will be considered for the following:
4.1 Establishment of family centered services HIV/AIDS services;
4.1.1. Integration of ART in the PMTCT; and
4.1.2. Promotion of one stop center where HIV positive women can access more efficacious ARV

prophylaxis and/or HAART through stationary or mobile services depending on the human resources or the level of the facility;

Activities to achieve this strategy will involve one time start up costs for commodities and supplies for a further 2 years.
4.2 Procurement of PMTCT commodities;
4.2.1. Laboratory reagents and supplies

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HTXD | 5,000,000 | |

**Narrative:**

Improving service delivery

Despite the successes of the PMTCT program, the majority of HIV+ women are reached with only single dose nevirapine. In order to meet the objectives of the plus-up funds, the USG program will improve the quality of the PMTCT services and promote integration with pediatric and adult ART, child survival, nutrition and reproductive health services. The activities planned under this strategy will initialize implementation of more efficacious regimens through strengthening logistic/supply systems, procurement of ARVs and other PMTCT supplies and specimen systems. Since this is a one-time funding activity, the costs of the initialization of these activities, will be factored into routine planning for subsequent years.

One time funding will be considered for the following:
4.1 Establishment of family centered services HIV/AIDS services;
4.1.1. Integration of ART in the PMTCT; and
4.1.2. Promotion of one stop center where HIV positive women can access more efficacious ARV prophylaxis and/or HAART through stationary or mobile services depending on the human resources or the level of the facility;

Activities to achieve this strategy will involve one time start up costs for commodities and supplies for a further 2 years.
4.2 Procurement of PMTCT commodities;
4.2.1. ARVs;

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12262 | Mechanism Name: Zambia Integrated Systems Strengthening Program (ZISSP) |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Zambia Integrated Systems Strengthening Program (ZISSP) will focus on supporting health systems strengthening initiatives, selected aspects of facility-level health services delivery, and integrated community-level promotion and service delivery interventions. This five year project builds on experiences from the Health Services and Systems Program (HSSP) and adds an explicit and enhanced community component. The new project will operate at the national level, in all nine provinces and in at least 27 target districts. It will be linked to other USG-funded HIV prevention, care and treatment programs.

In September of 2009, the Office of the U.S. Global AIDS Coordinator announced its intention to make available up to $15 million to the President's Emergency Plan for AIDS Relief, Zambia (PEPFAR/Zambia) Team in FY 2010. PEPFAR/Zambia was chosen as one of the countries which could significantly improve the coverage of ARV prophylaxis, and change its regime from single dose nevirapine to more efficacious PMTCT regimens for mother and infant pairs. PEPFAR/Zambia has continued to make tremendous progress in counseling and testing coverage but lags behind in the provision of ARV prophylaxis for HIV positive women and their exposed infants. This plan therefore, demonstrates how these FY 2010 funds can assist the USG's advancement in reaching 80% of HIV positive pregnant women and their HIV exposed infants with more efficacious PMTCT regimens.

With an understanding of the need to strengthen efforts to reduce infections and the resource burden of

the HIV/AIDS program in Zambia, in its Country Operational Plan (COP) 2010 presentation PEPFAR/Zambia through its implementing partners indicated its intention to enhance the PMTCT program to further strengthen its prevention emphasis. This activity outlines how ZISSP will utilize these one-time funds through health system strengthening, in order to achieve a highly effective PMTCT program. ZISSP will therefore use these funds to:

• Assure provision of quality and efficient PMTCT services by attracting skilled health care providers to work in underserved rural areas by upgrading and improving staff housing through an enhanced rural retention program

• Update the data collection tools and registers based on the new generational indicators; and

• Conduct strategic planning for PMTCT in conjunction with the development of the National AIDS Strategic Framework and the National Health Strategic Plan.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12262** | | |
| **Mechanism Name:** | **Zambia Integrated Systems Strengthening Program (ZISSP)** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | Redacted | Redacted |
| **Narrative:** | | | |
| As next generation indicators are being rolled out, the USG in Zambia has been preparing its partners to be able to analyze and present this information using standardized indicator terminology. ZISSP will use part of this plus-up allocation to strengthen M&E systems. ZISSP will work with the MOH to upgrade the sub-structure of the PMTCT related aspects of the HMIS and linkage to SmartCare for standardized records and continuity of patient care. Because roll out of national HMIS related systems requires a national focus and strategy, actual dissemination of the updated documents will be carried out using | | | |

established MOH structures. Part of this exercise will include the development and revision of PMTCT data collection tools.

A major issue with quality of data is the lack of consistency in the versions of PMTCT tools that are currently found in various facilities. Plus-up funding will also be used to clean up facilities in a one-time 'mop up' activity to be carried out through the Provincial Medical Offices. Through this exercise, provincial health information officers will work with their district counterparts to clean up PMTCT records at clinic levels. Training and retraining of health level staff on usage of new/updated forms will be carried out to ensure consistent usage of PMTCT HMIS tools across the country.

One-time funding will be considered for:
5.4 Analysis and dissemination of information using Next Generation PMTCT indicators to assess program effectiveness including the impact of COP funding increases for operational costs and these one-time plus-up funds.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

Improve infrastructure for PMTCT

In many rural facilities, staff housing for PMTCT staff is limited or of too low a standard to attract qualified staff. Facility deliveries are low due to long distances that clients need to travel and lack of transport. Many facilities lack electricity and proper water supply affecting quality of delivery services. These would require solar power and boreholes to improve service delivery. As these funds will be provided on a one-time basis, all recurring costs from these enhancements will be transferred and factored into the routine program interventions.

One-time funding will be considered for the following:
1.1 Construct, upgrade, remodel or refurbish staff housing/mother's shelter or improvements such as solar power and boreholes

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12263 | Mechanism Name: ZPCT II |
|---|---|

| | |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,550,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,550,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II), started in June 2009, supports the Ministry of Health (MOH) to scale up, strengthen and sustain clinical HIV/AIDS services in Central, Copperbelt, Luapula, Northern and North-Western Provinces.

In September of 2009, the Office of the U.S. Global AIDS Coordinator announced its intention to make available up to $15 million to the President's Emergency Plan for AIDS Relief, Zambia Team (PEPFAR/Zambia) in FY 2010. PEPFAR/Zambia was chosen as one of the countries which could significantly improve the coverage of ARV prophylaxis, and change its regime from single dose nevirapine to more efficacious PMTCT regimens for mother and infant pairs. PEPFAR/Zambia has continued to make tremendous progress in counseling and testing coverage but lags behind in the provision of ARV prophylaxis for HIV positive women and their exposed infants. This plan therefore, demonstrates how these FY 2010 funds can assist ZPCT II's advancement in reaching 80% of HIV positive pregnant women and their HIV exposed infants with more efficacious PMTCT regimens.

With an understanding of the need to strengthen efforts to reduce infections and the resource burden of the HIV/AIDS program in Zambia, in its Country Operational Plan (COP) 2010 presentation PEPFAR/Zambia through its implementing partners indicated its intention to enhance the PMTCT program to further strengthen its prevention emphasis. This plan outlines how ZPCT II will utilize these one-time funds, in order to achieve a highly effective PMTCT program. ZPCT II will there use these fund to:

• Upgrade/remodel physical and laboratory infrastructure necessary for efficient and quality PMTCT services, including antenatal, maternity and post-natal;

• Disseminate updated policies and guidelines based on recent international recommendations;
• Update/develop curricula and materials and conduct training necessary to implement these guidelines rapidly;
• Roll out PMTCT interventions that optimize care for HIV+ women
• Strengthen community approaches that will increase coverage of efficacious PMTCT;
• Update the data collection tools and registers based on the new generational indicators; and
• Conduct strategic planning for PMTCT in conjunction with the development of the National AIDS Strategic Framework and the National Health Strategic Plan.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12263** |
| **Mechanism Name:** | **ZPCT II** |
| **Prime Partner Name:** | **Family Health International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 100,000 | |

**Narrative:**

As next generation indicators are being rolled out, the USG in Zambia has been preparing its partners to be able to analyze and present this information using standardized indicator terminology. ZPCT II will use part of this plus-up allocation to strengthen M&E systems. ZPCT II will work with the MOH to upgrade the sub-structure of the PMTCT related aspects of the HMIS and linkage to SmartCare for standardized records and continuity of patient care. Because roll out of national HMIS related systems requires a national focus and strategy, actual dissemination of the updated documents will be carried out using established MOH structures. Part of this exercise will include the development of standard operating procedures on data recording, aggregation and data flow structures showing clear channels through which data are submitted. This activity will be carried out primarily at the national level with

support from lower levels.

A major issue with quality of data is the lack of consistency in the versions of PMTCT tools that are currently found in various facilities. Plus-up funding will also be used to clean up facilities in a one-time 'mop up' activity to be carried out through the Provincial Medical Offices. Through this exercise, provincial health information officers will work with their district counterparts to clean up PMTCT records at clinic levels. Training and retraining of health level staff on usage of new/updated forms will be carried out to ensure consistent usage of PMTCT HMIS tools across the country.

One-time funding will be considered for:
5.4 Analysis and dissemination of information using Next Generation PMTCT indicators to assess program effectiveness including the impact of COP funding increases for operational costs and these one-time plus-up funds.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 950,000 | |

**Narrative:**

Many antenatal and maternity facilities are improvised and not appropriate for delivery services and lack private space for HIV testing and PMTCT counseling. Further some facilities have provision only for antenatal care, without any delivery rooms. In many rural facilities, staff housing for PMTCT staff is limited or substandard to attract qualified staff. Facility deliveries are low due to long distances and lack of transport. Many sites lack electricity and proper water supply affecting quality of delivery services. These would require solar power and boreholes to improve service delivery. Laboratory systems have been developed with couriers for CD4 and other tests. As these funds will be provided on a one-time basis, all recurring costs from these enhancements will be transferred and factored into the routine program interventions.

One-time funding will be utilized to implement the following:
1.1 Construct, upgrade, remodel or refurbish antenatal clinics, maternity units, MCH and laboratory facilities to improve efficiency in PMTCT services. The MOH will assist in site selection based on a criteria that places emphasis on prioritizing facilities with poor infrastructure and potential impact;
1.2 Conduct district level laboratory assessments with MOH and other partners and procure equipment as appropriate for maximum cost-effectiveness and coverage:
1.2.1 CD4 machines for district or facility laboratories
1.2.2 Hematology to measure anemia
1.2.3 Blood chemistry

1.3 Assess and strengthen, as necessary and in consultation/collaboration with MOH, courier systems for facilities without full laboratory services;
1.4 Procure bicycle ambulances for facilities where appropriate.

Under service delivery, activities will include training for nurse midwives and counselors in complementary feeding and nutrition education as apporpriate.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 500,000 | |

**Narrative:**

Activities to achieve this strategy will involve one time start up costs for commodities and supplies for a further 2 years.
4.2 Procurement of PMTCT commodities;
4.2.1. ARVs;
4.2.2. Laboratory reagents and supplies

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12264** | **Mechanism Name: MEASURE Evaluation Phase III** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of North Carolina | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

**Total Funding: 400,000**

| Funding Source | Funding Amount |
|---|---|
| GHCS (State) | 400,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

MEASURE Evaluation Phase III works to improve the collection, analysis and presentation of data to promote better use of data in policy-making, monitoring, and evaluation of HIV/AIDS and other health programs. In previous years, MEASURE Evaluation has collaborated with USG and local institutions in Zambia to conduct HIV prevention surveys and to build capacity in data collection, analysis, and dissemination. An especially intensive capacity-building program in these areas began in FY 2008 and continues through FY 2010.

MEASURE Evaluation proposes to focus its activities in FY 2010 on working with the National HIV/AIDS/STI/TB Council (NAC), and the Ministry of Health (MOH), and USG implementing partners, on capacity-building at national, district, and community levels to strengthen data and M&E systems, improve data quality, and encourage a data use culture beyond meeting reporting requirements to inform program decision-making. If needed, capacity-building around harmonization of data collection tools and indicators will be included, but we anticipate this will be achieved during FY 2010. We anticipate that our proposed activities will build upon FY 2010 work at NAC to standardize the data collection protocol for their annual program review and to develop a new strategic framework for the period 2011-2015. We anticipate that this will confirm needs already identified at NAC for improving the data systems that feed into monitoring and evaluation of the national response, and may be relevant to PEPFAR reporting needs as well.

Monitoring and evaluation of these activities will be accomplished through establishing benchmarks to track and document progress, and using internationally standard data quality assessment tools and M&E systems strengthening tools to obtain and compare, to the extent feasible with available funds, baseline and follow up measures tailored to each activity component.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12264** |

| Mechanism Name: | MEASURE Evaluation Phase III | | |
|---|---|---|---|
| Prime Partner Name: | University of North Carolina | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 400,000 | |

**Narrative:**

MEASURE Evaluation will provide technical assistance and capacity-building and training (CBT) to NAC and other M&E staff and local consultants at the community, facility, and partner level. These CBT activities will be aimed at M&E and data systems strengthening and improving data quality, and will assist NAC in resolving problems they have experienced with poor data quality and reliability, leading to inconsistent and non-comparable data produced across the various data sources. Specific capacity-building activities at the individual and institutional level will prepare the relevant parties to understand and use Data Quality Assessment (DQA) tools and the M&E Systems Strengthening Tool (MESST), initially with assistance, and then independently. Information produced by application of these tools will identify gaps and problems, and provides a structure for an action plan to address gaps and weaknesses.

The project will rely on established tools and methods developed by MEASURE Evaluation in collaboration with UNAIDS and the Global Fund. The DQA tool kit includes tools designed for external audit team as well as routine data quality assessment tools. These tools include the Data Quality Audit tool, Data Quality Assessment Data Verification templates, and the Routine Data Quality Assessment Checklist and Assessment Tool. The M&E Systems Strengthening Tool includes checklists used to assess M&E plans, take stock of capability to manage data, and assess data collection and reporting systems.

MEASURE Evaluation will conduct or participate in DQAs aimed at providing baseline measures and subsequent monitoring of changes in data collection, compilation and reporting following the capacity-building provided. Tools and methodologies will be adapted to the local context, and will provide a qualitative (system assessment) and quantitative (data verification) assessment of data quality at each level of data generation.

MEASURE Evaluation will also undertake activities that respond to requests from NAC officials to help with data synthesis, small-scale evaluation studies, especially in collaboration with provincial research resource teams, and to provide basic training in M&E at provincial and district levels.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12265 | Mechanism Name: Leadership Project |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This activity narrative is a draft that will be revised upon award of the USAID Leadership Project, an extension to the John Snow Institute- Support to the HIV/AIDS Response (SHARe) project. Targets will be adjusted after award of the project, in collaboration with the partner.

USAID/Zambia's new Leadership project will support the Government of Zambia's (GRZ) multi-sectoral efforts to reduce the impact of HIV/AIDS through innovative approaches to engage Zambian leadership at all levels. The Leadership Project will build on lessons learned and successes from the previous SHARe project but represents a more cohesive and consolidated approach to engaging leadership at all levels in the fight against HIV/AIDS.

The Leadership Project will expand HIV/AIDS leadership and strengthen activities in AB Prevention for national and community leaders, industry heads, and young influential Zambians. AB Prevention programs will be increased through community-based organizations. The Leadership project will establish strong relationship and coordination with political, community, traditional and religious leaders to strengthen advocacy and activism skills. In addition, training/ and or technical assistance will be provided in HIV/AIDS advocacy and ambassadorship to Zambian leaders, enabling them to have a fuller understanding of the HIV/AIDS epidemic in Zambia, and how they can provide effective leadership in the national response and ensure consistency of messages.

The Leadership project will be key partners in promoting interventions that can offer protection against HIV/AIDS such as PMTCT and male circumcision, and in fighting stigma and discrimination against people living with HIV/AIDS. Additionally, the project will work with leaders to help mobilize Zambians to access TC services so that they know their HIV status and can make informed decisions regarding HIV prevention, including positive prevention, through AB interventions.

The Leadership project will continue to strengthen the capacity of NGOs, Provincial AIDS Task Forces (PATFs), District AIDS Task Forces (DATFs), and community-based organizations (CBO) to implement AB prevention programs while implementing comprehensive AB programs in workplaces and communities targeting adolescents, men, women, PLWHA, and most at- risk populations (MARPS).

The Leadership Project will develop innovative ways to engage communities to participate in testing and counseling (TC) through community sensitization and mobile TC. Linkages will be made with organizations to access rapid test kits through the District Health Management Teams and Medical Stores Ltd in order to expand nationwide TC services. TC providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care.

Critical and valuable institutional capacity-building support will be provided to the NAC, PATFs and DATFs to help build systems and institutional capacity at the local levels to effectively respond to the HIV/AIDS epidemic. The project will work directly with the PATFs and DATFs to assess current functional capacity in responding to the HIV/AIDS epidemic and identify gaps. Its aim is to build sustainable programs, through strengthening technical and management capacities and mobilizing resources. Activities will include participatory analysis of current sustainability levels and development of sustainability plans.

Education venues will address HIV high risk behaviors among Most at-Risk Populations (MARPs) that go beyond AB and focus on partner reduction,(e.g., increase access to and availability of condom and their correct and consistent use, knowing one's status, screening and treatment of sexually transmitted, and referrals to male circumcision). The harmful role of alcohol abuse and gender based violence in HIV transmission will also be addressed through multi-level interventions.

The successful work undertaken by SHARe and efforts conducted with legal and regulatory bodies and NAC to improve and enforce laws and policies related to HIV/AIDS in creating enabling environments shall be enhanced. This project will engage leaders including Members of Parliament, community, religious and traditional leaders to highlight the importance of including gender-based violence awareness in broader AIDS prevention programs. Efforts to review, revise, and enforce policies and laws relating to sexual violence and women's property and inheritance rights; enhance women's access to legal

assistance; and eliminate gender inequalities in civil and criminal codes will also be supported. In addition, steps to develop a substance abuse policy through the Ministry of Health (MOH) will move forward.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12265** | | |
| **Mechanism Name:** | **Leadership Project** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | Redacted | Redacted |

**Narrative:**

Reaching underserved rural communities with Testing and Counseling (TC) services is the primary focus of this activity which will link to other program areas including HVAB, OHPS, and HVOP. Creative ways will be sought to engage and connect the religious, traditional, political and women leaders to TC efforts in their respective communities. The project will focus on working with these leaders in promoting TC. This activity will increase TC through the provision of community-based TC which includes home based testing and mobile TC.

This activity will seek innovative ways to engage and connect communities to TC through community sensitization and mobile TC at traditional ceremonies and other social mobilization events. Members of Parliament, traditional leaders, industry heads, and young influential Zambians (musicians, artists, youth leaders) will be utilized to promote and advocate for increased TC uptake across communities and on

increasing males involvement in TC.
Linkages will be made with organizations to access rapid test kits through the District Health Management Teams and Medical Stores Ltd in order to expand nationwide TC services. TC providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care. Community TC linkages will be formed with other USG programs including insecticide –treated bed nets for malaria.
Couples TC will be highlighted, which has been shown to reduce transmission in sero-discordant couples and also encourages partner reduction and fidelity for partners who learn they are concordant negative. Furthermore, these services will also target specific communities most at risk.
Through the use of standardized logbooks, proficiency testing, regular on-site monitoring, supervision and limited retesting of a proportion of samples by a central laboratory, the quality of community-based TC will be assessed.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

This activity will focus on providing critical and valuable institutional capacity-building support to the National AIDS Council (NAC), Provincial AIDS Taskforce (PATF) and the District AIDS Taskforce DATFs. Support will be given to NAC, PATF and DATF to help build systems and institutional capacity at the local levels to effectively respond to the HIV/AIDS epidemic. Working directly with the PATFs and DATFs the project will assess current functional capacity in responding to the HIV/AIDS epidemic and identify where gaps might exist for improvement. . Further, teams working at multiple levels will develop plans for implementing guided and evidence-based institutional strengthening, and monitor progress in organizational growth and development over time.

The project will work with NAC to build its capacity to develop an annual action plan and budget, and provide support for the Joint Annual Program Review (JAPR). Key technical staff will advise NAC in carrying out its mandate, as part of the sustainability strategy to transfer key technical competencies to counterparts in NAC.

Line ministries, civil society, and the private sector will assist in improving the multi-sectoral capacities to effectively respond to the HIV/AIDS epidemic. Requests will be made of national NGOs and institutions including the Zambia Interfaith Networking Group on HIV and AIDS (ZINGO), Network of People Living with HIV/AIDS (NZP) and National Royal Foundation of Zambia (NRF), to become involved in improve HIV/AIDS institutional capacities and to build sustainable programs .

Several issues will be addressed through this project's activities, some of which include: supporting efforts to review, revise, and enforce policies and laws relating to sexual violence and women's property and inheritance rights; enhancing women's access to legal assistance; and eliminate gender inequalities in civil and criminal codes. Activities will include, policy advocacy that targets policymakers and opinion leaders for adoption of legal protections for women and girls who have been victims of GBV; increasing access to legal aid; and increasing public awareness of the links between GBV and HIV/AIDS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

This activity will implement comprehensive and innovative AB programs in communities, targeting age, sex, and social habits. Religious, traditional, political and community leaders will be engaged to promote AB models that are responsive to local needs, and various groups of adults (e.g. sex workers and multiple concurrent partnerships), with the goal in mind of changing societal norms and attitudes. It will strengthen and expand the capacity of partners to implement AB programs that support the recently launched National Prevention Strategy and will focus on reduction of multiple concurrent partnerships (MCP), age disparate partnering, and the harmful role of alcohol abuse and gender based violence in HIV transmission. Men will be actively pursued to change harmful cultural practices that support behaviors that increase risk of HIV transmission.

Traditional religious and community leaders will facilitate dissemination of comprehensive AB messages during traditional ceremonies. Emphasis will be placed on fostering leadership at the national, district and community levels in the fight against HIV/AIDS. The activity will focus on working with Members of Parliament, traditional leaders, industry heads, and young influential Zambians (musicians, artists, youth leaders) to increase the reach of appropriate AB messages. As leaders they are encouraged to speak-out against practices that are known to fuel HIV transmission such as, multiple and concurrent partnerships, gender-based violence, and alcohol and substance abuse.

Community-based AB programs implemented by small CBO/FBO grantees and PATF's and DATF's coordinating AB activities at the provincial and district levels comprise this project. AB activities and messages will be incorporated into other prevention activities during World AIDS Day, VCT Day, and other commemorative events, through support to NAC, PATFs, DATFs, and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Implementing Other Prevention activities to facilitate social change and reduce sexual transmission with a focus on religious, traditional, political, and community leaders is the focus of. Community involvement will ensure that the activities are responsive to local needs. Leaders from the at the local level will take the lead in promoting the discontinuance of harmful traditional and cultural practices such as widow cleansing, dry sex and early marriages. Participation of Most at Risk Populations (MARPS) and other vulnerable populations are essential to the development of other prevention interventions. MARPS and other vulnerable populations will be referred to other health services including family planning, primary health care as well as psycho- social and legal support, with special considerations to MARPS for post-exposure prophylaxis (PEP) due to increased risk of condom burst and rape. Peer education and outreach will be accompanied by risk reduction counseling with an emphasis placed on ensuring that those who test negative remain negative, and prevention with positives.

Other prevention strategies will focus on innovative community prevention programs in areas with high migrant populations, miners and market fish vendors and other most at risk populations. This project will provide education to address HIV high risk behaviors among MARPS that go beyond AB and focus on partner reduction, increase access to and availability of condom uses correctly and consistently, knowing one's status, screening and treatment of sexually transmitted, and referrals to male circumcision. The harmful role of alcohol abuse and gender-based violence in HIV transmission through multi level interventions will also be addressed.

Information on behavioral change will promote respectful relationships between men and women. Sites with high-risk groups will be linked to the Corridors of Hope III project and to socially marketed and free condoms through collaboration with the District Health Management Team and Society for Family Health.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 12266** | **Mechanism Name: Zambia-led Prevention Initiative** |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |

| | |
|---|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The aim of this program is to support more effective prevention of HIV infection over the next five years, relying on a "comprehensive" or "combination" Zambian-led, community-based prevention approach that incorporates biomedical, behavioral, and structural prevention interventions in community settings to a much greater extent than previously. Ongoing national clinical and media-based prevention efforts will be reinforced in the community, where the evidence suggests that most people initiate, practice, establish and maintain positive behavior change.

The awardee will submit a more detailed narrative, describing its approach more specifically, and possibly revise targets slightly based on award negotiations. The more detailed partner narrative will be entered in place of this overview after competition is completed and the award is signed.

This project is intended to support the Zambian National HIV/AIDS Prevention Strategy, as well as that of PEPFAR, including new guidance for 2010 on Prevention with Positives (PWP). The four main prevention-related program/technical areas will be: Abstinence/Being faithful (AB) prevention programming (including partner reduction) and Other Prevention (OP), Prevention of Mother to Child Transmission (PMTCT), and Testing and Counseling (TC). The program will also promote male circumcision (MC), but will not provide clinical MC services. In addition, the following cross-cutting issues will be aggressively addressed: alcohol and substance abuse, gender-based violence, and social norms that contribute to acquisition and transmission of HIV.

The specific goal statement is: "Building on the success of prevention efforts to date, further reduce the acquisition and transmission of HIV through higher quality, more effective, and increasingly sustainable prevention, TC, MC, and PMTCT services."
The proposed objectives are to: 1) Ensure that individuals, households, and communities affected by HIV/AIDS access more effective, gender-sensitive, higher-quality HIV prevention and TC, MC and PMTCT; 2) Strengthen the continuity and coordination of, as well as commitment to, effective, efficient

and sustainable HIV prevention, TC, MC, and PMTCT; and 3) Improve the efficiency, sustainability, and local capacity of the response to HIV/AIDS, including greater engagement with the private sector.

One of the largest community-based prevention efforts of the USG Zambia, this project will link to other clinical, media, workplace and community-based prevention efforts. It will align closely with and support the National HIV Prevention Strategy, and adhere to PEPFAR ABC prevention guidance and technical considerations. Working closely with GRZ structures and initiatives, the scope, coverage and effectiveness of prevention efforts will increase significantly nationwide.

The specific target number and location of districts is TBD through competition. Primary target populations include the 85% of Zambians who are HIV-negative, especially those most at-risk, as well as at-risk OVC and youth, and other vulnerable groups (PLWHA and the discordant/uninfected spouses/partners of PLWHA), women affected by gender-based violence (GBV), and their families and communities. Lastly, it targets Zambians whose risk of infection is increased by abuse of alcohol and other substances, and behaviors influenced by social norms promoting risky sexual activity.

While this project will not support formal strengthening of the government health system, informal contributions to system strengthening include closer linkages between community-based prevention efforts with those of government, including clinical and community prevention efforts of the GRZ.

Cross-cutting program elements of this project include: closer alignment of USG prevention efforts with those of the GRZ; greater continuity and integration of prevention efforts with Care and Treatment interventions; basing prevention on evidence-based approaches including reduction of multiple and concurrent partners; gender integration of prevention efforts; and addressing alcohol as a risk factor. More details on the cross-cutting aspects are found below.

Strategies to become more cost efficient include: use of existing trained community volunteers, peer educators, and health workers to reduce the cost of initial training; retention of volunteers, peer educators, and caregiver volunteers from previous projects in order to expedite start-up and avoid interruption of services; and expanding prevention efforts through as many existing prevention "channels" as possible.

Efforts of this project will be closely tied to the community-based prevention, care and support RFA; the two activities will develop and follow a joint work plan. Where possible, efforts will be combined such as conducting joint training and monitoring and evaluation activities as appropriate. This project will also link closely to other USG Zambia activities, to optimize use of USG resources.

In addition, the emphasis on linking to the private sector and increasing sustainability implies that these

activities will require less external donor funding in the future and be community-owned to a greater extent.

Monitoring and evaluation plans include greater integration with national M&E plans and structures with a greater emphasis on outcome and impact measures in addition to outcome measures.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |
| Food and Nutrition: Policy, Tools, and Service Delivery | Redacted |
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12266** | | |
| **Mechanism Name:** | **Zambia-led Prevention Initiative** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HKID | Redacted | Redacted |
| **Narrative:** | | | |

Another mechanism, the USAID TBD RFA for prevention, care and support will provide the bulk of community-based OVC essential care and support service delivery.

The Prevention RFP is designed to provide expert technical assistance and support for the design of evidence-based interventions and the training of paid staff and volunteers who actually implement prevention with OVC and at-risk youth to the TBD RFA and other mechanisms. The aim is to improve community-based prevention efforts with OVC and youth. As this activity consists primarily of technical assistance and training support, there are no OVC targets per se.

Prevention training will incorporate recommendations from joint CDC-USAID technical assistance visits in August 2009 regarding overall Prevention as well as Prevention with Positives (PWP). OVC prevention efforts will begin at the earliest opportunity in the community, in school settings and elsewhere, in accordance with national guidelines for schools.

PWP efforts will focus on OVC who range from early adolescence to 18 years of age, those who are already sexually active, or those who indicate they may soon become active. PWP seeks to prevent them from re-infecting themselves or infecting others.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | Redacted | Redacted |

**Narrative:**

Narrative (2250 characters) Community-based prevention, care and support TBD will provide adherence support to adults (and under PDCS, to children) receiving ART. It will include compliance with ARV drug regimens, and support for regular and timely return to clinic visits. In some cases this might include transport assistance as funds permit and client circumstances require. The project will also promote Prevention with Positives (PWP) for adults and sexually-active pediatric clients (roughly, adolescents to 18 years old), to reduce the risk of re-infection to them, or of transmission of HIV to others.

It will promote Positive Living and behavior change in terms of reducing the intake of alcohol or abuse of other substances which might interfere with ARV drug action. The TBD will seek and incorporate expert guidance on early warning signs of ARV drug resistance and incorporate it into training of community volunteers and health workers to monitor clients for signs of its emergence. Food and Nutrition Support for malnourished pre-ART and ART patients will follow Zambian draft Food by Prescription guidelines developed by the National Food and Nutrition Commission, as well as adhering to OGAC Food and Nutrition guidance on nutrition assessment, counseling, and support, to ensure better standards of client care. National guidelines on Integrated Management of Acute Malnutrition (IMAM) may soon require

diagnosis and treatment of malnutrition in all clinical settings, including ART.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

The expected outcome of extending this Testing and Counseling (TC) project is to reach a combined level of community and home TC clients of the two community-based programs it follows, which was about 41,000 in 2008 (this may increase for 2010). The solicitation will accomplish this through direct TC provision, and joint TC conducted with the large number of volunteers and peer educators expected to work for the community-based prevention, care, and support RFA, under a joint work plan.

TC will determine the HIV status of clients, and take on two new aims: 1) Identifying at-risk youth and adults before they are infected, and provide more in-depth counseling, to help them protect themselves through appropriate messages and behavior change services; and 2) Identifying PLWHA in the home or community as early as possible, in order to help them change their behaviors so that they do not infect others, as well as to link them proactively and immediately to existing care and treatment services.

There will be two TC "add-ons." First, for the over 85% of Zambian clients who test HIV-negative, the will be screened for HIV risk, and HIV risk profiles will be developed. Prevention activities will be designed and implement targeting those with high risk profiles. Additionally, HIV-positive clients will not simply receive a "passive paper referral", but rather an efficient, effective means to link clients immediately and pro-actively to relevant services will be devised and implemented. Through better coordination and continuity between the Prevention RFP individuals will be linked to other HIV services such as PMTCT, MC, FPP, and ART as well as behavior change activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

The project will implement effective, comprehensive behavioral prevention methods (relying on evidence-based approaches, PEPFAR AB guidelines, and the current state of the art), to protect vulnerable and at-risk groups while reducing HIV transmission. Drivers of the epidemic, including reducing multiple concurrent partners will be a primary focus. Methodologies to reduce HIV transmission at two critical time periods will be included. The first is the viral load spike at initial infection, and the second is the viral spike when the immune system, after resisting HIV for some time, finally collapses (on its own in the absence of ART) or at the time of treatment failure. This will require new strategies, methods, and possibly also new technologies to reduce risk at these two critical times.

AB prevention efforts will work across a range of at-risk and infected youth and adults, engage them with comprehensive approaches, and include effective client referral and linking systems. Prevention for at-risk youth and adults will include appropriate interventions and services by age and level/type of vulnerability. Approaches used reflect sensitivity to gender, HIV-status, and socio-economic vulnerability levels. AB activities, as with other prevention activities shall initiate PWP activities for the spouse or partners of any HIV positive clients, and link them to community or clinical TC services for discordant couples. Targets include the 85% of Zambians who are HIV-negative, at-risk OVC and youth, and their discordant/uninfected spouses/partners.
Community-based AB prevention promotes social mobilization around prevention, stimulate participation, and elicit commitment of community leaders and members. They also encourage establishment of open and regular community-based "prevention dialogue", including discussions on GBV prevention, social norms that drive HIV, goals and accountability in communities.
The project will: support GRZ leadership and coordination; maintain large-scale, nationwide coverage; make improvements in quality and continuity of prevention; maintain a high level of community mobilization; and increase sustainability and Zambian ownership over five years.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

The project will implement effective, comprehensive behavioral prevention methods (relying on evidence-based approaches and PEPFAR AB guidelines), to protect vulnerable and at-risk groups while reducing HIV transmission. Drivers of the epidemic, including reducing multiple concurrent partners will be a primary focus. Methodologies to reduce HIV transmission at two critical time periods will be included. The first is the viral load spike at initial infection, and the second is the viral spike when the immune system, after resisting HIV for some time, finally collapses

OP prevention efforts are expected to work across a wide age range of at-risk and infected youth and adults and engage with complex, multi-sectoral systems, including effective referral and linking systems. Prevention for at-risk youth and adults will include appropriate interventions and services by age and level of vulnerability. The approaches used reflect sensitivity to gender, HIV-status, and socio-economic vulnerability levels. OP activities, as with other prevention activities shall initiate PWP activities for the spouse or partners of any clients found to be HIV positive, and will link them to community or clinical CT services for discordant couples.
Community-based prevention promotes social mobilization around prevention, to stimulate participation and commitment of community leaders and members, and to encourage establishment of prevention

dialogue, goals and accountability in communities. OP activities will target reduction of alcohol intake as a risk factor in HIV transmission, offering community and individual interventions, ranging from mobilizing the community to promoting more responsible use of alcohol, to offering those with drinking problems access to behavior change service options such as alcoholics anonymous or recovery services.
The aims of this project will support GRZ leadership and coordination; maintain large-scale, nationwide coverage; make improvements in quality and continuity of prevention; maintain a high level of community mobilization; and increase sustainability and Zambian ownership over five years.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | Redacted | Redacted |

**Narrative:**

The program will counsel and test at least 15,000 pregnant women, and refer them to clinical PMTCT. (TC will be provided to spouses or partners of pregnant women). Through community-based TC, HIV-positive women will be identified early in their pregnancies, such that they may initiate PMTCT early. Community-based prevention and TC workers will also seek out women who desire family planning/reproductive health services, and link them, helping HIV positive women and couples to plan, space, and manage births, and avoid unwanted pregnancies. PMTCT will initiate Prevention with Positives (PWP). It will link the woman, and her spouse or partner, to care and support for ongoing PWP.

First, the project is expected to achieve a reduction in the drop-off from initial counseling, to testing, to prenatal prophylaxis, and to participation in safe infant feeding. Second, the project will coordinate with other USG and GRZ nutrition activities which promote safe infant feeding options. Following national PMTCT and Infant and Young Child Feeding (IYCF) guidelines, as well as PEPFAR Food and Nutrition guidelines, the project will support PMTCT nutrition and prioritize exclusive breast feeding to six months. The goal of infant feeding is long-term HIV-free survival; maternal nutrition support will help ensure maternal health and a healthy birth. Nutrition support will be preventive first, and then curative. Community-based PMTCT activities will link to OVC services to ensure long-term continuity of follow-up and support for HIV-exposed or HIV-positive infants.

Clinic-to-community linkages between VCT/PMTCT/HBC will reduce PMTCT loss-to-follow up from HIV diagnosis, and provide support for exclusive breast feeding. Replacement feeding may be used in special cases, such as the death or incapacity of the mother due to HIV/AIDS or other illness, but it will be used with caution and under close support and supervision. The risk of diarrheal disease is high, and can result in acute infant malnutrition/death. The project will link to and receive technical assistance from a food and nutrition support TBD contract.

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| Family food security needs of PMTCT clients/infants, and other family income or livelihood needs, will generally be referred to other providers, such as WFP. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12267** | **Mechanism Name: Zambia Economic Resilience for Improved Food Security Program (ZERS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Food4Profit project is designed to be a five year USAID economic growth initiative starting in 2010. The project will foster economic growth that reduces poverty and food insecurity by improving the competitiveness of non-food and food staple value chains in which large numbers of smallholders participate. The project will invest in market access through value chain coordination and smallholder productivity enhancements, and in interventions with transformational impact that address the systemic constraints to competitive anticipation in selected food and fiber value chains Building on the successes and momentum of the existing Economic Growth (EG) Program, Food4Profit will scale- up past successes and apply a modified, market-led, model to integrate the ultra-poor into the market economy and mitigate their food insecurity. Finally, the objectives of the project will meet the objectives of the African Global Competitiveness Initiative (AGCI), the Global Food Security Response Initiative (GFSR) and the Advancing Agriculture to End Hunger Initiative (AAEH). Food4Profit will focus on addressing the constraints of smallholder producers who have the potential, desire, and assets to enter commercial

markets, often called the vulnerable but viable. Food4Profit's second track target group will be the ultra poor or rural households with more limited land, human and capital assets. In both target groups, HIV/AIDS is one of the major impediments to growth. The Food4Profit HIV/AIDS program will look for innovative entry points to embed HIV/AIDS messages in all EG projects. If Food4Profit supports feeder road improvements or construction, it will build an HIV/AIDS prevention awareness program into the construction activity/program. Similarly, when working with private sector businesses, Food4Profit will be proactive and innovative in working with these firms to develop workplace based programs in HIV/AIDS training and messages for employees. Food4Profit will work with private sector clients to encourage them to view HIV/AIDS services for their workers as a core component of their business, rather than a social service tangential to their interests. In doing so, companies can maintain their productivity and competiveness in addition to benefiting their workers. Food4Profit will also work with ultra poor communities to deliver HIV/AIDS prevention messages.

Food4Profit's HIV/AIDS prevention activities will be conducted in four principal areas:
• Sensitization on the risk posed by HIV/AIDS;
• Training of Awareness Educators (AE);
• Dissemination of HIV/AIDS prevention messages and literature; and
• Workplace Program design and implementation.

The Food4Profit HIV/AIDS component will be required to furnish HIV/AIDS training to all other EG implementers. All other implementers will be required to access Food4Profit HIV/AIDS resources, a more cost effective approach, eliminating the need to establish redundant cost centers under multiple contracts and agreements. Furthermore, Food4Profit will conduct gender based assessments among the beneficiaries with the aim of promoting deliberate programs to empower women economically to avoid them engaging in high risk behaviors, seek and receive health care services, and provide better care for their families. This will be done by ensuring gender consideration in business development trainings, developing policies that increase women's access to economic resources, including credit, markets, land and access to micro-finance.

The Economic Growth team's focus, and that of GFSR, AGCI and CAADP, is the strengthening of the private sector to stimulate growth that affects far-reaching, positive and inclusive economic and social change. Such change can only be established and sustained by building mutually supportive relationships between the Zambian public and private sectors and the Zambian people at large. Therefore, every activity undertaken within Economic Growth activities is structured to promote Host country ownership of all processes. Economic Growth activities adhere to the principle, "if an exit strategy is required, then we are probably doing the wrong thing"; full ownership by Zambians is at the core of all Economic Growth activities.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Workplace Programs

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:**<br>**Mechanism Name:**<br>**Prime Partner Name:** | **12267**<br>**Zambia Economic Resilience for Improved Food Security Program (ZERS)**<br>**TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVAB | Redacted | Redacted |
| **Narrative:** | | | |
| Food4Profit's HIV/AIDS prevention activities will be in four areas: sensitization to the risk posed by HIV/AIDS; training of Awareness Educators (AE); dissemination of HIV/AIDS prevention messages and literature; and workplace program design and implementation. Sensitization involves working with private sector associations and firms to help company management understand and appreciate the risks posed by HIV/AIDS. This will include risks to the health of their workforce as well as the impact of HIV/AIDS on the company's productivity and competiveness. Food4Profit will build on the successes of MATEP that worked with Zambia Export Growers Association (ZEGA), the Hotel and Catering Association of Zambia (HCAZ) and the Zambia Chamber of Small and Medium Business Associations (ZCSMBA) in sensitizing staff and mobilizing companies for HIV/AIDS activities. Training of Trainers (TOT) and training of Awareness Educators (AE) among the workplace of participating companies will focus on providing the information and skills necessary for delivery of HIV/AIDS prevention messages including messages on Gender-Based Violence (GBV), multiple concurrent partnerships, and alcohol abuse as drivers of HIV, and social norms that put women and men at risk, to the full workforce of a company. The TOT program | | | |

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| will enable partner associations and firms to continue AE trainings in their workplace even after the close of the project. As the final part of AE training, roll-out programs for delivering the HIV/AIDS messages and literature to co-workers will be developed. These roll-out programs will be coordinated with company Human Resources managers, ensuring that programs stay on track, message delivery is effective and monitoring data is properly collected and used for decision making. Food4Profit's HIV/AIDS program rollout will be expanded to include surrounding communities where workers and the ultra poor live. The final activity is workplace program design and implementation. This will involve developing Workplace Codes of Conduct covering HIV/AIDS, sexual harassment, and sector specific workplace policy models, and working with the associations, communities and companies in adapting and implementing the policies for their communities. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12268** | **Mechanism Name: Improved School Effectiveness Program (ISEP)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Improved School Effectiveness Program (ISEP) includes a PEPFAR supported component that will promote AB interventions for learners with a focus on linking positive social and health behaviors to participation in school. The focus will be on implementing school wide prevention interventions that counteract negative social pressures on learners. Though there is generally a high awareness of

HIV/AIDS in Zambia, growing numbers of student pregnancies show that more girls in school are exposed to the risk of contracting HIV and sexually transmitted infections (STI).

Through strengthened guidance and counseling practices, the ISEP will implement a coordinated approach to mitigate the impact of HIV/AIDS in schools. The program will enhance guidance and counseling skills including gender-based violence (GBV) counseling in the school system and in collaboration with local communities. The school, community and learners will participate in HIV/AIDS prevention activities. The PEPFAR component will wrap around education activities that promote school effectiveness through enhanced system processes, instructional methods and school management practices funded by Africa Education Initiative (AEI) funds and other resources.

The ISEP will target learners, teachers and school managers mainly in rural areas to influence attitudes and practices around health management in schools. PEPFAR funding will be used to enhance the national life skills curriculum and its application. At present, there is a need for the Ministry of Education to improve the life skills curriculum for grades 1-7. There is not a comprehensive curriculum on AIDS for grades 8-12 and the program will support the development of an expanded curriculum, including modules on gender based violence. PEPFAR funding will be used to train teachers and school managers in HIVAIDS education delivery, developing AB messages and tackling HIV/AIDS in the broader context of a comprehensive school based health management approach, incorporating workplace interventions, and student driven AB initiatives.

PEPFAR funding will also be used to promote both community participation in school health management and also school partnerships with local referral services. By awarding small grants to communities, the school health management support structure will be extended to surrounding communities with a focus on prevention, GBV and psychosocial support for orphans. These grants will be used by communities to assist learners and prevent HIV/AIDS. School-based activities must be mirrored in the homes and surrounding the community in order to change social norms and behavior that put school children at risk in the communities where young people live and spend most of their time. Furthermore, HIV/AIDS interventions such as life skills training will be most effective if measures designed to protect school children are reinforced in the community.

As part of an effort to strengthen community participation in school-based HIV/AIDS activities, teachers and community members will continue to be trained in mobilizing the community. Schools, in partnership with communities, will develop locally relevant health management action plans and will be eligible to apply for small grants to implement the plans. It is expected that basic schools in the five targeted provinces (Northern, Northwestern, Eastern, Luapula and Western), including community schools, and their surrounding communities will establish school based health management structures including

HIV/AIDS and GBV prevention methods. The resulting structures will deliver and provide access to AB information and related support to about 100,000 learners.

Through close collaboration between the Directorates of Standards and Curriculum and Teacher Education and Specialized Services, school, District Education Board Secretaries (DEBS) and local communities and referral services, the new program will promote sustainability through a wider network of support for school health management structures. The PEPFAR component will continue to build on past efforts to build the capacity of local NGOs. This approach is necessary to ensure the sustainability of school -based HIV/AIDS interventions.

This PEPFAR component of the ISEP will be monitored on a quarterly basis through reports and on site visits to the schools. Key areas that will be monitored include student knowledge of AIDS, GBV and related prevention measures, student dropout rates and number of pregnancies. With a budget of Redacted, a program evaluation of school-based HIV/AIDS interventions will be conducted to establish a baseline and better inform the development of IEC materials. At present, little is known about behavioral issues among basic school students. This evaluation will build on past efforts to understand the impact of school based HIV/AIDS activities. All FY 2010 targets will be reached by September 30, 2011.

HIV/AIDS has negatively impacted education in various ways. The integration of HIV/AIDS content into the curriculum has emerged as a strategic response through teacher education and the delivery of life-skills education. In general, life-skills education for educators and learner populations has been limited mainly to curriculum integration. HIV/AIDS training programs are rarely comprehensive or systematic enough to respond to the challenges of supporting the education of orphaned and vulnerable children (OVC).

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12268** |
| **Mechanism Name:** | **Improved School Effectiveness Program (ISEP)** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

Narrative (2250 characters)

The Improved School Effectiveness Program (ISEP) includes a PEPFAR supported component that will promote AB interventions for learners with a focus on linking positive social and health behaviors to participation in school. The focus of the PEPFAR component will be on implementing school wide prevention interventions that counteract negative social pressures on learners who are a neglected high risk group. Though there is generally a high awareness of HIV/AIDS in Zambia, growing numbers in student pregnancies show that more girls in school are exposed to the risk of contracting HIV and sexually transmitted infections (STI). Reported pregnancies for both rural and urban areas in basic schools increased annually from 6,528 in 2004 to 12,370 in 2008. Cumulatively, 51,799 pregnancies were reported between 2004 and 2008. Over 82% of all reported pregnancies affect girls enrolled in basic schools in rural areas (Ministry of Education Statistical Bulletins 2004 to 2008). The girls are predominantly at risk of HIV infection due to poverty, early marriage, intergenerational sex and gender bias.

School reporting of self-induced abortions among learners has also been increasing. Through strengthened guidance and counseling practices, the PEPFAR component will support a coordinated school health approach to mitigate the impact of HIV/AIDS in schools. The program will enhance guidance and counseling skills, including GBV counseling and screening in the school system and in collaboration with local communities. PEPFAR funds will be used to strengthen the life skills curriculum and its implementation. Guidance and counseling will include measures, such as guided study and mentoring, to better support the participation of learners in school. The school, community and learners will participate in HIV/AIDS prevention activities to mitigate dropping out of school, child sexual abuse, teenage pregnancies, and increase student participation in schooling.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12269 | Mechanism Name: Scaling Up Demand For HIV Prevention & Expanding Care and Support |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Tearfund | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 0 | |
|---|---|
| **Funding Source** | **Funding Amount** |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Tearfund provides HIV prevention-abstinence and behavior change services through individual and small group interventions that are evidence based. Tearfund is supporting four sub-partners from among the faith based organizations, Brethren in Christ Church (BICC), Evangelical Fellowship of Zambia (EFZ), Scripture Union Zambia (SUZ) and Jesus Cares Ministries (JCM), to provide HIV prevention services in 17 districts in six provinces of Zambia.

The objective s of Tearfund Zambia are to:
1) Reach 100,000 young people with abstinence and behavior change (AB) by 2011;
2) Provide access to prevention of mother to child transmission (PMTCT) services to 15,500 expectant mothers by 2011;
3) Reach 18,950 people in 17 districts will HIV counseling and testing services; and
4) Provide care and support to 35,000 orphans and vulnerable children (OVC) and 8000 people living with HIV and AIDS (PLWHA) and their families.

AB services are targeting in and out of school youths aged 10 to 24 years. The program will support the training of trainers (TOT), such as teachers, church leaders, volunteers, and the training of peer educator youths in carrying out abstinence and behavior change services among youth. The program supports the establishment of school youth clubs, holding of fellowship meetings, seminars, and youth rallies as well as hiring of musical instruments for concerts.

The program will seek to increase the uptake of TC in both boys and girls, in and out of school youths,

couples and pregnant women as well as any other individuals. Church leaders and traditional birth attendants (TBAs) will be trained as lay counselors and caregivers to provide counseling and link individuals ready to be tested to testing facilities and thereafter provide ongoing post test counseling services and referral to other services such as PMTCT, prevention, support care and ART. The program will also support the contracting of TC service providers, setting up of mobile VCT and procurement of HIV test kits. PMTCT mothers will also have access to infant feeding counseling.

The program will provide care and support services to OVC in targeted communities in 14 districts through payment of tuition fees, purchase of school uniforms, books, pens, and pencils as well as offer child protection and psychosocial support. The program will link PLWHA and OVC to livelihood and food security programs, including linkages with nutrition activities as appropriate. The program will support the basic care nursing services for PLWHA and provide home-based care kits.

The monitoring and evaluation events will focus on six specific areas which include: (1) Keeping track of the inputs, processes and the first level achievements; (2) Monitoring of outcomes-behavior and system changes and case studies and human interest stories; (4) Context, risks and assumption monitoring. The program was developed through an assessment of the environment. Risks and assumptions were identified and these formed the basis upon which decisions for strategy and scale of achievements was determined. As the environment can change, it is important for the program to track and assess the environment to enable adjustment to assumptions, strategies and results. Tearfund and the four sub-partners will use a method that will integrate the assessment during an annual review session in the form of participatory sessions with all key programs staff and partner staff; and (5) Monitoring of overall goal. The mechanism is contributing to the achievements of an overall national goal of the Government of Zambia and the PEPFAR NPI goals.

Evaluation will focus on the assessment of whether the program is generating its planned activities and the extent to which it is achieving its stated objectives through these activities. The funding will support monitoring visits to project sites, trainings on data quality and data management, data quality audit visits, trainings of data collectors-the volunteers and trainers/ implementers, contracting project evaluation consultants, and the printing of monitoring tools.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection

## Budget Code Information

(No data provided.)

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12270** | **Mechanism Name: Workplace TBD Project** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: UNHCR | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 2,500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,500,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| AAH | Ministry of Community Development and Social Services | World Vision |

## Overview Narrative

This narrative is a draft and will be revised upon award of the USAID SHARe follow-on Partnership project. Targets will be adjusted on the actual start date of the project.

USAID/Zambia's new Partnership project will support the Government of Zambia's multi-sectoral efforts to

reduce the impact of HIV/AIDS. The Partnership project is a follow- on to the John Snow Institute Support to the HIV/AIDS Response to Zambia (SHARe) project. The Partnership project will build on lessons learned and successes from the previous project, however it also represents a more cohesive and consolidated approach to integrating HIV/AIDS services in the workplace, and strengthening the implementation of HIV/AIDS related policies and laws into workplaces. Most of the partnerships established under the SHARe project are expected to continue under this project. A more concerted effort in generating additional partnerships will be made and the project will be responsible for coordinating, managing, monitoring and reporting on all alliances and public-private partnerships. This project will also address technical and financial sustainability considerations including graduation.

In collaboration with the GRZ, USG and other PEPFAR implementing partners, the project will focus on three key areas by doing the following: 1) Implementing comprehensive HIV/AIDS workplace programs in the public and private sector as well as informal workplaces and expand critical services to surrounding outreach communities; 2) Locating and collaborating with new private sector partners that are willing to contribute resources to the expansion of their own workplace and outreach community HIV/AIDS programs; and 3) Strengthening the implementation of HIV/AIDS related policies held by public or private sector organizations.

The Partnership project will implement comprehensive workplace programs that target a range of public and private sector organizations, including: large corporations in tourism, trade, banking, telecommunications and agribusiness, as well as owners and employees of small and medium size businesses, especially through the District Business Associations and the Zambia HIV/AIDS Business Coalition. The project is expected to strengthen public sector programs in the ministries of Agriculture, Trade and Commerce, Mining, Communication, Tourism, Home Affairs, Education, Health and the Judiciary. In addition, key informal workplaces will be targeted and work in coordination with the new Corridors of Hope project. Not only will this project serve working men and women but also families in communities surrounding the workplaces where services are provided.

The project will support workplace and community programs that include behavior change messaging, particularly using abstinence and be faithful (AB) prevention models, and appropriate behavior change messages to higher risk populations. The successful use of mobile prevention messaging, counseling, and testing services in informal market places that was initiated by SHARe will be expanded under the new project. Mass sensitization sessions and one-on-one interpersonal counseling with vendors will be provided. Communities will be involved in developing innovative prevention approaches to ensure that the programs are responsive to local needs. The prime partner in the project will provide outreach activities using private sector funds, linking partners to government resources for IEC materials. Efforts will be made toward improving supportive supervision to ensure quality of messaging and to encourage

trained peer educators to intensify efforts to reach out to more individuals and improve reporting.

Under the Partnership project, prevention programs will be coupled with counseling and testing services so that individuals will know their status. Current data suggest that only 9.4% of women and 13.8% of men in Zambia have ever been tested for HIV. The project will work with partners to provide counseling and follow-up or referral to appropriate groups for employees or community members that are HIV negative to help them maintain their status. Direct referrals to services will be offered for those who are positive to prevent them from transmitting HIV to their partners or children and to link people with care, treatment and support services, with a focus on prevention with positives. It is anticipated that strong linkages will form with other PEPFAR implementing partners such as, the Health Communications Project for the development of appropriate messaging, as well as public and private sector services to ensure patients are linked to PMTCT, ART, palliative care, TB, orphans and vulnerable children and male circumcision services.

Strengthening and implementation of policies and laws related to the workplace through partnerships will also be a component of this project. This includes working with employers on planning, in light of the impact of HIV/AIDS, and working with employees on how they can access legal services to deal with the challenges brought on by HIV/AIDS. Strengthening the regulatory environment to protect people living with HIV/AIDS by working with national, provincial and district level coordinating bodies is also a priority. Partners will be integral to ensuring that HIV/AIDS policies, work plans, and budgets are developed to sustain their HIV/AIDS workplace activities through government, other donor funding , and the private sector.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

## Budget Code Information

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|---|---|
| **Mechanism ID:** | **12270** |

| Mechanism Name: | Workplace TBD Project | | |
|---|---|---|---|
| Prime Partner Name: | UNHCR | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | 750,000 | |

**Narrative:**

This activity will focus on extending CT in the workplace and outreach communities in the public, private and informal work places. In addition, it will link to other program areas including HVAB, OHPS, and HVOP while strengthening and expanding the capabilities of the workplace to provide TC, including quality assurance, quality improvement and supportive supervision to trained TC providers provision of on site and mobile TC and linkages with other TC service providers.

Provider initiated TC will be offered within public and private sector health care facilities as part of routine medical care. This activity will also expand community-based HIV to include outreach mobile TC facilities, innovative campaigns will be adopted such as the door-to- door campaigns which embrace a family-centered approach to TC as well as couples counseling to reduce HIV transmission in sero-discordant couples.

Creative ways to engage and connect communities to TC will be sought, through community sensitization and mobile TC at traditional ceremonies and other social mobilization events such as World AIDS Day and Voluntary Counseling and Testing Day. Emphasis will be placed on working with Members of Parliament, traditional Leaders, industry heads, and young influential Zambians (musicians, artists, youth leaders) to promote and advocate for increased TC uptake within communities. Additional focus will be placed on increasing male's involvement in TC.

Enhancing access to rapid test kits through the District Health Management Teams and Medical Stores Ltd in order to expand nationwide TC services will be a major focus of this project. TC providers will link HIV positive clients to ART and palliative care services in their respective communities to ensure continuity of care.

The project will assist partners to provide on-site, facility-based and mobile TC 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 TC test kits and reagents, and network with prevention, care and treatment sites. The Project will work with partners and the Ministry of Health to promote adoption of the TC opt-out/provider-initiated approach to offer TC within all antenatal services, at TB clinics, and during annual medical exams.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 500,000 | |

**Narrative:**

This activity will focus on supporting the institutional capacity of partners in public, formal and informal sector workplaces. Support will include annual assessments of internal mainstreaming and institutional strengthening of all line ministries. The project will support the implementation of HIV/AIDS related policy and regulatory framework developed under the SHARe project. Support will be given to standardizing workplace policies in both the private, public, and informal sectors.

One aspect of the project will emphasize implementation of policies and laws developed by the National AIDS Council (NAC that have become part of the national legal and policy systems. Technical and management capacities of the partner organizations will be strengthened and support mobilized to secure financial resources to ensure the sustainability of their activities. Activities will include participatory analysis of current levels, sharing of successful sustainability strategies, and development of sustainability plans.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 1,000,000 | |

**Narrative:**

As a result of this activity, comprehensive AB programs will be implemented in the workplace and outreach to communities in public, private and informal workplaces. The activities will link to other program areas including HVCT, OHPS, and HVOP and expand the capacity of partners to implement AB programs that support the recently launched National Prevention Strategy. Comprehensive AB programs in workplaces and communities will target adolescents, men, women, the business community, PLWHA and mobile populations including truckers, miners and agricultural workers. Appropriate AB prevention models will be promoted to various groups of adults with a goal of changing societal norms and attitudes, focusing on reduction of multiple concurrent partnerships (MCP), age disparate partnering, and the harmful role of alcohol abuse and gender based violence in HIV transmission. Men will be actively engaged to participate in, act as role models and promote positive behavioral change.

Both male and female condoms will be made available through health facilities and through retail outlets. AB prevention will be closely coordinated with TC mobilization, so that individuals know their status. Focus will be placed on maintaining the negative health status of the majority that will test negative, but also on prevention with positives to be addressed through both behavioral and biomedical interventions. The use of mobile AB and TC services in informal market places will be expanded under this new project

with the use of mass sensitization sessions and the provision of one-on-one interpersonal AB counseling with vendors.

The partner communities will be involved in developing innovative community AB prevention approaches such as drama, peer group discussions, and social mobilization events ensuring that the programs are responsive to local needs. Support to AB strategic planning and policy development will be provided to the partners.

The project will work with all of its partners through continued strengthening of technical and management capacities and mobilization of financial resources. In addition, it will support sustainability plans for HIV/AIDS workplace and community outreach activities using private sector funds and linking these to government resources for IEC material.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 250,000 | |

**Narrative:**

This activity will focus on implementing Other Prevention activities and promote behavioral change to reduce sexual transmission. The needs of high risk workers in the public and private sector and the informal workplace will be identified and addressed. Other prevention strategies will focus on innovative community prevention programs in areas with high migrant populations, miners and market fish vendors and other most at- risk populations. Furthermore, this project will provide education to tackle HIV high risk behaviors among Most at-Risk Populations (MARPs) that go beyond AB and focus on partner reduction, increased access to and availability of condom uses correctly and consistently, knowing one's status, screening and treatment of sexually transmitted infections, and referrals to male circumcision. The harmful role of alcohol abuse and gender-based violence in HIV transmission through multi level interventions will also be addressed.

Emphasis will be placed on increasing male involvement in other prevention efforts. Information and counseling on behavioral change will promote respectful relationships between men and women. Peer educators trained under the SHARe project will implement Other Prevention education, promote condom use, refer for STI management, and work to prevent and respond to alcohol abuse and gender-based violence.

Sites with high risk groups will be linked to the Corridors of Hope III project and to socially marketed and free condoms in collaboration with the District Health Management Team and Society for Family Health. Private sector companies with clinical facilities will expand the provision of STI diagnosis and treatment

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| services and will be encouraged to provide post exposure prophylaxis for health workers and victims of sexual violence. Counseling and testing will be integrated as an essential component and emphasis will be placed on ensuring that those who test negative remain negative, with messages focusing on multiple concurrent partnerships and age-disparate partnering and the harmful role of alcohol in reduced perception of risk. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12271** | **Mechanism Name: USAID/Zambia Community Compacts** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

While scale-up of HIV care and anti-retroviral treatment (ART) has been rapid, with nearly 250,000 Zambians currently on ART, HIV prevention has not shown the same success, with continued increases in infections. The most recent population-based surveys found an adult prevalence of 14.3% in 2007. Women have higher prevalence than men (16.1% vs. 12.3%), and rates in urban areas are double that of rural (19.7% vs. 10.3%). While declines in HIV prevalence are substantial in the 20-29 year age groups in women and the 25-34 year age groups in men, young people make up the majority of new cases of HIV.

Addressing this incidence of HIV requires new programs that encourage community engagement and leadership and successfully change social norms that promote HIV spread. I n the DHS, only 45% of

infected women and 28% of infected men had ever been tested for HIV; only one-fourth of HIV negative adults had ever been tested in 2007. Overall, 11.2% of cohabiting couples are discordant for HIV, including 6.6% of couples where the man is positive and the woman negative, and 4.6% of couples where the woman is infected. With low general testing rates, the vast majority of Zambians do not know the HIV status of themselves or their spouse. While over 80% of pregnant women were tested in 2008, only about 10% of their partners are tested, resulting in high incidence of infection among women and their infants (and also among the negative male partners in discordant relationships).

The proposed program will develop, implement, and scale-up community based agreements or "compacts" to decrease HIV incidence in Zambian households. Applicants are encouraged to utilize a range of approaches at the local level aimed at increasing HIV awareness and preventive behaviors resulting in an invigorated community environment where risk of HIV acquisition is clearly understood at all levels resulting in real behavior change.

"Community compacts" represent a different approach to HIV prevention, aimed at engaging directly with target communities and entering into a process whereby leaders and individuals alike are all involved in decreasing the number of new HIV infections while maintaining and/or enhancing the communal environment. The term "community" requires definition and could illustratively include the physical boundaries of a village or township ( ward, etc.), the catchment area surrounding a clinic, a church group or congregation, a grouping of individuals ( university students) or a school setting (students and teachers), or a subset of clinic attendees – pregnant women attending ANC/PMTCT services and their families. Communities will be defined with appropriate outcome objectives. A key ingredient to success will be the approach taken by awardees to engage community leadership to mobilize communities to protect themselves collectively from HIV spread. Participatory dialogue with community stakeholders—including traditional chiefs, religious leaders, local government, and civil society will be critical to the development of community compacts and local government structures may be involved in project design, implementation, and monitoring.

The three objectives of these compacts are to:
1. Identify target communities and build bridges to develop community compacts or partnership activities for HIV prevention interventions;
2. Transfer skills to communities through Zambian partners to sustain HIV prevention activities; and
3. Develop and implement measurement frameworks to track progress of community prevention activities.

Initial and intermediate outcome measurements may be utilized that are part of the compact agreement, including achieving high rates of community testing, especially of couples, as an initial qualification for a compact agreement. Other measures will evolve based on the "community" being served and how

measures of accomplishment are determined during program design and implementation. Overall, the expectation is to see decreased risk taking behaviors leading to decreased numbers of new HIV infections.

Changes in social norms that are anticipated include acceptance of testing for HIV and communication among couples about HIV status (best achieved through couples testing), and the unacceptability of high risk behavior (multiple concurrent partnerships, early sexual activity, sex with someone whose HIV status one does not know), and improved health-seeking behavior. The greatest long-term benefit will come through achieving lower rates of HIV incidence in communities.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12271** | | |
| **Mechanism Name:** | **USAID/Zambia Community Compacts** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | Redacted | Redacted |
| **Narrative:** | | | |
| Chiefs, local leaders, and other "community" members develop a community compact that includes individual testing and counseling as well as active prevention programs. Under these community activities a paradigm shift will be instigated whereby negative status is "rewarded" through the compact, while individuals who are positive will still receive support, the community at large may lose eligibility for its incentive. Similar to focusing on the negative status, testing and counseling will be focused on the 85% of Zambians who are negative, providing them, their partners, and community at large the information and tools necessary to maintain an HIV free life. | | | |

The challenge in geographic communities is developing incentives that are valued by the community and have secondary benefits. A school bursary fund administered by the community, a community center, or other improvements that promote health could be considered. Overall activities will promote knowledge of ones HIV status, with a particular focus on couples or partner counseling as a way of bringing HIV information into the household and thereby allowing for prevention interventions to be appropriately targeted.

Ideally, individuals will avail themselves of repeat testing as a means to determine whether HIV incidence has changed. However, other proxy measures may be required in order to allow for meaningful measurements across the determined time period.

Illustrative indicators:
? Number of people receiving testing and counseling services (esp., couples, men, adolescents, etc.)

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

The focus of this approach is to identify discordant couples and other high risk individuals (including those with multiple partners) and provide them with prevention training, including condoms, in order to prevent transmission.

These communities could include religious organizations, workplace environments, out of school adolescents/young adults or other types of organizations and communities. Leadership within these "communities" will develop a compact that includes education and support for individual and couples testing, and support for those already infected to reduce stigma related to HIV. For example, a compact could be designed with a secondary school that would include HIV prevention information, along with testing and counseling and including condom distribution. The exact interventions would be determined with the community (school) but would be designed to provide a framework for integrating HIV prevention information and behavior change interventions. This would be followed up by rigorous monitoring to evaluate program impact.

Incentives will be designed by the community themselves but could include institutional improvements for "structure" based communities, or inputs into a community or other setting. The geographic location of activities will vary depending on the definition of community. It could include a defined living area, a school or health facility, or other demarcation. What is key is the ability to reach the community with defined interventions such that measured outcomes can be determined.

| |
|---|
| Illustrative indicators:<br>? Number of youth (10-24) reached with community prevention programs<br>? Number of condoms distributed |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12272** | **Mechanism Name: PEPFAR OVC Small Grants** |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Cooperative Agreement |
| Prime Partner Name: STATE - OVC | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 300,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 300,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| TBD | | |

## Overview Narrative

The Ambassador's PEPFAR Small Grants Fund (an extension of the Ambassador's Self Help Program) is designed to assist communities and local organizations with projects that promote HIV/AIDS prevention, and care and support for orphans and vulnerable children (OVC) at a grassroots level. The Small Grants scheme will help to build local capacity by encouraging new partners to submit applications for review. Programs will be designed to continue to promote stigma reduction associated with HIV orphanhood, strengthen OVC care and treatment service linkages on the community level, and benefit OVC caregiver families and child-headed households with increased support. Food supplements will be provided through a community driven sustainable means. OVC Food and Nutrition Support will follow Zambian national nutrition guidelines, and will adhere to OGAC Food and Nutrition guidance. OVC nutrition support will prioritize at-risk infants starting as young as six months, up to five years. All HIV positive and HIV

exposed infants will be considered OVC as they are all vulnerable. Applicants will be encouraged to work closely with current USG partners (e.g. RAPIDS) to establish sound referral systems and to ensure continuity. The Small Grants Program will fund 15-20 innovative OVC activities to reach a total of 2,000 OVC and their caregivers. Community-based groups, women's groups, youth groups, faith-based organizations (FBOs), groups focusing on gender issues, and groups of persons living with HIV/AIDS (PLWHA) from all 9 provinces will be encouraged to apply.

Generally, PEPFAR activities are carried out in all 9 provinces and 72 districts of Zambia. Activities are concentrated in major districts with a high prevalence HIV/AIDS rate, but there remain gaps in the smaller towns and communities. In particular, residents of remote rural areas receive next to no services, other than what is provided by CBOs. Site visits have proven that a village only 15 kilometers away from a town center is effectively cut off from civilization. The Ambassador's PEPFAR Small Grants Fund adheres to the same model as the Ambassador's Special Self Help Fund, 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.

Successful FY 2009 projects include skills training for OVC and caregivers in carpentry, tailoring, and auto mechanics, scout camps to provide psychosocial support to OVC and to build self-esteem and promote behavior change, and various income generating activities aimed at providing sustainability for caregivers and organizations that provide care and support to OVC. Community outreach on OVC issue, HIV/AIDS prevention, and stigma reduction have also figured prominently in the current projects, and more than 3,000 OVC have been provided with support in the forms of educational support, nutritional support, medical care, and psychosocial services.

Activities funded by the program will involve capacity-building for 15-20 grassroots and community-based organizations to conduct HIV/AIDS programs for OVCs. These funds will be managed by one a full-time Small Grants Coordinators. This position will develop project guidelines, promotional materials, application and other documents as well as coordinating review of applications, and determining qualification of projects. This position is responsible for project monitoring and evaluation, and providing close program management to selected programs.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 12272 | | |
|---|---|---|---|
| Mechanism Name: | PEPFAR OVC Small Grants | | |
| Prime Partner Name: | STATE - OVC | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HKID | 300,000 | |

**Narrative:**

In FY2010, The OVC small grants program will seek to encourage the community support and coordination of the needs for OVC children. Furthermore, it is anticipated that the funds being provided through this scheme will enhance community/household strengthening as it is one of the most sustainable ways to ensuring that children's programs have a long lasting lifespan. During the implementation, some recipients will direct the resources in improving the quality of services directed through children. This will be done through trainings and other capacity development programs such as mentoring. Among the activities that recipients will implement includes training of OVCs in life skills, Educational support, Income generating activities that are aimed at sustaining the needs of OVCs, Psychosocial support and training of Caregivers in OVC management. By doing this, the program will be meeting the holistic needs of OVCs.

In meeting the needs of OVC, the most important strategies are offering support through families. This is very important as children are already part of these families. This program is targeting children below the age of 18. As in the past, organizations based in remote parts of the country will be prioritized over partners based in urban settings.

Successful FY 2009 projects include skills training for OVC and caregivers in carpentry, tailoring, and auto mechanics, scout camps to provide psychosocial support to OVC and to build self-esteem and promote behavior change, and various income generating activities aimed at providing sustainability for caregivers and organizations that provide care and support to OVC. Community outreach on OVC issue, HIV/AIDS prevention, and stigma reduction have also figured prominently in the current projects, and more than 3,000 OVC have been provided with support in the forms of educational support, nutritional support, medical care, and psychosocial services.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12273** | **Mechanism Name: Tropical Disease Research Center (TDRC)** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The high prevalence of HIV/AIDS of 14.3% in general population and Tuberculosis (TB) case notification rate of 545/100,000 with 50-70% HIV/TB co-infection are a great public health challenge causing high morbidity and mortality in Zambia. The situation calls for immediate, comprehensive, and evidence based interventions to reverse the trend threatening the very existence of the nation. The target provinces with 2010 projected populations are: Copperbelt with 2,088,146, Luapula with 1,064,422, North-Western with 808,046 and Northern Provinces with 1,662,240 populations. TDRC will perform a target of 4578 TB/HIV/STI diagnostic tests by end of 2010.

In FY 2009 TDRC played a significant role in the implementation of HIV/STI/TB surveillance in different populations of interest. The following are the objectives of the 2010 TDRC cooperative agreement: (1) to expand the use of quality program data to inform policy and program management; (2) to support and enhance TDRC expertise in the surveillance of HIV/AIDS/STI/TB as well as implementing the biannual ANC National HIV/Syphilis sentinel surveillance survey; (3) to expand the information communication technology (ICT) infrastructure; (4) to improve human resource capacity for monitoring and evaluation (M

& E) and to enhance scientific research methods, data management and statistical analysis, and reporting. TDRC will seek technical assistance (TA) from the CDC-Zambia in protocol development, surveillance training, as well implementation of the survey, data processing and analysis, report writing activities.

In FY 2010, TDRC seeks to continue implementing different surveillance activities in HIV/AIDS/STI/TB important in enhancing GRZ's response to the HIV/AIDS/TB pandemic. HIV prevalence and incidence data are critical in assuring that the program activities are responding to state of the epidemic, as well as informing and guiding policy and interventions. In FY 2010 TDRC plans to hold a workshop for the dissemination of the 2008 ANC HIV sentinel surveillance data to stakeholders; timely implementation of the 2010 National sentinel surveillance of HIV/Syphilis in Antenatal (ANC) attendees on the Copperbelt, Northern, Luapula, and North-Western Provinces aimed at estimating HIV prevalence in this population. TDRC will seek to estimate the HIV incidence for recent infection using the BED-CEIA testing strategy. TDRC will develop the survey protocol for estimating the prevalence of HIV in children less than five years old. HAART has been scaled up to most health centers in Zambia. It is important that surveillance and monitoring of HIV Drug resistance (HIV DR) is part of HAART programs. TDRC will seek to use specimens from the 2010 HIV SS in ANC to evaluate the burden and extent of transmitted HIV drug resistance in Zambia.
TDRC plans to expand and strengthen ICT Infrastructure aimed at supporting the surveillance and laboratory activities in HIV/AIDS/TB/STI, and other related epidemiologic and public health programs: TDRC ICT will seek to strengthen (1) ICT/Informatics infrastructure, within TDRC and across selected sentinel surveillance sites to improve networking with the sites.
TDRC will implement monitoring and evaluation activities at critical operational units to ensure that the planned activities are implemented successfully. The monitoring and evaluation plans will subsequently provide information that will feed into the new generation of indicators provided by CDC. Timely data on HIV prevalence and incidence is important in informing policy and guiding interventions. TDRC seeks to continue supporting the GRZ in the implementation of the various HIV surveillance and information system activities across the country.

The United States Government (USG) has since 2004, supported the strengthening and expansion of Tropical Diseases Research Centre (TDRC) infrastructure and expertise in surveillance of HIV/AIDS/STI/TB, and improved ICT infrastructure, in order to provide quality evidence based data for program management and policy development by the Government of the Republic of Zambia (GRZ).

Further, the USG responded to GRZ and supported upgrading and renovations of TB infrastructure to 'state-of-art' of TDRC Regional TB Reference Laboratory. Since then, TDRC has been key in supporting the scale-up of TB diagnostic activities in Northern region in order to combat the challenges of TB/HIV

burden. TDRC TB Reference Laboratory will continue providing TB diagnostics and External Quality Assurance (EQA) services in the northern region of Zambia;

In FY 2010, TDRC TB Regional Reference Laboratory will strengthen and expand its TB diagnostic services and provide external oversight to ensure provision of high quality TB diagnostic testing in the northern region of Zambia. This objective will be achieved by providing all components of EQA in AFB smear microscopy. TDRC will seek TA from CDC in new specialized TB diagnostics, and EQA system implementation.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12273** | | |
| **Mechanism Name:** | **Tropical Disease Research Center (TDRC)** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | Redacted | Redacted |

**Narrative:**

In FY 2010, TDRC seeks to continue implementing HIV surveillance activities, and expanding the laboratory capacity in the following areas: (1) Dissemination of information from the 2008 HIV sentinel surveillance (HIV SS); (2) Implementation of the 2010 HIV SS survey in the 27 sentinel sites; Training field staff, sample analysis, data management, analysis and report writing; (3) Estimation the HIV incidence using the BED-CEIA testing strategy; (4) TDRC will provide training to field staff on the preparation of dried blood spots (DBS) samples for estimating the extent of the emergence of transmitted HIV drug resistant strain. The 2010 HIV SS DBS will be used for estimating the prevalence of transmitted HIV drug resistance in the ANC population; (5) TDRC will continue strengthening the specimen repository system for storing survey specimens, to assure an efficient specimen tracking. (6) HIV prevalence data

among children is lacking. TDRC plans to develop, and finalize a protocol for estimating the prevalence of HIV in this category, and implementation in selected sites. (7) In FY 2010 TDRC will seek to strengthen ICT infrastructure with a view to supporting the HIV/AIDS/TB/STI surveillance and laboratory activities. These activities will require sustaining a well functioning and efficient LAN and server maintenance services, and developing an offsite data backup system for TDRC as well as improving Internet link and resource access by TDRC Regional Tuberculosis Reference and HIV Laboratories. TDRC will set-up basic Internet infrastructure at selected TB/HIV sentinel sites to improve networking in HIV surveillance and TB EQA activities. TDRC plans to continue maintaining and upgrading its LAN infrastructure by acquiring updated hardware and software to sustain an efficient LAN. TDRC will seek TA support from the CDC in the upgrading and deployment of new technology. Further, as new technology will be acquired, TDRC plans to provide training support to ICT staff to enable them meet the challenges of the new technology. In turn, ICT staff at TDRC will provide in-house training on new ICT advancements to the TDRC staff.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | Redacted | Redacted |

**Narrative:**

TDRC Regional TB Reference Laboratory receives TB samples referred from 77 diagnostic centers in the northern region of Zambia for TB laboratory diagnostic services. To provide a comprehensive diagnostic package for these samples, TDRC will procure reagents and supplies to perform fluorescent TB smear microscopy, expanded rapid TB culture complemented by solid L-J culture, Gen probe identification, and drug sensitivity testing. TDRC will strengthen safety transportation of sputum specimens from peripheral sites to TDRC. They will include packaging, transportation, tracking and information system, which is essential for feedback reports and networking with TB/HIV diagnostic centers in the northern region. Eleven TDRC laboratory personnel will be trained and supported in the provision of TB/HIV laboratory related activities by end of 2010. In addition, TDRC will train 50 microscopists from the five northern provinces for TB smear microscopy.

In FY2010, TDRC will need USG support to continue to strengthen and expand provision of all the three components of EQA activity at provincial and central hospital TB diagnostic centers in the northern region. The three components of EQA are: on-site evaluation of TB diagnostic centers; blinded rechecking of collected TB smears; and proficiency testing of laboratory personnel in AFB smear microscopy. TDRC will seek to conduct two on-site evaluation visits to TB diagnostic centers on Copperbelt, Luapula and North-Western provinces, quarterly supervisory visits for collection of slides for blinded rechecking, and once perform TB smear proficiency testing of laboratory technicians by end of 2010. TDRC will strengthen feedback to TB diagnostic centers for corrective measures through on-site

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| visit and group trainings. TDRC will continue participating in local (Chest Diseases Laboratory-National Tuberculosis Reference Laboratory) and international (WHO/NICD and CDC MPEP) external quality assurance activities in TB smear microscopy and culture. In addition, TDRC TB laboratory will seek assistance from a national or international institution to start up accreditation process. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12274** | **Mechanism Name: STEPS-OVC** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The community-based prevention, care, and support program will be a three-year program (2010-2013) that receives funding across multiple budget codes. Exact targets and outputs will be finalized during negotiations with the awardee, and entered into COPRS once the program has been awarded.

The twin goal is to support more effective prevention as the main priority in PEPFAR Phase 2, during the three years of program implementation, while developing more sustainable care and support for the intended target populations, which include Orphans and Vulnerable Children (OVC), at-risk youth, and People Living with HIV (PLHIV), as well as affected families and communities across Zambia. A new target group are those who are most at risk among the 85% of Zambians who are HIV-negative.

The objectives are to: 1) Ensure access to high-quality prevention, care, and support; 2) Strengthen the

continuum of care and the integration of services; and 3) Improve efficiency, sustainability, and build local capacity of HIV/AIDS related services, including links with the private sector. One aim is to increase the scope and coverage of prevention efforts nationwide. The geographic target is to reach at least 80% of districts nationally, with quality community-based HIV prevention, care and support interventions. Primary target populations include OVC, PLWHA, at-risk youth, other vulnerable groups (such as the uninfected spouses/partners of PLWHA), and their families and communities. A new focus is targeting the 85% of Zambians who are HIV-negative as well as the 15% who are HIV positive.

In each PEPFAR program/technical area, the project will adhere to applicable guidelines. For Prevention, the project will adhere to and support the 2009 Zambian National HIV/AIDS Prevention Strategy, as well as PEPFAR ABC guidelines and FY 2010 technical considerations. In particular, the project will incorporate new PEPFAR guidance on Prevention with Positives (PWP). In HBHC, the project will adhere to national minimum standards for home-based care, as well as PEPFAR guidance. The project will continue to promote comprehensive and holistic care and support, comprising pain relief and nutrition support wherever possible. For OVC, the project will support Zambian strategic plans, as well as PEPFAR guidance. A key strategy is to link and integrate activities and clients across technical areas, from Prevention to TC to PMTCT to OVC to PDCS to HBHC, and onward to ART as well.

New emphasis for OVC include a focus on health care for children under five, and closer links to PMTCT mothers and infants, to: 1) ensure continuity of care for HIV-positive and HIV-exposed infants; and 2) reduce/eliminate loss-to-follow-up among PMTCT mothers and infants. Nutrition support, where provided, will adhere to Zambian Nutrition and HIV guidelines, as well as to draft national guidelines on Food by Prescription.

Contributions to Zambia health system strengthening include closer linkages between community-based volunteer caregivers and clinic based health professionals, in order to provide care and support that is coordinated and of better quality. One aim is to attach caregivers formally to the health system so that they operate with official status under the auspices of the GRZ. Cross-cutting program elements include: limited emphasis on food and nutrition; economic strengthening; water; and gender. More details on the cross-cutting aspects are found below.

The strategy to become more cost efficient includes: combining two previous care and support programs into one to eliminate redundancy; reducing the investment in initial training of volunteer caregivers; retaining as many of the clients and caregivers from the previous programs as possible, in order to speed that start-up and avoid interruption of services, and to save the expense of identifying and training all new caregivers and registering all new clients. This follow-on effort will receive help from the two preceding programs to transition clients and caregivers, so that there is little or no loss of existing client and

caregiver "assets."

In addition, the emphasis on linking to the private sector and increasing sustainability implies that these activities will require less external donor funding in the future and be community-owned to a greater extent. This project will link closely to a Zambian-led, community-based prevention contract, as well as to other USG Zambia projects, to optimize use of USG resources.

Monitoring and evaluation plans include: greater integration with national M&E plans and structures as well as greater focus on outcome and impact measures.

This program was initially identified in FY 2008 as a single procurement. However, it has subsequently been determined that it will be more appropriate to develop two separate but closely integrated procurements to meet the full needs of prevention, care, and support.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |
| Food and Nutrition: Commodities | Redacted |
| Food and Nutrition: Policy, Tools, and Service Delivery | Redacted |
| Gender: Reducing Violence and Coercion | Redacted |
| Water | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
TB

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12274** |
| **Mechanism Name:** | **STEPS-OVC** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | Redacted | Redacted |

**Narrative:**

The project will provide quality care and support to 100,000 PLWHA per year, of whom up to 90% will be adults. Services will adhere to national standards, including national minimum standards for home based care, as well as PEPFAR Adult/Pediatric care and support. All clients will receive the adult or child preventive care package, including cotrimoxazole prophylaxis. It would also assist with food and nutrition assessment, counseling and support. Where nutrition support is provided, it will adhere to national Nutrition and HIV guidance, as well as adopting the draft national Food by Prescription strategy to diagnose and treat malnutrition among PLWHA. All community-based care and support activities will link to and integrate with available clinic-based services, including VCT, PMTCT, OVC and ART.

Any training activities that are required will be planned and conducted in coordination with Ministry planning timetables, and under Ministry auspices, in order to conserve resources, to minimize absence of staff and disruption of services, and ensure that trainees are linked to and recognized by relevant Ministries.

To address the needs of clients, the project will provide clinical care to at least 50,000 PLWHA, and continuous PSS to all PLWHA. Care and Support will continue to assist hospice care and advocate for pain relief for PLWHA. Other interventions may include malaria and TB case-finding and control measures. Other efforts will be directed towards increasing ownership and sustainability of care and support, including GRZ accreditation of hospice care facilities to qualify them for public funds and enabling the GRZ to post health professionals at hospice sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | Redacted | Redacted |

**Narrative:**

This will be an extension to the OVC care and support of the RAPIDS project, which seeks to reach 250,000 OVC. It may also incorporate OVC clients and service areas of Track 1 OVC projects, if funding permits. The new project will provide or ensure access to at least a minimum package of critical OVC services and support. New emphases for OVC include a focus on health care for children under five, and

closer links to PMTCT mothers and infants, to: 1) ensure continuity of care for HIV-positive and HIV-exposed infants; and 2) reduce/eliminate loss-to-follow-up among PMTCT mothers and infants. As allowed by the GRZ, community caregivers will promote or perform collection of dried blood spots (DBS) for HIV-exposed infants to increase Early Infant Diagnosis (EID).

In contrast to OVC targeting under PEPFAR I, it will be HIV sensitive rather than HIV specific, in order to reduce direct or reverse stigma and discrimination. Interventions may include education, shelter, protection, health security, food and nutrition, HIV prevention, PSS including mental health services, and greater access to livelihoods and economic strengthening.

Where nutrition support is provided, it will adhere to national Nutrition and HIV guidance, as well as adopting the draft national Food by Prescription strategy to diagnose and treat malnutrition among OVC. All community-based OVC care and support activities will link to and integrate with available clinic-based services, including VCT, PMTCT, OVC and ART. In particular, OVC care and support will link closely to PMTCT services to ensure continuity of care and follow up for HIV-exposed infants.

Any training activities that are required will be planned and conducted in coordination with Ministry planning timetables, and under Ministry auspices, in order to conserve resources, to minimize absence of staff and disruption of services, and to ensure that trainees are linked to and recognized by relevant Ministries. This includes volunteer caregivers who should receive their certification from the relevant ministries under whose auspices they will be allowed to operate.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | Redacted | Redacted |

**Narrative:**

The TBD award will target adult and pediatric PLWHA with ART adherence support. It will provide continuous care and support from time of HIV diagnosis to ART eligibility (CD 4 less than 200 for the general population and less than 350 for pregnant women). Caregivers will encourage timely return to clinic visits for periodic lab tests to confirm CD4 counts. Other screening techniques will rely on visual observation, or questions regarding increasing frequency and severity of illnesses and medical complications, etc.

Caregivers will ensure effective, timely referral of community and home-based care clients to ART and PMTCT sites. The TBD will work with the GRZ and other partners to establish common, simple mechanisms to confirm that clients act on referrals.

Caregivers will link with or attach themselves to ART and PMTCT sites, sharing client information on client progress, problems, and follow up, as appropriate. At clinic request, caregivers will help relocate clients who miss clinic visits. Project vehicles will be used as needed to ensure that ART clients who live far from ART sites reach the clinic for care or for ARV re-supply. Clinics will reciprocate, sharing information that caregivers need.

Caregivers and prevention counselors will participate in early warning mechanisms to detect and report the emergence of ARV drug resistance, so that it can be addressed at the earliest opportunity. They will also screen for and report signs of adverse effects, both short and long term, of ARV drug regimens, to allow for a rapid response by clinicians.

Caregivers and prevention counselors also receive training in nutrition assessment and counseling, as well as pain management. They will provide these services, under clinical supervision, acting in coordination with clinical sites, and reporting on their actions.

The TBD award will promote Positive Prevention as well as a gender balanced approach to care and inclusion of clients. GIPA principles will also continue to play a role in the program and these guiding principles will also be transferred to any takeover parties.

The ultimate goal is to achieve a target of providing adherence support for 100% of PLWHA on ART by the end of project.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

The new project will work closely with the TBD Prevention RFP to reach and maintain the level of TC delivery (41,000 clients in the last reporting period) by the two predecessor projects (RAPIDS, SUCCESS) combined. It is expected that the Prevention RFP will provide the bulk of TC design and technical assistance, but provide at most 25% of the TC service delivery. The TBD Prevention, Care, and Support RFA will retain the bulk of volunteer caregivers to deliver the majority of TC services at mobile sites and in homes and other community settings. The new project will link TC clinical and community services much more closely, and arrange to link HIV positive clients immediately to other needed services to improve continuity of care for PLWHA, and to reduce loss-to-follow-up of "pre-ART patients" (PLWHA who are current clients of community/home-based care are often referred to by clinical providers as "pre-ART patients" and described as "lost-to-follow-up" although in reality they are in fact closely followed by community caregivers). Testing and Counseling (TC) will also link the 85% of

Zambians who test HIV-negative to intensified prevention and support initiatives to reduce the risk of future HIV transmission.

The new project would link itself to existing TC sites. Counseling and testing would occur primarily in the home and community, which will facilitate couples counseling, follow up of discordant couples, and family counseling. The project could provide direct VCT service delivery in most cases, or in some cases, mobilize communities to help other TC providers. TC will be used as a venue to initiate Prevention with Positives (PWP) messages/activities. Linking project activities to the private sector where possible, and absorbing clients and caregivers from previous projects, are two ways to reduce recurrent costs and increase sustainability. To the extent that donor and private sources increase, these activities will require less external donor funding in the future, and be "community-owned" to a greater extent than at present.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | Redacted | Redacted |

**Narrative:**

The project will provide quality care and support to 100,000 PLWHA per year, of whom 10% or more will be children. Services will adhere to national standards, including national minimum standards for maternal and pediatric care, and for home based care, as well as PEPFAR Pediatric care and support. As allowed by the GRZ, community caregivers will promote or perform collection of dried blood spots (DBS) for HIV-exposed infants to increase Early Infant Diagnosis (EID). All children will receive the OGAC/ GRZ recommended child preventive care package, including cotrimoxazole prophylaxis for HIV-exposed children. Of these, the project will provide clinical care as needed to up to half, and provide continuous PSS to child clients. It would also link with and assist in food and nutrition assessment, counseling and support, following national guidelines.

Where nutrition support is provided to clinically malnourished clients, it will adhere to national Nutrition and HIV guidance, as well as adopting the draft national Food by Prescription strategy to diagnose and treat malnutrition among pediatric PLWHA. When addressing the nutrition needs of infants and young children, the project will follow national Infant and Young Child Feeding (IYCF) guidelines. A goal of infant/child feeding will be to ensure long-term HIV free survival of children.

Other interventions may include malaria and TB screening, case-finding, and control measures. Other efforts will be directed towards increasing ownership and sustainability of care and support, and might include GRZ accreditation of hospice care facilities to qualify them for public funds as well as allow the GRZ to post health professionals at hospice sites. All community-based care and support activities will link to and integrate with available clinic-based services, including VCT, PMTCT, OVC and ART.

Any training activities that are required will be planned and conducted in coordination with Ministry planning timetables, and under Ministry auspices, in order to conserve resources, to minimize absence of staff and disruption of services, and to ensure that trainees are linked to and recognized by relevant Ministries.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

All prevention efforts will employ a "combination" approach, comprising biomedical, behavioral and structural interventions, to achieve comprehensive prevention targets and reduce transmission of HIV. The project will also operate in full compliance and coordination with the 2009 Zambian National Prevention Strategy.

The project will ensure prevention efforts are fully integrated and continuous across all program/technical areas. It will avoid artificial divisions between AB/multiple concurrent partner reduction and Other Prevention. The project seeks to ensure that OVC and at-risk youth employ more effective AB and related prevention strategies such as delay of sexual debut and partner reduction. It will aggressively promote reduction of multiple concurrent partnerships. Based on recommendations from an inter-agency (CDC-USAID) Prevention with Positives (PWP) technical assistance visit in August 2009, it will roll out and scale up effective, comprehensive Prevention with Positives (PWP) initiatives, as well as supporting Positive Living Groups and other behavior change efforts for PLWHA, such as reducing intake of alcohol, improving diet and nutrition, and combating gender-based violence. Lastly, it will seek to increase and improve on prevention efforts to protect the 85% of Zambians who are HIV negative. To do this, it will identify those HIV negative individuals who are at the highest risk of infection (for example, those whose spouse or partner is HIV-positive, or who is known or thought to have multiple sexual partners), and provide targeted behavior change activities to enable them to protect themselves better against infection. This could include couples counseling and testing, and/or raising awareness of risky sexual behavior.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

All prevention efforts will employ a "combination" approach, comprising biomedical, behavioral and structural interventions, to achieve comprehensive prevention targets and reduce transmission of HIV. The project will also operate in full compliance and coordination with the 2009 Zambian National Prevention Strategy.

| |
|---|
| The project will ensure prevention efforts are fully integrated and continuous, and will avoid artificial divisions between AB and Other Prevention. Implementing partners will include a full range of "other prevention" strategies and interventions, such as reduction of risk behaviors ranging from alcohol and other substance abuse, to gender-based violence, and behaviors such as soliciting or providing transactional or trans-generational sex in exchange for money or goods. Partners will also include condom promotion and distribution, if they have no objection under the conscience clause. The activity will also link closely to AB and STI prevention, and to other related GRZ and USG efforts. Funding for Other Prevention in this community-based prevention project is modest. The intent is to integrate prevention in other technical areas such as HKID and HBHC. The project will receive significant technical assistance for the design and implementation of prevention activities from another community-based - prevention TBD contract mechanism. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12275** | **Mechanism Name: Unallocated** |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Grant |
| Prime Partner Name: U.S. Department of State/Bureau of Population, Refugees, and Migration (State/PRM) | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 300,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 300,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The PEPFAR Prevention Small Grants program is a new mechanism designed to assist communities and local organizations with projects that promote HIV/AIDS prevention within communities at a grassroots

level. The goal of this project is to build on the success of prevention efforts to date, by further reducing the acquisition and transmission of HIV through higher quality, more effective, and community identified and led sustainable prevention activities like Abstinence/Being faithful (AB), Testing & Counseling (TC), and Other Prevention (OP) services. This project will aim to support more effective prevention of HIV infection over the next five years, relying on a "comprehensive" or "combination" Zambian-led, community-based prevention approach that incorporates behavioral, and structural prevention interventions to a much greater extent in community settings than previously.

These funds could be accessed by well organized community groups who have agreed to pursue common goals of ensuring that the incidence rates or some other agreed upon measures, within their catchment area are reduced. The Prevention Small Grants program will help to build local capacity by encouraging new partners to submit applications for review. Programs will be designed to continue to promote the reduction of stigma associated with HIV and promote linkages at the community level. Applicants will be encouraged to work closely with current USG partners that are Prevention oriented to establish sound referral systems and to ensure continuity of services. The Prevention Small Grants Program will target an average of 20-25 innovative, evidence-based, community approved prevention activities to reach a total of 10,000 (depending on the definition of the "community") people. 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 are among the groups that will be encouraged to apply.

The four main prevention-related program/technical areas that this program will promote, as defined by PEPFAR guidance, are 1) Abstinence/Being faithful prevention programming (including partner reduction) 2) Other Prevention, 3) Testing and Counseling, and 4) Encouraging male participation in Prevention of Mother to Child Transmission (PMTCT). The program will also promote male circumcision (MC), but will not provide clinical MC services. The program will address cross-cutting concerns such as alcohol and substance abuse, gender-based violence, and social norms that contribute to acquisition and transmission of HIV. This project will also target all sexually active people of all age groups. It will have special prevention messages for children, youths, and those that are married.

Generally, PEPFAR activities are carried out in all 9 provinces and 72 districts of Zambia. As this will be the first time this program will be implemented, activities will be carried out in areas with high population densities and high HIV incidence rates. In determining suitable projects, PEPPFAR will also target communities where USG PEPFAR funds have not been issued before. This means serving areas that are geographically located beyond the reach of current PEPFAR prime partner activities. The Small Grant's program serves a unique niche, providing financial support where there would otherwise be none.

All of the projects to be funded are prevention oriented. Illustrative activities include, outreach activities, youth friendly corners, adult "insakas" (traditional meeting place) to promote fidelity, condom distributions, women's clubs and others that may be unique to a particular community and must be innovative and implementable. These proposed activities are designed to ensure that individuals, households, and communities affected by HIV/AIDS access more effective, gender-sensitive, higher-quality community led HIV prevention. They will also provide an opportunity to strengthen the continuity and coordination of, as well as commitment to, effective, efficient and sustainable HIV prevention as well as improving efficiency, and sustainability of the response to HIV/AIDS.

These funds will also provide support for one full-time PEPFAR Prevention Small Grants Coordinator to work in the Coordination Office. This position will develop project guidelines, promotional materials, application and other documents as well as coordinating review of applications, and determining qualification of projects. In addition, the position is also responsible for project monitoring and evaluation, and providing close program management to selected programs.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Mobile Population

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12275** |
| **Mechanism Name:** | **Unallocated** |
| **Prime Partner Name:** | **U.S. Department of State/Bureau of Population, Refugees, and Migration (State/PRM)** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 50,000 | |

**Narrative:**

The Testing & Counseling (TC) result for this project will be based on community sensitization aimed at

encouraging community members to take up TC as a means to HIV/AIDS prevention. This will utilize the many peer educators available in the community who are expected to work as frontline community educators. The program will ensure that peer educators are trained in areas where they do not already exist.

The Prevention small grants program will identify at-risk youth and adults before they are infected, and refer them for more in-depth counseling, to help them protect themselves through appropriate messages and behavior change services. The project will also endeavor to identify PLWHA in the home or community as early as possible, in order to help them change their behaviors so that they do not infect others, as well as to link them proactively and immediately to existing care and treatment services.

From the lessons learned t in PEPFAR One, this program will equally target HIV negative clients. This is based on the fact that the over 85% of Zambian clients who test HIV negative needs to change or maintain their behaviors so that they remain negative especially after a negative test result. Therefore, peer educators together with the Counselors will screen them for HIV risk, and develop HIV risk profiles. Community-based educators will design locally applicable prevention activities, implementing them to those with high risk profiles.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 50,000 | |

**Narrative:**

All prevention efforts will employ a "combination" approach, comprising behavioral and structural interventions, to achieve comprehensive community led and designed prevention targets and reduce transmission of HIV. The project will ensure prevention efforts are fully integrated and continuous across all program/technical areas with a bias towards behavioral aspects. Activities will promote abstinence, delay of sexual debut or secondary abstinence for the unmarried, fidelity and reduction of MCP among married couples and related social and community norms that impact these behaviors and aggressively promote reduction of multiple concurrent partnerships. A special focus of this project will be to increase and improve on prevention efforts to protect the 85% of Zambians who are HIV negative. Youths and community members of different age groups will be encouraged to adopt life styles that will ensure that they remain negative. In particular, it will identify those who are at highest risk of acquiring HIV infection, and provide targeted behavior change activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 200,000 | |

**Narrative:**

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|---|
| All prevention efforts will employ a "combination" approach, comprising behavioral and structural interventions, to achieve comprehensive community led and designed prevention targets and reduce transmission of HIV. The project will employ lessons learned from other programs that are implementing OP activities. Selected implementing partners will choose from a full range of other prevention strategies and interventions, which may include the provision of male and female condoms, make them widely available through community centers i.e. bars, "Tutembas" (Little community based tuck shops) and encourage the critical importance of consistent and correct condom use. In addition to condom promotion and distribution, reduction of risk behaviors including alcohol and other substance abuse, reducing gender-based violence, and addressing behaviors such as soliciting or providing transactional or trans-generational sex in exchange for money or goods will be addressed by this program. The OP services will equally promote other efficacious prevention activities such as Male Circumcision which have not been part of the way of life for most Zambians and link closely to AB and TC prevention.<br>Peer educators across all age groups will be utilized to actively promote the above activities. These have been segmented into different age groups so that information passed on is age appropriate. It would also help in disrupting unethical, myths about HIV/AIDS which circulate within age groups. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12276** | **Mechanism Name: Macha Research Trust, Inc** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Macha Research Trust, Inc | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 500,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Elizabeth Glaser Pediatric AIDS | UMSOM-1HV | |

| | | |
|---|---|---|
| Foundation | | |

## Overview Narrative

This is a continuing mechanism that was created during the August 2009 Reprograming. Macha Research Trust, Inc, (MRT) has the strength and experience of over 50 years of active community health work based at Macha Mission Hospital in the Choma District of Zambia's Southern province. MRT was born out of, and has inherited this passion for community health care and training. MRT has focused on enhancing HIV care and treatment through a combination of training and mentoring activities targeted at medical officers, clinical officers, nurses, laboratory technicians, pharmacists, and other allied health care workers.

In parallel with other partners such as Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the Zambian Ministry of Health (MOH), and The University of Maryland School of Medicine - Institute for Human Virology (UMSOM-IHV), MRT has strived to impact prevention through integrating secondary prevention methods into routine HIV care services, developed home based and childhood testing approaches, and provided leadership in the practical implementation of large scale mother to child transmission programs rooted in scientific and clinical evidence.

Ninety percent of Zambia's population lives outside the capital, largely depending on local rural health centers for their care. These often lack the human and infrastructural resources to deliver HIV counseling and testing (CT) and Prevention of Mother to Child Transmission (PMTCT) services. In FY 2010, MRT will improve and implement PMTCT with CT services in rural Zambia to increase the effective targeting of resources for prevention, care and treatment.

The expanded PMTCT-CT services will be rolled out from the clinic level into the rural areas of Choma District by training Community Health Workers (CHWs), Traditional Birth Attendants (TBAs), and Rural Health Center (RHC) staff in PMTCT-CT. The PMTCT-CT curriculum will incorporate prevention with positives, condom use during pregnancy, retesting the pregnant woman after three months, and reaching the whole family as part of a comprehensive PMTCT package. The training will include modules on SmartCare and accurate recording of medical information and data entry.

All activities will complement well established programs already in place under the auspices of CDC, HRSA, USAID, Southern Provincial Health Office, the Choma District Health Management Team, and other partners charged with addressing the HIV/AIDS crisis in Zambia through the PEPFAR program.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 12276 | | |
|---|---|---|---|
| Mechanism Name: | Macha Research Trust, Inc | | |
| Prime Partner Name: | Macha Research Trust, Inc | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | MTCT | 500,000 | |

**Narrative:**

Community Health Workers (CHWs) and Traditional Birth Attendants (TBAs) will provide PMTCT and CT services according to national and international standards; 2,500 individuals will receive PMTCT and CT services; 300 households with no access to health facilities will have access to CT services. Macha Research Trust's (MRT) two PMTCT-CT trainers will continue supervising the 42 counselors in HIV rapid testing, finger prick, and the dried blood spot method for Early Infant Diagnosis (EID) according to national and international standards. MRT will continue to prepare and disseminate messages addressing key educational areas surrounding pediatric CT, prevention, PMTCT, infant feeding drug adherence, disclosure and couple testing. In FY 2010, MRT will adjust and distribute six IEC materials and key message campaigns started in FY 2009 in both clinical and community centers on pediatric counseling.

The CHWs and TBAs will follow up with pregnant mothers initiating PMTCT and the child after birth. They will circulate throughout the villages in Choma and educate community members on HIV prevention, PMTCT services, correct and consistent condom use, the importance of male involvement during pregnancy and institutional deliveries. These grassroots workers will ensure that fewer women and children are lost to follow up during antenatal care, within PMTCT programs, and after birth. CHWs and TBAs will use the PMTCT setting to ensure that EID is carried out. Awareness of pediatric care and demand for EID and pediatric treatment will increase. Medically correct educational messages will address educational gaps and increase community awareness of critical topics concerning HIV/AIDS.

| |
|---|
| Through the mobilization of these field workers, families will have more opportunities to receive prevention education, HIV testing and counseling, and access to care and treatment services.<br><br>MRT will continue to promote routine opt-out testing for those not already tested in the community, ensure that more efficacious regimes are applied in our PMTCT program and provide full HAART for all eligible pregnant women. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12277** | **Mechanism Name: KCTT** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Kara Counseling and Training Trust | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 640,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 640,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This is a continuing mechanism that was created during the AUgust 2009 Reprograming. Kara Counseling and Training Trust (KCTT) is a Zambian, non-governmental organization that works to prevent new HIV infections and counter the ravaging effects of the HIV epidemic in Zambia. It started as a pioneering project in psycho-counseling and HIV testing services in1989 and became an independent registered trust in Zambia in January, 1991. KCTT operations are in Lusaka, Kabwe and Choma.
The main activities of the trust are:

• Provision of voluntary and confidential HIV/AIDS counseling and testing services
• Provision of general counseling services to individuals and families

• Provision of support and care for persons living with HIV
• Training of HIV positive persons in community AIDS awareness, positive living and peer education skills
• Provision of skills training for income generation activities for persons living with HIV
• Provision of training courses in counseling and home-based care for health practitioners
• Provision of care for AIDS orphans and street kids
• Provision of hospice based palliative care services

In FY 2009, KCTT received funding to intensify counseling and testing programs to ensure that as many people as possible know their HIV status, through mobile, stand-alone and community- based counseling and testing services. KCTT has contributed significantly to the training of counselors in Zambia and this has contributed significantly to the strengthening of counseling and testing services of health institutions.

In FY 2010 KCTT with support from PEPFAR, will work in three key areas in Lusaka district:

• Support training for Prevention Interventions in Southern Africa –This training will focus on prevention in the context of individual HIV test results. Specific messaging for HIV positive and HIV negative clients and behavior changes that are required to meet further prevention of transmission of HIV.
• Counseling and Testing services – Continue to provide counseling and testing services using different strategies, help in the development of national guidelines, including child counseling and provider initiated testing, and strengthen participate I national events like VCT and World AIDS Days.
• Adult and Pediatric palliative care – Continue to work with the Jon hospice service in Lusaka. This includes treatment for opportunistic infections, pain management, adherence counseling, spiritual and psychosocial support, and food by prescription.

KCTT will collect routine aggregate statistics on our program. Regarding HIV testing rates, the project will ensure provision of palliative care services and regional training data for the prevention training program. Monitoring will be an on-going process and comprising review of meetings, monthly, quarterly and annual reports, site visits and annual audit

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Child Survival Activities
TB

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12277** |
| **Mechanism Name:** | **KCTT** |
| **Prime Partner Name:** | **Kara Counseling and Training Trust** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 200,000 | |

**Narrative:**

Kara Counseling and Training Trust (KCTT) is running a hospice service in Lusaka's Kamwala suburb, a high density poor residential area. This is very closely linked to home-based care (HBC) services that work in the surrounding community. The HBC providers identify clients in need of

a) Spiritual and emotional support

b) Physical wellbeing and need for medical attention. The caregivers are trained lay counsellors who are able to provide psychosocial support, test clients and give out some basic non-prescription medicines

c) Refer anyone in need of medical attention/hospice care to the Jon hospice through an established referral system.

d) Treatment for opportunistic infections, pain management (with new legislation allowing for access to morphine in hospices) and food by prescription are provided to clients at the hospice. Other services include screening for TB, ART adherence counseling, on-going information on HIV/AIDS, prevention counseling and basic nursing care and support.

e) Food and nutrition support for malnourished pre-ART and ART will follow the draft Zambian Food by prescription guidelines.

f) The hospice will continue to follow all current guidelines in injections safety and infection prevention

With FY 2010 funding these activities will be strengthened with emphasis on prevention for positives and family centered approach to counseling, testing and prevention of new infections.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 140,000 | |

**Narrative:**

Kara Counseling and Training Trust (KCTT) are pioneers of counseling and testing (CT) services in Zambia. In FY 2010, KCTT will intensify counseling and testing programs to ensure as many people as possible know their HIV status.

KCTT will implement three strategies for CT activities, these are: (1) mobile community (2) family-based, and (3) walk-in counseling and testing. The mobile community strategy will target hard to reach and less

serviced areas. Community mobilization and sensitization activities, such as community based drama groups, will be used to support CT in these areas. Family-based CT will involve couples, children and dependents within a household. Walk-in counseling and testing will be the third strategy KCTT will use in support of CT services. Counselors will also use these as opportunities to identify individuals needing further care and support.

Greater emphasis will be placed on appropriate prevention education for all clients based on the results of HIV tests, disclosure, and appropriate links and traceable referrals to follow-up services.
All clients reached will be encouraged to join positive living groups regardless of their HIV status.
Mobile and door-to-door testing that rely on lay counselors will be closely monitored for quality of both counseling and testing. Monitoring will be an on-going process and will comprise the review of meetings, monthly, quarterly and annual reports, site visits and annual audit.

Through these activities, KCTT will increase the number of people accessing counseling and testing as well as prevent primary HIV infections. KCTT will contribute to the global goal of preventing 12,000,000 infections.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 100,000 | |

**Narrative:**

Kara Counseling and Training Trust (KCTT) is running a hospice service in Lusaka's Kamwala suburb, a high density poor residential area. A children's day care centre is attached to the hospice.
The Jon Hospice "Ambuya" childrens centre will continue to provide the following services for children infected and affected by HIV:
• Basic educational support to ensure continued schooling
• Basic health and nursing care, pain management, treatment of opportunistic infections and admission for basic medical service for those in need
• Food and nutrition support for clinically malnourished pre-ART and ART patients following the current draft government food by prescription guidelines
• Trauma-focused cognitive behavior therapy and ART adherence counseling
• Adolescent specific activities and support
• Sensitizations on the rights of the child and general HIV/AIDS information
• Home visits and support to families of sick children through trained care givers
• Psychosocial and spiritual support and support to integrate back into the communities/homes

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVOP | 200,000 | |

**Narrative:**

In FY 2010, Kara Counseling and Training Trust (KCTT) will embark on a new Prevention Training program for the Southern Africa region. This training will focus on prevention in the context of individual HIV test results; it will also include specific messaging for HIV positive and HIV negative clients and behavior changes that are required to meet further prevention of transmission of HIV. The training will benefit various stakeholders involved in HIV interventions at both community and facility levels of health care.

These are evidence-based social and behavioral interventions that have shown effectiveness. The training will impart behavioral science, knowledge, and skills that will enhance the effectiveness of the staff. These prevention interventions will be offered at different levels: primary prevention, to prevent HIV infection in the first place; secondary prevention, with a focus on screening and testing to detect HIV; and thirdly, improving general conditions through support, treatment, appropriate referral, and prevention of further spread of HIV.

The trainings will focus on prevention interventions that work at different levels ranging from individual, couple and family, groups and community. Structural barriers to effective behavioral change will be a focus area during the training. Biomedical prevention interventions like male circumcision, mother to child transmission, post exposure prophylaxis and pre-exposure prophylaxis will all be discussed and appropriate referral made to service providers.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12278** | **Mechanism Name: CLSI** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Clinical and Laboratory Standards Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 400,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |

| | |
|---|---|
| GHCS (State) | 400,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Clinical and Laboratory Standards Institute (CLSI) works strategically to provide capacity building assistance aligned with Ministry of Health (MOH) and CDC/PEPFAR goals. CLSI also supports broader country goals, developing mechanisms to strengthen individual laboratories, while supporting the enhancement of the national laboratory systems as a whole. Using a standards-driven approach, our goal is to raise the operational quality of the laboratories up to and including laboratory accreditation by implementing CLSI and other internationally accepted best practices. Our work is scalable to the level of the laboratory, and acceptable to various accreditation agency models.

CLSI's program builds on six phases of activities, ultimately providing assessments, training and direct technical assistance to strengthen the laboratory over time. CLSI's full cycle of program activities are typically conducted on a quarterly basis, including on-going advisement, mentor/twinning program, self-assessment, and continuous quality improvement (CQI) activities. Our results show that this approach reduces accreditation preparedness time by as much as 50%. In Tanzania and in Mali, accreditation/gap analysis scores improved from an average of 30% to 80% in approximately one year.

The six phases of our Laboratory Strengthening Program activities include:

1. Phase One (Assessment/Gap Analysis I): CLSI volunteers and staff conduct an on-site interactive Gap Analysis tour. Our program is scalable to suit the laboratory's design, and level of complexity. The Gap Analysis may be based upon CLSI's Key 2 Quality document, and an international accreditation model, such as ISO 15189 or WHO-AFRO.
2. Phase Two (Training and Education): In partnership with in-country lab staff and leadership, CLSI prepares training modules, directly addressing the needs of the lab and areas that require improvement. CLSI has over 30 training modules.
3. Phase Three (Mentor Program): Following our training programs, CLSI works closely to assist in the implementation of selected improvement plans and "best practices." CLSI's Mentorship and Twinning Program is a one to three month program, whereby our expert volunteers stay in country to work side by side with laboratory staff and managers to facilitate improvement strategies and continue to prepare the laboratories for accreditation. The goal of this program is to not only facilitate improvement but to empower and build long-term working relationships with laboratory staff, and expand their network of laboratory professionals and vendor services.
4. Phase Four (Self assessment): CLSI in partnership will facilitate the development of self assessment tools, with subsequent action items as defined for ongoing improvement to lead to accreditation and or sustain quality. The laboratory leadership conducts the self-assessment and report findings to the

CLSI/Lab team. This is the first step of our approach to facilitating a peer review system in-country.
5. Phase Five (CQI): Upon review of the self-assessment, CLSI facilitates the development and implementation of CQI strategies. CLSI continues to provide ongoing advisement to sustain quality.
6. Phase Six (Gap Analysis II): CLSI together with in-country laboratory members will prepare and perform the second phase of the Gap analysis, beginning the cycle again.
Deliverables:
• CLSI will provide necessary CLSI standards, guidelines and best practice documents for dissemination in Zambia.
• Two 12–month CLSI memberships for Zambian MOH designees; including Infobase CLSI's electronic access to over 200 CLSI approved and proposed consensus documents.
• CLSI will sponsor two individuals to attend the Leadership Conference in April 2011, and subsequent visits to clinical laboratories to observe best practices.
• Beginning in September 2010 (or as funds become available), CLSI will plan the initial Gap analysis (phase 1) visit of four labs during Quarter 1.
• Quarter 2, CLSI will provide Quality Management/Capacity Building workshops (phase 2).
• The CLSI mentor program (phase 3) with be initiated by Quarter 4.
• Quarter 4, CLSI will continue providing consistent support and advisement remotely (phases 4 and 5) to facilitate a self-assessment and CQI to prepare for accreditation.
Measurable Outcomes:
• After completion of our full scope of work and full program with on-going advisement:
i. Four laboratories will have achieved set milestones and/or be close to achieving accreditation status.
ii. Key individuals will have the opportunity to participate in standards document development.
iii. CLSI will have provided measurable anchors, in support of the Laboratory Strategic Plan and PEPFAR partner activities.
• CLSI will have trained new mentors and trainers who will be invited as a CLSI volunteer to provide technical assistance and training to other countries and other labs in Zambia.
• Number of laboratories supported to obtain accreditation – up to 4.
• Percentage of laboratory tests that have written standardized SOPs – 100%.
• Number of core standardized SOPs developed – 30.
• Number of laboratories enrolled in proficiency testing and EQA programs, and performing internal and external audits – up to 4.
• Number of laboratorians trained – minimum of 60.
• Overall increase in Gap analysis scores – 50%.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 12278 | | |
|---|---|---|---|
| Mechanism Name: | CLSI | | |
| Prime Partner Name: | Clinical and Laboratory Standards Institute | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Treatment | HLAB | 400,000 | |
| **Narrative:** | | | |
| CLSI will work closely with CDC Zambia to provide technical experts to the MOH to conduct activities that are described above for lab strengthening. The suggested budget for the full scope of work is estimated for four participating laboratories which will be chosen by the MOH. This funding level assumes CLSI administrative costs, indirect cost, and travel-related costs for CLSI staff and volunteer consultants. In-country meeting expenses are not included. CLSI staff works to coordinate program travel within Africa, ensuring judicious use of program funds. | | | |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12279** | **Mechanism Name: Unallocated** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |

| | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of the Integrated Tuberculosis and AIDS Program (ITAP) is to reduce HIV/AIDS/STI transmission among the lowest socio-economic class in Eastern Province. ITAP comprises three strategic interventions, namely TB/HIV, Counseling and Testing (CT) and the Prevention of Mother To Child Transmission of HIV (PMTCT). Under this mechanism, TBD will continue support in the six (6) districts of Zambia's Eastern Province: Chipata, Chadiza, Chama, Katete, Petauke and Lundazi.

Since FY 2008 CARE has been supporting one hundred and seventeen (117) health facilities in the six (6) districts to expand access to TB/HIV/CT and PMTCT services especially to populations with limited access to health services and those in hard- to- reach areas. In FY 2010, TBD will support one hundred and fifty four (154) facilities in expanding services to all sites in the six (6) districts and addressing the service delivery needs and concerns raised in those districts.

TBD `s aims to assist the government through increasing the expertise of field-based staff and by building stronger referral networks. ITAP will emphasize the documentation of best practices, success stories, and lessons learned at every stage of programming.

TBD will continue to implement capacity building activities aimed at improving health systems and conduct quality assurance visits to health facilities, on-site technical mentoring of trained health workers in TB/HIV/PMTCT/CT, family planning, and community focus group discussions to inform service utilization. Other activities include renovation of staff houses (20) in the rural health facilities to motivate staff, support the maintenance and retention of clinical officers and midwives (26) deployed in FY 2009, and monitor the quality of care at facility and community levels.

ITAP will incorporate gender issues in all activities by addressing male norms and behaviors and increasing gender equity in accessing HIV/AIDS activities and services. PLWHA will be actively involved

in information dissemination and recruitment of pregnant mothers diagnosed as HIV+. In close liaison with clinic staff, PLWHA will carry out client follow-up and mobilize communities for collective action to support other PLWHA. ITAP will emphasize male involvement in PMTCT, safe motherhood, and family planning. ITAP will utilize the "mother-2-mother" approach to provide opportunities for PLWHA to take responsibility for managing HIV/AIDS service delivery at family and community levels and increase their capacity for decision-making on issues surrounding their wellbeing.

TB detection and training of TB treatment supporters will be done in conjunction with THANZI, a USAID funded project. ITAP will strengthen TB/HIV coordinating committees at regional, district, and community levels in coordination with other TBD-facilitated projects such as the EU-funded Strengthening Tuberculosis, AIDS, and Malaria Prevention Program (STAMPP).

ITAP seeks to roll out stigma and discrimination training among community volunteers and health workers using STAMPP trained trainers. ITAP will develop strategies for community-based volunteers and health workers to incorporate stigma and discrimination messages in their routine health education.

ITAP will coordinate the transportation of sputum for quality assurance testing with CIDRZ and joint supervision and quality monitoring with CIDRZ, PMO/MOH, District Health Management Team (DHMT) and any other major partners. ITAP will collaborate with JSI in the procurement and distribution of family planning in case of gaps in the government supply chain. IEC materials will also be procured and distributed in partnership with Health Communications Partnership (HCP) and Society for Family Health (SFH). ITAP will continue to undertake Mobile Counseling and Testing campaigns in conjunction with the Comprehensive HIV/AIDS Management Program (CHAMP).

ITAP will continue to support World Vision's mobile ART services in Chipata District and provide transport to Chipata DHMT for mobile ART in conjunction with the general hospital and other partners.

TBD will support provincial TB/HIV coordinating committee meetings jointly with other partners, thus reducing the costs and dependence on any one project. TBD shares travel and supply costs for joint quality monitoring visits. When the objectives and intended participants overlap, TBD shares some training activities with other projects to reduce costs and avoid duplication of activities across projects within and outside TBD. Increased emphasis on joint planning will provide opportunities to identify partner activities that could be undertaken jointly on a cost-sharing basis.

Monitoring will focus on strengthening data collection and documentation at community and health facility levels using the revised PEPFAR Next Generation Indicators. TBD will scale up on-site technical support and verification of data in all 154 health facilities via joint quarterly field visits and meetings.

Documentation of data at community level will assess the contribution of community based volunteers such as treatment supporters and lay counselors on:
- TB suspects identified
- TB suspects referred or sputum examination
- Clients referred for counseling and testing (including ART services).
TBD will establish a database in all six (6) field offices for continuous update and verification.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | Redacted |
| Human Resources for Health | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12279** | | |
| **Mechanism Name:** | **Unallocated** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | Redacted | Redacted |
| **Narrative:** | | | |
| By the end of FY 2010 ITAP will provide increased access to counseling and testing for 15,000 prospective HIV/AIDS clients in one hundred and fifty four (154) health centers in six (6) districts of Eastern Province: Chadiza, Chama, Chipata, Lundazi, Katete and Petauke through the following activities; | | | |

• ITAP will facilitate the scale-up of CT services from 47 to 154 health facilities in all six districts. Counseling and testing for HIV is a key entry point for HIV prevention, care and support and TBD's role will be to strengthen the capacity through provision of technical support as well as working with other organizations such as CHAMP and, SFH to scale up mobile CT from twenty (20) to twenty three (23) sessions during the year. In addition, household counseling and testing will be adopted after training lay counselors in this approach. These will in turn counsel and test household members for HIV and refer those who test positive for TB screening and provide HIV prevention messages and interventions. So far 80% of the health facilities have trained health workers as well as lay counselors in CT who are already providing counseling services. TBD will train fifty (50) health workers and fifty (50) lay counselors in hard-to- reach areas to provide on- site counseling to individuals, while couples counseling will be enforced through PMTCT services where disclosure of HIV results between couples will strengthen prevention efforts especially in discordant couples.
• ITAP will facilitate twelve (12) radio prevention programs in community radio stations in Lundazi, Chipata, Petauke and Katete. The stations will be used to disseminate information and sensitize communities on the importance of counseling and testing for HIV as a key entry point for HIV prevention, care and support.
• ITAP will facilitate and support commemoration of CT Day in all six (6) districts. The project will support satellite activities in communities to sensitize them of the importance of knowing their HIV status on June 30th which has been designated as National VCT Day. These activities will form part of the commemoration of the actual day where more CT activities are conducted.
ITAP will use similar strategies s those employed in the PMTCT program to ensure accurate HIV test results will be delivered to clients.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | Redacted | Redacted |

**Narrative:**

By the end of FY 2010, ITAP will ensure the provision of a minimum PMTCT package for 20,000 women in 63 health centers in three rural districts of Eastern Province; Chadiza, Chama and Lundazi.

Antenatal services will be the main entry point for all PMTCT services and other reproductive health activities such as safe motherhood, family planning, sexually transmitted infections screening and micronutrients support. At every contact at health facility or community level, men and women in the reproductive age will receive information about available services.

ITAP will train health workers (50) in couples counseling and encourage discordant couples to adopt

safer sexual behaviors which will help reduce new infections. Existing Behavior Change and Communication (BCC) materials from MOH and other stakeholders such as SFH and HCP, will also be used for dissemination and creation of demand for PMTCT services.

ITAP will strengthen the existing support groups (24) and support the establishment several new ones, linking the groups to the Network of Zambian People Living With HIV/AIDS (NZP+) and other organizations such as Zambia National AIDS Network (ZNAN) for financial support.

Through quarterly on-site technical supportive supervision and quality assurance monitoring visits, ITAP will ensure quality service delivery of PMTCT services in line with revised modules and protocols. ITAP will facilitate the printing and distribution of new guidelines and protocols to all project sites on PMTCT.

Through CIDRZ, the project will improve collection of dried blood samples from HIV exposed babies from all health facilities (63) and their quick transportation, examination and timely commencement of treatment, thereby contributing to MTCT reduction. ITAP will procure heamacue, RPR kits and infection control supplies to all PMTCT sites to enhance service delivery.

ITAP will ensure the quality of rapid HIV testing performed by non-laboratory staff (e.g. by providing refresher course training of rapid HIV testing to PMTCT staff, hiring of lab QA staff, providing tools, job aids and supplies, performing regular sites visits, and enrolling all ITAP supported sites with the national QA program).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | Redacted | Redacted |

**Narrative:**

In FY 2010 ITAP will provide access to improved TB and HIV services for four thousand (4,000) prospective TB and/or HIV AIDS clients in one hundred and seventeen (117) health facilities in four (4) districts of Eastern Province; Chipata, Lundazi, Katete and Petauke

TBD will continue to build on lessons learnt since 2005 to improve the quality of service delivery for TB/HIV collaboration activities. The focus in FY 2010 will be to expand and institutionalize multi-level linkages between the response to TB and HIV, quality service delivery, and sustainability strategies. TBD will continue to focus on activities to increase TB case detection. TBD will scale up activities for TB suspects and HIV positive clients through community involvement, expansion of the system of sputum collection points, and training and placement of microscopists. These activities will enhance the referral of TB suspects and HIV positive clients, improve access to and provision of TB microscopy services,

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| increase the diagnosis of smear positive among pulmonary TB cases and ensure increased screening of TB in HIV positive clients to 100%. TBD will scale up interventions aimed at increasing TB treatment success rates from 81% to 83% and strengthen infection control measures at facility level by providing supplies such as aprons, bin liners and other waste disposal methods and training TB treatment supporters and health workers in infection prevention. Other activities that will strengthen the referral network between TB and HIV are:<br>- Improve transportation of sputum specimens of HIV positive clients to TB microscopic centers for diagnosis<br>- Strengthen TB/HIV coordinating committees<br>- Conduct focus group discussions to inform service utilization and improve knowledge on TB/HIV co-infection<br>- Facilitate quarterly on-site technical mentoring of four hundred and sixty six (466) health workers and community volunteers in TB/HIV including family planning and data verification<br>- Update health workers and community volunteers on TB/HIV and data management<br>- Facilitate linkages of HIV positive clients to NZP+ for continuum of support and linking them to micro-finance institutions.<br>- Promote condom use and partner notification<br>- Support to TB/HIV review meetings at provincial, district, health centre and community levels. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12280** | **Mechanism Name: Bectin Dickenson** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Becton Dickinson | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 0** | |
|---|---|
| **Funding Source** | **Funding Amount** |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In 2009, the United States Department of State, Office of Global AIDS Coordinator (OGAC) and Becton Dickinson (BD) signed a Memorandum of Understanding (MoU) to strengthen health worker and patient safety through appropriate phlebotomy and blood drawing practices and quality healthcare and laboratory services in countries severely affected by HIV/AIDS. This MoU, so called a Public Private Partnership (PPP), allows BD to work directly with countries and other PEPFAR partners to formulate a country specific work program and to provide short-term technical assistance. Focusing on healthcare worker training, prevention of needle stick injury, post-exposure prophylaxis (PEP), and strengthening country policies, guidelines and practices.

BD will form a partnership with the Ministry of Health (MOH), CDC, and PEPFAR partners in Zambia to achieve the following goals:

Goal 1: Improve quality of phlebotomy and other blood drawing procedures and specimen handling, critical to management of people living with HIV/AIDS.

Goal 2: Strengthen needle stick injury prevention, surveillance, and PEP to identify practices and procedures that pose risks to health workers and patients.

Goal 3: Assist in the development of policies, guidelines, Standard Operating Procedures (SOPs) for phlebotomy, other blood collection procedures and specimen handling.

BD in conjunction with the MOH, USG, and partners will develop Zambia specific work programs with measurable objectives, achievable milestones and timelines. Work plans for each goal will be developed. Implementation activities will be driven by work plans developed by the country. A BD appointed program liaison and project manager will work with OGAC and USG to develop work plans, generate reports and coordinate activities. These activities will be implemented in-country through BD short-term technical assistance. In the MOH cooperative Agreement, $150,000 is set aside for phlebotomy training, monitoring and evaluation of these activities. There is also an existing relationship between BD and MOH for training that will be strengthened by this PPP.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

(No data provided.)

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12281** | **Mechanism Name: TBD** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

According to the 2007 Zambia Demographic and Health Survey, over 40% of Zambian women have experienced some form of sexual or gender based violence. With high levels of discordance between couples and the vulnerability of young girls, the risk of spreading HIV due to rape or other forms of sexual violence is equally high. For the past two years, Zambia has benefited from resources provided through the Women's Justice and Empowerment Initiative (WJEI). This has brought technical assistance through the U.S. Department of Justice to focus on judicial and police training and increased support to survivors of sexual and gender based violence through the implementation of Coordinated Response Centers – or

one stop centers- which provide clinical, legal and other support services under one roof. What remains lacking in Zambia are the skills necessary to correctly gather evidence from crime scenes as well as process this evidence in an effort to convict perpetrators of sexual and gender- based violence.

Currently, Zambia has an existing treaty with the Government of South Africa whereby evidentiary exhibits related to criminal investigations are transported by Zambian police officers to a South African crime lab. This current arrangement exists due to the poor state of laboratory services within Zambia and is related to the level of training and skills of police officers to document, collect, and transport evidence from crime scenes to the laboratory for processing.

Within Zambia, the Lusaka based crime lab consists of four sections: Scene of Crime Investigation Extension; Fingerprint Bureau; Criminal Records Office; and Forensic Science Laboratory. The Scenes of Crime Investigation Extension is responsible for crime scene processing, evidence collection and preservation, and dispatching evidence for analysis. These duties are performed by crime scene technicians. The Fingerprint Bureau maintains finger print records (inked cards) for comparison that date back to 1954; they are currently undergoing computerized storage. The Criminal Records Office is the national repository for all criminal records. Records date back to 1954 and are currently undergoing computerization.

The Forensic Science Laboratory receives evidentiary exhibits from crimes scenes for examination and analysis, lends support to the crime scene investigators, and presents testimony in court regarding the facts and circumstances related to the evidence analyzed. Currently, the laboratory lacks capacity to examine and analyze evidence, thus samples are sent to South Africa for processing. The current system lacks adequate facilities, trained human resources, and necessary equipment to carry out forensic examination and analysis of exhibits.

This program will continue to receive support from the WJEI in a wrap-around fashion where training services will be provided by the Department of Justice Advisors and services for victims of sexual and gender-based violence will be provided through USG's support to "A Safer Zambia" (ASAZA) program as well as the one-stop centers. This program will also complement an existing cooperative agreement with University Teaching Hospital (UTH) that investigates child sexual abuse at the family support units in Lusaka and in Livingstone General Hospital. In these programs, plainclothes policewomen assist medical and social service personnel to appropriately document injury collect evidence and maintain a chain of evidence to support the justice system. Having a forensic laboratory that can assist in identifying perpetrators of sexual violence will improve convictions and serve as deterrence for would be offenders. This will ultimately assist in HIV prevention due to sexual violence.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12281** | | |
| **Mechanism Name:** | **TBD** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Activities will focus on creating the conditions necessary to gather and process evidence from crime scenes and medical examinations, particularly those where sexual or gender based crimes are believed to have been committed. This will include testing for physical evidence of abuse. Resources will be used to procure equipment and refurbish existing facilities in order to establish a functioning lab so that evidence can be processed locally rather than in South Africa. Resources will also be utilized to support the training of crime scene investigators in order to ensure that evidence collected can be appropriately analyzed; this will include training on crime scene investigations, with the necessary photographic equipment and skills and ability to maintain the integrity of specimens gathered at the scene.

Within the laboratory area, activities will be linked with ongoing support for the procurement and maintenance of equipment and reagent purchases related to the identification through DNA testing, blood grouping, and other laboratory tests and through culposcopy with photogenic evidence of injury. Training will ensure prompt and appropriate referral for anti-retroviral therapy as post-exposure prophylaxis. While the forensic and medical labs will need to be separate, the procurement and management will be

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| integrated to avoid duplication and ideally result in overall cost savings.<br><br>Training for police officers will be linked to ongoing efforts of the WJEI program to educate personnel on the needs of victims of sexual and gender based violence. Training itself may be provided by the Department of Justice personnel or through linkages within their program.<br><br>Education and promotion of services, including the enhancements expected through this support will also be communicated through the ongoing one-stop centers and ASAZA program. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12282** | **Mechanism Name: TBD Community Compact** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

| | | |
|---|---|---|
| TBD | | |

## Overview Narrative

While scale-up of HIV care and Anti-retroviral treatment (ART) has been rapid, with nearly 250,000 Zambians currently on ART, HIV prevention has not shown the same success and more adults become infected each year than are placed on ART. HIV prevalence in pregnant women was highest in 1994 at 20%, but declined only to 19% in 2004 and 17% in 2007/8. Two population-based DHS+ surveys have been completed, with HIV prevalence in the general adult population of 16.3% in 2001/2 and 14.3% in

2007. Women have higher prevalence than men (16.1% vs. 12.3%), and rates in urban areas are double that of rural (19.7% vs. 10.3%). While declines in HIV prevalence are substantial in the 20-29 year age groups in women and the 25-34 year age groups in men, young people make up the majority of new cases of HIV.

Addressing this incidence of HIV requires new programs that encourage community engagement and leadership and successfully change social norms that promote HIV spread. In the DHS, only 45% of infected women and 28% of infected men had ever been tested for HIV; only one-fourth of HIV negative adults had ever been tested in 2007. Overall, 11.2% of cohabiting couples are discordant for HIV, including 6.6% of couples where the man is positive and the woman negative, and 4.6% of couples where the woman is infected. With low general testing rates, the vast majority of Zambians do not know the HIV status of themselves or their spouse. While over 80% of pregnant women were tested in 2008, only about 10% of their partners are tested, resulting in high incidence of infection among women and their infants (and also among negative male partners in discordant relationships).

The proposed program will develop, implement, and scale-up community based agreements or "compacts" to decrease HIV incidence in Zambian households. Using a competitive process applicants will be encouraged to utilize a range of approaches at the local level aimed at increasing HIV awareness and preventive behaviors resulting in an invigorated community environment where risk of HIV acquisition is clearly understood at all levels resulting in real behavior change.

"Community compacts" represent a different approach to HIV prevention aimed at engaging directly with target communities and entering into a process whereby leaders and individuals alike are all involved in decreasing the number of new HIV infections while maintaining and/or enhancing the communal environment. The term "community" requires definition and could illustratively include the physical boundaries of a village or township (e.g. ward, etc.), the catchment area surrounding a clinic, a church group or congregation, a grouping of individuals for example university students or a school setting (students and teachers), or a subset of clinic attendees – pregnant women attending ANC/PMTCT services and their families, etc. Communities will be defined with appropriate outcome objectives. A key ingredient to success will be the approach taken by awardees to engage community leadership to mobilize communities to protect themselves collectively from HIV spread. Participatory dialogue with community stakeholders—including traditional chiefs, religious leaders, local government, and civil society will be critical to the development of community compacts and local government structures may be involved in project design, implementation, and monitoring.

The three objectives of these compacts are to:
1. Identify target communities and build bridges to develop community compact or partnership activities

for HIV prevention interventions;
2. Transfer skills to communities through Zambian partners to sustain HIV prevention activities; and
3. Develop and implement measurement frameworks to track progress of community prevention activities.

Initial and intermediate outcome measurements may be utilized that are part of the compact agreement, including achieving high rates of community testing, especially of couples. This will have the secondary benefit of increasing referrals to care and treatment and identifying discordant couples. Programs may use approaches including repeat testing for HIV which could measure incidence in a confidential manner. The risk of increased stigmatization of HIV infection will be mitigated by systems which protect confidentiality while linking individuals and identifying the communities to which they belong. Aproaches may include, but are not limited to, those which use the Smart Care medical electronic records system. Appropriate and agreed upon incentives with input from the community for successful reduction in incidence may have secondary health and development benefits, such as improvements to health facilities, water and sanitation, school programs or scholarships, or address other community development needs.

Changes in social norms that are anticipated include acceptance of testing for HIV and communication among couples about HIV status (best achieved through couples testing), and the unacceptability of high risk behavior (multiple concurrent partnerships, early sexual activity, unprotected sex with someone whose HIV status one does not know), and improved health-seeking behaviors. The greatest long-term benefit will come through achieving lower rates of HIV incidence in communities.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12282** | | |
| **Mechanism Name:** | **TBD Community Compact** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |

| | | | |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

Chiefs, other local leaders, and health officials develop a community compact that includes door-to- door testing and counseling as well as active prevention programs and condom distribution in discordant couples and also making condoms easily accessible for HIV negative members of the community. The challenge in geographic communities is developing incentives that are valued by the community and have secondary benefits. A school bursary fund administered by the community, a community center or other improvements that promote health (such as clinic improvements as described under PMTCT) could be considered. The amount of incentive could be calculated based on a proportion of the amount saved per year in reduced HIV care and treatment costs. This level of testing might require one year in most community programs, so that seeing results will come slowest in geographic communities. Participation in SmartCare would also allow the capture of this information from other sites across the country and would confidentially track testing in a nationally acceptable way.

Initial targets:
1. 80% testing rates of all adults in the community, including a high proportion (at least 60%) of married people tested as couples.

Intermediate targets:
1. 80% retesting rates at least 12 months after initial tests.
2. Low rates of teenage pregnancy

Final outcome:
1. Transmission in discordant couples is less than 2% (minimum 40 discordant couples)
2. Overall transmission less than 0.2% or 2% of measured prevalence (whichever is higher).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

Students, parents, faculty and school administration enter into a compact in an HIV-free generation approach. Parents and students (at least 80%) give permission and or consent for students to be HIV tested at the beginning and end of a school year, with a Testing and Counseling program independently maintaining confidential records, not accessible to school leadership or parents (part of the consent/compact). Such an approach will allow appropriate individual and private counseling of sexually active students and promotion of secondary abstinence and safer sexual practices. The incentive could

be computers or books, refurbishment of the library, or support for an educational program that provides a secondary benefit.

Intermediate targets could include:
1. Reduction in school pregnancy rates
2. Reductions in those reporting sexual activity [subject to bias]
3. Final rate of testing at end of year [or two]
4. Successful completion of school year

Outcome target: Incidence less than 0.1%, minimum community size 500.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

The focus of this approach is to identify discordant couples and other high risk individuals (including those with multiple partners) and provide them with other prevention training, including condoms, in order to prevent transmission.

These communities could include religious organizations, workplace environments, or other organizations. Leadership of these organizations and faith-based communities will develop a compact that includes education and support for couples testing, support for those already infected and reduction in stigma related to HIV.

Initial targets include:
1. 80% of married couples test as a couple
2. 80% of singles over age 18 test
3. Stigma reduction program is included in the church educational program
4. Discordant couples enroll in program to reduce transmission that includes testing at least twice in the first year [recommended after 3 months]
5. 90% of couples and individuals retest after at least 12 months [except those individuals who are infected and couples who are both infected]

Outcome target:
1. Transmission in discordant couples is less than 2% (minimum 40 discordant couples)
2. Overall transmission less than 0.2%

| |
|---|
| Incentives for religious organizations will need to be consistent with US regulation. Since discordant couples will be identified in this approach, partnerships with organizations providing testing, counseling and other prevention services will help to maintain confidentiality and independence and that the reporting of results will not compromise this individual confidentiality. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12283** | **Mechanism Name: NASTAD** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: National Alliance of State and Territorial AIDS Directors | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 250,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 250,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the United States' (U.S.) chief state health agency staff who have programmatic responsibility for administering HIV/AIDS healthcare, prevention, education, and supportive service programs. The NASTAD Global Program (GP) works internationally to enhance indigenous leadership to plan, manage, and evaluate evidence-based HIV prevention, care, and treatment programs, strengthen organizational capacity to support the delivery of HIV programs, and create sustainability for effective programs. Through this, NASTAD embodies greater involvement of people living with or affected by HIV/AIDS.

The GP focuses on building human resource capacity of national, regional, and local health departments through transfer of existing experience and skills. Responding to technical assistance (TA) requests from

the field, the GP forms carefully selected teams of U.S. state AIDS directors and their staff to engage their counterparts in twinning relationships, and in bi-directional exchanges of AIDS program management skills, experiences and information. With more than eight years of global TA provision, NASTAD also draws on indigenous public health experts as south-to-south TA providers. The GP is unique in that it does not provide direct HIV services, but rather, supports local government in developing its own infrastructure and systems for the delivery of those same services.

NASTAD has worked in partnership with Zambia's National HIV/AIDS/STI/TB Council (NAC) to implement the Zambia National HIV and AIDS Strategic Framework (2006-2010), whereby individuals, families, communities, districts, and provinces all take strong roles in identifying needs and opportunities for effective services since 2005. The focus of NASTAD's TA has built capacity for monitoring and evaluation (M&E), data use, quality improvement, and evidence-based community planning at the central, provincial, district, and community levels. Following needs assessments, NASTAD developed training tools and process documents, and implemented training curriculum. Most TA occurred with the Provincial, District, and Community AIDS Task Forces (PATFs, DATFs, and CATFs), the bodies responsible for planning, monitoring, and coordinating AIDS activities in Zambia. NASTAD worked with Provincial AIDS Committee Advisors in all of Zambia's nine provinces, and with PATFs, DATFs, and CATFs in five provinces (Lusaka, Central, Copperbelt, Southern, Western).

Through FY 2010, NASTAD will work with the NAC to support and improve its M&E of HIV prevention and care programs. NASTAD has been closely involved in the creation and implementation of Zambia's decentralized M&E system, and has assessed and provided trainings and TA to all levels of the program. Indicators gathered from implementers at the community level (21) and from the districts (22), through the NAC Activity Reporting Form, feed into many of the PMTCT, blood safety, other prevention, VCT, OVC, treatment and care, and SI PEPFAR indicators. Though a M&E system is in place, and staff were trained nearly three to four years ago, recent assessments show that there is a great need for quality improvement of the system to ensure complete and representative data.

From 2007, NASTAD has worked closely with the University of Zambia (UNZA) to scale-up their M&E Centre of Excellence including the creation of a strategic plan and a community advisory committee. To date there have been six offerings of the three-week short course, reaching over 400 people. Together, there is focus on the expansion of the curriculum, mentorships for the faculty, partnerships with international universities, and strategies to reach a broader public – including pre-service certification.

NASTAD uses costed work plans to continually assess cost-effective implementation strategies. Looking into PEPFAR II, and embodying efficiency and efficacy, NASTAD will use a mixed-bag of TA provision, including south-to-south TA, webinars and on-line training, greater partnerships with local organizations,


and select use of skilled and experienced U.S.-based TA providers. Furthermore, NASTAD's model of building capacity is a means to an end – sustainable, indigenous-led initiatives that need little or no NASTAD support.

NASTAD's approach to evaluation mirrors the goals of our capacity-building work which fosters sustainability. To do this, our evaluation efforts are participatory in order to build capacity, and support the Three Ones. NASTAD's evaluation will focus on program improvement, accountability, and dissemination of best practices, and depends on ongoing needs assessment and evaluation. We constantly modify our work to improve its relevance to the local context and its effectiveness.

NASTAD is a fiscally experienced organization with a 15 year history of managing grants, cooperative agreements, and contracts, spanning multiple years and ranging in size from $5,000 to over $5M. To date, NASTAD has managed over $40M in federal, state, and private grants and contracts, domestically and internationally, in over a dozen countries and regions around the world. The professional NASTAD finance and accounting team is led by a seasoned manager with 20 years of experience in contract management and supported by two full-time, well-trained accountants.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Education | 100,000 |
| Human Resources for Health | 150,000 |

## Key Issues

Impact/End-of-Program Evaluation

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12283** |
| **Mechanism Name:** | **NASTAD** |
| **Prime Partner Name:** | **National Alliance of State and Territorial AIDS Directors** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 250,000 | |

| Narrative: |
| --- |
| With District Assessment data from 2009, NASTAD and NAC will complete a situational analysis of the M&E system, and create a plan for future system development. M&E support for the decentralized levels (provinces and districts) will be implemented through the creation and offering of a cascade training to PACAs and PATFs. NASTAD will support the cascading to DACAs and DATFs in two-to-three provinces. Districts will be empowered to train the CATFs. Curricula will include modules on community mobilization, data collection and quality assessment, and data use for decision making. Using the 2005 M&E Cascade Training model, NASTAD will work with other partners for input and funding to implement the training country-wide. NASTAD will also continue to support the M&E Officer position at NAC.<br><br>NASTAD will work with UNZA's CoE and the advisory committee ( NAC, UNAIDS, Global Fund, CDC, USAID, et.al.) to identify opportunities for pre-service training in M&E for health care workers, community lay workers, and line ministry staff, and to offer the training in partnership with other organizations. Focus will be placed on using UNZA's expertise to build capacity country-wide around M&E, and using data for effective planning. NASTAD has contacts within two Fogarty International programs that work at UNZA's medical school and the National laboratory to train biomedical researchers and health care providers. NASTAD will propose an integration of the M&E short course into their training, and use of their indigenous expertise to support the short course. These opportunities will work towards providing mentorship and collaboration between and among entities working in the area of HIV/AIDS.<br><br>NASTAD will monitor a minimum of seven programmatic outputs including evidence of:<br>• Systems in place to assess and supervise PACAs and PATFs<br>• Strong decentralized M&E supervision and leadership<br>• Intra-province M&E-related support and collaboration<br>• Intra-partner collaboration for M&E-related capacity building<br>• HIV M&E data being used for decision making and program change<br>• Continued development of UNZA's CoE<br>• Scale-up of M&E continuing education and professional development through UNZA's COE. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12284 | Mechanism Name: Association of Public Health Laboratories |
| --- | --- |
| Funding Agency: U.S. Department of Health and | Procurement Type: Cooperative Agreement |

| | |
|---|---|
| Human Services/Centers for Disease Control and Prevention | |
| Prime Partner Name: Association of Public Health Laboratories | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 600,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 600,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Mechanism uddated from TBD to APHL during August 2009 reprograming. APHL Capabilities Meet PEPFAR Supported Countries Needs. APHL is a membership organization comprised of public health laboratories. Its member organizations, with approximately 5,000 professionals, provide a readily available resource of training laboratories and experienced experts to assist and support others in completing diverse tasks to support HHS/CDC including strategic planning for national laboratory networks, implementing training programs, planning and managing renovation projects, implementing laboratory management information systems, procuring equipment and supplies, and providing US-based and in-country advanced training for laboratory professionals. APHL has extensive experience in PEPFAR supported countries that includes a 3-year cooperative agreement (CA) with CDC's Global AIDS Program which preceded the current 5-year CDC/GAP CA to support PEPFAR initiatives. APHL gained valuable experience early in the global HIV/AIDS response, having led an effort in 1991 with funding support from the World AIDS Foundation and USAID to India to provide training in HIV antibody assays (EIA, WB) in 5 states of India. During its early work in the PEPFAR focus countries, APHL not only provided technical assistance for laboratory strengthening but also assisted in procurement of supplies, reagents, and equipment and hiring and supervising long-term consultants to provide technical assistance in countries including training-of-trainer activities. APHL has developed quality training tools such as External Quality Assessment for AFB Smear Microscopy and Basic Laboratory Equipment Maintenance and provided technical assistance in thirty countries during its eighteen years of experience in laboratory capacity building. We are able to draw on these resources to provide comprehensive training and technical assistance in areas including implementing test methods such as drug sensitivity testing for TB, quality management systems, laboratory safety and policy development, and providing practical experiences in public health laboratories in the core functions of public health laboratory systems.

Examples of APHL training tools developed for HHS/CDC to support PEPFAR are a one-week laboratory management workshop curriculum, a two-week seminar program in collaboration with GWU SPHHS for senior laboratory professionals, a biosafety curriculum, a strategic planning training curriculum and a guideline for implementation of laboratory information systems in resource-poor settings.

The 5-year strategic plan for APHL activities to support PEPFAR country projects has three major components:

1. Core training initiatives that support laboratory strengthening
2. Country-specific action plans
3. Strategic partnerships

APHL implements specific short-term best practices to strengthen laboratory services while working systematically to gain long-term improvements in quality management and infrastructure of laboratories. Activities are coordinated with HHS/CDC Country Operational Plans (COP) in annual work plans for each country. APHL adapts its work plans and training materials to meet the specific needs and outcome objectives of each country plan. Once the set of activities are identified for the year, APHL organizes technical assistance (TA) teams and logistical support to complete the activities successfully. Groups of members as well as staff have received training in core activity curricula such as laboratory management so that we can respond in a timely and effective manner to TA requests. A hallmark of APHL performance has been flexibility in response to changing schedules and responding to unexpected events.

Core Training Initiatives. APHL provides training and technical assistance, much of which directly addresses what is widely considered the weakest area of laboratory capacity- workforce- and all of which strengthen key areas of laboratory capabilities and capacities. These include: 1) Laboratory management training provides supervisors and directors with the knowledge, skills and abilities to be more effective in their jobs. This is a comprehensive one-week curriculum that has been developed and continually improved with user input. Mentored follow-up projects enable participants to gain competency and confidence. Outputs of this training and follow-up include SWOT analyses, organizational improvements and coaching initiatives; 2) Strategic and operational planning workshops provide laboratory professionals with knowledge, skills and tools to develop effective strategic plans that support national health goals and guide development of annual operational plans for systematic, sustainable improvements in laboratory services. Outputs include strategic and operational plans; 3) Twinning agreements between major US public health laboratories and national referral laboratories cultivate close working relationships, learning opportunities and information sharing. Outputs include technology transfer and competency in new test methods and long-term affiliations; 4) Implementation of laboratory information management systems provides increased efficiency of testing, better monitoring of quality control, supply and equipment management, and data for surveillance, trend monitoring and evidence-based decisions. Outputs are operating local area networks in national and provincial laboratories with automated equipment interfaces and capability for electronic transfer of test information; 5) Technical assistance in the development, implementation, and management of quality assurance and external quality assurance (EQA) programs

using the experience of US state operated QA and EQA programs to provide internships for QA managers at public health laboratories and technical assistance in needs assessment, development of technical and analytical capabilities and logistical infrastructure, training of personnel and implementation; and 6) Technical assistance in laboratory design and safety in collaboration with an APHL laboratory design partner and using APHL training materials for laboratory biosafety and biosecurity.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12284** | | |
| **Mechanism Name:** | **Association of Public Health Laboratories** | | |
| **Prime Partner Name:** | **Association of Public Health Laboratories** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Treatment | HLAB | 600,000 | |

**Narrative:**

In FY 2010, APHL will conduct the following activities

1. Support the development of a one year national laboratory operational plan. This activity is a continuation of support in developing a national 5 years laboratory strategic plan in FY 2009.
2. Deliver one laboratory management training in Zambia. Thirty mid-level laboratory personnel will be trained.
3. Establish a twinning relationship between the Zambia national TB laboratory and a state public health laboratory to support national TB initiatives.
4. Provide in-service refresher practical training for provincial/district level technicians in all specialities of chemistry, hematology and CD4.
5. Technical assistance to the MOH Zambia and CDC in establishing and implementing the national QA program for CD4, hematology, and chemistry.

| |
|---|
| 6. Provide technical assistance to the MOH and partners on energy issues by hiring an in-country energy specialist.<br>7. Train twenty healthcare workers (technicians, admin and maintenance staff) on energy, load, design, and maintenance of energy systems.<br>8. Work with a local company to retrofit and support up to 6 small health centers to improve and maintain their energy systems.<br>9. Provide technical assistance or laboratory-related training courses as needed. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12285** | **Mechanism Name: Twinning Center Zamcom** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American International Health Alliance | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 380,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 380,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The AIHA Twinning Center supports the US President's Emergency Plan for AIDS Relief (PEPFAR) through partnerships, initiatives, and volunteer placements that help build critical institutional and human resource capacity to combat HIV/AIDS. Through funding from the US Agency for International Development (USAID) in Zambia, the Twinning Center supports a twinning partnership between the Zambia Institute of Mass Communication (ZAMCOM) and the University of Kentucky (UK). The overall goal of the partnership between ZAMCOM and UK is to build the capacity of ZAMCOM to provide technical assistance and media support for organizations, particularly community radio stations across the country.

Partnership activities include conducting trainings and workshops with community radio stations based around the country to enhance the skills of these local stations to develop stories and provide quality media services. An explicit focus of this training will be on the development and airing of HIV prevention messages targeting local communities within the radio catchment area. Support to the local stations will include determination of what types of messages are most likely to resonate with the listeners in a particular area and promote behavior change.

Additional activities will pursue the idea of molding ZAMCOM into a one stop cooperative for media information and communications across the country, thereby increasing the potential for a sustainable future. Similar models have been used in Kentucky to allow for advertisers to use one clearing house to reach multiple smaller community radio stations. In this regard, UK will work with ZAMCOM based on the model in Kentucky and determine if a similar structure and strategy will work in the Zambian context. The benefit would be that content could be provided through ZAMCOM and then passed on to local community radio stations across the country for broadcasting. Similar activities and advertising infrastructure is envisioned through the development of community print media materials. Print media play an important role in urban areas in providing information to readers on HIV and AIDS prevention and treatment.

The activities proposed in FY10 are an extension of previous work which has included cross visits between ZAMCOM and a similar analog in Botswana. Cross visits and further south-to-south support will be fostered leading to a well developed and identified organization in Zambia that can provide assistance in the area of communications both within the country and the region as a whole.

The geographic target area is nationwide (based on the location of community radio stations). Target populations include media houses and their listeners and readers throughout the country.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12285** |
| **Mechanism Name:** | **Twinning Center Zamcom** |
| **Prime Partner Name:** | **American International Health Alliance** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 200,000 | |

**Narrative:**

Activities in this area will focus on supporting the communications network to develop and broadcast HIV prevention messages across an array of community radio stations. Activities could include, but are not limited, to development of messages and their onward broadcasting throughout the ZAMCOM network of radio stations.

Within this area, messages will be focused on abstinence and fidelity, particularly targeting couples in union. Discordant couples will be one focus area to provide messages to avoid re-infection and infection across the partnership. These messages will be balanced and matched with those under the HVOP category as appropriate. Given the network of community radio stations across the country, the reach could be quite wide, with unique targeting in discrete areas for tailoring messages that are culturally appropriate within the geographic location. Messages and activities will target males and females equally, realizing that the form and content of the message may need to differ to reach each target group.

Activities in this area will also link with other programs that target adolescent/youth HIV prevention activities, including work with community print media partners to develop a planned quarterly newsletter supplement targeted at school children.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 180,000 | |

**Narrative:**

Activities in this area will focus on supporting the communications network to develop and broadcast HIV prevention messages across an array of community radio stations. Activities could include, but are not limited to, development of messages and their onward broadcasting throughout the ZAMCOM network of radio stations. As per the activities under HVAB, targeting will be accomplished through the network of community radio stations building on the coverage and population aspects of their catchment areas.

| |
|---|
| Within this area messages will be focused on high risk sexual activity including multiple and concurrent partners, particularly outside of union. Activities in this area will also link with other programs that target adolescent/youth HIV prevention activities. This supplement will be distributed to schools and libraries along with lesson-plans for teachers in hopes that after learning this material in school, the children would also take it home and share with their families. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12286** | **Mechanism Name: University of Alabama at Birmingham - UAB** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Alabama | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 2,044,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,044,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Centre for Infectious Disease Research in Zambia (CIDRZ) Tuberculosis (TB) program aims to reduce TB mortality by improving diagnosis and co-management of TB and HIV in co-infected patients. The program also aims to reduce the spread of TB, particularly in HIV clinics. Primary TB program objectives are to:

1. Improve clinical screening and management of TB/HIV co-infected patients in HIV, TB, outpatient, and maternal-child health clinics.
2. Improve TB diagnostic capacity through microscopy, specimen referral, and training.
3. Provide technical support to the Zambian Ministry of Health (MOH) TB program and support its

surveillance and training initiatives.
4. Support infection prevention activities through clinic renovations and training.
5. Improve community knowledge of and demand for TB screening and HIV testing through outreach activities.
We support 195 TB clinics in 11 districts in Lusaka, Southern, and Western Provinces. These are Lusaka, Chongwe, Kafue, Luangwa, Choma, Mazabuka, Gwembe, Kalomo, Kaoma, Lukulu and Kalabo. The target population is all TB/HIV co-infected patients (male and female, adult and pediatric).
Cost-efficiency strategies include piloting the use of lay counselors to counsel and test TB patients for HIV, in order to reduce overtime costs for clinic staff to conduct diagnostic counseling and testing (DCT) in high volume clinics. The light-emitting diode (LED) microscopes piloted by the program will reduce the staff time required for TB smear microscopy, thus making laboratory staff functions more cost efficient. Earlier diagnosis will reduce morbidity and thus patient care costs.
We will use MOH data collection tools, including SmartCare HIV patient data, and MOH TB Program quarterly reports, to monitor intensified TB screening in HIV clinics and TB program activities on a quarterly basis. We will provide ongoing clinical mentoring in HIV clinics, using routinely collected patient data and CIDRZ quality assurance (QA) improvement reports. In Lusaka TB clinics, we will conduct quarterly supportive supervision visits, using MOH program data to review activities, and begin to transition these functions to the District Health Office (DHO). In the other 10 focus districts, we will meet with the DHO and participate in district data review meetings and TB and HIV coordinating body meetings on a semi-annual basis. As part of prevention with positives we will train lay counselors and health workers to assess sexual activity, provide condoms (from district supplies) at each visit, identify discordance, provide or refer for partner and/or child testing, and assess need for referral to enroll in ART care or a community-based program.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12286** |

| Mechanism Name: | University of Alabama at Birmingham - UAB | | |
|---|---|---|---|
| Prime Partner Name: | University of Alabama | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Treatment | HVTB | 2,044,000 | |

**Narrative:**

In FY 2009 CIDRZ was funded to improve TB diagnosis and management in TB/HIV co-infected persons and establish referral systems in the 11 focus districts. This has been largely achieved and we will improve on this, further align, and add value to DHO partner activities in FY 2010. We will continue submission of high quality quarterly reports compiled using MOH TB and HIV monitoring and evaluation frame work and tools with the revised indicators.

CIDRZ TB program has adequate staff to carry out the proposed activities which will be sustained through skills transfer to MoH staff. Objectives of this project include:

• To improve TB screening in HIV and out-patient clinics and clinical care for co-infected patients, we will provide clinical training in diagnosis and management to 60 health care workers and training in intensified TB screening to 85 HIV clinic staff; conduct quarterly workshops with HIV and TB clinic staff; and hold semi-annual data review meetings with eight districts.

• To improve TB and HIV diagnosis and management in maternal-child health (MCH) clinics, we will pilot a protocol for TB screening in MCH.

• To increase HIV testing for TB patients, we will continue to support TB/HIV peer educators in 22 Lusaka sites; conduct DCT training for 40 TB clinic staff; and provide supportive supervision in the 11 focus districts.

• To improve TB infection prevention, we will renovate two HIV clinics to reduce nosocomial TB transmission and train 70 health workers from the 11 focus districts in TB infection control.

• To improve TB diagnostics, we will train 150 health workers from the 11 target districts in sputum collection, fixing, and transportation procedures; support the national QA system for TB microscopy sites; provide refresher training in TB smear microscopy; pilot LED fluorescent microscopy in two Lusaka District sites; and procure transport equipment to support specimen referral systems.

Technical support will be offered to the MOH TB program through the national TB prevalence survey; national, provincial and district TB/HIV coordinating bodies; committees; and guideline reviews.

Community knowledge will be heightened by supporting MOH community sensitization, printing and distributing information, education, and communication materials.

## Implementing Mechanism Indicator Information

(No data provided.)

# USG Management and Operations

**1.**

Redacted

**2.**

Redacted

**3.**

Redacted

**4.**

Redacted

**5.**

Redacted

## Agency Information - Costs of Doing Business

## U.S. Agency for International Development

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| ICASS | | | | 250,000 | | 250,000 |
| Non-ICASS Administrative Costs | | | | 520,200 | | 520,200 |
| Staff Program Travel | | | | 343,850 | | 343,850 |
| USG Staff Salaries and Benefits | | | | 3,187,795 | | 3,187,795 |
| **Total** | **0** | **0** | **0** | **4,301,845** | **0** | **4,301,845** |

## U.S. Agency for International Development Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| ICASS | | GHCS (State) | | 250,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 520,200 |

## U.S. Department of Defense

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Capital Security Cost Sharing | | | | 45,000 | | 45,000 |
| Computers/IT Services | | | | 20,000 | | 20,000 |
| ICASS | | | | 60,000 | | 60,000 |
| Management Meetings/Professional Developement | | | | 50,000 | | 50,000 |
| Non-ICASS Administrative Costs | | | | 60,000 | | 60,000 |
| Staff Program Travel | | | | 100,000 | | 100,000 |
| USG Staff Salaries and Benefits | | | | 220,000 | | 220,000 |
| **Total** | **0** | **0** | **0** | **555,000** | **0** | **555,000** |

## U.S. Department of Defense Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Capital Security Cost Sharing | | GHCS (State) | | 45,000 |
| Computers/IT Services | | GHCS (State) | | 20,000 |
| ICASS | | GHCS (State) | | 60,000 |
| Management Meetings/Professional Developement | | GHCS (State) | | 50,000 |

| | | | | |
|---|---|---|---|---|
| Non-ICASS Administrative Costs | | GHCS (State) | | 60,000 |

## U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Capital Security Cost Sharing | | | | 100,000 | | 100,000 |
| Computers/IT Services | | | 28,476 | 366,000 | | 394,476 |
| ICASS | | | | 1,500,000 | | 1,500,000 |
| Institutional Contractors | | | 150,000 | | | 150,000 |
| Non-ICASS Administrative Costs | | | 676,857 | 620,000 | | 1,296,857 |
| Staff Program Travel | | | 330,000 | | | 330,000 |
| USG Staff Salaries and Benefits | | | 1,728,667 | 275,000 | | 2,003,667 |
| **Total** | **0** | **0** | **2,914,000** | **2,861,000** | **0** | **5,775,000** |

## U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Capital Security Cost Sharing | | GHCS (State) | | 100,000 |
| Computers/IT Services | | GAP | | 28,476 |

| | | | | |
|---|---|---|---|---|
| Computers/IT Services | | GHCS (State) | | 366,000 |
| ICASS | | GHCS (State) | | 1,500,000 |
| Non-ICASS Administrative Costs | | GAP | | 676,857 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 620,000 |

## U.S. Department of Health and Human Services/Office of Global Health Affairs

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| USG Staff Salaries and Benefits | | | | 125,000 | | 125,000 |
| **Total** | **0** | **0** | **0** | **125,000** | **0** | **125,000** |

## U.S. Department of Health and Human Services/Office of Global Health Affairs Other Costs Details

## U.S. Department of State

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Computers/IT Services | | | | 23,947 | | 23,947 |
| ICASS | | | | 175,000 | | 175,000 |
| Management Meetings/Professional | | | | 50,000 | | 50,000 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Developement | | | | | | |
| Non-ICASS Administrative Costs | | | | 150,000 | | 150,000 |
| Staff Program Travel | | | | 50,000 | | 50,000 |
| USG Staff Salaries and Benefits | | | | 325,000 | | 325,000 |
| **Total** | **0** | **0** | **0** | **773,947** | **0** | **773,947** |

## U.S. Department of State Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Computers/IT Services | | GHCS (State) | | 23,947 |
| ICASS | | GHCS (State) | | 175,000 |
| Management Meetings/Professional Developement | | GHCS (State) | | 50,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 150,000 |

## U.S. Peace Corps

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Computers/IT Services | | | | 20,000 | | 20,000 |
| Non-ICASS Administrative Costs | | | | 193,000 | | 193,000 |
| Peace Corps | | | | 1,018,000 | | 1,018,000 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Volunteer Costs | | | | | | |
| Staff Program Travel | | | | 150,200 | | 150,200 |
| USG Staff Salaries and Benefits | | | | 515,000 | | 515,000 |
| **Total** | **0** | **0** | **0** | **1,896,200** | **0** | **1,896,200** |

## U.S. Peace Corps Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Computers/IT Services | | GHCS (State) | | 20,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 193,000 |