Zambia

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

I. Country Context

The recent 2012 UNAIDS World AIDS Day Report showed significant improvements in HIV and AIDS-related results globally. In general, new HIV infections declined among children; there were fewer AIDS-related deaths; and there were increased investments in the response to HIV and AIDS. Zambia, like many countries, has recorded significant improvements in all three key areas. According to the report, between 2001 and 2011, Zambia reduced new HIV infections by 58%, while the country also cut AIDS-related deaths by more than 50%.

The 2007 Zambia Demographic and Health Survey (2007 ZDHS) measured adult HIV prevalence at 14.3%. With the population currently standing at 13.1 million people with 61% in rural areas and 39% in urban areas, Zambia still has one of the world's most devastating HIV and AIDS epidemics, with more than one in seven adults living with HIV. Infection rates are twice as high in urban as in rural areas, while life expectancy is estimated at 49 years in what is still a generalized epidemic [UNAIDS Report on the Global AIDS Epidemic (2010)]. The HIV epidemic is geographically diverse, with provincial prevalence levels ranging from 6.8% to 20.8%. The Northern and Northwestern provinces have the lowest prevalence, just below 7%. Both provinces are predominantly rural, with low population density and high levels of poverty. In contrast, Lusaka, Central and Copperbelt Provinces are more densely populated, with large urban areas and have prevalence levels of 17% and higher. The most recent UNAIDS Report on the Global AIDS Epidemic (2012 UNAIDS) estimated Zambia's HIV prevalence among 15-49 year olds to have declined to 12.5%. The country is awaiting the results of the newly-started DHS that will enable an update to the most recent HIV and AIDS statistics.

The six key drivers of the HIV and AIDS epidemic in Zambia are: 1) high rates of multiple concurrent partnerships; 2) low and inconsistent condom use; 3) low rates of voluntary medical male circumcision (VMMC); 4) population mobility; 5) vulnerable groups with high risk behaviors; and 6) mother-to-child transmission (MTCT). In addition, other factors such as gender inequality, disparity, socio-cultural practices, and stigma interact with these drivers to sustain high levels of risk and vulnerability.

The vast majority of HIV transmission in Zambia is through heterosexual contact, exacerbated by high-risk sexual practices (such as multiple concurrent partnerships). Limited data suggest that slightly less than 1% of new infections are due to men having sex with men (MSM). Ten percent of transmission is due to MTCT. Zambia is home to approximately 600,000 AIDS-related orphans and vulnerable

children (OVC). The 2007 ZDHS found that four in ten children under age 18 were not living with both parents and that 15% of children under age 18 were orphaned - one or both parents were dead.

The Government of the Republic of Zambia (GRZ), international donors, civil society organizations (CSOs), local and international non-governmental organizations (NGOs) and Zambian communities, have been working together for more than 25 years to limit the spread of HIV and to reverse the negative impact of HIV and AIDS in Zambia. The country's long-term Vision 2030 calls for a "nation free from the threat of HIV and AIDS by 2030." This ambitious goal is supported by the National HIV and AIDS Strategic Framework (NASF 2011-2015), the complementary National Operational Plan (NOP), the National Health Strategic Plan 2011-2015 (NHSP 2011-2015) and the country's Sixth National Development Plan 2011-2015 (SNDP 2011-2015), where HIV and AIDS is listed as a key cross-cutting issue requiring a robust and sustained multi-sectoral response.

Zambia's capacity to address health issues such as HIV and AIDS is constrained by a severe and chronic shortage of healthcare workers. The shortage affects all types of health care workers and all areas of health services delivery. According to figures from the 2008 mid-term review of the National Health Strategic Plan (NHSP) 2006-2010, a total of 861 doctors were in the public and mission hospital health system, resulting in a doctor-to-population ratio of 1:14,000. Recognizing the severity of the human resources issue, in 2005, the GRZ and its cooperating partners developed a Human Resources for Health (HRH) Strategic Plan for 2006 - 2010.

The cooperating partners' (donors) landscape has changed in significant ways that will shape the response to HIV and AIDs in the coming years. By the end of December 2012, Netherlands, Denmark, Norway and Japan had announced their cessation or phasing out of direct funding for HIV and AIDS in Zambia. These governments will, nevertheless, still channel investments for HIV in Zambia via the Global Fund (GFATM). Britain and Ireland have also refocused their funding from direct Joint-Financing Agreement funding to other project-specific initiatives. The Clinton Health Access Initiative (CHAI) ended its procurement of pediatric antiretroviral drugs (ARVs) in 2012. The reduction of donor resources for HIV and AIDS has placed further pressure on PEPFAR to fill key gaps. It is, nevertheless, encouraging to see renewed commitment from the Zambian government, which has markedly increased funding authority for HIV health sector budget by 45% between 2011 and 2012, and 41% between 2012 and 2013.

The U.S. government (USG) is the lead for donor coordination in HIV and AIDS in Zambia, and represents all bilateral partners as a voting member of the Global Fund Country Coordination Mechanism (CCM). In January 2013, the USG placed a Global Fund Liaison at the National HIV/AIDS/STI/TB Council (NAC) to work with the CCM and strengthen its capacity. The CCM is undergoing reorganization that will see its membership reduced from 25 to 15 as a means to streamline participation and enhance its

efficacy.

II. PEPFAR Focus in FY 2013

PEPFAR Zambia's COP 2013 budgeting process was guided by the Efficiencies Project, as articulated in this year's COP Guidance. Following presentations by PEPFAR Zambia technical working groups (TWGs) on the 'state of each program area,' including past partner performance, pipeline data, and strategic direction under each technical area, PEPFAR Zambia agency leadership set priorities for the 2013 COP. Five technical priorities were identified along with two cross-cutting priorities for TWGs to address while setting activity-level budgets. These priorities were vetted with civil society and the Government of Zambia during COP 2013 stakeholder consultations on PEPFAR's proposed investments and role in Zambia's HIV and AIDS response.

Technical priorities set in the initial stages of COP development include:

1. Scale-up of HIV treatment for health and prevention, including support of Option B+ for elimination of MTCT;
2. Scale-up of VMMC;
3. An increased number of Zambians who know their HIV serostatus through scale-up of HIV testing and counseling (HTC), with a specific emphasis on couples HTC;
4. Integration of HIV programs with other health programs, with specific attention to HIV-Family Planning integration; and
5. Increased data on and coverage of services for key populations.

Commodity availability and governance were two cross-cutting priorities identified for COP 2013 planning as key areas that underpin the HIV and AIDS response in Zambia.

To help work towards an AIDS-free generation in Zambia, PEPFAR's 2013 COP reflects increased scale-up of combination HIV prevention and treatment interventions. PEPFAR Zambia programming supports PEPFAR's ambitious global World AIDS Day targets with a focus on aggressive scale-up of treatment, PMTCT, VMMC and other core prevention interventions, while simultaneously building capacity in support of country ownership.

PEPFAR Zambia priorities of treatment scale-up and support of Option B+ align to the GRZ's phased approach to rolling out treatment to more Zambians across the country. On April 1, 2013, the GRZ plans to launch the policy of Option B+. While PEPFAR is scaling up support to treatment services and commodities, the GRZ tripled its planned budget in FY 2013 for ARVs. United advocacy between the USG and other partners involved in the national supply chain (GFATM; UNDP; DFID; UNICEF; civil society groups) led to the GRZ's increasing its pledge for the procurement of ARVs from $10 million in

2012 to $33 million in 2013.

In discussions with both GRZ and civil society, the importance of integration was a common theme. The Minister of Health has made the coordinated elimination of both HIV and malaria a priority for Zambia, and the importance of family planning (FP) as part of the 4-pronged PMTCT approach is also prominent in government consultations. In response, PEPFAR-PMI collaboration funds will be combined with GRZ and USG (non-PEPFAR) funds for malaria to further integration of these two areas. COP 2013 also reflects enhanced HIV-FP integration. For example, PEPFAR implementing partners will support training of health care workers in long-term methods of FP, increase geographic coverage of FP/HIV integration, increase HIV testing and counseling in FP clinics, and ensure FP services are adequate in ART/PMTCT clinics.

In addition to ARVs and other drug commodities, the GRZ is focusing health investments in human resources, including the recruitment of more staff, expanding teaching schools in provincial capitals, and upgrading hospitals outside of Lusaka to provide more comprehensive care.

The GRZ prioritized infrastructure support in its 2013 budget, planning for 650 additional health posts and facilities, and major upgrades to intensive care units in provincial capitals. Given these GRZ investments, and USG pipeline concerns from prior year commitments, PEPFAR Zambia reduced its support of construction and renovation of government health facilities in COP 2013. The GRZ recently clarified the division of labor between the Ministry of Health (MOH) and the Ministry of Community Development, Mother and Child Health clearer (MOCDMCH). Community-level programming and primary health care at rural health clinics are now governed by the MOCDMCH. As such, this Ministry was more engaged in the PEPFAR COP 2013 process than in prior years.

III. Progress and Future

The GRZ-USG Partnership Framework to support the Zambian national response to the HIV and AIDS epidemic was signed on November 24, 2010, by the then-Minister of Finance and National Planning Situmbeko Musokotwane, the then-Minister of Health Kapembwa Simbao and U.S. Ambassador to Zambia Mark C. Storella. The Partnership Framework articulates a five-year agenda between the GRZ and the USG to support Zambia's national response to the HIV and AIDS epidemic and provides a framework for collaboration with other Cooperating Partners (CPs). In COP 2013, and for the duration of the Partnership Framework, partners will support the following processes to ensure the sustainability of programs:

1) The MOH, NAC and sector ministries provide leadership in the implementation of HIV and AIDS activities;

2) HIV and AIDS services are implemented within the policy framework of the GRZ;
3) Partners adhere to the guiding principles laid out in the National HIV and AIDS and STI Policy and other protocol and guidelines, such as the adult treatment and PMTCT guidelines and protocols; and
4) Implementation of activities occurs within GRZ structures and infrastructure, within community systems and in partnership with civil society organizations, local and international NGOs and private sector partners.

TWGs used the Partnership Framework Implementation Plan (PFIP)-expected USG contributions as a guide during activity budget level setting. While implementing COP 2013, the USG interagency team will update Table 8, GRZ and USG expected contributions to the PFIP, and Table 9, implementation modalities for the PFIP. The PEPFAR Zambia team will continue to work with the GRZ and other CPs to monitor the progress of achievements made under the rubric of the Implementation Plan including policy priorities.

Country Ownership Progress and Focus in FY 2013:

Political Ownership

GRZ's increasing political ownership of its national HIV response is demonstrated by financial commitments for ARVs, health worker salaries and infrastructure. The GRZ has driven the policy shift to Option B+ for HIV+ pregnant women, as a first step in the phased approach toward a "test and treat" policy. The GRZ has also demonstrated increased political will and support for scale-up of VMMC. Members of Parliament and traditional leaders have publically endorsed and shared their own experiences in accessing VMMC services. Additionally, VMMC activities are included in the GRZ's 2013 budget.

Institutional Capacity and Local Ownership

The USG recognizes the value of local knowledge and the importance of institutional and community ownership in developing HIV and AIDS programs. Increased engagement of partner country government and other local stakeholders in decisions affecting them contributes to more sustainable outcomes. In FY 2013, PEPFAR Zambia will continue to implement procurement reforms to enable more local partners to receive direct USG funding. The USG will look for innovative ways to build the capacity of local organizations and foster an enabling environment for Zambians to take leadership in the response. A new cross-sectoral democracy and governance project funded by multiple health funding streams will equip citizens and CSOs with the necessary knowledge, skills and tools to identify constraints in health and HIV service delivery. The project will help CSOs develop engagement strategies that open up spaces for

dialogue with service-delivery entities, with the aim of improving health systems.

CDC and HRSA and its Track One Cooperative agreement partners have successfully implemented the transition to local and host government implementing partners for HIV treatment and care. As these new local partners enter year 2 of their cooperative agreements, sustained performance levels indicate they were well prepared for the transition and are demonstrating improved management capacity. Currently CDC is providing direct support to 12 host government partners, including Provincial Health Offices, University of Zambia, the Central Statistics Office, the Tropical Diseases Research Centre and the Ministry of Health, and 8 local NGO partners.

Capability Building

In COP 2013, PEPFAR Zambia will support the MOCDMCH for the first time through support to its HMIS system. Currently the HMIS is split between the MOH and MOCDMCH. The MOCDMCH is responsible for primary health care data (the largest portion), while the MOH is responsible for the hospital HMIS. Funding for the MOCDMCH will assist the Ministry to establish policies and procedures for continued functioning of its HMIS. In addition, funding will assist in harmonizing the HMIS with the OVC database. In addition, USG staffs embedded in both Ministries will help to build capacity in monitoring and evaluation and provide technical assistance by working side-by-side with Ministry counterparts.

A Field Epidemiology Training Program approved in COP 2012 will be initiated jointly this year between the Ministry of Health, University of Zambia School of Medicine Department of Public Health and CDC. This and other training efforts for public health leaders at all levels of the health system will strengthen capacity in Zambia for use of data for surveillance, monitoring and evaluation and quality improvement. Management capacity is also being developed with different local partners through short courses in both pre-service and in-service settings.
Following the revelation of financial irregularities in 2009, the GRZ, through the MOH, the Ministry of Finance and National Planning, the Office of Auditor General and donors, initiated several activities to strengthen transparency and governance in the health sector. Just prior to COP 2013 submission, the GRZ fulfilled its commitment to repay the remainder of the $8.1M owed to the Global Fund ($1.1M).

A comprehensive Governance and Management Capacity Strengthening Plan, which harmonizes all the existing donor-specific and GRZ capacity-building plans and is aligned with the NHSP 2011-15, was released by the MOH in January 2013. The Plan strengthens fiduciary controls, systems and structures in the MOH to ensure accountability, transparency, efficiency, effectiveness, and integrity in the use of public funds in service delivery. Implementation of the plan will rebuild confidence in the health sector wide programming approach (SWAP). The USG will support the MOH to strengthen specific areas in

order for Global Fund to reinstate the Ministry as a principal recipient (PR). These areas include:

(i) Program management;
(ii) Sub-recipient management;
(iii) Financial and systems management;
(iv) Pharmaceutical and health product management; and
(v) Monitoring and Evaluation.

Accountability

In FY 2013, mutual accountability is a priority for both the USG and GRZ. Governance and financial transparency of Zambia's expenditures on health remain concerns for the USG. The new cross-sectoral democracy and governance project will address government accountability and citizen demand by improving public financial management in targeted service delivery entities within the health sector. Areas of focus will include procurement, audit and internal controls. The GRZ also has been more vocal in seeking greater accountability of USG-funded implementing partners to the Zambian government and ultimately, the Zambian people.

PEPFAR Zambia agencies will work with their implementing partners to benchmark progress toward more cost-effective and efficient programming. The MOH is leading a process to convene all donors to discuss expenditure analysis activities and results to ensure all stakeholders are utilizing this type of information for decision-making and future strategic planning.

Trajectory in FY 2014 and beyond:

Zambia was designated a "long-term strategy" country in the PEPFAR country categorization process for furthering country ownership. While PEPFAR Zambia continually looks for ways to leverage increased GRZ funding for Zambia's national response, and ways to foster sustainability and increased accountability of the partner government, Zambia is a country in need of external support for its HIV response in the long term. In high burden countries like Zambia, as articulated in the PEPFAR Blueprint: Creating an AIDS-free Generation, PEPFAR is committed to making strategic, scientifically sound investments to rapidly scale up HIV prevention, treatment and care interventions. Given this, PEPFAR Zambia supports direct service delivery with aggressive targets, in addition to capacity-building, strategic information and health systems strengthening. Please refer to the 2013 COP Ambassador letter for more detail on Zambia's actions to implement the four PEPFAR Blueprint road maps.

IV. Technical Program Overviews

Prevention Portfolio

PEPFAR Zambia prevention programs support Zambia's goal to reduce the rate of annual new HIV infections by 50% (from 82,000 in 2009 to 40,000 by 2015); and to reduce the number of HIV-infected infants born to HIV+ mothers to less than 5% by 2015. To achieve this result, the GRZ and USG have prioritized and implemented evidence-based prevention interventions through a combination prevention strategy.

In FY 2013, the GRZ and USG will focus on scaling up effective strategies for HIV prevention, including VMMC, PMTCT and HTC with a focus on couples. Specific interventions will target the general population and vulnerable sub-groups with behavior change strategies, while integration and stronger linkages among services will be a major theme throughout the program. A new structured and theory-based behavior change communication program to support and improve health-seeking behaviors that increase uptake of highly effective prevention services will be implemented.

Redacted. The program provides a comprehensive package of VMMC services comprising HTC, screening for sexually transmitted infections, VMMC surgery, and post-surgical review and counseling. As a result of the strong leadership of the U.S. Ambassador, who partnered with political and traditional leaders to promote the program, and the MOH's commitment and contribution of health facility space and health workers, 103,000 clients were circumcised in 2012 (a substantial increase from 63,444 circumcisions in 2011).

For FY 2013, PEPFAR Zambia has a robust plan to increase both the supply and demand of the VMMC program to reach a total of 223,000 clients. The program will scale up to new and hard-to-reach areas to increase access to quality-assured VMMC services in Zambia. Strategies to increase the numbers of people served will include leveraging of public sector resources in the form of operating space and health workers; partnering with parliamentarians and traditional leaders in stimulating demand; augmenting fixed VMMC sites with mobile services; and VMMC campaigns.

The PMTCT program continues to have high antenatal care (ANC) coverage (94% in DHS 2007) and HIV testing rates are over 95%. PEPFAR Zambia supports 80% of the PMTCT sites in the country and contributes to the MOH's goal of virtual elimination of mother-to-child transmission of HIV and increased HIV-free child survival by 2015.

Under COP 2013, the PMTCT program will support the MOH in building capacity as the country begins implementation of Option B+, treating all HIV infected women with lifelong ART. Emphasis is on building evidence-based approaches suitable for implementation in the Zambian setting, with the goal of filling the gaps in defining community-level program models, developing operational guidance and monitoring and

evaluation systems for standardized implementation. In addition, increasing coverage and capacity for HTC for couples, with the need to treat positive discordant partners, will necessitate the expansion of ART services tailored for ANC. Retention along the PMTCT cascade will also be prioritized to minimize the missed opportunities in the provision of PMTCT services. In FY 2013, the program will strengthen linkages and services in early infant diagnosis (EID) and follow-up of HIV-exposed children at community, facility, and national levels, with a new focus on addressing weaknesses in program governance, including support to strengthen MOH EID program coordination capacity. PEPFAR Zambia will leverage this same maternal newborn and child health platform to integrate and strengthen syphilis screening using rapid tests.

PEPFAR Zambia will expand prevention activities for key populations. Size estimation studies are planned and will provide a basis for planning and targeting interventions for the different groups. Under COP 2013, PEPFAR Zambia will strengthen prevention activities within the prisons, where overcrowding and unsafe conditions of injecting drug use and unprotected sex are common. Activities will also focus on integrating gender-based violence (GBV) and alcohol mitigation strategies among these populations.

HTC remains an essential component of Zambia's HIV prevention program. With increased targets for VMMC, PMTCT and ART, the demand for HTC increases. Under COP 2013, PEPFAR Zambia will continue to intensify HTC in locations with the highest disease burden and communities characterized by highly mobile populations and other vulnerable populations. Couples HTC will be a priority and will also serve as a key intervention in increasing access to early initiation of ART and reaching more men with treatment. Special attention will be paid to monitoring the quality of services and ensuring that persons receiving services are linked to and enrolled in other HIV prevention, care and treatment services. To strengthen community-based and clinical prevention platforms, the USG will train community-based lay counselors to support health care providers in HTC and referrals, and address poor follow through of referrals to ensure an effective continuum of care. PEPFAR Zambia will increase procurement of test kits and supplies and continue supporting the GRZ to better forecast and quantify to ensure continued availability of the commodities.

Under COP 2013, PEPFAR Zambia will procure 120 million male condoms for supply through the public and private sectors. In addition to increased procurement, PEPFAR Zambia will strengthen coordination with the MOH, UNFPA and other donors to ensure adequate commodity stocks for the period. The program will also continue to promote correct and consistent condom use through interpersonal communication and mass media; socially market condoms through commercial outlets; and support logistics of condom supply.
Engagement of key stakeholders and behavior change activities, such as the "Men Taking Action" interventions supporting VMMC, PMTCT, HTC, and positive health dignity and prevention (PHDP), will

continue at the community level. These will expressly link to clinical prevention platforms, creating demand and promoting adherence; ensuring that community-based activities are anchored on local health facilities for improved access to continuum of care; and promoting strong local synergy between health facility staff and community health workers.

Care and Support Portfolio

In FY 2012, the PEPFAR Zambia Care and Support program provided 998,976 individuals with a minimum of one care service, against the set target of 1,139,600. This 87% achievement accounts for HIV-infected and affected adults and children as well as OVC. PEPFAR Zambia, in collaboration with the GRZ, supported the national OVC goals through a bilateral agreement and the PEPFAR's small-grants program to reach 314,704 OVC (25% of all OVC) in Zambia through training of caregivers and building the capacities of local organizations.

In FY 2013, the USG will continue to fund advocacy work and training of health professionals to improve the quality of life for adults and children living with life-limiting illnesses. The USG will continue to provide chlorine for water purification to prevent diarrheal diseases in People Living with HIV/AIDS (PLHA). The PEPFAR Nutrition Assessment, Counseling and Support (NACS) for PLHA will expand to more sites, in coordination with Feed the Future and Scaling-Up Nutrition (SUN) initiatives. In FY 2013, PEPFAR expects to increase population coverage of quality palliative care, NACS and cotrimoxazole prophylaxis. PEPFAR will continue to provide comprehensive care at facility-based and home/community-based activities for HIV-infected adults, children and their families in all districts. The USG will continue to support timely initiation and maintenance on ART, linkage and entry into care following HIV testing, and retention in pre-ART and ART care by implementing the new ART guidelines, preventing and treating opportunistic infections, training more caregivers/volunteers and strengthening linkages to household economic strengthening and livelihood activities.

In FY 2013, PEPFAR will procure stop-gap EID commodities and supplies and will continue to improve retention of HIV-infected children in care by strengthening linkages/referrals with routine child health services, documentation and long-term follow-up.

In FY 2012, of the approximately 50,000 TB patients that Zambia notifies annually, up to 70% were also infected with HIV. The PEPFAR Zambia TB/HIV program supports Zambia's goal of reducing the spread and negative effects of the TB/HIV co-morbidity. In FY 2012, the USG-supported TB/HIV program exceeded the target (149%) for the number of HIV-infected clients screened for TB.

In FY 2013, the USG will continue to scale up implementation of the 3I's and support the MOH to conduct

a national TB prevalence survey in the ten provinces of Zambia. The priority activities of the TB/HIV program are: 1) increasing TB case detection among people living with HIV/AIDS, including prisons and mines; 2) screening TB patients for HIV and providing them with HIV services, such as HIV treatment if they are HIV+; 3) providing isoniazid preventive therapy to HIV-infected individuals who do not yet have TB, to protect them against TB; and 4) strengthening TB infection control among people living with HIV/AIDS.

In FY 2013, the USG will continue to complement the GRZ's work to provide services to OVC by strengthening families, households and caregivers. The USG will strengthen GRZ systems for coordinating, planning, implementing and evaluating the OVC program at all levels. OVC system strengthening will also target GRZ and local organizations' capacity to identify OVC and improve efficiencies in service delivery. OVC interventions are aligned to new PEPFAR OVC guidance. The OVC services have been largely implemented through local organizations; the capacities of these organization and parents, households and caregivers will be strengthened through training and household economic strengthening so that households can provide for their children's basic needs. In addition, the OVC program will continue to provide child-focused and family-centered interventions, such as educational support, especially for girls, household economic activities, social protection, child protection, health and nutrition support, and psychosocial support.

In FY 2013, PEPFAR will focus on reducing the risk of HIV infection and the impact of AIDS among OVC in both public and community schools and strengthening linkages between OVC and PMTCT programs. The program will strengthen the Ministry of Education's response to HIV and AIDS prevention in schools by supporting the implementation of the national curriculum on HIV and AIDS and life skills, teacher training and provision of life skills learning materials, especially in community schools. The program will also strengthen the Ministry of Education's system to provide guidance and psychosocial support to OVC, including community support through local school committees.

In COP 2013, USG Zambia will strengthen the linkage between OVC and HIV prevention programs by helping children stay in school and strengthening the economic status of families. In addition, child-focused, home-based care activities and referral for EID will help eliminate MTCT. Further, a community-based OVC program will help reduce stigma and discrimination and foster an enabling environment for people to access services.

Finally, the USG will allocate 10% of the 10% OVC funding to monitoring and evaluation, surveys and research, to ensure that the evidence base continues to grow and to inform better practices in OVC programming. There is a need for information on the extent, severity and distribution of violence against children in Zambia. A future violence against children survey will be considered by the PEPFAR team.

Treatment Portfolio

The PEPFAR Zambia HIV treatment program supports Zambia's goal of achieving and maintaining universal access to quality-assured HIV treatment services in the country. Quality assurance is important to ensure that Zambia achieves the five main goals of HIV treatment namely, to: 1) reduce viral loads at patient and community levels; 2) increase CD4 counts at personal level; 3) preserve therapeutic options for HIV-infected Zambians; 4) improve quality of life; and 5) serve as a prevention strategy. The main activities of the treatment program are: 1) individual and couple testing and counseling for HIV; 2) immunological assessment for treatment eligibility and treatment monitoring through clinical and CD4 count screening; 3) antiretroviral therapy; 4) adherence and follow-up support for individuals on HIV treatment; 5) screening, prevention and treatment of opportunistic infections; and 6) PHDP services.

The PEPFAR HIV program in Zambia is increasingly shaped by changes in guidelines and Zambia's strategic desire to eventually treat all HIV-infected patients with HIV treatment regardless of CD4 count. In 2013 the HIV treatment program will scale-up services to treat all HIV-infected patients with CD4 counts below a threshold of 350 cells per milliliter of blood, all HIV-infected partners in HIV-discordant couples, all HIV-infected patients with tuberculosis, all HIV-infected pregnant women, and all HIV/Hepatitis B co-infected patients. This scale-up will increase the number of HIV-infected adults and children on treatment from 445,159 in 2012 to 541,560 in 2013 and to 642,700 in 2014. The "PMTCT expansion" new procurement to be awarded in FY 2013 will specifically contribute towards this scale-up in targets by expanding ART services targeted at pregnant women and their partners in ANC settings.

In the last three years, the lost to follow-up rate has increased. This could be due to the large number of patients enrolled, with the possible consequence that adherence support systems have become inadequate. As a result, the PEPFAR HIV treatment program in Zambia will strengthen adherence support by providing psychosocial counseling to HIV-infected patients on treatment using trained health care workers, including lay counselors and documenting and tracing individuals not returning for reviews. Continuity of care, linkage of mothers and their children and reduced loss to follow-up will also be facilitated by the new modules, better functionality and easier reporting tools in the national electronic health record system (SmartCare) now in use in over 700 facilities and by close to 900,000 Zambians. Additionally, innovative service delivery models intended to mitigate these challenges will be developed and piloted.

Following eight years of PEPFAR investment into the national scale-up of ART services, the need to formally document program effectiveness, efficiency and outcomes has assumed a heightened priority. In 2013, the PEPFAR Zambia ART program will step up support to data quality improvements while

facilitating increased data use capacity for operational research purposes and program evaluations that can provide critical information on the real status and outcomes of the program that cannot effectively be determined from current routinely collected data.

Governance and Health Systems Strengthening Portfolio

The COP 2013 priorities for health systems strengthening have been developed around the WHO health system building blocks and in accordance with the GRZ's Governance and Management Capacity Strengthening Plan 2012-2016, NHSP 2011-15, and NASF 2011-2015. These priority activities aim to build sustainability through health systems strengthening.
In COP 2013, PEPFAR Zambia continues to support management strengthening through management courses, management for public health training and other public health training. Direct government-to-government funding continues with CDC's 16 cooperative agreements with 12 GRZ entities and State/PEPFAR Coordination Office's contributions to the NAC's Joint Financing Agreement.

The desire for better surveillance and data collection is a GRZ priority emphasized during COP 2013 consultations. In response, PEPFAR Zambia will develop individual and organizational-level capacity and systems to collect, store, analyze and present HIV and AIDS-related information with direct technical and financial support to the GRZ for both routine and survey data. There will be enhanced focus on data use in program planning and review, along with evaluation of combination prevention strategies. A field epidemiology/laboratory training program (FELTP) to build capacity in epidemiology research and methods, public health disease surveillance, outbreak investigation and response, laboratory management and program evaluation will be established.

Other laboratory strengthening activities will include quality management systems training, long-term, on-site mentorship, expansion and improvement of laboratory infrastructure and routine lab services, provision of equipment, and expansion of the National Quality Assurance Program. A National Public Health Laboratory will also be established.

The human resource crisis in Zambia is a concern for GRZ and USG. In COP 2013, PEPFAR Zambia will support pre-service training institutions to increase the number of new healthcare workers; upgrades of medical personnel through the standardization, quality and coordination of in-service training; management and leadership skills development; and cost-effective models of task shifting/sharing. Health facilities and communities will be linked to improve retention and reduce loss to follow up, and mentoring programs for health staff will improve the quality of services and impact of training programs. New activities under this technical area include: building local capacity for maintaining and servicing laboratory equipment, including biosafety cabinets; supporting the national human resources planning and

management through the upgrade of the Human Resource Information System (HRIS) to support recruitment and retention especially in underserved areas; formalizing continuing professional development requirements for licensure renewal and recertification; and strengthening the credentialing and accreditation policies and procedures for health care training institutions.

V. Global Health Initiative (GHI), Program Integration and Central Initiatives

GHI:

COP 2013 continues to further the goals of Zambia's GHI Strategy through its support of governance, health systems strengthening, human resources for health, and integrated service delivery. Gender and the focus on women, girls and gender equality are evident throughout COP programming. Specifically, gender priorities in COP 2013 include: 1) integrating gender into existing HIV and AIDS programs; 2) building the capacity of law enforcement and the judiciary to address GBV; 3) supporting policies that eliminate GBV in the workplace; 4) advocating for appropriate and gender-sensitive legislation and policies that reduce women's and girls' vulnerability to HIV infection; and 5) evaluating gender-focused HIV/AIDS programs to measure outcomes and impact. In the future, Zambia's progress towards encouraging country ownership and investment in country led plans will be measured through a GHI metrics scorecard to enable closer monitoring of country progress, particularly under the commitments outlined in the PFIP.

Program Integration:

In addition to PMI-PEPFAR collaboration and the HIV-FP integration mentioned previously, the PEPFAR Zambia program is prioritizing program integration in other initiatives. Under GHI, the USG interagency team, under the leadership of the GRZ, was the first country to launch Saving Mothers, Giving Life, a consolidated approach to strengthen maternal and newborn health interventions, moving away from a "project" approach to maternal and newborn mortality reduction during labor and delivery and the first 24 hours post-delivery. In COP 2013, the packaging of PMTCT within a comprehensive model for Saving Mothers-Giving Life, piloted in the four initial districts, will also be expanded, with an emphasis on high HIV-prevalence areas.

PEPFAR Zambia was also the first country to launch Pink Ribbon Red Ribbon (PRRR). PRRR is an innovative partnership to leverage public and private investments in global health to combat cervical and breast cancer. Led by the George W. Bush Institute, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Susan G. Komen for the Cure, and the Joint United Nations Programme on HIV/AIDS (UNAIDS), PRRR was officially launched (by the First Lady of Zambia and former President Bush) in

Lusaka in December 2011, with Zambia serving as the flagship country and model for other countries seeking to scale up programs to significantly reduce deaths from cervical cancer and increase access to breast and cervical cancer prevention, screening, and treatment programs and services. The Africa Centre of Excellence for Women's Cancer Control has trained leaders from 13 countries and will spearhead the expansion of cervical cancer screening nationally.

Central Initiatives:

PEPFAR Zambia was recently awarded $3 million for collaboration with the President's Malaria Initiative (PMI). The additional resources will further integration of the two health platforms, a priority of the Minister of Health, through distribution of insecticide-treated nets to couples who present for HIV counseling and testing.

PEPFAR Zambia has also received $9.3 million in central funding to scale up the implementation of strategies to reduce the impact of TB in PLHA. The specific strategies to be implemented are intensified TB case-finding, implementation of TB infection control, and isoniazid preventive therapy in HIV care and treatment settings. PEPFAR Zambia will also use supplemental central TB/HIV funding to deploy Gene Xpert instruments and cartridges to 15 sites across Zambia. Introduction of Gene Xpert in a country is expected to result in earlier diagnosis of TB (especially among PLHA) and multidrug-resistant (MDR) TB, earlier initiation of treatment, better institution of infection control measures, and reduced morbidity, mortality and transmission. The USG will implement the programs in conjunction with the Ministry of Health.

This year, PEPFAR Zambia will begin scale-up of Nutrition Assessment, Counseling, and Support (NACS) activities with $3 million in food and nutrition acceleration funding to focus on 100% coverage of clinic and community-based NACS in one Zambian district (Kitwe) and strengthen referral system between clinic and community-based nutrition activities in Lusaka.
The $5.6 million in central initiative Strategic Information funding will build capacity within the Ministry, Central Statistics Office, NAC, and the University of Zambia, and will support alignment and integration of information systems and establishment of a national data repository from which quality data may be used for decision-making.

In August 2011 PEPFAR Zambia was approved to receive $2 million in funding to support coordination between PEPFAR and Global Fund-financed HIV, TB, and malaria programs and to maximize Global Fund grant performance (Country Collaboration Initiative). With the recent arrival of a Global Fund Liaison who will sit at the CCM, based at NAC, remaining Global Fund collaboration funds will support technical assistance to the PRs and CCM.

Through COP and central funding, PEPFAR Zambia will participate in the scale-up of services for HPTN 071, or PopART: Population effect of universal testing and immediate ART therapy to Reduce HIV Transmission. The 12 Zambian communities participating in the trial were recently randomized into the three study arms, allowing NIH, USAID and CDC to begin preparations for service implementation.

PEPFAR Zambia is implementing the Medical Education Partnership Initiative (MEPI) with the University of Zambia's (UNZA) School of Medicine to strengthen the quality and quantity of health care worker education. A Nursing Education Partnership Initiative (NEPI) is also ongoing in Zambia, focusing on increasing the number of trained nurses, and strengthening the quality and capacity of nursing and midwifery education institutions.

Lastly, two ongoing Public Health Evaluations (PHEs) in Zambia are of note: the Evaluation of Early Diagnosis and Care and Treatment of HIV-1 Infected Children in Rural Zambia; and the Enhanced TB Screening to Determine the Prevalence and Incidence of TB in a Cohort of HIV Clinic Patients. Four previous PHEs are ongoing with no additional funding, including Causes of Early Mortality in Adults Starting ART; Incidence and Characterization of Baseline and Acquired Resistance Mutations Among Participants in a Randomized Trial of Routine HIV-1 Viral Load Monitoring; Cost-effectiveness of models of Pediatric Treatment Delivery and Maternal Events and Pregnancy Outcomes in a Cohort of Human Immuno-deficiency Virus-infected Women Receiving Antiretroviral Therapy in sub-Saharan Africa.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	800,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	13	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	170,000	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	31,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	42,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV	51,000	2011	AIDS Info,			

infections among adults and children			UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	600,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	83,000	2011	WHO			
Number of people living with HIV/AIDS	970,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	680,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	507,010	2011	WHO			
Women 15+ living with HIV	460,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	To accelerate and intensify prevention in order to reduce the annual rate of new HIV infections		
1.1	Accelerate and intensify prevention of	P1.1.D	P1.1.D Percent of pregnant

	sexual transmission of HIV		women with known HIV status (includes women who were tested for HIV and received their results)
		P5.1.D	P5.1.D Number of males circumcised as part of the minimum package of MC for HIV prevention services
		P6.1.D	P6.1.D Number of persons provided with post-exposure prophylaxis (PEP)
		P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
		P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required
		P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that

			are based on evidence and/or meet the minimum standards required
		P1.1.N	P1.1.N Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
1.2	Prevent family transmission of HIV including MTCT	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
		C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth
		P1.1.N	P1.1.N Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.N	P1.2.N Percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of

			mother-to-child-transmission during pregnancy and delivery
1.3	Integrate prevention in all aspects of care at all healthcare settings	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
		P5.1.D	P5.1.D Number of males circumcised as part of the minimum package of MC for HIV prevention services
		P6.1.D	P6.1.D Number of persons provided with post-exposure prophylaxis (PEP)
		P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting
		C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment
		T1.2.D	T1.2.D Number of adults and children with advanced HIV infection receiving antiretroviral

			therapy (ART) [CURRENT]
		P1.1.N	P1.1.N Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.N	P1.2.N Percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
		C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care service
		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
1.4	Scale-up access to and use of testing and counseling services	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P5.1.D	P5.1.D Number of males circumcised as part of the minimum package of MC for HIV prevention services
		P6.1.D	P6.1.D Number of persons provided with post-exposure prophylaxis (PEP)

		C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth
		P1.1.N	P1.1.N Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
2	To accelerate the provision of universal access to comprehensive and quality treatment, care and support for people living with HIV and AIDS, their caregivers and their families, including services for TB, STIs and other opportunistic infections		
2.1	Support universal access to quality ART and comprehensive care and treatment (CCT) services	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
		T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART

		T1.2.D	T1.2.D Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]
		T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy
		P1.1.N	P1.1.N Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
		T1.2.N	T1.2.N Number of adults and children with advanced HIV infection receiving antiretroviral therapy
2.2	Expansion of treatment for TB/STIs/OIs including HIV-related cancers by ensuring that better drugs are available to treat and prevent common opportunistic infections and support palliative care	C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting
		C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
		C2.3.D	C2.3.D Proportion of HIV-positive clinically

			malnourished clients who received therapeutic or supplementary food
2.3	Strengthen home-based care (HBC), community-based care (CBC) and provide access to palliative care	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting
		C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment
		C1.1.N	C1.1.N Number of eligible adults and children provided with a minimum of one care service
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
		C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or

			supplementary food
3	To mitigate the socio-economic impacts of HIV and AIDS especially among the most vulnerable groups, OVC, PLHA and their caregivers and families		
3.1	Orphans and Vulnerable Children	C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
		C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food
3.2	People Living with HIV and AIDS	P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
		P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting
		C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or

			ART) who started TB treatment
		T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
		T1.2.D	T1.2.D Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.1.D	C2.1.D Number of HIV-positive adults and children receiving a minimum of one clinical service
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
		C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food
4	To strengthen the systems which underpin Zambia's response to HIV and AIDS		
4.1	Health worker shortage	H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
		H2.2.D	H2.2.D Number of community health and para-social workers

			who successfully completed a pre-service training program
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
		H2.1.N	H2.1.N Number of new health care workers who graduated from a pre-service training institution within the reporting period
4.2	Laboratory	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
		H1.2.D	H1.2.D Number of testing facilities (laboratories) that are accredited according to national or international standards
5	To strengthen the capacity for a well coordinated and sustainably managed HIV and AIDS multisectoral response.		
5.1	To mobilize resources.	H3.1.N	H3.1.N Domestic and international AIDS spending by categories and financing sources
5.2	To integrate gender into all HIV and AIDS programming.	P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P6.1.D	P6.1.D Number of persons provided with post-exposure prophylaxis (PEP)

		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results

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

How is the USG providing support for Global Fund grant proposal development?
Through CCI funding, PEPFAR is supporting CCM strengthening activities to be implemented in FY13 that will build the capacity of the CCM to develop proposals in FY14, when Zambia is able to apply through the new funding model. In FY14 CCI funds will be used as needed for proposal development, in coordination and collaboration with GRZ and other donors.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?
Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
Phase I of UNDP's HIV Rounds 8 and 10 will be finishing this summer, activities to move into Phase II of both grants will be initiated in early March. USG PEPFAR is in close communication with the LFA, Geneva and UNDP to determine if there will be a need for USG support during this time. USG PEPFAR also has regular communications with other Cooperating Partners regarding supply chain, which will continue through the phase transition.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
	Becton Dickinson Lab Strengthening	10223:Ministry of Health	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.
2013 COP	Georgian Foundation/Zambia Society for Child protection, GRZ and USG to reduce Gender Based Violence	10223:Ministry of Health	Georgian Foundation, Zambia Society for Child protection and Sorensen Forensics	500,000	2,090,000	The Public Private Partnership program is a collaborative effort of the Government of the Republic of Zambia, Georgian Foundation/Zambia Society for Child Protection (ZSCP) and the Government of the United States of America (USA), designed to reduce the rate of gender based violence (GBV) and child sexual abuse (CSA) in

						the Republic of Zambia. Three major areas include: Forensic DNA laboratory development; Experience Exchange Fellowship program and Children's Advocates and HIV Post-Exposure Prophylaxis program.
2012 COP	Pink Ribbon Red Ribbon	10203:The Zambia Prevention, Care and Treatment Partnership II (ZPCT II)	Merck &Co			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. Full list of partners held at HQ.
	Tourism HIV/AIDS Public Private Partnership	13792:Support to the HIV/AIDS Response in Zambia II (SHARe II)	Kubu Crafts, Tongabezi Lodge, Sun International			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. Full list of partners held at HQ.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	AIDS Indicator Survey	Population-based Behavioral Surveys	General Population	Planning	12/01/2014
Surveillance	Antenatal Clinic Sentinel Surveillance (ANC)	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Planning	12/01/2014
Survey	Demographic and Health Survey	Population-based Behavioral Surveys	General Population	Implementation	01/01/2014
Surveillance	HIV Drug Resistance	HIV Drug Resistance	Pregnant Women	Other	12/01/2014
Surveillance	Molecular TB Drug Resistance Survellance_DELETED_2811	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	06/01/2015
Surveillance	Sample Vital Registration with Verbal Autopsy	HIV-mortality surveillance	General Population	Other	09/01/2015
Surveillance	Surveillance among MARPs	Population size estimates	Female Commercial	Other	09/01/2014

			Sex Workers		

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		14,178,893		**14,178,893**
HHS/CDC	5,234,117	97,649,046		**102,883,163**
HHS/HRSA		1,775,051		**1,775,051**
HHS/NIH		660,000		**660,000**
HHS/OS		300,000		**300,000**
PC		4,179,601		**4,179,601**
State		943,344		**943,344**
State/AF		750,000		**750,000**
State/PRM		226,007		**226,007**
USAID		180,563,307		**180,563,307**
Total	**5,234,117**	**301,225,249**	**0**	**306,459,366**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	PC	State/AF	USAID	AllOther	
CIRC	4,288	2,073,739	7,029,267			0	9,090,000	30,000	**18,227,294**
HBHC		613,125	6,764,324	500,000	246,009		7,126,371		**15,249,829**
HKID	21,442	800,000				300,000	21,317,295		**22,438,737**
HLAB		2,539,375	4,624,947				24,160,612	310,000	**31,634,934**
HMBL			1,499,500						**1,499,500**
HMIN			0						**0**
HTXD			34,175				38,944,554		**38,978,729**
HTXS		267,500	18,498,149	500,000			9,588,906		**28,854,555**

HVAB	19,298	4,375	1,085,127	125,051	219,532	0	7,008,239	133,167	**8,594,789**
HVCT	2,144	853,300	7,381,621		2,688	0	16,328,272	93,165	**24,661,190**
HVMS	683,890	224,375	5,713,223		3,252,974		0	165,000	**10,039,462**
HVOP	21,442	575,979	2,340,451	150,000	315,093	200,000	9,739,796	44,675	**13,387,436**
HVSI	60,038	317,500	12,377,582		68,829		2,127,487		**14,951,436**
HVTB		367,500	7,294,822				2,600,000		**10,262,322**
IDUP			0						**0**
MTCT		2,091,500	11,702,173				10,749,616		**24,543,289**
OHSS	130,802	2,678,750	6,141,752	500,000	74,476	250,000	15,656,901	160,000	**25,592,681**
PDCS		504,375	4,413,085				2,131,348	250,000	**7,298,808**
PDTX		267,500	5,982,965				3,993,910		**10,244,375**
	943,344	**14,178,893**	**102,883,163**	**1,775,051**	**4,179,601**	**750,000**	**180,563,307**	**1,186,007**	**306,459,366**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

Policy Area: Access to high-quality, low-cost medications						
Policy: ART Guidelines						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date				2011		
Narrative				ART guidelines aligned with the new WHO CD4 +350 guidance	Supporting the implementation of the new MOH guidance CD4 +350	
Completion Date				2011		
Narrative				ART guidelines aligned with the new WHO CD4<350 guidance	Supporting the implementation of the new MOH guidelines re: CD4<350	

Policy Area: Gender						
Policy: Gender Based Violence Bill						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date				2010	2011	
Narrative	Provides for the protection of victims of gender –based			The anti-GBV act was passed in the Zambian	The anti-GBV act was passed in 2010 and is now being	

	violence, constitutes anti-gender based committee, establishes the anti-gender –based violence fund and provide for matters connected with or incidental.			parliament.	implemented through various awareness creation campaigns by different stakeholders. Focus is on promoting the protective provisions contained in the Act, and increasing victims ability to access support. Focus is on capacity building with GRZ counterparts, civil society and private sector to understand the Bill ,and secure funding for its operationalization.	

Completion Date				2011		
Narrative				Enactment of the Gender Based Violence Act No 1 of 2011 Laws of Zambia	Focus is on promoting the protective provisions contained in the Act,and increasing victims ability to access support.Focus is on capacity building with GRZ counterparts, civil society and private sector to understand the Bill ,and secure funding for its operationalization.	

Policy Area: Gender						
Policy: National Plan of Action for Gender and HIV and AIDS						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date			2012		2010-2014	

Narrative	Calls for accelerated action to address the gender dimensions of HIV and AIDS through innovative ideas and addresses the rights of women and girl, while at the same time calling for increased action from men and boys.		Promote and support the finalization of the national Plan of Acion for Gender and HIV and AIDS.		Review and revise policies to reduce gender disparities in health (male involvmement in all program areas, girls's empowerment, economic empowerment, family planning etc). The purpose of the Plan is to address identified gaps and mainstream gender in the implementation of HIV and AIDS programmes.	
Completion Date			2009		2010-2014	
Narrative					The purpose of	

					the Plan is to address identified gaps and mainstream gender in the implementation of of HIVand AIDS programmes .The Plan is being implemented at different operational levels through a range of mechnisms which includes Government,NGOs,FBOs,Bilateral and Multilatral agenies.The Gender in Division Department overseas the coordination of the	

					implementation of the Plan	

Policy Area: Human Resources for Health (HRH)						
Policy: Human Resources for Health Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date			2011			
Narrative	To provide for an adequate, competent, well supported and motivated health workforce to ensure provision of safe, ethical, cost effective and quality health services.		Comprehensive review and update of the Human Resources for Health strategic plan including the Community Health Worker Stragegy		Support implementation of the Community Health Worker Strategy via GRZ, CSO and the private sector through recruitment, training and monintoring and supervision. The Plan has been completed and costed and is now being implemented.	
Completion Date			2011		2011-2015	

Narrative					The Plan has been completed and costed and is now being implemented	

Policy Area: Other Policy						
Policy: National Health Strategic Plan						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date			2011		2011-2015	
Narrative			Review national health strategy plan to strengthen health care provision, quality of service delivery and sustainability		The national health strategic plan 2011-2015 is being implemented.	Not yet
Completion Date			2011		2011-2015	
Narrative					The Plan is in full implementation	

Policy Area: Other Policy

Policy: National HIV and AIDS Prevention Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date			2010		2010-2015	
Narrative			NASF 2011-2015 constitute a multi-layer and decentralized response to HIV and AIDS in Zambia. Then NASF is evidence and result based approach		The NASF is being implemented. The policy has been operationalized as is guiding the implementation of all HIV activities by the various stakeholders in the following program areas PMTCT, HTC, MC, PEP, BCC targeting MARPS, discordant couples, counseling, blood safety and rolling out WHO PMTCT guidelines.	Not yet

Completion Date			2010			
Narrative					The policy has been operationalised as is guiding the implementation of all HIV activites by the various stakholders in the following program areas PMTCT, HTC, MC, PEP, BCC targeting MARPS, discordant couples, counselling, blood safety and rolling out WHO PMTCT guidelines	

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	15,249,829	0
HKID	22,438,737	0
HVTB	10,262,322	0
PDCS	7,298,808	0
Total Technical Area Planned Funding:	**55,249,696**	**0**

Summary:
Care and Support

Background
The USG continues to provide care and support services at the facility and community level. PEPFAR/Zambia, in line with the Global Health Initiative, has prioritized country ownership and integration so as to maximize efficiencies and sustainability. All HIV and AIDS care elements embrace the GHI principles as discussed in individual element narratives. In FY 2011, the USG supported 664,304 HIV positive adults and children to receive at least one clinical care service, and an additional 721,938 to receive at least one other care service.

TB and HIV
Zambia diagnosed 48,616 TB patients in 2011. Of these TB patients, between 50% and 80% were also infected with HIV (depending on the region under consideration). To reduce the spread and impact of this TB/HIV co-morbidity, Zambia has been integrating TB and HIV activities over the last few years. Integrated activities include offering HIV testing and counseling to all TB patients; referral of HIV positive TB patients for ART; provision of cotrimoxazole; TB screening among PLHA; and providing more HIV services within TB settings and more TB services within HIV settings. These TB/HIV activities are coordinated by the MOH through issuance of guidelines, routine supervision, and hosting of quarterly TB/HIV coordinating meetings at the national, provincial, district and health facility levels. These meetings, which include all donors and partners, facilitate joint planning, sharing of roles to prevent duplication of support and the identification of gaps.

The USG supports the full range of TB/HIV integrated activities, and in FY 2012 and FY 2013, will support the MOH to strengthen and expand TB/HIV integration through the following additional interventions: 1) intensified TB case finding (ICF) in all HIV care settings, 2) isoniazid preventive therapy (IPT), 3) TB infection control (TBIC) activities, and 4) implementing the WHO policy of commencing all HIV-infected TB patients on ART regardless of the CD4 count.

Intensified TB Case Finding
To strengthen and expand intensified case finding, Zambia will 1) adapt, disseminate and implement WHO guidelines and tools to collect TB-related information in HIV service settings such as PMTCT, ART counseling and testing, and voluntary medical male circumcision; 2) embrace new diagnostic capabilities such as the gene xpert; 3)

work with communities to increase TB case detection through active TB case finding; 4) implement TB screening among PLHA; 5) continue scaling-up TB microscopy quality-assurance activities; and 6) orient health care workers to the new guidelines. Under COP 2012, PEPFAR Zambia will support 347,900 HIV positive individuals to be tested for TB up from 186,635 in FY 2011.

Isoniazid Preventive Therapy
IPT in Zambia has traditionally been reserved for children under the age of five from households with TB smear-positive patients and pilot studies. In August 2011, a decision was reached to start IPT in all HIV/TB co-infected patients. Zambia will expand IPT services starting with ten sites before scaling up to other districts. Activities will include adapting WHO IPT guidelines, provider training, and procuring INH. The USG will support IPT services with PEPFAR and TB Child Survival and Health funds.

TB Infection Control
TB infection control is an on-going activity in Zambia. However, infection control measures are not systematically applied. Zambia will systematically implement TB infection control to eliminate cross infection between and among health care workers and patients within clinical settings. The following activities will be supported under COP 2012: 1) orienting managers/supervisors and frontline health care workers will be oriented in the implementation of TB IC at the facility level, 2) conducting facility level assessments to identify bottlenecks to TB IC and developing remedial steps to stop or reduce exposure of health care workers and patients to infection, and 3) introducing an annual TB screening plan for health care workers using x-rays and sputum examinations to ensure early referrals of infected individuals for TB treatment. PEPFAR will also implement a TB IC training curriculum at the community level. To reduce TB transmission in prisons, PEPFAR will work with the GRZ to establish routine screening of all inmates and employees for signs and symptoms of TB.

As a result of these activities, all districts in Zambia will have functional TB/HIV plans by 2015. Zambia will increase the percentage of PLHA in HIV care and treatment settings screened for TB from 28% in 2011 to 38% for COP 2012. Additionally, 4% of HIV-positive patients in HIV care or treatment (pre-ART or ART) will have started TB treatment by the end of the COP 2012 reporting period.
Food and Nutrition Support
The GRZ has finalized and disseminated the National Food and Nutrition Strategy 2011-2015. Nutrition support for vulnerable groups including HIV and AIDS-infected and affected- patients is one of the components of the strategy. Since 2008, PEPFAR/Zambia has supported the GRZ in updating the national nutrition guidelines for care and support of PLHA and HIV/Nutrition training manuals. The USG also supported the GRZ to train clinical and community health workers to monitor and evaluate HIV/nutrition activities and coordinate nutrition interventions at all levels. Under COP 2012, PEPFAR will support the integration of Nutrition Assessment, Counseling and Support (NACS) in HIV/AIDS care and treatment programs.

The following are Zambia and PEPFAR's priority areas for COP 2012:

1. *Accelerating the integration of nutrition care interventions within HIV/AIDS services*
2. *PMTCT, postnatal care and infant feeding*
3. *Economic strengthening, livelihood and food security support(ES/L/FS)*

Accelerating the Integration of Nutrition Care Interventions
The PEPFAR Zambia team will continue to support the integration of NACS into routine HIV services in at least 50% of HIV and AIDS care and treatment sites as a standard of care for PLHA. In addition, USG partners will build the capacity of health care providers to provide nutrition care. The components of NACS to be provided for clients includes at a minimum: 1) integration of NACS within clinical management and community support for clients; 2) prioritization of nutrition assessment and counseling within NACS; 3) provision of therapeutic and supplemental feeding support for undernourished PLHA and OVCs; provision of micro-nutrient supplements when indicated; 4) provision of water sanitation and hygiene; 5) establishing two-way referral support between facility and community services; and, 6) the provision of ARVs, co-trimoxazole and treatment for opportunistic infections.

Furthermore, PEPFAR programs will provide technical assistance to local food processing companies to meet quality and safety standards and produce high-energy protein supplements (HEPS). This local production of HEPS represents a public private partnership and ensures the sustainability of food commodities. PEPFAR will also support the importation/procurement of Ready to Use Therapeutic Food (RUTF) to treat severely malnourished HIV-positive clients.

PEPFAR will also work with the Ministry of Home Affairs to implement a supplemental feeding program to ensure that HIV-positive individuals in the prison system receive food supplements according to national criteria. This support will be exceptionally valuable to HIV-positive pregnant and breastfeeding women who are in the prison system and will ensure food supplements are also available to their infants and young children.

PMTCT, Postnatal Care and Infant Feeding
In July 2010, the GRZ revised the national PMTCT guidelines and included Infant and Young Child Feeding (IYCF) sections. According to the guidelines, all mothers regardless of HIV status should exclusively breastfeed up to six months, and thereafter, continue breastfeeding up to at least twelve months with timely, adequate and safe complementary feeding. HIV-positive mothers are encouraged to breastfeed for twelve months with the use of extended daily NVP prophylaxis for infants until one week after the cessation of breastfeeding. In FY 2009/10, PEPFAR Zambia partners developed a training curriculum for community health volunteers (CHV) on IYCF. The training curriculum is in use with expanded training of CHVs in the country.

Under COP 2012, PEPFAR will continue to promote breastfeeding during facility and community interactions and will also support ARV treatment during the breastfeeding period. PEPFAR and partners will continue to support the GRZ to roll-out the PMTCT guidelines by promoting breastfeeding and complementary feeding practices, infant feeding during illness (including HIV) and maternal nutrition, using community health volunteers, safe motherhood action groups, and peer educators to support these interventions.

Economic Strengthening, Livelihood and Food Security Support (ES/L/FS)
PEPFAR Zambia will continue to link NACS clients with services that provide ES/L/FS support. Along the economic corridor from Lusaka to Eastern Province, the Feed the Future (FTF) program will strengthen value chain investments in nutritious staple foods, such as soy, groundnuts, orange-fleshed sweet potato, as well as invest in community-based nutrition and economic resilience activities. PEPFAR food and nutrition support will be coordinated with ES/L/FS initiatives, particularly activities implemented under FTF, GHI and Scaling-up Nutrition (SUN). In addition, PEPFAR Zambia will conduct a survey to understand the available ES/L/FS services and support, by tracking PLHA, their families, and OVC from the clinic to the household. This information will be used to select and design appropriate strategies. Moreover, PEPFAR, in partnership with the USAID/Zambia Economic Growth team, will develop tools to assess client/household economic and food insecurity.

Adult Care and Support
The Ministry of Health has institutionalized palliative care through the establishment of the palliative care technical working group. The USG sits on this technical working group. The Palliative Care Association of Zambia (PCAZ), funded by the USG, continues to serve as the secretariat for the MOH palliative care technical working group. PCAZ is involved in advocacy, and trains health professionals in both adult and paediatric palliative care to improve the quality of life for adults and children living with life limiting illnesses. PCAZ is currently working on the review of the palliative care modules in the home-based care curriculum which will ensure services by care givers are delivered according to the current best practices.

PCAZ recently launched the Learning Resource Center (LRC) which is serving as an information resource for PCAZ trainers as well as PCAZ members (individuals and institutions). The LRC provides access to the latest information regarding evidence-based best practices, and research data in palliative care.

The USG continues to provide chlorine for water purification to prevent diarrheal diseases in PLHA. Under COP 2012, PEPFAR expects to increase the number of people benefitting from quality palliative care services through

increased coverage. PEPFAR will continue to provide comprehensive care for PLHA in all districts of Zambia.

Pediatric Care
An increased number of HIV-positive infants and children are identified early due to the expansion of the early infant diagnosis (EID) program and routine Provider Initiated Testing and Counseling (PITC) at first contact with the health care system. In the last year, several trainings and mentorship activities for health care workers were carried out in selected rural districts. The training and mentorship covered PMTCT, pediatric counseling and testing, infant and young child feeding, EID, palliative care and pain management, and anthropometric measurements in children for early identification of malnutrition.
Routine PITC for all children at clinical encounters is the norm in many health facilities based on a 2007 MOH directive. Testing of children has also been incorporated in routine immunization programs and bi-annual mass immunization campaigns. There is increased support to training of health care workers and lay counselors in dry blood spot collection for EID and the expansion of EID sites. In 2011, 42,365 infants born to HIV-positive mothers were tested within twelve months of birth.
Co-trimoxazole prophylaxis (CPT) for all HIV-exposed and HIV-positive children is being provided in MCH settings as well as in follow up care and support service points. The uptake of CPT in MCH clinics is high, but there is a significant loss-to-follow up over time. This will be addressed in COP 2012 by improving links between health facilities and communities through community health workers.

There is clearly a need to improve documentation and long-term follow-up of HIV-exposed and HIV-positive infants and children. PEPFAR will address these issues using information gathered from the on-going EID system evaluation and pediatric treatment rapid assessments. PEPFAR will continue to work with the GRZ to strengthen linkages between MCH and pediatric testing and treatment sites to improve patient tracking and follow up. The new safe motherhood cards will also take into account the linkage between MCH and pediatric ART services, and once implemented, should help address current gaps.

Pediatric care is integrated with TB care. The adult TB program is to other community initiatives to identify and treat infectious cases early, thus, preventing new infections in children. In addition, all pediatric ART patients are routinely screened for symptoms of TB and other opportunistic infections. Currently, PEPFAR is piloting a TB screening tool in ART clinics. The tool is successfully capturing TB screening among patients on ART and identifying TB cases early. Cotrimoxazole prophylaxis is available to all exposed infants and for all HIV/TB infected patients. Drugs for opportunistic infections are procured as part of the SCMS system with medical stores as the central suppliers.

Capacity to collect national level data on pediatric HIV care and support is limited to infant CPT prophylaxis, EID and HIV testing in older children. Other areas like nutrition, opportunistic infection management, palliative care, links to water and sanitation, and TB/HIV in children, are less well documented, with no standardized or national data collection. To address this, PEPFAR will engage with the MOH to design better data collection tools and will look at how SmartCare modules can be expanded to include other care services.

To date, no costing analysis of pediatric care programs has been conducted; however there are discussions to conduct a costing analysis of the successful community nutrition pilot. An EID systems evaluation and rapid pediatric assessment are underway. Data from these will inform priority areas to be addressed.

The newly developed adolescent guidelines address disclosure in all children in a staged approach with partial disclosure at a younger age (~ 6 years) and full disclosure as early as possible to those children who are developmentally ready to receive this information (~ 12 years). Under COP 2012, adherence and sexual and reproductive health issues in the pediatric population, particularly in the adolescent age group, will be given more attention. Research and evaluations will be directed towards these emerging concerns. In order to address these issues, standard tools will be developed to be able to collect data more systematically.

Many of the USG supported programs rely heavily on community volunteers who are not remunerated. These community agents play a key role in the health care system and have been a great asset in linking health facilities and communities. In recognition of their contributions to the national HIV and AIDS response, the MOH developed the community health worker strategy. The strategy emphasizes the inclusion of CHWs in the MOH structure, and defines and ensures the training of community workers as well as the type of remuneration to be provided.

Orphans and Vulnerable Children
PEPFAR continues to complement the GRZ's efforts to provide services to OVC. Implementation of OVC services has largely been through NGOs. In mid-2010, PEPFAR initiated a program to provide comprehensive OVC services at the household level in all districts of Zambia. As of December 2011, PEPFAR had provided a minimum of one care service to 163,978 children and 65,165 eligible clients received food and/or other nutrition services.

The Ambassador's Small Grants program has funded 25 projects located in all of Zambia's nine provinces with project funding ranging from $7,486 to $14,798, for a total of $308,362. The program, though focused on educational support especially for girls, and institutional economic strengthening activities, also covers the child protection, food and nutritional support and psychosocial support. During the first six months of this year's program, 3,026 OVC (1,567 male, 1,459 female) and 987 OVC caregivers were supported directly. Under COP 2012, small grants will be provided to encourage schools and communities to engage in income generating activities to support OVC.

UNICEF is working with District Child Protection Committees to promote the rights of children as well as protect them from abuse. Irish AID, UNICEF and DfID support social protection with the Ministry of Community Development, Mother and Child Health (MCDMCH) and are involved in Social Cash Transfers. PEPFAR is in discussions with the sector advisory group so that they can complement the households that are receiving social cash transfers with other OVC services. Under COP 2012, PEPFAR will provide support to at least 1,000 OVC-headed households, and 1,000 elderly-headed households for school fees and supplies, food supplements and other social support according to national guidelines.

Coordination of OVC care and support is a challenge as no one ministry has the sole mandate for OVC programming. However, recently, the GRZ announced the removal of the Child Affairs Department from the Ministry of Sports, Youth and Child Development and is merging it with the MCDMCH. This will bring both policy and OVC service implementation to one lead ministry with the other ministries providing support as appropriate.

OVC Standards of Implementation have been designed and will be piloted under COP 2012 by both PEPFAR and non-PEPFAR funded partners. In the next two years, PEPFAR Zambia will work with government ministries to strengthen public sector OVC systems and service delivery. OVC services will continue to be provided in households, communities and in schools.

OVC system strengthening efforts will target Zambian government capacity to identify OVC, improve efficiencies in service delivery at the national, district and community levels, as well as identifying sustainable means of providing services to this population. PEPFAR will also support capacity building in the Social Welfare Workforce.

PEPFAR will focus on reducing the risk of HIV infection and the impact of AIDS among OVC in both public and community schools. As per the Ministry of Education strategic approach, PEPFAR will address social factors impacting the education system including HIV and AIDS, gender, disability, and illiteracy. The program will strengthen the Ministry of Education's response to HIV and AIDS prevention in schools through supporting the implementation of the national curriculum on HIV and AIDS and life skills, teacher training and provision of life skills learning materials, especially in community schools. The program will also strengthen the Ministry of Education's system to provide guidance and psychosocial support to OVC including community support through local school committees. In addition, the program will provide scholarships to OVC to ensure that they access basic and high school education.

Gender
PEPFAR Zambia recognizes gender equality and equity concerns as an integral part of its multi-sector support for HIV and AIDS care and treatment. Under COP 2012, PEPFAR Zambia will advance the integration of gender across all programs and will ensure that the unique needs of men and women and boys and girls are addressed. PEPFAR will also strengthen and expand care and support services for survivors of gender-based violence, including improved evidence gathering and investigation for sexual abuse.

Programs strengthening comprehensive health care and treatment services including the provision of post-exposure prophylaxis for survivors of rape and other GBV will be supported. PEPFAR will also support other linkages to health services including cervical cancer screening and treatment. Other priority programs for COP 2012 include those that promote family-centered approaches to care and treatment; increase women's access to productive resources; support male-friendly HIV/AIDS services and encourage men's participation in health care as well as address social/gender barriers preventing communication between men and women on health matters.

PEPFAR Zambia will continue to support interventions that promote increased access to legal protection including cases of land and property grabbing and disinheritance for women, orphans, and other vulnerable populations. In addition, equal access among male and female OVC to education, including interventions to ensure that school environments are safe for girls, is a priority for COP 2012. The USG will also support linkages and referrals to gender-related work such as economic empowerment, community micro-finance initiatives, education, child protection and GBV programs supported by other institutions such as UNICEF, UNDP and bilateral cooperating partners.

To determine the effectiveness of the gender-related programming, PEPFAR will support the collection of baseline data on barriers that women and men face in accessing care and treatment services; set gender and age disaggregated targets and outcome indicators that reflect the characteristics of the epidemic; and collect sex and age disaggregated service delivery data during program implementation, monitoring and evaluation. Evaluations and research on gender-focused interventions will be supported to determine their impact on HIV and AIDS outcomes.

Strategic Information
Strategic information activities focus on streamlining information systems; standardization of data collection tools; strengthening of data quality and improvement in the analysis and utilization of information products. PEPFAR will continue to improve infrastructure for management of information systems; upgrade quality assurance procedures; and provide essential staff training and mentoring.

All PEPFAR partners have been trained in the Next Generation Indicators for HIV and AIDS care and support. Consistency in the way data is collected ensures greater confidence in its utilization. Partners have also participated in key capacity-building activities ranging from one-to-one mentorship during site visits and data-quality assessments to specific SI related training such as the Epidemiology for Data-Users' training. USG reporting uses the Zambia Partner Reporting System.

The USG will continue to work with the established monitoring and evaluation structures and systems within the different GRZ ministries. PEPFAR activities will seek to better measure service linkages, especially follow through on service referrals. There will be continued efforts to standardize geographical reporting to get a better understanding of outreach activities at the community level.

Programming in care and support will be informed by national population-based surveys such as the Zambian Demographic and Health Survey. These will be complemented by other specific program evaluations and situational analyses. These studies will seek to identify changing barriers to program effectiveness and seek to increase the interaction between care and support, and other program areas including treatment and prevention. To assess coverage and depth of services, systematic mapping of services with population overlays will help enhance

the understanding of where partners are working and what services are provided.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	31,634,934	0
HVSI	14,951,436	0
OHSS	25,592,681	0
Total Technical Area Planned Funding:	**72,179,051**	**0**

Summary:
Governance and Systems Strengthening

Background
Health services, including HIV prevention care and treatment, are delivered through a network of approximately 1,880 public and private health facilities, consisting of health posts, rural and urban health centers, and district, general and central hospitals. The Ministry of Health (MOH) supports the majority of these facilities (1,488), though other sectors contribute to health service delivery. The faith-based sector provides roughly 30% of clinical care through its network of 271 health centers and hospitals, particularly in rural areas. Additional sources of health service delivery include the Ministry of Defense, through Zambia Defense Force facilities, 121 private sector hospitals and clinics, and non-governmental clinics. Community-based organizations also play a critical role as a link between the community and health facilities in the delivery of HIV prevention, care and support services at the community level.

The USG and other cooperating partners (CPs) have, for many years, supported the GRZ in the implementation of its health and HIV and AIDS programs. There exists a robust Sector Wide Approach Mechanism through which CPs are able to effectively engage the GRZ. The USG is the lead donor coordinator in the HIV sectors and is a voting member on the Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM).

Although there have been significant improvements in service delivery, the Zambian health system faces a number of constraints that hinder the consolidation of an effective and sustainable country-led HIV and AIDS response. Further strengthening of the health system is required, in order to ensure that the impact of USG investments in HIV prevention, care and treatment are sustained well beyond 2013. This is in line with one of the key Global Health Initiative Principles- to build sustainability through health systems strengthening.

Zambia is experiencing a critical shortage of health care providers. The MOH estimates the ratio of clinical health workers to population is 0.93 per 1,000 compared to the WHO recommended ratio of 2.3 per 1000. Health workers are inequitably distributed with the urban area density double that in the rural areas. Supervision and technical and managerial oversight is weak. Poor performance and low productivity further compound the problem. PEPFAR will support GRZ efforts to increase the production, recruitment and retention of new health workers as well as build the MOH's capacity in human resource management.

Allegations of misappropriation of funds in the MOH that emerged in May 2009, resulted in some donors withholding funding and demanding repayment of some amounts. This has constrained the MOH's ability to deliver health services. Additionally, findings of an investigation conducted by the Global Fund's Office of the

Investigator Genera (OIG) led to the MOH being replaced by UNDP as a Principal Recipient (PR), while the future of another PR (Zambia National AIDS Network) remains uncertain. The USG will provide support to build capacity and strengthen financial management and procurement systems at the MOH. Leadership and governance interventions will continue to be a major component of USG support to the GRZ through the Partnership Framework.

Zambia has a strong HIV drugs and commodities logistics system that has minimized stock outs at the facility level. On the other hand, Zambia experiences frequent stock outs of essential medicines since they are distributed through a push system, i.e. drug kits are delivered to district health facilities without information about actual drug consumption or need. The Essential Medicines Logistics Improvement Program (EMLIP) was approved for national rollout, but scale up beyond the current sixteen districts is hindered by inadequate GRZ resources to fully stock the system. Equipment shortages and poor maintenance are universal problems that weaken service delivery. PEPFAR is training and developing a cadre of professional logistics and supply chain managers, from the national to the facility level, in quantification, forecasting, ordering, and monitoring of drug supplies.

MOH officials and donors appreciate the importance of basic health management information and the systematic use of health data to guide policy and governance in the sector. There are challenges with the quality and timeliness of the data collected through the Health Management Information System (HMIS). The USG will continue to strengthen coordination, monitoring and evaluation of the national HIV response through the NAC. The USG is working with government partners to harmonize collection and reporting of HIV and health-related indicators. USG programs also aim to build capacity for field and central level government staff to assess and improve data quality, as well as analyze and use data for program planning.

GRZ policy provides for free health care services for women and children, but in reality, the incidental costs imposed for drugs, dressings and transport impose financial barriers to access that many find insurmountable. An example involves the financial barriers resulting from incidental costs that orphans and vulnerable children and their caregivers face when attempting to access free services at health facilities. The USG has supported cost analysis studies of HIV service provision and will use the results to engage the GRZ on sustainability planning. The USG will also support the GRZ to mobilize resources from the private sector for the national HIV and AIDS response.

Global Health Initiative
GHI was created to build economies of scale, advance innovation and evidence-based decision making and to achieve greater impact across the health sector by integrating health care interventions across existing health and development programs. The USG's GHI business model aligns with the GRZ's Guiding Principles for the National Response to HIV and AIDS and is based on implementing a woman- and girl-centered approach; increasing impact and efficiency through strategic coordination and integration; strengthening and leveraging key partnerships, multilateral organizations, and private contributions; encouraging country ownership and investing in country-led plans; improving metrics, monitoring and evaluation; and promoting research and innovation. These GHI elements are in keeping with GRZ priorities and will be pursued in future programming and finalization of Zambia's GHI Strategy.

For the period 2011-2015, the GRZ will work to ensure that HIV and AIDS programming is framed within health sector priorities as outlined in the National Health Strategic Plan (NHSP) 2011-2015. Cooperating and implementing partners will work within this framework to move away from vertical programming for HIV and AIDS to a more integrated health sector approach. Throughout the GRZ/USG PF design phase and the subsequent development of the Partnership Framework Implementation Plan (PFIP), the USG worked closely with the GRZ to ensure stakeholder collaboration as well as commitment and accountability. Review and updating of the PFIP will be done in close collaboration with the GRZ and other stakeholders, including other CPs, the private sector and civil society, to guarantee sustainability, transparency and accountability. Through this approach, USG partners will plan and work closely with the GRZ and other local structures to strengthen planning, implementation and monitoring of programs, and thus, foster country ownership.

PEPFAR Zambia will continue to strengthen and leverage key partnerships. Using malaria, HIV, MCH and FP funds, the USG demonstrated how targeted investments in strengthening the country's drug supply chain can have an immediate and dramatic impact on child mortality. The Essential Drugs Pilot, which was co-funded by the USG, the World Bank and DFID, demonstrated that simple but smart steps to strengthen the government's supply chain for essential drugs, such as hiring district-level planners to help manage orders and deliver them more efficiently, improved the availability of life-saving treatment. The pilot and subsequent scale up of the Essentials Medicines Logistics Systems have benefited greatly from best practices identified by the highly successful USG-supported ART Logistics System. Recently, DFID procured one million insecticide-treated bed nets, and approached the USG's Presidential Malaria Initiative (PMI) partners to assist with their distribution. These nets are being distributed to households in Luapula and Eastern Provinces by a USG implementing partner that focuses on OVC programming.

Under PEPFAR, efforts are being made to ensure full integration of programs by planning and working closely with GRZ structures such as the National HIV/AIDS/STI/TB Council, Provincial and District Task AIDS Forces (PATF and DATF), and other planning committees. USG partners actively participate in the GRZ's annual planning processes to ensure that activities are incorporated and integrated in provincial and district annual action plans.

PMTCT programs are being implemented through MCH platforms and efforts are being made to strengthen them and ensure they are fully integrated. Through additional PMTCT resources, maternity wings are being renovated and community linkages and systems are being strengthened. This supports the GHI principle of using woman- and girl-centered approaches.

Leadership, Governance and Capacity Building
PEPFAR implements numerous interventions to strengthen the capacity of the GRZ, the private sector and civil society partners to design, manage and monitor HIV programs. Working through strategic partnerships, the USG supports efforts to reduce the impact of HIV and AIDS through innovative approaches to engage Zambian leadership at multiple levels including: capacity building of local public and private organizations, strengthening coordinating structures and civil society, and improving the HIV and AIDS regulatory environment.

PEPFAR Zambia's support to the overall health sector is aligned with the current strategic and policy frameworks developed by the GRZ including the Sixth National Development Plan (SNDP), the NHSP 2011-2015 and the National AIDS Strategic Framework 2011-2015, and MOH efforts towards meeting the HIV and AIDS Millennium Development Goal (MDG). The USG will continue to support the coordination, monitoring and evaluating of HIV and AIDS activities in support of the "three ones" principle: 1) one agreed HIV and AIDS Action Framework that provides the basis for coordinating the work of all partners, 2) one National AIDS Coordinating Authority, with a broad based multi-sector mandate; and 3) one country level monitoring and evaluation system.

Leadership and Governance
The success and sustainability of the HIV response in Zambia depends largely on the continued and expanded level of engagement and commitment from leaders at all levels. PEPFAR will continue to work at all levels to engender strong leadership. The USG will work with a broad range of stakeholders in advocacy, policy development, and implementation. PEPFAR partners will identify, and work to develop high profile leadership initiatives, building on accomplishments achieved to date. The USG will equip key leaders with skills to address issues of resource allocation, and enable leaders and policy makers to use data for evidence-based decision making. Members of Parliament (MPs) will be trained to better serve as a resource to their communities on HIV and AIDS issues and represent their constituents' concerns in Parliament.

PEPFAR will continue to support the GRZ to implement the Joint Governance Action Plan which was developed by the GRZ and CPs to address procurement and financial management weaknesses at the MOH. The USG, along with other CPs, will support the development and implementation of a Governance and Management Capacity

Strengthening Plan which will address issues raised in recently completed financial and systems audits. The USG will also strengthen the grant oversight capacity of the GFATM Country Coordinating Mechanism.

Capacity Building
PEPFAR will continue to play a lead role in supporting the GRZ and other partners to plan, manage, monitor, and sustain the national HIV and AIDS response. The USG will work to improve the institutional capacity of the NAC, its decentralized structures, the PATF and DATF, the private sector, faith-based and civil society organizations. PEPFAR support will focus on strengthening NAC's capacity to coordinate the national HIV and AIDS response and implement the GRZ decentralization policy. PEPFAR will also build NAC's capacity to monitor and evaluate HIV and AIDS activities in the public and private sectors. Through the Joint Financing Arrangement (JFA) with NAC, PEPFAR will support strengthening district and provincial capabilities to provide supportive supervision for HIV and AIDS program planning and management.

PEPFAR will work closely with the GRZ and other donors to determine the nature and method of technical assistance, with a particular focus on institutionalization and the gradual reduction of technical assistance and resources. PEPFAR continues to develop and use innovative capacity development tools to enhance the ability of local partners to coordinate and implement HIV and AIDS programs. PEPFAR also works with the private sector to reduce the impact of HIV and AIDS in the workplace.

Public Private Partnerships
In order to strengthen the PPP portfolio, a PEPFAR PPP strategy will be developed in consultation with the GRZ and other stakeholders. The strategy will be developed within the framework of the Partnership Framework, and in the spirit of the GHI principle of integration. A new PEPFAR procurement for PPP will request applicants to demonstrate how they will leverage private sector (local and foreign) resources for sustainable results. A deliberate effort will be made to explore the possibility of establishing a PPP to mobilize resources within the country for ARVs and related diagnostic equipment. The PEPFAR PPP portfolio will support the GRZ to develop a PPP health policy. This will involve strengthening private health sector coordination for PPP engagement with the GRZ. A deliberate effort will be made to engage a consultant and conduct study tours (comprised of GRZ, private health sector and USG representatives) to countries with effective national PPP policies and strong private sector engagement in health service delivery.

Legal and Policy Framework
The USG will collaborate with the GRZ and other partners to contribute to an improved HIV and AIDS policy and regulatory environment in Zambia. Members of Parliament (MPs) and other key leaders will be trained to increase their role in HIV/AIDS policy, legislation and resource allocation. To inform policy formulation and implementation, technical assistance will be provided to the GRZ and other relevant partners to analyze the allocation of health resources in the public and private sectors.

Strategic Information
The GRZ identified key interventions that are contained in the Health Information System Strategic Plan (HISSP) 2009-2015. PEPFAR support will be aligned to the strategies contained in the plan and will respond to the priorities identified. Under COP 2012, PEPFAR will continue to institutionalize sustainable health information systems; and will support initiatives aimed at improving the availability and quality of data.

As part of the strategy to increase local capacity for systems sustainability, PEPFAR Zambia will train people in Strategic Information (SI) and provide technical assistance to partner organizations. Through technical assistance to NAC, MOH, Central Statistical Office (CSO), University of Zambia (UNZA) and Tropical Disease Research Centre (TDRC), as well as directly to Provincial Health Offices, capacity will continue to be developed at the national, district and community levels through focused training and mentoring visits. The USG will continue its technical assistance to successful programs at UNZA's Department of Social Development and the School of Medicines' Public Health Department to build institutional and individual planning, research, monitoring, evaluation, and information technology capacity for HIV and AIDS. The USG will also continue its assistance to

institutionalize pre and in-service capacity building programs to respond to identified needs.

For COP 2012, the GRZ will implement, through technical and financial support, the Zambia Demographic and Health Survey (ZDHS) that will form the second HIV prevalence estimate since 2007. In FY 2013, the GRZ will conduct provincial dissemination of ZDHS results, and the USG will provide support to complete provincial data analysis. With funding and technical support from the USG, GRZ counterparts and other cooperating partners will continue to conduct ongoing training, capacity building and data harmonization activities through Epidemiology for Data Users trainings (EDU) at both individual and organizational levels.

In surveillance, PEPFAR Zambia will continue working with other partners to provide support for national priority surveillance activities at the MOH, TDRC, CSO, UNZA, University Teaching Hospital, and the Zambian National Cancer Registry. Surveillance activities will include assessing the quality of routine PMTCT data in lieu of the Antenatal Sentinel Surveillance, HIV Drug Resistance, evaluation of integrated prevention, and expansion of the Sample Vital Registration with Verbal Autopsy (SAVVY) to capture and report mortality rates and leading causes of death. COP 2012 funding will support strengthening local capacity to collect, manage, analyze and report surveillance data.
Health Information Systems
PEPFAR continues to support the on-going design, implementation and maintenance of the SmartCare National Electronic Health Record System. This system has been adopted as the standard for Electronic Health records. The government of Zambia has moved further to require the implementation of SmartCare as a determining factor for ART site accreditation.

Presently, the European Union is the major donor supporting the MOH's HMIS. The USG has supported the introduction of electronic medical records for ANC/PMTCT and ART patients. The system is gradually expanding to a broader range of clinical care related to HIV/AIDS, such as TB. In strengthening the national HMIS, the USG in collaboration with the MOH continues to provide support for:

Capacity Building: Capacity building through enhancement of existing pre and in-service training curricula of health care workers to include essential elements of health care provision using electronic health records;
Collaboration: Continued collaboration and consensus building with the local government and bilateral and multilateral partners to assure wide and cross sectional participation in the expansion of services and health care facilities using SmartCare to track health care services;
Support: Continued support to build the skills of health care workers to effectively collect, use and analyze electronic health data through periodic technical support supervision and direct on the job mentorship activities;
Synergies: Harnessing synergies between SmartCare and other aggregate systems such as the national HMIS towards the goal of a single national reporting system for monitoring and evaluation; and
Participation: Continued participation in all technical working groups to assure increased collaboration with other Zambian government partners and the private sector. These working groups are a major platform that influences national health policy and general health care standards determination.

Service Delivery
PEPFAR has adopted the Continuum of Response (CoR) approach in providing prevention, care and support, and treatment services in order to contribute effectively to the national HIV/AIDS response. A key strategy is the development of programs that use evidence-based services adapted to meet the needs of the specific population group being served. The development of linkages between existing systems and interventions improves the availability and sustainability of health care services, e.g. programs that link clients to food and nutrition services, and provide training in nutrition assessment and counseling support services at the facility level. The pivotal role of religious and traditional leaders in influencing health seeking behavior will continue to be harnessed in programs that seek to increase the demand for services such as PMTCT, medical male circumcision, and the implementation of prevention interventions in communities.

Community engagement is a fundamental approach that underpins prevention, care and treatment programs. The

use of epidemiologic, behavioral and population-based data to design programs, such as community compacts that integrate awareness creation, increase the demand and uptake of services, and ensure adherence to drug therapy by minimizing losses to follow-up at the community level will continue. In addition, through the development of task-shifting strategies, community health workers are increasingly engaged in HIV and AIDS service delivery. The provision of door-to door services such as HIV testing and referrals to care ensure a continuum of care with a family-centered approach that stretches from the home and community to health centers and hospitals. Existing social structures are also used to provide services, such as the use of market stalls and bars for the distribution of condoms. PEPFAR programs target a wide range of vulnerable population groups including commercial sex workers and truck drivers, the Defense Forces, refugees and out-of-school youth.

Human Resources for Health (HRH)
In order to mount an effective and sustainable national response to the HIV and AIDS epidemic, Zambia needs an adequate number of health care workers who are competent, motivated and equitably distributed. Recognizing the critical human resource shortage, in 2005, the GRZ and its cooperating partners developed a Human Resources for Health (HRH) Strategic Plan for 2006 - 2010. Substantial progress has been made in addressing HRH issues in Zambia. The MOH successfully negotiated with the Ministry of Finance and National Planning (MOFNP) to increase sanctioned positions from 23,000 in 2005 to 31,000 in 2008; with an eventual goal of 51,000 medical and non-medical posts. In 2010, the GRZ improved health worker allowances and living situations to improve retention and has continued to invest in infrastructure with the construction of new hospitals and health centers.

The HRH Strategic Plan for 2011 - 2015 is currently being developed by the GRZ in collaboration with the USG and other cooperating partners. USG support for implementation of the HRH Strategic Plan will be coordinated with other stakeholders' efforts through ongoing communication and exchange of information at fora such as the MOH's HRH technical working group.

Upcoming activities highlighted in the PFIP are in full support of the government's capacity building efforts. Under COP 2012, the USG will support pre-service training in order to increase the number of health care workers providing HIV prevention, care and treatment as well as other health services. The USG's contribution towards the 140,000 new health worker target will be realized through a range of efforts. However, these numbers may not be realized in FY 2013, as many of the students enrolled in training programs supported by the USG will not have graduated.

PEPFAR investments will refurbish key training institutions across the country that provide medical, nursing and biomedical pre-service education as well as in-service training for physicians, midwives, nurses, clinical officers (medical assistants) and biomedical laboratory personnel. Three nursing schools and the UNZA's School of Medicine will also receive USG support through the Nursing Education Partnership Initiative and Medical Education Partnership Initiative to improve the quality of nursing and medical education. The USG will also use PFIP and FP/MCH funds to support the implementation of the National Community Health Assistant Strategy through training and supervision of new community health workers. Work with Zambia Defense Force Medical Services (DFMS) will involve training medical lay workers as well as supporting DFMS to complete the Defense School of Health Sciences which will train various categories of health professionals including medical assistants, nurses, and laboratory and pharmacy technicians. DFMS plans to graduate their first intake of nurses at the end of FY 2013.

PEPFAR will support in service training for 19,300 health care workers to build capacity for HIV/AIDS prevention, care and support, and treatment under COP 2012. The USG will continue to work with health worker training institutions to ensure inclusion of state of the art HIV information in pre-service and in-service training curricula. Support will also go towards the nurse practitioners program which allows nurses to manage and prescribe for HIV positive patients, thereby offering relief to the limited number of clinicians. The USG will also train and support lay counselors in HIV counseling and testing as part of PMTCT program. USG partners will train adherence support workers to strengthen the ART program.

PEPFAR will continue to support the retention of health professions, especially in rural and remote areas where the need is greatest. This will be done through financial and technical support to the Zambia Health Worker Retention Scheme. FY 2011 and FY 2012 PFIP resources will be used to improve working conditions of staff in rural and remote areas by refurbishing health facilities and staff housing. Additionally, the USG will support efforts by the MOH to evaluate the impact of the Retention Scheme.

The USG will continue to support the roll out of the MOH's Performance Management Package in order to improve productivity and quality. The USG, in collaboration with the GRZ and other stakeholders, has developed a leadership and management skills development curriculum and will support the training of district and provincial level managers. The USG will support MOH plans to upgrade its Human Resource Information System in order to improve human resource management.

Laboratory Strengthening
Quality laboratory services play a crucial role in public health by providing reliable, reproducible, and accurate results for disease detection, diagnosis and follow-up of treatment. The USG in Zambia currently supports the GRZ in various areas, including the development of the five-year National Laboratory Strategic Plan which is now nearing completion, and yearly National Laboratory Operational Plans.

In addition to renovations of laboratory facilities, PEPFAR supports the procurement of laboratory equipment and maintenance systems; and programs to ensure uninterrupted laboratory services. An energy program is also underway to ensure reliable and affordable power at laboratory facilities in Zambia. PEPFAR also supports the national laboratory logistics system to track laboratory stock, inventory, and the use of laboratory testing records quantification and forecasting. To ensure effective transportation of specimens from peripheral health centers to diagnostic laboratories, the USG supports sample referral network systems. The development of a computerized Laboratory Information System (LIS) is underway and will build on the current paper-based laboratory registers.

Quality assurance (QA) programs and Quality Management Systems (QMS) have been established including ongoing national external quality assurance programs for HIV rapid testing and TB and CD4 enumeration. There are plans to expand these programs to cover other areas, such as chemistry, hematology and microbiology. Another major activity is strengthening GRZ laboratory management towards accreditation using internationally recognized standards, with five laboratories targeted for full for the COP 2012 reporting period. The USG supports major HIV and AIDS related diagnostic services covering including TB, opportunistic infections and other tests to monitor treatment, care and support to clients. Nearly 200 laboratories will have the capacity to perform clinical laboratory tests by the end of the COP 2012 reporting period. PEPFAR will also work with the Biomedical Society of Zambian to promote, improve and uphold quality laboratory standards principles and professional ethics among professionals
Priorities for COP 2012 include continued support for the above activities along with emphasis on strengthening and expanding the PCR laboratory testing network including the development of an Early Infant Diagnosis (EID) algorithm, establishment of a quality assurance program to ensure reliable EID test results, and increased support to pre-service training of laboratory personnel to address this critical shortage. Diagnostic capacity of laboratories will also be strengthened to cover neglected tropical diseases.

The MOH and the USG will continue to strengthen existing sample referral networks and identify new opportunities to establish short-and long-term sustainable systems both within and among implementing partners. The USG will also support the MOH to develop a strategic framework for the implementation of the national laboratory policy. Efforts will be made to expand the PPP portfolio to cover areas such as cervical cancer screening and DNA PCR capacity to support the provision of forensic evidence for GBV and sexual assault.

Gender
PEPFAR will continue to support the integration of gender as a key component of the national HIV and AIDS response. In 2010/2011, a leading USG partner conducted a Gender Assessment to better inform gender integration in HIV and AIDS programs. The assessment identified gender gaps and the special needs of females in HIV and

AIDS prevention, care and support. In COP 2012, PEPFAR Zambia will continue to support the development of gender strategies for health programs.

The USG and other cooperating partners have established a Partners for Gender Advocacy Group (PGA) which facilitates dialogue on gender programming within the PEPFAR team and external partners. This has increased accountability on gender-related programming commitments and improved program quality by appropriately addressing gender in the PEPFAR Zambia portfolio. The Women's Justice and Empowerment Initiative (WJEI) Program Specialist is PEPFAR Zambia's HIV and AIDS gender focal point person. The USG encourages all partners to designate gender focal point persons to address issues of gender.

The USG has provided technical assistance for the development of the National Plan of Action on Women, Girls and HIV/AIDS, the Gender Based Violence plan of action, a strategy and implementation plan for engendering the public service, and the Gender Based Violence Bill Act 2011. Programs focus on addressing gender issues in existing HIV and AIDS programs, building the capacity of law enforcement and the judiciary to address gender based violence, supporting policies that eliminate GBV in the workplace, and advocating for appropriate and gender-sensitive legislation and policies that reduce women and girls vulnerability to HIV infection. Involvement of men, boys, traditional leaders and men's groups such as the Men's Network form an integral part of USG interventions.

To determine the effectiveness of the gender related programming, the USG will support collection the of baseline data on barriers that women and men face in accessing prevention services and programs; setting of sex-disaggregated targets and outcome indicators that reflect the characteristics of the epidemic, and collecting sex-disaggregated service delivery data during program implementation, monitoring, and evaluation. Program evaluations and research on gender focused HIV/AIDS programs will be supported to determine their impact on HIV/AIDS outcomes.

Health Efficiency and Financing
The GRZ/USG Partnership Framework was designed to support the GRZ to realize health sector and HIV and AIDS goals and objectives through technical assistance and support for service delivery, policy reform and coordinated financial commitments; and government ownership and capacity for a sustainable response to the HIV and AIDS epidemic. The financial principles that underpin this agreement include transparency in resource allocations and expenditures, a progressive increase in GRZ allocation to the HIV/AIDS response, and continued, coordinated capacity development efforts to improve public administration capacity, particularly in public financial management.

Within the context of the Partnership Framework, the USG supports the GRZ to enhance public private partnerships policy formulation for the health sector in order to leverage private sector resources for the health sector. For example, the USG developed a PPP with Becton Dickinson to support safe phlebotomy practices.

The USG provides technical assistance to the Ministry of Health in producing epidemiological and HIV projections. The outputs from this exercise include projected figures on the number of people living with HIV and the number eligible for treatment, projected HIV prevalence and incidence. These numbers are used in when planning for interventions, forecasting the HIV epidemic curve, and in estimating the HIV commodity requirements, an exercise that is led by the GRZ and is supported by the USG and other partners. PEPFAR has supported two cost effectiveness studies exploring the costs and outcomes of pediatric, and adult HIV treatment achieved in different settings and under different approaches to treatment delivery. The projects have reviewed medical records of 600 patients in three sites. From the first 120 patients, rates of adult retention were 70% and for pediatric retention was 80%. Costs for children ($235 per patient) were 40% lower than for adults. The USG is exploring linkages among researchers, the Central Statistical Office and the University of Zambia to build capacity for government and local NGO staff to conduct rigorous cost effectiveness studies in Zambia. Coupled with capacity building efforts in data use and analyses, this effort has the potential to contribute to program sustainability by encouraging programming based on the most cost-effective strategies.

Supply Chain and Logistics
The USG is strengthening the Zambian logistics systems for ARVs, HIV test kits, lab commodities, and essential medicines (including OI drugs) to ensure the availability of testing, prevention and treatment commodities at service delivery points to avoid interruptions in services. Though not complete, the USG is working closely with the GRZ to develop a national HIV and AIDS Commodities Security plan. The USG continues to support the MOH to build their capacity in commodity quantification and forecasting. In 2010, the MOH reached a 91% accuracy rate in ARV quantification. Once quantifications are complete, PEPFAR assists the MOH to leverage and coordinate other donor inputs to build the procurement plan. The USG also assists in monitoring the delivery of partners' commodity shipments in order to avert HIV commodity gaps. Additionally, PEPFAR helps to monitor central and facility stock levels, and in the event of an impending or actual central level stock out, the USG has placed emergency orders to assist the GRZ to cover gaps. In FY 2011, in addition to $37 million of ARV commodities, the USG also procured OI/STI drugs, HIV test kits, and lab supplies using PEPFAR funds. With other funding, the USG also procured family planning and malaria commodities which together with OI/STI commodities, are distributed through the integrated essential medicines logistics system.

The USG will continue to work closely with the MOH and its partners to secure the central commodity supply and reduce the stock out rates at the facilities, which for ARVs at full-ART facilities are already below 3%. The stock out rates for PMTCT-only facilities are higher due to a number of factors, including a lack of commodities logistics transport from the district stores to the facilities and a weak reporting system which is aggregated at the district level. In FY 2011, the USG provided additional monitoring and evaluation assistance for PMTCT-only logistics through the secondment of staff to the provinces. The USG will focus more efforts in COP 2012 to evaluate and address the current weaknesses in the PMTCT-only logistics system. Next year, through national scale up of the essential medicines logistics system, otherwise known as the Essential Medicines Logistics Improvement Program (EMLIP), and the incorporation of the PMTCT commodities into the EMLIP system, many of the weaknesses in reporting and ordering in the PMTCT system will be mitigated and stock availability will be improved. However, without addressing the underlying issue of logistics transport to remote sites, some level of stock outs will continue. Under COP 2012, PEPFAR will work with the MOH to identify particularly hard-to-reach areas and support the procurement of vehicles at the district level for commodity transfers.

Expanding the ability of the districts to safely store the commodities is another USG approach to strengthening the logistics system. An evaluation supported last year by PEPFAR, showed that districts, which are used as a pass-through for facility orders, had insufficient space to store HIV and essential medicine commodities. As a result, the USG worked with the MOH to obtain their approval to purchase prefabricated storage units that are designed according to Zambian specifications. Ten of these storage units are being procured in FY 2012 and will be installed in FY 2013. Under COP 2012, the USG will procure and install storage units in more districts.

Through pre-service and in-service training, the USG has built the capacity of the Zambian workforce to manage the supply chain. The USG has trained hundreds of MOH, Mission Hospital and NGO personnel in supply chain reporting and ordering for different commodity logistics systems, and developed MOH capacity to assess supply chains and lead quantification and forecasting exercises. The USG will continue to train them and transition the role to the MOH to lead the quantification exercises in different commodity areas (lab, ARVs, OIs, HIV test kits, essential medicines).

PEPFAR lobbied for the MOH to create and fill the positions of Principle Pharmacist for Logistics as well as the position of Chief Biomedical Scientist for Logistics. In both cases, PEPFAR is working to develop their skills in logistics. Additionally, in order to increase the cadre of trained logisticians entering the workforce, the USG has trained pharmacy and biomedical faculty and students at UNZA, Evelyn Hone Colleges, Chikankata College of Biomedical Sciences, and Ndola College of Biomedical Sciences in logistics management. Teachers at these institutions are now teaching courses in this subject and conducting roll-out trainings. PEPFAR will continue to co-facilitate roll-out trainings. Finally, this past year, the USG transitioned the Logistics Management Unit at the central warehouse (Medical Stores Limited) from being staffed by USG partner staff to being staffed by the staff of

Medical Stores Limited. This signified an increase in country ownership of the logistics management system.

In addition to supporting the ARV, HIV test kit and lab commodities supply chains, PEPFAR also supports the essential medicines supply chain (EMLIP), which includes OI drugs. The essential drugs pilot, which led to the design and approval of EMLIP as the national system, was an example of leveraging and coordinating with another donor: World Bank funded work at the central warehouse (MSL) as well as the baseline and final field evaluations, while the USG used PEPFAR and other funds for the training and roll out of the pilot. The current National EMLIP Steering Committee consists of USG, other donors and the MoH. The EMLIP system is currently implemented in sixteen districts with approval to scale up nationwide, pending the MOH's success in securing the essential medicines drug supply. The USG has also coordinated with other donors such as DfID and the EU to plan their support for the essential drugs supply.

Finally, the USG produces a Public Health Logistics Newsletter for the MOH which reaches all key logistics stakeholders all the way down to the service delivery level. The newsletter has been a great conduit for conveying vital logistics data to the field. For the commodity areas of ARVs, HIV Test Kits, and labs, the data is very accurate and with very high reporting rates. For essential medicines (including OIs) this is true in the 16 districts which are currently using the system. The data available is used extensively for forecasting and quantifying nation need.

A critical challenge facing PEPFAR and cooperating partners is the limited investment by the GRZ for ARVs, test kits, laboratory and other essential health services commodities and supplies. Although current GRZ budgets show that funding from 2011 to 2012 for certain commodities will increase, it is difficult to determine when and if commodities will actually be procured. Under COP 2012, PEPFAR will spend approximately $6.7 million to procure laboratory commodities against $1.083 million from the GRZ. PEPFAR will also procure test kits and male circumcision kits and has allocated $31.6 million for ARVs. The USG will work closely with other cooperating partners and at senior levels within the GRZ to advocate for increased commodity and supply budgets, and will closely monitor GRZ procurements to ensure their arrival and distribution.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	10,039,462	0
Total Technical Area Planned Funding:	**10,039,462**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	18,227,294	0
HMBL	1,499,500	0
HMIN	0	0
HVAB	8,594,789	0

HVCT	24,661,190	0
HVOP	13,387,436	0
IDUP	0	
MTCT	24,543,289	0
Total Technical Area Planned Funding:	**90,913,498**	**0**

Summary:
Prevention

Background
It is estimated that 1.6% of Zambian adults become infected each year with approximately 82,000 people infected in 2009. In children and adolescents aged 0-14 years, the number of new infections has declined dramatically from 21,189 in 1996 to 9,196 in 2009. The Modes of Transmission Report (2009) notes that AIDS related mortality among children and adolescents under 14 years declined by almost 50% since 2003. The decline is associated with improved access and utilization of PMTCT and pediatric ART and lower fertility rates.

The main mode of HIV transmission in Zambia is unprotected sex. An estimated 90% of adult infections are related to unprotected heterosexual activity with a casual partner, a long-standing partner or a concurrent sexual partner. People in marriages or living with a partner have the highest HIV prevalence rates estimated at 16% and 15%, respectively. Of new HIV infections, about 71% are a result of casual heterosexual sex with a non-regular partner.

In the past two years, the USG has reviewed the PEPFAR prevention portfolio to ensure comprehensive prevention programming across the country. Higher-impact prevention interventions such as prevention of mother-to-child transmission (PMTCT), voluntary medical male circumcision (VMMC) and counseling and testing (CT) have been intensified and scaled-up. Coverage for PMTCT increased to 85% of pregnant women attending ANC in FY 2011. With USG technical assistance, the GRZ is prioritizing male circumcision as central to a comprehensive prevention program. As a result, the Male Circumcision Operational Plan was finalized with clear targets set for the next three years. Increasing numbers of people have been reached with counseling and testing, particularly through community-based testing. USG support has also resulted in significant progress and achievements in HIV prevention by increased focus on reducing the risk of HIV infection through changes in sexual behaviors; intensification of programs targeting social norms including gender based violence (GBV) and reduced multiple concurrent partnerships (MCP). Through the Global Development Alliance (GDA) partnership, the private sector is now part of the national response and is recognized as providing a platform for implementation of health care programs.
A number of challenges continue to undermine HIV prevention. These include discrimination and stigmatization against PLHA, high staff attrition especially in remote areas, low male participation in prevention programs, and occasional stock outs of important commodities like condoms, testing kits and MC kits.
In FY 2013, the USG will continue to support the GRZ to implement the national multi-sectoral HIV and AIDS response with a goal of accelerating and intensifying prevention to reduce the annual rate of new HIV infections by 50%. Building on the identified priorities in the GRZ/USG Partnership Framework and aligning with the PEPFAR Prevention Guidance, the USG is shifting the balance of activities within the portfolio to ensure maximum prevention impact.
The major areas of focus for COP 2012 are:
1. Prevent family transmission of HIV including expanded PMTCT;
2. Expand and accelerate programming for male circumcision;
3. Scale up access to and use of HIV counseling and testing services with an emphasis on couples counseling and testing;

4. Integrate prevention in all aspects of care at all health care settings; and
5. Intensify and accelerate prevention of sexual transmission, addressing the key drivers of the epidemic through targeted communication and mobilization for social and behavioral change that emphasize gender dimension and clinical interventions.

A number of ongoing interventions are building the evidence base for HIV prevention. Community compacts explore the possibility of affecting HIV incidence by promoting incentives for communities to adopt health-seeking behaviors that reduce HIV risk and transmission. The impact of combination prevention is being investigated on a small scale. In addition, Zambia is one of the sites for the combination prevention trials that are commencing in FY 2013. Preparations for the 2012 ZDHS are underway, with incidence testing a major consideration. Going forward, this will provide Zambia with the evidence needed to show the impact of prevention interventions on the epidemic.

Prevention of Mother to Child Transmission
The Zambia country PMTCT program has over the life of PEPFAR grown from 533 service delivery sites in 2007 to 1,470 sites in 2010. PMTCT services are now available in all Zambian districts. The existing 1,470 PMTCT sites represent 80% of all health facilities in the country. Of these, USG/PEPFAR implementing partners are supporting 1,200 or 80% of the sites.

First antenatal clinic (ANC) attendance is high, at 94% of all expected pregnancies. Based on national MOH data, 95% of pregnant women attending ANC are counseled and tested for HIV. In 2010, 69,650 HIV-positive pregnant women accessed ARVs for PMTCT, representing 85% of all identified HIV-positive pregnant women in ANC. Against this background, the focus of the Zambian PMTCT program is to enhance the quality of services and care provided. In December 2010, the MOH officially launched a revised set of PMTCT protocol guidelines that reflect option-A of the World Health Organization guidance of 2010. There are key quality issues that stand out as priorities to be addressed to meet the national PMTCT goal by 2015. Firstly, women in Zambia generally initiate ANC after twenty weeks of pregnancy, based on cultural beliefs. This means prophylaxis for HIV-positive women cannot be initiated at the recommended 14 weeks. This pattern of health-seeking behavior needs to be addressed through community sensitization and quality ANC. Second, there is a high loss to follow-up (LTFU) from the initial ANC visit (94%) to the 4th visit (60%) and low facility-based deliveries (47%). This compromises the delivery of a complete course of prophylactic drugs for PMTC to both the mother and her HIV-exposed infant and contributes to the continued use of single dose NVP, which is a sub-optimal and inferior regimen for PMTCT. Further, fewer than 50% of infants are accounted for at the time of the six week PCR testing due to the inadequate identification of potentially positive newborns and weak community systems for follow-up and supportive care.
Under COP 2012 and in future years, the use of single dose NVP will not be supported by PEPFAR Zambia. Partners currently using this approach will need to shift to more efficacious regimes, as outlined in the MOH National PMTCT Protocol Guidelines. For this transition, partners will need to work closely with District Health Management Teams and facility staff to ensure adequate stock availability of PMTCT ARVs (NVP, AZT and 3TC). Partners will need to provide more concentrated on-site supportive supervision to ensure that health care providers understand the use of combination ARV regimes. At the same time, PEPFAR will work with the GRZ and with community structures to improve early and consistent ANC attendance; increase the number of HIV-positive women who are delivering in health facilities and receiving prophylaxis; and ensure follow-up of potentially positive infants through improved community-based follow-up of exposed infants and expanded EID services. Under COP 2012, PEPFAR will support virological testing of 55,500 infants between birth and twelve months of age born to HIV-positive mothers. Nearly 32,000 of these infants will be tested within two months of birth.
Based on evidence that approximately 4% of pregnant women may sero-convert during pregnancy and surveillance data of 10% couple discordance in Zambia, the need for pregnant women to receive counseling and testing for HIV together with their partners has emerged as an additional priority in the enhancement of PMTCT program quality. Currently, only about 10% of women receive HIV counseling and testing with their male partners. In order to implement the highly efficacious intervention of treatment for prevention based on the HTPN 052 study, male involvement in PMTCT will need to significantly increase. In addition, the Zambia program adopted the integrated HIV PMTCT and syphilis winnable battle plan and will be using a health systems strengthening approach on the existing PMTCT platform to scale-up syphilis control in maternal, newborn and child health (MNCH) clinics.

Voluntary Medical Male Circumcision

Zambia has been implementing VMMC services for HIV prevention since 2007 under the stewardship of the MOH. Although financial investment is limited, the GRZ has worked with partners to develop a policy framework, and has facilitated the start-up and expansion of VMMC in government-operated health facilities, including Zambia Defense Forces facilities. Leveraging resources from the USG, Bill and Melinda Gates Foundation, and other donors, Zambia has expanded its VMMC sites from four in 2007 to 272 in 2011. These sites are both static and mobile and provide a comprehensive and truly integrated package of services, including CT, treatment of incidental disorders such as sexually transmitted diseases, referral of clients for other services, male circumcision surgery, and follow-up of male circumcision clients. Despite these efforts, however, the prevalence of VMMC, at 13%, is too low to reduce HIV transmission.

In FY 2013, the USG will continue to support the USG/GRZ Partnership Framework goal of scaling up VMMC. The national targets for VMMC have increased to 500,000 for calendar years 2012-2014. With USG PEPFAR support, 100,000 clients will be circumcised in calendar year 2012. An additional 100,000 clients will be circumcised with support from other partners, including the GRZ.

Under COP 2012, the USG will support the circumcision of 200,000 clients. However, the USG will need to be mindful of human resource constraints, e.g. other surgical services competing for the same human resources in the public sector, access to services, and limited demand for VMMC among Zambian men. Zambia will employ the following innovative ways to alleviate these challenges: 1) mobile services provided through tents, 2) use of traditional ceremonies as platforms for sensitization and services, 3) school holiday campaigns, 4) standardization of tools and equipment and/or kits across partners, 5) task-shifting from doctors to nurses and clinical officers, and 6) creative behavior change communication strategies to build demand.

In the next two years, the USG will increase country capacity to deliver VMMC by increasing service delivery sites, including outreach services through mobile services, and forging stronger partnerships with the GRZ, so that government infrastructure can be used to provide more services (the USG will refurbish selected public sector facilities to offer VMMC). PEPFAR will also support the use of off-duty health care workers and retired but still energetic health care workers at a fee, to help alleviate the paucity of human resources. COP 2012 support will also target standardized training for health care workers within the USG partnership and between other donors and the GRZ. PEPFAR will also work with the GRZ to improve and harmonize the supply chain for commodities. Other VMMC capacity building will include development of guidelines and training programs for neonatal circumcision. The 2009 Zambia Sexual Behavior Survey found that 80% of males "have no desire to be circumcised" and that a higher proportion of males in rural areas expressed no desire to be circumcised than in urban areas. Unlike other countries in east and southern Africa, Zambia does not have a broad cultural basis for circumcision. The majority of men who do not wish to be circumcised feel that it is against tradition. To reach the ambitious targets set by the GRZ and promoted by the U.S. Office of the Global AIDS Coordinator (OGAC), the GRZ with other partners, such as PEPFAR, will need to dramatically expand communication and sensitization campaigns. This is a key focus of COP 2012. PEPFAR Zambia will support the development and implementation of the national VMMC communication strategy over the next several years. Illustrative activities of the communication strategy include using existing communication strategies and materials developed in collaboration with other donors and the GRZ, developing additional materials, and promoting community involvement and participation.

Counseling and Testing

HIV counseling and testing (CT) remains an essential component of Zambia's HIV prevention program. However, access to CT in Zambia is not universal and coverage of services remains low in rural and hard- to-reach areas. Expansion of CT to address the current inequitable distribution of services and to reach underserved communities is one of the priorities for the NASF 2011-2015. In March 2011, the GRZ launched the National Guidelines for HIV CT of Children, which address the challenges faced in providing HIV counseling and testing to that important group.

The USG has supported the GRZ to adopt and scale up the use of rapid HIV tests that can be used in almost any site, including the home and community. Trained lay counselors supervised by health workers can use rapid tests and are able to give results immediately to clients. The demand for CT is likely to increase as programs in VMMC, PMTCT, pre and post-exposure prophylaxis (PEP), TB, sexually transmitted infections (STI), blood safety and increased outreach to most-at-risk populations are scaled up. The USG and its partners have intensified CT in locations that have populations with the highest disease burden and communities characterized by highly mobile

populations, including sex workers, truckers, traders, customs officials and other uniformed personnel. PEPFAR will also support HIV CT in prisons to ensure that appropriate treatment and support services are available to HIV-positive inmates.
In FY 2012/13, the USG-supported partners will continue to increase access to CT in hard to reach areas through mobile, home based services and community mobilization. Close monitoring of the quality of services will be given priority including ensuring that persons who receive CT services are linked to and enrolled in other HIV prevention, care and treatment services.
The program will continue to expand both mobile and static CT services throughout Zambia in order to scale up access to and use of CT services. In 2012 the USG will provide CT to 2,456,200 individuals in all 73 districts of Zambia. Attention will continue to be paid to rural and hard-to-reach areas, using traditional client-initiated CT and provider-initiated CT.
The focus on CT for couples will increase, including encouraging partner notification, disclosure within couples, and addressing GBV. Training of health workers and counselors in CT for couples will increase. For couples that are discordant, the Zambia national ART guidelines make provision for treatment of the positive partner, regardless of clinical or immunological status. Strengthening of linkages between CT points and care and treatment services, both clinic and community-based, will be given priority.
Community-based services include mobile and home-based, door- to-door CT services, which espouse a family-centered approach to CT. Innovative strategies like providing CT after work hours have been shown to heighten access for couples. Lay counselors and community volunteers ensure that people who are within their catchment area and have been tested are followed up and, if HIV positive, are then encouraged to enroll in HIV care and treatment. PEPFAR will support the formation of PLHA support groups and will train PLHA as peer counselors and community mobilizers.
The USG will continue to support the provision of CT services in private and public sector workplaces and work with partners to provide CT to employees and identified outreach communities. Focus will center on supporting community members that are HIV negative to help them maintain their status. Under COP 2012, PEPFAR will support HIV CT for 2,962,100 individuals. These individuals will also receive their test results.

Integrate prevention in all aspects of care in all health care settings
Integrating HIV prevention in all health care settings continues to be a priority for the GRZ and PEPFAR Zambia. The PMTCT platform has successfully been used to integrate and strengthen a number of activities including MCH, and male circumcision. Recent efforts to ratchet up USG work to reduce maternal mortality are expanding the platform for integrated service delivery. Counseling and testing, male circumcision and ART services are well integrated, with the same providers offering them all under the same roof. Opportunities to conduct behavior change communication are taken in Out-Patient Departments as clients wait to receive other non-HIV-related health care services. Through youth-friendly services, CT, condoms and STI treatment are provided alongside reproductive and other health services.
At the provincial level, Clinical Care Specialist teams mentor providers in a package that integrates HIV prevention with malaria, MCH and other care. Management and leadership training for provincial and district managers provides the skills to plan and implement high-impact interventions in an integrated manner.
Condoms
Programming, procuring, supplying, and promoting consistent and correct use of male and female condoms are integral parts of HIV prevention in Zambia. The annual male condom need for Zambia continues to rise and is estimated at 60 million for 2011. Access to male condoms has lately been constrained by limited funding and rejection of condoms by the Zambia Bureau of Standard for reasons of quality. The annual female condoms need (1 million for 2011) has not grown as fast due to a myriad of reasons, including 1) inability of women to determine how, when and where sex is performed, 2) negative myths about female condoms, and 3) delayed entry into the condom market.
The quantification for condoms in Zambia is coordinated by the MOH with support from PEPFAR, NAC, UNFPA and other stakeholders. Funding to procure male and female condoms comes from the GRZ, DfID, UNFPA, the Global Fund, and the USG. Male and female condoms in Zambia are distributed through the public sector using existing channels of distributing essential medical commodities and drugs and through a country-wide USG-supported social marketing program. In 2012/2013, the USG will increase condom procurement by 50% to

ensure availability and will continue to ensure condom distribution through health facilities and via social marketing.

Medical Transmission

The USG has been supporting the Zambian National Blood Transfusion Services (ZNBTS) since 2004 to support blood safety in health care settings and to provide safe blood transfusions. This work supports one of the most effective strategies for the prevention of transfusion-transmissible infections (TTIs), including HIV, hepatitis viruses, and syphilis. 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 five (approximately 40% of blood units), largely due to anemia secondary to malaria or worm infestations.

In FY 2013 the USG will support ZNBTS to strengthen blood-donor management and retention by rolling-out the newly developed SmartDonor electronic blood donor database management system; strengthening blood-donor retention through the "Pledge 25" blood donor club strategy in all the ZNBTS centers, and carrying out the planned knowledge, attitudes and practice study on blood donor attitudes. The program will support an assessment to quantify the cost of providing blood services to achieve a more sustainable program, and support HIV prevention messaging to youth during blood-donor outreach sessions.

Communication and Mobilization for Behavior Change

General Population

HIV prevention in the general population has been an important pillar of Zambia's national response to HIV and AIDS. The USG has funded the implementation of several prevention programs targeting the key drivers of the epidemic. Those activities include: behavior change communication; life-skills-based HIV education; and the involvement of traditional and religious leaders to address negative social and traditional norms and practices. The USG has supported the intensification of innovative campaigns to influence behavior change to minimize risk and increase the demand and uptake of the various biomedical interventions that are being scaled up. Radio programs have proven to be a very popular way of communicating with people in rural areas. The USG supports media campaigns such as Modeling and Reinforcement to Combat HIV (MARCH) in Southern and Western provinces and the national HIV campaign "Safe Love," which focuses on the three main drivers of the epidemic: 1) low and inconsistent condom use, 2) multiple concurrent partnerships, and 3) pregnant mothers who do not access PMTCT services on time. The campaign also touches on other HIV-transmission-related issues such as GBV, alcohol abuse, the importance of getting tested and knowing your status, and male circumcision.

The USG has supported the MOH and the NAC to develop strategic frameworks and other policies to guide HIV prevention interventions. Partners have implemented activities to strengthen linkages among different service providers especially among health facilities, schools and communities, and have also strengthened Youth Friendly Corners in rural health centers. Community outreach activities have improved uptake of services like CT, PMTCT and MC. With support from the USG, access and availability of condoms (especially male condoms) have improved in both rural and urban areas.

Interventions focusing on youth include both school-based and out-of-school programs. The OVC program provides a platform to reach children, especially girls, with prevention activities, such as delaying sexual debut and keeping youth in school. The Ministry of Education (MOE) has a standard HIV and AIDS curriculum. Youth friendly health services exist to link them with the appropriate preventive and reproductive health services. The "Safe from Harm" program links parents and children together, providing parents with the appropriate guidance and skills to communicate with their children and youth about HIV and AIDS and healthy lifestyle choices.

USG-supported partners will continue to build MOH and NAC capacity and assist them in designing, implementing, monitoring and evaluating routine communication activities (like World AIDS Day or National VCT Day) and evidence-based national campaigns. PEPFAR will continue to support the development of the National HIV Communication and the National Male Circumcision Communication strategies. PEPFAR will also train GRZ staff in formative research and behavior change communication and will support the standardization of messaging and the design of M&E indicators across the MOH, NAC and their partners. In addition, PEPFAR will expand the country's 990 Talkline infrastructure in order to serve more callers and expand Talkline's capacity to counsel on additional subject areas related to and beyond HIV prevention. In FY 2013, the USG will work with the GRZ and partners to strengthen the infrastructure of a central repository for Zambian health communications, establish satellite sites for increased access, and strengthen organizational sustainability plan for these repositories.

The USG will also support the training of 12,000 community health and social workers in HIV prevention to enhance the implementation of behavior change interventions and communication in line with national strategies. The USG plans to integrate GBV prevention and response in the training package for the community health and social workers and to support GBV prevention and mitigation programs.

Positive Health Dignity and Prevention (formerly PWP)

Prevention services for PLHA are increasingly becoming part of routine care services both at facility and community levels. The MOH recognizes the importance of prevention for PLHA and included this as part of Zambia's national treatment guidelines developed and launched in 2010. Over the last two years, the USG has supported the expansion and implementation of prevention services for PLHA. A minimum package of care that includes risk reduction (sexual and alcohol), condom promotion and distribution, partner testing, adherence counseling, family planning/safer pregnancy counseling, and STI management has been developed and integrated into regular care services. Some USG-supported partners have trained health care providers and community lay counselors in prevention with positives. In addition to expanding facility-based services, prevention services for PLHA are also being delivered through community programs such as home-based care and mobile outreach. PLHA are encouraged and assisted to form support groups.

The USG is supporting the development of locally appropriate implementation and training materials. For COP 2012, services offered to discordant couples will be strengthened alongside intensification of CT for couples. Zambia's rapid scale-up of ART is an opportunity for concerted prevention for PLHA. This program is currently one of the foci of the MOH and USG support. In FY 2012, 165,769 PLHA will be reached with a minimum package of care for positive health dignity and prevention.

Most at Risk Populations (MARPs)

With the support of the USG, Zambia is planning to conduct baseline surveillance for MARPS living in Zambia in order to have national estimates. This surveillance will include an estimate of the size of vulnerable groups and baseline HIV incidence and prevalence per risk group. This surveillance exercise will also include identifying and describing key characteristics of these populations that place them at risk and identifying ways the most vulnerable subgroups of MARPs may be identified, reached, and served by various health programs. This is intended to inform development, dissemination and evaluation of interventions to prevent HIV among most-at-risk populations. During FY 2013, the USG will work closely with the MOH, NAC and civil society stakeholders to support a national response to address the provision of prevention services for vulnerable and marginalized populations. A total of 179,900 MARPs will be targeted for prevention interventions. Advocacy and policy work to protect the rights of MARPs will be an essential component of prevention programs.

PEPFAR programs will continue to target marginalized and mobile populations such as commercial sex workers (CSW), migrant laborers and fish sellers. The programs aim to change sexual behavior through a peer education approach for condom promotion and CT services, as well as providing STI care. In FY 2013, PEPFAR will support the rehabilitation of prison clinics and a drug rehabilitation center to work with these especially vulnerable populations and to provide much needed prevention, treatment and care and support services. In FY 2013, the USG will support a mix of combination prevention activities, including expanding access to condoms and other services for youth.

Because homosexuality is illegal in Zambia, little is known about the prevalence of homosexual activity in the country. PEPFAR Zambia will continue to work within government systems and structures to advance dialogue around this highly sensitive issue and hopes to initiate a survey around men who have sex with men (MSM) to gain a better understanding of the possible contribution this has to HIV prevalence in Zambia.

Gender and HIV Prevention

The USG supports interventions to increase gender equality in HIV and AIDS prevention programs. USG-supported activities are aligned with the national strategies and policy frameworks. The USG recognizes gender equity concerns as an integral part of its multi-sector support for HIV and AIDS prevention, care and treatment. In FY 2013, the USG will focus on programs that address specific needs of women and girls, men and boys, and that promote equitable access to HIV and AIDS prevention services, including PMTCT, couples counseling, HIV post-exposure prophylaxis (PEP), VMMC and behavior change programs that engage men and boys to change gender norms/practices that promote risky behavior such as MCP and GBV.

The USG will also support programs aimed at increasing gender equity in HIV and AIDS activities and services; engaging men and boys as clients of health services, as supportive partners, and as active participants in promoting

gender equality; preventing and responding to GBV; increasing women's and girls' legal rights and protection; and increasing women's and girls' access to income and productive resources including education. In addition, the USG will support programs promoting family-centered prevention services, male involvement in PMTCT; ANC; family planning; partner, family, and community well-being; and care-giving to prevent HIV and address gender norms/practices.

Linkages and referrals to other health services such as, reproductive health, MCH, VMCC, social and psychological services, and GBV trauma treatment, emergency contraception, and rehabilitation (including access to justice) will be an integral part of the USG-supported HIV and AIDS and gender programs. The USG will also support linkages and referrals to gender-related work, such as economic empowerment, community micro-finance initiatives, education, child protection and GBV programs supported by other institutions such as UNICEF, UNDP and bilateral cooperating partners.

PEPFAR will expand the involvement of men, boys, traditional leaders and men's groups, such as the Men's Network, as agents of change in addressing negative gender norms and behaviors. The USG will continue to support programs promoting policy and legislation on the protection of the rights of women and children as they relate to health, economic empowerment, and protection from GBV and HIV and AIDS.

To determine the effectiveness of the gender-related programming, the USG will: collect baseline data on barriers that women and men face in accessing prevention services and programs; set sex-disaggregated targets and outcome indicators that reflect the characteristics of the epidemic; and collect sex-disaggregated service delivery data during program implementation, monitoring and evaluation. Program evaluation and research on gender-focused HIV and AIDS programs will be supported to determine their impact on HIV and AIDS outcomes.

Strategic Information

Monitoring the progress of prevention interventions can be challenging given the limited availability of reliable data from routine GRZ sources. Operations research to inform prevention programming is also limited. Data available in the Health Management Information System (HMIS) is often incomplete, leaving gaps in information. The USG is working closely with the GRZ to implement SmartCare to ensure electronic capture of the critical information at service delivery points. Although much has been achieved in the roll out of SmartCare, issues still remain with timely availability of the data and ways the data are used to inform programs.

In FY 2013, PEPFAR will implement several studies to inform the design and implementation of future prevention activities. A male circumcision program review will be conducted to inform the scale up of this intervention. Support will be provided to the MOH and NAC to strengthen the HMIS and ensure timely submission and analysis of data from the facility to the national level.

The USG is a key partner of the GRZ in the implementation of HIV and AIDS-related surveillance, including the Antenatal Clinic Sentinel Surveillance (ANCSS), Demographic and Health Survey (DHS) and Zambian Sexual Behavior Survey (ZSBS). In FY2012/2013, the USG will support implementation and dissemination of the 2012 Zambia Demographic and Health Survey. In addition, the USG will support HIV surveillance among MARPs, as well as an assessment of the utility of PMTCT program data for HIV surveillance. USG support to the Zambian reference laboratories will help estimate HIV incidence in Zambia among pregnant women using stored specimens from 2006 through 2011.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	38,978,729	0
HTXS	28,854,555	0
PDTX	10,244,375	0
Total Technical Area Planned	**78,077,659**	**0**

Funding:		

Summary:

Treatment and Clinical Care

Background

Adult and pediatric treatment, care and support are key components of the GRZ strategy for the HIV and AIDS national response. The USG, through its implementing partners, actively supports Zambia's goal of providing access to at least 85% of individuals who need HIV and AIDS treatment and care services. The GRZ provides overall policy and strategic direction, and all USG implementing partners observe the GRZ treatment and care delivery principles for clinical and community service delivery. ART scale up was a prime objective of the GRZ and USG in PEPFAR's first phase, with emphasis on ARV drug procurement and enhancing the capacity of supply chain management systems. Demand for ART has increased significantly with the adoption of CD4 350 criteria, an increase in PMTCT clients, and from the general demand for ART, including post exposure prophylaxis as more people become aware of available services.

While GRZ funding for the health sector is increasing, the major challenge for scaling up and sustaining the ART program is the need to continue to meet the increasing demand for treatment and PMTCT in the face of limited and/or diminishing foreign resources. Meeting the projected demand for ARVs in a sustainable way is a significant challenge. These challenges will be addressed as discussed under ARV Supply, Management and Country Ownership, below. In an effort to meet the perennial challenge of human resource shortages, the USG is supporting the GRZ to establish more training institutions for physicians, clinical officers and nurses and is providing retention schemes for health workers in rural areas.

The WHO 2010 recommendations for treatment of children have been adapted for Zambia. Guidelines and a training manual for pediatric treatment and care have been updated and are currently being disseminated. To decentralize pediatric HIV treatment, services have been expanded to many rural districts in Zambia with the support of the USG. This includes support to mobile ART services in places where human resources are a challenge or where accreditation criteria to qualify as a treatment site have not yet been met.

Challenges faced by the country and USG partners to expand pediatric HIV treatment services include: inadequate monitoring and evaluation of programs as a result of limited skilled human resources; poor use and interpretation of data at the facility level; reports of challenges with infant nevirapine (NVP) during breast-feeding; and poor linkages between PMTCT and pediatric ART. To actively confront these challenges, the USG works with the MOH and is supporting the completion of the draft 2011-2015 Integrated Scale Up Plan for PMTCT, Pediatric, Adolescent and Care Support and Treatment Services.

The USG will continue to collaborate with other funding partners to advance pediatric care and treatment activities. Partners supporting pediatric care and treatment include the Clinton Foundation, UNICEF, WHO and JICA; although, JICA support for HIV and AIDS is expected to end in mid-2012.

Adult ART

Achievement of universal access must include increased roll out of ART services to more health facilities by 1) lobbying for increased funding from the GRZ, 2) leveraging private sector resources through PPPs, 3) leveraging other cooperating partners' resources, 4) improving management efficiencies, 5) refurbishing additional public facilities, 6) training health care providers, and 7) health care worker task-shifting. Efforts to increase access to ART in rural areas include support for a network of outreach services served by mobile teams using rural-based public and faith-based health facilities as hubs. PEPFAR Zambia continues to assist the Zambian ART site accreditation system to assess capacity to deliver ART according to national and international standards.

In 2010, PEPFAR support provided ART to 285,954 of 329,567 patients on treatment nationally. As of September

2011, PEPFAR supported 359,627 ART patients in 335 sites countrywide. The target for 2012 is 423,500 adults and children receiving PEPFAR-supported ART.

Table 1. Adults and Children Receiving ART—Results and Targets by PEPFAR and GRZ
Adults and children with advanced HIV infection receiving ART

	2009 Result	2010 Result	2011 Result	2012 Target	2013 Target
PEPFAR	228,787	286,147	359,627	423,500	481,100
GRZ	309,445	344,407	381,777	431,093	TBD

To alleviate the shortage of ART providers, PEPFAR trained 229 in-service providers countrywide in 2010. PEPFAR is also supporting a new HIV Residency program at the University Teaching Hospital (UTH) to produce expert HIV physicians, and a nurse-prescribers program to equip nurses with the skills to assess HIV and AIDS patients, commence first line ART, and monitor uncomplicated AIDS patients on treatment.

For FY 2013, the USG and the GRZ identified the following priority areas for adult treatment and care programming:

1. *Access and Integration*
2. *Linkages with Community Services*
3. *Quality and Oversight*

Access and Integration

In FY 2013, the PEPFAR program will support the implementation of a comprehensive package of ART and care services, including pre and post-test counseling, antiretroviral therapy for eligible HIV-infected patients, and stronger linkages with PMTCT, so that pregnant HIV-infected women with CD4 less than 350 can quickly access treatment. In addition, HIV treatment services will include TB screening among PLHA, nutrition assessment, counseling and support (NACS), and palliative and home-based care. Post-test counseling for HIV-positive individuals will include information regarding healthy living that is also part of longer-term follow up, care, and prevention of HV transmission. Pediatric care, support, and treatment encompass health services for HIV-exposed and HIV-infected children. In an effort to promote early access to treatment and HIV free infant survival, PEPFAR programs, the GRZ, and partners will pursue greater integration of adult and pediatric clinical and community service delivery efforts.

MARPS will continue to be a focus of PEPFAR support. Using FY 2012 PFIP funding, PEPFAR will work with the Ministry of Home Affairs to improve clinical services in prisons with particular emphasis on HIV- positive women and newborns. Support will include ART, nutrition supplementation, and testing and treatment for TB. PEPFAR will also work with the MOH and other ministries and partners to open discussion around men having sex with men (MSM). This is particularly critical when dealing with prison populations and needs immediate attention if in-roads are to be made to prevent HIV transmission in these high-risk settings. PEPFAR will also improve clinical HIV and AIDS services in police camps for police officers and family members.

The MOH is rolling out new adult treatment guidelines. PEPFAR Zambia will support the Ministry to implement these new guidelines. As the PEPFAR budget for treatment and ARV drugs is likely to remain flat lined in the future, PEPFAR partners will give priority to HIV-positive pregnant women and TB patients in commencing HAART with new patients.

Linkages with Community Services

Improved linkages between community and facility-based activities optimize the quality of life for HIV positive individuals and include clinical, psychological, social, spiritual, and prevention services. Support will be given to the GRZ to re-orient home-based care and hospice activities towards a more community-based approach. Psychological and spiritual support delivered in community settings will include group/individual counseling,

improved mental health services, and end-of-life and bereavement support. Large-scale community mobilization for care has proven effective, as volunteers provide the bulk of care and support. Social support will include vocational training, support for income-generating activities, legal protection, training, and support for caregivers. Resources will also be provided to OVC- and elderly-headed households to ensure that vulnerable children attend school and receive health care and other social support.

Quality and Oversight
To ensure program quality and effective supervision, PEPFAR will support the review and implementation of standardized monitoring tools for all sites. PEPFAR will also support ongoing, regular USG and GRZ site supervision of ART sites. PEPFAR will also support training and mentorship of health workers through standardized national training and mentorship programs. Close monitoring will ensure quality program delivery that will delay the development of drug resistance in patients on ART. For early identification of treatment failure, the MOH has introduced viral load monitoring in the new treatment guidelines. This will ensure that patients on ART who exhibit signs of clinical failure will have viral load and resistance testing; and, if failure is confirmed, the patients will be switched to second line ART in a timely manner. PEPFAR will also support the scale up of early warning indicators, and HIV drug resistance monitoring, and will also strengthen the reporting of adverse events in patients on ART.

Pediatric ART
Pediatric ART is a critical component of treatment and care. The overall objective of the national program is to provide ART to at least 80% of HIV-positive children in need of ART by 2015. The pediatric program in Zambia is largely supported by PEPFAR. There has been a marked increase in the number of children accessing treatment with 25,388 children below fifteen on treatment at the end of 2010, up from 19,841 at the end of 2009. Of the 25,388 children on ART in 2010, the USG directly supported 20,958. Essentially, 82.5% of pediatric treatment patients in Zambia are beneficiaries of PEPFAR support. Children represent close to 11% of all patients on treatment in Zambia.

In 2004, ARVs for children were introduced in the public health sector in Zambia. Since then, the pediatric program has grown and evolved with emerging evidence and guidance from WHO. This includes: 1) increased attention to addressing early treatment for HIV-infected children (with scale up of routine provider-initiated testing) and infants (with the support of Dried Blood Spots (DBS) and Early Infant Diagnosis (EID)/Polymerase Chain Reaction (PCR) technology), 2) increased focus on training of health workers in the management of pediatric HIV, and 3) on-site mentorship to support didactic trainings. Additionally, there is attention to the improvement of available pediatric formulations and fixed-dose combination drugs.

USG priorities for pediatric ART over the next two years are aligned with the priorities and goals of the Zambian pediatric ART program. Key priorities include:

1. *Early Infant Diagnosis (EID)*
2. *Adolescent ART*
3. *Nutrition Support*
4. *Monitoring and Evaluation*

Building capacity of healthcare workers through pre-service and in-service training is central to the successful scale up of pediatric treatment and care. Using standardized curricula for pediatric HIV and AIDS, health care workers will be trained in pediatric diagnosis, treatment and care. PEPFAR programs will continue to mentor trained healthcare workers in pediatric HIV care and treatment services.

Early Infant Diagnosis
Strategies to improve early treatment initiation include scale up of EID to improve early treatment; routine provider-initiated counseling and testing services (PITC) at any contact with health facilities; use of fixed-dose

combination drugs to improve adherence; and use of more efficacious initial regimens (PI based regimes for NVP exposed infants), and increased support to sites to build capacity in pediatric treatment.
EID will be integrated, where feasible, in MCH clinics and as a part of routine well-baby checks. Where men and women test positive for HIV, they will be encouraged to bring their children in for testing. Central to a successful EID program is the roll-out of a family-centered approach for identification, diagnosis and treatment of HIV.
Efforts to improve PMTCT program links to pediatric care, support and treatment will be strengthened. Opportunities include linking mothers from clinical PMTCT to community-based care and support for PLHA and linking their infants to OVC care and support to promote long-term HIV-free survival. Under COP 2012, PEPFAR Zambia will ensure that 55,500 infants born to HIV-positive women receive an HIV test within twelve months of birth.
The prevention care package, designed to help prevent opportunistic infections in HIV positive infants and children, will include safe water through provision of chlorine and education on water treatment, safe storage and basic hygiene education. Other interventions will include wrapping around the President's Malaria Initiative (PMI) and National Malaria Center in the ongoing residual spraying program, and supply of insecticide-treated bednets for all pregnant women, their exposed babies and infected children.

In 2010/11 Zambia piloted SMS technology to improve the turn-around time for HIV test results in infants. The pilot showed a reduction in results turn-around time by 50%. The SMS technology is now planned for scale up from 31 sites to 200 rural sites in the coming year.
Adolescent ART
The GRZ is concerned with the rising number of HIV-infected adolescents on treatment as they grow from infancy. The MOH, in conjunction with UTH and Columbia University, developed Zambian HIV Adolescent Guideline and Training Manuals. These are now ready for use across the major hospitals in the country to scale up programs targeting HIV-infected adolescents. The UTH program alone has over 1,000 adolescents on ART and they have already established specialized adolescent clinics and adolescent specific activities. Other partners have been mentored and supported by the UTH program to establish adolescent services. In the coming year, PEPFAR will continue to work within GRZ systems to strengthen adolescent ART services.
Nutrition Support
Nutrition support for clinically malnourished pediatric pre-ART and ART patients will receive increased attention under COP 2012. The nutritional status of children who are on ART will be monitored regularly, and nutritional supplements will be made available when necessary and whenever possible. Parents and other caregivers will receive nutrition counseling to ensure that the nutritional requirements for HIV-positive children are being met. Nutritional support will also be provided to HIV-positive prison populations who meet the national criteria for food supplementation. This support will be of particular benefit to HIV-positive pregnant and breastfeeding women, their infants and young children.
Monitoring and Evaluation
To better document outcomes of children enrolled in care, the MOH and partners are improving site level documentation, developing tools to facilitate the collection of specific data as per new guidelines; and engaging facility staff to understand data collection, use and analysis. This has been done through an initial Epidemiology for Data Use (EDU) training of trainers. Newer versions of SmartCare can better track health outcomes from PMTCT to infant care and treatment. Evaluations of pediatric HIV care, support and treatment, and operational research will be used to inform GRZ policy.

A protocol was developed to address emerging HIV-drug resistance in children. Approval was stalled for some time due to restrictions by the MOH to ship biological samples out of Zambia. This restriction has since been lifted, and guidance has been provided allowing samples to be shipped to foreign laboratories for testing when in country capacity does not exist. Plans are underway to send biological samples to laboratories outside of Zambia, to test for HIV drug resistance as the country does not have a WHO-accredited lab for this.

The USG, in partnership with the MOH, completed an evaluation of the EID system. Data are being analyzed, and a report of the findings, with recommendations to inform policy, will be made. Related to this, is an ongoing pediatric treatment rapid assessment. A survey was also conducted to obtain an overview of pediatric HIV services

at health facilities where treatment for children is offered. Findings have yet to be analyzed and shared. Findings from these three assessments will help direct changes to national systems ranging from referral mechanisms, laboratory services, commodities, and logistics.

Building Efficiencies
To achieve efficiencies and scale up interventions, the USG supports the integration of services within the normal structure and functions of health facilities, training of health care personnel to multi-task, and the use of community lay counselors and volunteers to provide linkages between the community and clinical sites.

Integration of the pediatric HIV program into the broader maternal child health (MCH) program has not yet materialized. Much remains to be done in this area as the loss to follow up from MCH to pediatric ART is high and currently the systems to link the two services are inadequate. ART services are often far from PMTCT sites posing challenges in terms of access for HIV-positive mothers and their infants.

ARV Demand, Supply and Country Ownership
The primary treatment goal of the GRZ and PEPFAR is to increase access to quality-assured ART services to at least 85% of people who require these services. At the center of this goal is the availability of correct quantities of ARVs and opportunistic infections (OI) drugs, and laboratory commodities. To ensure drugs and commodities are in place, PEPFAR supports a robust ART logistics system in Zambia, and will continue to do so in the coming year with emphasis on building local capacity and expanding the system to other essential medicines.

The need for local capacity building in logistics management is even more urgent because of the anticipated increase in ART stock volume. As previously stated, ART demand is expected to increase, resulting in increased budgetary demands for ARV drugs. Therefore, Zambia needs to identify solutions to reduce and/or close this ARV funding gap. Potential solutions include: 1) negotiating with the GRZ for increased contributions for ARVs, 2) establishing PPPs for ARVs, e.g. special levies on phone calls, alcoholic beverages, cigarettes, and airport usage, 3) engaging other donors; 4) continuing with generic medications; 5) establishing fees-for-service for selected patients; and possibly, 6) pooling procurements with other high burden countries to benefit from economies of scale.

It is important to highlight that as a cost share for the GRZ/USG Partnership Framework, signed in November 2010, the GRZ promised to commit an additional $5.0 million in 2011 for ARV procurement—essentially doubling their investment in 2011. The funding became available in early 2012; however, the ARVs have not yet been procured.

Within the framework of the Partnership Framework Implementation Plan, PEPFAR Zambia and its partners will work closely with the GRZ to 1) advocate for additional government support for the purchase of ARVs, 2) monitor the procurement plan and delivery commitments of GRZ and its partners, 3) assist the GRZ to develop a policy and legal framework for PPPs in the health sector and 4) establish PPPs for sustainable financing (resource mobilization) of treatment. This is critical given the recent cancellation of the GFATM Round 11 application process.

The Global Fund Round 8 grant provides $20.695 million for drug procurement, and $11.52 million for laboratory supplies and reagents in 2011 and 2012. Between March 2012 and 2015, the GFATM Round 10 will support additional ARV funding. The total ARV funding for the GFATM Round 10 is approximately $76.2 million in 2012 and 2013; and $97.3 million in 2014 and 2015.

Under COP 2012, PEPFAR will contribute up to 40% of the overall estimated requirement of ARV costs. USG support for ARVs next year is approximately $31.6 million. USG contributions for lab commodities increased from $19 million in COP 2011 to $26 million in COP 2012. For COP 2012, the USG allocated nearly $3.9 million for HIV test kit procurement. PEPFAR Zambia will support ongoing cohort studies and drug quantification projections to further inform treatment program costs.
Supply Chain Management and Logistics

The USG has been assisting the government since 2005 to strengthen the GRZ supply chain, especially for HIV and AIDS commodities. As the essential medicines logistics system is rolled out nationally, it will allow for strengthened support to the PMTCT program and better integration of ART and PMTCT programs with other health programs. It will also ensure increased availability of OI drugs and other health commodities.

The USG is the largest donor in HIV and AIDS drugs and commodities procurement with contributions from the MOH and other donors such as the Clinton HIV/AIDS Initiative (CHAI). Currently, the USG procures lab commodities locally. PEPFAR follows a stringent quality assurance system that includes certifying vendors before purchases can be made. All PEPFAR-procured products are sampled and sent for testing at the Northwest University Labs in South Africa, the only WHO-certified lab in Africa.

Procurement plans are built from the annual quantification and forecasting data which is produced with support from the USG. Quantifications are completed annually and include short-term and long-term forecasts. Updates and reviews of this information are conducted on a quarterly basis with all stakeholders. Forecasts and quantifications are based on several types of data: consumption, issues, morbidity, and patient targets, in that order. The USG facilitates these exercises while simultaneously developing the skills of MOH personnel to conduct and lead the process.

With the support of the USG, there is constant tracking of planned shipments of different procurement partners, and scrutiny of stock balances to help monitor and avoid commodity stock outs. Central stock level updates are sent out every month. At the quarterly quantification updates with the MOH and its procurement partners, procurement plans and expected shipments are updated, and when necessary, emergency procurements are decided. Due to delays in the delivery of some planned shipments by other procurement partners, the USG has had to bring in emergency shipments to avert stock outs.

The USG provides the bulk of technical assistance to the MOH in the area of supply chain management, specifically with the development and implementation of the ARV, HIV test kit, PMTCT-only, and the Laboratory and Essential Medicines Logistics Improvement Program (EMLIP) systems. The Zambian ARV logistics system has demonstrated one of the lowest stock-out rates and best reporting rates of any ARV system in Africa. The roll out of the complex National Laboratory Logistics System involves many commodities with special considerations and requires heavy monitoring. The EMLIP system has successfully rolled out to sixteen districts and is approved to rollout nationally, once the MOH secures more funding for its essential drugs supply.

To facilitate the efficient and accurate management of stock at facilities, there is a logistics management information system (LMIS). The central LMIS software, called Supply Chain Manager, sits in the Logistics Management Unit (LMU) at Medical Stores Limited (MSL). The LMIS processes all reporting, ordering and consumption data that comes in from the facilities and districts, and allows the LMU to flag any potential stock or reporting problems. The consumption data that is generated also serves as the basis for annual and quarterly quantifications.

The current system was not designed to handle the amount of data that LMU personnel currently have to input. Thus, it needs to be redesigned and replaced to accommodate the growing number of sites and products entered into the LMIS. The design and development of the central computerized information/inventory control system based at LMU is a process which started this year and is led by the MOH with support from the USG. Stakeholders agreed upon the design requirements for the new system and are now moving forward to implement (pending adequate funding) the agreed-upon system. This process may also include the use of smart phone technology at the service delivery site level. For labs, the USG will spearhead the development of a computerized logistics system based at the service delivery level. With this development there will be close coordination with the central level computerization team to ensure that whatever is developed for the facility level will eventually be able to communicate with the LMIS.

Additionally, for ARVs, the rollout of the SmartCare logistics component will continue. However, there will be a

formal evaluation of how well the supply chain management component of the software is actually used. This evaluation will be undertaken by the USG in collaboration with the MOH and other partners.

To keep these systems running, there must be adequate staff at each level of the system to enter and analyze the data, respond to anticipated stock changes, and plan for procurements. There is a very high attrition rate among MOH staff, so there is a constant need for logistics training among replacement personnel at facilities. The USG will continue to engage the provincial and district pharmacists, in order to develop supply chain skills of a larger group within the MOH. At the central warehouse, as USG-supported logistics systems grow, MSL will need more staff and thus, more training will be required. The USG currently supports pre-service training in Schools of Pharmacy and Biomedical Sciences to help build this cadre.

In addition to building a larger cadre of well-trained logisticians, the LMU at MSL was trained and its ownership has been transferred to MSL. This unit will continue to need QA support. The USG continues to develop the quantification and forecasting skills of MOH staff at all levels. Since this is a very time consuming activity, the skill-building is slow and the participation of MOH staff is limited. The overall supply chain systems are already managed by MOH and NGO staff at all levels. However, it is still necessary to further develop the supervisory skills of district and provincial staff. Finally, as part of building infrastructure to sustain the system, the USG will procure and install prefabricated storage units at the district level where inadequate storage space has been identified as a problem and thus, slows the supply chain.

Strategic Information
The GRZ has adopted SmartCare as the standard for electronic health records. The USG continues to support the on-going design, further implementation and maintenance of the SmartCare National Electronic Health Record System. The GRZ has moved further to require the implementation of SmartCare as a determining factor for ART site accreditation. To strengthen SmartCare, PEPFAR works with the GRZ to support:

- *Capacity building through revision of existing pre and in-service training curricula of health care workers to include using electronic health records;*
- *Collaboration and consensus building with the GRZ and other bilateral and multilateral partners to assure wide and cross-sectional participation in the expansion of services and health care facilities using SmartCare;*
- *Periodic supervision and direct on-the-job mentorship of health care workers to effectively collect, use and analyze electronic health data; and*
- *Identification of synergies between SmartCare and the National HMIS to support the goal of a single national reporting system.*

PEPFAR Zambia is working closely with the GRZ to design and launch the 2012 DHS and a TB prevalence survey. PEPFAR also supports the Epidemiology for Data Users (EDU) training. The EDU curriculum focuses on standardized data collection, summarization, interpretation and use and is designed to support data use at the MOH, NAC, and CSO.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	576,116	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	91 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	57,314	
	Number of HIV-	63,013	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	12,000	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	28,657	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	28,657	
	Single-dose nevirapine (with or without tail)		
	Newly initiated on treatment during current pregnancy (subset of life-long ART)	10,911	
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)	1,089	
	Sum of regimen type disaggregates	69,314	
	Sum of New and	12,000	

	Current disaggregates		
ZM.346	ZM.346 Percentage of donated blood units screened for HIV in a quality assured manner	100 %	Redacted
	Number of donated blood units screened for HIV in a quality assured manner	135,000	
	Total number of blood units donated	135,000	
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia	259,976	Redacted
	By Age: <1	4,966	
	By Age: 1-9	30,721	
	By Age: 10-14	56,485	
	By Age: 15-19	68,997	
	By Age: 20-24	48,909	
	By Age: 25-49	48,586	
	By Age: 50+	1,312	
	Sum of age disaggregates	259,976	
P5.2.D	Number of clients circumcised that	1,060	Redacted

	experience (reporting back to the respective circumcising program) one or more moderate or severe AE(s) during the reporting period, according to the date of MC surgery, and disaggregated by severity (moderate and/or severe), timing of AE(s), and specific AE(s)		
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	2,382	Redacted
	By Exposure Type: Occupational	357	
	By Exposure Type: Other non-occupational	119	
	By Exposure Type: Rape/sexual assault victims	1,906	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of	n/a	Redacted

	'Prevention with PLHIV (PLHIV) interventions		
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	374,060	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	1,845,455	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV	n/a	Redacted

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	725,500	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive	135,470	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	18,451	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	117,019	
	Sum of MARP types	135,470	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	2,492,642	Redacted
	By Age/Sex: <15 Male	155,378	
	By Age/Sex: 15+ Male	879,437	
	By Age/Sex: <15 Female	152,063	
	By Age/Sex: 15+ Female	1,305,764	
	By Sex: Female	1,457,827	
	By Sex: Male	1,034,815	
	By Age: <15	307,441	
	By Age: 15+	2,185,201	
	By Test Result: Negative	2,222,679	
	By Test Result: Positive	269,963	
	Sum of age/sex disaggregates	2,492,642	
	Sum of sex	2,492,642	

	disaggregates		
	Sum of age disaggregates	2,492,642	
	Sum of test result disaggregates	2,492,642	
C1.1.D	Number of adults and children provided with a minimum of one care service	1,164,340	Redacted
	By Age/Sex: <18 Male	163,200	
	By Age/Sex: 18+ Male	340,221	
	By Age/Sex: <18 Female	164,800	
	By Age/Sex: 18+ Female	496,119	
	By Sex: Female	660,919	
	By Sex: Male	503,421	
	By Age: <18	328,000	
	By Age: 18+	836,340	
	Sum of age/sex disaggregates	1,164,340	
	Sum of sex disaggregates	1,164,340	
	Sum of age disaggregates	1,164,340	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	855,143	Redacted
	By Age/Sex: <15 Male	56,024	
	By Age/Sex: 15+ Male	291,846	
	By Age/Sex: <15 Female	56,024	

	By Age/Sex: 15+ Female	451,249	
	By Sex: Female	507,273	
	By Sex: Male	347,870	
	By Age: <15	112,049	
	By Age: 15+	743,094	
	Sum of age/sex disaggregates	855,143	
	Sum of sex disaggregates	855,143	
	Sum of age disaggregates	855,143	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	65 %	
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	555,544	Redacted
	Number of HIV-positive individuals receiving a minimum of one clinical service	855,143	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	13 %	Redacted
	Number of clinically malnourished clients	5,338	

	who received therapeutic and/or supplementary food during the reporting period.		
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	40,100	
	By Age: <18	500	
	By Age: 18+	4,838	
	Sum by age disaggregates	5,338	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	51 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	434,187	
	Number of HIV-positive individuals receiving a minimum of one clinical service	855,143	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or	2 %	Redacted

	ART) who started TB treatment		
	Number of HIV-positive patients in HIV care who started TB treatment	17,542	
	Number of HIV-positive individuals receiving a minimum of one clinical service	855,143	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	65 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	40,756	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	63,013	
	By timing and type of test: virological testing in the first 2 months	23,193	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9	17,563	

	and 12 months		
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	267,507	Redacted
	By Age: <18	249,412	
	By Age: 18+	18,095	
	By: Pregnant Women or Lactating Women	0	
	Sum of age disaggregates	267,507	
T1.1.D	Number of adults and children with advanced HIV infection newly enrolled on ART	119,910	Redacted
	By Age: <1	1,599	
	By Age/Sex: <15 Male	4,753	
	By Age/Sex: 15+ Male	43,643	
	By Age/Sex: <15 Female	5,509	
	By Age/Sex: 15+ Female	66,005	
	By: Pregnant Women	10,911	
	Sum of age/sex disaggregates	119,910	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	541,560	Redacted
	By Age: <1	2,505	

	By Age/Sex: <15 Male	16,410	
	By Age/Sex: 15+ Male	208,707	
	By Age/Sex: <15 Female	17,539	
	By Age/Sex: 15+ Female	298,904	
	Sum of age/sex disaggregates	541,560	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	78 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	69,810	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	89,155	
	By Age: <15	6,019	
	By Age: 15+	63,791	
	Sum of age disaggregates	69,810	

H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	250	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	5	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	85	Redacted
	By Cadre: Doctors	20	
	By Cadre: Midwives	0	
	By Cadre: Nurses	65	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	42,550	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	11,577	Redacted
	By Type of Training: Male Circumcision	102	
	By Type of Training: Pediatric Treatment	122	


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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	GHP-State	2,000,000
7423	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	66,522,114
7427	Population Services International	NGO	U.S. Agency for International Development	GHP-State	9,959,279
7428	FHI 360	NGO	U.S. Agency for International Development	GHP-State	4,550,000
8038	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	50,000
10203	FHI 360	NGO	U.S. Agency for International Development	GHP-State	32,174,837
10205	ICF Macro	Private Contractor	U.S. Agency for International Development	GHP-State	0
10207	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	1,575,051
10212	Central Statistics Office	Host Country Government	U.S. Department of Health and	GHP-State	100,000

		Agency	Human Services/Centers for Disease Control and Prevention		
10219	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,481,000
10220	IntraHealth International, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,787,655
10223	Ministry of Health, Zambia	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,274,503
10224	National HIV/AIDS/STI/TB Council - Zambia	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	300,000
10225	Provincial Health Office - Eastern Province	Host Country Government Agency	U.S. Department of Health and Human	GHP-State	3,125,000

			Services/Centers for Disease Control and Prevention		
10227	Provincial Health Office - Western Province	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,005,000
10229	American Society for Microbiology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	350,000
10236	University Teaching Hospital	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,106,081
10238	Zambia National Blood Transfusion Service	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,669,170
10241	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Centers	GHP-State	6,212,220

			for Disease Control and Prevention		
10260	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	8,715,000
10274	TBD	TBD	Redacted	Redacted	Redacted
10296	TBD	TBD	Redacted	Redacted	Redacted
10299	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	6,939,096
10309	Vanderbilt University	University	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	100,000
10314	Chemonics International	Private Contractor	U.S. Agency for International Development	GHP-State	4,613,157
10332	University of Nebraska	University	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	560,000
10334	Education Development Center	NGO	U.S. Agency for International Development	GHP-State	4,000,000
10354	TBD	TBD	Redacted	Redacted	Redacted
10364	Creative Associates International Inc	NGO	U.S. Agency for International Development	GHP-State	1,600,000
10725	Catholic Relief Services	FBO	U.S. Department of Health and	GHP-State	515,000

			Human Services/Centers for Disease Control and Prevention		
10726	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHP-State	500,000
10816	Boston University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,758,821
10817	JHPIEGO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	6,700,000
10875	United Nations High Commissioner for Refugees	Multi-lateral Agency	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHP-State	226,007
10984	Project Concern International	NGO	U.S. Department of Defense	GHP-State	2,640,175
11027	National HIV/AIDS/STI/TB Council - Zambia	Parastatal	U.S. Department of State/Bureau of African Affairs	GHP-State	100,000
11626	JHPIEGO	University	U.S. Department of Defense	GHP-State	2,250,000
11627	U.S. Department	Other USG	U.S. Department	GHP-State	6,165,000

	of Defense (Defense)	Agency	of Defense		
11687	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	194,505
11694	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
12264	University of North Carolina	University	U.S. Agency for International Development	GHP-State	350,000
12267	Catholic Relief Services	FBO	U.S. Agency for International Development	GHP-State	1,000,000
12271	Population Council	NGO	U.S. Agency for International Development	GHP-State	400,000
12272	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	300,000
12273	Tropical Diseases Research Centre	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	357,131
12276	Macha Research Trust, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	418,385

			Control and Prevention		
12278	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	490,000
12283	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	325,000
12284	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	687,182
12286	University of North Carolina	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,149,500
12821	Chemonics International	Private Contractor	U.S. Agency for International Development	GHP-State	1,378,182
12942	Project Concern International	NGO	U.S. Department of Health and Human	GHP-State	745,000

			Services/Centers for Disease Control and Prevention		
12988	Care International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	940,000
13006	CENTER FOR INFECTIOUS DISEASE AND RESEARCH IN ZAMBIA	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	600,000
13016	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	565,000
13033	Population Council	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	898,500
13069	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers	GHP-State	50,000

			for Disease Control and Prevention		
13070	World Vision International	FBO	U.S. Agency for International Development	GHP-State	200,000
13071	TBD	TBD	Redacted	Redacted	Redacted
13076	John Snow, Inc.	Private Contractor	U.S. Department of Defense	GHP-State	0
13096	FHI 360	NGO	U.S. Agency for International Development	GHP-State	8,339,886
13258	TBD	TBD	Redacted	Redacted	Redacted
13279	University Teaching Hospital	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
13391	TBD	TBD	Redacted	Redacted	Redacted
13409	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	484,000
13562	Chreso Ministries	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,769,617

13580	Centre for Infectious Diseases Research in Zambia (CIDRZ)	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	16,639,007
13653	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	255,000
13684	University of Zambia School of Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	974,881
13731	Development Aid from People to People Humana Zambia	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,302,639
13787	Churches Health Association of Zambia	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	4,750,881
13792	John Snow, Inc.	Private Contractor	U.S. Agency for	GHP-State	5,638,534

			International Development		
14272	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	0
14276	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	200,000
14335	Zambia AIDS Law Research and Advocacy Network (ZARAN)	NGO	U.S. Department of State/Bureau of African Affairs	GHP-State	50,000
14338	World Vision International	FBO	U.S. Agency for International Development	GHP-State	10,178,669
14339	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	200,000
14349	The Network of Zambian People Living with HIV and AIDS (NZP+)	NGO	U.S. Department of State/Bureau of African Affairs	GHP-State	50,000
14350	Treatment, Advocacy, and Literacy Campaign	NGO	U.S. Department of State/Bureau of African Affairs	GHP-State	50,000
14386	University of Zambia – Demography Department	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	2,047,297

			Prevention		
14392	JHPIEGO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	430,000
14420	Lusaka Provincial Health Office	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,570,467
14421	Southern Provincial Health Office	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,560,000
14452	Population Services International	NGO	U.S. Department of Defense	GHP-State	1,314,718
14507	FHI 360	NGO	U.S. Department of Defense	GHP-State	1,309,000
16620	TBD	TBD	Redacted	Redacted	Redacted
16634	TBD	TBD	Redacted	Redacted	Redacted
16656	TBD	TBD	Redacted	Redacted	Redacted
16657	TBD	TBD	Redacted	Redacted	Redacted
16658	TBD	TBD	Redacted	Redacted	Redacted
16690	TBD	TBD	Redacted	Redacted	Redacted
16755	TBD	TBD	Redacted	Redacted	Redacted
16761	TBD	TBD	Redacted	Redacted	Redacted

16833	TBD	TBD	Redacted	Redacted	Redacted
16903	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	280,000
17099	Women and Law in Southern Africa	NGO	U.S. Agency for International Development	GHP-State	0
17100	Zambia Center for Communication Programs	NGO	U.S. Agency for International Development	GHP-State	0

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHP-State	2,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Correct and consistent use of condoms is integral to Zambia's strategy to reduce the incidence of HIV. The Government of the Republic of Zambia (GRZ) has demonstrated ownership of the condoms program by providing funding for condoms, lobbying for funds for the condoms program from United Nations Population Fund (UNFPA), the US Government, and the Global Fund, and providing leadership in condoms programming. The US Government procures condoms for Zambia through the Central Contraceptive Procurement Project (CCP).

The condoms HIV prevention program is implemented in close collaboration with other programs such as family planning, prevention of mother to child transmission of HIV (PMTCT) and anti-retroviral treatment (ART). This collaborative effort ensures optimal use of resources by leveraging programs' resources, experiences, and skills. The abovementioned Government ownership will ensure sustainability of the condoms program in Zambia.

The Ministry of Health with support from the US Government and other stakeholders conducts quarterly forecasting

and quantifications of condoms to inform procurement. Distribution of condoms is tracked by Medical Stores Limited and PSI/SFH with support from the USAID DELIVER project. Usage of condoms is tracked through special surveys.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(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	2,000,000	0

Narrative:

The 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 (Zambia included) 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 female and male condoms procured through the CCP are subjected to rigorous quality assurance examinations by Family Health International before shipment and the Zambia Bureau of Standards (ZBS) on arrival to ensure that the products meet international and local standards. *These female and male condoms are distributed nationally through social marketing by Population Services International/Society for Family Health (PSI/SFH) using 2,100 service outlets and the Ministry of Health using 1,500 public health facilities. The target populations for these commodities are sexually active males and females (males and females between the ages of 15 and 49) and those populations deemed to be at high risk of contracting HIV such discordant couples, long distance truck drivers, men and women in uniform and commercial sex workers. USAID/Zambia will utilize $1,000,000 in FY 2012 PEPFAR funds to procure approximately 40 million male and 600,000 female condoms through the CCP mechanism.*

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	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 66,522,114	
Funding Source	**Funding Amount**
GHP-State	66,522,114

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 nongovernmental organization (NGO) facilities in Zambia. In 2013, SCMS has 6 main objectives:

1. Procure cost-effective, high quality commodities that include: ARV drugs for HIV/AIDS treatment, PMTCT and

post-exposure prophylaxis (PEP) for victims of rape; HIV rapid test kits; opportunistic infection (OI) drugs including cotrimoxazole; sexually transmitted infection (STI) drugs; male circumcision (MC) kits; and laboratory supplies.
2. Ensure forecasting and procurement planning mechanisms for laboratory commodities and MC kits are in place at the central level.
3. Support Ministry of Health (MOH) in the continued implementation of a supply chain for laboratory commodities at all levels.
4. Continue providing innovative solutions for data transfer including computerization of the laboratory logistics system at key service delivery points (SDPs) and cell phone technology.
5. Support the MOH to implement the National HIV/AIDS Commodity Security (HACS) Strategy.
6. Continue to increase adequate, safe, secure storage at targeted district health office facilities through procurement and installation of storage-in-a-box solutions.

SCMS continues to support systems that are managed by the MOH and Government of the Republic of Zambia (GRZ) parastatal, Medical Stores Limed (MSL) by providing capacity building and quality monitoring. SCMS strives to make the project more efficient by coordinating efforts with the MOH and all implementing and cooperating partners in Zambia involved in supply chain management-related activities at the central, provincial, and district level.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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	0

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.

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, benzathine penicillin, and others, pending discussion with partners and the MOH. Drugs for post-exposure prophylaxis to prevent HIV and STI infection in rape victims will also be procured under this activity.

SCMS procurements benefit all nine provinces in Zambia. USG-funded OI/STI drugs will be placed in MSL, where all public sector and accredited NGO/Faith Base Organizations (FBO) /Community Base Organizations (CBO)/work-place/private sector HIV/AIDS programs will have access to these critical supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	20,427,560	0

Narrative:

SCMS will work to ensure that USG, Global Fund/UNDP, GRZ, and other partners' HIV/AIDS laboratory commodities are in sufficient supply and available at service delivery sites through an efficient and accountable ART laboratory logistics and supply chain system. SCMS will conduct the following vital activities:

• Increase ownership of the forecasting and quantification process at MOH central level as indicated by the MOH staff facilitating 90% of the quantification sessions and inputting 60% of quantification numbers. Quantification activities will include considerations for the PMTCT-only facility point-of-care CD4 equipment and 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.

• Continued implementation of a computerized HIV/AIDS laboratory LMIS to another 20 service delivery sites. To complete these activities, SCMS will collaborate with GRZ, GFATM principal recipients, and other partners to train up to 40 key personnel at 20 sites in the computerized laboratory logistics management system.

• Provide quality assurance monitoring of the institutionalized supply chain course that is now part of the biomedical science schools' syllabus.

• Maintain M&E as a key activity where at least 90% of the site visits are conducted with MOH supervisory staff, allowing them to have a better hands-on understanding of how well the laboratory logistics system is functioning and to build MOH capacity.

SCMS procures essential HIV/AIDS laboratory commodities in support of the national ART program which includes facilities of MOH, NGO, FBO, CBO, and Zambia Defense Forces. To ensure an uninterrupted supply of laboratory commodities, it is estimated that $4 million of COP 2012 will be spent in FY 2012 and $3 million in the first quarter of FY 2013, which represents 59% of the total funds contributed in calendar year 2012. Even with the USG government contribution of $7 million in calendar year 2012, there will be a gap of $400,000.

Without increased COP 2012 funding or early release funding for COP 2013, there would be a gap of $17 million in calendar year 2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	750,000	0

Narrative:

SCMS strives to strengthen health systems in Zambia by ensuring HIV/AIDS commodity security (HACS). The HACS strategy involves key policymakers and stakeholders to identify all potential impacts on the uninterrupted supply of HIV/AIDS commodities into the country and to address bottlenecks in the supply chain. With COP12 funding (in FY 2013), SCMS will be assisting in the implementation of the HACS Strategy which was developed by GRZ policy makers, National HIV/AIDS/STI/TB Council, MOH, Ministry of Finance and National Planning, and other relevant stakeholders. The implementation will include 1) advocacy for HACS at all levels of the health care system; 2) facilitating GRZ and donor coordination to analyze and make recommendations to harmonize various inputs into the national HIV/AIDS procurement systems; and 3) enhancing GRZ's commitment to provision of these essential commodities through increased budgetary support.

In order to increase adequate, safe, and secure storage at targeted district health office facilities, SCMS will procure and install an additional 10 storage-in-a-box solutions at an approximate cost of $500,000.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	700,000	0

Narrative:

In FY 2011 and FY 2012, SCMS supported the implementation of the national MC program as part of HIV/AIDS prevention. Key activities included technical assistance to the national technical working group on MC strategies. SCMS supported the development and adoption of a national MC communication strategy to attract adult males to go for MC. In addition, SCMS procured 14,900 MC kits and the supporting consumable commodities to support the ZPCT II. These kits and consumable commodities support the Zambian MC methodology: the dorsal slit method.

A key challenge in FY 2011 was accountability of use of consumable products. There is no means of ensuring that these individual products procured outside of the kit are used at the hospital for MC only. Commodities required that are outside of the current kit include, but are not limited to, disposable surgical supplies and instruments, gloves, gauze, surgical tape, and local anesthesia. In FY 2012, SCMS will review the pricing of the different MC products and determine if procuring complete kits which include all consumables is the most cost-effective strategy.

In FY 2013, SCMS will continue to procure the most cost-effective MC kit using SCMS's global procurement capability. A key part of SMCS's monitoring and evaluation activities, as it concerns MC in FY 2013, will be to ascertain if health facilities are using the kits solely for MC.

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. In FY 2013, it is expected that annual and quarterly MC forecasting and quantification activities will be supported by SCMS. As part of the National HIV/AIDS Commodity Security Strategy, SCMS will continue to support resource mobilization, including advocating for the inclusion of procurement of MC kits in Zambia's Global Fund bids.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	4,000,000	0

Narrative:

In FY 2013, SCMS will continue to support the MOH's HIV testing program by improving national and service delivery point (SDP) stock levels of HIV test kits. SCMS will maintain its strong collaboration with GRZ, Global

Fund/United Nations Development Program (UNDP), and other implementing and cooperating partners to assist the national HIV testing programs in fulfilling demand for these products. On behalf of the USG, SCMS will procure 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. The HIV testing sites are MOH, NGO, FBO, CBO, and private sites addressing testing and counseling, PMTCT, prevention of HIV in rape victims, and diagnostic testing programs located in all nine provinces in Zambia.

In FY2012, USG's $2,000,000 contribution currently represents the sole funding available for national procurement of HIV tests to support an estimated 1,400+ testing sites conducting 2.6 million screening tests. Even with a USG contribution of $2,000,000, there will still be an estimated funding gap of over $1,000,000. The current prediction indicates that, without additional funding from another source or COP 2012 early funding release, the country would stockout of the screening test (Determine) in June 2012.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	

Narrative:

SCMS will work closely with MOH Laboratory Services and other implementing and cooperating partners to support the continued rollout and use of the point-of-care CD4 count testing machines at PMTCT-only health facilities by including the reagents in the logistics system.

SCMS will also continue the successful placement of Peace Corps Volunteers (PCVs) in each SCMS/DELIVER provincial office to support MOH and collaborate with partners by providing technical guidance and advice on public health commodity logistics, with a focus on PMTCT activities. By increasing the number of M&E visits to PMTCT sites, PCVs will better ensure that ARVs, point-of-care CD4 machines and reagents, contraceptives, and malaria treatment drugs, rapid tests and bed nets are in correct supply.

During these visits, PCVs will gather real-time data that can be compared to nationally reported data. The visit will also provide an opportunity to build capacity by providing on-the-job training when necessary.

This activity is budgeted under the Laboratory Infrastructure budget code.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	36,744,554	0

Narrative:

The purpose of this activity is to procure ARV drugs including ARV drugs for PMTCT and PEP in support of the

GRZ national ART program. In FY 2011, USAID | DELIVER PROJECT provided the technical assistance to strengthen the national ARV drug forecasting, quantification, procurement, and in-country supply chain systems. In 2012, SCMS will bring over $30 million of ARV drugs for the national program in accordance with GRZ and USG rules and regulations.

With FY2012 and FY2013 funding, the SCMS will continue its strong collaboration with GRZ, Global Fund/UNDP, and other implementing and cooperating partners to assist the national ART programs in fulfilling demand for ART services. On behalf of the USG, SCMS will purchase adult and pediatric first line and second line ARV drugs. The current cost per first line patient is estimated at $30-40/month depending on regimen; however SCMS will continue to minimize prices through its global procurement capacity and the procurement of generic drugs.

To ensure an uninterrupted supply of ARVs, it is estimated that 39% ($12 million) of the COP 2012 funds will be used in calendar year 2012 and the remaining 61% (18.6 million) will be used in calendar year 2013. The $18.6 million will represent 24% of the total ARV procurement need for calendar year 2013. With the estimated GFATM Round 8 and 10 funds available, there will be no gap in calendar year 2012 or 2013.

Purchases may change as: 1) additional ARV drugs are approved by the Food and Drug Administration and registered in Zambia; 2) the Global Fund/UNDP ARV drug donations change; 3) the GRZ increases its purchases of ARVs, and 4) the GRZ national ART or PMTCT guidelines change.

SCMS procurements benefit all nine provinces in Zambia. USG-funded ARV drugs will be placed in MSL, where all public sector and accredited NGO/ FBO / CBO/work-place/private sector HIV/AIDS programs will have access to these critical supplies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	

Narrative:

added as part of $3M treatment plus up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,000,000	0

Narrative:

Dry Blood Spots bundles will be made available in order to strengthen early infant diagnosis of HIV and improve health outcomes by initiating full HAART at six weeks if found HIV positive. There are 70,000 exposed infants on a yearly basis and as such, more efforts should be made to capture them by making the DBS cards readily available.There has been an erratic supply of DBS cards in 2012 as there was no funding commitment from the

Ministry and other stakeholders. Forecast estimates for the year 2012 determined a need for 43,200 cards but the need is likely to increase in 2013 and beyond. It is in this vain that USG is contributing $1,000,000 to enhance commodity availability.

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: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 9,959,279	
Funding Source	**Funding Amount**
GHP-State	9,959,279

Sub Partner Name(s)

Booz Allen Hamilton	Care International	Development Aid from People to People Humana Zambia
IntraHealth International, Inc	JHPIEGO	Luapula Foundation
Mwami Adventist Hospital	Overseas Strategic Consulting	Population Council
Solwezi Youth Alive Zambia	Zambia Health Education and Communication Trust	

Overview Narrative

The Partnership for Integrated Social Marketing (PRISM) program is a $65 million contract between USAID/Zambia and Population Services International to distribute health services and products in Zambia from August 1, 2009 to September 30, 2014. With FY12 funding, PRISM will implement 1) activities to prevent and/or control HIV infections, sexually transmitted diseases, diarrhea in children, malaria and 2) family planning services to promote child spacing.

PRISM will collaborate with the Ministry of Health and other in-country stakeholders to ensure equity of access to health services and products and country ownership. PRISM will target people living with HIV and those deemed to be at great risk of contracting HIV for HIV services, pregnant women and children for malaria prevention, males and females of reproductive age group for family planning, and children under the age of five for safe drinking water.

PRISM will implement the following HIV activities with FY12 funding:
1) Socially market male and female condoms, testing and counseling, and male circumcision,
2) increase awareness of and demand for aforementioned health products and services,
3) implement activities that promote abstinence, being faithful, and consistent and correct use of condoms, and
4) Provide care and support to people living with HIV/AIDS.
PRISM will make the program more cost-effective over time by adopting strategies for cost containment, including cost recovery, cost sharing and developing the ability of a commercial/private sector entity to produce and market Clorin, or any other socially marketed product in a sustainable, self-sufficient manner.

PRISM has devised a robust monitoring and evaluation plan, which utilizes service statistics, special surveys, and sales as data sources

Cross-Cutting Budget Attribution(s)

Gender: GBV	100,000
Key Populations: FSW	500,000
Key Populations: MSM and TG	200,000
Motor Vehicles: Purchased	847,000
Water	76,400

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Child Survival Activities
Military Population
Mobile Population
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**7427**
Mechanism Name:	**Partnership for Integrated Social Marketing (PRISM)**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	259,279	0

Narrative:

PRISM will collaborate with Sustainability through Economic Strengthening and Support for Orphans and Vulnerable Children (STEPS OVC) to implement adult care and support activities described in this budget code narrative with FY 2012 funding. PRISM will provide adult care and support services in sites where STEPS OVC will operate their adult care and support programs across the entire country. These activities will target HIV-infected adults between the ages of 15 and 49 years, including those under home based care and in hospices.

The program will not have specific care and support sites, but will support STEPS OVC adult care and support programs to reduce the incidence of diarrheal diseases among people living with HIV/AIDS (PLWHA). PRISM will donate 200,000 bottles of Clorin to treat approximately 133,400,000 liters of drinking water to PLWHA through STEPS OVC.

To assure quality, PRISM will train 72 partner coordinators who will in turn train 8,500 caregivers on the benefits of consistent and correct use of Clorin in households with people infected with HIV. Further, PRISM will provide onsite demonstration to promote correct and consistent use of Clorin to community-based programs run by STEPS OVC.

To promote integration, the donation of Clorin will run alongside the safe water education campaigns conducted by the GRZ, other local and international Non-Governmental organizations, which promote good personal hygiene

such as regular hand washing, boiling of drinking water, and proper storage of drinking water, and food.

. STEPS OVC will also be responsible for program monitoring and evaluation. The monitoring and evaluation will encompass all other activities that STEPS OVC will undertake. PRISM will participate in training of trainers and standardize all training materials for caregivers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

PRISM will collaborate with Sustainability through Economic Strengthening and Support for Orphans and Vulnerable Children (STEPS OVC) to implement pediatric care and support activities described in this budget code narrative with FY 2012 funding. PRISM will provide pediatric care and support services in sites where STEPS OVC will operate their pediatric care and support programs across the entire country. These activities will target HIV-infected children between the ages of 0 and 14 years, including those under home based care and in hospices.

The program will not have specific care and support sites, but will support STEPS OVC pediatric care and support programs to reduce the incidence of diarrheal diseases among children infected with HIV/AIDS. PRISM will donate 200,000 bottles of Clorin to treat approximately 133,400,000 liters of drinking water to PLWHA through STEPS OVC.

To assure quality, PRISM will train 72 partner coordinators who will in turn train 8,500 caregivers on the benefits of consistent and correct use of Clorin in households with people infected with HIV. Further, PRISM will provide onsite demonstration to promote correct and consistent use of Clorin to community-based programs run by STEPS OVC.

To promote integration, the donation of Clorin will run alongside the safe water education campaigns conducted by the GRZ, other local and international Non-Governmental organizations, which promote good personal hygiene such as regular hand washing, boiling of drinking water, and proper storage of drinking water, and food.

STEPS OVC will also be responsible for program monitoring and evaluation. The monitoring and evaluation will encompass all other activities that STEPS OVC will undertake. PRISM will participate in training of trainers and standardize all training materials for caregivers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	4,650,000	0

Narrative:

Zambia is in the process of changing its male circumcision (MC) target of circumcising 2.5 million HIV-negative males by 2025 to 1.9m males by 2015. PRISM will collaborate with in-country US Government implementing partners, the Government of the Republic of Zambia (GRZ), the Bill and Melinda Gates foundation, and other stakeholders to support this ambitious goal. PRISM will perform 69,000 male circumcision (MC) procedures with FY 2012 funding in the Copperbelt, Eastern, Lusaka, Northwestern, Southern, and Western provinces. To promote efficiency, PRISM will continue to implement a comprehensive package of MC services, including female involvement, on-site testing and counseling for HIV, referral for care and support for individuals diagnosed with HIV in MC settings, treatment of incidental disorders such as sexually transmitted diseases, MC surgery, and care after surgery. PRISM will endeavor to raise the HIV testing rate pre-MC operation to 100% from the current average of 80% in its facilities.

The GRZ has realized that Zambia needs to do more to create demand for voluntary male circumcision if Zambia is to meet its ambitious MC target. PRISM will implement evidence-based demand creation efforts to support cost-efficient MC Service delivery, including inter-personal communications (IPC), mid-media such as workplace and school-based presentations, and mass media including live phone-in shows on popular community radio stations.

To assure quality of MC services, PRISM will implement the following training:
1) Eighty psychosocial counselors will be trained in MC-specific provider-initiated HIV counseling and testing services. This approach will use nationally recognized training materials designed by PRISM, which address issues related to post-MC risk behavior mitigation.
2) Twenty male circumcision providers will be trained as clinical trainers of trainers (TOTs) in diathermy, a specialized add-on clinical skill used for homeostasis during the MC procedure, using internationally recognized World Health Organization (WHO) training guidelines.
3) Sixteen MC providers will be trained as clinical Training of Trainers (TOT) using competency-based and internationally recognized WHO training guidelines to impart male circumcision clinical skills.
4) Ninety-six clinicians will be trained to in the provision of MC clinical services using competency-based and internationally recognized WHO training guidelines.
Other quality assurance activities will include provider supervision and quarterly health facility assessments, PRISM will endeavor to encourage female involvement as part of the counseling package.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	550,000	0

Narrative:

PRISM will collaborate with in-country US Government implementing partners, the Government of the Republic of Zambia (GRZ), and other stakeholders to implement the abstinence and being faithful (AB) activities described in this budget code narrative. PRISM will use the male circumcision and counseling and testing platforms/services centers to reach 50,000 individuals will AB messages using interpersonal communication and group discussions. This approach will ensure that AB is provided as an integral part of a comprehensive package of HIV preventive services. The AB messages will center primarily on increasing individuals' and groups' primary and secondary abstinence, delayed sexual debut, fidelity, and avoiding multiple partnerships. PRISM AB services will be national, targeting females and males between the ages of 10 and 49 years, including adolescents and secondary and tertiary education students.

To assure quality of AB services, PRISM will train 60 individuals in HIV prevention with emphasis on AB, conduct supervisory visits to CT and MC sites and work with Communication Support for Health to develop and standardize communication materials.

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.

The program will participate in national health and traditional events to enhance targeted communication

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	3,150,000	0

Narrative:

PRISM will collaborate with in-country US Government implementing partners, the Government of the Republic of Zambia (GRZ), and other stakeholders to implement the counseling and testing (T&C) activities described in this budget code narrative. T&C services will be implemented in eight provinces as part of a comprehensive package of HIV prevention services, including correct and consistent use of condoms, abstinence and being faithful (AB), male circumcision, and family planning. T&C services will include client-initiated T&C, provider-initiated T&C, couples testing, and special events highlighting T&C such as national CT day, world TB day, and World AIDS day. PRISM T&C services will target females and males above the age of 15, including individuals in multiple concurrent sexual partnerships, couples, and most-at-risk populations such as truck drivers, commercial sexual workers, migrant laborers, and uniformed personnel.

PRISM will primarily implement T&C services from 10 fixed service delivery points. In order to increase access to T&C services, each of these service delivery points will serve as hub for mobile activities. PRISM aims to provide

T&C services to 180,000 clients, with emphasis on couples counseling (20% of the target) and mutual disclosure. The program will reach out to couples in remote areas through door-to door home based T&C, and will provide post- test sessions to discordant couples, and link them to care and treatment services. PRISM will provide T&C services to around 500 commercial sex workers and around 6000 long distance drivers, and uniformed personnel.

To assure quality of T&C, PRISM will train 80 individuals in T&C, including aspects of MC, AB, condoms, and family planning. The program will provide onsite quality assessment to standardize CT services. PRISM will implement counselor assessments and client exit interviews/mystery client survey. PRISM will use information from these assessments to evaluate the quality of T&C and make recommendations to improve T&C services.

To improve linkages and integration, PRISM will provide post-test positive living sessions through its Horizon Program (a five-day training program) to all clients who test HIV positive and link them to other HIV services, including antiretroviral therapy, post-HIV test clubs, sexually transmitted infections screening, TB screening, and continued psychosocial support. PRISM will work closely with partners providing these services to collect information on the number of clients who were referred and managed to access the services. PRISM will procure CD4 machines and conduct CD4 count on clients who test HIV positive at five static sites and collaborate with partners providing Anti-Retroviral Treatment (ART) services to link the clients. The Ministry of Health will provide training, technical support and conduct quality control for CD4 point of care/service.

In order to create demand for T&C, PRISM will use a number of approaches including interpersonal communications, community events and mass media advertisements. These activities will target the general population with special emphasis on couples and most at risk populations (MARPs).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,250,000	0

Narrative:

PRISM will collaborate with in-country US Government implementing partners, the Government of the Republic of Zambia (GRZ), and other stakeholders to implement the Other Sexual Prevention (HVOP) activities described in this budget code narrative. PRISM will implement HVOP services across the entire country, targeting females and males between the ages of 15 and 49 years, including individuals deemed to be most at risk of HIV such as discordant couples, individuals in concurrent partnerships, female and male sexual workers, long distance truck drivers, and people living with HIV and AIDS (PLWHA. PRISM will implement HVOP activities alongside other HIV prevention activities such as abstinence and being faithful (AB), male circumcision, and counseling and testing (combined prevention) to maximize impact on HIV prevention. For example, 1) all MC and CT service centers will provide information about HVOP and stock condoms for distribution.

The program will 1) distribute 18.2 million pieces of Maximum male condoms and 450,000 pieces of Care female condoms through 1,000 distribution outlets, comprising both traditional (wholesalers, groceries, supermarkets, etc.) and non-traditional (bars, hair salons, hotels/motels, lodges, pharmacies, and guest houses, community based agents etc.) outlets. PRISM will work with CARE International and Zambia Health Education and Communications Trust (ZHECT) to train 540 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, and dual protection of condoms from HIV infection and pregnancy. PRISM will reach 132,000 individuals with HIV prevention messages through use of interpersonal communication. The program will air the Maximum Condom "Trusted Protection, Its Triple Tested" mass media campaign to create demand for condoms and encourage consistent condom use among target groups. PRISM will reach a further 20,000 individuals with comprehensive messages for HIV prevention (condoms use, counseling and testing, and male circumcision through community events (like traditional ceremonies, sports events, village concerts etc) and the use of mobile video units (MVUs), especially in areas where there is limited access to national radio and television. PRISM will utilize its MVUs to promote HIV prevention during national and traditional events like National VCT day.

In order to generate information for further programming, PRISM will undertake a number of research and evaluations related to determinants of condom use and multiple and concurrent relationships. PRISM will conduct the Consumer Insight Study on Care female condoms and the willingness to pay study to inform the pricing of condoms. The evidence from these studies will help inform the program for the development of activities to improve female condom use and help in determining the pricing structure for condoms. Using evidence from previous studies done in collaboration with the Harvard Business School, PRISM will expand condom distribution and promotion through hair salons and barbershops

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

PRISM will collaborate with in-country US Government implementing partners, the Government of the Republic of Zambia (GRZ), and other stakeholders to implement the PMTCT activities described in this budget code narrative. PRISM will use its existing Horizon Post-Test Program to expand Reproductive Health Services among people living with HIV/AIDS (PLWHA). The Horizon Post-Test Program is a comprehensive ten-module program that offers people newly-diagnosed with HIV, the education, support, and tools necessary to make positive life changes that protect their health and the health of others. The Horizon Program works intensively with HIV positive clients and their families (including discordant cupules) during the first five months after receiving their results. Topics covered include a wide range of medical, social, spiritual, and legal issues affecting PLWHA, focusing on the development of personal action plans, and linking participants to a variety of long-term support, care, treatment

options, and reproductive health services. The linkage to reproductive health services will target to reduce risk sexual behaviors and unintended pregnancies.

Implementing Mechanism Details

Mechanism ID: 7428	**Mechanism Name: Corridors of Hope III**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,550,000	
Funding Source	**Funding Amount**
GHP-State	4,550,000

Sub Partner Name(s)

Afya Mzuri	Development Alternatives, Inc	Howard University
Zambia Health Education and Communication Trust	Zambia Interfaith Networking Group on HIV and AIDS	

Overview Narrative

In 2012, the Corridors of Hope III (COH III) project will work with local partners, including the District Health Offices (DHO) to deliver comprehensive HIV prevention services, scale up innovations launched, and consolidate activities and services with a focus on quality. Geographically located in border/corridor communities, COH III will provide services to the populations whose behaviors put them at risk through inconsistent use of condoms, multiple concurrent sexual partnerships, transactional sex, intergenerational sex, gender-based violence, and abuse of alcohol. Among those who receive the services are sex workers, truck drivers, casual laborers, in- and out-of-school youth, migrant laborers, cross-border traders, teachers, and businessmen and women.

HIV counseling and testing and STI screening and management, will be coupled with information about family planning, TB and malaria screening and provisions of referrals for male circumcision increasing impact through strategic coordination and integration. Focusing primarily on women, economic strengthening activities will

include training to improve production of food and starting small income generating activities to reduce household insecurity and vulnerability to HIV transmission.To improve metrics, monitoring and evaluation, and research and innovation, COH III will identify studies to be undertaken in 2012 based on an evaluation framework developed in 2011.To build sustainability and encourage country ownership, COH III will develop a sustainability plan based on a qualitative study undertaken in FY11, with goals and activities to be started in FY12 and carried on to the end of the program. COH III will continue to collaborate with the DHO's to increase impact through strategic coordination and integration.

Cross-Cutting Budget Attribution(s)

Gender: GBV	300,000
Key Populations: FSW	300,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Mobile Population
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**7428**

Mechanism Name:	Corridors of Hope III		
Prime Partner Name:	FHI 360		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	1,350,000	0

Narrative:

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 communities at risk of HIV infection. This requires that community members themselves drive the identification of their needs and develop appropriate responses. With technical support from COH III, Interventions will strive to increase understanding of key behaviors driving HIV transmission, thus creating a sense of real personal risk. COH III interventions will take the next step to transfer necessary skills to individuals and communities to adopt more healthy behavior, thus helping to reduce the risks of HIV infection.

COH III's partner, ZINGO, will continue to take primary responsibility for implementing activities promoting abstinence and being faithful and will target girls and boys in school and/or attending places of worship. Implementing activities through local FBOs/CBOs ZINGO will build organizational capacity and instilling ownership of programmatic interventions. ZINGO takes a family-centered approach by developing skills among parents to improve communication with each other and among their children to identify the risks of early, unprotected sex. ZINGO will continue training Youth Adult Mentors (YAMs)--predominantly parents, teachers, community and religious leaders, and youth peer educators, to use participatory methodologies to work with anti-AIDS clubs in schools and youth worship groups around HIV/ AIDS, STI education and gender equity. Through these sessions, young people will develop positive attitudes about their sexuality and acquire life skills to negotiate early sexual debut and maintain and/or resume sexual abstinence.

ZINGO will also engage young people in sports and community volunteer service learning activities to provide them with an opportunity to acquire essential like skills. Such skills will instill self-esteem and confidence in young people and empower them to make healthy life choices.

Through monthly meetings, reports and site visits with CBOs/FBOs and monthly compilation of all COH III data collection forms, COH III will track progress at all sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,000,000	0

Narrative:

In FY 2012, COH III will continue to provide HTC at its 10 sites. The HTC will target those whose behaviors put

them at risk for HIV transmission. Historically, COH has targeted PEPFAR-defined "most at risk populations" (MARPs) primarily sex workers and their clients. However, acknowledging the generalized nature of the HIV epidemic in Zambia, COH III will provide HTC to those practicing "most at risk behaviors" (MARBs) such as inconsistent condom use, multiple concurrent sexual partnerships, transactional sex, intergenerational sex, gender-based violence, and abuse of alcohol. Therefore, in addition to sex workers, those targeted will include truck drivers, casual laborers, in- and out-of-school youth, migrant laborers, cross-border traders, teachers, and businessmen and women.

By the end of FY 2011, COH III will have provided HTC to 50,000 individuals—27,800 men, 22, 200 women. Of these, 7% of the men and 10% of the women were HIV+. Within this total, 500 are sex workers, 1,000 are truck drivers, and 6,500 are "mobile populations".

HTC will continue to be provided at the COH III Wellness Centers, through mobile services set up at villages or gathering places, and through the newly initiated door-to-door approach. The HCT teams at the sites work closely with the behavior change teams who, among other things, develop an awareness of the importance of learning one's HIV status.
In FY 2012, the numbers of clients receiving HTC through these modes are projected to be 12,000, 24,400, and 13,600 respectively. Thus the services are initiated by both clients and the provider.

In FY 2011, COH III trained 145volunteer lay counselors in psychosocial counseling and HIV testing using the rapid test. COH III provided refresher training to 20 health care providers. In FY 2012, COH III will provide support and supervision to these individuals.

The District Health Offices provide COH with HIV test kits and STI drugs and ensure quality in the testing by monthly reanalyzing 10% of the tests. The sites report their testing data to the DHOs for integration into the national information system.

COH III will continue to implement a quality improvement strategy initiated in FY 2010 to improve the efficacy of the referral system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,200,000	0

Narrative:

Implementing its Behavior Change and Social Mobilization Strategy, COH III concentrates on individuals whose behaviors put them at risk for HIV transmission. Some are in the PEPFAR-defined most at risk populations

(MARPS) such as sex workers, truck drivers, and mobile populations. However, in these corridor communities, there are many others whose behavior puts them at risk. Among these "most at risk behaviors" (MARBs) are inconsistent use of condoms, excessive alcohol use, domestic violence, intergenerational sex, multiple concurrent sexual partners, and certain cultural practices.

COH III other prevention activities will continue to challenge the acceptance of these at risk behaviors by using approaches to enable communities to identify practices negatively impacting them and adopt more healthy behaviors. Participatory, evidence-based methodologies such as "Stepping Stones" and "REFLECT" will continue to be used with communities.

The abuse of alcohol and domestic and sexual violence contribute to potential risk of HIV infection. COH III will develop a simple alcohol and domestic violence screening tool to be used in the COH Wellness Centers. Change agents will be trained to use these tools in communities.

With continued technical support through ROADS II, the new economic strengthening component, as a prevention strategy, will expand. Group savings and loans associations (GSLA) will be established, members trained to improve food production, start small income generating activities and adopt robust saving habits and productive behaviors to cope with future shocks.

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 Behavior Change and Social Mobilization teams will continue to inform and refer community members to COH III's Wellness Centers for services: HIV TC, STI screening, family planning, TB screening, and malaria treatment.

COH III will continue to develop modes for sharing the communities' experiences and successes. Communities will develop community radio programs and listening groups; write their own "Most Significant Change" stories; and contribute to the development of IEC materials.

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: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHP-State	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the AIDSTAR-One task order is to provide ongoing support to the Zambia USG Mission for the Zambia Partner Reporting System (ZPRS). Social and Scientific Systems (SSS) a subcontractor under AIDSTAR-One has been providing systems support for ZPRS for over 6 years, which is a web-based system (including excel spreadsheets and access consolidation system –ACS file) used by Zambia partners to report PEPFAR program results and other related data. Under this task order, SSS will provide two types of SI system support: (1) ongoing support for the PEPFAR-related data collection and reporting for the FY2011 and FY2012 SAPR and APR efforts and (2) system development support for upgrading the current ZPRS to a more modern infrastructure that provides enhanced system capabilities and connectivity.

With Funding in FY2012, the contractor will re-design and upgrade the Zambia Partner Reporting system to a more robust system. To facilitate transition to in country system management, the system will be developed on the District Health Information Software 2 (DHIS2) software and build custom modules to bridge where DHIS2 functionality ends and ZPRS requirements begin. Functionalities to track partner's activities, de-duplication, and templates for exporting and importing data from Excel files will be added.

To support USG Zambia quest for effective program management, the system will be designed to include the currently tested and implemented expenditure tracking tool.

The contractor will also conduct training for in country USG staff who will continue to manage and upgrade the system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**8038**
Mechanism Name:	**Zambia Partner Reporting System (ZPRS)**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	50,000	0

Narrative:

The activities planned under this program area are to support USG Zambia to improve the availability and quality of data and meet its reporting requirements. The Zambia partner reporting system has been in operation since 2005 and continues to be used by implementing partners to report their achievements while assisting USG team to access the data.

With this funding, the following additional ZPRS functionalities will be included in the updated version of the system:

- *Role-based access dashboard, with different associated security levels*
- *Step-wise interface*
- *Web form data entry along with the templates data upload capabilities*
- *Tiered geo-mapping capabilities*
- *De-duplication tools*
- *Enhanced charts, graphs, and reports.*

The updated ZPRS will be based on DHIS2, which the Ministry of Health in Zambia is also using for HMIS. The contractor will ensure that the system is designed to inter-operate with GRZ HMIS in future. This will be in line with the plans to strengthen and use national reporting systems.

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: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 32,174,837	
Funding Source	**Funding Amount**
GHP-State	32,174,837

Sub Partner Name(s)

Cardno Emerging Markets	Care International	Churches Health Association of Zambia
Kara Counseling and Training Trust	Management Sciences for Health	Salvation Army
Social Impact	University Teaching Hospital	

Overview Narrative

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) supports the Ministry of Health (MOH) to scale up, strengthen and sustain HIV/AIDS services in Central, Copperbelt, Luapula, Northern and North-Western Provinces. The project will be working in 42 districts, 370 facilities, including 24 private sector facilities, by the end of this COP period.

ZPCT II has five objectives:

First, it supports the National HIV/STI/TB Council (NAC) and the Government of Republic of Zambia's (GRZ) MOH policies to expand and strengthen HIV/AIDS clinical service, including testing and counseling (CT), prevention of mother to child transmission (PMTCT), basic care and support, antiretroviral therapy (ART) and male circumcision (MC). Second, the project focuses on the community through strengthening the district referral systems, grants to community based organizations (CBOs) and support to neighborhood health committees. The third objective builds capacity in GRZ facilities, by strengthening technical and management capacity. Key to the third objective is a formal graduation process, where well performing districts, as defined by a rigorous QA/QI system, transition to MOH management and require and receive less technical support from ZPCT II. The fourth objective enlists private sector facilities to engage them in CT, basic care and support, PMTCT, ART and MC in accordance with National Standards. Finally, the project contributes to the national policies and guidelines for the MOH and NAC through active participation on national technical working groups and steering committees (PMTCT, CT, MC, adult ART, pediatric ART, gender, laboratory and pharmacy) and the generation of knowledge.

This mechanism will receive additional Partnership Framework funding.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	300,000
Gender: Gender Equality	500,000
Human Resources for Health	550,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10203**

Mechanism Name:	The Zambia Prevention, Care and Treatment Partnership II (ZPCT II)
Prime Partner Name:	FHI 360

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,300,000	0

Narrative:

ZPCT II will continue to strengthen and expand clinical adult care services. Support will be extended to an additional 21 new health facilities during this planning cycle for a total of 370 facilities during this planning cycle.

ZPCT II will continue to support the management of HIV as a chronic condition including strengthening screening for diseases such as diabetes, hypertension as well as nutritional deficiencies. Clients will be counseled and appropriate referrals made. For example, for nutritional issues ZPCT II will collaborate with USAID-supported nutrition projects, UNICEF or the World Food Program.

ZPCT II will continue to strengthen prevention with positives activities, including assessment of sexual behavior and risk reduction counseling with provision of condoms; partner testing, assessment and treatment for STIs, family planning counseling and provision of contraceptives. In addition, ZPCT II will continue to advance its gender strategy including screening for gender based violence (GBV) and referral of victims to appropriate services. Other activities include management of opportunistic infections and pain management; 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 NAC to roll out or disseminate technical strategies, guidelines, and standard operating procedures; and increase program sustainability within the GRZ.

HCWs will be trained and on-site mentorship and supportive supervision provided in ART/OI using a GRZ curriculum that provides guidance on the provision of cotrimoxazole prophylaxis, symptom and pain assessment and management, patient and family counseling, management of adult and pediatric HIV in the home setting, and provision of basic nursing services. The project will liaise closely with the USAID/Deliver and SCMS on forecasting OI and other drug supply requirements. As with all technical areas, ZPCT II will monitor the quality of care and support for all adult care and support services, and services will be considered for graduation in the context of the districts performance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	2,600,000	0

Narrative:

ZPCT II will continue to strengthen and expand TB/HIV services in 370 public health facilities and 24 private

sector facilities in 42 districts. ZPCT II will screen 65,343 HIV positive patients for TB in the next 2 years. In addition, the project will: harmonize TB/HIV trainings and service delivery protocols; train health care workers and lay counselors in TB/HIV co-management to facilitate cross referral between TB and HIV programs. ZPCT II will strengthen health facility and community referral. The project will also strengthen and expand quality DOTS programs, and increase community involvement and awareness of TB.

Once approved by the National TB Program, ZPCT II will adopt state of the art technologies such as the latest Xpert molecular diagnostic assay. In addition, ZPCT II will strengthen routine laboratory diagnosis of tuberculosis through training and facilitating the capture of multi drug resistance clients and ensure facilities enroll on TB laboratory external quality assessment programs and through lab strengthening efforts and the provision of X-ray boxes.
An enhanced focus on TB Infection Control (IC) will: support trainings on environmental control (improved natural ventilation and use of fans), administrative control (reduced duration of HF patient visit, cough etiquette) and respiratory protection and facility risk assessment; DMOs and health facilities will develop IC action plans and support measures to manage drug resistant TB and TB burden among HCWs. ZPCT II will continue to adhere to WHO recommendations for Intensified Case Finding (ICF) (current cough, weight loss, fever and night sweats) which have since been adapted in the Chronic HIV Care (CHC) checklist.

ZPCT II will continue to support and strengthen routine provider initiated counseling and testing for HIV for TB clients, with emphasis on reducing stigma and discrimination associated with TB and HIV. For those testing HIV positive, immediate CD4 assessment will be done within the TB services before referral to the ART clinic. Using the revised HIV/TB national guidelines and indicators, ZPCT II monitors all activities in all 349 sites, and contributes to the deliberations of the technical working group.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	1,200,000	0

Narrative:

ZPCT II has reached over 15,245 HIV infected children with care and support services. In two years, the project will reach an additional 21,879 children through 370 GRZ and 24 private sector facilities.

Support includes strengthening management of pain and opportunistic infections; training and mentoring of HCWs and ASWs, and increasing referral linkages within and between health facilities and communities working through other USG partners, local community leaders and organizations. Staff will be trained in data collection/reporting and ordering, tracking, and forecasting HIV-related commodities to ensure uninterrupted supplies in close collaboration with USAID Deliver and the Partnership for Supply Chain Management Systems (SCMS).

ZPCT II will support placement and mentorship of lay counselors in pediatric wards to provide routine counseling and testing to inpatients. Where feasible, the identified HIV positive child will have their laboratory investigations completed and started on cotrimoxazole prophylaxis and linked to treatment prior to discharge. In addition, ZPCT II will participate in and support the USG/Zambia food and nutrition strategy and collaborate in the provision of the Ready to Use Therapeutic Foods (RUTF) for malnourished children and supplementary feeding for children on ART in the 10 sites under this program through collaboration with CHAI and MOH. In supporting the family centered approach, the child will be the index case to reach the family with HIV TC with an emphasis on prevention for those found positive and as well as the negative. Where possible care, including ART, will be provided at family centered clinics. Support to establish and strengthen existing adolescent clinics will be provided especially in all high volume sites. As part of strengthening turnaround time of HIV results for children tested through the EID program, ZPCT II will continue to employ and test the use of sms technology to expedite the process of obtaining results from the PCR lab. Once results have been received, parents/guardians of these children will be notified of the availability of the PCR results at the facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	3,233,052	0

Narrative:

ZPCT II will continue to provide technical support, ensure quality services, and build district capacity of laboratory diagnostic and monitoring services in 124 public and 12 private health facilities in 41 districts. During this planning cycle the project will strengthen 10 additional laboratories.

ZPCT II will continue to support internal and external quality control, and the accreditation process for selected labs. Laboratories will be strengthened to perform HIV, CD4 and lymphocyte tests; laboratory diagnosis of TB through training refurbishment and procurement and maintenance of essential equipment in accordance with GRZ guidelines and policies (including point of care CD4 once approved by MOH, hematology and chemistry analyzers, autoclaves, centrifuges and microscopes as needed).

Antiretroviral therapy (ART) clinics and PMTCT clinics without access to CD 4 testing will be linked to nearby ART facilities through specimen referral system. ZPCT II will continue to support the early infant diagnosis polymerase chain reaction (PCR) laboratory in Ndola and ensure the functionality of the DBS referral system including the strengthening of web2sms delivery of results. This work will be closely coordinated with the Centers for Disease Control and Prevention (CDC) and collaborate with the Clinton Health Access Initiative.

ZPCT II will work with the GRZ and CDC to strengthen laboratory quality management systems, information systems, and laboratory personnel's capacity to ensure adherence to GRZ's recommended laboratory standards.

In addition, laboratory staff will continue to be trained in commodity management and good clinical laboratory practices. This will be done in collaboration 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 provide constant supplies of required commodities. As with all ZPCT II activities, our lab efforts operate within the MOH structure and graduation plans for the post ZPCT II period are applied.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

ZPCT II will continue to support the information needs of the GRZ, USAID/Zambia and PEPFAR and ensure that supported sites produce quality data through training and onsite mentoring. All activities support the national MOH M&E strategy, adhere to the principle of the "Three Ones" and build local capacity to serve the long term M&E needs of the MOH.

HCWs are trained in data collection and reporting, and receive on-site mentoring as needed. ZPCT II will continue to support the roll out and upgrade of the Smartcare system for both the ART and PMTCT programs including capacity building of HCWs, technical support to the facilities and procurement of hardware and consumables, and supporting data entry clerks. In addition, ZPCT II will continue to conduct semi-annual data audits in all five provinces in collaboration with the MOH data management specialists.

At provincial level, ZPCT II will continue to collaborate with MOH partners in the use of specific QA/QI tools. This process builds partners' capacity to 1) utilize data for decision-making, 2) measure progress toward reaching targets, and 3) improve quality of care according to national standards. This element is central to the ZPCT II's efforts to foster country ownership. Based on the QA/QI system, the project will continue to identify and graduate districts that have met the criteria for graduation.

At national level, as part of the M&E TWG, ZPCT II will continue to participate in the MOH Epidemiology for Data Users (EDU) Training of trainers and provide technical assistance implementation at provincial level. The project will construct a Geographic Information System database for all ZPCT II sites in collaboration with USG partners. Finally, the project will increase its focus on implementation science and evaluation research over the next two years, to assure that we are extracting the lessons learned across all technical areas and from the significant experience in capacity building, scale up, facilitating and standardizing government ownership through the graduation process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	50,000	0

Narrative:

ZPCT II will continue to work with Ministry of Health in strengthening key components of Zambia's national health system that affect delivery of HIV/AIDS and other services. Indeed, ZPCT II is designed to build capacity in the MOH, and ensure solid country ownership of all activities. In this planning cycle, the project will continue to build the management capacity of MOH officials and employees within the Provincial Medical Office and District Medical Office through 59 implementation agreements known as Recipient Agreements (RAs). RAs provide funding to support a mutually agreed on scope of work with PMOs, DMOs and sites. Transfer of full responsibility for program activities to the MOH is built into these agreements through a performance-based sustainability plan that allows health facilities and ultimately districts to graduate from intensive technical assistance when MOH-approved quality standards are met and maintained. The plan is based on ZPCT II's QA/QI tools, which are under review by the MOH (covering all technical areas). Successful facilities must demonstrate sustained ability to meet quality standards in four areas, technical, commodity management, data management and human resource management, across all services. Districts graduate when 80 percent of facilities meet the required standards. Even after these districts are graduated they continue to receive ZPCT II and provincial MOH support at reduced levels through jointly developed post-graduation management plans.

ZPCT II will continue to fully integrate the QA/QI tools into the Ministry's daily operations as the foundation for a successful transition to complete MOH control. In addition, ZPCT II will enhance MOH capacity to use data for performance improvement, and provide new technical, supervisory and other management training for provincial, district and facility managers.

During this reporting period, there will be continued focus on the capacity building, including an initiative to build specific skills and systems to strengthen HR, planning, financial management and governance within the MOH at the provincial and district levels

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,750,000	0

Narrative:

ZPCT II will support high quality voluntary medical male circumcision (VMMC) services for the targeted 15-49 age group. A total of 50 MC sites will be established. Regular outreach and mobile MC activities will increase uptake during school holidays and traditional ceremonies; the project will contribute an additional 13,242 MCs over the next 2 years.

All VMMC activities will be carried out in consultation with GRZ MOH MC technical working group and DMOs in

collaboration with US Government (USG) and Bill and Melinda Gates Foundation (BMGF) supported programs. ZPCT II model sites will be equipped and supported to become high volume MC facilities within the MOH structure, following WHO guidance on implementation models for optimizing the volume and efficiency of MC services in HIV prevention (MOVE).

In partnership with the University Teaching Hospital MC unit, ZPCT II will facilitate training of HCWs using the national training package. MC services will be integrated with CT, HIV prevention counseling and messages for both positive and negative, and linked to other male reproductive health and STI services. Supportive supervision, using national and international performance standards, will be incorporated. Through its community mobilization unit and linkages with other partners at national and local levels including traditional leaders, ZPCT II will amplify efforts to create awareness and demand for MC services. We will promote MC as part of a total prevention strategy that seeks to increase gender equity. At national level and in support of the Health Professional Council of Zambia (HPCZ), ZPCT II will collaborate with other partners to finalize the MC accreditation guidelines and support preparation of all supported sites for the accreditation process.

FHI 360 will continue to work at the global level to test and develop improved MC techniques. A soon to be completed randomized controlled trial (RCT) in Zambia of a new MC device (Shang Ring) holds promise for accelerating acceptance of a tool that can make the provision of MC more efficient. Additional efforts to generate knowledge through implementation science around MC scale up in Zambia will be identified as well.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	3,750,000	0

Narrative:

ZPCT II will expand to reach 370 public health facilities in 42 districts by the end of this planning cycle. In the last 9 months, ZPCT II counseled and tested over 513,660 individuals, and will reach an additional 1,473,948 individuals over the next 2 years.

The project works through the provincial and district medical offices to provide high quality CT services with effective linkages with other service areas, assure commodity flow and availability, and adhere to good data collection and reporting requirements. In collaboration with the GRZ, USAID/Deliver, and SCMS, pharmacy, laboratory, and counseling staff in supported facilities are trained and mentored in data collection, reporting and ordering, tracking and forecasting of CT commodities. During this reporting period, ZPCT II will refurbish facilities, train and mentor HCWs and lay counselors, increase quality assurance, improve data quality and systems for tracking patient flow and facilitate site accreditation.

Integration of CT with other services will be strengthened, including FP, STI, TB and MC using an "opt out"

strategy whenever practicable. The project will promote couple as well as youth CT through both the static as well as through mobile CT services, and meet the needs of pregnant women in all appropriate settings. All CT services will include a focus on risk assessment and risk reduction, as well as the provision of condoms and follow up for those testing negative. Prevention with positive interventions will be provided, including immediate referral for HAART for the positive partner in a discordant couple. ZPCT II will address gender disparities that hinder access to CT and support district medical offices in quality assurance for eventual program graduation.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	8,033,969	0

Narrative:

ZPCT II will support PMTCT services in 359 public health facilities in 42 districts. 344,682 pregnant women have been reached with PMTCT services; an additional 445,088 pregnant women will be served over the next 2 years. The per client costs of PMTCT is approximately $30. Options for lowering these costs include: graduation, technology and economies of scale

PMTCT services are strengthened through the provision of technical support and training for HCWs, community volunteers, facility renovations and provision of essential equipment. M&E and QA/QI systems permit regular measurement of progress towards numeric targets and adherence to quality standards. ZPCT II assures effective commodity management through continued training and mentoring in accurate reporting and data collection and close coordination with GRZ and Supply Chain Management Systems (SCMS).

The project will support the operationalization of the revised national PMTCT protocol guidelines, including provider initiated testing and counseling (PITC) by increasing access to CD4 assessment through the use of point of care CD4 machines within MNCH services. HAART will be initiated within MNCH services for eligible clients to increase uptake and contribute to efforts to reduce maternal mortality. The project will strengthen access to contraception and family planning counseling in both MNCH and ART clinics. Referrals between the two services will be reinforced, including access to desired contraceptive methods in the postpartum period. In addition, re-testing after three months for all pregnant women who previously tested negative will be strengthened; sero-converters will be immediately provided with combination ARVs or HAART. Early infant diagnosis will be strengthened by shortening the turnaround time between specimen collection and client's receipt of results. A family centered approach that enhances HIV prevention activities, male involvement and couple T&C within

PMTCT will be strengthened. Pregnant women and their partners testing positive will receive prevention for positive interventions, including screening and management of STI, access to condoms and provision of malaria prophylaxis (IPT) for the pregnant women.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	7,613,906	0

Narrative:

ZPCT II will support ART services in 130 MOH health facilities and at least 10 private sector facilities, in 42 districts and support the district medical office in strengthening quality assurance systems that lead to eventual program graduation. In the next two years, ZPCT II will reach another 74,975 individuals.

ZPCT II will support the operationalization of the revised adult and pediatric ART guidelines to include provision of HAART to the positive partner in all discordant couples, TB, and Hepatitis B co-infected patients. The project will strengthen provision of HAART for all eligible HIV positive pregnant women by ensuring access to point of care CD4 and provision of HAART within MNCH services where feasible. Training and regular on site mentoring and supportive supervision of HCWs and ASWs as per current national guidelines will continue as will the emphasis on task shifting of ART prescription to nurses. The project will provide essential equipment as needed and expand ART outreach model. Clinical meetings will focus on patient monitoring, retention in care and treatment failure. Data are reviewed monthly at clinic and project level, and quarterly at PMO and DMO level; technical assistance is focused on observed deficiencies using standardized QA/QI tools.

ZPCT II will participate in the operationalization of the Early Warning Indicators (EWI) for HIV Drug Resistance surveillance with MOH. In addition, ZPCT II will continue to advance its gender strategy in ART services. The project will work to incorporate cell phone sms technology to address adherence and retention issues.

Finally, ZPCT II will continue to work with other USG partners to strengthen referral linkages and community outreach efforts aimed at creating awareness of and demand for ART services. The project will collaborate with the GRZ, USAID/Deliver, and SCMS in the distribution of ARVs 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 HIV CT and availability of ART.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	2,643,910	0

Narrative:

ZPCT II will continue to provide ART for pediatric patients in all the 42 supported districts. Currently, ZPCT II

has put over 4,563 children on ART and another 5,787 children will be put on ART in the next 2 years.

The project will continue to provide technical support, ensuring quality services and building district capacity to manage pediatric HIV/AIDS services for eventual program graduation. The program will promote a family centered approach including full integration of pediatric ART services in all supported ART sites. The project will collaborate with the GRZ, USAID/Deliver, and SCMS in the distribution of ARVs including pediatric Fixed Dose Combination (FDC) formula to enhance adherence. ZPCT II will strengthen community referral linkages and increase demand for pediatric ART services; provide technical assistance and mentoring to HCWs, ASWs and pediatric lay counselors.

ZPCT will integrate pediatric ART case management including training and on-site mentoring with focus on provider initiated counseling and testing and timely initiation of ART. ASWs will assist families in addressing unique pediatric ART adherence issues.

Linkages between pediatric ART and PMTCT services will be strengthened through early infant diagnosis, using DBS, and enrollment into care at six weeks. In addition, all infants and children below 24 months that are HIV positive are immediately initiated on HAART. In addition, initiation of HAART on the ward will also be encouraged to reduce loss to follow up. Pediatric ART clients will transition to adult facilities through the establishment of adolescent ART clinics. This innovative approach is considered a model for assuring continuity of care, and will leverage community support groups whenever possible.

ZPCT II will continue to participate in the technical working groups, and will develop a plan for evaluating program data as per the interests of GRZ and the USG. List of questions are being developed, as is an examination of available data sources. These efforts will lead to a better understanding of the overall effectiveness and efficiency of national pediatric HIV program in Zambia.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Zambia Service Provision Assessment Survey (ZSPA) is a health-facility survey that will be implemented by the Ministry of Health and the Central Statistical Office with technical support from the MEASURE DHS Phase III. The ZSPA will be carried out to assess the capacity of health facilities. It will collect information on availability of services, existence of critical equipment, supplies and procedures, provider capacity, performance and perceptions, and the client perspective. The ZSPA will provide the data needed to report on 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 PMTCT and PMTCT+ services, and the availability of youth-friendly services.

The survey will be conducted in a sample of facilities. An objective will be to facilitate the measurement of changes since the 2005 ZHSPA in the capacity of health facilities to provide quality HIV/AIDS services. The survey results will be widely disseminated through the preliminary and main survey reports, special policy briefs and at the national seminar. The ZSPA 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 ZSPA will contribute directly to the GHI principle of health system strengthening by producing indicators for measuring the performance of the health system. This study will collect data on provision of other health services mainly family planning, maternal and child health, Nutrition and tuberculosis.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood
Family Planning

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**
Governance and Systems	HVSI	0	0

Narrative:

The MEASURE DHS Phase III will provide technical support for the 2012 Zambia Service Provision Assessment Survey (ZSPA) to the local implementing partners, the Ministry of Health and Central Statistical Office. The project will provide support to the ZSPA 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. The contactor 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 ZSPA 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. Capacity building and skills transfer will be at the center of the technical support provided to the local implementing organization. Support for data use will also be provided by conducting data user's workshop for both Zambia Demographic Health Survey and ZSPA data files.

Implementing Mechanism Details

Mechanism ID: 10207	Mechanism Name: Twinning Centre
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Grant
Prime Partner Name: American International Health Alliance Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,575,051	
Funding Source	**Funding Amount**
GHP-State	1,575,051

Sub Partner Name(s)

Centre for International Health	Livingstone General Hospital	University Teaching Hospital

Overview Narrative

PEPFAR supports the Twinning Centre in implementing partnerships, initiatives, and volunteer placements that help build critical institutional and health human resource capacity to combat HIV/AIDS. Through funding from the Department of Defense, the Twinning Centre has a partnership with the Zambia Defense Force Medical Services (DFMS) under which the following defense force sites are supported – Maina Soko Military Hospital, Defense Force School of Health Sciences, Gondar Army Barracks camp hospital, Zambia Air Force (ZAF) Mt Eugenia camp hospital, ZAF Mumbwa camp hospital, Zambia National Service Kitwe camp hospital and Tugargan Army Barracks camp hospital.

The overall goal of this partnership is to strengthen the capacity of the military health personnel to effectively and efficiently provide HIV treatment and care for military personnel and surrounding communities by improving their access to evidence based resources through information and communication technologies. The specific objectives include 1. Supporting ZDF partners in identifying and having access to both relevant health and up to date on line evidence based resources and downloads and store e-resources to use for offline references. 2. Assisting ZDF partners to expand their leadership and project management skills including practical skills in monitoring and evaluation of their programmes. 3. Providing support to identify and respond to other capacity gaps in the provision of an HIV/AIDS continuum of care and support in the military sites and surrounding communities, 4. Expand Learning Resource Centres to rural military health sites and create telecommunication linkages and

increased collaborations between these Learning Resource Centers (LRC) with the referral sites in Lusaka.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	20,000

TBD Details

(No data provided.)

Key Issues

Military Population

Mobile Population

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	0

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.

In FY 2011 PCAZ will be twinned with ZAMCOM, which will work closely with PCAZ on the development of palliative care information for healthcare providers, policymakers and the general public. ZAMCOM will assist PCAZ in sharing information about palliative care to the general public through effective messaging through various media, including television, newspapers, radio, etc. Through this Zambian twinning relationship, PCAZ will be ca

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	500,000	0

Narrative:

In FY 2012, the Twinning Centre will continue to work with the 8 established LRCs of which 2 are in Lusaka and 6 in rural and peri -urban areas. The partnership will assess and establish of 7 new LRCs mostly in rural areas and one based at the DFMS head quarters bringing the total number of LRCs to 15. A total of 30 military health staff from the health sites hosting LRCs will receive training in LRC management to promote sustainability. Twenty five staff among them Commanding Officers, Nursing Directors and hospital administrators from target health sites will be exposed to the evidence based resources and how they can support the health cadres in promoting evidence

based planning and practice in the Defense Force Medical Services.

Telecommunication links will be establishd in the first phase between 6 LRCs and Maina Soko, the main referral hospital for the Defense Forces. This will promote tele-consultations and improve access for patients in rural health sites to specialist diagnosis.
The partnership will collaborate with Project Concern International (PCI) to ensure a suitable monitoring tool is developed that will be integrated into the existing monitoring framework.

A review of the Nursing Assistants course will be conducted at Maina Soko Military hospital. A review committee of 8 professionals from key stakeholders including government – MOH will be part of the committee.

A functional nursing skills laboratory will be set up at the Emmasdale School of Health Sciences and to strengthen the practical nursing skills of the military medical assistants' trainees. The skills laboratory will be expanded to all Provincial centres in COP 13 to provide in service training within reach of the health professionals. They will not have to travel to Lusaka for continuing professional education. The trainings will be designed to take place at Provincial level as the Twinning Centre endeavors to work with partners more on the ground and in rural and underserved areas.

A Memorandum of Understanding will be signed directly with the Emmasdale Defense Force School of Health Sciences to establish a Nursing partnership with a peer Nursing counterpart from USA or another country in Africa that has made tremendous strides in Nursing education.

Finally the partnership will conduct a practical leadership and management training for LRC Coordinators, Project leaders and Commanding Officers targeting at increasing sense of sustaining projects in the absence of external funding; local control and effective management of the projects. 50 officers will be trained across the 54 sites.

Additional funding will be provided for creation of a Skills Lab to strengthen the academic curriculum and incorporate new technologies for HIV diagnosis and management at zonal laboratory training institutions associated with the referral hospitals. ZDF referral hospitals will create professional development opportunities for laboratory staff and managers through national, regional, and international training.

The second part of this initiative is to extend the health care worker skills labs to provincial level so as to increase the number of health care workers having access to practical skills training within their local environment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	125,051	0

Narrative:

Through 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.

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 to tailor messages to be culturally appropriate within the geographic location. Messages and activities will target males and females equally but 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	150,000	0

Narrative:

Through 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.

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 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 the hope that after learning this material in school, the children would also take it home and share with their families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	300,000	0

Narrative:

The Overall goal of this partnership is to contribute to the HIV/AIDS programmes of the Centers of Excellence (COE) by strengthening the clinical skills capacity and management roles of the Zambian pharmacists through exchanges and training. Specifically the partnership is to enhance the capacity of Zambian pharmacists and pharmacy technologists who are responsible for the following 1. Assuming the role and functions of practitioner members of the HIV/AIDS Clinical teams at Lusaka and Livingstone COE and 2. Demonstrating the knowledge and skills required to organize and manage pharmacy services for the delivery of Anti Retro Viral Therapy (ART) interventions in support of HIV/AIDS prophylaxis, treatment and care for mothers, infants and children. In supporting pediatric ART, the partnership will collaborate with other partners aligning with the approach that devolves services down through the district health facilities and consistently working with accepted quality assurance standards.

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 Statistics Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The fiscal year (FY) 2012 plan aims to build-up and sustain the Central Statistical Office (CSO) and staff expertise in statistical analysis and the conduct of population-based surveys. An Important FY12 activity is the undertaking of the Demographic and Health Survey (DHS). This survey will have larger coverage than in the previous rounds as it will include HIV testing of children aged 2 to 5 years in addition to adults in the reproductive age groups. All consenting adults will be tested for HIV and Syphilis. All individuals with seropositive results will undergo a further test, CD4, to determine access to and the unmet need for ART. This indicator has not been captured under any of the population-based HIV/AIDS surveys that have been carried out in Zambia. In FY13, CSO will commence preparatory activities for the second survey, the AIDS Indicator Survey (AIS) in readiness for the undertaking of the actual survey the following year. This survey aims to determine the prevalence of HIV in children aged 2 to 5 years and adults aged 15 to 64 years and syphilis in adults only, determine access to and unmet needs to HIV/AIDS services for HIV positive individuals, and to estimate HIV incidence. In FY12 and FY13, CSO will play a pivotal role in health systems strengthening by providing statistical analysis capacity building support to the Ministry of Health through the Epidemiology for Data Users program being implemented by the MOH. This activity provides statistical and database skills to MoH and NAC provincial and district personnel. These skills are crucial in their work and especially in developing epidemiological profiles for the districts that they work in. This narrative includes an additional S1,310,835 for the partnership framework for implementation plan.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10212		
Mechanism Name:	CSO Follow on		
Prime Partner Name:	Central Statistics Office		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	50,000	0

Narrative:

An Important FY 2012 activity is the undertaking of the Demographic and Health Survey (DHS). This activity will be conducted and support Zambia PEPFAR activities under the area of Surveillance and Surveys. The Central Statistical Office is the producer but not the end users of statistics. In this case, the office is going to collaborate with all stake holders that need information on HIV/AIDS indicators in order to monitor and evaluate their programs. This survey will have larger coverage than in the previous rounds. All consenting adults will be tested for HIV and Syphilis. All individuals with seropositive results will undergo a further test, CD4, to determine access to and the unmet need for anti-retroviral treatment (ART). This indicator has not been captured under any of the population-based HIV/AIDS surveys that have been carried out in Zambia. All adults with reactive syphilis results will be treated within the home but confirmatory testing for surveillance purposes will be done at the reference laboratories. The specimens collected in the survey will also be used for HIV incidence testing and estimation. This will be a collaborative effort between CSO and the National HIV/AIDS/STI/TB Council (NAC), the University Teaching Hospital (UTH), Tropical Disease Research Center (TDRC) and the Ministry of Health (MoH). The country plans to have another population-based survey, the AIDS Indicators Survey (AIS) that will estimate HIV prevalence and incidence within a period of five years. In FY 2013, CSO will commence preparatory activities for the second survey, the AIDS Indicator Survey (AIS) in readiness for the undertaking of the actual survey the following year. This survey aims to determine the prevalence of HIV among adults, determine access to and unmet needs to HIV/AIDS services for HIV positive individuals, and to estimate HIV incidence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

COP12 PFIP ADDITIONAL FUNDING: $1,310,835 The fiscal year (FY) 2012 plan aims to build-up and sustain the Central Statistical Office (CSO) and staff expertise in statistical analysis and the conduct of population-based surveys. In COP 12, USG will support capacity building of the Central Statistical Office (CSO) staff expertise in statistical analysis and the conduct of population-based surveys. CSO will conduct a population-based survey to

estimate HIV prevalence and incidence in 2012 and 2013. Upon completion of this survey, several cadre will have received training in statistical analysis as well as the clinical aspects of the survey such as drawing of blood, HIV counselling and testing, operation of the CD4 machines, conducting of HIV incidence testing using BED-CEIA. This activity will be conducted and support Zambia PEPFAR activities under the area of other health systems strengthening. The Central Statistical Office is the producer but not the end users of statistics. However, the ability of CSO to provide statistical services has been limited to owing largely to few qualified individuals in statistical analysis and conduct of the population-based surveys with biomarkers. They have previously relied on external technical support. The Ministry of Health relies on CSO for the production of indicators for monitoring the HIV and AIDS response but the capacity of the CSO is currently limited. CSO will play a pivotal role in health systems strengthening by providing statistical analysis capacity building support to the Ministry of Health through the Epidemiology for Data Users program being implemented by the Ministry of Health. This activity provides statistical and database skills to MoH and NAC provincial and district personnel. These skills are crucial in their work and especially in developing epidemiological profiles for the districts that they work in. The CSO will collaborate with the University of Zambia (UNZA), NAC, Ministry of Health (MoH) to utilize technology to collect, assess, and report data from the district and province to the national level routinely in accordance with established deadlines. The CSO will be responsible for maintaining a national data warehouse.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,481,000	
Funding Source	**Funding Amount**
GHP-State	3,481,000

Sub Partner Name(s)

Barefeet	New Partner	Our Lady's Hospice

Overview Narrative

With the Ministry of Health, CDC, and other partners, EGPAF helps manage the Zambian national electronic health records (EHR) system, SmartCare, providing strategic input, finance management, seconding information technology (IT) staff and procuring computer equipment. SmartCare, adopted by the MOH in 2006 operates in over 570 health facilities as the national patient record system.

Health workers capture patient data in SmartCare's robust database. Data is kept in an EHR affording clinicians the ability to run data queries, check patient progress, identify missed visits, and track clinic performance. It allows patients to travel with their complete medical history through use of SmartCards which increase patient ownership of their health record and enhance continuity of care. EGPAF will support training, deployment and maintenance in all nine provinces and will lead national data use for continuous quality improvement (CQI).
Under the Reducing Maternal Mortality project, EGPAF will support data collection and monitoring and data use activities in partnership with the MOH and select districts for CQI. Lessons learned and promising practices in SmartCare data use and CQI will be shared. The use of data and geographic information systems (GIS) mapping to identify resources and gaps will inform strategies to provide quality, cost-effective, and equitable maternal health services.
EGPAF will support pediatric care and treatment services; including mentorship and training of counselors, sub-grants for CBOs providing palliative care and psychosocial support (PSS), support for Child Health Weeks and the nation's only dedicated pediatric hospice, and support for Zambia's Pediatric Clinician's Society to share promising practices in pediatric HIV services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Safe Motherhood

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	PDCS	200,000	0

Narrative:

EGPAF supports critical pediatric care and support services which fill gaps in pediatric HIV services in Lusaka District. The targets for the PDCS category are included in the narrative and detailed in the indicator/target section.

Pediatric counseling mentorship – increasing pediatric enrollment and retention, and promoting innovative approaches for pediatric PSS: EGPAF has trained more than 100 pediatric HIV/AIDS counselors using the MOH-endorsed course for counseling HIV-infected children and adolescents. EGPAF provides mentorship of HIV counselors, who primarily operate out of clinical sites. Routine program data show that sites with trained pediatric counselors have higher pediatric enrollment and retention than those without. EGPAF will continue to provide mentorship for counselors to improve quality of care and strengthen health services. EGPAF will also share innovative tools with counselors, and will continue to assess the effects of counselors on pediatric enrollment and retention. EGPAF, through its Pediatric Counseling and Support technical advisor will work with the MOH and other key stakeholders including implementing partners to improve the quality of pediatric care and support programs. EGPAF will convene quarterly workshops for implementing partners to share experiences and lessons learned in clinic based counseling of HIV positive children, disclosure methods, adherence counseling and support group formation and development.

Tiny Tim and Friends (TTF) – providing pediatric palliative care: Although clinic-based efforts have increased the number of children enrolled in HIV programs, CBOs are integral to the provision of PSS. EGPAF will continue to support TTF, a Zambian CBO, for PSS and pediatric palliative care programming. EGPAF will also continue to build the capacity and sustainability of TTF in programs, monitoring and evaluation (M&E), and operations. EGPAF will continue to support the TTF program which mentors Our Lady's Hospice pediatric palliative care unit with technical assistance and secondment of a nurse practitioner as well as leading its own child support program.

Our Lady's Hospice (OLH) – providing pediatric hospice services: EGPAF will continue to support the pediatric in-patient palliative care program at OLH. EGPAF, OLH, and TTF will continue to work collaboratively on this project, which is the country's only dedicated pediatric hospice unit. EGPAF will continue to provide financial support to OLH to employ one full time pediatric palliative care nurse. In addition, EGPAF's technical director and nurse trainer (trained in pediatric palliative care) will provide quarterly supportive supervision to OLH.

Africa Directions (AD) – pediatric psychosocial support: EGPAF will continue to support AD, a Zambian CBO, through a sub-grant to support pediatric support group programming for approximately 60 children infected and affected by HIV. EGPAF will also continue to build the capacity and sustainability of AD for programs, M&E, and operations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	2,581,000	0

Narrative:

EGPAF will continue to implement and manage the national EHR system; SmartCare, by providing strategic input and financial management and supporting IT staff and the procurement of computer supplies. EGPAF will continue to support SmartCare's training, deployment and maintenance needs across all nine provinces. In addition, EGPAF will continue to lead national data use and optimization efforts for program improvement. Specific activities include:

• Support completion of SmartCare PMTCT module roll-out and related training
• Procure, deploy, and maintain SmartCare equipment and supplies
• Strengthen local area networks and electricity access
• Disseminate SmartCare guidelines and policies
• Support health care worker trainings, provide feedback on training curricula, and develop and roll out reusable training materials
• Ensure adherence to data flow procedures
• Leverage SmartCare data for program improvements
• Hold data reviews to identify and fill program gaps
• Use data to advocate for policy changes to reduce barriers and missed opportunities
• Support quarterly SmartCare user forums
• Support data use training-of-trainer classes for SmartCare staff
• Explore how SmartCare can be used for program surveillance
• Explore additional SmartCare enhancements and innovations
• Build MOH capacity to lead and manage comprehensive, quality HIV/AIDS services, with a focus on data use

Under the integrated Reducing Maternal Mortality project, EGPAF will continue to support the data collection and monitoring process through a strategic use of the SmartCare system and through leading data use activities in partnership with the MOH and selected districts. EGPAF will coordinate data collection efforts with other partners for optimal M&E. Lessons learned and promising practices in SmartCare, data use, and QI will continue to be shared between the two integrated projects. To ensure the provision of comprehensive, integrated, and quality maternal c services, EGPAF will continue to use SmartCare data to create standard reports of site-level service quality. Using GIS software, EGPAF will continue to map out key resources such as Safe Motherhood Action Groups and emergency transport services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	

Narrative:

EGPAF will continue to support Provincial Health Offices (PHOs) in Lusaka, Western, Eastern, and Southern Provinces in capacity building in financial and program management following needs identified but not yet addressed in PY1 (October 2011-September 2012). EGPAF will work with the four provinces, training PHOs (HR, Finance, and Provincial Medical Officer) in USG fund management, accountability and governance, and report requirements.

[Human Resources for Health] The MOH, EGPAF, and CDC have implemented the SmartCare Essentials Certification program and have trained and certified more than 300 SmartCare users. Project funds will be used for SmartCare trainings for healthcare workers such as data entry clerks, senior District Nursing Officers, Nursing tutors, Clinical Officers, and program managers. EGPAF will continue to support the dissemination of and training on SmartCare guidelines and policies at each level of the health system to ensure SmartCare functionality and ensure data use for QI.

As part of the capacity building and sustainability effort, trainings will continue to be led jointly by EGPAF and the MOH. Finally, EGPAF will continue to support SmartCare Training Labs in each province, where trainings for SmartCare will be held using multiple workstations networked together. These trainings will include pre-service practical sessions for healthcare workers in each province. EGPAF's QA/QI staff seconded to the MOH will continue to review SmartCare training curriculum to ensure harmonization with the national QA/QI system.

EGPAF will support the training of at least 70 personnel in use of SmartCare to the level of SmartCare Essentials Certification training. At the same time, EGPAF will support SmartCare's goals of using trained trainers at the district level to provide follow on training in clinics and nursing schools through in-service and pre-service training to support widespread awareness for and use of SmartCare.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	13,178	

Narrative:

EGPAF is committed to supporting the MOH's goal of providing "affordable quality health care as close to the family as possible".

Africa Directions (AD) - EGPAF will support Africa Directions (AD) through a sub-grant, to continue providing voluntary HIV counseling and testing (VCT) for the people of Mtendere area of Lusaka. The goal for FY 2012 is for AD to reach and provide VCT to a total of 2,000 men, women and children in Mtendere. EGPAF will continue to work with AD to improve the use of a data through development of program management database. This work has begun but is not yet completed. The EGPAF technical team will oversee the use of this database and track testing by sex and age and linkage to care and treatment. EGPAF will also provide AD VCT program with health education materials specifically on child counseling and testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	15,006	

Narrative:

EGPAF supports activities that promote integration of PMTCT with routine MCH services including access to syphilis testing.

EGPAF will continue to support the MOH to roll out RST in ANC where RPR testing is not available: EGPAF investigators co-led an implementation research study on the acceptability, feasibility, and cost-effectiveness of introducing RST along with HIV testing in ANC facilities and within PMTCT. Analysis has shown that RST is acceptable, feasible, and cost-effective in urban and rural settings and does not negatively affect HIV services. As a result, national policy was changed in 2011 to adopt RST in sites without access to RPR. EGPAF will continue to work closely with the MOH and CDC to support the roll-out and sustained use of RST where RPR is unavailable. EGPAF will meet regularly with relevant MOH staff and the STI TWG at least biannually. The LiveFree Project will support one national ToT training for all nine provinces, including one lab specialist, one clinical specialist and one MCH coordinator to strengthen roll out and use of RST as well as laboratory quality assurance.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	471,816	0

Narrative:

HTXS Budget Code: EGPAF will support the Ministry of Health to carry out a national Antiretroviral (ART) outcomes and impact evaluation; this will inform the Government of the Republic of Zambia and PEPFAR on priority areas for continued support and expansion of ART services. This will be the first nationally representative

evaluation with the proposal to collect outcome data and subsequently use these to model impact indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	200,000	0

Narrative:

EGPAF supports critical pediatric treatment services which fill gaps in pediatric HIV services in Lusaka District. The targets for the PDTX category are included in the narrative and detailed in the indicator/target section.

Tiny Tim and Friends (TTF) –intensive pediatric HIV case management: EGPAF will continue to support TTF, a Zambian CBO, through a subgrant to support care and treatment needs for 300 children, including those with treatment failure. EGPAF will also continue to build the capacity and sustainability of TTF for programs, M&E, and operations.

Zambia Pediatric Association (ZPA) – promoting promising practices: EGPAF will continue to support biannual meetings of the Zambia Pediatric Clinicians Society as a forum for sharing best practices on pediatric PSS, pediatric counseling,, pediatric palliative care, and intensive pediatric HIV case management. To promote partnerships and sharing of lessons learned, EPGAF will work with TTF to present their work using an intensive case management model at the biannual ZPA meetings.

Child Health Week - supporting HIV testing of children to increase pediatric enrollment on ART: EGPAF/Zambia targets support for innovative initiatives which increase rates of pediatric enrollment in care and treatment services, including HIV testing during Child Health Week (a biannual national immunization campaign for children under five). EGPAF has seen increases in the number of children enrolled into care during the quarters in which Child Health Weeks are implemented with integrated HIV counseling, testing, and linkages to care. Given the positive results, EGPAF will continue to support the MOH to effectively manage Child Health Weeks with a focus on HIV testing and linkage to care and treatment services. In this year, EGPAF will support 2 districts to conduct HIV testing during child health week.

Implementing Mechanism Details

Mechanism ID: 10220	**Mechanism Name: IntraHealth**
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,787,655	
Funding Source	**Funding Amount**
GHP-State	1,787,655

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Zambia Demographic Health Survey (2007) estimated that 14.3% of Zambians aged 15-49 were HIV positive. About
1.6% of the adults become newly infected each year with approximately 82,000 people infected in 2009. Of new HIV infections, about 71% are believed to arise through sex with non-regular partner including having a partner that has another sexual partner. It is also estimated that more than 20% of all new HIV infections occur among individuals who have only one partner due to discordancy. The high rates of new HIV infections require implementation of comprehensive HIVprevention strategies. Understanding the behavioral, biological and structural drivers of the HIV epidemic is key to
designing effective prevention interventions. The proposed program will join the National AIDS Council (NAC), Ministry of Health (MOH) and PEPFAR supported partners to intensify prevention through HIV counseling and testing (HCT), prevention with positives (PwP) and sexual prevention interventions. HTC
will be a key and essential component of HIV prevention because it is a prerequisite for treatment, pre-ART care and
support services. Couples HTC will be a critical element for identification of sero-discordant couples and promoting the use of ART as prevention in sero-discordant couples. HTC will be gateway to other prevention interventions such as package of services for most at-risk populations (MARPs). TBD will implement comprehensive and quality HIV prevention services in poor and remote areas of Zambia. They will contribute to health systems strengthening by training health workers and community volunteers to strengthen couples HTC service. They will develop a monitoring and evaluation plan to ensure Systematic collection of data for improved programing.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	47,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Mobile Population
Safe Motherhood
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10220**
Mechanism Name:	**IntraHealth**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,417,655	0

Narrative:

The need to increase rates of HTC coverage and maintain high levels of uptake is underscored by continued low rates of testing, low knowledge of individual and partner sero-status. TBD will ensure appropriate expansion of HTC services to identify HIV positive persons and discordant couples, and strengthen linkages between HTC and other essential services. Strategic HTC scale-up will be forged in order to increase access to treatment, care and support, and prevention services for PLHIV, and to reduce population-level HIV incidence through continued increase in PMTCT, VMMC, and treatment services. Importantly, the strengthening of linkages between HTC points of diagnosis and other HIV services – both clinic-based and community-based – should fundamentally impact the effectiveness of HTC programs. TBD will ensure that they specifically provide HTC services for couples/partners, and families to enable them know their HIV status – with particular emphasis on identifying HIV sero-discordant couples. Two primary approaches to HTC that will be encouraged and utilized are: a) provider-initiated HTC -

occurring through a health care provider as a standard component of medical care; b) client-initiated HTC - occurring through active seeking of HTC by clients in settings where these services are scaled up, made more readily available and communities sensitized. The settings in which these approaches will be utilized include clinical and non-clinical or community-based settings. For community based settings, they will implement:
• Home-based HTC via index patient or door-to-door HTC;
• Mobile or outreach HTC targeting specific communities or populations;
• Stand-alone HTC.
To realize efficient and effective use of PEPFAR funds and technical support, optimal HTC programs will ensure that the mix of HTC approaches is strategically applied to communities and populations most affected by HIV. TBD will work with NAC and MOH to expand access to and uptake of couples HTC, using novel and innovative strategies suitable for underserved urban and rural settings. They will work closely with these government entities at all levels to support strategic planning, implementation and provision of technical assistance. They will partner with the District Health Management Teams to integrate couples HCT into community and government health centers in order to maximize use of existing facilities. They will also continue to ensure high quality service provision and the availability of test kits and other essential HTC commodities.
TBD will work closely with the provincial and district health offices to collect routine statistics regarding couples HCT program. On a quarterly basis, these data will be reviewed internally to identify potential weaknesses in the approach, so that the appropriate interventions may be implemented. On a semi-annual basis, the figures will be reviewed with the district health offices to address common obstacles and challenges.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	220,000	0

Narrative:

Other sexual prevention programs will specifically target HIV prevention efforts towards the general population and vulnerable subgroups such as alcohol and other drug-users, mobile populations and persons engaged in transactional sex. TBD will implement combination prevention that will not only focus on individual susceptibility and risk but also on societal factors that affect individual risks and vulnerability. Structural interventions will include policy work with MOH, traditional leaders and civil society to reduce stigma and discrimination; advocacy for adoption and implementation of alcohol policies and legislation; efforts to reduce harmful gender norms. TBD will promote condoms and other prevention services beyond abstinence and be faithful in the general population. They will work with NAC and MOH and other stakeholders to ensure that male and female condoms are distributed and made accessible to all sexually-active target populations, including young people. They will implement social and behavior change communication (SBCC) activities that are linked to clear behavior change objectives. Prevention activities will provide individuals with the relevant motivation and skills needed to adopt safer behaviors rather than solely focusing on improving knowledge or awareness of HIV. TBD will foster culturally appropriate social norms, attitudes, and beliefs and develop skills to reduce multiple and concurrent sexual

partnerships. They will scale-up prevention activities for men to proactively change harmful gender norms that support and encourage multiple and concurrent partnerships and cross-generational sex.
TBD will scale-up a minimum, core set of interventions adapted for different sub-groups vulnerable to HIV. Peer education and outreach will be accompanied by risk reduction counseling. Risk reduction counseling delivered through peer outreach or in clinic settings will be utilized to address both alcohol and sexual risk behaviors for target populations. Referrals to MC will be encouraged as part of a comprehensive HIV prevention package for clients of female sex workers and other HIV negative males at high risk of HIV. TBD will also strengthen referrals to HIV care and treatment including PMTCT, adherence support and opportunistic infection prophylaxis. They will implement PwP interventions to contribute to the reduction of people getting infected and promoting a positive life-style for the infected. Monitoring and evaluation will be an important part of these program activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	150,000	0

Narrative:

IntraHealth is positively impacting on increased access and uptake of HCT in remote areas through trained lay counselors in all districts of operation. Accessibility to HTC services has resulted in increased numbers of community members who know their HIV status and consequently do require care and treatment services. Unfortunately, ART in many remote and hard to reach areas is difficult to access because of limited ART sites in most districts. The limitation to ART accessibility poses great challenges to fulfilling one of the key priorities for COP 2013- that of increased linkages to continuum of HIV services. Furthermore, the limitation is a great threat to the health of persons living with HIV (PLHIV). Due to long distances, many PLHIV do not make it to the ART centers in the first place; many of those who make it often default and fail to adhere to treatment. IntraHealth will support the DHOs and their health facilities to provide ART to remote and hard to reach communities through mobile HIV services. IntraHealth's support will be in the form of logistics to facilitate mobility to such places to enable PLHIV receive appropriate care and treatment. Community members will be trained in adherence counseling in order to educate and encourage patients to comply with treatment. This will be done to ensure that there is a reduction in the number of clients defaulting. IntraHealth will strengthen the existing quality control and quality assurance in all ART services.

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, Zambia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 4,274,503	
Funding Source	**Funding Amount**
GHP-State	4,274,503

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This program continues to strengthen, support, and expand the Ministry of Health's sustainable response to the HIV/AIDS epidemic in the Republic of Zambia. The intent of this program is to complement and continue the current public health activities of the Ministry of Health (MOH) in Zambia.The Ministry of Health (MOH) headquarters is responsible for the overall leadership in the delivery of health services in the country, including policy, planning, and coordination and supervision of all sub-national structures as well as implementing partners.

This project will support a sustainable response to the national HIV epidemic in the Republic of Zambia by assuring that direct support provided to the MOH is used to effectively and efficiently support the implementation of comprehensive integrated HIV/AIDS and healthcare interventions in general.

This program primarily provides support in the areas of Prevention of Mother to Child Transmission (MTCT), Antiretroviral Treatment for both Pediatrics and Adults(PDTX and HTXS), Tuberculosis (HVTB), Strategic Information (HVSI), other prevention (HVOP-STI), Cancer registry, Laboratory (HLAB), counseling and testing (HVCT) and Health system strengthening (OHSS).
Using COP12PMTCT PLUS UP funds $400,000, the MOH will continue to provide leadership in implementing priority strategies intended to accelerate the prevention of mother-to-child transmission (PMTCT) program toward reaching the goal of elimination of HIV MTCT by 2015. In addition to providing strong leadership and coordination of all stakeholders, MOH will implement one-off activities intended to strengthen the base of the national PMTCT program for a more effective MTCT elimination drive...

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**10223**		
Mechanism Name:	**Ministry of Health**		
Prime Partner Name:	**Ministry of Health, Zambia**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	1,080,000	0

Narrative:

Narrative (3,500 characters)

The National TB control Program (NTP) will continue to support and strengthen access to quality TB and HIV care services in Zambia through strengthening of TB/HIV collaboration and coordination at all levels of care. The program will continue to support key staff at the central unit. Continue to strengthen TB/HIV collaboration through regular and scheduled meetings with all stakeholders. Continue to develop and update guidelines. The program will also continue to strengthen programmatic management of MDRTB.

The program will continue to build capacity in Provider Initiated Testing and Counseling (PITC) in order to increases surveillance of HIV among TB patients as well as the provision of ART and CPT in the TB clinics. This will be achieved through the upgrading of the current training packages to include the new WHO recommendations. This will further be strengthened by conducting On the Job Training (OJT), mentoring, and technical support to the provinces.

The program will expand the TB/HIV services into the prisons though capacity building, mentoring, and patient and

client care.
To reduce the burden of TB among the HIV positives the program will build capacity in the provision of Isoniazid Preventive therapy (IPT) and intensified case finding (ICF). IPT/ICF guidelines are already being developed and a training package will be developed. TB Infection Control will also be enhanced.
Program monitoring and evaluation of the TB/HIV activities will be done through capturing of TB/HIV data elements and holding of data review meetings. The NTP will support the quarterly National and Provincial TB/HIV coordinating body meetings.
NTP will also strive to increase access to both TB and HIV diagnosis by strengthening the TB laboratory network efficiency in the country. The program will support the courier system to improve the surveillance of drug resistant TB.
National Reference Laboratory (NRL) will focus on providing specialized TB laboratory diagnostic services to all healthcare facilities. These will be new diagnostics and will include; Hain test, GeneXpert, and iLED fluorescent smear microscopy for improved smear sensitivity and turnaround time. NRL will procure adequate laboratory supplies and reagents for TB culture and microscopy centers. Establish service for TB laboratory equipment.
The NTP will provide technical support through supervision and during the holding of bi-annual national data review meetings, provincial and district review meetings.
To increase on awareness to the public Information, education and Communication (IEC) materials will be developed, printed and distributed to all the health facilities in the country.
The NTP will conduct the National TB prevalence survey to estimate the prevalence of TB through population based surveys.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,000	0

Narrative:

Pediatric care and support will ensure increased number of infants and children identified early in care and support by expansion of the Early Infant Diagnosis (EID) program and routine Provider Initiated Testing and Counseling (PITC). This will be done through trainings and mentorship activities which will include PMTCT, pediatric counseling and testing, infant and young child feeding, EID, palliative care and management of pain, and anthropometric measurements in children and early identification of malnutrition.
Co-trimoxazole prophylaxis for all HIV exposed and positive children will be provided in maternal neonatal and child health (MNCH) settings as well as all the follow up care and support service points. Loss-to-follow up on co-trimoxazole prophylaxis will be addressed by improving links between health facilities and communities.
The newly developed adolescent guidelines, which address disclosure in all children in a staged approach, adherence and sexual and reproductive health issues in the pediatric population particularly in the adolescent age group will be rolled out to all sites. Research and evaluations will be directed towards these emerging concerns. In order to address these issues, standard tools will be developed to be able to collect data systematically.

On-site mentoring and supervision will be continued in order to strengthen and improve the quality of health services provided with main focus on palliative care and pain management in children.
The new safe motherhood cards will also take into account the linkage between MCH and Pediatric ART services and once implemented should help address Testing of children during the routine immunization programs and six monthly mass immunization campaigns will be continued.
There has been increased support health care workers and lay counselors t will be trained in DBS collection for EID and the number of EID sites will be expansion from the current 1,470 PMTCT sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	200,000	0

Narrative:

Laboratory services provide accurate and reliable information to guide decision making for quality health care. In line with this laboratory services have set priority areas that include activities to strengthen laboratory management towards accreditation, the establishment of the National Quality Assurance unit that will oversee both internal and external quality assurance activities and generally the implementation of Quality Management Systems
The Ministry of Health is implementing an accreditation program that will see selected laboratories get international recognition through accreditation. This will be achieved through trainings in strengthening laboratory management towards accreditation (SLMTA), technical support and provision of equipment and supplies.
The National Quality Assurance unit will be established at Chainama Hospital. The unit will coordinate and manage laboratory quality assurance activities for Ministry of Health. It will work with laboratories to implement both internal and external quality assurance activities such as the External Quality Assessment (EQA) programs for Tuberculosis (TB), CD4 enumeration HIV testing among others. The unit will also provide technical support and Continuous Profession Development for laboratory staff. In the initial phase the unit will hire some staff to support the operations with funding from the MOH CDC Cooperating Agreement. To sustain the quality assurance activities and continue building capacity in the management of laboratory activities, Quality Management Systems (QMS) trainings will be conducted.
The National Quality Assurance unit will continue to work with the Chest Diseases Laboratory (CDL) to implement the TB EQA program and other programs that are specific to TB. CDL will continue to strengthen the national QA program for TB smear microscopy to increase the national coverage down to health centers in all the provinces. CDL itself will continue to participate in international EQA programs for microscopy culture and drug susceptibility testing. In addition, CDL intends to introduce the EQA follow up visits for corrective action and will do an assessment of TB Laboratory services versus population distribution.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	980,000	0

Narrative:

With the recruitment of ICT Personnel at provincial level and decentralization: support and maintenance can be achieved. This will cement ownership of the system to the lower levels of the MOH hierarchy and is more sustainable.
It is also envisaged that with training in data use, the demand for SmartCare generated standard and adhoc report will increase thereby making data entry mandatory at the various levels of the ministry.

The target activities for SI program will encompass:

• Capacity building in ICT Skills for MOH HQ and Provincial staff
• Decentralize SmartCare Training and Technical Support visits
• Conduct bi-annual national-wide QA/QC visits for SmartCare deployments
• Build capacity to support data use at all levels of the MOH hierarchy – HQ, provincial and district levels
• Scale up SmartCare to another 500, mostly PMTCT sites
• Upgrade current SmartCare deployments with OPD module
• Capacity building at Ministry of Health headquarters for continued SmartCare software development

The Zambia National Cancer Registry
The Zambia National Cancer Registry (ZNCR) is currently a hospital based registry and the data obtained does not reflect the cancer burden in the country. Strengthening CR at the provincial level will continue in COPs 12 & 13. In the ZNCR goal of strengthening the data management for policy formulation, the registry recognizes the urgent need and plans to do the following:
• Establishment of the ZNCR structure with the appointment of a Registrar
• Appoint information officer that will be collecting cancer data and completing the notification forms.
• Strengthen data analysis and reporting capabilities through CANReg training.
• Hire and train data analyst(s)
• Notification of all cancer cases by the hospitals, cancer clinics, and pathology laboratories.
• Capacity building for Information Officers at the 9 Provincial hospitals

Monitoring and Evaluation
The MOH will conduct joint field monitoring, supportive supervision, assessment of status and quality of services, data quality checks and verifications at all levels with program managers. The ministry will also be Reviewing the existing data collection for male circumcision, condom distribution, PMTCT, ART and HIV/TB integrated services and develop a user-friendly Guidelines/ Protocol on how to complete registers/log books and keeping raw data/information and reporting on number of people receiving services. This will require the ministry to undertake

a country-wide evaluation in a representative sample of facilities to determine the effectiveness of program, identify and address common inaccuracies and identify and transfer good practices. M&E Guidelines will be developed for Supervision of HIV and AIDS programs at Health Facilities by all level to strengthen M&E and quality assurance of all facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	534,503	0

Narrative:

In FY 2012, the USG will support MoH to strengthen access to quality TB and TB/HIV care services through strengthening of TB and TB/HIV collaboration and coordination at all levels. The program will support key staff at the central unit, strengthen TB/HIV coordinating bodies and data review meetings at national and provincial levels, provide mentoring and supervision, develop and update guidelines (IPT/ICF), develop IEC materials and programmatic management of MDR-TB.

The program will build capacity in Provider Initiated Testing and Counseling (PITC) in order to increase surveillance of HIV among TB patients as well as the provision of ART and CPT in the TB clinics. To reduce the burden of TB among the HIV positives the program will build capacity in the provision of Isoniazid Preventive therapy (IPT), intensified case finding (ICF) and TB infection control (TB IC). MoH will strive to increase access to both TB and HIV diagnosis by strengthening the TB laboratory network efficiency and support the courier system to improve the surveillance of drug resistant TB.

National Reference Laboratory (NRL) will focus on providing specialized TB laboratory diagnostic services. These new diagnostics will include; Hain test, GeneXpert, and iLED fluorescent smear microscopy for improved smear sensitivity. NRL will procure adequate laboratory supplies and reagents for TB culture and microscopy and establish service for TB laboratory equipment.

In FY 2012, the USG will support MoH to measure progress towards the national targets in the control and prevention of TB by conducting a national TB prevalence survey. This survey will be population based and will estimate the prevalence of TB for baseline and an assessment to be held after five (5) years to measure the impact. The survey will be conducted in 80 selected clusters with a sample size of approximately 60,000.

The objective of this survey is to estimate in a nationwide representative among adults who are 15 years and above the prevalence of bacteriological confirmed pulmonary TB (PTB) both by sputum and culture positive, estimate the prevalence of symptoms suggestive of bacteriological confirmed pulmonary TB in suspects, estimate the prevalence of radiological abnormalities suggestive of bacteriological confirmed PTB, determine the health seeking behaviour of TB suspects and the prevalence of HIV among TB suspects. The USG funding will support to procure the necessary equipment, reagents and other supplies, transport, hiring and training of staff, data management, laboratory quality assurance, advocacy and social mobilization, monitoring visits and technical assistance. Due to limited knowledge and skill in conducting such a massive survey, the planning, monitoring, evaluation, data

management and technical support through supervision will provide capacity to the health staff and will ensure sustainability. The M&E unit of the MoH will continue to take the lead in the areas of data quality and use under the Epidemiology and Data user Training Program. This will enable staff at national, provincial and district levels to scrutinize data, improve data quality and produce quarterly and annual PEPFAR progress update reports as well as epidemiological profiles for their jurisdictions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	0

Narrative:

During the COP12 implementation period, MOH will continue to provide overall leadership including coordination of implementing partners towards attaining the national goal of circumcising 2.5 million men by 2015, with an aim of contributing towards the national objective of reducing HIV incidence by 50% from the current 1.6 to 0.8 by 2015. Whilst USG implementing partners will separately receive funding dedicated to service delivery, the MOH will use part of the COP12 funding from the CDC Co-Ag to continue strengthening coordination with a new focus on the provincial and district levels. The MOH will under-take targeted capacity building for identified MC program focal point staff in the Provincial and District Medical Offices in order to ensure that the overall MOH strategy and operational plan is effectively translated into service delivery at these levels. Capacity building will also focus on developing effective leadership at provincial and district level for the coordinated deployment of demand creation activities and improving the monitoring of the program at these level. The MOH will also use part of these COP12 funds to provide a coordination platform for the development of a national standardized MC counseling package, and development of MC messages aligned to the national communication strategy. Additionally, the MOH will dedicate a portion of the COP12 MC funds to support supervision and mentoring, training of trainers in the districts as well as covering attendance of regional MC meetings by MOH staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	50,000	0

Narrative:

In 2012, the Ministry of Health (MoH) will continue to support increased access to HIV Counseling and Testing through training of health workers in Provider Initiated counseling and Testing (PICT) and in couple CT. Facility based CT services will continue to be offered at static sites. HIV CT will reach out to adolescents through the provision of Youth Friendly Corners at the Health facilities.

MOH will support door to door CT services in hard to reach areas by providing training to lay counselors/community based volunteers who will promote a family centered approach. Health care workers will also be trained in child counseling to ensure that more children have access to counseling. The lay counselors will be supervised by Health care providers to ensure high quality CT services.

The communities will be mobilized and encouraged to know their HIV status; and those testing positive will be

linked to ART services. In discordant relationships the positive partner will be initiated on HAART regardless of CD4 count or clinical status in line with national ART guidelines. MoH will ensure that linkages between CT and ART services are strengthened to minimize lose to follow up. The HIV negative persons will be given information on how to maintain their negative status.
MoH will undertake supervision and mentoring of primary health care workers in the provinces on a quarterly basis

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	0

Narrative:

The national STI response and intervention includes the following areas of emphasis:
1. Improved case management;
2. Enhanced in-service and pre-service training in syndromic management with an integrated approach;
3. Supervision and mentoring of primary health care workers;
4. Strengthening monitoring, evaluation and reporting;
5. Strengthening STI supplies particularly drugs, Syphilis Rapid Tests and female and male condom supplies;
6. Improved community participation in prevention, control and early treatment;
7. Development of synergistic relationships and networks with private sector and stakeholders in STI prevention and control.

In FY 2012, MOH will continue to implement the national STI program by strengthening coordination of partners working in various parts of the country and through regular annual meetings. During FY2011, MOH introduced guidelines for Rapid Syphilis Testing in Zambia. This resulted in introduction of a national strategy for syphilis screening in line with WHO global strategy for elimination of congenital syphilis by 2015. MOH aims to screen all pregnant women for syphilis and increase syphilis screening among other groups at high risk of STIs and HIV infection. The national goal is to integrate syphilis screening into RH, STI, TB and HIV services. With the introduction of Rapid Diagnostic Tests, health care providers will adhere to guidelines for STI management and offer quality health care as clients will be tested on the spot for syphilis. In FY2012 it will be very important to continue implementing these guidelines, including monitoring to assure quality and reliability of test results. There will also be training of frontline health workers-doctors, nurses, medical licentiates and clinical officers.

MOH will strengthen coordinated supportive supervision to provinces to improve quality of routine data collected for HMIS, support routine provider initiated CT among STI clients, provide regular updates on evidence-based practices that feed into national guidelines and improve the monitoring and evaluation of STI programs. Condom promotion and distribution is one of the pillars of the STIs prevention strategy. The MOH will ensure district health officers take stock of how condom programs are working, how many are available, where they are available, who is

using them and how they are helping in prevention of new HIV and STIs infections.

MOH will intensify support for HIV prevention services targeting young people through youth based life-skills training and promotion of overall adolescent sexual reproductive health services in all the provinces. MOH will support PMOs and DMOs in improving and strengthening youth friendly services in all the districts and health facilities for out of school youth including supporting the training of peer educators.

MOH will support the delivery of HIV prevention services for people living with HIV (PwP) as part of routine care in community and health facility settings. With high levels of sero-ddiscordancy among cohabiting couples, it will be important to strengthen condom use in PwP. MOH will support the development and coordination of PwP training materials for health care providers and community lay counselors. MOH will support the implementation of Gender Based Violence (GBV) activities and information dissemination at health facilities, community and household levels. There will also be orientation and training of service providers in GBV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	400,000	0

Narrative:

The National PMTCT Program will continue to support and strengthen overall guideline amendments and implementation through all stakeholders; in line with on-going WHO recommendations. The program will also continue to support and ensure capacity building for PMTCT staff at MOH, and will train both inservice and preservice health care providers this is in view of high turnover of skilled staff in Zambia. MOH will strengthen the PMTCT program collaboration through regular and scheduled Technical working group meetings with all stakeholders. The program will also continue to develop and implement M and E tools to build and maintain quality service delivery and programming at all levels and conduct data audits recording and reporting and use for planning. The program will continue to 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.

The program continues to coordinate support to training programs 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. This will further be strengthened by conducting mentorship, support supervision and technical support to the provinces. MOH shall maintain quarterly data audits and population based review interactive meetings involving all districts, provinces, the Center, and partners in the health sector. Using COP12PMTCT PLUS UP funds, the MOH will continue to provide leadership in implementing priority strategies

intended to accelerate the prevention of mother-to-child transmission (PMTCT) program toward reaching the goal of elimination of HIV MTCT by 2015. In addition to providing strong leadership and coordination of all stakeholders, MOH will implement one-off activities intended to strengthen the base of the national PMTCT program for a more effective MTCT elimination drive. MOH will implement activities designed to specifically: facilitate the establishment, deployment, and institutionalization of standardized QA/QI systems for PMTCT in Zambia; continue to provide leadership in order to facilitate roll-out of smart-care for PMTCT to all PMTCT sites, including provision of technical and logistics support to districts in deploying of smart-care; conduct a national PMTCT impact assessment in collaboration with implementing partners, and; undertake comprehensive and robust data quality audits and host an annual PMTCT review meeting towards the elimination goal.Using the COP12 PMTCT PLUS UP funds ($170,000), MOH will implement one-off activities intended to strengthen the base of the PMTCT program in the province. These activities will be designed to: Increase health worker retention in rural facilities; Increase utilization of maternity; continue to expand integration models for ANC and ART; Support development of integration models for PMTCT, pediatric HIV care, and routine MNCH services such as EPI, growth monitoring, nutritional support and post natal services; Continue to expand sustainable intra-district laboratory sample courier systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	400,000	0

Narrative:

The ART program plan to carry out the following activities in its effort to achieve its goal to continue to halt and begin to reverse the spread of HIV/AIDS by increasing access to quality ART services:

• TB/HIV /PMTCT integration
In order to reduce loss to follow up and improve the management of patients with co-morbid conditions, the program will build the capacity of TB programme to manage the ART records, logistics and ART management for co-infected patients. This will tie in with the focus on Intensified TB case finding, TB infection control and Isoniazid prophylaxis. Tools to capture the patients that are cross referred will be developed and deployed.

PMTCT presents a unique challenge as far as access to ART is concerned. We have more PMTCT providing sites compared with ART sites and CD4 testing facilities are few and far in between, therefore the ART programme would like to build capacity in PMTCT to manage the ART records, logistics and ART management for pregnant women and infant follow up. The procurement and deployment of a reliable point of care CD4 machine will greatly enhance access.
• HIV drug resistance (HIVDR)
HIV drug resistance is an emerging problem in ART program. Currently 4% of all patients on ART are on second

line treatment. It is important therefore to assess the scale of the problem and identify practices that could promote HIVDR using Early Warning Indicators and HIVDR surveillance for patients initiating ART and those switching from first to second line.

• Establishment of advanced treatment centers(ATC) for 3rd line treatment

About 0.008% patients are estimated to be failing 2nd line treatment. Due to lack of guidelines and expertise in managing such patients' the program will be commissioning a pilot ATC at University Teaching Hospital. Eventually ATCs will be scaled up to Ndola Central Hospital (NCH) and Livingstone General Hospital (LGH). This will go side by side with building laboratory capacity for HIV Drug resistance testing at UTH; eventually NCH and LGH.

The programme has procured a limited supply of third line drug using funding from Ministry of Health to be given to eligible patients. A referral mechanism will be developed for patients from far flung areas to enhance access.

• SmartCare strengthening

This is an electronic patient record management system. It is about 80% deployed countrywide. The SmartCare program still needs further strengthening and improvement. The SmartCare forms needs updating in line with the 2010 ART guidelines. SmartCare needs to be able to generate specific reports as needed for quality improvement using Smart Query.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	200,000	0

Narrative:

The Ministry of Health (MOH) has made tremendous strides in scaling up pediatric HIV services country wide. Currently, we have over 25,300 children on ART. The ministry of health hopes to have 27,000 children on treatment in 2012 scaling up to 32,000 by the end of 2013.

In order to maintain quality of care and adherence to National Guidelines, the Ministry of Health will continue healthcare worker capacity building through trainings in pediatric HIV management, on site mentorship and supervision. MOH will print and disseminate the pediatric HIV training manuals Retention of pediatric patients on treatment has been one of the challenges of the National Pediatric ART program. The MOH will train healthcare workers and community supporters on interventions to reduce loss to follow-up and will conduct awareness campaigns on the importance of timely ART for eligible children. The number of sites providing pediatric ART will be increased. Despite the steps gained in Early Infant Diagnosis (EID) program and routine Provider Initiated Testing and Counseling (PITC) there is still need to strengthen these services in order to avoid missed opportunities. Trainings and mentorship activities in EID and PITC will be carried out in selected rural and the SMS technology will be rolled out from the pilot sites to all the EID sites. 6 Viral load machines will be placed in selected districts to improve the monitoring of children in pre-ART or on ART.

The number of children living with HIV and reaching adolescence has increased, therefore Healthcare workers and

other support groups need to have the capacity to manage these adolescents, through training, mentorship and supervision. These include training of peer educators in adolescent HIV care, support and treatment and also to assist the facilities establish adolescent friendly ART services. Program monitoring and evaluation of the pediatric treatment activities will be done by capturing of data elements through Smart Care and holding of data review meetings.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, NAC will further develop, fully operationalize, and manage the national HIV and 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 and AIDS M&E system which will enable NAC to meet its M&E mandate by providing information for evidence-based decision making.

NAC will continue to coordinate all national M&E activities for HIV and 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 74 districts. NAC will contribute to systems strengthening by enhancing monitoring capacity among all key stakeholders that provide information to the national HIV and AIDS M&E

system, HMIS, and PEPFAR partner reporting systems.

In addressing gender-related issues, the national HIV and AIDS M&E system will monitor access to HIV and 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. Findings from the M&E assessment and mid-term review will guide NAC in prioritizing activities.

The national HIV and AIDS M&E plan 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 and 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 all PACAs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(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
Governance and	HVSI	250,000	0

Systems			

Narrative:

NAC will monitor the national HIV and AIDS response from provincial, district and community levels using the NAC activity reporting forms (NARF) as a routine program level data collection tool. For all the districts where NAC will implement the NACMIS, the officers will be accessing the system via a web based platform. NAC will print and distribute NARFs 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 also continue with the process of interfacing the NACMIS with key information systems and databases specifically SmartCare, health management information system (HMIS), education management information system (EMIS) Another critical activity meant to strengthen MIS will be the routine maintenance of ICT equipment. NAC will also conduct a feasibility study to assess the most cost effective way of establishing sustainable internet connectivity to provincial and district levels. A virtual private network (VPN) will be set up.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

Activities for NAC will greatly contribute to systems strengthening as they are meant to build capacity to strengthen monitoring of the response among all key stakeholders that feed into the national HIV and AIDS M&E system, HMIS, and PEPFAR partner reporting system. The key partners will benefit from these activities by virtue of being key PATF and DATF members. NAC harmonization and alignment efforts for M&E systems will facilitate strengthening of national systems for reporting and monitoring of the HIV and AIDS response.

NAC will support professional level training in M&E and MIS for six staff in the M&E Directorate. During FY 2012, NAC will conduct EDU training for nine Provincial AIDS Coordinating Advisors (PACA), nine IT/M&E Assistants and 72 District AIDS Coordinating Advisors in. To facilitate rollout of NACMIS, NAC will train nine Provincial AIDS Coordinating Advisors (PACA), nine IT/M&E Assistants and 72 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 HIVand AIDS; NAC will also support operationalisation of the National HIV and AIDS Research Framework, provide technical and material support to reasearch activities at national, provincial and district levels through research institutions and other appropriate channels.

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: Provincial Health Office - Eastern Province	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:

Total Funding: 3,125,000	
Funding Source	**Funding Amount**
GHP-State	3,125,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Zambia's population is13, 046,508 with 1,707,731 people in Eastern Province. The HIV prevalence in the 15 to 49 year age group is 14.3% while Eastern Province is at 10.3% (ZDHS 2007).Knowledge about HIV/AIDS stands at 99% amongst the adult. Only 15 % know their HIV status.

Eastern Province has 8 districts with staffing in facilities standing at 57%; the project will aim at strengthening Health Systems and service delivery.

Eastern Provincial Health Office (EPHO) will continue to work towards accelerating of the national PMTCT program towards the goal of MTCT elimination by 2015.

Out of 227 health facilities only 196 are PMTCT sites. Using the PMTCT Base funds, EPHO will expand PMTCT services to the remaining 31 facilities. Annually 13,090 babies are exposed to HIV and MTCT is at12 %.(2007, ZDHS).Tuberculosis is a major cause of morbidity and mortality in people living with HIV/AIDS. TB patients will be tested for HIV and vice versa.TB notification stands at 2623 and 89% of patients were counselled and tested for HIV

in 2010 (EPHO, TB report 2010).
Sexually Transmitted Infections (STIs) constitute 10% of outpatient attendances. Emphasis will be on sensitizations, early detection, effective treatment of STIs and screening for HIV. Partner tracking and data management will be strengthened.
Other prevention activities are in 42 facilities of Chipata; EPHO will scale up to 15 health facilities in each of these districts: Chama, Chadiza, Mambwe and Nyimba.
Despite improvement in C&T there is need to conduct more trainings for untrained health workers.
COP12PMTCT PLUS UP $165,000 will be used to implement one-off activities intended to strengthen the base of the PMTCT program in the province for a more effective MTCT elimination drive.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	3,108,672

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10225**
Mechanism Name:	**EPHO**

Prime Partner Name:	Provincial Health Office - Eastern Province		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	300,000	0

Narrative:

The major objective of the program is to strengthen Adult HIV Care and support in PLWHA in the province in line with the national vision of taking HIV services as close to the families as possible. There has been ongoing strengthening of health system and service delivery in the area of counseling and testing, TB/HIV, STI, ART, condoms and other prevention activities and male circumcision, however some gaps exist. This funding will strengthen Prevention with the Positives (PwP) and ensure all patients in HIV care are linked to appropriate support groups. Monthly Community therapeutic support meetings will be held to ensure that patients on ART and TB treatment have a forum where they can share their experiences. Due to shortage of staff in ART sites, EPHO will recruit 8 health workers. EPHO will train 100 community members as ART adherence supporters who will be provided with stationary, and transport. This will facilitate the provision of the health services in the community and improve the linkages between the community and the health facilities. Refresher trainings will be conducted for 80 ART adherence supporters. This will facilitate the giving of new updates to the community members. Couple counseling and testing (discordant Couples) will be promoted to ensure that all HIV positive clients and their partners are tested for HIV and are supported. This will help in the disclosing of the results, treatment and support to the HIV positive clients and the families. Radio programs will be conducted to sensitize the community on positive living. HIV positive clients will participant in the Radio programs to promote positive living and behavioral change. Recording and Reporting will be strengthened at all levels by quarterly monitoring being part of the activities. Monthly/quarterly integrated technical support supervision, follow ups and mentorship will be conducted. Meetings will also be held at all levels to ensure that data collected is discussed. Post training follow up will be conducted to the community lay counselors and the adherence supporters. EPHO will procure material for Nutrition Assessment, Counselling and Support. The program will train 60 health workers in NACS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	315,000	0

Narrative:

The goal of the TB/HIV programme is to reduce the burden of TB disease among the population of Eastern province including HIV infected individuals.

EPHO will conduct intensified Active TB case finding at community level. Screening of HIV infected patients for TB within the ART/MNCH clinics will be strengthened. EPHO will Strengthen provision of CPT and ART for HIV positive TB patients by making Co-trimoxazole and ART available in TB clinics. EPHO will implement interlinked patient monitoring systems for TB/HIV cases.

MDR-TB Management will be monitored through testing for resistance to first-line anti-TB drugs to 20% of the new and all the retreatment TB patients. A courier system will be put in place for transportation of the samples. EPHO will train 100 Health workers in MDR TB management and Strengthen TB infection control measures in hospitals, outpatient clinics and health centers managing suspected/MDR-TB patients.

EPHO will train 50 health workers and 80 community members in TB infection control and management. Treatment supporters will play an active role in sensitizations on DOTS and TB/HIV preventive health messages. Quarterly TB/HIV Coordinating bodies meeting will be held at all levels through improved implementation of joint TB/HIV control activities at Provincial, district, facility, and community levels.

EPHO will improve the diagnosis of TB among AFB smear-negative TB cases through screening of people living with HIV, and increase access to quality-assured AFB microscopy with effective external and internal quality assurance (EQA & IQA) and procurement of laboratory reagents

Improved community participation through sensitization will be done through drama and use of the local print and electronic media.

To improve on data quality and program performance, EPHO will conduct technical review meetings at Provincial, district, health centre, and community levels. Districts will be monitored quarterly to assess on their performance through Joint Technical Supportive supervision and mentorship with partners which will include impact measurement.

EPHO will commemorate the world TB day, and support the transportation of sputum specimens to the diagnostic centres. EPHO will conduct refresher courses for 40 microscopists.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	165,000	0

Narrative:

EPHO will strengthen and scale up Pediatric Care and support services and ensure equity of care for mother-baby pair through scaling up of static site, improving staffing for ART sites, training staff in the provision of ART services. Early infant diagnosis, child counseling, Provider initiated counseling and testing, and linkages of positive babies from PMTCT to other programmes will be reinforced. Quarterly technical support and mentorship will be conducted to MNCH staff to strengthen follow-up of exposed babies and the provision of Co-trimoxazole prophylaxis within acceptable period domains. The programme will support linkages through referral to the next level of management of pain and treatment of opportunistic infection. Baby friendly services will be promoted

through renovations (paintings and decorations) of children's' wards in the districts and buying of toys for children. The Program will orient 50 health workers in baby friendly and adolescent services from hospitals. Retesting of all HIV exposed and negative babies after breastfeeding cessation will be promoted with support from the PMTCT program. Clinical symposia, technical review meetings, and technical support supervision will be carried out. With the PCR Laboratory in place at Chipata General Hospital, early receipt of results will be reinforced by EPHO through creation of courier systems in partnering with Riders for health. This will ensure timely commencement of clients on treatment once found eligible. Linkages will be created between counseling and testing, PMTCT, TB, infant and young child feeding and nutrition. This will be done through intra facility meetings, technical review meetings and by providing ART in the MNCH and provision of Cotrimoxazole at the TB clinic as well as well as MNCH. EPHO will procure therapeutic food by prescription programs to support pre-ART and ART children with malnutrition. EPHO will integrate the Pediatric care and support services with other services through intrafacility meetings and technical review meetings and mentorship. EPHO will also procure reagents for the PCR machine.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	100,000	0

Narrative:

EPHO laboratory objective is to strengthen laboratory services to support quality TB/HIV/AIDs/STI Care, Treatment, and Prevention services. EPHO in collaboration with level II hospitals will conduct quarterly supervision and quality control/improvement activities in all the diagnostic laboratories in order to strengthen the quality assurance system. EPHO will empower districts with funds to carry out supervision and onsite mentorship to health centre laboratories as a scale up of quality control/assurance activities. The Program will procure EQA schemes as only four (4) laboratories are participating in the National piloted EQA schemes. In order to execute this activity with proper competence and knowledge of the process, EPHO will train 10 laboratory staff in Good Clinical Laboratory Practices (GCLP). Equipment maintenance and calibration by service engineers still remains a key priority in the implementation of Good Clinical Laboratory Practice. EPHO will engage reputable firms to provide the equipment maintenance service. The program will employ 10 laboratory qualified staff in an effort to alleviate the challenge of understaffing and ensure quality health service delivery. EPHO will train 4 Laboratory staff in PCR and support EID through the provision of laboratory reagents. The newly rehabilitated health centre laboratories still face the challenge of power to run the equipment to provide basic laboratory service. EPHO will support health centre laboratories through provision of solar panels and laboratory equipment. In order to secure the laboratories and its staff, EPHO will procure safety equipment such as fire extinguishers, fire blankets and first Aid boxes for 30 zonal centres. In order to supplement on Medical Stores Zambia laboratory logistics, EPHO will procure buffer essential laboratory commodities to alleviate the shortages. EPHO will print in house laboratory Standard Operating procedures and rehabilitate 2 level II laboratories. The program will procure 6 computers to

support laboratory database scale up implementation. EPHO will support sample referral and feedback from the rural health centres to the diagnostic centres. EPHO will carry out minor rehabilitations to the staff houses which will be occupied by the laboratory technicians(painting, filling of wall and floor cracks, replacement of glass panes and door shutters).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	310,000	0

Narrative:

The main objective of SI is to improve and strengthen information management system in HIV care for effective planning, monitoring, reviewing and program management. It provides efficient and effective monitoring and data management services in all program areas of the project. Methods applied in SI enable Program Officers to assess their progress, to make adjustments and achieve goals.

To strengthen SI for decision making, EPHO will conduct re-orientation of 50 Program Managers and District medical Officers in project reporting tools, Target and indicator setting, Data Analysis and How to monitor and evaluate HIV projects.

Further, to ensure that the project resources achieve the intended objectives, 50 Program Managers and Health workers will be trained in Resource Tracking Methods

Quarterly Technical Review of HIV programs will be conducted

Monthly progress review will be conducted in order to improve performance on all supported areas.

Quarterly Cooperating Partner meetings will be held in order to share information, exchange ideas and strengthen partnerships.

Under Smart Care electronic health records system, the following will be done;

? There will be scaling up on sites from the current 48/227 to 90/227 sites.

? Training of 200 SmartCare Users will be conducted

? Re-orientation of 300 current SmartCare users will be conducted

? Monthly supervision SmartCare facilities by District Health Offices

? Quarterly supervision and mentorship of all District Health Office by EPHO

? Onsite mentorship and follow-up of trained staff will be conducted

? Quarterly maintenance of the Smart Care computers and all other computers, internet connectivity (V-SAT) and Local Area Network (LAN) will also be done routinely to all districts by the ICT Officer.

? Procurement of solar panels for health facilities without power for computers

? Provision of SmartCare computers in partnership with CDC

EPHO will continue holding quarterly data quality audits (data cleaning, quality self assessment) and management in all the districts.

Asset verification and branding will be done bi- annually at both provincial and the district level.
Compilation and Submission of the Semi Annual and Annual Progress Reports (APR)
Will be done routinely.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	405,000	0

Narrative:

The EPHO will support training of provincial and district staff in data analysis, M& E and report writing through advanced epidemiology for data user trainings each year. The provincial staff would be trained as trainers who would then conduct two trainings for district staff. These trainings enable staff to create epidemiology profiles, conduct data quality assessments and conduct various analyses of HMIS, NACMIS and SmartCare systems to inform decision making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	200,000	0

Narrative:

In FY 2012, EPHO will continue implementing MC as an integrated measure for HIV Prevention. EPHO will continue to supplement government efforts in MC in order to meet the target of 100,000 negative males circumcised by the year 2012 in Zambia by providing MC to 4,000 HIV negative males. EPHO will strengthen the national MC program by recruiting an MC coordinator dedicated to overseeing MC program activities at provincial level and provide ongoing support to all sites to ensure provision of high quality MC services.
The Province will train 100 health workers in MC in the eight districts. In order to reduce resistance to change, the culture of no male circumcision to a male circumcision culture, EPHO will orient 20 chiefs in MC, 160 head men and 160 Community based volunteers to improve community participation. In the already established MC sites in the districts, EPHO will scale up MC services to 16 zonal centers to improve MC access; minor renovations to five Zonal centers one in each district will be done. EPHO will conduct quarterly supportive supervision, mentorship and Quality assurance meetings will be conducted. EPHO will conduct 12 radio programs to create awareness. EPHO will conduct outreach and mobile MC activities as part of the mobile health service. Linkages will be strengthened between MC, CT, PMTCT and family planning services. Improved referral networks between CT, PMTCT and ART will be strengthened through monthly intra facility meetings. EPHO will purchase bicycles for the oriented village headmen and CBVs to strengthen community involvement and participation. EPHO will procure a vehicle to facilitate and strengthen mobile MC services to ease transport challenges. To ensure continued mass education EPHO will facilitated IEC production and distribution in the province on the benefits of MC. Massive MC campaign especially during holidays targeting school going youths will be conducted in the 5 districts. EPHO will ensure equipment; linen and supplies are available in all MC sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

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. The counseling services will be strengthened through family centered approach including couple counseling by means of door to door counselling and testing through the lay counsellors trained in counselling and testing, and finger pricking. EPHO will procure 100 bags for the trained lay counsellors for carrying testing kits. Sensitizations on strong messages of abstinence, faithfulness to one partner in relationships and use of condoms will be conducted through the print and electronic media. Provider Initiated testing and counseling as opposed to voluntary counseling and testing will be strengthened in all health facilities. EPHO will train 60 health workers in child counseling. To enhance counseling services and also address the issue of discordance, couple counseling will be strengthened by training of 60 health workers. The districts will conduct one day sensitization meetings for 50 community leaders in couple counseling. EPHO will train 80 lay counselors in finger pricking for HIV testing. The Province and districts will conduct quarterly and monthly integrated mentorship and technical support supervision to monitor the provision of counseling and testing services respectively. Quarterly counselors meetings will be held to share experiences and review progress in implementing planned activities. The Province will facilitate commemoration of World VCT. EPHO will initiate printing and updating of a catalogue for trained staff. Follow up visits to the trained counselors, lay counselors and headmen will be conducted continuous soliciting for support and instilling sense of ownership of the programme. Technical support and mentorship will also be conducted to lay counsellors to strengthen referrals for CT and also for Pre ART assessment. EPHO will conduct quarterly quality assurance and control of HIV testing. EPHO will integrate with the Provincial Senior Medical Laboratory Technologist to ensure availability of testing kits. EPHO will purchase bicycles for the 100 oriented headmen. EPHO will pay salaries and Gratuity 6 employees

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	110,000	0

Narrative:

EPHO has scaled up other prevention activities to Chipata, Chama, Nyimba, Mambwe and Chadiza. EPHO will train 100 peer educators in from all 5 districts. An integrated approach with other program areas will be used in creating awareness, creation of preventive messages during biannual youth festivals, and school competitions for youths to reach other youths and adults. Creation of awareness through sensitization through airing of 12 radio programmes on local radio stations will be done, and this will include messages on prevention with positives and negatives, causes, prevention, and stopping youths from engaging in substance abuse. An integrated approach will be adopted .EPHO through DHOs will Sensitize youths in the dangers of early marriages and unwanted

pregnancies, family planning and safer sex. Integrated monthly and quarterly technical review meetings will be conducted at provincial, district, facility and community levels. Monthly and quarterly mentorship, supervision, follow up and monitoring will be conducted health workers, youth coordinators, and youths by the district and province respectively. EPHO will strengthen youth friendly corners through procurement of furniture. An inventory, establishment, and support of anti AIDS clubs in schools will be done. Quarterly meetings and consultations with civic leaders, local authorities, business communities, and other key stakeholders will be conducted as a way of monitoring behavioral changes towards beer drinking and substance abuse. EPHO will integrate MC awareness during meetings and through the radio programmes, sporting events, national/provincial events and traditional ceremonies. EPHO will purchase bicycles and spare parts for youths in the 5 districts. The programme will Strengthen NHC participation and will conduct monthly community sensitization meetings to reach out to 20,000 youths. EPHO will train 100 health workers from 5 districts in youth friendly services. EPHO will link with NZP+ and conduct follow up on PLWHA and adherence supporters oriented in PwP. EPHO will support games for life. Salaries and gratuity will be paid to three officers.

EPHO will work in partnership with stakeholder to reach the most at risk populations (MARP). Through the district EPHO will facilitate creation of mass awareness on HIV/AIDS prevention through radio programmes in 8 districts. Integration with other programme areas like TC, TB/HIV and ART will be strengthened. The community will be fully engaged in the provision of IEC.A total of 500 uniformed personnel will reach in 2012 with a total of 1,000 will be reached in 2013. By 2013, 600 commercial sex workers and 600 other vulnerable populations will be reached.

Linkages to other programmes, MC, CT and ART will be created

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	270,000	0

Narrative:

EPHO will scale up and strengthen PMTCT services. EPHO will support integration with other partners in monitoring and review of programs. The use of combination therapy will be strengthened during technical support supervion and mentorship and technical review meetings. EPHO will train 160 health workers in provider initiated testing and counseling. Districts will hold biannual follow up meetings with 100 traditional leaders. EPHO will conduct mentorship activities quarterly to the districts and district monthly to the health facilities and communities. The District and Health facilities will support SMAGs and other support groups through technical support. The SMAGS and TBAs will support the referral of clients from the community to the health facility. Institutional deliveries will be promoted. DBS courier system will be strengthened by partnering with Riders for Health. EPHO will orient 300 health workers on DBS collection, storage and transportation. The districts will strengthen male involvement by holding 16 meetings to sensitize community leaders in couple counseling. Creation of awareness on HIV /Prevention will be enforced through sensitization on the electronic and print media. A total of 156 radio programmes will be aired. Unwanted pregnancies in HIV positive women will be reduced through provision of

family planning and counseling services. This will include promotion and provision of both male and female condoms of which consistent use will be advocated for.Intra facility meetings will be used as a means of monitoring. Initiation of ARVs in the MNCH department will be supported to ensure all HIV infected pregnant women and infants are timely commenced on treatment. Adherence treatment supporters will play a major role in strengthening the referral system and supporting clients to adhere to treatment and other care and support activities. Extended NVP prophylaxis for breast fed babies of HIV positive mothers will be enforced. PMTCT will strengthen TC services at all levels and thus HIV concordant couples will be identified for treatment of positive partners preferably within MNCH for women, whilst negative male partners will be linked to the MC programme. . Clients will be tested for syphilis at least once during her pregnancy and those who test positive will be counseled and tested and treated. Advocating for male involvement will lead to strengthening of couple counseling and women who test negative at initial test will be supported by the family to have a repeat test. By creating linkages with TB/HIV, ART, baby pair tracking will be strengthened by providing baby mother follow-up registers, providing motivational packs (incentives) to community based volunteers. Three hundred (300) health workers will be trained in Infant and young child feeding. An additional $40,000 of COP12 PFIP funds will go towards operationalization of the new PCR testing site, build on work initiated using previous years PEPFAR resources Infrastructural improvements and accessory equipment purchases required to operationalize the new PCR facility will be done

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	450,000	0

Narrative:

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 100 health workers in the new Adult ART management guidelines. Monthly mentorship, On Job Training, follow ups, and technical support supervision by clinical care teams in districts and Quarterly by Provincial Clinical care team to the districts. EPHO will facilitate holding of quarterly clinical symposia in all the districts and bi-annual provincial clinical symposia at the two level two hospitals. EPHO will integrate prevention with positives (PwP) as part of standard care in all ART sites through the care and support. Quarterly community drug and therapeutic committee meetings will be held to strengthen adherence and retention of patients on treatment. 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 reviews through holding of quarterly HIV/TB review meetings, and technical support by districts. 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. EPHO will strengthen provision of mobile ART services and scaling up to 10 more centers. TB and PMTCT clinic will be strengthened to provide ART to patients attending the respective clinics. 10 mobile ART sites will be upgraded to static ART sites. EPHO will purchase laboratory equipment and supplies which will facilitate in quick provision of quality ART services. EPHO will 50 train health

workers in logistical management to strengthen the logistics management in ART services. Buffer drugs and supplies will also be procured. Intra-facility meetings will be held to strengthen referral system between ART and other programs. EPHO will strengthen reporting systems and clinical meetings in order to monitor the number of clients with reactions to ARV drugs and monitor the number of clients changed from first line drugs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	200,000	0

Narrative:

EPHO will ensure that at least 10% of patients on ART are children by strengthening and scaling up Pediatric ART services. Routine screening of HIV positive children for OIs and nutrition will be strengthened during clinical reviews, during children's clinic. EPHO will train 50 health workers in new pediatric ART management guidelines, and 50 health workers in pediatric mentorship.
Monthly mentorship and technical support supervision by district clinical care teams in all districts will be conducted. 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 Co-trimoxazole 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 review tool. EPHO will also support scale up of mobile ART service to all districts. The trained community lay counselors in drug adherence under Pediatric care and support program will play a major role in ensuring that clients adhere to treatment and follow up visits to the facilities for reviews. 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. EPHO will procure laboratory reagents to support diagnosis and management. EPHO will also procure reagents for the PCR machine

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: Provincial Health Office - Western Province	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:

Total Funding: 3,005,000	
Funding Source	**Funding Amount**
GHP-State	3,005,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Western Province which is predominantly rural will by 2012 have a population of 906,379 (Central Statistical Office) and 211 health facilities. The challenging terrain, compounded by low population density, low staffing levels, and insufficient infrastructure make health service provision difficult. Provincial HIV prevalence is 15.3% (ZDHS 2007). Key HIV drivers are vertical transmission from mother to child, multiple and concurrent sexual partners, low and inconsistent condom use, low levels of male circumcision, mobility and migration.

Western Provincial Health Office (WPHO)'s overall goal is to prevent new HIV infections and improve quality of life for people living with HIV/AIDS/TB. Target populations will include those living in high HIV and TB burden areas, pregnant women, children, PLWHA, and MARP.

Using the base funds, WPHO will increase access to services by scaling up, integrating services, and supporting outreach activities. WPHO will ensure quality of services in all technical areas through capacity building, mentoring, and adherence to quality assurance.

WPHO will support HIV prevention through implementation of PMTCT, Male Circumcision, education on risk reduction focusing on key HIV drivers with linkages to quality CTC, ART, and TB services that will be supported by quality laboratory services and strategic information.

WPHO will strengthen early infant diagnosis (EID), retention of mother baby pairs, Provider Initiated Testing and Counseling using family approach, and prevention among PLWHA and collaborate with other partners for nutrition assessment, counseling and support (NACS).

WPHO will develop a monitoring and evaluation plan for tracking progress and ensure adherence to USG financial regulations.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	4,333
Human Resources for Health	994,680
Motor Vehicles: Purchased	201,378
Renovation	69,470

TBD Details

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10227**		
Mechanism Name:	**Western Provincial Health Office**		
Prime Partner Name:	**Provincial Health Office - Western Province**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	350,000	0
Narrative:			
The objective of providing care and support to PLWHA is to improve quality of life of PLWHA. The linkages and			

referral systems within and between institutions and community is still weak.

WPHO will continue integrating treatment, care, and support to PLWHA in all districts. Further, we will maximize opportunities created by civil society with comparative advantage in working with communities to provide psychological, spiritual, social, and nutrition support.

Clinical care shall include provision of isoniazid preventive therapy (IPT) to 50% of eligible HIV positive patients, prevention and treatment of opportunistic infections, and other HIV/AIDS-related complications including Malaria and Diarrhea. WPHO will therefore support provision of commodities such as pharmaceuticals, insecticide-treated nets, safe water interventions and related laboratory services targeting PLWHA and their families. WPHO will support development of appropriate data collection tools to facilitate the follow up of faltering clients such as those missing pre ART appointments.

WPHO will strengthen linkages and synergies with other health programs aimed at leveraging resources. WPHO will train health providers and CBVs in home based care, NACS and create a forum for continued engagement of traditional and spiritual healers. WPHO will support the orientation of 20 stakeholders and 20 health providers in legal protection instruments related to care and support of PLWHA.

WPHO will support nutrition assessment and counseling to guide food supplementation and therapeutic feeds for patients with moderate and severe malnutrition. WPHO will also link PLWHA to other livelihood community programs.

WPHO will work in collaboration with other USG partners such as home based care (HBC) and others in implementing NACS while providing leadership in ensuring adherence to national home based care guidelines.

WPHO will monitor and evaluate care and support services through monthly reports, analysis of treatment supporters' reports, technical review meetings and supportive supervision. The information generated from the health facilities and community will be shared with other stakeholders through multisectoral meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	350,000	0

Narrative:

The TB cure rate increased from 79% in 2009 to 82% in 2010. Ninety one percent of TB patients were counseled and tested for HIV, 75% were put on CPT and, 40% on ART.

WPHO will increase TB cure rate to 85%, counsel and test 95% and, put 90% of co- infected patients on CPT by

FY 2012. WPHO will put 50% of eligible HIV positive patients on isoniazid preventive therapy (IPT) by 2015, increase the number of TB/HIV co- infected patients on ART from 40% to 60%, and screen 95% of HIV positive clients for TB by 2012.

WPHO will provide quality TB services by training 50 health providers in WHO TB modules, multi drug resistant tuberculosis (MDR-TB), TB infection control in ART sites and OPD, IPT, sputum fixation, and train 100 CHWs in TB treatment support.

WPHO will improve diagnosis of TB with smear examination for all suspects and improve quality of smear diagnosis through training of health providers and EQA implementation. WPHO will support activities for increasing TB detection through community out-reach TB campaigns and focused active TB case finding such as in prisons and other high TB burden areas. Further, WPHO will strengthen TB screening in pediatrics, PMTCT, CTC, MC, and care, support and treatment settings.

WPHO will screen health workers for TB annually and treat those found with TB. We will procure 20 microscopes with solar panel sets for health centres in order to increase smear positive case detection and procure GeneXpert for MDR-TB diagnosis.

WPHO will support treatment adherence, strengthen defaulter and contact tracing through procurement of 100 bicycles and 200 T-shirts for treatment supporters. We will continue to support 17 TB corner nurses, 2 drivers, TB/HIV Coordinator and Accountant.

WPHO will support commemoration of World TB day, and support provincial, district and health centre TB/HIV coordinating body meetings and activities. WPHO will actively engage community leaders in implementing community TB activities.

WPHO will support transportation of slides to diagnostic centres and sputum specimen for MDR-TB from districts to University Teaching Hospital.

WPHO will support quarterly TB/HIV technical support from Province to District and District to health center; conduct technical data review meetings to ensure data consistency and quality.

WPHO will monitor and evaluate TB services through data quality assessment, monthly, performance assessment, and supportive supervision reports. WPHO will also ensure sustainability of TB services by ensuring that TB activities are included in district annual plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	150,000	0

Narrative:

The goal of Pediatric Care and Support is to optimize the quality of life for the HIV infected children and their family through delivery of a comprehensive package of care. WPHO will support development of a system that will ensure strong and effective linkages to treatment.

WPHO is experiencing a long turn-around time for Polymerase Chain Reaction (PCR) contributing to low pediatric enrolment on care, support and treatment. The long turn-around time is compounded by inadequate DBS collection skills and inefficient courier system. WPHO is experiencing difficulties in capturing data on nutrition, OI management, palliative care, links to water and sanitation, and TB/HIV in children due lack of standardized reporting tools at facility and community levels. WPHO will therefore support development of appropriate data capturing tools.

WPHO will increase access to quality care and support by supporting and training support groups and health providers in NACS and strengthen PITC at both facility and community levels. WPHO will further, strengthen the courier system for DBS and where possible support short message service transmission of PCR results in order to improve EID and early treatment initiation.

WPHO will collaborate with and link HIV infected infants to partners implementing OVC programs in order to promote long-term HIV-free survival. Further, WPHO will strengthen maternal and neo-natal child health services. The preventive care package will include prevention of OIs including co-trimoxazole (CPT) prophylaxis, promotion and education on use of safe water and basic hygiene, immunizations, and provision of ITNs.

WPHO will support NACS, formation of adolescent support groups, and training of 28 adolescent peer group members in order to enhance prevention among adolescents infected with HIV, scale up adolescent ART services including sexual and reproductive health and increase treatment retention.

WPHO will train and provide mentorship to 20 providers in PITC, 20 in pediatric counseling, DBS collection, palliative care and nutritional support. WPHO will procure a PCR machine for the provincial laboratory in order to reduce DBS results turn-around time. WPHO will therefore support training of laboratory technologists in the operation of the PCR machine.

WPHO will train community adherence supporters in tracking mother-baby pairs. The treatment supporters will be assigned mother- baby pairs for support and follow up in order to ensure continuum of care and retention. Further, WPHO will support districts to support treatment supporters in order to minimize turnover and ensure provision of comprehensive care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	100,000	0

Narrative:

The goal is to improve the capacity of laboratory services to provide quality, reliable, and accurate results, in order to enhance diagnosis, patient monitoring and management of HIV/AIDS/TB/STI related conditions.

Human resource is still a challenge, of the 54 positions in the provincial establishment only 22 are filled. WPHO will scale -up laboratory services to ten more facilities and will increase the number of 100% supported laboratory personnel from eight to ten.

WPHO will support the accreditation of two laboratories, train 20 laboratory workers in strengthening laboratory management towards accreditation. The trainings will be under taken in collaboration with MOH and chest disease laboratory.

WPHO will support training of 20 health providers in rapid HIV testing and TB diagnosis to increase access to TB/HIV testing. The quality of rapid HIV testing, preparation and fixing of sputum smears has not reached the desired standard and therefore, WPHO will strengthen supportive supervision and mentoring activities. WPHO will support procurement of solar systems for microscopes in health facilities without power to ensure continuous supply of power for laboratory services.

Laboratory quality assurance (QA) is weak in some of the laboratory investigations such as chemistry, hematology and malaria while TB and CD4 external QA has improved. WPHO will therefore strengthen EQA for other laboratory investigations. WPHO will train 20 laboratory personnel in QA and strengthen QA system at all levels.

WPHO will support procurement of one PCR machine in order to reduce the turn-around time for DBS from three to one month ultimately increasing paediatric ART enrolment. We will renovate three laboratory structures to meet the demand for increased laboratory services and accreditation criteria.

WPHO will contribute to strengthened specimen referral and transportation system by procuring cool boxes and fuel for motorbikes in order to reduce delays in TB/HIV diagnosis, initiation of clients on treatment and disease monitoring.

WPHO will monitor implementation of activities through quarterly technical support, quarterly review meetings, and progress reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	270,000	0

Narrative:

The goal is to strengthen the PHO, DHO s' and health providers' capacity in data collection, analysis and it's utilization for decision making and service delivery improvement as well as monitoring of program performance.

WPHO in FY 2010 trained 26 health providers in SmartCare, procured and installed solar panels to power SmartCare machines in eight sites in FY 2010 and procured 15 additional solar panels using PMTCT plus funds for sites earmarked for scale-up. These interventions have contributed to improvement in data consistency, data quality and patient continuity of care. However, SmartCare scale-up is still constrained by lack of power in 65% of health facilities.

WPHO will support a systematic and consistent flow of data from Health facilities to DHO, to PHO, and finally to MOH headquarters and partners. WPHO will support Data Associates (DA) and Health Information Officers (HIO) to conduct onsite report collection and data verification. This support will strengthen timely reporting and improve data quality. Further, HIOs and DAs will provide technical support to facility health providers on data collection, management, analysis, and its use in improving implementation of health services. WPHO will continue salary support for the eight Data Associates.

WPHO in FY 2012 will train 50 providers in SmartCare, support orientation for 20 health providers on the new SmartCare modules. WPHO will continue supporting districts to sensitize communities on the benefits of Smartcards through drama performances, community meetings, and radio programs. WPHO will procure 15 solar panels for sites earmarked for SmartCare scale- up.

WPHO will support training of provincial and district staff in data quality assessments, data analysis, M&E and report writing through the advanced Epidemiology for data users training. The provincial staff will be trained as trainers who will then conduct two trainings for district staff. These training will enable staff to create epidemiological profiles, conduct data quality assessment and conduct various analyses of HMIS, NACMIS, and SmartCare systems to inform decision making.

WPHO will also continue paying monthly bandwidth usage for the seven DHO and PHO internet sites.

WPHO will monitor strategic information activities through monthly reports, technical review meetings, progress reports, and site supervisory visit reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	405,000	0

Narrative:

The goal of systems strengthening is to increase access, utilization of, effectiveness and efficiency of TB/HIV services in WP. WPHO will support a leadership capacity building orientation for PHO and DHO program officers in project management in order to enhance the quality of project planning, implementation, monitoring, and evaluation and ensure timely submission of reports to CDC. WPHO will support one annual project planning meeting, quarterly project review meetings, and one team building retreat for PHO and DHO program officers in order to enhance ownership and integration of the project activities at all level. WPHO will develop a comprehensive monitoring and evaluation plan encompassing all technical areas in order to facilitate tracking of progress and achievements. WPHO will continue providing leadership in implementing TB/HIV programs in collaboration with other partners and support partners meeting and sharing of best practices at both national and international fora. WPHO will support 100% salary supported project staff in the existing implementing sites and in new scale-up sites in order to mitigate the shortage of staff. WPHO will develop a strategy for absorption of eligible staff on 100% supported provider into government payroll system.

WPHO will support training of CEs in order to facilitate task shifting to reduce pressure exerted on the existing few trained staff. WPHO will also support capacity building for trained health providers in all technical areas. WPHO will conduct annual staff performance appraisal for the 100% supported project staff and support the DHOs in supportive supervision of the health facility staff. WPHO will also support the creation of a human resource database in order to strengthen the provincial human resource information system and use it as an advocate tool for more provider allocation. WPHO in line with the women and girl centered approach will support linkages to victim support services, Tetanus Toxoid immunization, family planning, and renovate four mother's waiting shelters in selected districts. WPHO will support districts to in cooperate CoAg supported technical areas into the district plans in order to ensure sustainability. WPHO will support the provision and maintenance of the transport fleet, procurement of fuel, lubricants, office stationery, and other logistics. It will also support the financial audit of the project books of accounts to ensure accountability and adherence to USG financial regulations and expenditure guidelines. The WPHO continue will supporting training of Provincial and District staff in data quality assessments, data analysis, M&E and report writing through advanced Epidemiology for Data User trainings each year. The Provincial staff would be trained as trainers who would then conduct two trainings for district staff. These trainings enable staff to create epidemiological profiles, conduct data quality assessments and conduct various analyses of HMIS, NACMIS and SmartCare systems to inform decision-making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	CIRC	150,000	0

Narrative:

The goal is to contribute to the reduction of the high (15.3%) provincial HIV prevalence and achievement of USG/GRZ target of 100,000 circumcisions for FY 2012.
WPHO scaled-up MC services from three in FY 2009 to 11 sites in FY 2010. WPHO trained 17 MC providers, 19 MC counselors, and performed 2,204 MC procedures by June 2011 against the target of 4,000.

In FY 2012, WPHO will promote and support provision of MC by circumcising 4,900 HIV negative males in the age range of 13-39 years.

WPHO will strengthen the national MC program by recruiting an MC coordinator dedicated to overseeing MC program activities at provincial level and provide ongoing support to all sites to ensure provision of high quality MC services.
WPHO will strengthen community MC activities and create demand through work with traditional leaders; train 30 CBVs as MC counselors; in order to meet the demand, 30 MC providers and 30 counselors will be trained, and MC services scaled-up to seven zonal health facilities.

WPHO will partner partnership with JHPIEGO and other USG partners to provide a comprehensive package of MC services including CT, risk reduction counseling, promotion of correct and consistent use of condoms and linkages other prevention, treatment, care and support services.

WPHO will use of community structures such as neighborhood health committees, Barotse Royal Establishment, churches, and schools to increase awareness; and support 40 radio programs on MC focusing on role of MC in HIV prevention, location of services and clarification of myths and misconceptions. WPHO will also support sensitization and education of at least 60% of prisoners; and will make efforts to reach youths with MC messages targeting at least 40 schools, YFHCs, and at youth gatherings. WPHO will support production of 10,000 brochures in local languages, and support MC campaigns in selected communities.

WPHO will renovate ten MC rooms in order to create space for provision of MC services and procure surgical equipment and supplies for MC sites.

WPHO will strengthen linkages for clients testing HIV positive to ART, family planning and STI services.

WPHO will support technical supervision and mentoring of MC providers in all sites in order to ensure quality MC services and reduce risk of post operative adverse effects,

MC services will be monitored and evaluated through monthly program review meetings and reports, performance

assessments and bi-annual progress reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

Narrative:

The goal is to increase the number of people knowing their HIV status in order to promote timely enrollment to care, support and treatment for those testing positive to the HIV test and contribute to the reduction of new HIV infections through risk reduction education irrespective of the HIV status.
WPHO trained 40 health workers and 35 CEs in CTC, 33 Health Workers and 35 CBVs in couple counseling and as a result of these interventions, 82,391 clients (exceeding the target of 60000) were counseled and tested by June 2011.

In FY 2012, WPHO will create demand for CTC services by engaging community leaders in educating and sensitizing their subjects on the importance of knowing their HIV status. WPHO will also work with other line ministries to come up with strategies for strengthening HIV prevention activities and increase testing and counseling up take in workplace areas. WPHO will support linkages to care, support and treatment services.

WPHO will train and mentor 80 CBV in CTC, support drama performances and door to door CTC strategy in collaboration with the CIDRZ rural VCT, community compact teams and coordinate quarterly stakeholders meetings at all levels.

WPHO will support districts to increase access to CTC services by scaling-up CTC services from 161 to 181 sites, support CTC outreach activities to market places, fishing and lumbering camps. WPHO will build capacity in providing quality CTC services by training 40 health workers and 80 workers from other line ministries in individual, couple and peer counseling. Further, WPHO will strengthen PITC in health facilities, communities focusing on at risk populations, support the provincial TB/HIV campaign and promote CTC family centered approach and linkages to support groups.

WPHO will strengthen linkages between other reproductive health services including MC and adolescent reproductive health services, treatment and TB services. Further, WPHO will support districts to implement activities aimed at reducing pre-ART loss to follow-up through use of CBVs. WPHO will support linkages monitoring activities in order to ensure an effective and efficient referral system. Furthermore, WPHO will ensure that positive partners in discordant relationship are initiated on HAART regardless of their CD4 count.
Individuals testing HIV negative will be educated on HIV risk reduction focusing on vertical transmission of HIV from mother to child, multiple and concurrent sexual partners, low and inconsistent condom use, low levels of male circumcision, mobility and migration

WPHO in line with MOH guidelines will ensure provision of quality CTC services with a focus on mentoring and adherence to HIV testing algorithms.

WPHO will monitor and evaluate CT services through data quality assessment, monthly, performance assessment, and supportive supervision reports. WPHO will also ensure sustainability by encouraging districts to integrate CT activities in annual plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	110,000	0

Narrative:

The goal of the HIV other prevention is to contribute to the reduction of new HIV infections. In FY 2010 WPHO trained 60 youths in peer counseling, 29 health workers in syndromic management of sexually transmitted infections (STI) and provided technical support to all the districts. WPHO reached 48, 578 individuals with messages on HIV prevention by June 2011 and tested 606 youths for HIV.

WPHO will train CBVs in order to mitigate the impact of high drop-out rates and scale-up HIV prevention services targeting general population, PLWHA, and MARPs such as prisoners, youths, and those living in fishing and lumbering camps. WPHO will support 3 districts to carry outreach activities to fishing and lumbering camps and enter into strategic partnerships with community leaders, CIDRZ rural VCT team and community compact partners (CIDRZ, CMMB and Concern International) in supporting community driven HIV prevention interventions.

WPHO will train health providers and PLWHA support groups in HIV prevention, 40 community leaders and 60 CBVs as mentors, and 60 peer counselors in order to enhance community HIV prevention activities. WPHO will further train 80 health workers in syndromic management of STIs.

WPHO will renovate two youth friendly corners, procure TV sets, and DVD players for facilities with electricity or solar power and collaborate with Zambia National Information Services for communities without power to enhance dissemination of HIV prevention messages. Further, WPHO will support youth friendly corners to provide youth friendly services with a focus on prevention of HIV, alcohol and substance abuse, teenage pregnancy and other sexually transmitted infections. WPHO will support Mongu Youth Alive to undertake youth targeted HIV prevention activities such as HEART life skills, Behavior change communication, peer HIV counseling, testing, and education, and facilitate interschool debates on selected TB, HIV, MC and other adolescent sexual and reproductive health topics.

WPHO will support production of local videos using local personalities to model abstinence and faithful behaviors and safe sex practices for sexually active youths. Further, WPHO will support local artists to compose HIV prevention songs that will be played in public transport, and large gatherings such as football pitches, traditional ceremonies and global and national commemoration days. WPHO will also support airing of HIV prevention messages.

WPHO will work with Modeling and reinforcement to combat HIV Zambia in promoting behavior change targeting key drivers of HIV. WPHO will support integrated HIV prevention out-reach activities such CT, PMTCT, condom distribution, sputum slide-fixing for suspected TB cases, STI screening and linkages to ART, TB, STI, MC, and PMTCT services to ensure continuity of care.

WPHO will monitor activity implementation through review meetings, reports from technical support, performance assessment, and supportive supervision visits to districts and districts to health facilities and communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	220,000	0

Narrative:

The goal of mother to child transmission (MTCT) is to attain elimination of MTCT of HIV by increasing coverage and access to quality services using more efficacious ARV regimens, and fully integrating PMTCT program into maternal neonatal and child health (MNCH) services.

Since 2009, 295 providers were trained in PMTCT resulting in 160 health facilities offering PMTCT services; HIV testing uptake increased from 75% in 2009 to 88% in 2010; ARV prophylaxis to PMTCT mothers and exposed babies was at 79% and 95% respectively.

In FY 2012, WPHO will support implementation of a comprehensive package of PMTCT services. CIDRZ will provide PMTCT services in four districts while WPHO will support the remaining three districts (Sesheke, Shangombo, and Senanga) resulting in 17 new sites. WPHO will create demand for PMTCT services by working with community leaders, men and SMAGs in sensitizing and mobilizing communities to support and utilize PMTCT services.

WPHO will intensify use of efficacious ARV regimens, increase couple counseling and testing, CD4 testing, retention and adherence of mother- infant pairs and linkages and referral to care and treatment. Further, WPHO will promote integration of FP in all services such as CTC, Male Circumcision (MC) and infant and young child feeding (IYFC).

WPHO will train 60 health workers and 30 Classified Employees (CE) in PMTCT and Family Planning (FP), TB screening and couple counseling, train 20 PMTCT trainers, and 40 health workers in IYCF, and 100 SMAGs; and conduct mentorship in these areas.

WPHO will integrate ART in selected PMTCT sites in order to improve mothers and infants access to ART services. WPHO will train 300 PMTCT mothers and discordant couples in PMTCT counseling and peer education and strengthen support groups in order to enhance follow-up of mother–baby pairs and link postnatal mothers to FP services and negative male partners to MC services; through assignment of lay counselors, SMAGs and peer educators to patients.

WPHO will strengthen syphilis control in Maternal and Neonatal and Child Health (MNCH) settings by ensuring that all pregnant mothers and their partners are screened and treated for syphilis; WPHO will procure testing kits and hemoglobin back-up supplies.

WPHO will continue salary support to PMTCT coordinator and 19counselors with the intention of future absorption into government payroll. WPHO will procure a motor vehicle and 20 motorbikes to facilitate mentoring and supportive supervision activities. WPHO will support DBS, CD4 and other specimen transportation in order to ensure timely enrollment and initiation of mother baby pairs on treatment.

WPHO will monitor program implementation through performance assessment, monthly reports, technical support visit reports, CoAg monthly meetings and bi-annual data audit review meetings.

Using the COP12 PMTCT PLUS UP funds will implement one-off activities intended to strengthen the base of the PMTCT program in the province. These activities will be designed to: Increase health worker retention in rural facilities; Increase utilization of maternity; continue to expand integration models for ANC and ART; Support development of integration models for PMTCT, pediatric HIV care, and routine MNCH services such as EPI, growth monitoring, nutritional support and post natal services; Continue to expand sustainable intra-district laboratory sample courier systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	400,000	0

Narrative:

WPHO will continue contributing to Zambia's HIV treatment goal of providing access to at least 85% of individuals who are eligible to take ARVs. Treatment of PLWHA with HAART is a key strategy in mitigating the impact of HIV/AIDS.

WPHO by the end of FY 2010 will have 22 ART CoAg supported sites. A total of 3,037 eligible patients have been initiated on ARVs by the end of March 2011 of which 13% were lost to follow up. The scaling-up of ART services has been challenged by a critical shortage of staff and inadequate infrastructure in health facilities.

WPHO will continue supporting 12 ART providers and a Coordinator on 100% salary support. WPHO will scale-up ART services to six new sites, take over two of CIDRZ ART site, recruit six Clinical Officers/Nurses and support training of nurse prescribers. WPHO will also renovate and refurbish six additional ART rooms.

WPHO will strengthen quality of ART services by training of 40 health providers in adult ART/OIs, and 20 health providers in adherence counseling. WPHO will train 80 community adherence counselors to ensure prophylaxis and treatment adherence, counsel and test family members, and promote prevention among positives and discordant couples.

WPHO will use SmartCare system to track treatment retention and evaluate clinical outcomes including mortality rates, immunological improvement and viral load reduction. WPHO, in collaboration with John Snow Incorporation, will continue training ART providers in logistics management.

WPHO will continue mentoring health providers in new and old sites monthly and quarterly respectively to ensure adherence to ART accreditation guidelines. WPHO will continue supportive supervision, procure furniture, stationary and six motor bikes, and support transportation of specimens to district and provincial laboratories. WPHO will put in place a system to monitor and follow-up referrals.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	200,000	0

Narrative:

The goal of pediatric treatment is mitigate the impact of HIV and improve the life of HIV infected children.

Pediatric treatment enrollment has increased from 6% in FY 2009 to 8% by mid FY 2010. The objective therefore is to increase treatment enrollment from 8% to 10% in FY 2012 by strengthening the DBS courier system, scaling-up to six new sites, and improving the treatment retention.

WPHO will ensure availability of ARVs with emphasis on fixed dose combinations by strengthening logistics management. WPHO will introduce short message service (SMS) technology to ensure reduction in turn-around

time for PCR results, and strengthen EID in order to ensure immediate ART initiation for all HIV infected children. *WPHO will train 40 providers in pediatric ART and four nurse practitioners in ART prescription. WPHO will support mentoring of pediatric ART providers in clinical and laboratory monitoring (CD4% and biochemistry), early recognition, and management of treatment failure. WPHO in line with emerging evidence will update providers accordingly. WPHO will train 28 providers in adolescent ART and strengthen the process of transitioning to adult ART.* *WPHO will support and strengthen treatment adherence and defaulter tracing. WPHO will train 20 pediatric counselors, support formation and training of adolescent support groups. WPHO will also support community treatment/adherence supporters in order to increase the treatment retention from 87% to 95% in CoAg supported sites.* *WPHO will support integration of ART in antenatal and post-natal care to strengthen linkages and increase access to ART services for the mother-baby pairs. WPHO will support linkage of children and adolescents living with HIV and AIDS to nutrition support groups.* *The program will contribute towards procurement of CD4 and biochemistry analyzer machines. WPHO will procure three speed boats and four motor bikes in order to facilitate ART mobile services and support transportation of specimens and results to and from the facilities and referral laboratories.* *WPHO will monitor and evaluate the program through monthly reports, performance assessment, technical review meetings, technical support, and progress reports.*

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ASM will support strengthen the diagnostic capacity of clinical laboratories (labs) in relation to TB and HIV opportunistic infections (OIs). ASM goals are: to address microbiological lab capacity-building needs by strengthening lab organizational and technical infrastructure, by training personnel and developing Quality Management (QM) Systems; assure the quality testing for tuberculosis (TB) and other OIs, by supporting the delivery of microbiology services to all HIV/AIDS, TB, and OI programs. ASM builds human capacity through the provision of technical assistance (TA) mentors for quality microbiology services; strengthens the capacity of labs to perform accurate test results by providing pre-service training; strengthen national external quality assurance (EQA) programs for TB and bacteriology diagnostics; provide technical guidance on lab infrastructure and equipment procurement and supplies for HIV/AIDS-related OIs testing; provide technical input to country lab strategic plans; provide in-country support for microbiology and diagnosis of OIs; support lab systems and strategic planning, standardization of all lab protocols, support pre-and in-service, and quality improvement training; strengthen the training network through the use of mentors; deploy basic microbiology training workshops over the next year followed on by onsite mentoring; coordinate training activities with local partners; and, also provide TA for strengthening of quality systems for labs seeking WHO/AFRO accreditation; monitor and evaluate labs as a means of tracking the key program performance to standardized tools for data collection and reporting to support real-time project monitoring to identify best practices and course corrections needed through input, process, and output indicators.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

TB

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**
Governance and Systems	HLAB	350,000	0
Narrative:			
missing			

Implementing Mechanism Details

Mechanism ID: 10236	**Mechanism Name: University Teaching Hospital (UTH) 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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:

Total Funding: 5,106,081	
Funding Source	**Funding Amount**
GHP-State	5,106,081

Sub Partner Name(s)

Livingstone General Hospital	Zambian Children New Life Centre	

Overview Narrative

The overall objective of the UTH HIV and AIDS Program (UTH-HAP) is to provide expert HIV care and treatment, specialized laboratories services, 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.

The UTH-HAP PEPFAR supported priorities for FY2012 will be aligned with the GRZ national policies and strategic plans. The UTH-HAP aims will be achieved through 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; strengthening capacity and rehabilitation of UTH laboratories to support HIV/AIDS services; active participation in national HIV/AIDS technical working groups; strengthening of continuum of care by consolidating linkages between the UTH- PMTCT, pediatric and adult HIV/AIDS services as well as with Lusaka primary health facilities.

The UTH-HAP is a wraparound program emphasizing prevention, care and support, treatment and laboratory infrastructure and has multiple indicators.
Monitoring and evaluation: Enabling the collection, aggregation and transmission of core indicator data from service delivery points to inform clinic and program management decisions at all levels is an important goal of the health management information system (HMIS). In 2012, UTH-HAP will strengthen and 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" (UNAIDS in 2008), also known as the 12 Components Framework, whose purpose is to have a fully functional, unified, national M&E system.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	400,000
Human Resources for Health	3,270,943

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
End-of-Program Evaluation
Family Planning

Budget Code Information

Mechanism ID:	10236		
Mechanism Name:	University Teaching Hospital (UTH) UTH-HAP		
Prime Partner Name:	University Teaching Hospital		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	226,000	0

Narrative:

Context and Background: Adult care and support is a continuum of care for HIV-infected adults and their families aimed at extending and optimizing quality of life. Some adult patents 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, Opportunistic Infections (OI's) and/or HIV related tumors.

Physiotherapy: Given the current shortage of physiotherapists in the country the Physiotherapy in Palliative Care Program (PPCP) will continue to train Physiotherapists in palliative care in order for them to adequately manage clients with HIV/AIDS in their various communities. Further, final year Bachelor physiotherapy students will be trained in out reach palliative care, because community rehabilitation is a compulsory module taken over a period of six (6) weeks. This cohort of paraprofessionals will reinforce the existing workforce of physiotherapists by providing physiotherapy services for HIV/AIDS patients wherever they are posted around the country.

The training of community based rehabilitation workers will be ongoing as they supplement the work of trained

physiotherapists. Given that this cohort belongs to the communities, capacity is being built that will provide physiotherapy services by people with an understanding the general populace and the geography of the peri-urban areas. Capacity will also be built in patients so that they are able to take responsibility for their health i.e. not requiring physiotherapists to watch over them as they conduct their exercises daily.

Primary prevention of disability associated with chronic illness and reduced mobility will remain a key goal that needs to be sustained and embraced by physiotherapists, community rehabilitation workers and communities at large. The purchase of physiotherapy equipment and accessories for treatment modalities, and M&E the quality of care and support services, program evaluation to advance program approaches and fill-in gaps in knowledge in priority care and support issues will be ongoing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	365,000	0

Narrative:

Context and Background: Tuberculosis represents a significant threat to health. HIV infection increases the susceptibility to infection with M. tuberculosis, the risk of rapid progression to TB disease, and reactivation of latent TB.

The diagnosis of TB in children is quite challenging, and in 2010 the PCOE in conjunction with the International Centre of AIDS Care and Treatment Program (ICAP) and the MOH National TB program developed a screening algorithm to diagnose TB in HIV infected children and adults to intensify case identification. This tool was piloted in the pediatric ART clinics, was found useful and will be disseminated to other sites.

The UTH-HAP TB/HIV program incorporates provision of laboratory services for the diagnosis of TB and multi-drug resistant tuberculosis (MDR TB) as well as TB screening in the Department of Paediatrics and the UTH-TB Clinic. As a reference laboratory it also oversees an external quality assurance (EQA) program in TB diagnosis and infection prevention program in three provinces.

In COP 2012 and 2013, MOH policy is to expand and strengthen TB/HIV integration by intensifying TB case identification, expanding Isoniazid Prevention Therapy (IPT) by extending IPT to all HIV positive individuals and systematically implementing TB Infection Control (TBIC) measures. At every clinic visit, all HIV-infected infants and children will continue to be evaluated for contact with a TB source, and those presenting with poor weight gain, recurrent cough or fever will be evaluated for TB and those with active TB disease placed on treatment. All HIV-infected infants and children exposed to TB through household contacts, but with no evidence of active disease will be commenced on IPT. Adult screening for TB is contained in Co-Ag number U2G/GH000078.

In order to comply and effectively support the national policy, the TB Laboratory will strengthen and implement all three components of the EQA program. This will ensure that there is quality at all stages in the diagnosis of TB. The lab will expand its TB diagnostic capabilities by increasing the number of competent staff, acquiring more laboratory equipment to meet the increasing demand for TB diagnosis, and intensify its supervisory support to other laboratory facilities that it oversees under Co-Ag number U2G/GH000078.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	1,126,000	0

Narrative:

PDCS

1. The Developmental Intervention Clinic has, since 2008, been providing intervention through a multidisciplinary approach for children with developmental challenges secondary to their HIV status.

2. Nutritional Assessment will be provided for every person coming in, including measurement of height and weight especially for those coming for PMTCT and care. Nutritional counseling will be provided and appropriate referrals made.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	450,000	0

Narrative:

Context and background: UTH is the national referral hospital in Zambia, and the Department of Pathology and Microbiology provides laboratory services to the hospital and other facilities countrywide with the overall objective of providing quality but cost effective laboratory services to the hospital and the country.

The various laboratory units will continue to support the HIV intervention strategies. The UTH Virology Laboratory (UTH-VL) will continue to provide quality control supervision by performing randomized blinded retesting of some of the specimen collected from the wards. In cases of discrepant results the lab will provide a tie-breaker test based on antigen detection rather than antibody detection.

At a national level UTH-VL will continue to pioneer the HIV proficiency testing program. Once established, this program will feed into the national public health laboratory program. For monitoring of HIV infection the laboratory will continue to expand the national CD4 enumeration quality assurance (NEQAS) program.

The Microbiology (Bacteriology) Laboratory will continue to provide diagnostic services. In COP 2012 & 2013 the

lab will further build on its diagnostic capacity for opportunistic infections (OIs) including sexually transmitted infections (STIs) and work towards conforming to international standards for a clinical and national reference laboratory. The lab will also expand on its quality assessment program by recruiting more sites and improving their microbiology diagnostic services through training of personnel in diagnostic procedures.

TB laboratory: will ensure that AFB smear microscopy reagent consumables are 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	185,000	0

Narrative:

HVSI

1. The UTH Virology Laboratory (UTH-VL) in collaboration with the Immunology Unit of Tropical Diseases Research Centre (TDRC),will implement the 2014 HIV/Syphilis Sentinel (HIV SS) Survey. These surveys are conducted every two years by UTH-VL and TDRC. Planning and preparation for the survey begins early in the previous year.

2. HIV Incidence Study will be conducted using the LAG Assay instead of the BED-CEIA in order to capture recent infections.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

missing

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	776,000	0

Narrative:

There is considerable advocacy to universal access to HIV C&T (HCT), with the goal that all persons should know their HIV status. The UTH–HAP has three HCT programs.

Provider initiated testing and counseling (PITC): has been ongoing at UTH since 2005. We aim to maintain high

levels of PITC on all pediatric and adult in-patient wards, PMTCT and STI clinic, and outpatient departments. Targets for PITC coverage are >95% of all eligible/available children provided with counseling and testing in pediatric inpatient wards, 8,000 adults in the adult PITC entry points, and 100% of all STI patients. In the FY2010, 97.9% of pediatric inpatients were reached with PITC; 7,539 clients in the adult inpatient wards and 100% of STI patients with unknown HIV status. All clients who test HIV positive are linked to treatment and care, nutritional assessment is ongoing. In COP 2012 emphasis will be placed on ensuring successful referrals and tracking of HIV positive individuals as well as partner/couple counseling.

Family Support Unit (FSU): was set-up in 1992 and continues to be the VCT arm of UTH-HAP. In COP 2012 we aim to strengthen activities in Lusaka and Livingstone PCOEs to provide, among other things, HCT, psychosocial support/ supportive counseling services, training/cross-cadre mentoring, orientation of HBC groups, mobile VCT at community events, sensitization/educational activities and house-hold VCT to clients unable to access health facilities. The unit target is to reach over 100 households; 1,757 households were reached in FY2010. In COP 2012 FSU will intensify partner and family C&T especially in identification of sero-discordant couples.

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. Training of counselors is based on the Zambian testing protocols, data and logistics management and quality assurance programs. In 2012, refresher courses will be conducted in VCT centers on a regular basis to ensure quality of service and support supervision will be conducted for all new and existing VCT/PMTCT sites in collaboration with the District Health Management Teams.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	351,000	0

Narrative:

the Child Sexual Abuse (CSA) Program and Zambia Child New Life Centre (ZANELIC) will continue to engage in awareness campaigns directing attention to HIV/AIDS and social and community norms that impact the disease in the communities in which they operate.
Target Population Approx. Dollar Amount Coverage – number to be reached by each intervention component Activity
Victims of CSA 250,000.00 80% by 2012 PEP, supportive counseling, referral to care and treatment
Women, Men, Vulnerable Children (Zanilec) 125,000 1,380 men, women and children Capacity building/transit home for abused children
STI/skin clinic clients USD50,000.00 2880 individuals C&T, promotion of condoms, STI management, messages/to reduce risks of persons engaged in high-risk behaviors.
Gender Mainstreaming

1. One stop Centre
Victims of CSA and their families, communities, teachers, police men, reporters 250,000.00 2,500, professionals and men, women and children Training of HC workers, police officers, teachers on GBV, male care givers on masculinity. Printing of training manuals & brochures
2. ZANILEC
Women, Men, Vulnerable Children 100,000.00 1,000 men, women and children Educational support, skills training, community sensitization. Strengthening of food security
3. FSU: Women, Men, Vulnerable Children and families 100,000.00 5,000 men, women and children Household VCT, school debates, educational tours, children's and caregivers' workshops, training of male care givers, legal rights and protection of women & girls, printing of IEC materials, educational support

CSA: Aim: To increase the number of children completing PEP from the current 70% to 80%. This will be achieved by setting up task forces of influential networks in identified areas. These teams will be trained to sensitize and educate communities as well as offer support to families where CSA has occurred. A social worker will be utilized to help set educational programs in schools as well as bridging the gap between the One Stop Centre and the task force teams. The training manual on medical guidelines and management of CSA will be reviewed and updated to keep in line with changes that have occurred in recent years and distributed to relevant organizations.

ZANELIC: is a local NGO providing emergency shelter for abused children. In 2012 ZANELIC will enhance their focus on Gender issues, with the aim of increasing women's capacity to prevent and respond to Gender Based Violence (GBV) and improve the quality of life for women and girls and to enable communities to secure the rights of women and their children. This will be achieved by the Women in Prison and Community Based Women Empowerment project through capacity building, training on HIV/AIDS and GBV for men and women, nutritional support for children with HIV/AIDS.

Clinic-3: Continue to link STI clients, both male and female, to HIV prevention, treatment, care and support and to screen HIV clients for STIs. Continue to strengthen provision of PITC to all patients referred to the clinic and empowerment of clients in the use of condoms and negotiation of safer sex (purchase and distribution of condoms). The Clinic will introduce a new outreach training entitled 'Applying behavioral theory to STI/HIV prevention' aimed at equipping service providers with a better understanding of behavioral science and introducing them to behavioral theories on STI/HIV prevention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

The National PMTCT program has set up a high level of commitment towards improving maternal and child

survival in its PMTCT plan "the Virtual Elimination of MTCT of HIV and Provision of care and Treatment for Paediatrics HIV". In 2009 the Department of Obstetrics and Gynecology (OBGY) started to offer PITC in its antenatal clinics (ANC). There was a notable enhancement in sustainability and increase in the uptake of women into the program. From 2010 the Department took up leadership of the PMTCT program at UTH and will continue partnering with other partners to scale up PMTCT programs and coverage.

This Co-Ag supports only preventive PMTCT activities. Since October 2010, 179 UTH nurses, were trained using the PMTCT national and/or the revised set of PMTCT guidelines which reflect the WHO 2010 guidance. During the first half of FY 2010, 97.7% of women with unknown HIV status and eligible for C&T were tested. Six hundred and thirty-two women were tested for Syphilis. Fifty three spouses were counseled and tested for HIV. There is a large potential to scale up couple counseling in OBGY wards as well as in the ANC.

Over 2012 & 2013, UTH-HAP is determined to enhance the quality of provision of PITC and couple counseling in ANC, labor and post-natal wards; PMTCT to all HIV positive pregnant women; roll out C&T to previously HIV sero-negative pregnant and postnatal mothers to capture sero-conversions. Under UTH-HAP Co-Ag No. U2G/GH000078 ART will be offered to all pregnant women with absolute CD4 counts of <350 in an ANC setting. Referral linkages will be strengthened between the ANC and the adult ART Program to treat sero-discordant HIV positive husbands as well as sero concordant husbands not yet on ART to enhance prevention with positives (PWP). These activities will be integrated with provision of family planning as well as infant and young child feeding counseling (IYCFC). Nutrition assessment counseling support (NACS) will be integrated in the ANC and wherever an HIV infected person is seen. The department will continue to work closely with MOH, NAC and ZVCT to scale up VCT/PMTCT services and make it universally accessible to the rest of the Zambian population primarily by providing a training pool for Zambia.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,627,081	0

Narrative:

UTH-PCOE, established in 2005, contains the most comprehensive program elements and organizational structure for pediatric treatment. There are a cumulative total of > 10,000 children ever enrolled into care and about 4,000 ever commenced on ART. There are currently 2,082 pediatric patients on treatment. UTH-HAP will continue to provide and demonstrate 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 ART inclusive of prophylactic therapy with Cotrimoxazole, and to offer technical support to the Ministry of Health (MOH). In COP 2012 we will aim for 600 children newly commenced on treatment.

In 2012, To address the challenge of clients lost to follow-up and improve overall retention on treatment, we will

need to incorporate the Smartcare system and continue to strengthen linkages with local clinics. In efforts to improve adherence, a family centered approach will be taken and adolescent activities will be enhanced to provide specific services including support to facilitate transitioning to adult services. The EID lab and the PITC program will continue to support early detection of HIV in infants and extend efforts for CD4% and viral load monitoring of children pre-ART or on ART. The PCOE mobile ART clinics will serve the under privileged children in underserved areas of peri-urban Lusaka. The Smartcare system will greatly improve data collection, monitoring, and analysis *In 2009 the Misisi Community Nutrition/HIV Care Program was established. This is a community model piloting the effectiveness of early community identification and care of HIV infected and uninfected undernourished children against a backdrop of high case fatality rate (30-45%) among children admitted to UTH with severe malnutrition mainly due to late presentation and complications of HIV infection. Children enrolled into the program are supplied therapeutic supplemental food and those with complicated severe acute malnutrition are referred to UTH for stabilization then enrolled into the Outpatient Therapeutic Program (OTP) upon discharge. HIV infected children and caregivers are referred for care at UTH/local clinics.*

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: Zambia National Blood Transfusion Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:

Total Funding: 1,669,170	
Funding Source	**Funding Amount**
GHP-State	1,669,170

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Blood transfusion is an important strategy for the attainment of the national health objectives, and health-related Millennium Development Goals (MDGs), related to maternal and child health, and to combating major communicable diseases, including HIV and AIDS, malaria, and TB. It is one of the most effective methods for prevention of the transmission of HIV and other Transfusion Transmissible Infections (TTIs), including Hepatitis B (HBV), Hepatitis C (HCV), and Syphilis. The blood safety program is aligned to the National Health Strategic Plan 2011 to 2015 (NHSP 2011-2015), and the national multi-sector response to HIV and AIDS.

Main goal: To attain equity of access to safe blood and blood products throughout the country, in order to contribute to national health and development objectives.

The main strategies/activities will include: strengthening and scaling up blood collections, towards meeting the national blood needs; strengthening post-donation counseling, and linkages to care, and treatment facilities; strengthen laboratory testing, and processing of blood; promotion of appropriate clinical use of blood, and blood products; implementation of the pilot project on transfusion support to reduction of Maternal Mortality; strengthening quality assurance; scaling up staff training, and capacity building; strengthening monitoring and evaluation, and evidence-based decision making; promoting, and advocating for long-term sustainability of the blood safety program; and strengthen collaboration with other implementing partners.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	300,000

TBD Details

(No data provided.)

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood
Workplace Programs

Budget Code Information

Mechanism ID:	10238		
Mechanism Name:	Zambia National Blood Transfusion Service		
Prime Partner Name:	Zambia National Blood Transfusion Service		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	0	

Narrative:

ZNBTS will contribute to the strengthening of laboratory infrastructure in the country. During COP 2012, ZNBTS has planned to significantly upgrade the laboratory equipment at all the 9 provincial blood centers, through automation of processes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

ZNBTS will continue to strengthen Strategic Information Management, including: institutionalization of the SmartDonor system at all the provincial centers; implementation of the Vein-to-Vein electronic blood tracking system; and meeting all reporting requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	

Narrative:

ZNBTS will ensure finalization of the National Blood Policy, and Legislation; restructuring of ZNBTS by MOH. Both activities will be supported by MOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	

Narrative:

ZNBTS will collaborate with the Male Circumcision (MC) program, for mutual benefit. Blood donors will be encouraged to undergo MC and donor education, and counseling will include MC promotion messages. On the other hand, the MC programs will be requested to educate, and encourage their sero-negative clients to become

blood donors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	1,485,000	0

Narrative:

ZNBTS will aim at: scaling up blood collections, towards meeting the national blood needs; strengthening the laboratory systems, and methods for blood screening, and processing; promotion of appropriate clinical use of blood; and strengthening coordination, and management. The program will cover the whole country. The target for blood collections will be 130,000 units.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	

Narrative:

ZNBTS will continue advocating for injection safety, training of staff on prevention of unnecessary injection pricks, and promoting strict adherence to the established national, and international bio-safety standards/guidelines on the disposal of medical waste.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	84,170	0

Narrative:

Post-donation counseling is focused at advocating AB for all the blood donors who are sero-negative to HIV, and other TTIs. The target for COP 2012 is to reach out to approximately 300,000 potential blood donors with AB messages across the country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	

Narrative:

All the blood donors undergo pre- and post-donation counseling, with trained phlebotomist/ counselors, to discuss their test results. Donated blood is also subjected to mandatory laboratory screening for HIV, HBV, HCV, and Syphilis, using approved standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	

Narrative:

Approximately 23% of maternal mortality in Africa is due to hemorrhage, and blood transfusion is a critical intervention in such conditions. The USG has initiated a pilot project to support the reduction of MMR in Zambia. Blood transfusion has been identified as one of the key strategies that will support this pilot project.

Implementing Mechanism Details

Mechanism ID: 10241	**Mechanism Name: CRS FBO 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: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 6,212,220	
Funding Source	**Funding Amount**
GHP-State	6,212,220

Sub Partner Name(s)

Children's AIDS Fund	Futures Group	Institute of Human Virology, University of Maryland School of Medicine (IHV-UMSOM)
Itezhi-Tezhi District Hospital	Kamoto Mission Hospital	Macha Mission Hospital
Malcom Watson Mine Hospital	Mtendere Mission Hospital	Mwandi Mission Hospital
Siavonga DIstrict Hospital	Sichili Mission Hospital	St Francis Mission Hospital
Wusakile Mine Hospital		

Overview Narrative

In FY 2012, AIDSRelief-Transition (AR-T) aims to strengthen the capacity of Zambian health care institutions to provide quality HIV/AIDS prevention, care and support, and treatment services. AR-T will provide HIV/AIDS prevention, care and support, and treatment services initiated under AIDSRelief (AR) and technical and capacity development support to local organizations to progressively assume responsibility for implementing activities in the

19 ART sites. To achieve this, two local partners (LP), CHAZ and Chreso Ministries (Chreso) join CRS, IHV, Futures, and CAF to form the AR-T consortium. AR-T will use the AR model of care to build local partner treatment facility (LPTF) and LP capacity. AR-T will apply five strategic methods to service delivery and capacity-building. Capacity Building: AR-T will incorporate widely accepted best practices to build HIV/AIDS clinical and managerial competence within its program. Clinical Teams: The medical, nursing, laboratory, Continuous Quality Improvement (CQI), and Community-Based Treatment Supporters (CBTS) expertise, will provide LPTFs with training, mentoring, and technical assistance. Data Demand and Information Use (DDIU) for continuous quality improvement: AR-T, in collaboration with MOH and CDC, will ensure facilities have adequate equipment and staff to support and manage SmartCare. Grant Management: AR-T will continue with activities started under AR to strengthen the grant management capacity of LP and LPTFs with emphasis on strengthening cost efficiencies at all levels of the program. Linkages: AR-T will work closely with the MOH at all levels and with community leaders and other stakeholders. AR-T will coordinate all activities with the LP awards.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities
Mobile Population
TB

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	1,330,000	0

Narrative:

AR-T will continue the AR family centered approach in the provision of quality HIV care, treatment and support services. AR-T will fully implement the 2010 treatment guidelines in addition to other strategies to ensure the needs of PLWHA across the continuum of care regardless of treatment status are addressed.
AR-T will continue to work with LPTF to promote early diagnosis of HIV infection and engagement into care.
AR-T will train and mentor providers to appropriately manage and follow up pre-ART patients ensuring timely clinical visits, OI screening, prophylaxis and management, and CD4 monitoring while addressing their psychosocial needs with an overall goal of timely and safe engagement into HIV treatment services. We will collaborate with other partners and the community to improve retention and reduce loss to follow up (LTFU) in this patient population.
AR-T will work with LPTF to ensure structured treatment preparation and on-going adherence counseling, aimed at improving retention in care and adherence to treatment reducing overall program LTFU.
AR-T will address the care and support needs of patients on ART recognizing the importance of addressing physical, psychosocial and spiritual needs in perceived stable clients which may impact treatment success. AR-T will continue to mentor staff trained in palliative care on pain management, end of life care and support to the bereaved conducting training as need arises. CBTS will continue to work with LPTF in strengthening and ensuring access to existing support groups with formation of special support groups based on a needs assessment for vulnerable and special populations among our clients. AR-T will encourage a peer to peer approach such as PMTCT mothers, parents with HIV positive children, discordant couples and will support linkages between the ART clinic and CBTS. This will allow PLWHA access education and psychosocial support services.
CBTS will continue to work with CHW through LPTF to ensure community linkages and dual referral systems are fostered. AR-T will also establish the necessary linkages and referrals to other organizations with care and support services including nutrition and in turn support other organizations and GRZ systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	451,222	0

Narrative:

AIDSRelief-Transition (AR-T) will aim at providing quality TB/HIV services by increasing access to testing and treatment for HIV and TB; building capacities to provide and monitor quality services; strengthening relationships and coordination among HIV and TB stakeholders; and collection, reporting, and analysis of relevant data. The laboratories and care, support, and treatment program areas will complement these efforts.

AR-T will screen for TB in all HIV positive clients, appropriately manage including appropriate use of isoniasid and co-trimoxazole prophylaxis and provision of antiretroviral therapy for all HIV/TB co-infected patients regardless of CD4 count while building capacity in providers through approved national trainings and mentorship. AR-T will ensure that all TB patients are screened for HIV. AR-T will build capacity of TB clinicians in ART management through training and mentorship. In this way AR-T will ensure that TB patients testing positive for HIV receive prompt assessment for ART eligibility facilitating early initiation of treatment. AR-T will conduct nutrition assessment for all TB clients with appropriate referrals for management. AR-T will ensure infection prevention at facility level through triaging and at community level by promoting early case detection.
AR-T will distribute information education and communication materials on TB/HIV with supervision of individuals.
AR-T will continue with Directly Observed Therapy, contact tracing and TB/HIV screening. AR-T will improve laboratory microscopy diagnostic capacity. AR-T will build technical capacity through collaboration with chest diseases laboratory, the university teaching hospital TB laboratory staff as necessary ensuring good clinical and laboratory practices and standard operating procedures are observed.
AR-T will participate in national-level meetings through TB/HIV Technical Working Group and the quarterly TB/HIV centre for disease control-supported partner's meeting, ensuring clear coordination and complementarities of TB and HIV activities across Zambia. AR-T will participate in the national calendar activities. AR-T will collaborate with MOH in MDR-TB surveillance.
AR-T will facilitate process of information sharing between local partner treatment facility and district health management teams through regular meetings, and discussion of reports of the TB/HIV coordinating bodies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	553,253	0

Narrative:

AR-T recognizes the dependence of successful pediatric HIV care on the existence of a solid family structure and will thus continue AR family centered approach to care extending this to a special emphasis on male involvement. AR-T will ensure HIV care where applicable for caregivers of HIV exposed and infected children. AR-T will ensure full implementation of the new (2010) pediatric antiretroviral therapy management guidelines. We will care for HIV exposed children ensuring national recommendations on frequency and duration of monitoring, HIV testing, infant and young child feeding, and that OI and antiretroviral prophylaxis are adhered to. AR-T will promptly engage HIV infected children into antiretroviral services once meeting criteria with caregiver education and treatment preparation. AR-T will conduct screening and management of OI particularly TB, growth monitoring, and nutritional assessment, counseling and referral. AR-T will ensure all children follow the national immunization schedule. AR-T will promote linkages to support groups and other care and support services of both children and care givers. Recognizing the threats on adherence, AR-T will promote disclosure, addressing this from time of engagement into care. AR-T will support youth friendly and adolescent services recognizing the

special psycho-social needs of this population. AR-T will address childhood illnesses through health talks, IEC material on prevention as well as first aid tips and will network with relevant organizations for the provision of insecticide treated bed (mosquito) nets and safe water interventions. AR-T will mentor providers on the importance of comprehensive assessment and management of pain in children addressing not only physical, but psychosocial and spiritual forms of pain which sometimes are over looked in this population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

AR-T recognizes the importance of well established laboratory services in the provision of quality HIV services and will build on AR achievements in addition to new innovations. AR-T will ensure laboratories have the necessary physical environment, technical capacity and systems to achieve quality services. AR-T will support laboratory refitting as needed towards a physical environment conducive for delivery of quality laboratory services. Onsite mentoring on good laboratory practices, use of SOP including equipment maintenance; sample collection, preparation and storage, and infection prevention will be conducted. AR-T will address quality assurance, participating in the national and international external quality assurance program while adhering to the existing on site internal quality control measures. AR-T will continue the technical collaboration with MOH and participate in the technical working group activities. AR-T will be involved in the PIMA field study and other activities where possible. AR-T will work towards ensuring laboratories have MOH approved equipment for standardization. This will facilitate easier equipment maintenance; reagent logistics management system, and is sustainable. Refresher trainings on different chemistry, hematology and diagnostic tests on needs basis will be conducted by AR-T with continued collaboration with MOH and chest diseases laboratory to build capacity of laboratory staff. AR-T will complete the process of installation of cavidi viral load equipment begun under AR at five sites and subsequently compare its performance against that of the gold standard polymerase chain reaction. AR-T will strengthen systems through technical assistance in the area of laboratory management information systems ensuring accurate data, reporting and subsequent quantification helping prepare capacity to use of a fully electronic system. AR-T will conduct trainings on laboratory management for lab managers building their capacity to be more independent and to supervise other facilities. AR-T will strengthen MSL collaboration to facilitate effective communication on commodity status and allow advance planning for any deficits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	140,000	0

Narrative:

AR-T will ensure that all 19 LPTF have adequate equipment and trained staff to support and manage SmartCare.

AR-T will continue collaborating with MOH and CDC to ensure data managers SmartCare Certification. Sixty LPTF staff will be trained or retrained in SmartCare. The LPTF will synthesize PEPFAR's quarterly reports using DDIU approaches to guide program monitoring and quality improvement, adjusting program activities as appropriate. AR-T will strengthen capacity of CQI committees at the LPTF to use the data they generate to inform program activities. In addition AR-T will conduct periodic data audits which will be undertaken at the LPTF to continuously track data quality. These strategies will ensure accurate, valid, and timely reports which will be used to monitor overall AR-T successes and challenges in patient management and overall project outcomes. AR-T will produce monthly, quarterly, semi-annual, and annual progress reports to inform program planning.

AR-T will roll out a second round of the Site Capacity Assessment (SCA) at the LPTF. This will follow on the first round of the assessment conducted in FY 2010 and FY 2011. AR-T will support the LPTFs to develop and implement capacity-building action plans to address identified gaps using the SCA and CRS's Holistic Organization Capacity Assessment Instrument (HOCAI). AR-T will participate in national technical working groups for SmartCare and M&E convened by the MOH, CDC and other partners. AR-T will continue to mentor counterpart staff of the LP to build their M&E capacity in all areas and will work closely together to ensure the smooth and progressive handover of patient numbers and reporting from the second year of the award.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

AR-Ts' model of implementing a successful care and treatment model and re-enforcing that model through site visits and mentoring creates ownership at the local site level of the care model and increases care and cost efficiencies. Integrating care components into one team that can address all HIV related concerns at the site level promotes identification of gaps before they create system breakdowns. Integrating care services such as TB/HIV, PMTCT/ART, and STI/HIV that interface with HIV positive individuals streamlines care and fills gaps in service provision. AR-T will continue to build on this model with increased transfer of site mentoring and evaluation to the LPTF. AR-T will continue with the roll out of the SCA at LPTFs. AR-T has created budgeting templates for each LPTF that assists them in creating a budget that supports a sustainable HIV care and treatment program. AR-T will meet with each LPTF to create work plans and budgets that increase local ownership of the program and transfer important management skills to the site level.

AR-T will continue to work with CHAZ and Chreso in the areas of workforce planning, management and leadership development, and finance and compliance. We have provided support to the MOH and provided medical technical expertise with a Zambian AR Infectious Disease Specialist to support the National ART Coordinator. At the local partner treatment facility level we are supporting task shifting for CDEs in basic nursing skills to improve patient flow and shorten waiting times, providing intensive program assessment and quality improvement programs, and assisting with needed renovations and laboratory restructuring including replacing older failing equipment.

Finally, we will continue collaboration with the Health Professional Council of Zambia, and other regulatory boards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

Circumcision has been shown to reduce the risk of HIV transmission up to 60% in men. Zambia has initiated several centers for circumcision and is expanding training. AR has linked with partners directly implementing male circumcision programs to ensure community members of AR sites have access to this service. AR-T will continue to work with implementing partners to ensure that each site knows how to access circumcision services locally, and is training in supporting patients' post-circumcision care. Training with educational messages to persons considering circumcision will be provided to ensure correct information about benefits and recovery is provided.

AR included a bio-medical prevention component addressing the promotion of male circumcision. Eight LPTFs offer on-site MC supported by AIDSRelief, JHPEIGO, Mopani Mines or CHAZ. The others refer to near-by hospitals or Society for Family Health carefully following up on the referrals and tracking the circumcised clients. The promotion of male circumcision will be an integral part of the LPTF community-based educational program, and AR-T will develop gender sensitive messages indicating reasons for MC, service location and what MC entails. We will include male circumcision messages in ANC as part of the male involvement campaign. The project will help each LPTF develop and finalize standard operating procedures (SOP) that outline referral networks for circumcision for negative men. AR-T will monitor the number of males provided with comprehensive male circumcision services that include counseling and testing (CT), surgical male circumcision and linking those who test positive to ART services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	0

Narrative:

AR-T will address injection safety by promoting good clinical and laboratory practices. Through training and mentoring, AR-T will promote standard universal precautions and infection prevention practices including safe phlebotomy, proper waste management and disposal, and use of protective clothing. AR-T will re-enforce messages on occupational post exposure prophylaxis (PEP) and work with LPTF to ensure steps to be taken by an injured member of staff are clearly outlined and are known, and that PEP drugs are available immediately eligibility for PEP has been established.

AR-T will promote good logistics and commodity management to ensure sustained availability of the necessary blood drawing materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVAB	0	0

Narrative:

AR-T staff and community leaders will develop or adapt new evidence-based handouts on abstinence, delay of sexual activity, fidelity and partner reduction. CBTS and the community health workers (CHW) will distribute these at community meetings, home visits, and for existing community radio prevention programs. They will provide materials for LPTF to deliver to youth in-school HIV prevention programs. They will provide technical assistance (TA) and evidence-based materials on how to form youth friendly corners and youth support groups for boys and girls, both in and out of school linking with, for example district AIDS task forces, and youth alive in Lusaka. All materials will be gender sensitive and in the local vernacular. AR-T trainers will address particular needs of adolescents by training health workers (HW) in youth/adolescent counseling focusing on prevention for both HIV-free and young PLWHA, and on the different problems and perspectives of males and females. AR-T will assist LPTF identify adolescent sexual reproductive health services that will provide these services, and set up a well-documented referral system.

CBTS will engage community opinion leaders to encourage wide spread counseling and testing, and endorse prevention strategies such as delaying sexual debut, reducing multiple and concurrent sexual partners, and reducing trans-generational sex in their catchment areas. CBTS will conduct community trainings and build linkages to the ART center as part of their prevention efforts. AR-T will focus on providing regular prevention counseling for all patients regardless of treatment status. AR-T will target AB prevention activities and messages to adolescents, individuals in both steady and less committed sexual relationships, and to both HIV positive and negative individuals. Trainings and outreaches providing prevention messages will take place in all 19 LPTF. AR-T will measure the targeted population reached with AB preventive interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	321,494	0

Narrative:

AR-T will conduct a needs assessment, measuring community involvement in HIV testing activities, access to testing services, number of counselors and testers, and other implementing partners providing this service within LPTF catchments. AR-T with LPTF will then develop an implementation plan. CBTS are responsible for the LPTF outreach program promoting CT through CHW.

We will train and update hospital staff to provide CT (including provider initiated testing and counseling (PITC) and couple counseling). Supervisory staff at the hospital will ensure minimum quality standard of services both in health facilities and in the community are met. As many AR-T sites are in remote locations, a variety of personnel must multi-task to accomplish goals. AR-T will strengthen and expand linkages to ensure continuity of care for all persons accessing CT through them. AR-T will develop and incorporate HIV prevention and treatment messages for the general population, MARP, PHDP, and ANC settings into trainings for CT staff; provide current

information to clinical staff who train CHW, develop a CME module for HW consistent with national guidelines for pre-ART counseling and advice, and provide TA to clinical staff and CHW to create and document a plan for monitoring pre-ART patients.
AR-T will strengthen LPTF capacity to link services such as PMTCT and exposed baby care to expert HIV care making suggestions for improving them and or establishing linkages to programs that provide them, communicating with implementers providing PMTCT and Early Infant Diagnosis for HIV-exposed infants and working together for a solution if these linkages are not functioning well. AR-T will monitor the outcome of CT by the number of people who receive CT services and get results, the number of individuals who receive couples counseling and testing for HIV and get their test results, the number of health care providers trained in CT, and the number of CHW trained in community and home-based adherence counseling and support for people on ART.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	60,000	0

Narrative:

Most at risk populations (MARP), positive health dignity and prevention (PHDP) populations, and other at risk but poorly recognized populations are often lost to linkages to care and consistent, tailored prevention to address their particular situation. Targeted prevention activities serve to keep pre-ART patients in the ART system. AR-T will; develop and incorporate HIV prevention and treatment messages including information education and communication (IEC) for PHDP into trainings for counseling and testing staff, provide current information, through in-service training for clinical staff who train CHW, develop a continuing medical education (CME) module for HW consistent with national guidelines for pre-ART counseling, and provide TA to clinical staff and CHW to create and document a plan for monitoring all at-risk clients. Prevention activities will focus on MARP, PHDP, Discordant Couples, and HIV negative women who are at increased risk of HIV acquisition identified in antenatal clinics (ANC).
AR-T specialists will review LPTF experience in prevention messages development to at risk populations, ability to understand and oversee behavior change communication service implementation, and ability to evaluate the impact of these interventions. AR-T will then develop a training and mentoring plan with targeted training and mentoring throughout the five years of the project to build capacity. In collaboration with district health management teams (DHMT), community leaders, and other stakeholders, AR-T and LPTF will develop a unified HIV prevention action plan for each LPTF for at risk population in their catchment area, organized and owned by community leaders. They will facilitate meetings between LPTF programs and other active prevention programs in the community to assess resources, gaps and ways of synergizing activities. They will also facilitate meetings between LPTF and community leaders to assess local leadership and approaches to promoting HIV prevention, specifically male leadership in prevention and opposition to gender violence, involvement of girls and women, and community-based PLWHA support groups.
AR-T will monitor progress of the outlined interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

AR-T will continue to work closely with the national program in procurement strategic planning, national quantification exercises, and provides estimates of the cost of approved and proposed ART guideline changes. AR-T will also support logistics systems within our LPTF that report to medical stores limited (MSL) for supplying accurate consumption and stock data. AR-T will work closely with CHAZ to provide some back-up to MSL in case of stock outs. AR sites have experienced stock out of certain ARV in the past year. We are dependent upon the MOH and MSL to ensure adequate supply of ARV drugs. We will continue to update the MOH on potential shortfalls in their logistics and procurement systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,859,414	0

Narrative:

AR-T will continue to aim at delivery of quality ART services. AR-T will fully implement the 2010 treatment guidelines through MOH certified trainings and on site mentoring of 60 HW. The team will aim at increasing access to treatment of positive partners in discordant relationships, all TB patients, eligible patients co-infected with hepatitis B and those meeting CD4 criteria for treatment ensuring appropriate first line regimens as per national guidelines are utilized. We will encourage active OI screening prior and at the time of ART commencement and will address the challenges related to the peri- ART commencement period- promotion of early diagnosis of HIV and of early detection for ART eligibility, continued OI screening and management to prevent the immune reconstitution syndrome, screening for and management of adverse events, psycho-social support, and adherence counseling. We will address quality care for patients on ART for longer periods through; regular clinical and CD4 monitoring with emphasis on attention to signs indicating a viral load, ongoing adherence support, OI screening and management, management of co-morbidities and monitoring for long term adverse events. AR-T will address the care of more complex cases capitalizing on task shifting of stable clients to the nurse prescribers and working with MOH advanced treatment centers. AR-T will continue with the role begun by AR of involvement in the development of training materials for the roll out of the HIV drug resistance surveillance system including the implementation of early warning indicators AR-T will pay special attention to pregnant women eligible for HAART with measures such as fast tracking of such clients in the ART clinic. AR-T will work closely with the integrated support for ART and PMTCT (ISAP) project in building capacities among maternal child health (MCH) staff in ART management through mentorship and training. This will facilitate prompt assessment for ART eligibility and early initiation of treatment. We will ensure on-going preventive interventions through the prevention with positives approach as per national guidelines. AR-T will conduct nutrition assessments and refer to available services through strengthened linkages and referral systems. AR-T will also strengthen linkages to

support groups and care and support services particularly for vulnerable groups.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	496,837	0
Narrative:			
AR-T will continue aiming at the provision of quality pediatric antiretroviral treatment services with implementation of the new (2010) paediatric ART management guidelines, updating previously trained providers and training and mentoring more providers. Increasing early initiation of antiretroviral therapy will be addressed; mentoring on timing and correct dry blood spot collection with measures to reduce result turn around time, promotion of provider initiated testing and counseling, recommendation for testing of all children of patients in HIV care below the age of 15, and strengthening of linkages between maternal neonatal and child health services and ART services. AR-T will ensure use of appropriate first line regimens particularly the use of a protease inhibitor for nevirapine exposed infants and phase out of stavudine based regimens. The team will adhere to recommended clinical monitoring schedule ensuring dose adjustments are done, adverse events and treatment failure are looked out for and are managed, and nutrition assessment and growth monitoring are conducted. AR-T will establish linkages and referral systems to the country's advanced treatment services for complex cases. AR-T will promote adherence to treatment through education and treatment preparation of care giver and patient where feasible, use of pediatric formulations and fixed dose combinations, and ongoing adherence support. AR-T will foster linkages with support groups and peer educators to promote retention in care and to address treatment fatigue. AR-T will avail the MOH developed materials for use in pediatric treatment services such as wall, desk and pocket size dosing charts as well as pocket size treatment guidelines. We will address issues of quality through mentoring on completion of medical records with random chart abstraction as means of assessing. AR-T will continue to participate in MOH led technical working groups regarding pediatric HIV care including working on the integrated paediatric, PMTCT and adult ART scale up plan.			

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	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 8,715,000	
Funding Source	**Funding Amount**
GHP-State	8,715,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USAID | DELIVER PROJECT goal is to assist the Ministry of Health (MOH) to ensure an uninterrupted supply of key HIV/AIDS commodities to government and nongovernmental organization facilities through strengthening existing nationwide logistic systems. In 2013, DELIVER will show impact in a number of key areas:

• Increased demonstrated country ownership and leadership of national forecasting, quantification, and procurement planning process.
• Continued implementation of the successfully tested and approved Essential Medicines Logistics Improvement Program (EMLIP). Zambia stands alone in Africa in implementing such a comprehensive, data-driven essential medicines logistics system that addresses the needs for opportunistic infection (OI) and sexually transmitted infection (STI) drugs availability and includes other products such as contraceptives and anti-malaria commodities.
• Development of innovative solutions for data transfer, including computerization of the logistics systems at key service delivery points (SDPs) and cell phone technology.
• Maintaining of monitoring and evaluation (M&E) as a key activity throughout DELIVER technical assistance activities.
• Improved commodity availability at SDPs through the highly functioning MOH ARV logistics system, MOH HIV test logistics system, and MOH EMLIP.

DELIVER continues to support systems that are managed by the MOH and Medical Stores Limited by providing capacity building and quality monitoring. The project strives to make the project more efficient by coordinating efforts with the MOH and all implementing and cooperating partners in Zambia involved in supply chain management-related activities at the central, provincial, and district level.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	180,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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**
Governance and Systems	OHSS	8,715,000	0

Narrative:

The objective is to provide assistance to ensure that all focus commodity areas supported by the USG, Government of the Republic of Zambia, and other partners are in sufficient supply and provided at service delivery sites through efficient and accountable health commodities supply chain systems. The project will continue to:

1. Support MOH in coordinating ARV, HIV test, OI/STI drugs, maternal and child health drugs, malaria and family planning commodity forecasting, quantification and procurement planning capacity. MOH staff will facilitate more than 70% of the quantification sessions.

2. Reinforce 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.

3. Conduct follow up support for the institutionalization of the pre-service logistics management training at the pharmacy and nursing medical schools in Zambia.

4. Install SmartCare software tool (pending the results of the 2012 SmartCare Inventory Module Evaluation) at select ART sites to collect and use data for reporting and ordering.

5. Significantly increase the frequency of M&E for all USG supported supply chains, making improvements as needed, taking full advantage of DELIVER's presence in all nine provinces.

6. Roll out the critically needed, successfully tested and approved EMLIP. This rollout is not only supported by PEPFAR, but also uses PMI and USAID Reproductive Health and Maternal Child Health wraparound funding.

EMLIP will be rolled out to an additional 20 districts, covering 75% of the country.
The USAID | DELIVER PROJECT new initiatives will include the following:
1. Support MOH in leading discussions with key stakeholders on the benefits and liabilities of integrating current robust logistics systems
2. Investigating the possibility of integrating tuberculosis commodities into the already existing EMLIP.
3. Undertake a comprehensive transportation assessment in order to better inform the MOH and partners of the requirements and associated costs to effectively address a key logistics challenge posed by ever expanding supply chain systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	

Narrative:

DELIVER will continue the successful placement of Peace Corps Volunteers (PCVs) in each DELIVER/SCMS provincial office to support MOH and collaborate with partners by providing technical guidance and advice on public health commodity logistics, with a focus on prevention of mother-to-child transmission (PMTCT) activities. By the PCVs increasing the number of M&E visits to PMTCT sites, they will better ensure that ARVs, point-of-care CD4 machines and reagents, contraceptives, and malaria treatment drugs, rapid tests and bed nets are kept at the correct stock levels.

During these visits, the PCVs will gather real-time data that can be compared to nationally reported data. The visit will also provide an opportunity to build capacity by providing on-the-job training when necessary.

It is envisaged that by 2013, a large percentage of PMTCT-only sites will be using the EMLIP ordering and reporting system for their ARV needs. The project will then incorporate PMTCT logistics training into the EMLIP national rollout.

This activity is budgeted under the Health Systems Strengthening budget code.

Implementing Mechanism Details

Mechanism ID: 10274	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 10296	**TBD: Yes**
REDACTED	

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: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 6,939,096	
Funding Source	**Funding Amount**
GHP-State	6,939,096

Sub Partner Name(s)

American College of Nurse Midwives	Banyan Global	Broadreach
Johns Hopkins University Bloomberg School of Public Health	Liverpool Associates in Tropical Health	

Overview Narrative

The Zambia Integrated Systems Strengthening Program (ZISSP) works with the MOH at the national, provincial, district, and community levels to strengthen skills and systems for planning, management, and delivery of health services for HIV/AIDS, malaria, family planning, nutrition, and maternal newborn and child health. This project operates in all the nine provinces and in 27 focus districts. ZISSP applies a whole systems approach to strengthen the health system at each level. It particularly seeks to addresses gaps in the four of the health system's "building blocks:" service delivery, health workforce, information, and leadership and governance. In addition to PEPFAR funds, ZISSP receives funding from the President's Malaria Initiative (PMI), family planning (FP), maternal and child health and nutrition subaccounts.

ZISSP seconds 37 staff members to MOH national and provincial offices to help the ministry to develop better strategies, tools, and systems for planning, management, supervision, and evaluation of the delivery of health services. ZISSP seeks to build the skills of ministry's personnel, and focuses particularly on strengthening high-impact public health programs for HIV, FP, emergency obstetric and newborn care (EmONC), child health and nutrition, and malaria. ZISSP Clinical Care Specialists are helping the provincial health offices (PHOs) and district health offices (DHOs) to establish, train, and mentor multi-disciplinary clinical care teams. Management specialists are building skills for planning, budgeting, management, supervision, and reporting. The community component of the program will continue to work primarily with district health management teams and communities to improve the interface between the health system and the community.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	100,000
Human Resources for Health	1,100,000
Motor Vehicles: Purchased	150,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
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:	Abt Associates

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,500,000	0

Narrative:

Resources will be used to support adolescents who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and are vulnerable to transactional sexual exploitation. According to the National Adolescent Health Strategic Plan of Zambia, the main health related problems facing adolescents include sexually transmitted infections, early and unprotected sex, sexual abuse, early marriage and pregnancies, unsafe abortions, substance and alcohol abuse, accidents and violence, mental health, and unsafe cultural practices. Funds will support placement of technical staff within Ministry to strengthen government capacity to reduce access barriers to adolescent friendly reproductive and family health services, establish linkages and referrals to community and clinic based programs, particularly post rape care, and create "safe spaces" where men and boys can also be engaged to change harmful norms.

This PEPFAR funded and child-focused HIV/AIDS activities will support targeted economic strengthening interventions to reduce vulnerability and risk of older OVC to exploitative labor, trafficking, transactional sex, and life on the street; in order to ensure that the PEPFAR and GHI activities are integrated across the continuum of children's ages and stages response. These interventions will support the children's transition to adulthood and will continue to provide a support for a young person who turns 18 while receiving OVC assistance and to cover a buffer period for seamless transition.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

ZISSP will strengthen the quality of HIV/ART data collection, use, and reporting to support HIV program management at the facility, district, and province. ZISSP will rely on standard data elements, collection, and reporting tools already developed by the predecessor Health Services and Systems Program (HSSP) in collaboration with other partners including Catholic Relief Services, Center for Infectious Disease Research in Zambia (CIDRZ), and Zambia Prevention Care and Treatment Partnership (ZPCT II). The project will train health facility staff to use the data consistently for planning, performance assessment, and technical support supervision.

The project will work under the direction of the MOH and coordinate with ZPCT II and Centers for Disease

Control and Prevention (CDC) to conduct data audits. The intent of the audits is to improve the quality and utilization of information to plan for HIV/AIDS programs and to strengthen quarterly and annual progress reports that link clearly to the district and facility action plans. In addition, the audits strengthen the routine information management system to enhance data quality.

ZISSP participants in the district annual action plan process have observed that many plans are not based on evidence or sound epidemiological data. Management specialists seconded by ZISSP in each province will work with the provincial health office staff to improve data quality and utilization at service delivery level.

As part of the sustainability plan, ZISSP works closely with the Ministry of Health, Provincial Data Management Specialists, and other partners (ZPCT II, and CIDRZ) to maintain and strengthen HIV/AIDS reporting systems that are integrated into the national health management information system HMIS. As the CCSs work with districts to train health facility staff in quality improvement through the performance improvement approach, they will focus on building capacity to analyze data in order to identify and solve problems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	2,173,449	0

Narrative:

In 2012, ZISSP will mentor MOH personnel in provinces, districts, and facilities to use the new planning handbooks for the province and the community that ZISSP helped the MOH to develop in 2011. These handbooks intend to strengthen planning for HIV/AIDS and other health services including malaria, FP, MNCH, and nutrition. The project will also mentor new provincial and district level planners. ZISSP trained these planners in 2011 on the MOH planning process in order to prepare them to lead development of the annual plan with the Provincial Medical Officer.

In FY2012, ZISSP will work with the MOH to strengthen policy and systems that support HIV/AIDS services in the following areas: 1) health services planning; 2) human resource planning and management as well as health worker retention; and 3) management and leadership skills development. In the area of planning, ZISSP will continue to assist the MOH to develop technical updates which identify the priorities for the annual plan and align with the National Health Strategic Plan. The project will develop a summary of national health priorities, including HIV/AIDS, and then assist the provinces and districts to tailor the national priority statements to guide participants in the lower level planning launch meetings.

ZISSP will assist the PHOs to use resource mapping tools to improve distribution of resources across program areas including HIV/AIDS. The ZISSP clinical care and management specialists will support the PHOs to develop

the provincial statistical bulletins, which will be used for action planning and program monitoring. The ZISSP management specialists will work to strengthen governance systems and improve accountability. To do this, ZISSP will train non-financial managers and accountants in government financial procedures.

In collaboration with its subcontractor BRITE, ZISSP will provide MOH personnel from the center, provinces, and districts with management and leadership training that has been tailored to Zambia. The training is designed to increase the capacity of provincial and district management teams to perform technical and program management functions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	300,000	0

Narrative:

ZISSP will collaborate with CSH and the Partnership for Integrated Social Marketing (PRISM) within the National HIV/AIDS Strategic Framework to develop and disseminate messages to promote male circumcision. ZISSP will adapt key messages from the national mass media HIV prevention campaigns to create materials for use at the community level.

ZISSP and CSH will support the MOH to develop a community BCC framework to guide the development, implementation, and assessment of community BCC campaigns, outreach efforts, materials and capacity building efforts. This activity will also implement a distance radio learning program as a tool for capacity building.

ZISSP will support communities and local organizations to develop and implement locally-led BCC programs. The project also works in 27 target districts to help community groups identify and advocate for health needs as active participants in the health planning process. In FY2012, ZISSP will use results of a recently completed community mapping study to develop strategies to strengthen community engagement in health planning and implementation of effective BCC programs.

ZISSP will assist districts and facilities to train community volunteers including community health workers (CHWs), SMAGs, CBD, lay counselors, and others to enable them to deliver messages on male circumcision. ZISSP CHCs will help facilities to mobilize communities to participate in MOH national health events and traditional events which include key messages on HIV prevention. The CHCs will assist the district health offices to design male circumcision activities and ensure that these activities are included in the district action plans and budgets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	0

Narrative:

ZISSP works with the MOH and CSH to develop communication strategies which are adapted for mobilization of communities to intensify HIV/AIDS prevention activities nationwide. At community level, ZISSP works in the 27 target districts to help community groups to advocate effectively for their health needs as active participants in the health planning process. ZISSP also supports communities and local organizations to develop and implement locally-led BCC plans.

In FY 2012, ZISSP will use results of the community mapping study which it recently conducted in selected districts to develop strategies which will strengthen community engagement in health planning and implementation of effective health BCC programs at community level. The activity will facilitate the training of community volunteers including community health workers (CHWs), SMAGs, community based distributors (CBD), lay counselors, and faith based organizations (FBOs) to enable them to deliver messages on AB.

ZISSP will collaborate with CSH and the health promotion unit of the MOH to design and disseminate BCC messages that will promote behavior change with a focus on abstinence among the youth and the unmarried, and being faithful to one un-infected partner for the married individuals.

The project will engage traditional, religious and other community leaders as change agents in the community to spread AB messages and promote healthy behaviors. This activity will be linked to the adolescent reproductive health technical area of ZISSP and support the development of the adolescent communication strategy and revitalization of youth friendly corners in health facilities as these are vital channels through which messages on abstinence and delayed sexual debut can be delivered to the youth.

ZISSP will also implement the grants program where NGOs and FBOs implementing community interventions will be a channel for the various AB activities.

ZISSP CHCs, in collaboration with the district health promotion officers, will mentor and provide supportive supervision to district and facility staff in HIV prevention services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

ZISSP will collaborate with CSH, Corridors of Hope II, and PRISM to support the 2008 National Prevention Strategy (NPS). Together these partners seek to increase the number of people who know their HIV status and to support quality testing and counseling services and information.

CHCs will assist districts and facilities to engage key actors at the local level to promote demand for HIV

counseling and testing services. These actors include: NHCs, SMAGs, CBDs, Lay Counselors, and Tuberculosis Supporters. These influential community members will create awareness of the importance of knowing one's HIV status.

ZISSP will strengthen SMAGs by integrating counseling and testing information with the MNCH activities to enable promoters to create awareness of CT in the community. The project will support the implementation of a community BCC framework which will be developed in collaboration with CSH. Through its CHCs, ZISSP will work to assure that districts include CT activities in the district plans and budgets.

ZISSP will support communities and local organizations to develop and implement locally-led BCC programs to increase demand for CT services. The project also works in 27 target districts to help community groups identify and advocate for health needs as active participants in the health planning process. In FY2012, ZISSP will strengthen community engagement in health planning and implementation of effective health BCC programs at community level.

ZISSP will engage traditional, religious, and community leaders who will be trained in BCC, leadership skills, advocacy, and management of change, and oriented to HIV/AIDS and other health programs. Traditional ceremonies occur every year in most districts and they attract huge crowds of both local communities and others from outside the areas. These ceremonies provide an opportunity to update the health knowledge of the traditional leaders and allow for provision of CT and other services as deemed appropriate by the MOH. The leaders will be engaged to act as role models in championing positive behaviors and sensitizing the community members to go for counseling and testing

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	0

Narrative:

TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	715,647	0

Narrative:

Although more than 90% of pregnant women in Zambia attend at least one antenatal care visit, only 46% of births are attended by a skilled provider and the maternal mortality ratio stands at 591 per 100,000 live births (DHS 2007). The main causes of maternal mortality are postpartum hemorrhage, infections (including HIV) and hypertensive disorders. ZISSP will work with districts and facilities to establish and strengthen Safe Motherhood Action Groups (SMAGs) in order to increase the focus on maternal newborn and child health and mobilize

communities to utilize these services. SMAGs will promote early (first trimester) antenatal care attendance, counseling and testing of pregnant women and their spouses, appropriate nutrition during pregnancy, use of insecticide treated nets and malaria prophylaxis during pregnancy and iron and folate supplementation. ZISSP will assist the MOH to test new training aides that support the SMAG trainers at the province, district, and facility level to impart key messages to SMAG members. The SMAG members in turn use the same materials to impart key messages in their communities. In each province and in the 27 target districts, ZISSP will assist the PHOs and DHOs to conduct training of trainers for staff that will train SMAG members at the facility level. In target districts, ZISSP will also provide support for facility-level SMAG members to train SMAG members in each of the zones that surround a facility. The project proposes to assist the MOH to improve reporting on SMAG outreach activities through the facility and district.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	900,000	0

Narrative:

Zambia faces an acute shortage of health care personnel. The lack of trained providers is one of the biggest obstacles to the scale-up of quality ART services. ZISSP supports the MOH to retain critical staff in underserved areas and supports performance quality improvement.

ZISSP provides financial and technical assistance to the ZHWRS in order to attract and retain 119 health workers (doctors, nurses, and clinical officers) in rural areas where the human resource crisis is most acute. These added staff members contribute to achieving the national ART targets.

ZISSP seconds one clinical care specialist (CCS) to each of the nine Provincial Health Offices. The CCSs assist the PHOs, to develop annual plans, mentor health workers, monitor program performance, and coordinate ART scale-up in hospitals, health centers, and mobile clinics. The CCSs support district hospitals and health center HIV/AIDS programs and help to strengthen referral and continuity of care within health facilities. They provide technical backstopping and supervision to junior doctors implementing HIV/AIDS activities in the provinces.

The project will work closely with the Zambia Prevention Care and Treatment II Partnership ZPCT II and other stakeholders to finalize clinical mentorship guidelines and the health worker training materials. ZISSP will then use these materials to form multi-disciplinary clinical care teams (CCTs) in all the districts and provinces. Over time, the district CCTs will begin to lead mentoring activities in the facilities. Provincial CCTs will support the districts. This process will enable provinces and districts to expand and sustain clinical mentoring activities.

ZISSP will also contribute to the ART program by supporting the MOH to develop national quality improvement guidelines. The guidelines will help facilities to strengthen the quality of services. ZISSP will support provinces

and districts to revamp the quality improvement committees and establish quality improvement activities in health facilities. The project will conduct training of health workers in the new QI package which will enable them to implement quality improvement programs using the performance improvement approach (PIA).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	150,000	0

Narrative:

ZISSP CCSs will assist provinces and districts to strengthen the skills of facility-level providers in order to improve pediatric treatment services. This effort addresses the continuum from the antenatal period to testing and treatment of pediatric HIV. ZISSP will support the MOH to mentor and supervise healthcare workers in early infant diagnosis (EID.)

Provincial CCSs will continue to 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 the MOH and other USG- and partner-funded programs.

ZISSP will help the MOH to nurture greater ownership of the transport referral system by health facilities, districts, and provinces.

ZISSP proposes to partner with the MOH and United Nations Children's Fund (UNICEF) to design and implement an expanded child health corner concept that seeks to enable children to access all childhood services, including testing and treatment for HIV, in an integrated manner.

ZISSP will also work with the MOH to strengthen Integrated Management of Childhood Illness (IMCI) to ensure that the HIV elements are correctly implemented. ZISSP will train and mentor healthcare workers in IMCI-HIV to enable them to appropriately refer children. ZISSP will support the MOH to address Nutrition-HIV linkages and train and mentor healthcare workers in this area.

ZISSP will train NGOs and FBOs that deliver community-level health services including Community-based Integrated Management of Childhood Illness (C-IMCI) which includes HIV. The project will continue to assist districts to train community health volunteers (CHVs) in C-IMCI to equip them with skills necessary to manage sick children in the community and appropriately refer children for testing, counseling, and commencement of ART.

ZISSP will strengthen the focus in districts and facilities to link CHVs to prevention of mother to child transmission (PMTCT) activities conducted by other USG- and partner-funded programs. These programs can use CHVs to track HIV infected and exposed infants and children including those that are lost to follow-up.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

Centre for Infectious Diseases Research in Zambia (CIDRZ)	University of Alabama, Birmingham	University of Zambia School of Medicine

Overview Narrative

The Vanderbilt University-Center for Infectious Disease Research in Zambia AIDS International Training and Research Program (VU-CIDRZ AITRP; 5-D43-TW001035-13, led by Dr. Sten Vermund, has played an important role in the development and sustainability of research capacity in Zambia. 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 Zambia, allied closely with institutions that are superbly placed to provide national and regional leadership in HIV/AIDS prevention and care research.

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 capacity building and training on (1) Trainee careers; (2) Research

capacity of home institutions; and (3) Impact of conducted research at institutional, regional, national, and global levels.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

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**
Governance and Systems	OHSS	100,000	0

Narrative:

1. M.Med Capacity Building

Through the CDC support we will continue to focus on the enhancement of the research capacity at UNZA through the following activities: a) supporting the M.Med Research Coordinator; b) providing teaching tools and textbooks for the Research Methods Course; c) providing pilot HIV-related dissertation awards for M.Med students; d) sponsor post-graduate research conferences; e) support the UNZA School's Research Support Center (SRSC) through grants administration training and resources; f) collaborate with CDC, EGPAF, and MOH in assuring students have an operational familiarity with the national EHR system, SmartCare, and know what data it collects, how one can access this data, and how one might use the system to monitor and evaluate both clinical and public

health endpoints
1) Provide salary support for several key personnel: Dr. Selestine Nzala,MD, MPH, Assistant Dean Postgraduate at UNZA, Program Manager of UNZA-VU capacity building project.; Dr. Ben Andrews, Training Coordinator, mentors the M.Med students; and Dr. Yusuf Ahmed, M.Med Research Coordinator, lead instructor for the M.Med Research Methods Course.
2) Sponsor one-time HIV related research support for M.Med students and faculty.
3) Sponsor UNZA postgraduate HIV-related research conference
4) Sponsor a strategic planning meeting for the UNZA School's Research Support Center (SRSC) focused on grant administration.
5) Develop e-learning tools built upon our in-county advanced short courses in scientific writing.
6) Sponsor a special issue of Current HIV Research (CHIVR) on HIV in Zambia.
7) Provide sponsorship for 1-2 M.Med students for HIV-related scientific conference if they are selected for poster or oral presentation.
8) Sponsor M.Med faculty to attend the new VU Institute in Research Development and Ethics, March 2012
2. Short-term In-country Training:
Since much of our Fogarty training has focused on long-term degree training at VU, 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 manuscript writing and clinical quality improvement research in 2012 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 impact of the training program on the trainees will be assessed with the help of a pre- and post-test evaluation as well as follow-up assessment one year post-training.
3. Program Evaluation
For this funding cycle, the MMed Education Coordinator is charged with conducting the evaluation of the curriculum through support from MEPI and Vanderbilt (VU) will evaluate the scientific accomplishments made by the MMed faculty and students. For the scientific accomplishments, VU will review the trend in publications from MMed projects from 2006 until present. This will include manuscripts published in PubMed indexed journals as well as those published in local and regional journals like the Medical Journal of Zambia.

Implementing Mechanism Details

Mechanism ID: 10314	**Mechanism Name: Communication Support for Health (CSH)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,613,157	
Funding Source	**Funding Amount**
GHP-State	4,613,157

Sub Partner Name(s)

ICF Macro	The Manoff Group	

Overview Narrative

CSH's mission is to build capacity within Zambia's government and civil society to design and implement effective national health BCC campaigns that contribute to improved care for those infected/affected by HIV, improved prevention of HIV, and reduced HIV prevalence. CSH will provide direct technical and material assistance to the National HIV/AIDS/STI/TB Council (NAC) in the implementation of a national comprehensive HIV communication strategy. The project will also engage civil society organizations to take these national messages down to the community level in the 27 key districts where USAID partner project ZISSP currently operates. The goal is to enhance effectiveness of NAC campaigns' messaging and reach.

CSH will provide support to NAC at all stages of campaigns, including: formative research, identification of target audiences, strategy design, planning, materials development and production, implementation and management, and M&E. CSH will continue to assist with NAC's routine communication activities, such as VCT Day, and with the 2-year national HIV prevention campaign called "Safe Love" which was launched in June 2011. The campaign focuses primarily on three key campaign topics: multiple and concurrent sexual partnerships, low and inconsistent condom use, and mother to child transmission of HIV. These topics were chosen because they are the leading drivers of HIV in Zambia and because they align with the GRZ and NACs' objectives under their strategic plans. Though they won't be the main feature of the campaign, other important and relevant epidemic drivers will also be addressed such as commercial sex, gender-based sexual violence and alcohol abuse. CSH will continue to build capacity of NAC staff in BCC, M&E, and formative research.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Malaria (PMI)
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	10314		
Mechanism Name:	Communication Support for Health (CSH)		
Prime Partner Name:	Chemonics International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	360,000	0

Narrative:

CSH will provide direct technical and material assistance to the National HIV/AIDS/STI/TB Council (NAC) in the implementation of a national comprehensive HIV communication strategy. The project will also engage civil society organizations to take these national messages down to the community level in the 27 key districts where USAID partner project ZISSP currently operates. The goal is to enhance effectiveness of NAC campaigns' messaging and reach.
CSH will provide support to NAC at all stages of campaigns, including: formative research, identification of target audiences, strategy design, planning, materials development and production, implementation and management, and M&E.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	890,000	0

Narrative:

Zambia has been implementing voluntary male circumcision for HIV prevention since 2007 under MOH. According to the 2007 DHS only 13% of men aged 15-49 have been circumcised. The Voluntary Medical Male Circumcision (VMMC) program in Zambia is provided as part of a comprehensive HIV package and is integrated into male reproductive health services such as HIV, Counseling and Testing, STI, family planning and provision of condoms. The program targets males ages 13-35 years and neonates 0-2 months.

In 2011, CSH supported the development of the MC communication strategy. In 2012, CSH will support roll-out of the MC communication strategy by supporting printing of 10,000 copies and distribution through the MOH.

To increase public awareness of voluntary medical male circumcision, CSH will develop additional materials publicizing the efficacy of MC in reducing risk of HIV and STIs transmission. CSH will also work with Dziwani Resource Centre and ZISSP to distribute various print materials at district health facilities and local clinics.
8. HVCT: Counseling and Testing $756,790.17
Narrative
HIV counseling and testing (HCT) remains an essential component of Zambia's HIV prevention program. However, access to CT in Zambia is not universal and coverage of services remains low in rural and hard to reach areas. According to the 2007 DHS, only 16% of adults in these areas have been counseled, tested and received results. National expansion of HCT to address the current inequitable distribution of services and hard to reach underserved communities is one of the priorities for the NASF 2011-2015. The NASF is in line with the Partnership Framework which was signed by the GRZ and USG in November 2010. In March 2011, the GRZ launched the National Guidelines for HIV CT of Children.

In 2012 through grants to 5 CSOs, CSH will support lay counselors/community volunteers to conduct one- on- one and small group discussions on the benefits of HIV counseling and testing. 38,000 people will be reached with HCT messages. Special focus will be placed on enhancing peer-counseling programs including training people living with HIV to participate as peer counselors and community mobilizers. CSH will also work with other USAID programs working in HCT such as ZPCTII by helping to develop, print and disseminate HCT IEC/BCC materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	638,157	0

Narrative:

As part of the ongoing Safe Love Campaign the GRZ, with CSH support, will develop products and drama series

story lines that promote abstinence. The project will support the GRZ through routine public health awareness activities and education, to promote abstinence as the surest method to protect against HIV infection.CSH will develop a television edutainment series which will include characters who choose to abstain. Education and awareness material, particularly for youth and adolescents, will place particular emphasis on abstinence. An estimated 15% of the Zambian youth population (estimated at 1 million youths) will be reached through multi - channel communications listed below.

Safe Love, a two-year campaign targeting men and women, ages 14-59 years in rural and urban areas, will continue to release multi-channel campaign products through 2012 and into mid-2013.

In addition, CSH will engage five civil society organizations to reach 20,000 in and out of school youths with AB-focused prevention messages in four provinces (Lusaka, central, Luapula and Copperbelt).

3. HVOP: Other Prevention $1,261,317
Narrative
Safe Love is a two-year campaign targeting men and women, ages 15-49 years in rural and urban areas. The campaign will continue to release multi-channel products through mid-2013. The prevention programs will reach estimated 30% (estimated at 2 million people) of the target population (15-49 years) in Zambia with evidence-based HIV prevention messaging.

To dispel misconceptions on how HIV is contracted, the campaign will disseminate messages through local leaders, dance, and drama to provide information on how to prevent HIV/AIDS and how gender based violence and some of the some of the social and cultural norms spread the spread of HIV. Other approaches will include use of community radio discussion programs, community and interpersonal communication through Safe Love small groups that encourage individuals, families and communities to adopt and maintain healthy behaviors and norms. Key audiences will include rural population where awareness of HIV prevention may still be low.

CSH will also engage local HIV-focused civil society organizations (CSOs) through grants for community prevention outreach programs. An estimated five grants are planned for 2012. Each CSO will train 50 community health advocates in HIV prevention approaches. Advocates will work with 150 communities to reaching an estimated 38,000 people with HIV prevention messages in 2012. An additional people will be reached through SMS messages and TV programs and PSAs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

Narrative:

HIV counseling and testing (HCT) remains an essential component of Zambia's HIV prevention program. However, access to CT in Zambia is not universal and coverage of services remains low in rural and hard to reach areas. According to the 2007 DHS, only 16% of adults in these areas have been counseled, tested and received results. National expansion of HCT to address the current inequitable distribution of services and hard to reach underserved communities is one of the priorities for the NASF 2011-2015. The NASF is in line with the Partnership Framework which was signed by the GRZ and USG in November 2010. In March 2011, the GRZ launched the National Guidelines for HIV CT of Children.

In 2012 through grants to 5 CSOs, CSH will support lay counselors/community volunteers to conduct one- on- one and small group discussions on the benefits of HIV counseling and testing. 38,000 people will be reached with HCT messages. Special focus will be placed on enhancing peer-counseling programs including training people living with HIV to participate as peer counselors and community mobilizers. CSH will also work with other USAID programs working in HCT such as ZPCTII by helping to develop, print and disseminate HCT IEC/BCC materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,250,000	0

Narrative:

Safe Love is a two-year campaign targeting men and women, ages 15-49 years in rural and urban areas. The campaign will continue to release multi-channel products through mid-2013. The prevention programs will reach estimated 30% (estimated at 2 million people) of the target population (15-49 years) in Zambia with evidence-based HIV prevention messaging.

To dispel misconceptions on how HIV is contracted, the campaign will disseminate messages through local leaders, dance, and drama to provide information on how to prevent HIV/AIDS and how gender based violence and some of the some of the social and cultural norms spread the spread of HIV. Other approaches will include use of community radio discussion programs, community and interpersonal communication through Safe Love small groups that encourage individuals, families and communities to adopt and maintain healthy behaviors and norms. Key audiences will include rural population where awareness of HIV prevention may still be low.

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Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	500,000	0

Narrative:

Prevention of Mother-to-Child Transmission of HIV/AIDS is a key objective of the GRZ's CSH-supported campaigns in 2012. All three currently underway CSH campaigns, the Safe Motherhood Campaign, the Safe Love campaign and the integrated Malaria, Maternal Newborn and Nutrition campaigns, will have an impact on the awareness and utilization of PMTCT interventions. The campaigns will include messages that:

• Encourage facility-based birth delivery

• Encourage couple counseling and testing for HIV

• Emphasize the importance of post-delivery clinic visit within 48 hours

• Increase demand for and use of health services

• Encourage effective and timely PMTC interventions

• Promote male involvement

• Support the development of health worker interpersonal communications skills

As part of its outreach, CSH will engage 5 civil society organizations targeting 4 provinces; (Luapula, Central, Lusaka and Copperbelt provinces). The CSOs will reach a total of 38,000 females and males (18-49) with PMTCT messages over a period of one year. CSH will also disseminate information promoting facility-based delivery and ante-natal care through Safe Motherhood Action Groups (SMAGs).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	475,000	0

Narrative:

Over 900,000 adults are living with HIV in Zambia of which nearly 80,000 are the newly infected. Over 300,000 people living with HIV are on ART.

The priority strategy for ART in Zambia is to ensure universal access to treatment care and support. This will entail increase roll out of ART services to more health facilities. It is very important that patients understand the benefits of initiating treatment at the right time, adhering to treatment, and taking care of themselves while on treatment. As a communication program, CSH will increase awareness of these services and promote drug adherence and, where possible, demand for ART. CSH will develop and support community drama, radio discussion programs and production of IEC/BCC materials as part of these efforts.

CSH will also engage five CSOs through grants to implement treatment education programs at community level through door –to- door campaigns to ensure PLWHAs (people living with HIV/AIDS) understand treatment protocols. 5,000 PLWHA will be reached through door- to- door campaigns.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	200,000	0

Narrative:

In 2012, CSH will work with the Ministry of Health to publicize pediatric health guidelines for the public. Campaigns will focus on messaging that contributes to increased treatment for HIV infected children 0-15 years of age. Working with the Ministry of Education and anticipated USAID programs in the education sector, the project will also address HIV in the school place and provide support for the development of communication materials that seek to reduce stigma for children living with HIV/AIDS. CSH will produce materials targeting guardians and service providers of children living with HIV/AIDS. A total of 2,500 guardians and service providers will be reached with messages on adherence through community and facility outreach programs through sub grants to 5 CSOs.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 560,000	
Funding Source	**Funding Amount**
GHP-State	560,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In line with WHO recommendations, the Zambian government has recommended ART for all infected infants. Infected infants will need to be identified, treated, monitored and be 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 FY12 and beyond. The Zambian efforts to diagnose and treat HIV/AIDS remain largely hampered by a lack of infrastructure, resources, and trained

personnel.The overall objective and goal is to continuous our ongoing activities to support the UTH pediatric care and treatment program to: perform HIV viral load testing, PCR diagnosis of 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 support the scale up and implementation of the anti-retroviral program in Zambia. We are anticipating a higher demand of the genotyping tests as more patients are being treated and more drug failure cases will be observed. To enhance cost-efficiency, 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.

M&E: There will be established standard operating procedures, documentation, data base 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

TBD Details

(No data provided.)

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	250,000	0

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 2012 and beyond. In FY 2012, funds will continued 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 two laboratory technicians, a data entry personnel and the Director Genotyping is now available for monitoring of treated individuals with clinical and immunological failures. Over 120 cases have been successfully genotyped in the current funding period, and a number of additional cases are currently being analyzed. 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 800 PCR diagnosis, 100 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 cost to enable larger number of tests to be done, 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, including students from the Department of Biomedical Sciences), and to support laboratory infrastructure development of other sites in Zambia. Under this activity Zambians trained in FY 2012 will work with facilities in other provincial hospitals and the Ministry of Health to transfer to them knowledge and skills on viral load and resistance monitoring activities so more children can access treatment as well as build a sustainable pediatric treatment at the provincial levels such as the Arthur Davison's Children's Hospital in Ndola.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	310,000	0

Narrative:

This is a continuation of a new activity initiated in FY2010. There is critical shortage of trained human resource, 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 and training project and infrastructure (these projects and facilities are staffed by former Nebraska Fogarty Program trainees). A total of 48 Zambians have been trained

through the Nebraska training program in the US and many more have undergone in-country training through this 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 laboratory workers, and to build additional infrastructure to support Zambia's response to the HIV/AIDS epidemic, including there is a need for those with BSc degree in Biomedical Sciences or those with Med Tech equivalent training. The proposed human resource development program is modeled after the successful Nebraska Fogarty training program and since a memorandum of agreement between UNL and the University of Zambia to facilitate Nebraska-Zambia collaboration training and technical assistance projects has already been signed, this can be expanded to including training towards a BSc and or MedTech degree. This is important because of a need for a more vigorous curriculum for the degree than what is currently available at UNZA. Since such curriculum and courses are already available in Nebraska, The proposal is to provide short term training of UNZA lecturers at UNL, develop a more vigorous BSc 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 needed courses in Nebraska and through distance learning when appropriate, where the students will be awarded the BSc degree by UNZA. This will also be accomplished through US lecturer who will be stationing in Zambia to engage in teaching and training.

In the current year, we have sponsored workshops to revise and strengthened the curriculum of the BSc in Biomedical Sciences, we have a US lecturer who is engaged in teaching of students in Biomedical Sciences at both undergraduate and graduate levels. We have also three Zambian students from UNZA currently enrolled in our MSc program, one in public health and two in Microbiology. We are proposing to continue with the current training activities, and will identify at least one more US lecturer to station in UNZA to teach and strengthen the training of students and laboratory personnel. We are also proposing to identify at least two Zambian lecturers to attend relevant classes on our campus in Nebraska for 6 months to bring their freshly acquired knowledge and skills back to Zambia to be used in their teaching activities. We will also identify US faculty who will conduct in-country workshops for Zambian lecturers, focusing on teaching skills and course delivery technology. This proposed activity has been endorsed by the Ministry of Health, UNZA and University of Nebraska administrations. In addition, we will procure educational materials, books, and audiovisual items as needs arise.

Implementing Mechanism Details

Mechanism ID: 10334	**Mechanism Name: OVC Education Support Initiative - Time to Learn**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Education Development Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,000,000	
Funding Source	**Funding Amount**
GHP-State	4,000,000

Sub Partner Name(s)

CAMFED	Forum for African Women Educationalists of Zambia	

Overview Narrative

The Orphaned and Vulnerable Children Education Support Initiative (OVC- ESI) is designed to expand and strengthen the Ministry of Education's (MOE) assistance to OVCs and the community school system that caters to these vulnerable and often rural children. OVC-ESI will work with community schools to improve management processes and stimulate academic performance and learning outcomes in reading and math while mitigating the impact of HIV/AIDS on the teacher and student population. OVC-ESI's policy and school-based technical interventions will have national impact as the program will support the MOE to govern the vast and growing network of community schools. Direct school-level interventions will be focused in largely rural provinces with high numbers of OVCs.

OVC-ESI will provide HIV/AIDS prevention messages linked to guidance and counseling support as well as referrals to social service providers. The program will develop IEC materials and provide small grants for school-based community-led HIV/AIDS interventions. Teachers will be trained to carry out these interventions as school-based counselors and referral advocates.The program will provide scholarships to OVCs for school fees, resources and a range of academic and psychosocial support to help students successfully complete their schooling. OVC-ESI staff will be embedded in the MOE and all interventions will be monitored on a quarterly basis through reports and onsite visits to schools. By 2015, the OVC-ESI program and its key interventions will transition to MOE staff and be incorporated in the MOE's annual work plan and budget.

Cross-Cutting Budget Attribution(s)

Education	500,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10334		
Mechanism Name:	OVC Education Support Initiative - Time to Learn		
Prime Partner Name:	Education Development Center		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	4,000,000	0

Narrative:

The OVC-ESI program, scheduled for award in FY2012, will be implemented by a comprehensive array of partners including the Ministry of Education (MOE), international and local NGOs and local community-based groups such as Parent Teacher Associations.

OVCs in Zambia tend to have minimal access to education and high dropout rates if they do enter the school system. High incidence of rural poverty exacerbates a dire situation for children living in risky and isolated situations. OVC-ESI will reduce the spread of HIV/AIDS among this high risk group by getting children to school and helping to keep them there through scholarship support. Scholarships will include 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. OVC-ESI will also include small grants to encourage schools and local communities to better support OVCs. Small grants awarded in the past have generated significant cooperation and ownership among schools and local communities.

OVC- ESI is designed to expand and strengthen the MOE's assistance to OVCs and the community school system that caters to these vulnerable and often rural children. OVC-ESI will support the MOE to develop and strengthen policies in support of the community school system. The program will, in turn, support community schools to leverage public and private resources to improve management processes and academic standards. The program

will monitor academic performance and learning outcomes in reading and math as a proxy for school quality and performance while mitigating the impact of HIV/AIDS on the teacher and student populations. OVC-ESI's policy and school-based technical interventions will have national impact as the program will support the MOE to govern the vast and growing network of community schools. Direct school-level interventions will be focused and concentrated in largely rural provinces with high numbers of OVCs. *In order to ensure the sustainability of this program, OVC/ESI will work with the MOE to integrate HIV/AIDS interventions for OVCs into its planning and budgeting processes.* *Monitoring and evaluation plans as well as additional research studies to advance the OVC/ESI approach will be developed with the awardee, the MOE and USAID/Zambia staff. OVC/ESI interventions will be carried out in collaboration with the MOE to ensure sustainability and linkages with the MOE's response to HIV/AIDS.* *OVC-ESI interventions will be monitored on a quarterly basis through reports and onsite visits to the schools. 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 their progression. A mid-term and end of program evaluation will be conducted to assess the effectiveness of the HIV prevention measures and other support services provided to the students.*

Implementing Mechanism Details

Mechanism ID: 10354	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 10364	**Mechanism Name: Read to Succeed (previously ISEP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Creative Associates International Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,600,000	

Funding Source	Funding Amount
GHP-State	1,600,000

Sub Partner Name(s)

O'BRIEN AND ASSOCIATES INTERNATIONAL	PLAN International	Research Triangle International
University of Pittsburgh		

Overview Narrative

The Improved School Effectiveness (ISEP) Program includes a PEPFAR-funded component to promote Abstinence/Be Faithful (AB) interventions to mitigate the impact of HIV/AIDS on Zambia's student population. ISEP's geographic coverage is limited to schools in the Eastern and Northern Provinces. Geographic coverage is linked to the focus and concentrate mandate of the new Country Development and Cooperation Strategy (CDCS) for Zambia.

ISEP will train school staff in the development and delivery of AB messages as part of a comprehensive school-based health management approach. ISEP will leverage and build from other PEPFAR funded interventions such as the MOE's HIV/AIDS workplace program. Schools will develop guidance and counseling support systems to counteract negative socio-cultural norms and risky behaviors. ISEP schools will be eligible for grants to develop school health management support structures to deliver prevention activities and psychosocial support to school children affected by HIV/AIDS. ISEP will also build on formative research conducted in 2009 with school staff and faculty on their HIV/AIDS-related knowledge, attitudes, beliefs and practices (KABP). The findings offer rich data on which to base the design and implementation of HIV/AIDS prevention programs.

To ensure sustainability, ISEP will work with the MOE to integrate HIV/AIDS interventions for students into its planning and budget processes. Monitoring and evaluation plans as well as additional research studies to advance the approach will be developed with the awardee, the MOE and USAID/Zambia staff. All MOE workplace programs will be led by the MOE to ensure buy-in and transition to MOE funding by 2015.

Cross-Cutting Budget Attribution(s)

Education	1,600,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10364		
Mechanism Name:	Read to Succeed (previously ISEP)		
Prime Partner Name:	Creative Associates International Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	1,600,000	0

Narrative:

ISEP will implement AB interventions in line with the MOE's plan to roll out and institutionalize its school-based response to HIV/AIDS. The MOE has made progress in disseminating messages to Zambia's students on the HIV/AIDS virus and its various modes of transmission. Unfortunately, these efforts do not begin to address the complex information and counseling needs that have arisen in the midst of the country's HIV/AIDS crisis. ISEP will mitigate the impact of HIV/AIDS on students through school-based guidance and counseling support systems and work directly with the MOE to develop mechanisms for improving the capacity for school managers to respond to HIV/AIDS issues affecting their students. ISEP will train education managers and teachers to promote a comprehensive school health approach to counteract negative socio-cultural norms and risky behaviors such as drug and alcohol abuse, gender-based violence, sexual abuse, transactional sex and other activities that potentially expose students to HIV/AIDS.

Evidence in Zambia has shown that many school-based HIV/AIDS prevention programs are limited in scope and often operate outside a coherent school health management framework. ISEP will promote HIV/AIDS prevention and support a student referral system for psychosocial counseling and support. ISEP will use both pre-service and in-service teacher training structures to address risky behaviors among the student population. Positive behavioral changes will advance the program goals and ultimately keep students in school, reduce teenage pregnancies, and increase student performance and academic success.

ISEP's geographic coverage will be focused in rural and some peri-urban areas in the Eastern and Northern Provinces. The geographic focus of the program in these provinces is directly linked to the focus and concentrate mandate of the new Country Development and Cooperation Strategy (CDCS) for Zambia.

In order to ensure the sustainability of this intervention, ISEP will work with the MOE to integrate HIV/AIDS interventions for students into its planning and budgeting processes.
ISEP will also assist the MOE to develop and carry out a results-based evaluation plan as a part of the implementation of guidance and counseling interventions. This data is useful in ascertaining the impact of comprehensive guidance and counseling programs on student knowledge, behavior, practices, attitudes about HIV/AIDS.

Monitoring and evaluation plans as well as additional research studies to advance the ISEP approach will be developed with the awardee, the MOE and USAID/Zambia staff. All ISEP interventions will be carried out in collaboration with the respective MOE offices, schools and staff to ensure sustainability and linkages with the MOE's response to HIV/AIDS. ISEP will also build on formative research conducted in 2009 with school staff and faculty on their HIV/AIDS-related knowledge, attitudes, beliefs and practices (KABP). The findings offer rich data on which to base the design and implementation of HIV/AIDS programs and policies. The ISEP program will be embedded in the MOE to ensure buy-in and sustainability. ISEP interventions will transition to MOE funding by 2015.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 515,000	
Funding Source	**Funding Amount**
GHP-State	515,000

Sub Partner Name(s)

Chikuni Mission Hospital	Children's AIDS Fund	Chreso Lusaka
Chreso-Kabwe	Chreso-Livingstone	Circle of Hope
Futures Group	Katondwe Mission Hospital	Macha Mission Hopsital
Malcom Watson Mine Hospital	Mukinge Mission Hospital	Sichili Mission Hospital
University of Maryland School of medicine	Wusakile Mine Hospital	

Overview Narrative

The Catholic Relief Services, through the Integrated Support for ART & PMTCT (ISAP) program aims to support local partner treatment facilities (LPTFs) and their communities to use a family centered approach to respond to HIV/AIDS related needs. ISAP supports 11 sites in six provinces to focus on PMTCT, HSS, PDCS, HTC, within PMTCT, and SI.

Using the base funds, ISAP will support the MOH to deliver sustainable high quality comprehensive PMTCT services in the 11 LPTFs in collaboration with AIDS Relief, a PEPFAR project that currently supports ART programs at the same LPTFs. ISAP has the following objectives:

a. Ensure pregnant women access to high quality PMTCT activities.

b. Ensure HIV exposed infants receive high quality follow-up and support services until their second birthday.

ISAP will integrate PMTCT services into existing services such as MNCH units, FP units and community based services by targeting:women and men of child bearing age, especially couples; HIV infected pregnant women and their partners; HIV exposed and infected children; MARPs in particular prisoners and migrant populations.

ISAP will continue to upgrade and refurbish MNCH departments, waiting shelters, and lab facilities. ISAP will support the sustainable transition of its services through increased on-site mentoring and technical support.

CRS-ISAP will focus on implementing activities designed to specifically: continue to expand integration models for ANC and ART for increased coverage of more efficacious ARV regimens for PMTCT including HAART; Support development and deployment of integration models for PMTCT, pediatric HIV care, and routine MNCH services such as EPI, growth monitoring, nutritional support, and post natal services in order to optimize service delivery, reduce LTFU rates.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities
Mobile Population
Safe Motherhood
TB

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**
Care	PDCS	100,000	0

Narrative:

ISAP will support exposed babies of HIV infected women by ensuring that they are managed in line with the latest MOH guidelines to ensure they are given appropriate Septrin prophylaxis, appropriate treatment with Pre-exposure prophylaxis (PrEP) in the form of Nevirapine syrup and that early infant diagnosis (EID) guidelines are followed and implemented.
ISAP will work to support facilities as well as district health teams to improve EID by reducing DBS turnaround time to an acceptable level by supporting the Ministry in the Scale up of the SMS technology as well as by integrating DBS transport systems into existing systems. ISAP will also build capacity of the management teams to co-ordinate DBS logistics management. ISAP will continue to mentor LPTF staff and train CHWs to track all patients to ensure appropriate feeding as well as ensuring results get back to the caregivers.ISAP will continue to mentor staff to ensure that all HIV infected children and their families are enrolled in care.ISAP will train CHWs to follow-up HIV exposed infants up to at least 24months.ISAP will provide comprehensive MNCH services to exposed

children including NACS and appropriate linkages to other organizations which supply supplementary food to exposed HIV infants, prevention of diarrhoea diseases and prevention of TB using IPT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	315,000	0

Narrative:

ISAP will implement an integrated PMTCT and ART care and delivery service by establishing comprehensive ART care for pregnant women and their families. ISAP will support communities surrounding LPTFs participate in all four prongs of PMTCT services focusing on sensitizing the community members on primary prevention of HIV among women and men of child bearing age, benefits of HIV testing and knowing their status, the importance of HIV testing and re-testing in pregnancy, the importance of preventing Gender Based Violence, sensitization on gender equity and appropriate messages and information related to medical male circumcision. ISAP will train CHWs in MOH approved PMTCT packages to enable them sensitize the community and to be able to track HIV infected pregnant women in their communities as well as tracking of exposed infants.

ISAP will ensure that pregnant women, HIV exposed children and their families are engaged in comprehensive HIV/AIDS care and treatment by focusing on strengthening linkages and integration between ART and MNCH clinics, training MNCH nurses and midwives to provide comprehensive HIV care and treatment in addition to comprehensive ANC, and growth monitoring services including timely DBS/EID services, Septrin prophylaxis, Isoniazid Preventive Therapy (IPT), infant feeding counseling, child counseling, syphilis screening at baseline and at 32 weeks, Nutrition Assessment, Counseling and Support (NACS), linking to programs offering supplementary/replacement feeding programs. ISAP will support the MOH to incorporate the changes in the new guidelines into a new ANC card as well as the requisite registers, IEC materials and training packages.

ISAP will ensure that pregnant women receive an evidence-based effective combination of ART and prophylaxis focusing on prioritizing CD4 counts for pregnant women and supporting the MOH in acquiring Point of Care CD4 machines, training 22 MNCH nurses and midwives in basic ART management in order to provide ART services in line with standard ART care within the MNCH department including screening for TB. ISAP will provide onsite mentoring to MNCH nurses and midwives on the latest Zambian guidelines. ISAP will encourage self evaluation and local data use by encouraging sites to develop PMTCT Continuous Quality Improvement (CQI) teams and to link these teams to already established AIDS Relief ART CQI teams in order to encourage program ownership and effectiveness in the use of resources. The COP12 PMTCT PLUS UP funds $ 50,000 will contribute towards the acceleration of the Ministry of Health (MOH) PMTCT program specifically in health facilities operated by Faith Based Organizations across the country. These funds will be used to implement one-off activities intended to contribute towards the strengthening of the base of the national PMTCT program for a more effective MTCT elimination drive. Further using these additional funds, CRS-ISAP will focus on implementing activities designed to specifically: continue to expand integration models for ANC and ART for increased coverage of more efficacious

ARV regimens for PMTCT including HAART; Support development and deployment of integration models for PMTCT, pediatric HIV care, and routine MNCH services such as EPI, growth monitoring, nutritional support, and post natal services in order to optimize service delivery, reduce loss-to-followup rates, and maximize leveraging of efforts across programs for increased overall impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	100,000	0

Narrative:

ISAP will ensure all HIV infected children are initiated on treatment by referring them to Paediatric ART services which are provided by AIDS Relief in all ISAP sites

Implementing Mechanism Details

Mechanism ID: 10726	**Mechanism Name: THRIVE**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

FHI 360	Overseas Strategic Consulting	TechnoServe

Overview Narrative

The aim of this, nutrition project ,"Zambian Nutrition Assessment Counseling and Support (ZAMNACS) is to improve the nutritional status of PLHIV, adults and children and OVC by promoting good nutrition, preventing and treating malnutrition. The project will provide a technical assistance in order to scale-up and integrate Nutrition

Assessment, Counseling and Support (NACS) package of services within HIV/AIDS programs at facility and community levels. It also supports the training and development of Nutrition/HIV specialists at clinical level and through use of counselors and training of service providers. Activities will include identifying promising practices for integrating NACS into existing programs, thereby enhancing the effectiveness of the intervention.

The project will 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. Support will also be provided for the development of a locally sourced and produced High Energy Protein supplement (HEPS) and purchase of Ready to Use Therapeutic Food (RUTF) which can be provided through pharmacies but which may also have a non-clinical use. Key sustainability issues within this project will be addressed by: First, host country ownership will rest on the ability of the project to train local staff to provide quality nutrition services. Second, the private sector will be involved to develop the food product. Third, gender will be a focus given the dynamics at the household level which guide food availability and use.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities

Budget Code Information

Mechanism ID:	10726		
Mechanism Name:	THRIVE		
Prime Partner Name:	Program for Appropriate Technology in Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

Activities in this area will support the integration of NACS activities as one of the standard of chronic HIV care for PRE-ART to adult HIV positive clients. In particular, the project will develop and expand new and existing opportunities to integrate NACS package of interventions to HIV care and support services with the expectation that this will result in enhanced chronic patient outcomes. Food and Nutrition Support for malnourished pre-ART clients will follow Zambian nutrition guidelines for care and support of PLHIV (revised February 2011) developed by the MOH and National Food and Nutrition Commission (NFNC), as well as adhering to OGAC Food and Nutrition guidance on NACS.

Illustrative activities include identifying a producer to manufacture a product (HEPS/RUTF) locally which can then be used in a prescriptive fashion for patients on pre-ART. Other actions include identifying counseling and dispensing mechanisms for use with the prescriptive approach. Emphasis here is on how to integrate NACS into the clinical setting without adding undue burden on existing health care providers. In some cases, additional cadres of staff may be required including Community Health Volunteers, lay counselors or adherence support workers.

The partner will use more than one implementation modality perhaps urban/rural models or high capacity and lower capacity models for integrating NACS 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 USG 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. The project will also develop a strategy to improve the quality of NACS integration to clinical services at national, program, and clinic level. The project will also support the national nutrition surveillance and monitoring and evaluation of nutrition interventions at service delivery level, program level and national level.
Specific targets for ART clients will be finalized upon award of the contract. Furthermore, the partner(TBD) will provide one time food supplementation for HIV positive and TB/HIV inmates to improve their nutritional status particularly for HIV positive pregnant and lactating women.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	0	0

Narrative:

The new Nutrition TBD mechanism will primarily act as a provider of technical assistance, training, and guidance (including instructional and behavior change materials and messaging) and design for other service delivery projects. Accordingly, the Nutrition TBD will offer TA and training support as resources permit and as appropriate, first, to other USG partners, then to the GRZ, and other donor-supported efforts.

The Nutrition TBD will assist providers to ensure that any 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.

The Nutrition TBD will assist OVC service providers to: link to PMTCT providers to ensure continuity from clinic to community, and ensure initiation of infant nutrition support from six months; and adopt the first goal, long-term post-natal HIV-free survival for infants, and the second goal, to avoid irreparable physical/mental harm to children less than five years due to malnutrition.

As Nutrition TBD resources permit, food support (preferably specially formulated) and multi-vitamin, micronutrient supplements, may be provided to infants from six months up to five years. Nutrition assessment and counseling will precede provision of food supplements.
OVC funds can provide nutrition support to HIV-exposed children six months-five years. Family food security needs of OVC clients, and other types of feeding such as for school-age children, will generally be referred to other providers such as WFP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	0

Narrative:

Food and Nutrition Support for PMTCT clients (HIV positive women and their HIV exposed infants) will follow Zambian national guidelines: PMTCT (revised in December, 2010), Infant and Young Child Feeding (IYCF) and also adhere to OGAC Food and Nutrition guidance. The project will promote long-term HIV-free survival of infants and maternal nutrition support to ensure maternal health and a healthy birth. All HIV positive and HIV exposed infants are high priority for nutrition support.
In COP2012/13, the project will promote breast feeding during facility and community interactions and will also support ARV treatment during the breastfeeding period. Also the project will support the Government of the Republic of Zambia (GRZ) to roll-out the PMTCT guidelines by promoting breastfeeding and complementary feeding practices, infant feeding during illness (including HIV) and maternal nutrition, using Community Health

Volunteers(CHV), safe motherhood action groups and peer educators. 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. Activities in this area will focus on scaling-up 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. Training options may range from the one-week IYCF course, to decentralized short courses using the national training materials already developed by the previous IYCN project. The project will also link PMTCT clients/infants and their families to food security and other family income or livelihood programs such as Feed the Future (FTF) initiatives and WFP. Specific targets breakdown to each beneficiary will be finalized upon award of the contract.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

Activities in this area will support the integration of NACS package of interventions to adult HIV-positive clients on treatment. In particular, the project will develop and expand new and existing opportunities to integrate NACS package of interventions 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 nutrition guidelines for care and support of PLHIV (revised February 2011) developed by the MOH and National Food and Nutrition Commission (NFNC), as well as adhering to OGAC Food and Nutrition guidance on NACS. 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 (HEPS/RUTF) 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 NACS into the clinical setting without adding undue burden on existing health care providers. In some cases, additional cadres of staff may be required including Community Health Volunteers, 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 NACS 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. The project will also develop a strategy to improve the quality of NACS integration to clinical services at national, program, and clinic level. The project will also support the national nutrition surveillance and monitoring and evaluation of nutrition interventions at service delivery level, program level and national level. Specific targets for ART clients will be finalized upon award of the contract.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,758,821	
Funding Source	**Funding Amount**
GHP-State	3,758,821

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Boston University Center for Global Health and Development, through its Zambian NGO partner, Zambia Center for Applied Health Research and Development (ZCAHRD), will continue to expand theMOH PMTCT program in 8 districts in Southern Province (SP). The primary objective will be support of MOH efforts in scaling-up and sustaining quality PMTCT and early infant diagnosis (EID) services within maternal and child health programs. ZCAHRD will : Increase access to quality PMTCT services; Improve quality of PMTCT services integrated into routine safe motherhood activities; Increase coverage of counseling and testing services, particularly couple's counseling and testing; Increase uptake of dual andHAART, providing HAART to HIV positive individuals within a discordant couple; Improve referral and linkages to ART; Increase access to an expanded EID program; Improve palliative care to HIV-affected children; Improve the use of MOH health records systems; reach less accessible

rural populations through the use of CHW, tTBA, and PMTCT lay counselors; Continue the promotion of exclusive breastfeeding; Continue to work closely with traditional leaders to increase male involvementIncrease health worker retention in rural facilities; Increase utilization of maternity services including labor and delivery, including through mobile ART delivery; continue to expand integration models for ANC and ART for increased coverage of more efficacious ARV regimens for PMTCT including HAART; Continue to expand sustainable intra-district laboratory sample courier systems; support MOH in building systems and capacity for monitoring maternal and infant syphilis out-comes; standardize protocols for implementation of community PMTCT services, and; standardize approaches for increasing male involvement.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	215,000

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Child Survival Activities
Safe Motherhood
Family Planning

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	500,000	0

Narrative:

COP 12 activities will result in the continued scale-up and maintenance of the of the infant HIV diagnosis program in SP through ongoing collaboration with the SPMO, University Teaching Hospital, CHAI, CIDRZ, UNICEF 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 SPMO and the DMOs, ZCAHRD will conduct routine technical support visits to all supported facilities to reinforce the package of care for exposed infants, including antiretroviral prophylaxis during breastfeeding, uptake of co-trimoxazole, ongoing nutrition assessment, and repeat testing during and after breastfeeding 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.

COP 12 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, ZCAHRD will continue to expand 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 will be sent batched DBS results for their specific facility via SMS messages. Additionally, a module will be added to the SMS system to enable PMTCT lay counselors to receive client reminder messages regarding results awaiting collection at the facility, appointments for retesting/medication and general lost to follow up. Using the COP12 Plus-up funds Boston University will work in collaboration with Pediatric ART implementing partners (e.g. CIDRZ) as well as MOH to address the lack of adequate referral documentation and processes for getting children into care, including linking mothers and babies to nutritional support services. Where appropriate SMS technology will be used to strengthen the feedback loop from referral facility to ART facility as well as to nutritional support services in the community. Boston University will also use part of these additional funds to standardize protocols for community PMTCT programming including models for increased male involvement in peri-urban and urban areas

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	100,000	0

Narrative:

In order to expand access to laboratory testing for determination of ART eligibility (CD4 screening) and capacity to monitor patients on ART with lab screening, Boston University will work in in select districts, to support the DMO to address intra-district transport issues; these issues dramatically affect access to timely and comprehensive care.

such efforts will build on the planned scale-up of a national laboratories transport system. Where appropriate and based on Ministry of Health authorization, Boston University will strengthen access to lab services through procurement and deployment of point of care equipment rather than supporting transportation of laboratory samples.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Against the background of evidence that HIV and syphilis co-infection rates in ANC are still high in Zambia and that co-infection augments HIV MTCT, Boston University will work in select areas, to conduct program evaluation activities to assess how the rollout of rapid syphilis testing and strengthened health provider training is affecting syphilis outcomes for mothers and infants This work is expected to contribute towards the development of national standardized M&E strengthening

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	

Narrative:

As a follow-on activity, and leveraging efforts from the initial activity from COP10 funds, Boston University will apply the allocation from the COP 12 PMTCT acceleration funds to implement a cost-outcomes study of the implementation of PMTCT Option A, at purposively selected sites to represent urban v rural, small v large facilities. Plans will be made to factor in a second component to compare the results of the first study with a second study on the costs and outcomes of Option B. In order to contribute towards local capacity building, workshops will be conducting for the MOH and other stakeholders in which economic evaluation results will be used to explain the objectives and methods of this kind of research to help participants understand the implications and limitations of the findings, as well as the usage of the results to inform program re-focusing and planning.
For the initial evaluation, the key question to be answered by the exercise would be; "What is the average cost per mother/baby pair provided with Option A PMTCT services and per infant alive and in care after a specific duration of follow up under different approaches to service delivery and in different settings? Methods will be based on conducting a cost-outcomes study using retrospective medical record review at multiple service delivery sites.

For the second component, the key question to be answered by the exercise would be; "How does the cost of delivering PMTCT services based on WHO option A compare with services based on WHO option B. Methods will be based on conducting a cost-comparison study using retrospective medical record reviews.
To further contribute towards improved quality of clinical services and so increase coverage of comprehensive

PMTCT services towards MTCT elimination through increasing presence of trained health workers in facilities where it has been difficult to attract or retain health workers Boston University will work with the SPMO to identify refurbishment activities for rural health facility staff housing. This activity will contribute to the MOH rural human resources retention scheme that is supported through other funding streams.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,500,000	0

Narrative:

The Boston University (BU) will train 104 health workers in the national PMTCT training package and will continue to focus efforts on training health workers in data management, ensuring all facilities are correctly completing MOH registers, using SmartCare according to MOH procedures and reporting complete monthly data to DMOs. In addition to the national training package, BU staff will conduct routine technical support visits to emphasize technical areas such as provider initiated counseling and testing (including couples testing), retesting of HIV negative pregnant women, early ANC initiation, supply-chain management, family planning (FP), syphilis testing and treatment.

Boston University will continue to support MOH efforts to develop networks and referral systems for pregnant women to better access health services such as FP and ART services including reflex CD4 screening, and will also support the provision of counseling on appropriate feeding options for infants born to HIV positive women and those of unknown status. Seventy five health care workers will be trained in long term FP methods.
To address the health center staffing shortfalls which affect PMTCT (e.g. counseling and testing, mother-infant follow-up, community engagement of male involvement), BU will continue supporting a cadre of PMTCT lay counselors whose work focuses on: male involvement, loss to follow up, early ANC initiation, and FP. An additional 52 PMTCT lay counselors will be trained in the MOH PMTCT Lay Counselor training package.
The BU will continue to pursue innovative approaches to improving early initiation of ART for pregnant women through the use of point of care testing and the integration of ART services within ANC. Using the COP12 PMTCT PLUS UP funds, Boston University will support improved quality of clinical services, infrastructural renovations and equipping Mothers shelters so as to increase facility deliveries. and procuring basic equipment like beds, bed nets, and storage and cooking facilities in order to make these facilities more attractive for expectant mothers to desire to utilize.
Additionally, these funds will be used to expand the ART/ANC integration work initially evaluated using the FY 11 PMTCT Plus-up funds in order to bring HAART access to scale in the smaller and more poorly equipped and staffed rural facilities. Boston University will further work towards developing and implementing mobile ART systems whilst supporting prioritized and appropriately qualifying sites to be strengthened enough for them to become satellite ART/ANC integrated sites. Boston University will continue to implement the ART/ANC integration project in 6 pilot MNCH facilities in Southern Province. These funds will contribute towards on the job training,

mentorship, lay counselor training and retention, and innovations for LTFU using SMS technology.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	458,821	0
Narrative:			
Realigned program to meet treatment gap.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	200,000	0
Narrative:			
In COP 11, ZCAHRD was granted this first round of funds to work towards strengthening the linkage system for mother-baby pairs through prophylactic treatment during breastfeeding and/or into pediatric treatment. The drop in the cascade from PMTCT into care and treatment for the child has been identified and continues to be an intractable problem throughout Zambia. A tracking system is being implemented using community held registers and trained PMTCT lay counselors, and during COP 12 this system will continue to be expanded throughout the ZCAHRD supported PMTCT sites. Also in COP 12 new innovations using SMS technology will be explored so that ART sites are alerted to expect identified HIV positive individuals and trigger a lay counselor follow-up if individuals fail to attend the clinic in a reasonable period of time. Also, efforts will continue to focus on addressing barriers to care such as insufficient numbers of CD4 machines, insufficient numbers of medical personnel who can initiate patients on ART, and transport challenges between client's home clinic and the ART site.			

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 6,700,000	
Funding Source	**Funding Amount**

GHP-State	6,700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Jhpiego will build on past experience working with CDC/Zambia and the Ministry of Health (MOH) 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 MOH, National HIV/AIDS/STI/TB Council (NAC) and other Zambian organizations to deliver quality service in a sustained manner.

Jhpiego's objectives support the Government of the Republic of Zambia's (GRZ) National AIDS Strategic Framework (NASF) goal and the joint GRZ and USG Partnership Framework goal to reduce new HIV infections while scaling up treatment, care and support. Our capacity building of healthcare providers is in line with the National Health Strategic Plan (NHSP) objective to improve the availability of and distribution of health workers in the country.

The target geographical areas are mainly the Southern, Western and Eastern Provinces of Zambia which were chosen to continue building capacity and to strengthen the integration of results obtained in the past. Jhpiego works at the national level by supporting the MOH in their ongoing activities such as the Epidemiology for Data Use Package work group, MC roll-out in all nine provinces, and implementation of the ART Continuing Medical Education.

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 the training information monitoring system (TIMS), to track persons trained in order to facilitate follow-up and record keeping.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,022,865
Motor Vehicles: Purchased	95,492
Renovation	50,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
End-of-Program Evaluation

Budget Code Information

Mechanism ID:	10817		
Mechanism Name:	Jhpiego		
Prime Partner Name:	JHPIEGO		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	800,000	0

Narrative:

Jhpiego will continue to strengthen and expand the capacity at provincial and district level in training skills, supervision and monitoring.

Jhpiego will support the following trainings:
• HIV/TB training skills by training 20 new trainers at district level
• 60 health care providers in TB management training
• 80 health care providers in TB infection control
• 80 health care providers in OJT management of TB and other common Opportunistic Infections (OIs)
• 15 health care workers in MDR-TB
• 20 health care providers in ICF
• 20 Pre service nurse tutors/lectures trained in TB/HIV

In all the above areas, Jhpiego will provide supportive supervision and mentorship in order to increase the transfer of knowledge and skills and to support the local PMO/DMO teams in order to provide post training follow-up, supportive supervision and OJT to ensure the implementation services.

Jhpiego will also:
• support the MOH to develop MDR TB training materials
• support the development of TBICF training materials
• participate in joint technical supportive supervision with the National TB Program (NTP) and the Provincial Medical Office on the TB/HIV program.
• support the TB/HIV coordinating bodies at national, provincial and district level and work to strengthen and ensure that they are functional and active.
• continue supporting the national TB Data review meetings and the provincial TB review meetings.

Jhpiego will continue working with CBTO and PMO/DHO to support the training of 120 Community Care and Treatment Supporters (CCTS). The focus will be on strengthening supportive supervision and exploring an integrated system that includes HIV/TB/PMTCT/Malaria. To enhance good record keeping, 3000 home visit diaries will be provided to the CCTS.

Jhpiego will support the pre-service education institutions in strengthening their TB/HIV curricula component through continuing education programs. The initial educational modules will be provided to 38 pre-service education institutions nationwide, reaching 700 final year students to support the educational process of medical and nursing students. Jhpiego will train 20 lecturers and tutors so they can then train their students on TB/HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,000	0

Narrative:

To support the Ministry of Health strengthen the care and support for an HIV positive child through the development and implementation of a nutrition assessment tool.

Jhpiego will provide technical assistance to the Ministry of Health in order to review and adapt pediatric nutritional assessment tool and strengthen linkages to nutritional support services in the community. After the tool has been finalized, orientation meetings will be held to orient both trainers and nutritionists to the use of this tool.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	875,000	0

Narrative:

Jhpiego will continue to support Ministry of Health and Ministry of Defense in the scale-up and deployment of

electronic patient monitoring and data management tools to enhance continuity of care.

To support the scale up of SmartCare in Zambia, Jhpiego will train MoH and Independent facility Support personnel as well as Provincial and District Nursing/MCH Officers/Coordinators in Smart Care Essentials, ToT and OJT. In order to ensure ownership and sustainability, Jhpiego will also orient Managers and Supervisors in SmartCare. In addition, Jhpiego will continue supporting the deployment of SmartCare to new MoH and independent health facilities. In line with the above, 40 support personnel will be trained in SmartCare Essentials. An additional 80 support personnel will be trained in SmartCare Technical Support and TOT.

In addition to the above, 80 MoH Managers and Supervisors and 40 ZDF managers will be oriented in SmartCare. To facilitate integrated health services reporting, Jhpiego will support the networking of SmartCare systems at sites where 2 or more SmartCare stations exist in stand alone mode by procurement and provision of networking equipment. Jhpiego will also support the procurement and provision of Smart Cards (Care Cards) in order to enhance continuity of care as well as to support service integration within and across health facilities.

In order to provide technical support to the MoH provinces and the Ministry of Defense Medical Services in the implementation of activities, Jhpiego will conduct Technical Supportive Supervisory visits to MoH and Independent health sites. Jhpiego will also support the MoH Provincial Health Offices (PHOs), District Health Offices (DHOs) and Ministry of Defense Medical Services to carryout routine follow ups and On-the-Job training to facility staff. These visits will be to assure quality and sustainability.

Jhpiego will also support and provide TA to MoH in the area of data migration and backlog entry. Jhpiego will support the Institutionalization of Feedback mechanisms through deployment of SmartMonitor.

To mitigate the effect of high staff attrition within the MoH and Independent health facilities, Jhpiego will continue supporting Pre-service training institutions to strengthen systems for rolling out SmartCare to Pre-Service training Institutions and support Pre-Service Smart Care training. In addition, Jhpiego will provide IT support as well as support supervision to training institutions. Therefore, Jhpiego will train 50 Pre-service Educators in SmartCare TOT.

Jhpiego will also conduct three activities to support the development of post-deployment supervision methodologies and tools. Consequently, two activities to facilitate the implementation of post-deployment supervision methodologies and tools to 10 Pre-service institutions will be conducted. Four activities for the deployment of SmartCare Computers to 10 Pre-service institutions will be carried out. In addition, three activities will be carried out for the development of a SmartCare Learning Management System. Jhpiego will also help develop medical the licentiate curriculum at Chainama College of Health Sciences to include SmartCare and priority health services. Jhpiego will increase awareness of SmartCare through production and dissemination of IEC materials in addition to production of Training Materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	325,000	0

Narrative:

Jhpiego is committed to supporting the GRZ in providing quality health care services to all people living with HIV/AIDS and accessing these services. Health care services planning and patient care can be improved through the utilization of high quality data. Through the systems strengthening program, Jhpiego will continue to support the MOH's National Epidemiology for Data Use (EDU) program. Jhpiego has been involved in the development, piloting, and implementation of EDU from its inception, and will continue providing technical assistance in the areas of training and supervision and through participation in the monthly coordination and technical meetings. To strengthen and improve the quality of data and its use at facility level, Jhpiego will continue to support building capacity of those involved in data collection, analysis, reporting and utilization. This will be achieved through the training of 75 providers, information officers and program managers from a number of selected districts and hospitals in EDU. Jhpiego will also work closely with MOH, NAC, CSO and other partners to provide supportive supervision to at least 50 EDU trainers as they conduct their district level trainings. This is in line with the Jhpiego trainer pathway, where supportive supervision and mentoring is provided to the new trainers as they conduct their first training to ensure quality of training and appropriate transfer of knowledge. Various technical supportive supervision tools, quality assurance tools, and mentoring tools are being used by different implementing partners. Jhpiego will provide technical and logistical support to the Ministry of Health in order to revise the existing quality improvement and quality assurance tools in order to contribute towards enhanced systems for organizational support to health facilities, for continuous performance improvement and thus quality of PMTCT services.

Nationally standardized tools will be produced and a two day meeting at national level will be held to disseminate the revised. Jhpiego will support the Ministry of health in under-taking these activities and will further provide support in the dissemination of the tools to at least two people per province. The resulting tools will complement existing Ministry of Health systems and guidelines in order to strengthen quality improvement and quality of clinical services provided to pregnant women for PMTCT of HIV and syphilis.

Jhpiego has over the years supported the MOH with the in-service training of several hundreds of health care providers in various program areas. The information and details of all these health care providers is managed through the Training Information Monitoring System (TIMS) developed and used by Jhpiego. In FY 2012 Jhpiego will conduct a TIMS study to follow up on all providers who have been trained by Jhpiego in all programs and to investigate whether or not they are still providing the services for which they were trained and whether or not they are still at the institutions from which they were trained.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	3,500,000	0

Narrative:

Using base funds, Jhpiego will continue to support 22 MC sites and will expand support to eight new sites. All sites will be supported with surgical instruments and supplies. Jhpiego will work with the MOH and Provincial Medical Offices to ensure coordination of all processes. For the new sites, Jhpiego will hold two-day orientation workshops to provide an overview of MC. In addition, Jhpiego will conduct three MC skills courses using the

UNAIDS/WHO/Jhpiego training package to equip providers with the necessary knowledge, skills to provide comprehensive safe MC services. Two MC Counseling courses will also be conducted. Further, Jhpiego will promote couple counseling and facilitate referrals between services such as family planning, STIs, HIV care and PWP programs. Jhpiego will also conduct three diathermy trainings and procure diathermy machines for 15 high volume sites. Jhpiego will support integration of MC into the training curriculum of Medical Licentiate at Chainama College of Health Sciences. Jhpiego will support community mobilization and MC campaigns in April, August and December; and support local demand generation in neighborhoods surrounding the sites through radio announcements and support through sub-agreements with either local or international NGOs and CBOs. Jhpiego will support high quality data collection, reporting, and use through support to part time data clerks or allowances to existing data clerks. Building on the systems strengthening foundational work that Jhpiego has supported in 22 facilities in the past three years, Jhpiego will utilize an additional $582,595 of PFIP funds to implement innovative approaches that improve MC program efficiencies and volumes; as such an additional 5,000 men MC, over and above the targeted 42,000 men that will be circumcised using the base COP12 funds. Jhpiego will pilot a center of excellence model site with full time dedicated staff; to demonstrate improved efficiencies with the use of diathermy, task shifting. At this site all departmental heads will be oriented and engaged to participate in MC demand creation; and an incentive program to honor departments sending most referrals will be piloted. Further, Jhpiego will support 2 MC part time providers at other sites to provide routine mobile outreach services and MC over weekends; this will be enabled by leveraging resources from the base COP12 funds. Jhpiego will expand its work on demand creation by working with the local DHMTs, community radio stations, Zambia Information services, traditional leadership and engaging community mobilizers to intensify interpersonal communication approaches. Jhpiego will support distribution of IEC materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

Jhpiego will continue to work with Ministry of Health (MOH), the PHOs for Southern, Western and Eastern Provinces and other partners to:
1) train lay workers in HIV counseling and testing (HCT)
2) ensure that lay workers 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 the University Teaching Hospital (UTH) virology laboratory in the training of 15 trainers in the CDC/MOH standardized 3 days HIV testing course. The trained trainers will comprise of laboratory personnel and qualified health care workers.

In order to increase the availability of the counseling and testing service in the community as well as at health facilities, more lay counselors will be needed. Jhpiego will support the training of 120 new lay counselors in HCT using finger prick. Jhpiego will also promote couple counseling and prevention counseling for both HIV-positive and –negative individuals. Six trainings of 20 participants each will be conducted in Eastern, Southern and Western. A sub-grantee, Community–Based TB HIV Organization (CBTO) will conduct the training.

Jhpiego shall provide ongoing follow-up support supervision to the 120 previously trained lay counselors at their clinic sites. CBTO and CDC/MOH will conduct the support supervision.

Some clients who require counseling and testing are identified and referred to the health facility, and the same clients are referred back into the community for continued support and care. Therefore, a reliable referral system must always be in place so that clients are not lost on the way. Referral meetings will be conducted by PMO/DMO teams, CBTO and Jhpiego. These referral meetings will take 3 days including 2 travel days, and 120 people are expected to be reached with this exercise.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	350,000	0

Narrative:

Jhpiego Zambia will continue to contribute towards the acceleration of the Ministry of Health (MOH) plan for prevention of mother-to-child transmission (PMTCT) program at country level through guideline/protocol development support to the Ministry of Health. Using COP12 PMTCT ACCELERATION funds ($500,000 total across 3 seperate budget codes) Jhpiego will implement one-off activities intended to strengthen the base of the national PMTCT program.

Jhpiego will identify existing materials on gender based violence and guidance from traditional leaders and local community systems and use these to develop standardized protocols for the identification and referral of victims of gender based violence (GBV) to appropriate services in the community. These protocols will provide for enhanced identification of women in need of economic empowerment and link them to appropriate life skills education programs; and develop a male involvement program in two districts.

To ensure institutionalization of strategies, Jhpiego will work towards facilitating local ownership and leadership in implementing a comprehensive PMTCT package by developing an orientation package and conducting managers' orientations.

Jhpiego will work with the MoH and partners to identify family planning needs for HIV positive women and victims of GBV; this will facilitate the revision of family planning and prevention with positives guidance to be used for

re-training of providers.
Jhpiego will support revision of the community health worker training package to incorporate the family planning, GBV components, and knowledge and skills for community based distribution of contraceptive methods. Jhpiego support revision and standardization of an M&E framework and data tools for the community level PMTCT activities; this will be designed to inter-digitate with facility level PMTCT M&E systems to allow effective continuity of care from facility to the community. Further, Jhpiego will support standardization of PMTCT technical support supervision and mentoring tools. Jphiego will also support MOH in revision of performance assessment guidelines and tools and standaize and disseminate PMTCT Quality Assurance/ Quality Improvement tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	450,000	0

Narrative:

Jhpiego will continue to support building the capacity of the MOH, NAC and Health Professions Council of Zambia (HPCZ) in order to ensure the provision of high quality ART services in the country.

Jhpiego will build the capacity of health workers in providing high quality ART services by implementing Continuing Medical Education (CME) programs for HIV clinical staff in both public and private health institutions. This will include the DVD-based distance learning platform, online courses, and ART training simulation. The Adult ART CME modules revised in FY 2011 will be disseminated to 450 health care providers, and the Pediatric ART CME modules will be developed and disseminated to an additional 450 health workers through DVD-ROM based distance learning CME modules.

Jhpiego will work with the NAC and the Care and Treatment working group to revise and to distribute the national guidelines on management and care for people living with HIV and AIDS. These guidelines were last revised in 2009. Jhpiego will support the printing of 5000 paper based copies of the guidelines and will also produce 5000 copies on DVD. In addition Jhpiego will support the hosting of these guidelines on the NAC website.

Jhpiego will support the NAC in running the website so that these guidelines are regularly updated and will provide for a mechanism where visitors to the website can post questions on issues in the guidelines and Jhpiego will be able to offer Technical assistance in providing feedback to the questions.

Jhpiego will support the HPCZ to strengthen the ART accreditation systems. Jhpiego will support the HPCZ in the retraining of 100 ART accreditation assessors nationwide.

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: United Nations High Commissioner for Refugees	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 226,007	
Funding Source	**Funding Amount**
GHP-State	226,007

Sub Partner Name(s)

Action Africa Health	Ministry of Community Development and Social Services	Ministry of Health- Swaziland

Overview Narrative

With support from the United States Government (USG), the United Nations High Commissioner for Refugees (UNHCR) has made progress in reaching its strategic objective of containing HIV transmission and morbidity, through scaling up effective prevention interventions to people of concern. This has been done with emphasis on community participation, especially among women, children, and people with special needs to ensure they have access to HIV prevention information.

UNHCR is currently operating in three locations – Mayukwayukwa settlement in Western Province, Meheba settlement in North Western Province as well as in the urban area, Lusaka Province. In August 2011, the refugee population totaled 49,203 (Mayukwayukwa - 9,986, Meheba – 17,710 and Urban area - 6,025).

Prevention interventions have been focused on expanding existing services through training peers in couple counseling, male circumcision, condom education and life skills among the youth. UNHCR plans to focus on specific areas that are crucial to the achievement of effective prevention strategies – targeting men and boys, women and girls for gender-specific activities and ensuring an all-inclusive prevention strategy which will cover related

reproductive health issues.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Mobile Population

Budget Code Information

Mechanism ID:	**10875**		
Mechanism Name:	**United Nations High Commissioner for Refugees/ PRM**		
Prime Partner Name:	**United Nations High Commissioner for Refugees**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	30,000	0

Narrative:

Outreach workers will conduct community awareness programs such as door to door campaigns on the benefits of male circumcision in the reduction of HIV infection. The targets for this intervention are males to access circumcision services, females to encourage their male partners to get circumcised and parents to take their male children for circumcision.

Male circumcision awareness will be conducted in all three locations but PEPFAR funded actual surgical procedures will only be conducted by MoH in Meheba. In Meheba MoH will train 25 male circumcisers, procure

male circumcision kits and conduct the surgical procedures to a target of 500 males aged 0-15 years and above. In Mayukwayukwa, MCDSS will conduct community awareness on the benefits of male circumcision and facilitate for actual procedures with MoH (Mayukwayukwa) who are funded by UNHCR to perform the actual surgical procedures. Target groups reached with information on male circumcision will be captured under other prevention. In the urban area, AAH will utilize existing networks conducting male circumcision services such as the health centres in five compounds as well as Society for Family Health. AAH will facilitate community members' access circumcision services, avail information and make the necessary follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	103,167	0

Narrative:

Abstinence activities, using the stepping stones curriculum, games and other life skills programs, will target a total of 4,250 girls and boys (aged 10-16 years). Messages on abstinence will be presented alongside other reproductive health messages while taking into account the gender specific needs of the target groups. In schools, trained youth will champion abstinence activities such as boys' storytelling sessions, girls' talks, debates, youth camps and so on. Through the established youth friendly centres and community outreach activities, out of school girls and boys of the same age group will be reached with life skills education and other behavior change programs.

200 boys and girls will be trained in life skills and behavior change, for sustainability purposes, as these will provide a ready resource for abstinence programs.

Males and females aged 17 years and above will also be reached with abstinence and be faithful messages. Youth friendly centres in the settlements, and urban area, have been furnished and equipped with games and videos of interest thus increasing the number of youth accessing services. It is through these that the target group will be reached.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	63,165	0

Narrative:

Community awareness campaigns will be conducted, in all the three locations, targeting couples to access counseling and testing together, parents to take their children for testing, youth and women at risk. Through scheduled outreach or mobile testing, routine testing at the health centres, 2300 individuals are targeted to get counseled, tested and receive their results. Out of total target, 250 couples will be tested and 300 children (aged less than 15 years).

To scale up counseling and testing, 100 community members will be trained in psychosocial, couple and pediatric counseling. Moreover, linkages with organizations engaged in counseling and testing will be strengthened. In Mayukwayukwa, MCDSS will raise awareness, counsel and refer clients to MoH (Mayukwayukwa) to conduct the testing. In the urban area, in addition to the testing and counseling by AAHi, partnership and collaboration will be developed with New start centre and the public health facilities in order for refugees to access their counseling and testing services. In Meheba, MoH will conduct routine testing and counseling at the health facility as well as schedule outreach testing and counseling programs in each of the nine blocks. To encourage community members to access the service, music, drama presentations combined with video shows will be utilized at the testing points.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	29,675	0

Narrative:

Prevention activities will target 6,750 refugees. Planned interventions will cover topics such as prevention of mother to child transmission targeting pregnant women and their partners, male circumcision as a method of prevention and condom education campaigns targeting male and female refugees aged 15 years and above. Sensitization will also be conducted on risky behaviors such as multiple concurrent partnerships, sexual and gender based violence and alcohol abuse. This will be done through interpersonal communication channels such as group discussions, drama and debates. To promote quality assurance, outreach workers will also reach community members through door to door campaigns. Prevention activities will be integrated with other services such as ante natal care services, food and non food items distribution, social events etc. Moreover, platforms such as football matches, refugee sector or zonal meetings will be utilized as channels for reaching key opinion leaders.

A total of 50 women at risk will also be reached with sexual and reproductive health messages integrated with life skills training.

Targeted outreach activities will also be conducted among people living with HIV/AIDS (PLWHA). Among the topics to be covered are; consistent and correct condom use, self esteem thereby reinforcing positive prevention practices.

Condom education activities will be conducted among community members. Distribution points will be increased from the current 80 to 100. Open discussions on condoms will be integrated with other prevention activities.

Implementing Mechanism Details

Mechanism ID: 10984	Mechanism Name: DOD Project Concern International PCI
Funding Agency: U.S. Department of Defense	Procurement Type: Grant

Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,640,175	
Funding Source	**Funding Amount**
GHP-State	2,640,175

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The HIV/AIDS epidemic has hit the Zambia Defense Force (ZDF) disproportionately with an HIV/AIDS prevalencethat is two times higher than the national prevalenceof 14.3%Data collected in ZPS health centers show a high rate of HIV infection among police officers and their families. some factors unique to the uniformed population disproportionately predispose them to HIV infection. These factors include high mobility due to deployment to peace keeping missions and local operations, excessive consumption of alcohol, and engagement in transactional sex that is facilitated by high disposable income. PCI will continue to support ZDF to implement HIV/AIDS prevention, care and support services that link to the ZDF strategic plan and the ZASF in 52 ZDF units located in all the nine provinces of Zambia. PCI will also start a pilot capacity building and system strengthening program in five ZPS sites in Lusaka, Kitwe, Ndola and Livingstone districts and will tap on existing ZDF programs in these districts for a rapid scale up. The FY12 plan will be aligned to GHI and the PEPFAR Partnership Framework principles including: integration of GBV programs into prevention programs and integrating gender across the continuum of care; strengthening and leveraging key partnerships with the GRZ, UN agencies, Feed the Future (FTF) wrap around livelihood and economic strengthening programs for OVC and their caregivers, In FY 11, PCI focused on system strengthening and capacity building interventions to support ZDF to implement quality and sustainable HIV/AIDS programs. In 12/13, PCI will shift the focus to take a supervisory supportive role and will support DFMS to take the lead in planning, supervising, and monitoring and evaluating the implementation of HIV/AIDS activities in ZDF units.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	150,000

Food and Nutrition: Commodities	30,000
Gender: GBV	30,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
TB
Family Planning

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	200,000	0

Narrative:

PCI and DFMS will continue to support Home Based Care (HBC) caregivers to reach PLWHA with quality community-based care and support services that link to facility-based services. PCI and DFMS will support 300 HBC caregivers to reach 5,344 PLWHA and other family members enrolled in the HBC program with services including: ART drug and clinic appointment adherence; co-trimoxazole (CPT) and Isoniazid (INH) prophylaxis

adherence; referral for prevention with positives services; GBV prevention—in relation to how it precludes ART adherence and partner disclosure; opportunistic infections and side effects assessment and management; nutrition counseling; psychosocial and spiritual support, and death preparedness; and, early referral of pregnant clients to PMTCT services. PCI will continue to support DFMS to maintain and sustain the robust referral linkage between community-based and facility-based services, and thus ensure that PLWHA are provided with continuum of care from facility to the community platform.

PCI will continue to support 30 ART ZDF sites to provide quality NACS services. PCI and DFMS plan to reach 565 malnourished PLWHA with therapeutic feeding services. PCI will continue to assist ART sites to conduct nutrition assessments using anthropometric measurements and will continue to support DFMS to fully integrate therapeutic feeding protocols as outlined in the 2011 national nutrition guidelines for PLWHA. PCI will continue to support DFMS to monitor the consistent supply of weighing scales and height boards, mid- upper Arm Circumference (MUAC) tapes and body mass index (BMI) charts, to aid anthropometric assessments. PCI will support DFMS to leverage NACS services and sustainable livelihood and economic strengthening programs for its clients from other USG NACS and FTF programs, and the World Food Program (WFP).

PCI and DFMS will continue to support TB community-based treatment supporters to intensify TB case finding among PLWHA enrolled in the HBC programs and refer them to facilities for diagnosis and treatment.

PCI will continue to provide technical assistance to DFMS to integrate cervical cancer screening for female military personnel and civilians into mobile CT services. In FY 2013, PCI plans to support DFMS to reach 2,720 female military personnel and civilians in and around 20 ZDF units with cervical cancer screening services using visual inspection with acetic acid (VIA), provide on-site treatment using cryotherapy and refer advanced lesions to the University Teaching Hospital (UTH) center of excellence for diagnosis and further management. PCI will continue to provide technical support to DFMS to integrate routine provider initiated testing and counseling (PITC), rapid syphilis testing, and GBV prevention and men involvement in cervical cancer screening and promotion services. PCI will also strengthen the capacity of Maina Soko Military Hospital (MSMH) to serve as a cervical cancer referral site for loop electrosurgical excision procedure (LEEP). PCI will support the training of two obstetricians/gynecologists from MSMH in conducting LEEP procedures.
Through the PRRR initiative, PCI will support 300 peer educators to disseminate messages on cervical and breast cancer prevention and will support the Ministry of Community Development, Mother and Child Health (MCDMCH) to roll out the human papilloma virus (HPV) vaccination program in 35 schools in ZDF units.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	800,000	0

Narrative:

In FY 2013, PCI will implement OVC programs in 35 ZDF units that focus on strengthening the economic capacity of families and households to provide for the essential needs of children in their care. PCI will support ZDF to integrate evidence-based Household Economic Strengthening (HES) interventions that will empower families to sustainably provide for the educational, nutritional and health needs of their children. The interventions that PCI will support will be child focused and family centered.

PCI will support ZDF to develop a "Strategic Portfolio" to be preceded by an assessment that will identify the most critical needs of children in ZDF units and surrounding communities. Based on that, ZDF context specific interventions will be identified and prioritized for support and implementation. The portfolio will also include other existing potential resources and structures in ZDF that can sustainably support the prioritized interventions. PCI will also continue to support all the ZDF OVC sites to conduct resource mappings in their catchment areas to identify other livelihood, economic strengthening and food security interventions for leveraged support. PCI will pilot social protection interventions, such as cash transfers, and Savings Group (SG) interventions whose success will be measured by families' ability to invest in the education, nutrition and health of its children. Lessons learned and promising practices will be documented and disseminated before scale up.

Through community OVC caregivers, PCI will continue to support ZDF to implement OVC interventions according to ages and stages across the lifespan. For children in the prenatal to three age group, PCI will train and support 350 OVC caregivers to implement community-based child survival and early childhood development (ECD) interventions to reach 10,000 OVC. PCI will also support the lay cadres to refer OVC to facility-and community-based PMTCT, ART, NACS, immunization, and growth monitoring, adherence support and IYCF. PCI will continue to strengthen ZDF ECD centers and support 2,000, especially girls, enrollment in the centers. The centers will also serve as community platforms for PMTCT, ART, immunization, and psychosocial support programs, including disclosure and treatment adherence counseling.

For children in middle years, early and late adolescence, PCI will continue to work with ZDF to support the enrollment of children into formal schools, especially girls. PCI will facilitate the leverage of girls' scholarships from other in-country organizations promoting girls education. PCI will train 75 teachers in 35 schools in integrated GBV and HIV prevention and psychosocial support and support them to create child-friendly, gender-sensitive classrooms. PCI will also train 350 OVC caregivers to raise awareness on birth registration and succession planning and prevention of child abuse and support them to reach 4,900 OVC with child protection services. PCI will also support the mobilization of school-based girls mentor groups through which 2,499 girls will be reached with life skills to enhance their ability to take responsibility for making healthier choices, resisting negative pressures, and avoiding risk behaviors. PCI will continue to strengthen youth friendly services in 30 ZDF health centers. PCI will work with ZDF to place older OVC and out-of-school youth in existing ZDF skills training programs such as the Kitwe ZNS Skills.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	0

Narrative:

In FY 2013, PCI will support DFMS to build and strengthen referral linkages between community-based platforms and 30 ZDF health facilities that are providing early infant diagnosis (EID) and pediatric ART services. PCI will support maternal, neonatal, and child health lay cadres to refer 90 HIV positive and exposed infants and children and infants with underlying HIV infection to EID, ART, and reach them with other community-based pediatric care and support services.

To facilitate for this linkage, PCI will support DFMS to train 300 lay cadres in community-based pediatric care services and support them to deliver services including: testing 90 HIV exposed infant and children through the collection of DBS at community and facility level and facility-based rapid antibody testing to establish exposure; reaching 82 of the infants' and children's caretakers with IYCF, exclusive breastfeeding and nutrition counseling and support, and pediatric psychosocial support counseling with emphasis on disclosure; providing treatment and prophylaxis adherence support to 90 HIV positive and exposed infants and children; reaching 2,000 HIV positive, exposed and negative infants with community case management of childhood illnesses (CCMCI) including the identification of illnesses (diarrhea, pneumonia, HIV, malnutrition, TB and malaria), home-based management and referral to facility-based care for serious illnesses using the MOH protocols. PCI will leverage support from the Zambia Malaria Consortium for insecticide treated mosquito nets (ITN's) and deliver nets to 333 households with HIV positive, exposed, and negative infants and children.

PCI will support the cadres to work with health care providers to track the delivery of DBS samples to DNA PCR testing centers and take responsibility to deliver the results to the families once they have been sent back to the facilities in a timely manner. PCI will also support the cadres with tools to support and track adherence to treatment, cotrimoxazole and isoniazid prophylaxis. PCI will develop a tracking system for infants and children who are LTFU across the PMTCT-pediatric continuum and support the lay cadres to conduct timely follow ups in the community. PCI will also develop M&E tools to measure retention in treatment and care of the infant-mother pairs under their care.

PCI will support the cadres with job aids and anthropometric tools to conduct community-and facility-based pediatric NACS services. A total of 2,000 infants and children from 6-59 months of age accessing MCH, pediatric ART, TB, and community-based OVC services will be assessed for acute malnutrition and those found with severe or moderate acute malnutrition will be referred to therapeutic feeding services offered in ZDF sites and other USG funded NACS programs in the 30 ZDF facilities catchment areas. The caregivers will also be supported to provide breastfeeding counseling and support to 400 mothers/caretakers of infants 0-24 months of age and support HIV positive breastfeeding mothers with adherence counseling to avoid vertical transmission of HIV to their HIV

negative and exposed infants. PCI will also support training of 40 health care providers in the 30 ZDF ART in NACS and IYCF to promote the harmonization of messages and care and to facilitate for the continuum of care between the community platform and the facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

PCI will continue to strengthen the ZDF Health Information Management System with a focus on strengthening the capacity of the DFMS M&E unit to collect, analyze, and use timely, reliable data for planning, monitoring, and evaluating progress towards the achievement of program targets. PCI will continue to provide technical support to DFMS to disseminate information from program data to ZDF leaders, ZDF medical directorates, unit commanding officers, unit HIV/AIDS coordinators, service providers, and stakeholders and facilitate evidence-based design, management, and policy making.

PCI will continue to support the DFMS M&E unit to conduct the annual M&E training for 52 unit HIV/AIDS Coordinators and Ward Masters—field officers responsible for data collection and reporting. The training will address challenges and gaps in M&E and/or provide for an opportunity to modify and refine the ZDF performance monitoring plan (PMP) to integrate emerging issues. PCI will continue to support all the 52 ZDF units to move from paper-based reporting to electronic reporting and will continue to strengthen DFMS to sustain the operation of the central data base that PCI supported DFMS to set up in 2012. PCI will continue to support DFMS to link the DFMS HMIS system to the national MOH HMIS system and the national M&E framework.

PCI will continue to support HIV/AIDS Coordinators and Ward masters to develop decentralized and unit-based HIV/AIDS work plans and PMPs. PCI will also continue to support DFMS to provide quarterly supportive supervision visits to all the 52 units to monitor and track progress towards the implementation of activities in the plan and achievement of indicators in the PMPs. During the supportive visits, PCI will support the DFMS M&E team to conduct service delivery and data QA/QI and validation to ensure quality programming and quality data collection and management. PCI will continue to support DFMS to refine and sustain the QA/QC monitoring systems integrated into all service delivery program areas and ensure there is a sustainable system for quality programming.

In FY2013, PCI will support DFMS to integrate findings and recommendation from the final evaluation conducted in FY 2012 into the ZDF annual HIV/AIDS work plan and share evaluation findings with ZDF, donors, partner

NGOs, key GRZ agencies, and experts in the field to maximize learning and disseminate lessons learned and promising practices.

PCI will also continue to support DFMS to integrate into the M&E system an on-going sharing and learning process for best practices and lessons learned during program implementation through documentation and sharing of lessons learned and promising practices in-country and across countries and adaptation of promising practices from other programs into their setting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	0

Narrative:

Prevention
MTCT (PMTCT): PCI will train 300 maternal, neonatal, and child health lay cadres in integrated ART/PMTCT community-based care and major modules include ART adherence counseling and support, family-centered home-based HIV counseling and testing including couple CT and referral; IYCF counseling and maternal nutrition, demand creation for facility-based ART, NACS, VMMC, and family planning services; and LTFUs tracing. PCI will also train 60 SMAGS in 4 ZDF units on community-based maternal and neonatal care including demand creation for antenatal care and skilled birth attendance. HVOP (Other Prevention): PCI will train 520 peer educators in all the 52 ZDF units to implement the ZDF minimum package of BCC interventions including promotion of consistent and correct condom use, MCP risk perception and prevention, alcohol screening and counseling, awareness raising and demand creation for biomedical HIV prevention services—VMMC, lifelong ART to prevent HIV vertical transmission and sexual transmission to uninfected partners—CT and couples CT; and GBV prevention and mitigation. PWP: PCI will train 20 health workers and 300 lay cadres in the implementation of the minimum package of PWP services at facility and community level. HVCT (Counseling and Testing): PCI will train 10 ZDF health care and mobile CT providers in integrated HIV counseling and testing and rapid syphilis testing (RST) using the "2011 Guidelines for use of rapid syphilis tests in Zambia". PCI will also train 30 lay cadres from all the 53 ZDF units in conducting family-centered home-based CT, couples CT and referral.
Care
HBHC (Care and Support): PCI will train 300 home-based caregiver in palliative care and major modules will include pain assessment and management, psychosocial and spiritual counseling, adherence counseling and support, NACS, IYCF and community-based PWP. PCI will also train 10 ZDF health care providers in cervical cancer screening using VIA and treatment using cryotherapy and will train 2 obstetricians/gynecologists from MSMH in LEEP. To support the PRRR role out, PCI will train 300 peer educators in the dissemination of cervical and breast cancer awareness messages. HKID (OVC): PCI will train 350 OVC caregivers in CCMCI,

integrated OVC caregiving to include modules on psychosocial support and Say and Play, prevention of child abuse and neglect, birth registration and succession planning, and GBV prevention and mitigation. PCI will also train 70 teachers in 35 schools on integrated psychosocial support, GBV and HIV prevention. PCI will train 350 girls (early and late adolescence) mentor group members in life skills approaches. PCI will also train 40 health care providers and 60 youth peer educators in youth friendly services. PDCS: (Pediatric Care and Support): PCI will train 300 maternal, neonatal, and child health lay cadres in integrated community-based pediatric care and major modules will include DBS collection and referral, rapid antibody testing, treatment and prophylaxis adherence support, LTFU follow-up, IYCF and exclusive breastfeeding promotion.
HVSI (Strategic Information)
PCI will conduct an annual training for 52 Ward Masters and 52 ZDFH HIV unit coordinators to update them on new program areas and indicators and address challenges and gaps in M&E, review and refine the ZDF standardized field data collection tool to integrate new program areas and indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	340,175	0

Narrative:

During this funding period, PCI will continue to support DFMS to implement quality home-based and mobile CT services in all the 52 ZDF units. PCI will continue to support DFMS to increase CT coverage through the continued integration of innovative approaches, such as cervical cancer screening and treatment. In FY 2013, and as prioritized by DFMS, PCI will support DFMS to integrate rapid syphilis testing into the integrated mobile CT and cervical cancer program. PCI and DFMS plan to reach 14,766 military personnel and civilians with quality CT services through the home-based and the integrated mobile CT program. PCI will also support DFMS to place emphasis on couples counseling and PCI and DFMS have planned to reach 3,000 couples with couples counseling and testing services through mobile and home-based CT.

To increase demand for CT services, PCI will engage ZDF drama groups to conduct community mobilization in the 52 ZDF units and reach 30,000 men and women with messages on the benefits of couples counseling and testing, cervical cancer and syphilis screening, GBV prevention in relation to service access, and partner disclosure especially among women. PCI will continue to support the printing of flyers that will contain contact details of lay counselors providing home-based CT services and will support the printing of mobile CT calendars to be distributed widely in target communities prior to the implementation of services.

PCI will support DFMS to train 10 CT health care providers and counselors in integrated CT and rapid syphilis testing and referral to treatment. PCI will also support DFMS to train 30 lay counselors in conducting quality HIV counseling and testing using national protocols. The training will also cover topics on couples counseling

and testing, partner notification, serodiscordant couple monitoring and referral to ART, and GBV prevention. PCI will continue to support DFMS to strengthen and maintain a system and referral tools to track the provision of regular CT services for discordant couples and referral of positive partners to ART services regardless of clinical status as per national guidelines.

PCI will continue to support DFMS to maintain and sustain quality assurance and improvement (QA/QI) systems for facility based, mobile and home-based CT through regular joint supportive supervisory visits and program and data quality assessments. PCI will continue to support DFMS to print CT algorithms and quality assurance protocols to aid QA/QI.

PCI will continue to support DFMS to monitor the effectiveness and efficient operation of the referral system between home-based and mobile CT and facility based prevention, ART, PMTCT and community based care and support services and will continue to provide support to refine the referral tools and system as the need arises.

PCI will support DFMS to institutionalize a system for HIV test kits and condom supply chain management including strengthening linkages with the Ministry of Health (MOH) national supply chain system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	0

Narrative:

PCI will support 520 ZDF peer educators, chaplains, and drama groups to reach 28,393 uniformed personnel and civilians (50% estimated to be uniformed personnel only) in and around all the 52 ZDF with a behavior change and communication (BCC) minimum package of interventions developed in 2012 including: promotion of consistent and correct condom use; Multiple Concurrent Partnership (MCP) risk perception and prevention; alcohol screening and counseling using the World Health Organization (WHO) AUDIT Tool; awareness raising and demand creation for biomedical HIV prevention services including VMMC, antiretroviral therapy (ART) to prevent HIV vertical transmission and sexual transmission to uninfected partners, HTC and couples HTC; and Gender based violence (GBV) prevention and mitigation.

PCI and DFMS will support the ZDF peer educators to use platforms most frequented by women and men such as Antenatal Care (ANC) and maternal child health (MCH)/ under-five clinics, the camp mess (pubs), unit 'indabas' (large unit level informal meetings), and pre-deployment parades to communicate the BCC messages on HIV behavioral and biomedical prevention and facilitate immediate referral to clinical services. PCI will also support DFMS to supervise and mentor drama groups to conduct community mobilization and sensitization on the BCC minimum package and implement intensified campaigns as precursors to mobile HCT and VMMC interventions.

PCI will continue to support DFMS to strengthen existing structures in ZDF units such as women clubs to diffuse messages on the prevention of GBV and support them to mitigate GBV cases in their units. PCI will continue to support DFMS to leverage support from the Ministry of Gender and strengthen linkage to the Zambia Police Victim Support Unit (VSU) to provide for a sustainable source of technical and financial support for GBV programs.

PCI will continue to support the HIV Secretariat to leverage support from the Communication Support for Health (CSH) USG project to adapt and print BCC materials and campaign messages based on the ZDF BCC strategy that was modified after a formative assessment conducted during FY 2012. PCI will also continue to support DFMS to use role model couples and opinion leaders, such as the service commanders and their spouses to promote couples counseling. PCI will continue to support DFMS to refine and strengthen linkages and referral systems in all the 52 units to maintain and sustain the efficient and effective referral linkages between behavioral interventions and facility-based biomedical interventions such as HCT, ART, prevention of mother to child (PMTCT), and STI screening. PCI will support DFMS to monitor and sustain the consistent supply of condoms in all the 52 ZDF units and during mobile CT services.

PCI will continue to support DFMS to integrate Prevention with People Living with HIV/AIDS (PWP) into routine care both at facility and community levels for pre ART and ART clients. PCI will support 40 PWP trained health providers and 300 lay cadres to reach 3,210 with a minimum package of behavioral and biomedical services to improve treatment outcome and reduce HIV vertical and sexual transmission. PCI will support the facility and community platforms with follow-up systems for pre ART clients to ensure that they are constantly followed up and reached with HIV prevention messages and services and are supported to enroll in ART services as soon as they are eligible.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	0

Narrative:

PCI will support DFMS to identify and train 300 lay cadres who will focus on increasing community demand for facility-based PMTCT (Option B+), maternal, neonatal and child health services that will be implemented in 30 ZDF health facilities providing ART services. Male lay cadres will also be targeted for recruitment to increase male acceptance of the services. The cadres will be trained in an integrated community-based ART/PMTCT training focusing on family-centered and home-based HIV counseling and testing (CT), couples counseling and testing, infant and young child feeding (IYCF), and nutrition assessment, counseling and support (NACS). The trained cadres will be supported to identify 82 HIV positive pregnant women from the community and existing home-based care programs and refer them to facility-based PMTCT/ART services. Through family-centered CT, the cadres will be supported to reach 3,000 couples and refer negative male partners in serodiscordant couples to voluntary

medical male circumcision (VMCC) services; while positive pregnant partners will be referred to ART services to prevent vertical transmission and HIV sexual transmission to the uninfected partner in line with the "2013 Ministry of Health (MOH) Policy Guidelines for Lifelong Antiretroviral Drugs for all HIV positive Pregnant Women in Zambia." *PCI will support the cadres to implement task sharing/shifting roles including facility-based CT for women accessing antenatal care (ANC) and maternal and child health (MCH) services and refer HIV positive clients to appropriate treatment, family planning and clinical care services. PCI will also support the cadres to provide facility- and home-based adherence and nutrition counseling service, exclusive breastfeeding (for the first six months) and IYCF counseling with intensified adherence counseling for breastfeeding HIV positive women clients. A total of 510 HIV positive women will be reached with community-and facility-based adherence and nutrition counseling services. PCI will support DFMS to develop tracking systems between the facility and community and support the lay cadres to track clients who are Loss-to-follow-up (LTFU). PCI will also support DFMS to develop M&E tools to measure retention of clients in community-and facility-based treatment and care programs. Quality standards and supervisory systems will be developed to ensure and track quality service delivery in community-based programs. PCI will integrate a remuneration system for the lay cadres to sustain their long-term engagement. PCI will identify external experts to conduct formative assessments in targeted ZDF sites to inform the development of BCC messages that address contextualized attitudes and socio cultural norms that prevent mother and children from accessing and retaining in treatment and care services. PCI will continue to integrate community-based maternal and neonatal care interventions based on the Saving Mothers, Giving Life (SMGL) initiative in ZDF units in SMGL districts in Zambia including Choma, Mansa, Nyimba and Lundazi. PCI will continue to strengthen community home-based care groups to integrate maternal and neonatal health interventions. PCI will train 60 lay cadres, including men, and safe motherhood action groups (SMAG's) to create demand for facility-based deliveries with skilled attendants, recognition of danger signs and provision of home-based emergency first aid and timely referral to facility-based obstetric care.*

Implementing Mechanism Details

Mechanism ID: 11027	**Mechanism Name: 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	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 100,000	
Funding Source	**Funding Amount**
GHP-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 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. T
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.)

TBD Details

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	11027		
Mechanism Name:	Joint Financing Arrangement		
Prime Partner Name:	National HIV/AIDS/STI/TB Council - Zambia		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	100,000	0

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 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	New Mechanism: No
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 2,250,000	
Funding Source	**Funding Amount**
GHP-State	2,250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Partner will support the ZDF to improve overall clinical prevention, care, and treatment services around the country throughout the three branches of the military service – Zambia Army, Zambia Air Force and Zambia National Service. The partner will work closely with other partners implementing the MCH program, SMGL, as a component of the PMTCT program. The goal of the project is to develop sustainable training, supervision, and M&E systems to rapidly expand HIV/AIDS services to additional clients served by the ZDF. This includes strengthening management and planning systems to support PMTCT and HIV/AIDS care and treatment services, with the appropriate integration, linkages, and referrals to minimize transmission of HIV.

Our program objectives are:

• Objective 1: Increase clinical capability by supporting ART, TB/HIV, and PMTCT

• Objective 2. Integrate HIV counseling and testing into Palliative Care and STI services through PITC

• Objective 3: Strengthen STI diagnosis and management services within the ZDF

• Objective 4: Strengthen Male Circumcision services within the ZDF

• Objective 5: Work with ZDF and other partners to strengthen systems

The Defense Force Medical Services (DFMS) supports health facilities at 54 of the 68 ZDF sites, with the remaining sites relying on military medical assistants and outreach support. These health services are dispersed across hard-to-reach areas around the country and serve both ZDF and local civilian populations. In addition, given the mobile nature of the ZDF, it is often the first responder to medical emergencies and disasters throughout Zambia. The partner will support services in a total of 14 sites focused in three provinces: Eastern, Southern and Western.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	498,922

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Military Population
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	11626		
Mechanism Name:	Jhpiego		
Prime Partner Name:	JHPIEGO		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	200,000	0

Narrative:

Provision of palliative care is cardinal in the continuum of care of HIV positive individuals. Health care providers must have a high index of suspicion for clients presenting with opportunistic infections and other AIDS defining diseases at the health facilities. Appropriate care must be provided to all clients as and when they need it. Jhpiego will ensure that ZDF health care providers are equipped with knowledge and skills necessary to provide appropriate care to HIV positive individuals. In collaboration with DFMS, capacity building for health care providers will be conducted through two training workshops in PITC for health care providers. A total of 40 health care providers will be trained in PITC using the group-based approach. Follow up supportive supervision will be done by ZDF trainers. The revised National Provider Initiated Testing and Counseling (PITC) Training Package will be utilized for all provider trainings. This package, adapted from CDC's counseling protocols and training materials by Jhpiego, MOH and partners, takes a "no lost opportunities" approach to prevention, effectively integrating PICT with TB care and treatment and linking it to identification and treatment of other common co-infections, such as STIs and other opportunistic infections. CECAP activities will be integrated into palliative care for women presenting at the health facilities for other services such as family planning. Prevention with

positives (PwPs) will be integrated in this comprehensive care through screening of sexual activities, condom distribution, gravindex testing and STI management.
Jhpiego will further support a mentorship program at 14 sites in Eastern, Western and Southern provinces, working through case studies with service providers. Mentorship will be integrated with supportive supervision. Effective monitoring of service provision will be done through client registers and appropriate PEPFAR indicators. M&E systems shall be strengthened through trainings, supervisions and program review meetings. Site strengthening at the 14 sites will be done through procurement and distribution of basic medical equipment, commodities and supplies.

PITC is a key component of the diagnostic work-up for patients who present with TB and/or other symptoms and signs that could be attributed to HIV. Through training, providers are not only equipped with the knowledge and skills needed to provide HIV/CT services, but gain an appreciation for the importance of provider-initiated CT that is essential to effective implementation of this service. It further reinforces the delivery of a comprehensive and continuous package of services that does not end with a positive HIV test or initiation of ART.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	350,000	0

Narrative:

HVTB

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

In FY13, Jhpiego will initiate Paediatric care and support program. In this regard Jhpiego will provide or strengthen knowledge and skill among ZDF health provider to routinely assess and monitor growth and development among pediatric HIV patients recognizing that children living with HIV tend to have these milestone affected and faltered. Special attention will be emphasized on assessing and monitoring growth and nutritional status of children both in care and on treatment and, in line with the Zambian guidelines, appropriate nutrition counseling will be provided to all children through their parents or guardians, as the case may be. Jhpiego will make available all the necessary tools for appropriate nutritional assessment; and children found to be clinically malnourished will be linked to programs providing nutritional support and these children will be followed up accordingly. Jhpiego will also ensure that ZDF health providers have the necessary knowledge and skill to promptly and accurately diagnose opportunistic infections (OIs) among children living with HIV so that those with illness are immediately put on appropriate treatment and that complicated cases are immediately referred to the next level of care. To achieve this Jhpiego will train 40 ZDF health providers in Comprehensive Management of

Childhood Illnesses in the context of HIV, through two 5-day group-based trainings. Jhpiego will support minor refurbishments to establish child friendly corners at 5 ZDF sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	0

Narrative:

The scope of training undertaken by the Defence School of Health sciences has improved over the years. The DSHS currently conducts training for Military Medical assistants, Pharmacy assistants and Laboratory assistants. With improved infrastructure, in FY 13, the DSHS is aspiring to go even further by training Registered Nurses. Jhpiego will provide technical assistance to enable the school to get accreditation with the regulatory bodies such as the General Nursing council, Health Professions Practitioners Council and Pharmacy Regulatory authority.
Jhpiego will continue to support the DSHS to train MMA, pharmacy and laboratory assistants. Jhpiego will facilitate follow up supportive supervision to ensure complete transfer of knowledge.

Jhpiego will build on the support provided to the school by ensuring that the DSHS clearly defines the cadres of health care providers that will be trained by the school, assist the school prepare a staff establishment required to provide the necessary trainings. Jhpiego will work with the school to develop sustainable systems for students, lecturers, and suitable clinical training settings where students will practice.
Jhpiego will continue to provide training skills updates to all staff teaching at the school. All staff providing training at the school will be targeted for the skills training.

Jhpiego will assist the school to develop/update training curricula for all the training programs that are provided by the school ensuring that such curricula are in line with good governance principles and the regulatory bodies (Health Professions Council, General Nursing Council and Pharmacy Regulatory Authorities of Zambia). The partner will work with DFMS to ensure that plans are developed that will sustain operations at the school and ownership

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	700,000	0

Narrative:

Jhpiego will build on its earlier work with the ZDF in providing VMMC services to military personnel, their families and the surrounding communities. Jhpiego will support DFMS to provide VMMC services at six (6) Fixed

sites (ZNS Chiwoko, ZNS Kafue, ZNS Choma, Arakan, Luena and ZAF Mumbwa). To be able to reach out to more clients in the ZDF catchment areas, Jhpiego will support Mobile VMMC services to the remaining sites in Eastern, Southern and Western provinces. Mobile MC services will be led by the ZDF mobile MC team.
To ensure continuous flow of clients, Jhpiego will support sustained demand creation activities at all the sites in the three provinces. In collaboration with PCI, peer educators will be supported to generate VMMC demand in the communities. Over the past years, ZDF unit commanders have come out in full support of VMMC programs in the camps. Jhpiego will further provide a VMMC orientation workshop for unit commanders to enable them appreciate the program.
The biggest challenge with VMMC in the military is the continued inadequate availability of VMMC skilled personnel. Despite the training of staff, transfers and deployments always create an artificial shortage of trained manpower as staff are moved from VMMC providing sites. To mitigate the effect of mobility, Jhpiego will train an additional 30 health care providers in VMMC skills at all the sites. An additional 20 counselors will be trained in VMMC counseling. This will include staff from all the 14 Jhpiego supported sites. At sites where there is no fixed service, the VMMC trained staff and counselors will mobilize clients for MCs and when an optimum number (to be agreed with DFMS) has been reached, the mobile team will be called to perform circumcisions. When the mobile team has left, the trained providers and counselors will continue to provide follow up care.
Jhpiego will ensure continued availability of VMMC consumables, infection prevention commodities, surgical instruments and other accessories such as autoclaves at all the VMMC sites.
Collaboration with MOH will be strengthened through participation in National VMMC Campaigns. With lessons learnt from its public sector VMMC program funded by CDC, Jhpiego will employ similar campaign strategies for demand creation, program leadership at the facility level with a VMMC focal point person, utilization of district health office staff to support the campaigns and rewarding/recognizing sites that reach their set targets in the ZDF. Outside the campaign periods, ZDF sites will provide VMMC services routinely through scheduling of procedures. Supportive supervision will be intensified during the campaigns to ensure provision of quality services. The quality of MC services provided will objectively be monitored using quality improvement tools. This will ensure that adverse events are kept below the recommended 2%. All (100%) clients will be provided with the VMMC minimum package of care. A total of 3500 clients are expected to be circumcised during the implementation period.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	0

Narrative:

Sexual prevention activities will be closely collaborated with other prevention activities such as cervical cancer screening, VMMC, Family Planning and Provider Initiated Testing and Counseling (PITC). The mobile nature of the military puts them at high risk of HIV and STIs. Early detection and treatment of STIs using the Syndromic approach prevents transmission and acquisition of HIV. Offering STI treatment and partner management at the HIV

positive client's first visit mitigates re-infections as well as prevention of drug resistance.

Twenty (20) health care providers will thus be trained in Syndromic management of STIs in the delivery of ART, TB, PMTCT and other outpatient services. Training will emphasize, partner treatment, risk assessment and reduction, and for male clients VMMC counseling and circumcision. Standard MOH training materials will be used for these trainings. Targeted interventions contribute to the overall goal of reducing STI prevalence and slowing HIV transmission.

Jhpiego will engage ZDF STI/HIV trainers to provide follow-up and mentorship at all 14 sites in Eastern, Western and Southern provinces. Improved monitoring will be facilitated by updated indicators and registers. ZDF staff will be encouraged to take the lead in providing all technical support and monitoring, including assessing service delivery and addressing gaps. Using this approach sustainability of the program is ensured.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	400,000	0

Narrative:

Jhpiego will build on its activities in the ZDF that are aimed at the virtual elimination of pediatric HIV, targeting 1,500 pregnant women. Based on routine data collected in past years, it is expected that 12% to 15% of the targeted pregnant women will test HIV positive. Jhpiego will ensure that all pregnant women testing HIV positive and those with HIV known status be enrolled in HIV care, in all 14 sites that will be implementing eMTCT activities. In support of national policies, Jhpiego will spearhead the implementation of Option B+ (a strategy that ensures that all HIV positive mothers are commenced on triple ARVs for life irrespective of CD4 count) in ZDF facilities in Eastern, Southern and Western Provinces. Jhpiego will ensure that the new guidelines and job-aids are available at the ZDF sites. Jhpiego will also work closely with other partners including PMTCT lay workers to follow cohorts of HIV positive mothers and their babies to ensure that the program records the expected outcomes for both mother and baby. However, patient retention and drug adherence is likely to be a more complicated issue with the transition to Option B+, as women with high CD4 counts generally feel healthy and might be reluctant to take treatment for the rest of their lives. Jhpiego will ensure that specific attention is given to patient retention and drug adherence issues; at each follow up visit, adherence counseling including patient education and pill counts. Working with the trained facility health center staff, Option B+ oriented Neighborhood Health Committees (NHCs) will be engaged in monitoring the performance of CHWs in the follow up of HIV positive women and HIV exposed infants. NHCs will enhance community mobilization and implement a robust adherence support mechanism both at the facility and within the community. Jhpiego will therefore retrain 20 health care providers and 16 PMTCT lay workers in the new approach to PMTCT. Early infant diagnosis will continue to be strengthened through linkages

with the district health offices. In support of the mothers, Jhpiego will also ensure that activities under the Saving Mothers Giving Life (SMGL) initiative are integrated into the PMTCT program. During implementation, Jhpiego will focus SMGL activities at four (4) additional sites. 16 health care providers will be trained and supported in SMGL activities. With technical assistance from the cervical cancer experts at headquarters, Jhpiego will adopt its cervical cancer prevention (CECAP) program to the Zambian situation, targeting 500 women. A cervical cancer screening and treatment learning resource package (LRP) will be developed for ZDF. To ensure quality of service provision, cervical cancer screening performance standards will be developed and incorporated into the mentorship tool. Baseline assessments will be conducted at four (4) additional sites. A total of 16 health care providers will be trained in cervical cancer screening and treatment at the four (4) sites. Jhpiego will work in collaboration with PCI to strengthen CECAP activities at 4 sites where mobile services are in existence. Linkages will be established between CECAP, VMMC and Family Planning programs within the ZDF. Further collaboration between programs will be strengthened by introducing TB and Syphilis screening in PMTCT settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	125,000	0

Narrative:

In FY13, Jhpiego will build on previous work to support comprehensive HIV/AIDS prevention, care and treatment services in ZDF health facilities. The partner will work with the 14 supported sites to expand quality ART services in the three provinces of Eastern, Western and Southern. During the site visits, orientation of health workers in HIV/AIDS will be done at each of the camps to ensure that senior managers at the camp understand HIV/AIDS programs at the health facility.

Group based trainings in ART will be provided to all sites to increase their capability to provide comprehensive HIV/AIDS treatment services with a total of 20 health care providers trained, using the updated national ART training package. Jhpiego will provide a re-fresher ART training course to another 20 ZDF health providers who received this training two or more years ago so that they are updated or equipped with the new developments, changes and recommendations in the Zambia HIV treatment/ART guidelines. And to further ensure desired HIV treatment outcomes, Jhpiego will support training of 20 health providers in adherence counseling.

To support performance improvement of systems and quality adult treatment service delivery, the partner will conduct supportive supervision and mentorship visits to all the facilities in the Eastern, Southern and Western provinces. In order to ensure sustainability, Jhpiego will work within the existing ZDF structures and plans. All the sites will be visited twice per year to document performance standards.

The partner will emphasize prevention activities in clinical settings and re-enforcing prevention messages at every clinical encounter with HIV positive clients. A minimum package of care for HIV prevention among clients receiving HIV care will be implemented at all the sites. To achieve this Jhpiego will train 40 ZDF health providers in Prevention with Positives, using a nationally approved training package. Jhpiego will provide all the necessary tools, including regular mentorship and supervision, to support successful implementation of this strategy.

Collaboration with other partners shall be improved through joint planning, joint supportive supervision and sharing of reports. Community linkages will be strengthened through community ART adherence supporters.

Jhpiego will also strengthen effective TB infection control, prevention and management measures in the health setting through, among other activities, implementation of Intensified TB Case Finding (ICF) in all ART sites. Providers will be trained or oriented, provided with the necessary tools and support to successfully implement this strategy.

The Jhpiego ART team will work closely with the PMTCT team to implement and roll-out the option B+, a strategy that the Zambian government, through the Ministry of Health has adopted and endorsed as policy with immediate effect in 2013, as currently the most effective way of eliminating mother to child transmission of HIV infection (eMTCT).

Jhpiego will support ZDF with reaching accreditation standards in some sites to the level required by the Health Professionals Practitioners Council of Zambia.

Jhpiego will also print and distribute Adult ART treatment job aids and national guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	125,000	0

Narrative:

In FY13, Jhpiego will strengthen Paediatric HIV Treatment in ZDF-supported units by ensuring early identification of infants and children who are exposed to HIV as well as through provider initiated counseling and testing and timely and effective linkages to appropriate diagnostic facilities. Jhpiego will work to ensure children identified to have HIV infection receive timely initiation of ART and also put on cotrimoxazole prophylaxis. This will be made possible through capacity building of health care providers working in these units. Therefore, 40 ZDF health care providers will receive group-based ART training courses.
Treatment will also be enhanced through provision of regular hands-on mentorship and supervision to ZDF ART-supported sites by technical persons with knowledge, expertise and experience in management of Paediatric HIV, to ensure sustained provision of quality HIV care to children living with HIV and AIDS.
Key to the success of HIV management is adherence to treatment on the part of the client and care giver (s) and indeed on knowledge and skill in providing adherence education and support to the client and care giver on the part of providers; and so in this regard, Jhpiego will support a training of 20 providers in adherence counseling, in

children. *Jhpiego will also print and distribute Paediatric ART treatment job aids and national guidelines.*

Implementing Mechanism Details

Mechanism ID: 11627	**Mechanism Name: DAO Lusaka**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 6,165,000	
Funding Source	**Funding Amount**
GHP-State	6,165,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Since 2004, DAO Lusaka under the leadership of the Defense Attaché Office has partnered with the Zambia Defense Forces through the Ministry of Defence to implement prevention, care and treatment programs.

In addition to the overall management and oversight of the DOD PEPFAR Program, DAO Lusaka has been implementing system strengthening and infrastructure improvement programs in the Zambia Defense Force from as far back as 2005. This continues to be an integral part of the overall DOD PEPFAR program implemented by the other partners such as Project Concern International (PCI), Jhpiego, Society for Family Health (SFH), JSI Logistics and American International Health Alliance.

The program has grown from strength to strength and programs have been expanded and scaled up to all the 54 military health facilities situated on the ZDF bases. This has been necessitated by the fact that the military have health facilities run and managed independently from the Ministry of Health. The health facilities are under the auspices of the three service: Zambia Army (ZA), Zambia Air Force (ZAF) and Zambia National Service(ZNS).

The direction of the program is to focus on capacity building for improved service delivery, leadership development for sustainability, system strengthening and infrastructure improvement for quality in service delivery.

The military in Zambia works closely with other uniformed services and benefits of the PEPFAR program tend to spill over to other services such as the Zambia Police Service that are also involved in peace keeping and other mobile operations through their paramilitary units. Separation of provision of services tend to be difficult and are provided to best meet the needs of all uniformed officers.

Cross-Cutting Budget Attribution(s)

Construction	4,710,000
Human Resources for Health	500,000
Renovation	350,000

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**11627**		
Mechanism Name:	**DAO Lusaka**		
Prime Partner Name:	**U.S. Department of Defense (Defense)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	2,500,000	0
Narrative:			

So far only one (1) facility, Main Soko Laboratory has been earmarked for accreditation according to national or international standards and the process is still ongoing. Funding constraints coupled with increasing demand due to population increase has left the DFMS with substantial infrastructure deficit, which has been compounded by the remote location of many of the 54 DFMS clinics, as well as lack of other donor support and inadequate Ministry of Health (MoH) support for the DFMS activities. Health facilities on these sites need extensive renovation to enable them qualify for the national HIV program where free test kits, ARV and other HIV related drugs become available and will serve as model sites for the ZDF medical staff in the regions to rotate through for training in prevention for mother to child transmission (PMTCT).

HIV/AIDS unit coordinators as well as medical officers from ZDF sites have already been provided adequate training for HIV/AIDS prevention, care and treatment. However despite this support, most of the remaining 24 ZDF sites are still having challenges to deliver effective HIV/AIDS services due to poor infrastructure and lack of laboratory equipment. There is need therefore for support in equipment and infrastructure improvement in order to make service delivery improvement in HIV/AIDS a reality.

For FY2013, DOD will continue supporting improvement of laboratory facilities to provide effective HIV/AIDS services through infrastructure improvement, expansion and provision of equipment on an additional eight (8) ZDF sites. Further, ZDF activities will focus on continuous monitoring performance of sites already improved, this includes strengthening linkages with SCMS to ensure laboratories have reagents and sustainable service. This will further support improvement of service delivery in HIV/AIDS care, treatment and testing such as availability of testing facilities on site for women under the PMTCT program and ART clients for initiation and disease monitoring.

Support to the recently completed and handed over ZDF HIV/AIDS secretariat will also continue and this will include provision of furniture and equipment. The goal of the DOD over the past four years has been to assist in achievement of sustainable HIV/AIDS services after conclusion of the program through provision of quality systems. DOD has been and will continue establishing a sustainable program by working with the Defense Medical Services (DFMS) while improving infrastructure and equipment and implementing facility level quality assurance/quality improvement program and improved laboratory equipment systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	2,200,000	0

Narrative:

The ZDF has 54 sites spread across the country most of which are in outlying areas. These facilities provide HIV/AIDS services including counseling and Testing, PMTCT, palliative care and ARV delivery, and HIV/AIDS

laboratories to the ZDF, their families and vulnerable population living in these areas, which at many sites are predominantly civilians (non ZDF dependants) who rely on access to Defense Force Medical services (DFMS) for all routine clinical care. However inadequate staffing with trained medical personnel coupled with attrition impacts negatively on the overall HIV/AIDS service delivery. Often trained personnel are deployed on operations leaving inadequate staff at the health facilities to cope with the demand.

The ZDF established a School of Health Sciences with a view to train Military Medical Assistants to mitigate the impact of inadequate trained personnel. The initial enrolment capacity for the school was 24 students at a time which is not adequate to cope with the ongoing improvement of health facilities and the subsequent growing demand from the ZDF and the surrounding communities. Over the last few years, the Hostel facilities of the school were expanded by 30 rooms including furniture to increase the bed space to 84. Activities also included short term courses, workshops and twinning activities. Further expansion and construction additional classrooms, demonstration room, library, auditorium, computer room, offices, dining facilities and Kitchen and construction of the additional classrooms, demonstration room, library, auditorium, computer room, offices, dining facilities and Kitchen at the Defense School of Health Sciences.

The program will contribute to improved sustained overall HIV/AIDS service delivery in the ZDF in counseling and Testing, adults and pediatric care, PMTCT, HIV related palliative care and ARV delivery, HIV/AIDS laboratories, Tuberculosis management, mentorship through training of additional medical personnel and information sharing.

FY 2013 activities will include upgrading infrastructure on one (1) site to be used for training to supplement the Defense School of Health Sciences, equipping and continued training through short courses, workshops and technical assistance efforts from the Defense HIV/AIDS Prevention Program (DHAPP); Expansion of the Family support Unit (FSU) to include VMMC, counseling and cervical cancer screening. Capacity building efforts will revolve around leadership training and engagement with the ZDF; training of ZDF health providers in various HIV/AIDS courses.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,465,000	0

Narrative:

In the country plan, HIV prevention has been identified as priority. However lack of appropriate delivery facilities for expecting mothers in the Zambia Defence Force (ZDF) sites coupled with poor staffing and long distances to alternative referral centers have negatively affected HIV prevention through PMTCT. Generally infrastructure is poor and there is no accommodation for the facilities to be able to attract trained personnel. Most facilities have no running water, power supply and disposal facilities for bio waste.

Because of poor facilities and lack of privacy, most mothers are not keen to report for antenatal while those who can afford opt to report to distant referral centers. As a result the facilities have low antenatal HIV testing, unable to provide early initiation of treatment for positive mothers and post exposure prophylaxis during birth. The lack of proper facilities also results in low male involvement in couple testing while the long turnaround time for the dry blood spot (DBS) PCR results from alternative centers has also negatively impacted on initiation of treatment. The net effect of the poor infrastructure has been failure to comprehensively prevent mother to child transmission of HIV. *In FY2010, with PMTCT plus up funds, the ZDF identified 5 sites for expansion of the health facilities to include delivery facilities to enhance and improve prevention of HIV through MTCT. This included provision of equipment and training of staff. Further, 5 more sites were identified in FY2011 for improvement and expansion to include space for deliveries and PMTCT activities.* *FY2012 focused on continuous strengthening of PMTCT facilities in the ZDF sites in outlying areas and monitoring performance of sites already improved. An additional 5 sites were identified for improvement and expansion to include space for deliveries and PMTCT activities. This activity will strengthen the community activities of PCI and facility based activities for JHPIEGO to ensure effective community sensitization, capacity development and a well coordinated linkage between the community and health facilities.* *FY 2013 activities will continue strengthening of PMTCT facilities in the ZDF sites and monitoring performance of already improved sites. Five (5) more sites have been identified renovations, expansion and improvement of existing infrastructure. Expansion includes new construction to add appropriate space for PMTCT services.*

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 194,505	
Funding Source	**Funding Amount**
GHP-State	194,505

Sub Partner Name(s)

(No data provided.)

Overview Narrative

There are two main goals under this mechanism:

Goal 1: To support rural communities develop and implement appropriate and sustainable HIV/AIDS awareness and prevention programs.

Goal 2: To support rural communities to provide support for people living with HIV/AIDS (PLWHA) and their caregivers and families.

PC/Zambia will primarily contribute to PF Goal number 1 by strengthening the capacity of rural communities to implement programs that address gender inequity, encourage fidelity, increase use of condoms and acceptance of male circumcision, delaying of first sexual intercourse, reduce multiple and concurrent partnerships and discourage age disparate and transactional sexual relationships.

This will be done through increasing the number of PEPFAR funded volunteers and training all volunteers and their community counterparts in HIV prevention and care and designing behavior change interventions. Some will also receive alcohol awareness training, enabling them to implement strategies to reduce alcohol consumption, raise awareness of alcohols' negative effect on health and related risks including HIV transmission, ARV adherence and gender based violence.

Volunteers will implement strategies through the utilization of Volunteer Activities, Support and Training (VAST) grants and providing technical assistance to communities implementing care and support programs at grassroots level. Peace Corps Response and Extension volunteers will build expertise and capacity within local NGOs and CBOs at National, Provincial and District level to respond effectively to the pandemic.Volunteers will improve linkages between service providers and rural communities by liaising with USG partner organizations providing mobile VCT services to come to their communities.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	5,000

Education	15,085
Food and Nutrition: Policy, Tools, and Service Delivery	76,703
Gender: Gender Equality	16,283
Human Resources for Health	66,262
Water	5,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Child Survival Activities
Safe Motherhood

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	82,000	0
Narrative:			
Volunteers and their counterparts will 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 link the members to other care and support programs.			

Volunteers will work with affected households to enhance food security through delivery of nutrition workshops, provide technical assistance on nutrition gardening and fish farming by using the skills and expertise of the other Peace Corps projects (Linking Income Food and Environment and Rural Aquaculture).

Volunteers will work with communities to leverage VAST and other funds for income-generating activities for improved nutrition and food security for PLWHA, their families, and caregivers. 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 and saving groups for example through collaboration with partner organizations including the World Fish Centre.

Volunteers will also work with affected households and home based care providers to improve access to safe water and sanitation, encourage thorough hand washing and coaching family members on maintaining hygienic environments for the chronically ill. They will provide education on ART adherence, PMTCT, Malaria and how to hang bed nets correctly.

Volunteers and their counterparts will target both HIV positive men and women in the age groups 15-49 years. Activities will be undertaken in 73 districts in six provinces, reaching approximately 1000 people living with HIV.

Volunteers will alert health workers or home based care teams of the need to visit a chronically ill person or to collect supplies to replenish a home based care kits. 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 USG funded organizations providing care and support including "Feed the Future" initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	12,505	0

Narrative:

Volunteers and their community counterparts will continue to deliver culturally and age-appropriate AB messages with a focus on intergenerational and transactional sex to older youth through school and community based programs. Targeting older youth (15 to 24 years), Volunteers and their counterparts will work with health centre staff to support peer educators, establish youth-friendly corners 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 24 session comprehensive, evidence based, behavior

change approach, used successfully by Peace Corps Volunteers worldwide since 2000. Training sessions on HIV/AIDS, sexually transmitted infections, reproductive health, communication, decision making and relationship skills will be integrated appropriately for different age groups and target audiences.

Volunteers will further target traditional initiators with HIV prevention messages and married couples with Feed the hungry's 9 session evidence based program "Faithfulness in Marriage A Guide to Reduce HIV Transmission and Strengthen Marriage."

Volunteers will target male groups (ages 20-49) to address male norms and behaviors such as multiple and concurrent partnerships and encourage risk reduction including promotion of male circumcision and referral to HIV counseling and testing services; especially couple counseling. 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.

Volunteers will use VAST funds for income-generating activities for community groups with specific attention being given to increasing young women's opportunities to improving their economic status through these income-generating activities.

Volunteers will link the communities to USG funded counseling and testing services, male circumcision, and other prevention services. The activities will occur in rural, remote villages in 73 districts within six provinces and will target 15,000 individuals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

Volunteers and their counterparts will carry out prevention activities targeting mainly at risk youth (15 to 24). Volunteers will reach sexually active youth through community health centers by working with staff to train and support peer educators and to establish "youth-friendly corners" through which prevention materials and messages including the correct use of condoms can be disseminated. Volunteers will further support community groups to improve systems to increase the accessibility and availability of condoms beyond the clinic setting.

Volunteers will disseminate alcohol education and risk reduction strategies based on SHARPZ's (Serenity House Alcohol Reduction Program in Zambia) 5 day Awareness and Risk Reduction program; to reduce alcohol misuse, particularly with men. When conducting community-based training, Volunteers will follow the Peace Corps Life Skills Manual, adapting it appropriately for different age groups and target audiences.

Volunteers will target males (ages 20-49) within already established groups such as farmers, fish farmers and teachers to address male norms and behaviors. Volunteers will conduct male engagement activities (21 sessions) based on Engender Health's "Men As Partners" addressing multiple, concurrent partnerships, high mobility, low rate of male circumcision and low condom use. *Volunteers and their counterparts will continue to provide workshops and coaching to Banafimbusa (traditional initiators) who instruct girls on marriage customs, on how to facilitate discussions with youth to encourage safer sexual practices. Use of condoms after marriage for discordant couples will also be emphasized, along with the importance of testing and counseling. Volunteers will target at risk youth, especially girls aged 18-24, engaging in transactional or trans-generational sex through Camp Glow and Women's groups.* *Activities will occur in 73 districts, in six provinces in Zambia and will target 25, 000 individuals. Volunteers will work with other USG partners to link rural communities to counseling and testing, male circumcision, PMTCT and ART services. Volunteers will continue to work with USG partners to bring in mobile testing services to their remote communities.*

Implementing Mechanism Details

Mechanism ID: 11694	**Mechanism Name: CDC Technical Assistance - SMDP & FETP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC technical assistance is required by the Ministry of Health for the Sustainable Management for Development Program (SMDP) and the Field Epidemiology Training Program (FETP) in order to bolster MOH management and epidemiology skills set within the country.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**11694** **CDC Technical Assistance - SMDP & FETP** **U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	500,000	0
Narrative:			
In FY 2011 CDC provided technical and financial assistance to the School of Medicine to establish the Management for Public Health (MfPH) course with the Department of Public Health. This course is modeled after the Management for Improved Public Health (MIPH) course offered by the Sustainable Management for Development Program (SMDP) offered by the Division of Workforce Development. The program was developed			

following intensive consultations with the Ministry of Health, the School of Medicine and other stakeholders to determine the need for management training among public health professionals. A Steering Committee chaired by an alumnus of the MIPH program guided the development of the program that resulted in 30 students successfully completing the first phase of the course with 27 of these being District Directors of Health from mainly remote rural districts. The participants are undertaking their applied field learning projects that would be presented during the second phase of the training to be held in the spring of 2012. In FY2012 CDC Zambia with technical input from SMDP will provide support for the further development of the program with the aim of adapting the training materials to the meet the needs of Zambia and to offer a second course to 30 participants that would be determined in close collaboration with the Ministry of Health. *In FY2012 CDC will provide technical assistance to the Ministry of Health for the development of the Field Epidemiology Training Program (FETP) that is patterned on the Epidemiology Intelligence System (EIS) training program. The development of the program will be guided by a Steering Committee that will be chaired by the Ministry of Health and that will include all relevant stakeholders such as the training institutions and other relevant government ministries. Activities to be undertaken include curriculum development, a multi-year strategy document, identifying program staff and required resources and holding of short courses. A Resident Advisor will be assigned to work with the Ministry of Health and other relevant organizations in the development of the program with the goal of enrolling the first batch of students in FY2013.* *In FY2011 CDC provided techncial and financial assistance to the School of Medicine*

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 350,000	
Funding Source	**Funding Amount**
GHP-State	350,000

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. Previously, 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..

MEASURE Evaluation activities in FY2012 plan on working with the National HIV/AIDS/STI/TB Council (NAC), 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 beyond meeting reporting requirements to inform program decision-making. Activities will build upon work at NAC to standardize the data collection protocol and to develop a new strategic framework for the period 2011-2015.
M&E of these activities will establish benchmarks to track and document progress, and use internationally standard data quality assessment tools and M&E systems strengthening tools to obtain and compare, baseline and follow up measures tailored to each activity component.

Support to the MOH will be tailored to strengthening the M&E system of the health sector in Zambia. Support will be provided in the implementation of the HIS strategic plan especially increasing HIS data completeness and timely reporting in the health sector; strengthening data quality by further integrating and harmonizing HMIS and data of all different institutions and agencies and strengthen analysis and use of data for decision making.

The activity supportsthe GHI principle of building sustainable health systems and as will as strengthening metricsM&E.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Safe Motherhood

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**
Governance and Systems	HVSI	350,000	0

Narrative:

MEASURE Evaluation will provide technical assistance and capacity-building and training (CBT) to NAC, MOH and other M&E staff. 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.

MEASURE Evaluation support will build upon activities funded in FY2011 and will mainly support the NAC to implement the National Monitoring and Evaluation Plan (2011–2015). Support will also be provided to the MOH to implement the Health Information System strategic plan (HISSP) 2010-2015 specifically to: increase HIS data completeness and timely reporting in the health sector; strengthen data quality by integrating and harmonizing HMIS and data of all different institutions and agencies and strengthen analysis and use of data for decision making. The project will work with the MOH to identify more activities that will improve the availability, quality and use of data and information.

MEASURE Evaluation will support NAC and MOH in instituting and conducting DQAs aimed at providing baseline measures and subsequent monitoring of changes in data collection, compilation and reporting following the capacity-building provided.

MEASURE Evaluation will support the NAC M&E team in leading the national technical working group as well as

support the implementation of the midterm review of the National HIV and AIDS Strategic Framework (NASF). Technical assistance will also be provided to the CSO and NAC to implement that Zambia Behaviors surveillance survey and other studies required to inform the national response to HIV/AIDS epidemic.

Implementing Mechanism Details

Mechanism ID: 12267	**Mechanism Name: MAWA**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ZERS is a new program that implements a key component of FTF and will be a five year USAID poverty reduction initiative under the Zambia Country Development Cooperation Development Objective 2 (Reducing rural poverty in targeted areas) starting in 2011. The project will foster economic resilience that reduces poverty and food insecurity by improving the capacity of households to respond to shock, build assets, and improve nutritional and basic health practices. ZERS will enhance coping skills, build assets, and increase rural incomes for 50,000 vulnerable and poor households in Eastern Province, thereby significantly contributing to Millennium Development Goal 1 of halving the proportion of Zambians living in extreme poverty and suffering from hunger by 2015. ZERS will be a core activity in implementing U.S. President Obama?s Feed the Future (FTF) global hunger and food security initiative in Zambia. ZERS will aim primarily to increase economic resilience by improving food security and nutrition in vulnerable households through implementing interventions that reduce the number of hunger months, improve nutrition and health practices, and increase the value of household assets and the ability of households to productively use those assets. The geographic focus is in Eastern Province, with the possibility of scaling up successful interventions to other provinces. The ZERS program indicates the need to consider HIV/AIDS as a cause

of vulnerability and poverty, and to develop components to address actions consistent with AB guidelines.ZERS' HIV/AIDS AB activities will be in several principal areas:

- *Dissemination of AB messaging materials in appropriate community entry points at ZERS project sites and Integration of AB and OP messaging with ZERS activities.*

Cross-Cutting Budget Attribution(s)

Economic Strengthening	500,000
Food and Nutrition: Policy, Tools, and Service Delivery	500,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Workplace Programs

Budget Code Information

Mechanism ID:	**12267**
Mechanism Name:	**MAWA**
Prime Partner Name:	**Catholic Relief Services**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,000,000	0

Narrative:

Orphans and Vulnerable Children (HKID) – are defined as children who have lost a parent to HIV/AIDS, who are

otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects—as stated in the Hyde-Lantos Act that reauthorized PEPFAR in 2008. Support for orphans and vulnerable children and their households, is integral to the efforts of the President's Emergency Plan for AIDS Relief (PEPFAR). To support vulnerable children, ZERS will prioritize family strengthening approaches that reinforce families' long-term caring capacities as the basis of a sustainable response to children affected by HIV/AIDS. Included under the rubric of ?family strengthening are interventions that boost household economic and food security, improve child/family access to health care and schooling, and encourage healthy parent-child relationships. Families in turn rely on safe and supportive communities to thrive. Therefore HKID funds also support building the capacity of local community structures to respond to children and families in need.

ZERS seeks to increase and diversify agricultural production of targeted households by building essential skills such as sustainable production and innovation in order to provide foundation for increased income and market engagement and improved health and nutrition practices. One of the key activities will be the use of DiNERs - adapted from CRS' seed fairs and vouchers approach to support private sector linkages between rural communities and commercial seed suppliers. 6,000 vulnerable households, specifically those with PLW and CU2, will receive vouchers to purchase diverse seeds, roots, tubers and livestock to diversify agricultural production for improved nutrition and increased resilience. Sustainable production and innovation trainings will be conducted for 20,000 households, supported by 500 lead farmers.

ZERS will improve health and nutritional status of targeted households, including women, men and youth, through adoption of the Care Group Model to promote adoption of positive health and nutrition behaviors and consumption of nutrient-dense, high-protein foods with focus on preventing malnutrition among PLW and children under two. Care Group Volunteers will support Essential Nutrition Actions – at minimum – for all households in targeted communities with PLW and children under 2. Community Agriculture and Nutrition Action Networks, comprised of neighborhood health committees, community leaders, agricultural field agents and health promoters, will review data collected by care group volunteers to discuss and identify community solutions for addressing food and nutrition gaps.

To increase income and productive assets, ZERS will build the financial assets of 20,000 households through participation in savings and internal lending communities (SILCs). Through participation in SILCs and introduction to business and marketing skills, 100 producer groups – representing 10,000 households will engage with markets, specifically horticulture, legume and maize value chains.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

The ZERS's HIV/AIDS prevention activities will be focusing in three areas: dissemination of Abstinence/Be Faithful messaging materials in appropriate community entry points, integration of Abstinence/Be Faithful messaging with male circumcision efforts and integration of Abstinence/Be Faithful messaging with couples counseling and testing efforts 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. ZERS 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, 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 will enable the 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. ZERS'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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Other prevention (OP) activities will target the most at-risk populations for HIV in Eastern province which include: vulnerable and poor households by integrating HIV prevention activities with economic resilience activities to improve food security and economic status of these groups. Among ZERS target groups the OP activities of ZERS will focus 1) partners of persons who practice casual heterosexual acts; 2) persons who practice casual heterosexual acts; 3) persons in stable sexual relationships, including marriages; and 4) babies born to HIV+ mothers at household, community and work places.

Each of these groups are seen as struggling with stigma and discrimination specific to their risky behaviors thus

sexual prevention interventions for the target group of ZERS: vulnerable and poor rural households, the "vulnerable yet viable," as well as the very poor will be implemented through the use of community level agricultural and health personnel. The community level personnel will integrate sexual HIV prevention activities with the economic resilience strategies in vulnerable households and determine the level of vulnerability to HIV in relation to their specific vulnerability. The ZERS project focus of fostering economic resilience and improving the capacity of households to respond to shock will be used as an opportunity at community and households levels to identify vulnerable individuals, families and group to HIV/AIDS assist the project in designing sexual prevention interventions. A general HIV risk assessment tool can be adapted by agricultural and health personnel at community levels to capture different vulnerabilities to HIV and socioeconomic issues. *The use of tools will help in disaggregating information about the target which will in turn enable ZERS to implement OP activities which will not only prevent new HIV infections in ZERS targeted households, families, groups, but also protect those who might already be positive and beneficiaries in ZERS project. The activities will also protect those who are negative but vulnerable to HIV infection due to their gender, age, economic status or their physical or mental disability*

Implementing Mechanism Details

Mechanism ID: 12271	**Mechanism Name: Community compacts**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

Project Concern International		

Overview Narrative

The Population Council in partnership with Project Concern International (PCI) is implementing a three year project called Community Mobilization for Preventive Action (COMPACT) to support the government's plan of reducing new HIV infection by 50% by 2015. The overall goal of COMPACT is to develop and determine the feasibility of "community compacts" as an innovative strategy to bring about behavior change that will ultimately lead to a reduction in HIV incidence. Broadly, community compacts are agreements between service providers and recipient communities that are intended to increase the effectiveness of services by promoting community ownership. It is being implemented in four communities: Chongwe and Chinyunyu in Chongwe district and Kawama and Kaniki in Ndola district.

In order to monitor and evaluate the impact of the project, COMPACT will conduct a sero and behavioral survey. The behavioral survey will monitor the results of the selected HIV interventions by assessing changes in the knowledge, attitudes, and practices regarding HIV in the four target communities. The sero survey will conduct an anonymous HIV test to determine the HIV status of the survey sample. The behavioral and sero surveys will happen concurrently among the same individuals and will be repeated every 12 months. In FY2012, COMPACT will conduct the baseline study to collect behavioral and sero-prevalence data that will be compared with data collected at midline (in 2012) and endline (in 2013) to determine behavioral changes and calculate HIV incidence.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	60,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12271**
Mechanism Name:	**Community compacts**
Prime Partner Name:	**Population Council**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

COMPACT works closely with communities through signed community compacts on prevention interventions, including to orphans and vulnerable children (OVC). While other partners, such as STEPS OVC, are responsible for implementing care and support activities for OVC, COMPACT provides community mobilization for prevention actions in which OVC participate at the community level. In addition, COMPACT will be training communities and community groups that work directly with HIV prevention for OVC in the areas of addressing multiple and concurrent sexual partnership through safe love clubs, sexual and gender-based violence, protecting orphaned girls from HIV through the safe spaces program, reduction of alcohol abuse, and income generating activities for younger males. COMPACT will seek to enable vulnerable children to identify their own problems and meaningful solutions in HIV prevention. COMPACT will not target these trainings directly at OVC, but rather, target communities that have signed compacts that work directly with HIV prevention including for OVC at the community level. Prevention training will incorporate recommendations from the COMPACT sero-survey. OVC prevention efforts will begin at the earliest opportunity in the COMPACT community, in accordance with national guidelines. The counseling and testing efforts will also focus on OVC who range from early adolescence to 19 years of age, those who are already sexually active, or those who indicate they may soon become active.

COMPACT will collaborate with ZPI and STEPS OVC for OVC interventions that promote economic empowerment in communities where ZPI and STEPS OVC partners are working.

COMPACT aims to reach a total of 1,150 OVC. 1,000 of these will be those aged between 15 and above through various community mobilization interventions while 150 OVC will be adolescents aged between 12 and 19 years through the Safe Love club interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

COMPACT will conduct a sero-behavioral survey that will contribute to establishing the community level baseline for HIV incidence and measure changes in high risk sexual behavior. Currently there are no studies of HIV

incidence in the general community in Zambia. The estimate of HIV incidence in the general population in Zambia that is being used for national strategic planning is provided by the UNAIDS Mode of Transmission (MOT) study that established that HIV incidence in the general population is 1.6% per 100 person years. This study will provide government and PEPFAR with an estimate of HIV incidence at community level in the general population.

The study will be a longitudinal study aimed to track HIV-related behavior and incidence as the COMPACT intervention is implemented. It employs a repeated population-based survey methodology that will be conducted every 12 months among female and male members of households randomly selected at the time of the baseline in the intervention communities. HIV incidence will be monitored by testing individuals at baseline, midterm, and end term. The HIV testing will be anonymous; participants in the study will not be given their test results. Blood will be collected and tested at central labs. The aim will be to determine how many individuals who tested HIV negative in the first round are infected by the time of the second round of data collection, i.e., year 1 incidence, and how many individuals who were HIV negative in the second round are infected by the time of the third round, i.e., year 2 HIV incidences.

The study is powered to detect a reduction of HIV incidence by four tenths from 1.6% to 0.96%. Similarly it is powered to detect 1/5 unprotected sexual risk behavior. The baseline sample size required detecting a reduction in HIV incidence and sexual risk behavior is a total of 3,581individuals targeting equal number of men (1,790) and women (1,790).

Data collected in FY2012 will provide current HIV prevalence in the four communities and will be used to calculate HIV incidence after the second round of the study in FY2013. The information generated from this study will be made available to policy makers, planners and service providers for effective decision making in designing HIV prevention interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

Narrative:

COMPACT, through Safe Love clubs, Gender Action Groups, Safe Spaces, Alcohol committees, and income generating activities for young men, will raise awareness on and encourage access and utilization of HCT services. Although COMPACT will not provide HCT services directly, we will partner with Society for Family Health (SFH) and the District Health Management Teams (DHMT) to provide mobile and static HCT services in the community. The role of the COMPACT team will be to mobilize communities through various activities that will include small group discussions and public meetings to inform people on the benefits of accessing HCT. COMPACT has planned the following events at which HCT services will be provided by SFH and the DHMT;

• Compact signing and award ceremony events: these will be public events in which community members will be

invited to participate. Compact signing ceremony will occur in the first quarter of FY2012 while award ceremonies, events at which communities receive a reward for achieving the benchmark, will happen at least once every quarter starting in the second quarter of FY2012. These events are intended to be high profile with high levels of community participation. SFH and DHMT will then provide HCT services to attendees.

• During the sero survey: While the sero-survey is anonymous—participants will not receive test results—participants who would like to know their HIV status will be referred to a mobile facility within the community.

In order to avoid double counting, SFH shall report the number of people who have been tested during such events to USAID. Therefore COMPACT has not provided targets for the number of people tested.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

The project has targeted the general adult population above the age of 15 years and adolescent girls aged 12 to 19 years. Zambia has a generalized HIV epidemic and HIV prevalence is estimated at 14.3% in the adult age group. COMPACT includes a special focus on adolescent girls as they are more vulnerable to HIV infection compared to their male counterparts due to various socio-cultural and economic reasons. The interventions that will be implemented amongst these target populations are:

a) Addressing multiple and concurrent sexual partnerships (MCPs) through Safe Love clubs: Safe Love Clubs will comprise both men and women. Members of the Safe Love clubs will be trained in sex and sexuality after which they will hold bi-monthly community discussions that will encourage partner reduction, increased condom use and promoting other safer sex practices.

b) Overcoming sexual and gender based violence (SGBV) through Gender Action Groups: Working with community leaders and partner organizations such as A Safer Zambia (ASAZA), COMPACT will create and support community gender action groups. These groups will be trained in SGBV identification and management including counseling for survivors of SGBV. Gender action groups will carry out community sensitization activities through small group discussions and public meetings to raise awareness on the dangers of GBV.

c) Protecting girls from HIV infection through the Safe Spaces Program. COMPACT will support the formation and implementation of Safe Spaces for adolescent girls aged 12 to 19 years. The core of the model is to enable girls meet weekly, to learn how to demand and enjoy their human rights, protect themselves from bodily harm, including sexual abuse and preventable diseases and learn financial and economic skills that will contribute to a more self reliant adulthood.

d) Reduction of alcohol abuse: The four communities in which COMPACT is working will form a community alcohol control committee comprising community and government leaders who will work with their communities to develop a community alcohol use control policy that will be discussed and disseminated. The community

committee will then work with others to ensure the enforcement of both community as well as national laws regulating alcohol. *e) Income generating activities for younger men: COMPACT will support income generating activities for younger men aged between 15 and 24 years old. Through the income generating activities, COMPACT will increase awareness of HIV prevention services and encourage access to services such as male circumcision and condoms.*

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: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Orphans and vulnerable children represent some of the most underprivileged members of society. According to the National AIDS Strategic Framework 2011-2015: Towards improving the quality of life of the Zambian people (NASF, 2010), Zambia ranks second in the highest number of OVC in Africa, an estimated 1.3 million. Of these, 50 percent are thought to be due to HIV and AIDS. 4 in 10 children under age 18 were not living with both parents; and that 15 percent of children under age 18 were orphaned with one or both parents were dead.

With this magnitude of OVC, extended family structures are being overly taxed. Prevailing poverty makes it difficult for families to care these children. Of those that are taken in, many OVC are resented for the strain they add to the family. These children are less likely to be in school and are more vulnerable to child labor, harassment and sexual abuse. The NASF (2010) estimates that in 2006 there were 13,000 children living on the streets with this figure projected increase to over 22,000 in 2016.

Zambia's Ministry of Community Development and Social Services has the mandate to socially protect OVC. The Ministry works with the Ministry of Home Affairs to place OVC in the care of relatives. When this is not possible, children are placed in children's homes or orphanages. According to the NASF (2010), there are 4,592 children living in these facilities. Community leaders, village headmen, teachers and religious figures know which children are in the most need in their communities. The PEPFAR OVC Small Grant program builds on this knowledge by providing small grants to organizations who work closely with these individuals to identify OVC, prioritize their needs, and mobilize community action

Cross-Cutting Budget Attribution(s)

Education	100,000
Food and Nutrition: Commodities	100,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12272**
Mechanism Name:	**PEPFAR OVC Small Grants**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	300,000	0

Narrative:

The PEPFAR OVC Small Grant program is designed to assist NGOs and community, faith-based and women's groups with innovative projects that provide care and support to OVC. The goal of the program to improve the

standard of living of OVC and their households through sustainable community-led projects. Projects have to fill a need in the community and reach a large number of OVC.

This year's grants funded 25 projects located in all of Zambia's nine provinces. Projects were selected based on their past work with the under privileged and their demonstrated ability to make a significant improvement in the health and wellbeing of OVC. Project funding ranged from $7,500 to $14,800. All projects focus on at least two of the following areas, with education being the most prevalent:

- Education: school fees, uniforms, shoes, books and other requisites
- Basic needs: nutrition, medical care, hygiene, clothing, blankets
- Counseling: psychosocial, life skills, behavior change
- Income generating activities for the organization and/or OVC households
- HIV prevention
- Stigma and discrimination issues
- Skills training: tailoring, carpentry, bricklaying, catering, crafts, OVC care

Program successes are simple but critical. One of the most important is that children are able to go to school when previously they had to drop out to care for a sick family member or because they were orphaned.

Challenges encountered include the continual fact that the need is far greater than the funds available. Many organizations report that they have to turn away OVC because they have reached their quota and do not have additional funds to support more children.

The PEPFAR OVC Small Grant program is very popular. During this year's call for new applications, over 400 were received for next year's funding cycle. All the applications were reviewed and promising projects short listed. Site visits are ongoing to determine which 25 to 30 projects will be funded.

A new requirement for all future projects is the addition of an income generating activity (IGA) to enable the grantee to continue their OVC services after the PEPFAR funds are spent. Examples of IGAs include a hammer mill for grinding grain, tailoring, brick making, catering, poultry rearing, vegetable production, and micro lending schemes. The goal of these activities is to produce a better future for OVC and the organizations that support them.

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: Tropical Diseases Research Centre	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 357,131	
Funding Source	**Funding Amount**
GHP-State	357,131

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Zambia's ability to fight HIV/AIDS is compounded by HIV as a predisposing factor fueling Tuberculosis (TB) infection resulting in 50 to 70% of TB cases being co-infected with HIV. While the STOP TB Partnership global target detection rate is 75% of new TB cases and cure rates of 85%, Zambia's performance is only at 49% and 75% respectively. This calls for strengthening evidence-based interventions to reverse this tide. Therefore, TDRC will strengthen laboratory efficiency in TB/HIV diagnosis, treatment monitoring, and surveillance of multiple drug resistant TB (MDR-TB) in FY 2012 and FY2013 to enhance Zambia's ability to respond to the HIV/AIDS crisis in PLWHA co-infected with TB. TDRC will continue to participate in ongoing HIV surveillances. In FY 2012 and 2013, TDRC will participate in the Demographic and Health Survey (DHS) as well as the annual record review of the Prevention-of-Mother-to-Child Transmission (PMTCT) program data for HIV surveillance. TDRC will also commence incidence testing on specimens from the D HS. TDRC will be involved in the biologic testing of specimens in the Sinazongwe evaluation. In FY 2013 TDRC in partnership with UTH, CSO and MoH will commence preparatory activities for the AIDS Indicator Survey (AIS).TDRC will continue engaging policy and program managers in dialogue to identify more gaps in national HIV data. TDRC will increase laboratory capacity to identify opportunistic infections (IOs) in people living with HIV/AIDS and it will also increase the laboratory capacity to identify neglected tropical diseases (NTD) in people living with HIV/AIDS. TDRC will continue maintaining and upgrading information and communications technology (ICT) in order to serve laboratory scientists working in HIV and TB surveillance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	357,131

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
TB

Budget Code Information

Mechanism ID:	**12273**		
Mechanism Name:	**Tropical Disease Research Center (TDRC)**		
Prime Partner Name:	**Tropical Diseases Research Centre**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	214,278	0

Narrative:

A strong laboratory support through external quality assurance (EQA) implementation is critical for quality results for early TB case detection. Zambia's TB laboratory EQA activities roll out only to district hospital but not yet to health center level where the bulk of patients are diagnosed for TB. The implication is that most Zambians evaluated for TB at health centers are diagnosed by somebody without external oversight. This challenge demands regular monitoring and strengthening of TB smear microscopy proficiency of lab personnel in northern region. In FY2012 and FY2013, TDRC will scale up TB EQA for acid-fast bacilli (AFB) smear microscopy to health centers level laboratories. Specifically, TDRC will conduct on-site evaluation, proficiency testing, site visits for quarterly collection of TB smear slides for blinded rechecking, and on-site and group training of laboratory personnel in AFB smear microscopy. TDRC will use internet facilities to communicate feedback of EQA results. TDRC will immediately respond with remedial action under quality improvement (QI) after identification of errors and

problems by carrying out on-site trainings at the affected sites. TDRC shall produce quarterly reports for submission to the Ministry of Health (MOH) National TB Program manager and national reference laboratory (NRL). TDRC shall submit semi-annual progress reports (SAPR) and annual progress reports (APR) to CDC. TDRC will participate in CDC TB coordination and MOH working group meetings, and preparation of national EQA materials at Chest Diseases Laboratory (CDL). National accreditation of TB laboratories is a process necessary to pursue for excellence, and it will be targeted during the proposed period. TDRC shall continue to participate in local and international microscopy and culture TB EQA. TDRC will strengthen internal quality control (IQC) towards international accreditation. TDRC will participate in trainings on good clinical laboratory practice (GCLP). TDRC will increase laboratory capacity to identify opportunistic infections (IOs) in people living with HIV/AIDS and it will also increase the laboratory capacity to identify neglected tropical diseases (NTD) in people living with HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	142,853	0

Narrative:

TDRC will continue to participate in ongoing HIV surveillances and providing capacity building for biologic testing in HI/AIDS surveys. In FY 2012 and 2013, TDRC virology will participate in the Demographic and Health Survey (DHS), an activity in which they will be collaborating with other partners. A team of laboratory scientists and technologists will participate in the field work and will provide onsite HIV and Syphilis testing and provide results to participants within their homes. CD4 testing will be done on all reactive specimens and the results will be given to all consenting individuals within their homes. TDRC will participate in the collaborative activity with UTH and the Ministry of Health (MoH) in conducting the annual record review of the Prevention-of-Mother-to-Child Transmission (PMTCT) program data for HIV surveillance which replaces the sentinel surveillance survey for HIV and Syphilis (HIVSS), and incidence testing on specimens from the Demographic and Health Survey. TDRC will be involved in the biologic testing of specimens in the Sinazongwe evaluation and will analyze the PMTCT program data collected for assessing the utility of these data in lieu of the HIVSS. In FY 2013 TDRC in partnership with UTH, CSO and MoH will commence preparatory activities for the AIDS Indicator Survey (AIS).TDRC will continue engaging policy and program managers in dialogue to identify more gaps in national HIV data. TDRC will continue participating in international quality assurance, and provide quality control systems for sentinel sites to sustain quality of data. TDRC will outsource training for TDRC staff in survey and laboratory methods. TDRC will also continue providing training to field staff in good clinical and laboratory practice (GCLP), ethics, laboratory, and survey methodology. TDRC will outsource expert training for TDRC staff with a view of establishing a core monitoring and evaluation (M&E) group at TDRC. TDRC will facilitate training workshops for TDRC scientists in scientific research methods, data management and statistical analysis, and reporting. TDRC will continue upgrading the data processing unit (DPU) infrastructure, providing training in data

management, and annual renewal of licenses for statistical software. TDRC will continue maintaining the local area network (LAN) servers and ICT related assets, initiate capacity building for basic internet infrastructure for sentinel and TB sites facilitates information dissemination for clinicians and laboratory personnel, provide in-house ICT training for staff and LAN administration training for ICT staff, and generally strengthen ICT infrastructure at TDRC with new equipment and necessary software. TDRC ICT unit will extend fire/smoke detection system to the TB laboratory. Additionally, TDRC will increase bandwidth usage and expand the service, and upgrade the central electronic specimen tracking and repository for surveys. TDRC will increase laboratory capacity to identify opportunistic infections (IOs) in people living with HIV/AIDS and it will also increase the laboratory capacity to identify neglected tropical diseases (NTD) in people living with HIV/AIDS.

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 418,385	
Funding Source	**Funding Amount**
GHP-State	418,385

Sub Partner Name(s)

Elizabeth Glaser Pediatric AIDS Foundation	LinkNet	

Overview Narrative

Macha Research Trust, Inc, (MRT) has the strength and experience based on over 50 years of active community work at Macha Mission Hospital in the Choma District of Zambia's Southern province. MRT has focused on enhancing HIV care and treatment through a combination of training and mentoring activities targeted at all levels of health care workers. In parallel with other partners 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. In FY 2012, 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 into the rural areas around Macha Hospital 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 Centers for Disease Control and Prevention (CDC), Boston University (BU), 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.)

TBD Details

(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	CIRC	20,000	0

Narrative:

In order to contribute toward long term sustainable HIV prevention, MRT will initiate a program to provide neonatal circumcision following the training of 5 or more clinicians, clinical officers and midwives at Macha Hospital. The clinicians will be trained in performing circumcision according to national and international standards. Community sensitization on MC will continue throughout with adult MC also encouraged. Neonatal circumcision services will be offered to all male neonates born at Macha Hospital, and be performed before discharge. Newborn males born in the local community will be circumcised if brought to the hospital within the first 7 - 10 days after birth.

As part of the program of HTC at the village health post level, training will be given to TBAs and CHWs to encourage adult male circumcision in situations where a discordant couple shows a negative male. In addition, any other male person who wants to be circumcised will be attended to.

Community Health Workers (CHWs) and Traditional Birth Attendants (TBAs) will assist health care workers to 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 80 counselors in HIV rapid testing by finger prick, 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 2012, MRT will adjust and distribute three IEC materials and key message campaigns started in FY 2009 in both clinical and community centers on pediatric counseling.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	398,385	0

Narrative:

Community Health Workers (CHWs) and Traditional Birth Attendants (TBAs) will assist health care workers to 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 80 counselors in HIV rapid testing by finger prick, 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 2012, MRT will adjust and distribute three 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 the Macha Hospital catchment area 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. 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. *MRT working with Macha Hospital 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.* *In order to encourage the planning of pregnancy to be based on knowledge of HIV status, MRT, working with Macha Hospital and the local community, will continue to encourage both couples and family testing, so that the couple can plan appropriately for any additional children, with full knowledge of their own HIV status and the ways to decrease any chance of having another child born with or acquiring HIV after birth. Emphasis will be given where possible to incorporate family planning services and counseling, including discussion of condom use for both males and females, into routine CT, so as to enable HIV affected couples to make wise choices as they plan their families.*

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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 490,000	
Funding Source	**Funding Amount**
GHP-State	490,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Clinical and Laboratory Standards Institute (CLSI) works strategically to provide accreditation preparedness and capacity building assistance aligned with Ministry of Health (MOH) to strengthen the capacity of countries to collect and use surveillance data and manage national HIV/AIDS, tuberculosis (TB), and malaria programs by expanding such programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease-monitoring and HIV-screening for blood safety.

CLSI's standards-based, quality systems approach to laboratory strengthening provides the "next phase" to laboratories completing the three cycles of the CDC-SLMTA program. CLSI programming focuses on quality management system principles and applications (QMS) and a 12 Quality System Essential (QSE) model. Our program builds on phases of activities, ultimately providing laboratories with assessments, training and direct technical assistance, on-going advisement, mentor/ twinning, self-assessment, and continuous quality improvement (CQI) activities to strengthen laboratories over time. CLSI also provides instruction and mentoring to Quality Officers to learn how to perform effectively in their role and assists in the preparations for laboratory accreditation which includes expert mentoring and gap analysis.

During the 2012-2013 funding year, the following deliverables will be provided:

• CLSI will plan the third in a series of laboratory Quality Management/Capacity Building workshops.

• CLSI will provide necessary CLSI standards, guidelines and best practice documents for dissemination in Zambia.

• CLSI will support five six week mentorships in designated laboratories.

• QMS workshop will be scheduled during the year to train a cohort of in country QMS laboratory mentors.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(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**
Governance and Systems	HLAB	490,000	0

Narrative:

"Quality laboratory services play a crucial role in public health in both developed and in developing countries by providing reliable, reproducible, and accurate results, for disease detection, diagnosis and follow-up of treatment." CLSI anticipates a continuation of its laboratory and management strengthening activities in Zambia during the 2012 COP funding year.

CLSI will work closely with CDC Zambia to provide technical experts to the MOH to conduct activities that are described below for lab strengthening and country ownership:

• Beginning in September 2012, or as funds become available, CLSI will plan the third in a series of laboratory Quality Management/Capacity Building workshops.
• CLSI will provide necessary CLSI standards, guidelines and best practice documents for dissemination in Zambia.
• CLSI will support five six-week mentorships in designated laboratories.
• To further support the Global Health Initiative's goal of country ownership and strengthening, an additional QMS workshop will be scheduled during the year to train a cohort of in country QMS laboratory mentors.
• 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 March 2013, and subsequent visits to clinical laboratories to observe best practices.
• CLSI will continue to provide consistent support and advisement remotely to facilitate self-assessment and CQI for accreditation preparedness.

The suggested budget for the full scope of work is estimated for five 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 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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 325,000	
Funding Source	**Funding Amount**
GHP-State	325,000

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 FY 2012, NASTAD will continue to work with the NAC to support and improve its M&E of HIV prevention and care programs. Though a M&E system is in place, and staff were trained nearly four to five years ago, recent assessments show that there is a great need for quality improvement of the system to ensure complete and representative data. In 2012 NASTAD will continue to support cascade trainings of the Epidemiology for Data Users (EDU) training for district staff; work with NAC to support the roll-out and dissemination of the new NARF at the sub-national level; expand upon national M&E curriculum development activities to create manuals for, and facilitate training of local trainers; and/or offer applied training sessions on the use of data for influencing policy and program decision making in order to capacitate both national and sub-national staff.

NASTAD will also work with UNZA and other partners to develop and implement a plan for inclusion of the EDU curriculum into UNZA's COE as means for sustainable development of national capacity in data collection, analysis and utilization.

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Cross-Cutting Budget Attribution(s)

Education	100,000
Human Resources for Health	200,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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**
Governance and Systems	OHSS	325,000	0

Narrative:

NASTAD will continue its M&E support for the decentralized levels (provinces and districts) through the support of cascade trainings of the EDU Training. Additionally, NASTAD will continue its work to empower the PACAs and PATFs to train the DACAs and DATFs through supportive supervision and monitoring visits. Curricula will include modules on community mobilization, data collection and quality assessment, and data use for decision making. NASTAD will work with other partners for input and funding to implement the training country-wide. In 2012

NASTAD will work with NAC to support the roll-out and dissemination of the new NARF at the sub-national level; expand upon national M&E curriculum development activities to create manuals for, and facilitate training of local trainers; and/or offer applied training sessions on the use of data for influencing policy and program decision making in order to capacitate both national and sub-national staff. NASTAD will also continue to support the M&E Officer position at NAC. *NASTAD will work with CDC-Zambia, UNZA, and other partners involved in the EDU training to develop, implement, and facilitate the quarterly data review meetings with the nine provincial partners involved in the collection of HIV/AIDS data.* *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. Additionally NASTAD will work with UNZA and other partners to develop and implement a plan for inclusion of the EDU curriculum into COE offerings. NASTAD will also continue its work of fomenting the development of partnerships between UNZA and Cornell University.* *NASTAD will monitor a minimum of seven programmatic outputs including evidence of:* *• Systems in place to assess and supervise PACAs and PATFs* *• Strong decentralized M&E supervision and leadership* *• Intra-province M&E-related support and collaboration* *• Intra-partner collaboration for M&E-related capacity building* *• HIV M&E data being used for decision making and program change* *• Continued development of UNZA's CoE* *M&E continuing education and professional development through UNZA's COE.*

Implementing Mechanism Details

Mechanism ID: 12284	**Mechanism Name: Association of Public Health Laboratories**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	

G2G: No	Managing Agency:

Total Funding: 687,182	
Funding Source	**Funding Amount**
GHP-State	687,182

Sub Partner Name(s)

(No data provided.)

Overview Narrative

APHL provides a readily available resource of training laboratories and experienced experts to assist and support in diverse tasks to support HHS/CDC in 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 for training for laboratory professionals. APHL 5-year plan of activities to support PEPFAR projects has 4 major components: 1. Core training initiatives, pre-service and in-service training; 2. Country-specific action plans; 3. Strategic partnerships; 4. Procurement of laboratory equipment. Once the activities are identified; APHL organizes technical assistance (TA) teams and logistical support to complete the activities successfully. Key areas of laboratory capabilities and capacities are: 1) Laboratory management training; 2) Strategic and operational planning workshops provide 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; 3) Twinning agreements between major US public health laboratories and national referral laboratories that support learning opportunities and information sharing; 4) Implementation of laboratory information management systems to increase efficiency of testing, monitoring of QC, supply and equipment management, and data for surveillance; 5) Technical assistance in the development, implementation, and management of quality assurance and external quality assurance (EQA) programs; and 6) Technical assistance in laboratory design and safety, including laboratory biosafety and biosecurity.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Leased	20,000

TBD Details

(No data provided.)

Key Issues

TB

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**
Governance and Systems	HLAB	687,182	0

Narrative:

In fiscal year 2012, APHL will support the following activities in laboratory infrastructure development:

• Strengthen Laboratory Twinning: APHL will facilitate the formation of a twinning relationship between Zambia Ministry of Health and a state PHL in FY 2011 and initiate training activities around TB. In FY 2012, APHL proposes to broaden the scope of this relationship to HIV testing services.
• Development of a country-wide QMS program
• Evaluate the implementation of Laboratory Information Management Systems
• Maintain and support energy projects implemented in FY11
• Implement an annual operational plan based on the national laboratory strategic plan
• Implement a national laboratory policy
• Conduct SLMTA training with support from Foundations of Laboratory Leadership and Management (FLLM)

Implementing Mechanism Details

Mechanism ID: 12286	**Mechanism Name: University of Noth Carolina at Chapel Hill**
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 North Carolina	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 2,149,500	
Funding Source	**Funding Amount**
GHP-State	2,149,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism includes both tuberculosis and neonatal male circumcision activities. In FY 2012 CIDRZ TB program will build on the progress in FY 2011 to reduce TB morbidity and mortality by improving diagnosis and co-management of TB and HIV in co-infected patients and decrease the spread of TB, particularly in HIV clinics. Overall TB program goals are to:

1. Improve clinical screening, TB case detection, and management of TB/HIV co-infected patients in HIV, TB, outpatient, and maternal-child health clinics and strengthen linkages to HIV care and other programs.

2. Improve TB diagnostic capacity through improved microscopy services including smear quality assurance and supervision of specimen referral systems.

3. Support infection prevention/control activities though training and provision of IPT.

4. Provide technical support to the Zambian MOH TB program and support its surveillance and training initiatives.

5. Improve community knowledge of and demand for TB screening and HIV testing through outreach activities.

Zambia, with high HIV/AIDS burden 14.3% but low MC adoption rates 13% (Zambia DHS, 2007) has been selected by WHO to expand MC service delivery. The Zambian MOH issued a national implementation plan, with goals to reach 80% uptake of Neonatal Male Circumcision (NMC) by 2020 (Zambian Ministry of Health, 2009). Between 2008 and 2011, CIDRZ conducted a PHE to determine the acceptability, feasibility, and acceptability of NMC in Zambia. The PHE showed that NMC was safe and highly acceptable with rates of more than 90%, however, service uptake was only 11%. The overall goal of the CIDRZ NMC Program is to provide technical assistance and support to the GRZ to implement the scale-up of NMC in Zambia with that target of 80% uptake of NMC by 2020.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	12286		
Mechanism Name:	University of Noth Carolina at Chapel Hill		
Prime Partner Name:	University of North Carolina		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	1,849,500	0

Narrative:

CIDRZ TB program has adequate staff to carry out the proposed activities which will be sustained through skills transfer to MOH staff. Activities of this project will include:
1. Improve clinical screening, TB case detection and management of TB/HIV co-infected patients:
a) Clinical training and mentoring in the diagnosis and management of TB including chest x-ray interpretation, and intensified case finding for 110 district and prison health staff. Train district staff to become mentors in TB screening, diagnosis and management as part of the transition of activities. We will also provide mentoring to district staff on the monitoring and evaluation of TB screening and diagnosis in HIV care settings.
b) Scale-up integration of TB screening into antenatal clinics to a further 3 clinics in Lusaka District based on the 2011 pilot evaluation.
c) Scale-up integration of ART provision into TB corners to a further 3 clinics in Lusaka District based on the 2011 pilot evaluation and support linkages to long term HIV care through referrals.
d) Facilitate HIV diagnosis in TB patients we will continue to support Peer Educators that conduct HIV counseling and testing and provide training in provider initiated testing and counseling (PITC) for 50 new health staff.
e) Build capacity in MOH staff to supervise the PITC program through training as trainers for 30 district staff in

our target districts and continue supporting semi-annual data review and TB/HIV coordinating body meetings.
2. Improve TB diagnostic capacity:
a) Continue quarterly support for the national quality assurance system in Southern and Western Provinces.
b) Continue supervision of the referral systems through supportive visits in each of our target districts.
3. Support MOH-led initiatives:
a) Train 50 health workers in the Infection Control guidelines
b) Train 75 health workers in the IPT guidelines and management in collaboration with the HIV program
4. Support the national MOH TB program:
a) Support the HIV program in the provision of guidelines on IPT provision
b) Participate in national guideline review committees and other national TB/HIV coordinating body committees
c) Provide technical support to our target districts through supportive supervision meetings
5. Improve community knowledge and demand:
a) Continue community sensitizations through meetings with community leaders
b) Conduct evaluations of the impact of the community TB interventions

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	300,000	0

Narrative:

The Objectives and Activities of the CIDRZ NMC program include:
1. Scale-Up NMC
a. Recruit 2 additional dedicated NMC providers to perform NMC, train providers in the public sector and provide support supervision at our sites in order ensure maintenance of high quality services.
b. Increase accessibility of NMC services by increasing the NMC sites from the current seven (UTH, Matero Reference, Chipata, George, Kanyama, Kafue, and Chongwe (the last two to be started by the end of FY 2011)) to a total of 10. Three clinics will be started in Copperbelt (Two) and Eastern (One) provinces. Kafue and Chongwe clinics will be run as monthly mobile outreach sites.
c. Perform at least 3,000 neonatal circumcisions.
d. Monitor and evaluate the NMC scale-up program and provide technical guidance to GRZ on potential scale-up
e. Continue to use peer educators for demand creation and follow up of clients missing their review dates; in this regard, hire 6 more peer educators to cover the proposed new sites.
2. Enhance community awareness
Our experience has shown that cultural issues are a major barrier to uptake of NMC; as such for FY 2012, community sensitization will be key to improving NMC uptake and eventual program success.
a. Participate in annual GRZ campaigns to promote NMC, including child health weeks and national male circumcision campaigns
b. Hold meetings with neighborhood health committees, community-based organizations, community leaders to gain

program acceptance from the community, dispel myths about NMC, improve community awareness, and build NMC demand. *c. Print and distribute Information, education, and communication (IEC) materials tailored to address community concerns.* *d. Pilot integration NMC sensitization activities in MNCH activities in order to enhance referrals, increase demand, improve retention, and offer a comprehensive package of prevention services to clients. This integrated model may not be applicable to all sites and locales; it will work best where NMC and MNCH clinics are co-located.* *e. Continue to use peer educators for demand creation and follow up of clients missing their review dates; in this regard, we shall hire 6 more peer educators to cover the proposed new sites.*

Implementing Mechanism Details

Mechanism ID: 12821	**Mechanism Name: STEP UP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Chemonics International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,378,182	
Funding Source	**Funding Amount**
GHP-State	1,378,182

Sub Partner Name(s)

American Institute of Research		

Overview Narrative

The Institutional Support Program's (ISP) PEPFAR-funded component encompasses a range of interventions for Ministry of Education (MOE) staff and teachers including abstinence and be faithful (AB), OVC system strengthening, testing and counseling (TC) and palliative care and support programs.

Zambia's MOE has the largest workforce of any Ministry in the country and serves over 3.2 million children. ISP

will continue to support the MOE's roll out and institutionalization of its HIV/AIDS workplace policy with a particular focus on systems strengthening for service delivery. ISP will impact the MOE's national operations by working through and leveraging existing MOE staff and structures to launch and expand its HIV/AIDS interventions.

ISP will continue to strengthen partnerships with Teacher Unions to mobilize teachers and network them to health services. ISP will also work through local NGOs to take mobile testing to both urban and rural schools. TC programs and mobile services provide better outreach options to schools through interventions such as Teacher Health Days (THDs). THD's offer MOE staff and the surrounding communities a broad range of health services to disseminate AB messages, counseling, testing and other HIV/AIDS related interventions.

ISP will also build on formative research conducted in 2009 with school staff and faculty on their HIV/AIDS-related knowledge, attitudes, beliefs and practices (KABP). The findings offer rich data on which to base the design and implementation of HIV/AIDS programs and policies. The ISP program will be embedded in the MOE to ensure buy-in and sustainability. ISP interventions will transition to MOE funding by 2015. M&E plans will be jointly established with the contractor and MOE upon award.

Cross-Cutting Budget Attribution(s)

Education	1,378,182

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12821**
Mechanism Name:	**STEP UP**

Prime Partner Name:	Chemonics International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	250,000	0

Narrative:

ISP will implement care and support interventions in line with the MOE's plan to roll out and institutionalize its HIV/AIDS workplace policy. ISP's outreach to the MOE includes home-based palliative care and support for those teachers and staff living with HIV/AIDS, AB messages and materials, system strengthening to support OVCs as well as testing and counseling. ISP will increasingly reach out to teachers and MOE staff in rural areas through innovative and decentralized workplace initiatives that allow rural teachers and administrators to access the information, services and support they need to function effectively. The system strengthening focus of the program is directly linked to intermediate results in the new Country Development and Cooperation Strategy (CDCS) for Zambia.

Palliative and home-based care interventions will involve the training of care givers drawn from the communities surrounding the schools. Caregivers will include teachers and MOE staff who will be trained in Antiretroviral Treatment (ART), ART adherence, counseling and basic nursing skills. ISP's training of caregivers will increase the MOE's capacity to provide quality palliative services and enable caregivers to identify HIV/AIDS disease progression in a timely fashion. Caregivers will ensure that teachers and staff on ART adhere to the frequency and regimen and work with other household members to assist in the care and support process.

In previous workplace and HIV teacher support programs, USAID/Zambia partnered with the MOE in the formation of teacher support groups for those living with or affected by HIV/AIDS. These support groups are often the only rural institutions that openly address the challenges of living and working with HIV/AIDS and related health problems. Upon award, it is likely that the ISP contractor will partner with the Anti-AIDS Teachers Association in Zambia (AATAZ), a non-governmental and non-profit teacher organization, to provide capacity building and assistance to support HIV/AIDS infected teachers. AATAZ's outreach efforts will provide teachers and staff with a network of care and support as well as a referral process. In addition, AATAZ will write and produce HIV/AIDS teachers' testimony pamphlets that will help to raise awareness about HIV/AIDS within the teaching ranks and in the communities they serve.

Monitoring and evaluation plans as well as additional research studies to advance the ISP approach will be developed with the awardee, the MOE and USAID/Zambia staff. All ISP interventions will be carried out in collaboration with the respective MOE offices, schools and staff to ensure sustainability and linkages with the MOE's fully incorporated HIV/AIDS workplace policy. ISP will also build on formative research conducted in 2009 with school staff and faculty on their HIV/AIDS-related knowledge, attitudes, beliefs and practices (KABP). The

findings offer rich data on which to base the design and implementation of HIV/AIDS programs and policies. The ISP program will be embedded in the MOE to ensure buy-in and sustainability. ISP interventions will transition to MOE funding by 2015.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

ISP will strengthen OVC support systems in line with the MOE's plan to MOE's roll out and institutionalize its HIV/AIDS response. ISP will include system strengthening to support OVCs, AB messages and materials, testing and counseling as well as home-based palliative care and support for those teachers and staff living with HIV/AIDS. ISP will increasingly support policies that foster the development of innovative and decentralized workplace initiatives that allow schools to access the information, services and support they need to function effectively. The system strengthening focus of the program is directly linked to intermediate results in the new Country Development and Cooperation Strategy (CDCS) for Zambia.

Socio-cultural constraints on children have been compounded by the HIV/AIDS pandemic. School children who have lost their parents due to HIV/AIDS suffer additional psychosocial problems and in many instances are abused and at risk of HIV infection. Orphans often find themselves as social outcasts and can be denied opportunities to continue their education. Incorporating a response to OVC related challenges offers the MOE an opportunity to improve the quality of institutional reforms and their impact on the learning experience for both boys and girls in school. ISP will assist the MOE to achieve greater coherence in the integration of 'special issue' programs on gender, HIV/AIDS, OVCs, School Health and Nutrition (SHN) and community schools to promote inclusion. In terms of OVCs, ISP will assist the MOE to achieve greater policy and institutional integration of HIV/AIDS and school health and nutrition interventions and implement the operational policy guidelines for community schools that cater to the OVC student population. ISP will support the MOE to track and monitor budget resource allocations for OVCs and community schools to insure consistency and transparency in geographic coverage. ISP will also implement an integrated health management support strategy for provinces, districts and schools that focuses on OVCs and their specific needs in terms of education and support. Finally, ISP's OVC focus will strengthen the internal efficiency of the basic education sector, particularly with regard to retaining OVCs in the school system.

Monitoring and evaluation plans as well as additional research studies to advance the ISP approach will be developed with the awardee, the MOE and USAID/Zambia staff. All ISP interventions will be carried out in collaboration with the respective MOE offices, schools and staff to ensure sustainability and linkages with the MOE's fully incorporated HIV/AIDS workplace policy. ISP will also build on formative research conducted in 2009 with school staff and faculty on their HIV/AIDS-related knowledge, attitudes, beliefs and practices (KABP). The

findings offer rich data on which to base the design and implementation of HIV/AIDS programs and policies. The ISP program will be embedded in the MOE to ensure buy-in and sustainability. ISP interventions will transition to MOE funding by 2015.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	500,000	0

Narrative:

ISP will implement AB interventions in line with the MOE's plan to roll out and institutionalize its HIV/AIDS workplace policy. ISP's outreach to teachers and MOE staff will encompass AB messages and materials, system strengthening to support OVCs, testing and counseling as well as home-based palliative care and support for those teachers and staff living with HIV/AIDS. ISP will increasingly reach out to teachers and MOE staff in rural through innovative and decentralized workplace initiatives that allow rural teachers and administrators to access the information, services and support they need to function effectively. The system strengthening focus of the ISP program is directly linked to intermediate results in the new Country Development and Cooperation Strategy (CDCS) for Zambia.

The implementation of AB prevention activities under the PEPFAR component of ISP is central to the institutionalization of HIV/AIDS workplace policies at strategic points in the system (school, district, province and central ministry levels). Earlier USAID programs worked with the MOE to establish the MOE's first workplace policy supported by formative research conducted in 2009 with school staff and faculty on their HIV/AIDS-related knowledge, attitudes, beliefs and practices (KABP). The findings offer rich data on which to base the design and implementation of HIV/AIDS programs and policies. With evidence drawn from research on teacher and MOE staff behaviors, practices and knowledge, ISP will set out to update the HIV/AIDS workplace policy and support the MOE to establish relevant policy interventions at all levels of education system. ISP will strengthen these interventions and policies with the development of IEC materials to raise awareness and promote more positive health messages for teachers and MOE staff in general. Additionally, the MOE will continue to sponsor Teacher Health Days as part of an HIV/AIDS awareness campaign for teachers. All IEC materials and campaigns will include outreach to the larger communities surrounding the schools.

The AB approach under ISP will also address issues raised in the KAPB survey related to concurrent partnerships that have been determined to escalate HIV infections. Again, in order to ensure the sustainability of this intervention, ISP 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.

Monitoring and evaluation plans as well as additional research studies to advance the ISP approach will be

developed with the awardee, the MOE and USAID/Zambia staff. All ISP interventions will be carried out in collaboration with the respective MOE offices, schools and staff to ensure sustainability and linkages with the MOE's fully incorporated HIV/AIDS workplace policy. ISP will build on research and joint planning to target services for MOE staff and link interventions to Zambia's Sixth national Development Plan (SNDP). All MOE workplace programs will be led by the MOE to ensure buy-in and transition to MOE funding by 2015.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	628,182	0

Narrative:

ISP will implement counseling and testing interventions in line with the MOE's plan to roll out and institutionalize its HIV/AIDS workplace policy. ISP's outreach to teachers and MOE staff will encompass testing and counseling, AB messages and materials, system strengthening to support OVCs as well as home-based palliative care and support for those teachers and staff living with HIV/AIDS. ISP will increasingly reach out to teachers and MOE staff in rural areas through innovative and decentralized workplace initiatives that allow rural teachers and administrators to access the information, services and support they need to function effectively. The system strengthening focus of the program is directly linked to intermediate results in the new Country Development and Cooperation Strategy (CDCS) for Zambia.

Zambia's MOE recognizes that TC is the first step towards 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. While the numbers of MOE staff participating in TC in the past is encouraging, ISP will develop new outreach and innovative avenues for reaching often remote and isolated schools and their respective staff. ISP will leverage existing MOE structures and work in collaboration with the Ministry of Health and its mobile services providers in the districts to institutionalize the provision of TC for even the most remote schools and communities. ISP will also work with local NGOs to better reach targeted individuals.

The TC approach under ISP will also address issues related to concurrent partnerships that have been determined to escalate HIV infections. Again, in order to ensure the sustainability of this intervention, ISP will work with the MOE to integrate HIV/AIDS interventions in the mainstream of the planning and budgeting processes. This effort will promote the establishment of HIV/AIDS workplace programs and facilitation of TC services at the province, district and school levels.

Monitoring and evaluation plans as well as additional research studies to advance the ISP approach will be developed with the awardee, the MOE and USAID/Zambia staff. All ISP interventions will be carried out in collaboration with the respective MOE offices, schools and staff to ensure sustainability and linkages with the MOE's fully incorporated HIV/AIDS workplace policy. ISP will also build on formative research conducted in 2009

with school staff and faculty on their HIV/AIDS-related knowledge, attitudes, beliefs and practices (KABP). The findings offer rich data on which to base the design and implementation of HIV/AIDS programs and policies. The ISP program will be embedded in the MOE to ensure buy-in and sustainability. ISP interventions will transition to MOE funding by 2015.

Implementing Mechanism Details

Mechanism ID: 12942	**Mechanism Name: PROJECT CONCERN INTERNATIONAL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 745,000	
Funding Source	**Funding Amount**
GHP-State	745,000

Sub Partner Name(s)

Evangelical Fellowship of Zambia	Zambia Episcopal Conference	

Overview Narrative

Zambia's HIV prevalence rate is 14.3% and is highest among females and in urban areas (16.1% and 19.7%, respectively). 70% of new HIV infections are from sex with non-regular partners (MOT, 2009). Six key drivers of Zambia's epidemic are: multiple concurrent partnerships, low and inconsistent condom use, low male circumcision, mobility and labor migration, high risk behavior among vulnerable and marginalized groups, mother-to-child transmission, and social and cultural norms contributing to the epidemic such as alcohol abuse, gender inequality, sexual and partner violence, transactional sex, stigma, and discrimination.

Project Concern International (PCI) works with Zambia Episcopal Conference (ZEC) and Evangelical Fellowship of Zambia (EFZ) to implement Church Partnerships for Positive Change (CPPC) Project in 12 compacts in Mongu

and Mazabuka. CPPC will scale-up with 10 new communities in the two districts, totaling compacts to 22 in Year 3. Scaled-up will be community-led HIV prevention activities promoting health-seeking and risk reduction behaviours. Gender and economic empowerment will be integrated in programs.

For sustainability and ownership, CPPC will collaborate with and leverage resources with other USG partners, like New Start centers providing clinical and mobile services and with Government and other providers for condom social marketing and MC services, and, and in support of community compact incentives, private companies like Barclays Bank, Radio Christian Voice, Zambia Sugar Company, Munali Nickle Mine, Kapinga, and Syringa Dairy Farms in Mazabuka. CPPC will implement activities within all appropriate national frameworks, manuals, protocols and guidelines.

Cross-Cutting Budget Attribution(s)

Gender: GBV	25,000
Gender: Gender Equality	25,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**12942**

Mechanism Name:	PROJECT CONCERN INTERNATIONAL
Prime Partner Name:	Project Concern International

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	40,000	0

Narrative:

HVSI

The Church Partnership for Positive Change (CPPC) compact model is a highly participatory, cyclical and iterative process of building the capacity of compact communities to identify and analyze the key drivers of the local epidemic, identify enabling factors and barriers to reducing risk behaviors, and develop and implement community action plans that promote health-seeking and risk reduction behaviors.

In order to achieve this, CPPC will continue strengthen compact committee member's skills in participatory approaches to monitoring and evaluation (M&E) by conducting basic M&E training which will include basic M&E concepts, developing simple M&E plans for the community action plans, using data collection tools, developing simple data analysis tools, and defining M&E roles and responsibilities and data flow from the community compacts, through the partner to PCI.

CPPC will provide on-going mentoring, and support the churches to collect, analyze and use data for key decision making and improvement of program activities. In addition, CPPC will support partners to track their performance against project indicators and targets that are linked to activities in the compact action plans, and will use quarterly and annual performance results to award incentives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	110,000	0

Narrative:

HVAB

This past year, CPPC has been successful in increasing the numbers reached with interventions that encourage risk reduction and promote HIV prevention. A total of 1,782 persons were reached with interventions primarily focused on Abstinence and Being Faithful. This success was due to the use of innovative strategies to reach young people like youth group meetings, church sermons, sports as well as increased cross-learning among the partners.

In COP13, CPPC' activities will build upon the success of the past two years of the project, strengthening the capacity of ZEC/EFZ and church leadership to implement need-based community action plans that address

increased knowledge, demand and uptake of HIV prevention services. AB activities will focus on providing youth with life skills, HIV prevention information which will enable individuals to practice abstinence and/or faithfulness, delaying of sexual activity, reducing MCP, and encouraging partner faithfulness. CPPC will continue to target young people aged 10-24 (10-14 and 15-24) with interventions promoting behaviors aimed at risk avoidance and risk reduction, including those in and out of school, in both rural and urban settings.

In addition to AB messages, CPPC will promote benefits of clinical prevention services such MC, CT and PMTCT; promote communication between young people and adults; gender equity and equality including, reducing gender based violence and establishing safe spaces for girls; address harmful social norms; and training young people in life skills according to national guidelines. The project will utilize existing church structures; men's, women's, youth and couples' fellowships, and cell groups, as well as peer education to disseminate individual and small group messages.

CPPC will continue to facilitate linkages between community and the health facility for CT, PMTCT, MC, and STI services, but also to other providers for care and support. CPPC will also promote sexual and reproductive health education for youth which recognizes the church's position, but at the same time provide adequate and accurate information. CPPC will also integrate structural interventions that address alcohol abuse, gender based violence (GBV), stigma and discrimination, and livelihood security.

For sustainability and ownership, CPPC will develop and sustain public-private partnerships in support of the community compact incentives, continue to work through and build the capacity of religious leaders and their members through training and on-going mentoring in monitoring and evaluation, tracking performance on set indicators and targets, and using results to award incentives. CPPC will ensure program and data quality through quarterly on-site supportive supervision and quality assessments.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	225,000	0

Narrative:

HVCT

Counselling, testing, and knowing one's HIV status is one critical element in behavior change and can also be an entry point for care, support, and treatment. In response to this, CPPC will continue to mobilize and support trained religious and other lay church leaders to mobilize congregations and communities on the risks of HIV, benefits of couples HCT, and to provide referrals and information about where additional services can be obtained.

To improve and promote the quality and uptake of couples counselling and testing, 50 more religious and lay

church leaders from each community compact would be trained as lay counsellors according to national guidelines. Training will include quality assurance and appropriate post-test counseling with specific HIV prevention messages for discordant couples, positive clients and negative community members. These leaders will go door-to-door providing group counselling for family members followed by pre- and post-test counselling for household-members.

In addition to this, lay counsellors will also visit households with a known HIV-infected member and provide counselling and testing services to consenting adults and assenting children. This approach is effective in identifying discordant couples, children whose parents are living with HIV, and parents whose children are living with HIV. Moreover, CPPC will identify and encourage people who have been through couples testing to reach out to and refer other couples, disseminate messages about benefits of couples testing, the CHCT process, sero-discordance, and to provide referrals and information about location of HCT and related services.

CPPC will intensify referral and follow-up of clients who have been tested for HIV and diagnosed as HIV-positive to ensure access to care, treatment and prevention services. For those who test negative, counseling will focus on prevention messages tailored to client's behaviour and referral to prevention interventions, such as voluntary male circumcision and psychosocial support groups.

CPPC will use couples counselling to address issues of gender based violence (GBV) and discrimination that women who test alone and get an HIV positive result subsequently face. This will be achieved through conducting follow-up discussions on gender-based violence, encouraging disclosure of HIV test results between sexual partners, including referral for couples post-test counselling, and encouraging families and community leaders to play active roles in GBV prevention.

Furthermore, CPPC will partner with parish based home-based care providers and other USG-funded partners such as CHAMP as well as government CT sites, particularly in the more rural districts, to provide community-based HIV mobile voluntary counselling and testing that improves access to quality CT including couples testing and assisted mutual disclosure. This will be achieved through SBCC community events to ensure clients have access to same-day, opt-out HCT.

CPPC will continue to utilize existing church activities to disseminate individual and small group messages on partner/couples testing; partner HIV status disclosure, GBV and links to HIV/AIDS, and follow up care, such as antiretroviral therapy (ART) adherence support and MC. CPPC will also use this activity as an entry point to providing the minimum package of prevention with positives services through referrals to existing providers.

In order to promote ownership and sustain

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	220,000	0

Narrative:

HVOP

During the year FY12, PCI has been successful in increasing the number of individuals reached with interventions that promote positive attitude and behavior changes as well as discourage cultural norms, social values and sexual practices that predispose communities to HIV. A total of 6013 individuals were reached with individual and/or small-group HIV prevention interventions that are based on evidence and/or meet the minimum standards required: 319% of PCI's annual target for Other Sexual Prevention (HVOP). This success was due in part to the strong foundation established in year one, and intensive efforts by church leaders to implement innovative proactive outreach to communities and strong mentorship from the PCI/CPPC technical team.

For FY14, CPPC will continue to build the capacity of ZEC/EFZ and church leadership in 22 communities to facilitate critical reflections on risks involved in multiple and concurrent partnerships (MCP) and alcohol abuse, intensify social and behavior change and communication (SBCC) activities, and create demand for and uptake of services such as condoms by strengthening referral linkages with other programs that are able and willing to promote and provide condoms.

CPPC will mobilize and support trained church leaders to work with their congregations through existing church structures, door-to-door and mobile services and make referrals for individual and CHTC, PMTCT, prevention with positives (PwP), VMMC, and other components of comprehensive MC such as HIV testing, STI care, and condom utilization. CPPC will target adult and youth males and females including married couples.

CPPC will continue to mobilize and support trained church leaders to work with traditional leaders to discourage negative traditional norms such as prolonged sexual abstinence that occurs when a woman is pregnant; harmful practices such as ritual intercourse during girls initiation ceremonies and lessons on how to use corrosive herbs and other ingredients to dry out the vagina to increase male sexual pleasure as marriage preparation for girls; and instead promote beneficial attitudes and behaviours including risk reduction measures for alcohol consumption, partner reduction, CHTC, and consistent and correct male and female condom use among discordant couples through couples', men's and women's meetings.

CPPC will sensitize communities on sexually transmitted infections (STIs) including early recognition of symptoms, early and complete treatment, and partner notification and management. CPPC will promote discussions on topics such as HIV transmission, MC, couples CT, supportive partner disclosure of HIV status, MCP, stigma and discrimination, alcohol abuse, gender-based violence (GBV), and PwP to assist individuals to adopt low risk behaviors and increase their uptake of preventive services.

CPPC will enhance institutional ownership and sustainability of program interventions by working through church

leadership/management structures; building church leader's technical, management, and facilitation skills; collaborating with existing government/private health facilities; and, building public-private partnerships for provision of compact incentives. CPPC will promote provision of quality services by training and mentoring church leaders in CPPC core technical areas, facilitation skills and basic monitoring and evaluation, and by conducting regular supportive supervision, and program and data qualit

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,000	0

Narrative:

The goal of this intervention is to promote improved health seeking behavior by pregnant women and their families through a family based approach, which includes involvement of spouses in ANC and PMTCT services, facilitation of partner and couple HIV testing and counselling (CHTC), and promotion of early infant diagnosis (EID). CPPC utilizes a variety of behavior change approaches to promote critical reflections, dialogue, and learning, and, ultimately, positive behaviour change.

CPPC will continue promoting early and complete ANC attendance; supervised delivery in PMTCT clinics, EID for HIV exposed infants, support for infant baby nutrition, and prevention of unintended pregnancies utilizing a family-based approach to education, identification of pregnant mothers, and referral for PMTCT services. Special sessions for expectant families will be held at churches. The sub-population will also be reached at cell group, couples fellowship and women's groups, door-to-door, mobile CT, and HBC services and through PLHIV support groups.

To improve uptake of CHTC, an additional 50 lay counsellors for CHTC will be trained to disseminate information about PMTCT, invite congregants, especially men and people who have been through CHTC themselves, to become peer educators who educate and mobilize their peers to access health care services. Training will include quality assurance and appropriate post-test counselling with specific prevention messages for discordant couples, positive and negative clients.

CPPC will continue to strengthen referral linkages the community compacts and health facilities, and linkages to care and support services, including maternal neonatal and child health (MNCH), and family planning (FP), ART, STIs, and voluntary medical male circumcision (VMMC) for HIV-negative male partners of HIV-positive pregnant and breastfeeding women. Gender and economic empowerment will be integrated into all activities.

CPPC will support quality improvement of church home-based care programs targeting HIV-positive mothers and their babies. The support will focus on infant feeding practices, postnatal care and newborn follow-up care, including EID. CPPC will work with trained church leaders to raise awareness and motivate women about the

benefits of early cervical and breast cancer screening and treatment; provide information about where services can be obtained, referrals for eligible clients, and encourage women to complete follow-up care.

CPPC will work with safe motherhood action groups (SMAGs) to carry out community mobilization to raise awareness about maternal health, male involvement in FP and ANC, distribute birth plans, and encourage mothers to take their children to under five clinics using existing church structures. CPPC will work with MoH and CDC to use IEC materials developed at the national level in facilitating discussions on subjects including HIV/AIDS, malaria, family planning, MNCH and nutrition, breast and cervical cancer screening, and consistent and correct condom use among discordant couples.

CPPC will track PMTCT service uptake by coordinating with MOH and other private health facilities, and mobile partner providers to ensure two-way referrals between communities and facility level services. CPPC will ensure program and data quality through quarterly on-site supportive supervision, mentoring and quality assessments. CPPC will continue to engage in private sector partnerships in support of com

Implementing Mechanism Details

Mechanism ID: 12988	**Mechanism Name: CARE International Zambia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Care International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 940,000	
Funding Source	**Funding Amount**
GHP-State	940,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

To accelerate and intensify prevention in order to reduce new HIV infections by 50% while scaling up treatment,

care, and support in Chama, Chadiza, Petauke and Chipata districts of Eastern Province. In FY 2011, CARE International supported 23 clinics in Chama, Chadiza and Petauke districts and in FY 2012 will scale up to 58 clinics to include some in Chipata. In FY 2013, coverage will expand to 97 clinics covering all sites in Chadiza, Chama and Petauke and 50% of the sites in Chipata. Integrated Tuberculosis AIDS Program (ITAP2) will focus on strengthening community responses and linkages with the MOH, CIDRZ and Zambia Integrated Systems Strengthening Program (ZISSP) to create demand for TB/HIV/CT and PMTCT services.
Program Priorities: Increased PMTCT coverage and effectiveness. ITAP2 will work with TBAs, Safe Motherhood Action Groups (SMAGs) and other community based volunteers (CBVs) to implement Social Analysis Action (SAA) and BCC activities to reduce barriers and create demand for PMTCT and family planning services and better linkages with MCH services. ITAP 2 will continue integrating TB and HIV in all its activities including intensified TB case finding and referral of PLHWA for IPT. TB/HIV coordinating bodies will be supported. Knowledge of HIV serostatus will be promoted. ITAP2 will work with Lay counselors to scale up sensitization and referrals of HIV infected individuals and HIV sero-discordant couples for care and support. ITAP 2 will network with the USAID funded, A Safer Zambia (ASAZA) program to reduce gender inequalities and gender-based violence by prioritizing and integrating gender activities in all programs. M&E Plan
- Monthly data collection and reporting by CBVs:
- Program reviews and joint technical supervisory field visits

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12988**

Mechanism Name:	CARE International Zambia		
Prime Partner Name:	Care International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	240,000	0

Narrative:

TB patient notification has continued to decrease in Eastern Province with 2,814 patients notified in 2009 and 2,623 in 2010. This contrasts with national-level trend which increased from 48,591 in 2009 to 48,616 in 2010. Treatment success rate improved from 81% in 2008 to 85% in 2009 in line with WHO target of 85%. TB patients testing for HIV increased from 83% in 2009 to 89% in 2010 above WHO target of 80%. HIV positive TB patients on cotrimoxazole prophylaxis therapy (CPT) and those initiated on ART increased from 41% in 2009 to 67% in 2010 and from 43% in 2009 to 46% in 2010 respectively (EPHO NTLP Bulletin 2010).

ITAP2 will improve case notification in targeted underserved areas by intensifying active TB case finding in densely populated areas with high TB prevalence among the general population including PLWHA. Strength community sensitization activities to promote early recognition of signs and symptoms of TB and the benefits of TB screening among TB/HIV co-infected individual. HIV positive individuals and TB patients will be referred for TB/HIV services and IPT will be given to HIV positive individuals. ITAP2 will update and engage CBVs to implement infection control and prevention protocols at community-level. In addition, focus on on-site mentorship and coaching of CBVs during technical support visits to ensure program quality and efficiency. ITAP 2 will leverage collection and transportation of sputum with partners such as Riders for Health in Chadiza and local companies such as Dunavant in Chipata, Petauke and Chama while CBVs will use bicycles to transport sputum to diagnostic centres. ITAP2 through CBVs will conduct mass campaigns, facilitate submission of follow up sputum for examination, follow-ups of TB patients on treatment, contact and defaulter tracing during special events and house to house visits. Activities will be monitored through technical supportive supervision and quarterly review meetings with stakeholders at all levels to ensure quality and efficiency.

Activities:
- Strengthen youth involvement (both in and out of school) in TB/HIV by including TB information in existing anti-AIDS clubs
- Intensify active TB case finding by through community sensitization activities on key signs and symptoms of TB through public address system and drama and networking with other partners involved in TB screening such as MOH and CIDRZ.
- Train treatment supporters in latest TB/HIV management, infection control, and prevention and conduct quarterly technical supervisory support visits
- Integrate TB infection control, and prevention sensitization messages during HTC house to house visits to reduce

cross infection in the community.
- Facilitate contact and defaulter tracing of TB patients and strengthen referral network to screen TB contacts and put TB defaulters back on treatment
- Facilitate airing of 12 TB/HIV anti-stigma radio programs
- Support special events such as TB world day by facilitating satellite sensitization campaigns on early detection, infection control and prevention and benefits of TB screening among PLWHA.
- Facilitate involvement of key stakeholders such as treatment supporters, PLWHA , MOH, and traditional leaders in planning, implementation and program review meetings to improve ownership and leveraging of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	490,000	0

Narrative:

HTC remains an essential component to Zambia's HIV prevention program. Although Zambia has expanded provision of HTC services country wide, the percentage of people that have tested for HIV and know their status still remains low at 15.4% with more women (18.5%) reported to have received the HIV test and know their results than men at 11.7% (ZDHS, 2007). In FY 2011, CBVs supported by ITAP 2 referred 825 individuals for HTC from 23 health centres in the three districts and 53% clients among the general population were counseled out of 8,000 targeted and 6% tested HIV positive. 89% of the TB patients were counseled and tested and received their test results from the TB clinic. A total of 3,395 were reached and 947 were counseled and tested for HIV and 41 tested HIV positive during World AIDS Day.

The project will focus on strengthening the capacity of CBVs to provide information and refer community members for counseling and testing services through community mobilization approaches such as drama performances, door to door counseling and during special events or campaigns such as the World AIDS Day, VCT, and TB Day. Emphasis will be placed on Couples HTC, PWP, family based counseling, involvement of local leadership, CBOs, and capacity building of key partners such as traditional leaders, CBVs and Lay counselors. Partners will promote community mobilization and increase utilization of HTC in hard to reach areas through mobile and home based services by involving them in planning, implementation, and program review meetings.
ITAP2 will also ensure that CBVs are equipped with information to refer individuals to other programs such as MC and family planning, while those who test HIV positive will also be referred for treatment, care and support services.
Key activities:
- Facilitate community awareness activities through participation in national events such as World AIDS Day, VCT and TB Day, and drama, public address (PA), community radio programs, SAA, and distribution of IEC materials to promote demand for HTC among the general population
- Train and retrain 60 lay counselors in latest HTC manual and couples CT.

- Update 97 health centre focal point persons in latest HTC manual and couples CT and on effective community mobilization strategies that will promote utilization of HTC services by the community.
- Engage and train traditional leaders, traditional initiators, religious leaders and other community volunteers in the family centered approach including couple counseling, disclosure and partner notification to promote HIV testing.
- Strengthen linkages with health facilities and other organizations to provide mobile HTC services in hard to reach areas
- Facilitate house-house HTC sensitization visits by CBVs to promote utilization of HTC and availability of follow up services such as treatment, care and support services at health facilities.
- Facilitate radio programs to sensitize the community on couples CT, MC and family planning by involving influential and role models such as traditional leaders and PLWHA.
- Facilitate semi-annual planning and program review meetings with 120 local partners such as traditional leaders, lay counselors and local CBOs leaders in the four districts to promote program ownership.
- Strengthen data collection system on referrals of couples counseled and tested from ANC, curative and other preventive services by improving documentation at health facilities and community level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	210,000	0

Narrative:

In FY 2011, ITAP2 contributed to increased demand for PMTCT services in 23 clinics in the three districts. 1,206 pregnant women were referred for antenatal care by CBVs although 600 were targeted while 4,145 women received ANC. Of these 96% were counseled and tested for HIV and received their test results. Five percent tested HIV positive and out of these, 89% received dual ARV prophylaxis. In FY 2012, ITAP 2 will scale-up to 58 clinic catchment areas out of a total of 118 in four districts including Chipata district and will add an additional 39 clinic catchment areas in FY 2013.

ITAP 2 will continue to support community mobilization activities to promote utilization of PMTCT services by strengthening community to clinic referral networks and vice versa. ITAP 2 will promote access to PMTCT services by strengthening referral networks at all levels and scale-up quality PMTCT interventions, PITC, use of more effective ARV regimens, access to CD4 testing, retention and adherence of mother-infant pair, linkages and referral to treatment care and support services . ITAP 2 will advocate for community-level HTC of couples through the CBV's during door to door campaigns and during community drama performances. CBV's will also provide health education to discordant couples on family planning and linking HIV positive clients to family planning providers and also for ART for prevention purposes. Male partners who test HIV negative will be referred for MC services. CBVs will participate in following up mother-baby pairs so as to minimize on loss to follow up. In addition, ITAP2 will strengthen CBVs to utilize drama and engagement of role models like

prominent persons in society to promote male involvement and couples CT.

Key activities:
- Orient 600 CBVs including traditional birth attendants in updated PMTCT guidelines to equip them with latest information to use during community awareness activities and household visits.
- Train 150 CBVs in prevention with positives and provide them with relevant materials in five health centers with high HIV prevalence.
- Facilitate establishment and/or strengthening of 97 SMAGs or PMTCT support groups through information sharing fora and participation in events such as National VCT Day, World Breastfeeding Week and World AIDS Day.
- Continue to strengthen community awareness activities through drama, engagement of role models like prominent persons in society, religious leaders and traditional leaders in order to promote male involvement and couple counseling and testing.
- Facilitate linkages on PMTCT services with PHO, CIDRZ and Zambia Integrated Systems Strengthening Program (ZISSP).
- Continue strengthening and capacity building of existing community structures through training and retraining, improved coordinated efforts of 600 CBVs, 120 FBOs, local leadership, and health care providers in order to decentralize PMTCT services.
- Facilitate and support referral system that will promote integration of PMTCT with routine maternal child health, reproductive health services such as family planning, adult and pediatric treatment services and referral of HIV positive for TB screening as well as linking them to existing food and nutrition programs.
- Facilitate quarterly joint planning and program reviews with stakeholders at, provincial, district and clinical site level to promote coordination, collaboration, leveraging of resources and improve program quality.

Implementing Mechanism Details

Mechanism ID: 13006	**Mechanism Name: CIDRZ - 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: CENTER FOR INFECTIOUS DISEASE AND RESEARCH IN ZAMBIA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 600,000	
Funding Source	**Funding Amount**
GHP-State	600,000

Sub Partner Name(s)

Broadreach		

Overview Narrative

The Community Compact project is an attempt to address gaps in current HIV prevention activities. Its aim is to increase the number of individuals and couples who know their status and who receive information and services that will help avert new infections in Kanyama township in Lusaka and Kalabo district in Western Province. The Community Compact is a community sensitization and mobilization project that develops and supports community-led HIV prevention strategic plans. Prevention program activities are developed in collaboration with community teams in Kanyama and Kalabo.

These teams have been trained in HIV/AIDS basics and prevention with positives core messaging. Teams have also been trained in key messaging on male circumcision, treatment and adherence, pediatric care, Prevention of Mother to Child Transmission, voluntary counseling and testing (CT) and TB.

CT is provided by trained lay counselors. As an integral part of the project, the community teams work with staff at health centers to improve referral to HIV treatment and care for those who test positive. Improvements have been identified to reduce clinic-based barriers that prevent those that test positive from accessing treatment.

The project provides CT for couples in the community and provides support for discordant couples. Therefore, it is crucial to promote CT integration with other care and prevention services and provide condoms and safer sex messages to discordant couples.

The Community Compact will also include aspects of health systems strengthening. The project will try to improve coordination between community teams and the staff at the health centers and between the various departments in the health centre itself, e.g., PMTCT and antiretroviral therapy clinics.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Family Planning

Budget Code Information

Mechanism ID:	**13006**
Mechanism Name:	**CIDRZ - Community Compact**
Prime Partner Name:	**CENTER FOR INFECTIOUS DISEASE AND RESEARCH IN ZAMBIA**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

HRH - Like many developing countries, Zambia is suffering from a severe shortage of health staff to deliver services. This is not only prevalent in rural areas, where many health posts do not even have a trained staff, but is also commonplace in urban areas like Lusaka. Kanyama Clinic provides most care for a population of more than 170,000 but has only one doctor. This translates into severe congestion and long waiting times for all services. The congestion at the clinic is often the reason provided by those who do not access counseling and testing services, treatment and care, maternal and child health, etc. As much of the information on HIV prevention and treatment services is disseminated at health centers, this means that a large percentage of people are missing out on these important messages.

The Community Compact is strengthening existing community structures in Kanyama and Kalabo. CIDRZ will train and empower the 100 community team members, transfer knowledge to them, and build their capacity. Once established, these teams will be a source of HIV prevention and information in their communities. Community team members will identify community forums whereby HIV prevention information can be disseminated. By using lay counselors trained in psychosocial and rapid testing services that were once only available at the clinic are now brought to the home or other local access points. The Community Compact will also train community health workers (CHWs) in Kalabo district, to combat the lack of trained health staff. Thirty-six CHWs will be trained using a MOH-approved curriculum that will be specifically adapted for the project and will integrate HIV

prevention programs.
Ideally it would be useful to bring prevention and treatment services to the community, e.g., pharmacy refill points in Kanyama or mobile MC outreach for Kalabo. However, these are costly and would be dependent on available funding.
Through capacity building, the Community Compact Program will strengthen existing community structures in Kanyama and Kalabo and position them as leaders in HIV/AIDS prevention information in their communities following the end of the project.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

Male circumcision, as part of a comprehensive HIV prevention package, reduces the risk of heterosexually acquired HIV infection in men by approximately 60 percent. For men that test negative, CIDRZ will promote male circumcision services. These services are provided in Kanyama by Marie Stopes. In Kalabo, CIDRZ will work with the District Health Office to provide mobile male circumcision services several times each year. CIDRZ also hopes to increase male participation in HIV prevention activities, particularly in the area of prevention of mother to child transmission.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	600,000	0

Narrative:

The overall aim of the Community Compact is to increase the number of individuals and couples who receive information and services that will avert new infections in Kanyama and Kalabo. CIDRZ already has significant experience providing counseling and testing (CT) in the home and through mobile outreach services with structures already in place in Kanyama and Kalabo. In 2012, using these structures, the project will test and counsel couples in the community and provide support for discordant couples. In many instances, one individual in a couple knows their status but fails to disclose to their partner. In Zambia, a significant number of new infections occur within marriage or in cohabiting relationships. Therefore, there is a specific focus on couples CT and mutual disclosure. Couples CT is the most effective way of achieving accurate and timely disclosure and promoting couple specific prevention. For couples who are discordant, CIDRZ will promote safer sex messages, distribute condoms, promote treatment as per national guidelines, and provide information to minimize the risk of infection for the seronegative partner in the relationship.
CIDRZ will also promote CT integration with other care and prevention services in a manner consistent with national guidelines for confidentiality and work to reduce the stigma and discrimination that is associated with HIV testing. The project will also improve referral to HIV treatment and care for those that test positive and integrate prevention with positive services. We will track how many people the community teams have referred to all the

service areas, including those that test positive and are referred to ART.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Prevention is a key component of the Community Compact program as it seeks to avert new infections of HIV by increasing the number of individuals and couples who know their status and access information and services. This is a community-led prevention initiative. Once the community teams have been trained in HIV/AIDS basics and prevention with positives core messaging, they sensitize the community on HIV prevention information and services. This includes information on infant and adult male circumcision, Prevention of Mother to Child Transmission, cervical cancer, TB, treatment and adherence, and voluntary counseling and testing.

In 2012, prevention education will occur through HIV prevention messages provided during door-to-door outreach and testing. Dissemination also occurs through distribution of information, education and communication materials as well as through drama performances. The program uses trained drama groups that use specific CIDRZ-sanctioned scripts that address the key issues.

The community teams also distribute condoms. During the establishment of the program, community mapping identified local and external resources, as well as risk areas. Condoms and IEC materials are distributed at these key points within the community.

To ensure the success of these prevention measures, the Community Compact program will distribute 40,000 IEC materials, 80,000 male condoms and 40,000 female condoms in Kanyama and Kalabo in FY 2012. In 2013, 50,000 IEC materials will be distributed, along with 100,000 male condoms and 50,000 female condoms.

Although participation in the Community Compact is voluntary, there will be incentives provided. Whilst the aim of the project is to avert new HIV infections, it will also be an analysis of incentives and whether their use affects the level of engagement by the community and improve desired outcomes. There will be process and service uptake indicators, which will measure the level of participation of the community teams. Incentives depend on the achievement of specific benchmarks. If these targets are reached, incentives must be used for health-related activities that will benefit the community as a whole.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Gender - In Zambia, 16 percent of women are HIV positive, compared to 12 percent of men. Gender inequalities are a key driver of the HIV epidemic. Norms around masculinity encourage intergenerational sex, which contributes to higher infection rates among young women aged 15-24. Norms around femininity prevent some women, particularly young women, from accessing HIV prevention information and services. In most cases, women are willing to use condoms but find it difficult to introduce the topic of condom use to their spouses for fear

of being stereotyped as promiscuous. Generally, women tend to defer decision-making to their husbands or partners. This means that for the most part, it is men who decide if counseling and testing will occur or whether to use condoms. *As part of the project, community teams will sensitize women in the community to access prevention services. Women are encouraged to ask their husbands to participate in couples CT. If they are unable to approach this subject, they can make arrangements for a lay counselor to come to the home to speak to their husband or partner. The community teams also distribute female condoms and work to dispel stereotypes that only promiscuous women access reproductive health services.* *The community teams also disseminate information on cervical cancer. In Zambia, which has the world's second highest annual cervical cancer incidence and mortality rates, the HIV epidemic has contributed to the high incidence of cervical cancer. Women infected with HIV are thought to be three to five times more likely to develop cervical lesions that can become cancerous. CIDRZ has done extensive research in this area and community-based education has improved uptake of cervical cancer prevention services in Zambia.* *The Community Compact project will strengthen male involvement in reproductive services, especially in PMTCT. Generally women who test positive are afraid to disclose to their partner as they fear abandonment or violence. Male partner involvement in PMTCT may increase the likelihood of service uptake, behavior change, and improve adherence to PMTCT measures.*

Implementing Mechanism Details

Mechanism ID: 13016	**Mechanism Name: Catholic Medical Mission Board (CMMB)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Medical Mission Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 565,000	
Funding Source	**Funding Amount**
GHP-State	565,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Catholic Medical Mission Board (CMMB) launched the CDC Zambia-supported Community Compacts program in FY11 as a comprehensive HIV prevention package with emphasis on buy-in of local communities in designing and shaping their HIV prevention efforts. The project also reaches out to the most vulnerable and hard-to-reach communities in Kaoma district, Western Province. The program works with local communities to set priority HIV service delivery uptake targets and incentivizes them by providing modest rewards, such as improvements in their local health facilities on a quarterly basis. Incentives may include items, such as thermometers, medical equipment, simple refurbishment of waiting and screening rooms at health facilities.

The comprehensive HIV prevention interventions focus on disseminating community-owned messages that promote uptake of PMTCT, HVCT, risk reduction behaviors for prevention of sexual transmission of HIV and Strategic Information usage. The project started in the catchment area of Mangango Mission Hospital as a compact (population of 64,512) during Year 1 and expanded to Lwampa Mission Hospital catchment community (population, 55,286) in year 2.

Project objectives:
Establish sustainable compacts that incentivize communities for prevention of HIV transmission; Promote risk reduction behaviors related to HIV prevention and increase uptake in compact locations of HIV biomedical prevention services, including PMTCT and HVCT; Strengthen compact monitoring and evaluation (M&E) systems, with a specific focus on data capturing, analysis, utilization, and coordination to leverage the prevention efforts with other partners.

Cross-Cutting Budget Attribution(s)

Renovation	5,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	13016		
Mechanism Name:	Catholic Medical Mission Board (CMMB)		
Prime Partner Name:	Catholic Medical Mission Board		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	40,000	0

Narrative:

Because the project involves extensive outreach and referrals to HIV prevention, care, and treatment services, CMMB will continue strengthening the skills of health workers, community, and parahealth workers to be able to effectively collect use and analyze community- based and health data. CMMB will continue regular supportive supervisory visits to the compacts and associated health facilities that receive referrals to gauge program performance and use this data to influence strategies to be used to improve programming. In addition to measuring indicators around BCC message reach and uptake of service delivery targets, CMMB will also work with committees to track patients referred for services through a patient slip system: a client being referred to care services is given a referral slip to a health facility specifying the services that are need. Upon arrival at the health facility the client is given priority to be attended to by health workers. After attending to the client the health worker completes an action form attached to the referral note as feedback to the referring community champion/community health worker with comments on the services provided. This note is then placed in the box of feedback for referrals which is opened by the CMMB field team on a regular basis and the feedback (action) forms are compared to the community referral register to determine the referrals which were successful.

CMMB will also implement community member attitude and practices evaluation at mid-term (during 2013) and at end of project (2015). The assessments will also examine their community-level exposure to interventions in select communities. In collaboration with clinic staff, the number of referrals from CMMB and the total number of people accessing health services such as PMTCT will also be collected at midpoint and end of project. These data will be combined within each community to determine whether each community has attained their benchmark and therefore is eligible to claim their incentive. SI plans will be included in Sustainability Planning among the compact committees

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

Narrative:

CMMB will continue supporting mobile HVCT services that improve access to quality HVCT with emphasis on couples testing and mutual disclosure during FY12 and 13 as part of the compact project since rural areas are underserved. Specific activities will include: identifying gaps in the provision of HVCT in the CC (for new compacts); on sight support to lay counselors, care givers and traditional community leaders who are community change agents in the execution of HVCT, including couple HVCT; community mobilization of the target groups, including men, followed by execution of social and behavioral change (SBC) events for prevention of HIV and offering provider-initiated mobile HVCT. Other activities will include implementation of HVCT services on special occasions during: door-to-door campaigns; health commemoration days (such as VCT Day and World AIDS Day); traditional cerebrations and other popular community events. The community HVCT providers will also be providing PwP and to make timely referrals to HIV treatment care and support groups of PLWHA. Concurrently, the project will continue strengthening existing static HVCT services through the strengthening of community referral networks and technical capacity building to health workers and parahealth workers. In addition, the counselors and champions will also provide culturally- and gender-sensitive information to those who test negative on how to remain negative, including highlighting the benefits of avoiding multiple concurrent sexual partnerships, promoting use of condoms, abstinence (if indicated), and repeating HVCT in line with national guidelines. CMMB envisions HVCT activities ramping up during FY2012-2013 as much of the groundwork is in place in catchment areas of Mangango and Lwampa mission hospitals.

During FY12 and 13, CMMB will make special efforts to link with the DATF and provincial health team to communicate HVCT gaps and plan for troubleshooting in the future after CMMB leaves in this area, especially around supply chain and coverage.

HVOP

Strong Other Prevention behavioral change communication messages will be disseminated to individuals and small groups through the projects. CMMB-trained and community-supported volunteers will make regular home visits in their communities to spread evidenced-based information around HIV prevention. Messages will be shared through monthly community events during mass mobilizations campaigns and during special community events such as traditional ceremonies and commemoration of VCT day, World AIDS day, etc. In addition to sharing key ways to protect oneself for HIV, the OP messages will also promote the value of seeking HIV services, like PMTCT and HVCT, in the community. OP messages will seek to dispel the myths around HIV, ARVs, HVCT, gender equality and gender based as well as respect for human rights will be based upon proven curriculums used in rural Zambia in the past.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	225,000	0

Narrative:

In FY2012 and FY2013, CMMB will continue providing, culturally- gender sensitive interventions in the CC to increase uptake of PMTCT services. Specific messages spread – via community events and house-to-house visits – will include the promotion of early registration for ANC of pregnant women; institutional deliveries; male partner involvement in PMTCT; adherence to comprehensive PMTCT package, including ARVs, early infant diagnosis, and infant feeding option elected by the mother. The project will continue utilizing some of the evidenced-based curriculum and strategies for engaging traditional/community leaders as community champions for HIV services, engaging men as key promoters of healthy behaviors for themselves and their families. The compacts program also engages women as partners in their community health efforts. During FY12 and 13, CMMB will work to identify community leaders to train (as activities scale up in the compacts) in PMTCT basics and promotion, strengthen decentralization of PMTCT services through support to health facilities and DHMTs to implement outreach PMTCT services closer to households . CMMB will also train and refresh community health workers and parahealth workers in collaboration with compact committees and DHMTs to provide HVCT services to pregnant women and their partners and referral to HIV care services of those testing positive. Lay counselors and providers of HVCT services will also assist the health facilities in minimizing loss-to-follow up of mother-infant pairs through regular home visits as family supporters, provision of positive health dignity and prevention or Prevention with Positive (PwP) services as part of home based care activities with prompt referral to medical services as needed. CMMB will work directly with compact committees to improve the quality and availability of services to ensure that uptake is met with gender-sensitive, quality PMTCT care. During FY13, CMMB will assess the changes around PMTCT attitudes and practices through specific evaluation activities to assess how well the Compacts are working.

Implementing Mechanism Details

Mechanism ID: 13033	Mechanism Name: POPULATION COUNCIL
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 898,500	
Funding Source	**Funding Amount**
GHP-State	898,500

Sub Partner Name(s)

University of California at San Francisco		

Overview Narrative

HIV surveillance in Zambia is primarily based on data collected from the general population; but little is known about the risk of HIV infection among most-at-risk populations (MARPs), who are not easily reached by population-based surveys. The 2009 Zambia HIV Prevention Response and Modes of Transmission Analysis model, however, estimated that of all new HIV cases in 2008, 1 percent were attributable to female sex workers, 1 percent to male-male sexual contact and their female partners, 4 percent to clients of sex workers, and 2 percent to partners of sex worker clients. These estimates suggest that 8 percent of new HIV cases per year in Zambia are attributable to MARPs. Therefore, more information is needed regarding the characteristics of MARPs, as well as insight on the specific behaviors which place them at higher risk of HIV. The population council in partnership with the University of California San Francisco (UCSF) will conduct formative assessments, population size estimation, and behavioral and biological surveillance of MARPs in Zambia in FY2012 and FY2013. The overall objective of this project is to increase knowledge of MARPs and HIV prevalence among these populations and thus enable HIV prevention, counseling and testing, and treatment programs to better reach and serve MARPs. Specific objectives for this project will include the following: To estimate the population sizes and distribution of MARPs in Zambia; To measure HIV prevalence and incidence among MARPs; To identify and describe key characteristics of MARPs which place them at risk of HIV; To enhance local capacity to conduct formative assessments, mapping and population size estimates of MARPs; To support local capacity to conduct behavioral and biological surveillance of MARPs.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	284,500
Key Populations: MSM and TG	284,500

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13033		
Mechanism Name:	POPULATION COUNCIL		
Prime Partner Name:	Population Council		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	853,500	0

Narrative:

This project will be conducted and support Zambia PEPFAR activities under the area of Surveillance and Surveys. The overall objective of this project is to increase knowledge of most at risk populations (MARPs) HIV epidemics through formative activities, mapping and population size estimation, and behavioral and biological surveillance; thus enabling HIV prevention, counseling and testing, and treatment programs to better reach and serve MARPs. Specific objectives for this project will include the following: To estimate the population sizes and distribution of MARPs in Zambia; To measure HIV prevalence and incidence among MARPs; To identify and describe key characteristics of MARPs which place them at risk of HIV; To enhance local capacity to conduct formative assessments, mapping and population size estimates of MARPs; To support local capacity to conduct behavioral and biological surveillance of MARPs. In COP 2012, the Population Council and partners will implement the formative assessment of key populations at risk of HIV infection. Key activities in COP 2012 will include conduct of (1) comprehensive mapping and observation of MARPs; (2) individual key informant interviews and focus group discussions of MARPs; and (3) population size estimation of MARPs. The formative work to be conducted in COP 2012 will prepare the Population Council and partners for COP 2013 activities, which will include: (1) conducting of HIV surveillance among MARPs, determining the prevalence and estimate incidence of HIV, and syphilis (e.g. Syphilis, HSV-2) for sex workers; and (2) begin analysis and identify behavioral characteristics of each MARPs group. After participation in the formative assessment and surveillance, the project will make HIV information and condoms available and distribute to participants. Additionally, as part of the activities in COP 2012, the project will enhance local capacity to conduct formative assessments, mapping, and size estimation among those serving

MARPs in Zambia. The Population Council and UCSF will train staff from NAC and MOH to assume implementing responsibilities for MARPs formative assessments and surveillance. This project will contribute to the PEPFAR Zambia goals and objectives by facilitating and supporting the completion of key MARPs formative activities and population size estimation in COP 2012, and preliminary presentation of surveillance survey data in COP 2013. Results from the project will also lead to better PEPFAR program targeting in Zambia, resulting in more infections averted.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	45,000	0

Narrative:

Key populations engage in behaviors that are criminalized in Zambia creating barriers to accessing HIV prevention, care and treatment services. In addition to conducting the formative assessment and size estimation, Population Council will also distribute IEC materials and condoms to all members of the key populations that they will come into contact with. Because the behaviors are stigmatized and criminalized, the program will work with other stakeholders (NAC, NASTAD etc) to advocate and promote HIV prevention services in order to address the prevention needs of key populations. The program provide risk reduction including partner reduction information; will encourage counseling and testing, condoms and promote access to appropriate, accessible and user friendly HIV care, support and treatment services, where available.

Implementing Mechanism Details

Mechanism ID: 13069	**Mechanism Name: University of California at San Francisco**
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 California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHP-State	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

UCSF will provide technical assistance in two technical areas: HIV Other Prevention and HIV Strategic Information. The focus of both of these activities will be on the development of sustainable in-country capacity to enhance prevention and SI priority projects in Zambia.

For the activity in HVOP, UCSF will continue and expand technical assistance for phase two of the transactional sex project. The first phase of the Ethnographic and Network Assessment of the Role of Sexual and Social Relations in the Prevention of HIV Infection and focusses on rapid assessment of the economic, social, sexual, and environmental networks of women participating in the production and sale of agricultural products. Phase two of this project focuses on integration of prevention messages to reduce HIV risk among those participating in transactional sex and uses the ethnographic and network assessment findings to inform current programming and support local capacity building.
As part of capacity building UCSF will provide technical assistance and support for writing up the results of the Zambia DHS to be conducted in 2011/2012. To that end, UCSF will conduct a report writing workshop with stakeholders from key institutions in Zambia. The focus of the workshop will be on developing the capacity of participants in the analysis, presentation, interpretation and use of data.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources

Increasing women's legal rights and protection
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**13069**
Mechanism Name:	**University of California at San Francisco**
Prime Partner Name:	**University of California at San Francisco**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	50,000	0

Narrative:

UCSF will provide technical assistance to facilitate a Report Writing Workshop with stakeholders from key institutions in Zambia to develop the capacity of participants in the analysis, presentation, interpretation and use of data from the Zambia DHS planned for 2012. Proposed Activities include:

- *1.) Conduct preparatory activities to support planning and implementation of an intensive DHS-focused writing workshop and tailor to Zambia. This includes the development of training materials, including presentations and participant packets, and pre-workshop mentoring.*

- *2) Facilitate a 5-day in-country report-writing workshop with stakeholders 2012 DHS data collected in Zambia. One UCSF Faculty member will travel to the country to conduct an intensive one-week data analysis and writing workshop. During the course, one UCSF data analyst will assist with ongoing analysis as needed during the workshop.*

- *3) Provide follow-up through distance-based learning and mentoring to support the finalization of written documents developed during the workshop.*

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

HVOP: Phase II Transactional Sex Study (FY 12 Funding)

The first phase of the Ethnographic and Network Assessment of the Role of Sexual and Social Relations in the Prevention of HIV Infection in Zambia utilized qualitative methods, geospatial visualization, and a quantitative structured survey. This phase was completed in 2012.

Phase II of the project is the integration of prevention messages to reduce HIV risk among those participating in transactional sex and focuses on using the ethnographic and network assessment findings to inform current programming and support local capacity building.

The overall goal of the activity is to build capacity of collaborating and other organizations on research tools and methods developed and implemented by the study and apply study findings to the development of HIV prevention intervention and materials. Proposed activities for FY13/14 include-

- *Work with key stakeholders to programmatically apply study results to inform design of prevention interventions for men and women at risk for HIV through the provision of technical guidance and message integration to strengthen programming of Ministry of Health, non-governmental and other collaborating organizations.*
- *Plan for and conduct a capacity building workshop with collaborating and other organizations and staff on intervention and research tools and application of study findings*
- *Plan for and conduct a scientific writing workshop aimed at public health professionals to prepare manuscripts for publication related to the Transactional Sex Study.*
- *Plan for and conduct a quantitative data analysis workshop aimed at public health professionals*
- *Provide mentoring support on analyzing both qualitative and quantitative data from the transactional sex project conducted in Zambia and preparing manuscripts for publication.*

Implementing Mechanism Details

Mechanism ID: 13070	**Mechanism Name: GBV Survivor Support**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Vision International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

TBD		

Overview Narrative

The goal of the STOP/GBV program is to eliminate gender-based violence in a holistic, systematic and comprehensive manner through a multi-sectoral approach. The objectives of the program are: to increase prevention of and respond to GBV in Zambia through an enhanced community response; to improve availability and uptake of quality GBV clinical and psychological services for adults and children; and to improve capacity of GBV service providers including police and other law enforcement personnel to respond to GBV cases. The program addresses GBV, one of the key drivers of HIV transmission and the reason for high prevalence of HIV among females.

The program will initially be implemented in seven districts (Chipata, Kabwe, Kitwe, Livingstone, Lusaka, Mazabuka, and Ndola). New districts will also be added later in the project. The program is targeting GBV survivors, service providers, women, men, girls, boys, youth groups, traditional leaders, policy and law makers engaged in the preservation and safeguarding of customary practices.

USAID Zambia will implement this program with a local organization and relevant government ministries to ensure the sustainability and encourage country ownership. Strategic coordination and integration will be assured through working with government ministries which will ensure that more national resources are allocated for GBV activities. Linkages with other donor agencies implementing GBV activities will be created to avoid duplication of efforts. Key GBV activities will include providing support to GBV partner to coordinate GBV activities and monitoring the GBV response.

Vehicles will be required to reach out to the various communities in various target districts.

Cross-Cutting Budget Attribution(s)

Gender: GBV	200,000

TBD Details

(No data provided.)

Key Issues

Family Planning

Budget Code Information

Mechanism ID:	13070		
Mechanism Name:	GBV Survivor Support		
Prime Partner Name:	World Vision International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0

Narrative:

The STOP GBV Program will be implemented by local non-governmental organizations selected through a competitive process. Relevant government agencies such as the Ministry Community Development and Social Services, Police Child Protection Unit/Victim Support Unit, Ministry of Justice will be involved in the implementation of the program. The objective of the program is to increase prevention of and respond to GBV in Zambia through improved capacity of GBV service providers including police and other law enforcement personnel to respond to GBV cases of children and adults. The program contributes to the PEPFAR OVC priorities such as the prevention of HIV, legal protection in cases of GBV including land, property grabbing and disinheritance for OVC, women and other vulnerable populations. In addition, the program will support OVC with various services including clinical, psychosocial, education, shelter. All OVC that will come through the center will receive at least one of the restorative services listed above.

The program will target 800 service providers (health officers, social workers, psychosocial counselors, police victim support officers, prosecutors, magistrates, judges, and local court justices), to build their capacity in the management of GBV survivors and witnesses .The program will support capacity building of community child protection/ GBV prevention and response committees for continued education, monitoring and response to GBV. In cases where the perpetrators are parents or other family members, the program will provide counseling and encourage healthy parent-child relationships. Legal aid will be provided to survivors to ensure quality of evidence

in court.

About 650 women and children will be referred to safe homes per year where they can stay for a maximum of three months before being re-integrated into family. At the safe homes, the women and children will continue to receive counseling and other services such as skills training for adults, and education support for children. The program will create linkages with other PEPFAR supported HIV/AIDS programs such as those in education to promote safe school environments children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	0

Narrative:

GBV is one of the key drivers of HIV transmission and the reason for the high prevalence of HIV among women, which stands at 16 percent compared to that of males at 12 percent.

The STOP GBV program will target both women and men to promote fidelity, address social norms that promote negative behaviors that put them at risk of HIV and GBV. Youths will also be targeted to promote abstinence and to avoid early marriages, as well as intergeneration sex. 200,000 girls and boys under 14 years and 600,000 women and men above 15 years will be targeted with this intervention.

Various approaches will be adopted, including community conversations, peer to peer education, monthly discussions, mentorship, and exchange visits. Groups will l be used to explore negative social norms, behaviors and practices and define solutions. Men and male youth will also be engaged through the men's network groups in all the target districts. The men's network members assist other men to reflect and address social norms that put them and their partners at risk of GBV and HIV. Standardized community conversations manuals and manuals on how to engage men will be used to ensure consistency and quality messages. Men and women who have been trained will be the lead facilitators.

The program will be implemented initially in the seven districts (Chipata, Kabwe, Kitwe, Livingstone, Lusaka, Mazabuka, and Ndola) where the current GBV program is being implemented. Additional districts will be selected based on the prevalence of GBV to bring the total number of the target districts to 16 by the end of the five year period. Counseling and testing for HIV, MC, and PEP will be promoted in this program, with the integration of family planning service. An M&E plan will be developed for monitoring and evaluation of program activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The program will target women, men, girls and boys, community/traditional leaders (chiefs, headpersons, religious leaders and others) to raise their awareness on the problem of GBV and the need to respond to it. Men and boys will be targeted to address male/gender norms that perpetuate GBV. The program is expected to reach at least 200,000 girls and boys under 14 years and 600,000 women and men above 15 years through community conversations, school debates/GBV lessons, male discussion forums, media campaigns, and events. These interventions have proved to be effective in the other GBV prevention programs. *In addition, the program will also target survivors of sexual violence to provide them with HIV Post Exposure Prophylaxis (PEP), counseling and testing for HIV, STI screening, emergency contraception, and referrals for other HIV services such as ART. It is expected that 4,320 survivors of sexual violence will be reached with services including HIV prevention services from the centers. Economic strengthening activities including business skills training will be undertaken to support survivors and their families to enhance coping mechanisms and improve their well-being. Small grants of seed funds will be given to survivor support groups to start income generation activities. The implementation of STOP GBV program will be done in coordination/collaboration with government and through the use of the National Multisectoral GBV Management guidelines, as well as the National Communication Strategy to ensure that activities are in line with the national strategic areas.*

Implementing Mechanism Details

Mechanism ID: 13071	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13076	**Mechanism Name: FHI**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Zambia Defense Forces (ZDF) Health System Strengthening program is to assist the ZDF to develop, implement, manage, and evaluate effective and sustainable health supply systems to ensure the continuous availability of ARVs, HIV tests, and laboratory commodities in health facilities in the three branches of the military. The program includes increasing access at health facilities to laboratory tests such as chemistry, hematology and CD4 counts and ensuring clients who require full HAART have access to the necessary services and commodities.

In addition to technical support, JSI Logistics Services plans to use the Department of Defense (DOD) COP 2012 funds to support the ZDF Health System Strengthening Program by procuring cost-effective, high quality laboratory equipment in support of the ZDF ART and PMTCT programs.

To assist in meeting this goal, JSI Logistics Services will:
• Develop and implement a ZDF logistics management system for laboratory commodities;
• Reinforce implementation of the ARV and HIV test commodities supply chain management system;
• Design and implement a computerization plan for the Logistics Management Information System (LMIS) in selected ZDF sites;
• Ensure increased availability of health commodities at ZDF health facilities through performance monitoring and improvement of the various logistics systems;

JSI Logistics Services will continue to support the ARV, HIV test and laboratory commodity logistics systems that are managed by the ZDF and Medical Stores Limited by providing capacity building on and quality monitoring of those systems. JSI Logistics Services will also provide procurement services for key laboratory equipment required to meet the ZDF Health System Strengthening Program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**13076**
Mechanism Name:	**FHI**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

Applied pipeline covers grant up to October 2014

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Applied pipeline covers grant up to October 2014

Implementing Mechanism Details

Mechanism ID: 13096	**Mechanism Name: Zambia-led Prevention Initiative (ZPI)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 8,339,886	
Funding Source	**Funding Amount**
GHP-State	8,339,886

Sub Partner Name(s)

Afya Mzuri	Catholic Medical Mission Board	Comprehensive HIV/AIDS Management Program
Grassroots Soccer	HODI	Population Council
Zambia Health Education and Communication Trust		

Overview Narrative

The purpose of the Zambia-led Prevention Initiative (ZPI) is to increase utilization of community-level interventions through a targeted approach and provide technical leadership and expertise on comprehensive, effective, community-based prevention efforts aimed at reducing HIV transmission in Zambia. The objectives of ZPI are:

• Build capacity in communities affected by HIV/AIDS to access more effective, gender-sensitive, higher-quality HIV prevention programs;

• Strengthen the continuity and coordination of effective, efficient, and sustainable HIV prevention;

Design efficient, sustainable, and locally owned responses to HIV/AIDS, including increased engagement with the private sector; and Provide community-based family planning and reproductive health services as an adjunct to effective prevention of HIV/AIDS

In FY 2010, ZPI project focused in five provinces and in COP2012 period will expand to two more provinces. Primary target populations include the 85% of HIV-negative Zambians, especially those most at-risk, OVC and youth, PLWHA and discordant couples, women affected by GBV, and their families and PLWHA in affluent communities. It also targets those at risk of infection increased by abuse of alcohol and other substances, and behaviors influenced by social norms promoting risky sexual activity.

The use of existing trained community volunteers, peer educators, and health workers from STEPS-OVC and other partners will reduce the cost of initial training, and offer an opportunity for leveraging USG funding and a more

cost efficient response. 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.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	533,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**13096**
Mechanism Name:	**Zambia-led Prevention Initiative (ZPI)**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	0

Narrative:

ZPI's Care and Support strategy and activities is linked primarily to economic strengthening. ZPI will continue its focus through a sustainable livelihood framework that looks at how households can reduce their economic vulnerability. Instead of targeting households based on HIV and AIDS status, ZPI will target households based on

their economic characteristics such as skill base, level of poverty and extent of current and past economic engagement. Through both groups and household level interventions, ZPI will support linkages to social assistance as well as support asset growth and protection.
ZPI will continue to roll out self help group savings and credit schemes using the Grass Roots building Our Wealth (GROW) model and other related aspects like financial and market literacy. The trained cadre of staff from ZPI and local partners will roll out EE models to STEPS OVC caregivers, PLWHA and other targeted groups.
Though ZPI is not providing direct social assistance, households requiring such assistance will be referred to identified partners. Referrals will be made at points of contact by ZPI provincial office teams and sub-grantees. Social assistance may include social cash transfers, food aid and food for work. ZPI will support the creation of small savings and credit schemes, facilitate basic business education and create linkages to legal protection services such as upholding women's property and inheritance rights.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,500,000	0

Narrative:

ZPI works closely with STEPS OVC on prevention interventions with Orphans and Vulnerable Children. While STEPS is responsible for care and support of OVC, ZPI provides technical assistance and support for the design of evidence based interventions aimed at reaching OVC. In addition, ZPI will be training organizations that work directly with OVC in the areas of participatory methodology. Using Reflect Methodology, ZPI will aim at having vulnerable children identify their own problems and meaningful solutions. ZPI will not target these trainings directly at OVC, but rather the local organizations that work directly with OVC at community level.
Prevention training will incorporate recommendations from joint CDC-USAID technical assistance. 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.
ZPI will wrap around OVC interventions with economic empowerment opportunities for youth. Where ZPI partners are linked with groups of OVCs we will enroll them in EE Grow programs. In addition, we will support Career fairs for in school grade 12 youth. Career Fairs will link youth to potential employment opportunities and job readiness skills.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	50,000	0

Narrative:

Strategic information and knowledge management is a key component of the ZPI program. ZPI will continue to focus strategic interventions based on findings from the baseline study. During this period ZPI will conduct two operations research studies to support evidence based prevention interventions. Previous operations research studies have been focused on economic strengthening and care & support. During this period ZPI will identify research opportunities in other areas of intervention. ZPI has developed technical briefs in core prevention lenses and will continue during this period to disseminate briefs and develop additional briefs. The ZPI Prevention evidence based literature review will remain an active document and will remain at the Afya Mzuri knowledge management center. The literature review has already defined what constitutes a best practice or a promising practice using criteria from AIDSTAR-One, CDC and UNAIDS. ZPI will continue to build the literature review and develop an on-line best practice in prevention resource.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,500,000	0

Narrative:

ZPI will work with the Alliance of Mayors and Municipal leader's initiative for community action on AIDS (AMICAALL) as well the local government association of Zambia. We will rely on these local structures to integrate HIV and AIDS programs. In some cases, we will build on their existing work and in others we will propose new activities.

Through this partnership with local government ZPI will aim to assist local authorities in identifying focal point persons. Once identification has taken place, ZPI will work with the associations to review their existing HIV and AIDS work plans with a view to identifying entry points for HIV and AIDS prevention activities. The proposed training interventions will be based on ZPI's lensed approached based on risk and vulnerability to HIV and AIDS. This approach will help deepen understanding of both individual and social vulnerability to HIV infection and enhance programming. Areas such as Alcohol and Drugs as well Gender and Gender Based violence will be used as the entry points to engage the local authorities. Furthermore, ZPI will also strengthen the currently existing teacher support groups in each province to increase the sustainability of the teacher support groups to increase disclosure of those tested positive

People with disabilities (PWD) are often excluded from HIV and AIDS prevention messages and campaigns, partly due to the widespread perception that PWD are not sexually active. In reality, they are just as sexually active as their non-disabled peers and should therefore not be denied access to information about HIV and tailored prevention messages. Information, education and communication (IEC) materials and other interventions have excluded men, women and children with different abilities. Key among the findings of the study was the belief that PWD, especially the hearing impaired, mute, and visually impaired, are endowed with high sexual performance. ZPI will work with the Zambia National Library and Zambia Agency for People with Disabilities. Together with these institutions we will identify equipment and materials that are needed for production. Examples of information

that will be transcribed into Braille will include: Introduction to Antiretroviral Therapy, Alcohol use and Abuse, GBV, Men and HIV in Zambia, HIV and AIDS basic handbook for entrepreneurs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,000,000	0

Narrative:

ZPI will implement AB activities through community mobilization approaches that exemplify the core principles of meaningful involvement and active participation of the target group and sustainability of the interventions. The AB activities will be carried out in both rural and urban communities which under ZPI, are broadly defined to include geographical areas (such as villages or districts); communities based on shared values (such as religious groups); communities based on shared experiences (such as PLWHA); those based on gender and age; and those based on particular experiences (such as alcohol and drug misuse or experiences of gender-based violence) or professional groups. In addition, ZPI will identify champions who will serve as advocates representing the different target groups.

Some of the identified methodologies which will be used to implement AB activities will include a range of approaches including assertiveness training, Participatory Learning and Action (PLA), Theatre for Development (TfD) and peer group process work. AB activities will be implemented through peer groups, formed of 10-20 members of the same sex and similar age, work together through a sequenced program of sessions that enable participants to explore a range of issues that affect their sexual health. These include gender roles, money, alcohol use, traditional practices, attitudes to sex and sexuality, attitudes to death and inter-generational relations. These approaches will empower people to collectively respond to, and where necessary, challenge negative social norms, stigma or structural issues which affect quality, evidence-based HIV prevention.

Furthermore, the utilization of multiple platforms for working with different sectors of Zambian society and through community structures will be encouraged. This process will include identifying where ZPI is positioned in respect to health care providers for CT, PMTCT and ART, as well as examining the types of networks which would be advantageous for AB activities to thrive. Monitoring, learning and innovation is recognized as a key project component which would lead operational research, documentation of best practices and encourage the implementation of innovative ideas through the sub-granting mechanism. ZPI will link the sexual prevention activities with facility-based treatment and care and support partners by creating referral mechanisms and client tracking system using volunteers for clinic-based care and support programs including but not limited with condom programming, counseling and testing, partner disclosure and etc.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,250,090	0

Narrative:

ZPI will work towards increasing the uptake of TC, including supporting provision of services. The strategy for the uptake of TC will be anchored in the community mobilization activities which will use participatory methodologies for HIV information dissemination and activities around social behavior change. The dialogue which will occur with the clients through mobile, home based and community activities, will aim to deepen people's understanding of "personal and collective risk".

ZPI will use community-based peer groups created through Reflect Circles, Stepping Stones, radio listening groups, PLWHA and other support groups to recruit clients for TC. In concert with the recruitment for uptake of TC, ZPI will review the list of available health care providers offering mobile and static services; this will be conducted in all ZPI operational areas. Where a gap in TC provision exists, the project will endeavor to partner with either the District Health Offices (DHOs) or other service providers to ensure that the affected communities receive TC services. ZPI will ensure that all TC points in its jurisdiction offer referral information on care and support, treatment and family planning support.

The project will also utilize a range of outreach workers who are involved in community mobilization of other HIV related programs such as PMTCT, MC, post-exposure prophylaxis (PEP), TB, and STI to increase the uptake of TC. An inventory of these community based individuals will be conducted to establish their skill base since ZPI aims to build on what has already been established in the communities. In this respect the project will support the lay counselors in the aspect of couples counseling, notification, disclosure and child counseling. ZPI will also be working with the lay counselors to build their capacity to deal with the underlying root causes that put people at risk such as GBV, alcohol and drug use/misuse, mental health and economic vulnerability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,439,796	0

Narrative:

Other prevention activities will target the most at-risk populations HIV in Zambia which include: 1) partners of persons who practice casual heterosexual acts; 2) persons who practice casual heterosexual acts; 3) persons in stable sexual relationships, including marriages; and 4) babies born to HIV+ mothers. Other groups at comparatively high risk include highly mobile populations such as migrant workers, sex workers, long-distance truck drivers, minibus drivers, refugees, prisoners, uniformed personnel (such as the military and police) and men who have sex with men (MSM).

Each of these groups are seen as struggling with stigma and discrimination specific to their risky behaviors thus sexual prevention interventions for the target group will be implemented through the use of a series of screening tools. These tools will either be adapted or developed in order to determine the level of vulnerability to HIV in

relation to their specific situation. These screening tools will be used in a clinical setting as well as community and households in order to identify vulnerable individuals, families and group to assist the program in designing relevant interventions. A general HIV risk assessment tool will be designed to capture different vulnerabilities to HIV and will focus on biomedical and socioeconomic issues. In addition, targeted risk assessment tools such will be used to assess and determine key risks for specific target groups, such as young women, and to key risks such as GBV, child sexual abuse, alcohol and drug abuse. ZPI link clients to other services as appropriate, including PMTCT, MC, HBC, OVC and HIV prevention services in general.

The use of tools will help in disaggregating information about the target which will in turn enable ZPI to implement OP activities which will not only prevent new HIV infections, but also protect those who might already be positive. The activities will also protect those who are negative but vulnerable to HIV infection due to their gender, age, economic status or their physical or mental disability. ZPI will also increase access to HIV/AIDS information in education sector through mobilizing teachers and training workshops in each provinces and providing HIV/AIDS support to the 14 teacher training colleges in Zambia. To increase the sustainability of the teachers support groups and increase disclosure of those testing positives ZPI will strengthen the existing support group models in each province.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,000,000	0

Narrative:

Although Zambia has made significant progress in scaling up PMTCT services, reaching HIV-positive pregnant women and their infants with timely, comprehensive PMTCT services is still a challenge. The vision of Ministry of Health (MOH) is to eliminate pediatric HIV by 2015 through implementation of national PMTCT guideline (revised in December 2010). In FY 2012 and F2013, ZPI will contribute to this vision by providing gender sensitive interventions that promote: early registration for ANC of pregnant women (at least by 14 weeks of gestation); deliveries at a health facility; male partner involvement; and adherence to comprehensive PMTCT package. The project will also identify areas that lack PMTCT services and support outreach services. PMTCT activities under ZPI are primarily mobilization and engagement of communities for the uptake of PMTCT. However, these strategies will involve provision of district-wide behavior change messages for reducing risks of HIV transmission. In addition, these community activities will be integrated with promotion of medical MC.

Therefore, although minimal direct numbers on selected PMTCT indicators will be collected, the targeted populations (girls, boys, men, women, including pregnant women and their spouses) will also be reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required. Specific activities will include: training of community leaders, community health workers, champions and other para-health workers in mobilizing and engaging the targeted populations to demand

for PMTCT services in all prongs; support to health facilities and DHOs to implement outreach PMTCT services; training of health workers and para health workers to provide TC services to pregnant women and their partners and if testing positive, referral to HIV care and support services. The trained providers of TC services will also assist the health facilities in minimizing loss to follow up of mother infant pairs through regular home visits as family supporters, provision of positive health dignity and prevention or PwP services and prompt referral to health facilities for medical management if indicated

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	300,000	0

Narrative:

Under the care and treatment technical area, ZPI will work with PLHA to promote community-based care and support. ZPI aims to create a safe space for friendly services which promote free participation. Specific tools will be used to assess sexual activity, partner status, STIs, FP, and need for nutritional education and food support. Providing appropriate counseling and support to women living with HIV and couples, will enable them make an informed decision about their future reproductive life, with special attention to preventing unintended pregnancies will also be part of the community based interventions. The community mobilization activities in care and support will ensure that referrals for a range of clinic based services which include partner testing, STI treatment, family planning and pregnancy counseling. These activities will also be referred to other sites such as those established by the Corridors of Hope Project, or static services supported by the ZPCT Projects. The target group will be encouraged to enroll into a support group.

Care and support activities in the community will also be closely linked to economic empowerment activities to ensure that people on treatment are able to meet their dietary needs. The FANTA-II project in collaboration with the Zambia National Food and Nutrition Commission recently updated the nutrition guide for PLHA. This resource will be disseminated to the target group.

Finally, ZPI will work closely with identified PLHA and PLHA groups to promote positive livings and behavior change. Using the ZPI lenses the project will focus on issues such as reduction in alcohol or abuse of other substance that may interfere with ARV drug adherence. ZPI will wrap-around economic empowerment interventions using the GROW model to introduce financial savings programs with PLHA groups. ZPI is operates at community levels and no specific facility-based sites. Provincial and district staffs will provide routine supervision for mobile counseling and testing services and community volunteers to improve the quality of service and data. ZPI will support the facility-community linkage and referral mechanism to improve retention of patients initiated on ART. ZPI will outsource activities to more than twenty (20) local organizations which enhance community-based prevention interventions, promote transition to local ownership and sustainability for HIV prevention activities and ART service delivery.

Implementing Mechanism Details

Mechanism ID: 13258	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13279	**Mechanism Name: University Teaching Hospital**
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In 2002, the Government of the Public of Zambia (GRZ) introduced ARVs in the public sector and since then the program has grown from 140 patients in 2002 to 350,000 in 2010, but the service has an urban bias with 69% of patients residing in Urban areas. ART has been decentralized with >50% of services provided at health centre level. Majority of patients (>90%), are still on first line regimen, about 4% on 2nd line and less than 1% are estimated to be failing treatment. HIV drug resistance (HIVDR) activities have stalled due to lack of funding, however with support from WHO, pilot sites and HIVDR early warning indicators have been identified.

The UTH-HAP priorities for FY2012 will be aligned with the GRZ national policies and strategic plans, in concert with the five PEPFAR approaches; (integration, continuum of the HIV response, attention to specific vulnerable populations, Country ownership and evidence based programming.

Activities will include the 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; strengthening UTH-Labs through rehabilitation and replacement of obsolete equipment, domestication and timely revision of HIV/AIDS related international guidelines and training manuals.

Monitoring and evaluation will be achieved through the collection, aggregation and transmission of core indicator data from service delivery points to inform clinic and program management decisions at all levels, using the health management information system (HMIS). This will involve ensuring data quality, transmission, exchange formats, security and confidentiality. In 2012, UTH-HAP will strengthen and adhere to the overall purpose and components of an M&E system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**13279**
Mechanism Name:	**University Teaching Hospital**
Prime Partner Name:	**University Teaching Hospital**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	400,000	0

Narrative:

The overall objective of the lab program is to improve laboratory infrastructure, strengthen laboratory management systems and build local capacity within the country to deliver a quality assured, efficient and cost effective laboratory service that supports HIV/AIDS related health services. In FY2012 and FY2013, UTH-Labs will continue strengthening the activities of its various laboratory units

The virology laboratory will continue offering cost-effective molecular and antigen detection methods for HIV diagnosis and resolution of discrepant results. It will also continue performing viral load testing, CD4 enumeration, and HIV resistant testing.

The UTH-TB laboratory will expand its TB diagnostic capabilities by increasing the number of competent staff and acquiring more laboratory equipment. The lab will enhance its capability to distinguish different TB species by employing molecular techniques such as Gene Xpert

To effectively manage unwanted effects of HIV or its treatment, the capability of the laboratory will be enhanced to analyze hematological complications, the microbiology and parasitology laboratories to detect microbial infections, the clinical chemistry laboratory to detect biochemical and toxicological complications, and the histopathology laboratory to detect and diagnose malignant complications.

UTH-labs will widen the laboratory test profiles and ensure quality patient results are generated. To achieve above objectives, the laboratories will forge ahead with the phased installation of the electronic laboratory information management system (LIMS); have in place quality management systems (QMS), and acquire laboratory equipment to support the widened test profiles. The LIMS will improve result delivery, shorten turn-around time, and improve patient-monitoring as physicians will have easy access to all current and past patient results.

The QMS will ensure better planning and forecasting for reagents and other laboratory supplies, better equipment maintenance and accreditation of laboratory units at UTH. Lessons learned will feed into the UTH and MOH budgeting processes to be used as baseline for which UTH can play a greater role in supporting these activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	0

Narrative:

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	500,000	0

Narrative:

Nationally in 2010 there were 329,567 patients on ART and the target for 2011 1s 334,000 for 2012, 446,000 and for 2013 - 526,000. To achieve the proposed target for 2012 the GRZ and PEPFAR have identified the following priority areas in ART programming which include; 1) Access to integration, 2) linkages and community services, 3) quality & oversight and 4) Country Ownership

In the response to the above; UTH- HAP will provide leadership and demonstrate exemplary best practices of care and treatment of HIV infected adult patients. To increase the number of adult patients engaged in a comprehensive package of ART, support and care services (C&T, prophylactic therapy with Cotrimoxazole, TB screening, aspects of family planning, nutrition assessment, counselling & support - NACS, palliative and home based care and prevention with positives), UTH –HAP will adhere to the national 2010 ART guidelines and prescribe ART to PLHV found with TB as well as pregnant women with CD4 counts of <350. It will also pilot the use of third generation ARVs. *In 2012 UTH-HAP will strengthen and support the above priority areas, will assist the scaling up of the ART guidelines through training of healthcare workers, mentorship programs and will form stronger linkages with PMTCT and pediatric ART programs. To enhance sustainability and capacity building, the Department of Medicine (DM) will consolidate their leadership role over this national program. UTH - HAP will continue to support current expansion activities by building on the core programmatic elements established over the past nine years. The DM will continue working closely with its existing partners, (NAC, University of Maryland, CIDRZ) and other future partners, and will continue serving technical support to the MOH through training and mentorship of a critical mass of "Master" Trainers" in advanced HIV/AIDS care and treatment (PMTCT, Adult & Paediatric ART, C&T) and in the development of HIV related guidelines and training manuals.*

Implementing Mechanism Details

Mechanism ID: 13391	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13409	**Mechanism Name: University of North Carolina at Chapel Hill - 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 North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 484,000	
Funding Source	**Funding Amount**
GHP-State	484,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The COP 2012 goal is to support the provision of quality integrated services through capacity building and systems strengthening to promote sustainability and ownership. In Lundazi and Chadiza, we will continue integrated District Health Management Team(DHMT) andCenter for Infectious Disease Research (CIDRZ) technical support through on-site mentorship, supportive supervision and establishment of on-site quality assurance quality improvement (QA/QI) systems. Our focus is improving coverage of CD4+ screening through sample referral; integration of antiretroviral treatment (ART) services in maternal and child health departments (MCH); careful follow-up of mother baby pairs using community structures; and establishing strong monitoring and evaluation systems. In addition, we will strengthen follow up of HIV-exposedinfants; linkages to pediatric ART for infants identified as HIV infected;and nutritional care and support of HIV infected children.

In Chipata, we aim to reduce TB morbidity and mortality by improving diagnosis and co-management of TB and HIV co-infected patients; and reducing the spread of TB, particularly in HIV clinics. We intend to continue to strengthen the work of the DHO in intensified case finding; TB/HIV screening in TB, ART and MCH clinics; and also strengthen the linkages between these programs. Priority will be given to the use of simple screening forms and appropriate referral for TB testing. We will improve laboratory testing by facilitating training on fixed slide preparation and the use of bicycles and motor bikes in sputum sample transportation to TB diagnostic centers. Through our supportive supervision and mentorship activities, we will strengthen district ownership and stewardship of the TB/HV program.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	53,656

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**13409**
Mechanism Name:	**University of North Carolina at Chapel Hill - PS10-10108**
Prime Partner Name:	**University of North Carolina at Chapel Hill, Carolina Population Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	140,000	0

Narrative:

Objective 1.0: Improve clinical screening and management of TB/HIV co-infected patients in HIV, TB, outpatient and maternal-child health clinics

• We will conduct training and facility based mentoring of 24 health workers in TB and HIV clinical management and Isoniazid Preventive Therapy (IPT). The trainings will cover TB screening, diagnosis, and management of co-treatment for TB and HIV; and provision of IPT

• We will conduct training of 24 health workers in Provider Initiated Testing and Counseling (PITC)

• We will conduct training of 24 health workers in TB Infection Control (IC)

• We will pilot a TB screening program in antenatal clinics at two health centres.

• We will improve TB diagnostic capabilities at each site by conducting one central sputum fixing training for 24 health workers and lay microscopists; and procuring bicycles for sputum transportation

Objective 2.0: To improve linkages to care between TB and HIV programmes and improve TB case detection

• We will conduct one linkages workshop for 24 health workers to improve the systems of referral and feedback between TB and HIV clinics.

• We will support Data Review and Coordinating Body meetings semi-annually.

Objective 3.0: To support and mentor the provincial and district teams to develop local leadership and increase the consistent availability of TB logistics and data tools

• We will provide support for semi-annual data review meetings.
• We will conduct supervision in all sites three times a year. These visits will also be used to provide support for data management.
Objective 4.0: To provide technical support to the MOH TB program including its surveillance and training initiatives
• We will provide support to the district for the World TB Day celebrations
• We will provide support for orientations on new MOH guidelines

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

Major Goal: To improve the number of HIV infected infants and children initiating ART; improve their retention in care; and assess the feasibility of using nutritional supplements for malnourished HIV infected children on ART.
Objective 1: We will increase the overall number of HIV infected infants and children initiating ART by
• Timely communication of infant HIV results to mothers/caregivers using active follow up
• Improving the linking of HIV positive infants from MCH to ART using peer educators
• Actively following up no-show mother/baby pairs
• Counseling and testing siblings of unknown status and linking positive ones to ART care

Objective 2: We will improve the retention in care of HIV infected infants by
• Intensifying counseling using trained paediatric counselors
• Employing SMS technology for monitoring and follow-up
• Actively following up defaulting clients
Objective 3: We will assess the feasibility and impact of using ready-to-use therapeutic foods to complement the treatment of HIV infected under five children with moderate to severe malnutrition at enrolment by
• Taking anthropometric measurements of all children on ART at each clinical visit
• Developing protocols based on national nutritional guidelines for use of nutritional supplements in management of malnourished children receiving ART care
• Integrating nutritional supplementation for malnourished children within ART care
• Assessing the impact of nutritional supplementation for malnourished children on ART outcomes
Objective 4: We will build the capacity of lay workers to help as a task-shifting activity to help manage paediatric ART patients by
• Training lay workers in taking anthropometric measurements of children
• Providing supportive supervision to LHCW on an on-going basis

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	244,000	0

Narrative:

Objective 1: To provide family-centered, quality, integrated safe motherhood services.
We will:
• Support provision of HIV counseling and testing; and syphilis screening for women and their partners throughout pregnancy and breastfeeding; placing emphasis on the provision of couples counseling
• Identify HIV concordant and discordant couples and refer for HIV prevention, treatment and care services including male circumcision.
• Strengthen family planning services including the integration of HIV counseling and testing in family planning; provision of appropriate family planning counseling for HIV positive clients using MOH standard guidelines; and strengthening of supply chain management to ensure commodity security
• IntegrateTb screening, gender based violence and youth friendly services in MCH through training and mentoring of health staff, lay community health workers and community structures
• Establish on-site PMTCT QA/QI systems
• Orient and mentor community structures to promote early initiation of ANC services; couple counseling and testing; facility deliveries; and postnatal attendance throughout breastfeeding.

Objective 2: To provide more efficacious PMTCT regimens to ALL HIV positive women
We will:
• Establish CD4 sample referral systems
• Increase integrated ART/ PMTCT sites from 2 to 4
• Introduce cell phone text messaging for active client referral to ART and follow-up of defaulters
• Mentor health staff in integrated PMTCT/ART services, drugs and logistic systems; and HB and WHO clinical screening
• Train and mentor lay community health workers and community structures in PMTCT and ART; emphasizing initiation of ANC and timely ART initiation; adherence counseling; and follow up of defaulters
Objective 3: To provide comprehensive HIV prevention, treatment and care services to HIV exposed babies
We will:
• Provide HIV testing; Nevirapine and Cotrimoxazole prophylaxis; and infant feeding counseling in line with national guidelines
• Provide HIV testing to siblings of HIV exposed infants
• Introduce cell phone text messaging for active referral of HIV positive babies to ART
• Mentor health staff to strengthen lost to follow up tracking and early infant diagnosis logistic and courier systems
• Introduce community registers for exposed baby tracking
• Support outreach during child health weeks to identify and test HIV exposed babies

Objective 4: To strengthen monitoring and evaluation to enhance data quality and data use for decision making and

strategic planning
We will:
• Support revision of HMIS registers in line with revised PMTCT and ART guidelines
• Support CDC epidemiology for data use training to enhance data use
• Strengthen and expand SMARTCARE and mentor health staff in its optimal use
• Conduct data quality audits and data management mentoring
• Orient community structures in data appreciation and data use to improve demand and utilization of PMTCT and Pediatric HIV services
• Provide technical support to the Ministry of Health (MOH) Provincial and District Health Management teams during district planning and integrated review meetings

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	100,000	0

Narrative:

Goal: To support the provision of quality and uninterrupted ART to children in Lundazi and Chadiza.
Objective 1: We will build the capacity of HCWs to manage paediatric ART patients by
• Conducting one training in Paediatric ART
Objective 2: We will promote retention of HIV infected children on ART by
• Promoting health-seeking behavior through intensified counseling using trained paediatric counselors
• Employing SMS technology for monitoring and follow-up
• Actively following up defaulting clients
Objective 3: We will promote equity of access to comprehensive ART services for children by
• Enrolling from a primarily rural community

Implementing Mechanism Details

Mechanism ID: 13562	**Mechanism Name: CHRESO Ministries**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Chreso Ministries	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 3,769,617	
Funding Source	**Funding Amount**
GHP-State	3,769,617

Sub Partner Name(s)

Chreso Lusaka	Chreso-Kabwe	Chreso-Livingstone
Circle of Hope		

Overview Narrative

During the fiscal year 2012, Chreso will support four sites in three provinces of Zambia. The Community based treatment services (CBTS) will comprise of HIV testing both onsite and mobile, out patient referrals, home based care, and support groups. Medical care will comprise both adult and pediatric prevention, care, support and anti-retroviral therapy (ART) services, TB and STI management, maternal child health (MCH) and early infant survival, training and professional development.

Chreso will monitor retention levels by continuing regular updates of retention data by the use of Data Demand and Information Utilization (DDIU). In order to continue building and strengthening the capacity of the M&E team, Chreso will strengthen the current Continuous Quality Improvement (CQI) teams to have monthly plans that will create a sense of ownership to achieve the goals of the programs, train more members of staff in SmartCare (to encourage understanding of individual patient care). Chreso will also strengthen ties with other ART clinics and AIDSRelief to monitor those patients who are lost to follow.

Chreso will also ensure that the health systems are strengthened in order to execute functions as expected by all stakeholders. Capacity strengthening will continue in the technical department, the programs department, finance and compliance and strategic Information. Chreso will continue to be a subscribed member with the National External Quality Assessment Scheme in all laboratory sections to ensure quality health care delivery through proper and effective diagnosis.

The activities proposed under the budget codes below will all be done in collaboration with AIDSRelief Zambia team.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	300,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13562		
Mechanism Name:	CHRESO Ministries		
Prime Partner Name:	Chreso Ministries		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	953,400	0

Narrative:

Chreso will deliver quality comprehensive care to PLWHA by employing approved national guidelines. Chreso will provide psychosocial support to those on ART and pre-ART. Adherence counseling will be a very important component of care. Adherence to ARVs is crucial to a patient's treatment success because nonadherence puts patients at risk of viral resistance to their current regimens. Chreso will ensure treatment preparation programs teaching on the importance of adherence, how to deal with side effects of ARVs, and how to maintain good nutrition to ensure medications work properly. Once they begin therapy, patients enter adherence support programs in which health workers, close friends, or family members also educated on ART conduct follow-up visits to see if the patient is taking his or her medication correctly, maintaining a balanced diet, and avoiding opportunistic infections.

Chreso will also refer patients to sources of socioeconomic support as well as referring for human rights and legal support to clients that will include PLWHA participation, stigma and discrimination reduction and succession planning. Chreso will also provide medical and nursing care in form of counseling and testing, preventive therapy, OI treatment and prophylaxis and some level of palliative care plus referrals. Chreso will expand patient education on HIV prevention; home hygiene interventions; and provision of basic health and OI prevention commodities. Chreso will strengthen management of pre-ART clients, ensuring appropriate monitoring, strengthen follow ups and retention
Chreso will strengthen current referral networks for all types of patients, including: HIV expert consultation for complex patients and specialized counselors for pediatric adherence. Chreso will encourage clients in care to

remain linked to the clinic so as to receive follow up CD4, and preventive health care and have an opportunity to join support groups. Chreso will provide training to health workers in collaboration with AR-T in standard didactic sessions using the national ART curriculum and on-site mentorship at sites by a multidisciplinary team of experienced HIV care providers and OI trainings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	322,973	0

Narrative:

Chreso will ensure that 100% of HIV-positive clients are screened for TB and fast-tracked to appropriate treatment using national guidelines if co-infected and are provided with co-trimoxazole prophylaxis, entering the ART system if they are positive. Chreso will continue to strengthen TB diagnosis based on sputum examination quality TB/HIV testing and treatment services and through TB and TB/HIV messages used for outreach, delivered via community gatherings such as drama programs, government-supported public address systems, and information, education and communication materials. Chreso will conduct quarterly meetings with TB treatment supporters and provide technical support supervision to volunteers who will support patients on treatment and refer community members and adult patients with a chronic cough, fever, or other TB symptoms to facilities.

Chreso will enhance laboratory capacity for TB diagnosis; sputum exam, LED microscopy and facilitate prevention of nosocomial infections among health care workers; strengthen referral linkages between Chreso facilities and the government TB (DOTS) sites. As part of the TB/HIV component, Chreso will include nutritional assessment. And for those with TB, their families will also be tested through contact testing and family case finding.

Chreso will ensure that laboratories and other work areas are conducive for infection prevention and control while ensuring that personnel in the laboratories have sufficient trainings provided in collaboration with AR-T. This collaboration will also see other health workers receive trainings in case detection with prompt treatment and screening. These trainings will also ensure that health workers are trained in the new management of TB/HIV co-infection through MOH approved guidelines.

Chreso will also be working to strengthen linkages with other organizations and District Health clinics that are providing care to TB patients. These linkages will be useful for conducting Quality assurance and quality improvement activities and ensure that feedback is given. Chreso will also collaborate with DHMT in areas of MDR-TB surveillance while advocating to be attending TB MDR data review meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	0

Narrative:

Chreso will deliver quality comprehensive care to HIV positive children not yet on ART, to those initiating ART and to those already on ART by employing approved National Guidelines. Chreso will provide Psychosocial Support to clients, both on ART and pre-ART for them to access quality counseling, spiritual support, follow-up counseling and community support. For those on ART and those about to start ART, adherence counseling will be a very important component of care. Chreso will ensure that patients adhere to therapy. Adherence to ARVs is crucial to a patient's treatment success because nonadherence – even taking less than 95 percent of the medication – puts patients at risk of viral resistance to their current regimens. Once individuals are determined through clinical evaluation to be eligible for ART, they will enter treatment readiness programs. These programs educate patients/ caregivers on the importance of adherence, how to deal with side effects of ARVs, and how to maintain good nutrition to ensure medications work properly. Adherence to ARVs is often challenging because the side effects. Chreso will in collaboration with AR-T train healthcare providers in child and adolescent counseling and will ensure that counseling for infants, children, adolescents and their families is available. Chreso will ensure prompt infant diagnosis, treatment and follow up according to National Guidelines and will use the family centred approach for continued care. Chreso will ensure that Nevirapine and Septrin prophylaxis is given according to National Guidelines and that infant feeding options are clearly given to the mothers. Chreso will also ensure growth monitoring and nutritional assessment at each visit and will ensure that immunizations are upto date. Chreso will link mothers to Insecticide Treated Nets and malnourished children to programs that provide nutrition and also teach basic home hygiene and prevention of diarrhea.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

Chreso will ensure that all sites laboratories have more reliable energy sources, MOH-approved equipment, and personal protective equipment. Standard Operating Procedures Manuals (SOPs) (according to national guidelines) for equipment maintenance, cleaning, and personal safety will be updated, governing workload management, and suggesting safety and hygiene for appropriate specimen collection areas and infection prevention and control.

Chreso will improve site laboratory capacity through linkages to Chest Diseases Laboratory. Using the MOH laboratory training manual Chreso, in collaboration with AIDSRelief Transition, will train both professional and lay staff in HIV testing to facilitate task shifting, as well as to build the capacity of laboratory assistants and technologists to 1) apply good clinical practices for diagnostic quality and infection prevention; 2) conduct hematology and chemistry tests, CD4 counts, TB diagnostics including conversion from conventional to WHO recommended acid fast bacillus and fluorochrome acid microscopy, and tests for other OIs, including cryptococcal meningitis and malaria; and collection and storage of samples for EID. We will also ensure that transport is available for transportation of specimen to reference laboratories. Chreso has had a Cavidi viraload machine

installed at its Lusaka site which AIDSRelief-T will be conducting at the site in collaboration with Chreso's own staff.

Chreso's current laboratory capacity has passed all accreditation requirements. Additional capacity would a) enhance scale up requirements and participate in the national External Quality Assurance (EQA) program; b) establish and strengthen a Quality Assurance (QA) program for local laboratories; c) improve supply chain management; and d) facilitate online capacity by improving the laboratory management information systems (LMIS).

Chreso, with AR-T, will train and mentor laboratory managers in management skills, and decentralize Technical Assistance (TA) by preparing laboratory staff to provide quarterly TA, mentoring, and supervisory roles within sites. Chreso will provide continuous professional development through trainings to help laboratory staff maintain individual certifications.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	60,000	0

Narrative:

Chreso Ministries will guarantee that all facilities have trained staff, adequate equipment to manage SmartCare. Chreso Ministries will collaborate with AIDSRelief –Transition (AR-T) to ensure implementation of a monitoring and evaluation system for valid, accurate and timely reporting. Thirsty LTPF staff will be trained and certified In SmartCare. Chreso Ministries will ensure that all sites have CQI/DDIU commodities that will synthesis aggregate quarterly reports for evidence based decision making and programme guidance. Chreso will conduct periodic data reviews to ensure and guarantee good quality data capture and analysis throughout the project lifespan. Chreso will produce monthly, quarterly, semi-annual and annual progress reports as required by MoH and CDC. At national level, Chreso will participate in M&E technical working groups. Chreso will collaborate with AR-T for the handing over of sites and technical support to staff LTPF in the first and second year of the programme award. Chreso Ministries will collaborate with PHOs and DHMTs for better program management at local levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	30,000	0

Narrative:

Chreso will continue working with AR-T to enhance its organization systems and those of Chreso sites. Chreso in collaboration with AR-T will administer the Site Capacity Assessment tool and the Holistic Organizational Capacity Assessment tool to identify gaps. Chreso will address the identified gaps to strengthen systems at HQ and site level.

Chreso will continue its partnership with AR-T, CDC, and the GRZ to strengthen project Clinical Oversight, Strategic information, Grant Management as per USG compliance regulations and Supply chain. Chreso will train relevant staff to provide technical assistance and onsite mentoring. These will serve as start up activities necessary for a phased out transitioning exercise.

Chreso will escalate new information in HIV treatment in partnership with AR-T Zambia and according to national treatment guidelines to all clinical and medical staff for better service delivery. Chreso will continue with regular meetings for training, and compliance related updates. Refresher courses and training opportunities shall be provided to staff at HQ level and site levels.
Chreso will continue working with the MoH of health taking advantage of the already signed Memorandum of understanding to advocate for MoH supported medical and clinical staff as occurs in other faith based institutions.

Chreso will collaborate with national training institutions willing to utilize Chreso facilities for training and exposure of clinical and nursing staff to practical ART service provision skills for an enhanced and better skill base in line with the sixth national development plan that highlights the need for improvement of the availability and distribution of qualified health workers in the country. Chreso will train Community health workers in adherence and patient follow up, counseling, patient monitoring, and reporting for HBC efficiency.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	

Narrative:

Chreso will continue the promotion and provision of male circumcision in all its sites and use community based educational programs, and gender sensitive messages developed by AIDSRELIEF Zambia about the benefits of MC and service locations, provided in local languages. Chreso will start by renovating the existing infrastructure, and building capacity of the clinic staff and community health workers; to ensure acceptance, stronger community participation through community mobilization and sensitization. To avoid stigma and encourage speedy of services, Chreso will integrate MC services as part of routine health services and create linkages between HIV prevention, MC, HIV CT and ART sites and a strong referral system for those testing positive for early access to ART services.

Chreso will ensure that in order for MC activities to succeed, an effective management system will established to oversee the provision of these MC services and ensure that necessary medicines, supplies, equipment, and environment at the facility are available for providing safe MC services of good quality Qualified and competent providers are available
Information and education on HIV prevention and MC provided to clients. Chreso will use single use needles, and where instruments such as scalpels are used, there will be an autoclave machine at each site to sterilize such

instruments in order to prevent and control infections
Chreso will continue to regard Monitoring and evaluation as an important component of every activity and hence, MC will be subjected to thorough documentation and record keeping and reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	

Narrative:

Chreso Ministries will continue to use disposable single use syringes and needles. Chreso will promote the use of safety boxes as part of infection control. Chreso will, in line with the National Guidelines, also continue to promote and implement the PEP policy guidelines. In order to ensure Commodity security, Chreso Ministries will continue to access single-use syringes and needles, lancets and blood drawing equipment, safety boxes, gloves, and other accessories through the Ministry of Health supply chain pipeline managed by Medical Stores of Zambia. Chreso will strengthen the activities of the infection control teams as a way of Integrating of injection safety and waste management into HIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	

Narrative:

Chreso will strengthen community based treatment support (CBTS) through community sensitization as well as build capacity for community based treatment through trainings, skill building, role plays, drama, and community action plan development. Chreso will promote delay of sexual debut or secondary abstinence, fidelity, partner reduction and related social and community norms as part of a balanced prevention message approach, with elements of abstinence and be faithful programs done in tandem with condom social marketing where appropriate.

Chreso will intensify HIV prevention services targeting young people through youth based life-skills training, and promotion of overall Adolescent Sexual Reproductive Health services.

Chreso will have deliberate activities targeted at the most at risk people (MARPS) such as transportation workers, uniformed servicemen and other vulnerable individuals and groups including victims of rape/abuse, prostitutes and children. Chreso will also conduct monitoring and evaluation activities in the community by having quarterly meetings to strengthen relationship with the community. Chreso will continue to strengthen partnership and linkages with other organizations offering preventive care in the district by attending monthly and quarterly meetings for District AIDS Task Force and District Referral Network Associations and encouraging partner notification through disclosure of HIV results by educating communities and couples seeking counseling and testing services. Chreso will strengthen its position of advocating for abstinence for the unmarried and its benefits as one way of prevention while respecting and supporting other preventions as well.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	226,869	0

Narrative:

Chreso will consider counseling and testing as a key component of the entire program. Strategies will include PITC, VCT, couples and family testing, mobile CT, door-to-door CT, and PCR for early child diagnosis. In the fiscal year 2012, Chreso will utilize PITC across all entry points and particularly to reach women outside ANC clinics, and additional effort will be given to support women tested in MCH clinics for improving access to longer-term HIV services. In addition, we will test family members of patients in care through targeted community based testing. Chreso will ensure that HIV counseling and testing is offered and available to all patients and will also ensure that appropriate HIV testing techniques and approaches that meet required national standards are utilized. Chreso will strengthen and support VCT as an integral component of HIV/AIDS/STI/TB prevention, control and care as well as support appropriate training in VCT in collaboration with AR-T. Chreso will continue to make use of the available VCT guidelines for children, including disclosure and will promote community-based and family-based counseling and testing. Chreso will use existing guidelines for peer educators and counselors trainings. To ensure commodity availability, Chreso will ensure timely forecasting, quantification, procurement and distribution of HIV test kits.

To increase the uptake of CT, Chreso will continue to use onsite VCT, PITC and mobile CT in rural areas and prisons. Chreso will ensure those clients that test negative be reviewed after 3 months and through the family centred approach will be tracked and followed by the CBTS teams.

Couple counseling and testing will be a major component of both family based testing and PITC. Testing only one partner in a couple does NOT result in HIV risk reduction. Couples Counseling and Testing (CCT) decreases transmission of HIV within discordant couples. CCT has been proven to be an effective, important strategy in the prevention of HIV and leads to increased condom and long acting contraceptive use and reduction in HIV transmission, sexually transmitted infections (STIs), and unplanned pregnancies.

Chreso will continue its strategy of conducting mobile couple counseling testing clinics targeted at Neighborhood Health Committee zones and targeted community referral points, during which males are encouraged to be involved in PMTCT programs by accompanying their partners to antenatal care clinics. Chreso will also establish a couple counseling testing program targeted at community events E.g. World VCT day, International Women's Day, Lab our Day. During all these events awareness talks on partner disclosure and notification in homes will be conducted through public address and distribution of Information, Education and Communication materials. In working with AIDSRelief, Chreso will ensure that counselors are trained in couple counseling and program design.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	61,083	0

Narrative:

Chreso will run community activities and trainings in collaboration with AIDSRelief-Transition (AR-T) to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity, partner reduction and related social and community norms as part of a balanced prevention message approach, with elements of abstinence and be faithful programs done in tandem with condom social marketing where appropriate.

Chreso will intensify HIV prevention services targeting young people through youth based life-skills training, and promotion of overall Adolescent Sexual Reproductive Health services.

Chreso will improve the care and treatment of STIs by improving STI diagnostic and management capacities and strengthen community education on STI prevention, partner notification and treatment compliance. We will train health workers from the facilities in syndromic management of STIs. The trainings will be according to National Guidelines.

Chreso will have deliberate activities targeted at the most at risk people (MARPS) such as transportation workers, uniformed servicemen and other vulnerable individuals and groups including victims of rape/abuse, prostitutes and children.

Chreso will, in collaboration with AR-T, train CHWs and support integration of issues of gender violence into HIV community prevention activities with PLWHA support groups, home visits and counseling sessions. Chreso will engage male community leaders to mobilize men in behavior change activities opposing domestic violence. Chreso will further link with other programs such as YWCA and Victim Support Unit (VSU) addressing cultural norms which engender male violence against women. Chreso will care for its health care providers by following National Guidelines on issues of post exposure prophylaxis (PEP) and will ensure psychosocial care is provided as well.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	0	

Narrative:

Chreso will sensitize communities on the dangers and effects of alcohol and drug abuse in relation to ART. Chreso will further strengthen linkages with other organizations, like DEC, Alcohol and Drug abuse department in Chainama College, the City Council and have regular meetings in relation to prevention of drug, alcohol and other substance abuse in the community.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	125,000	0

Narrative:

CHRESO will continue to scale-up PMTCT services building upon the work that was done during year one of this grant as outlined in COP11. Based on the MOH national protocol guidelines and PMTCT scale-up plan, CHRESO will implement programs intended to contribute towards the countries attainment of the HIV MTCT elimination goal by reducing the proportion of HIV exposed babies becoming infected to <5%. In order to achieve this, CHRESO will focus on optimizing the quality of PMTCT services whilst sustaining coverage of HIV counseling and testing within its ANC services at 95% and above. CHRESO will provide CT across all entry points to integrate HIV prevention, care and treatment services, including maternal and child HIV care and PMTCT, family-centered services with partner and family testing as part of treatment expansion. Chreso plans to ensure that 75% of its primary level facilities have integrated ART and PMTCT services by end of the COP12 period. This is expected to result in at least 80% of HIV+ pregnant women receiving a complete course of efficacious ARV regimens as per National guidelines. By the end of the same period, CHRESO will work towards implementing integrated Family Planning and CT services for prevention of pregnancy for all HIV+ and those of unknown status in up to 70% of its HIV CT facilities. As part of efforts to establish a complete four pronged PMTCT program, CHRESO will continue to scale-up integrated youth friendly sexual and reproductive health service delivery with PMTCT to reach 20% of its supported facilities as a strategy for primary prevention of HIV. To ensure that quality of services is improved and all targets are met, CHRESO will delivery supportive supervision and mentoring on a quarterly basis to 100% of its supported sites

As a critical component for attainment of the elimination goal, CHRESO will implement evidence based interventions aimed at curtailing the huge loss-to-follow up and will target to retain no less than 65% of mother-baby pairs in care and treatment services including EID up to 18 months postpartum; and for Nevirapine prophylaxis in breastfeed babies up to cessation of all breastfeeding.

Based on the new evidence regarding treatment as prevention and the known additional risk of MTCT incident HIV infection in pregnant women, CHRESO will implement interventions intended to ensure that >80% of ANC attendees receiving couple counseling, testing and receiving their results, with 100% of HIV+ partners linked to treatment programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,315,292	0

Narrative:

Treatment at all levels will be provided in collaboration with AIDSRelief who will be doing technical support with Chreso. Chreso will use the recently approved new National Guidelines in the management of HIV/AIDS for its clients. Chreso will provide laboratory investigations to clients that are eligible for HAART and for continuous monitoring. Chreso will also ensure the appropriate management of side effects of ARV's and in collaboration with AR-T will ensure continued onsite mentoring and training of its staff using MoH packages in the management of ART and OIs and other refresher courses. Chreso will also use monthly clinical meetings as a way of keeping its staff updated on current HIV/AIDS management issues. Chreso will also ensure that clients are reviewed by

trained personnel and clinical follow up appointments are given to them.

Chreso will further conduct nutritional assessment for all clients before commencement of ART for appropriate nutritional interventions and will facilitate training of health care providers on how to conduct nutritional assessments and refer those who are malnourished to appropriate services. Chreso will ensure that clients are adherent to their medication by giving them regimens that are simple but effective and also ensure that clients do not miss their appointments by actively following them. Chreso will also ensure that psychosocial support is available and will link the clients to organizations that give specialized psychosocial support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	375,000	0

Narrative:

Chreso will use the recently approved new National Guidelines in the management of paediatric HIV/AIDS for its clients. Chreso will provide laboratory investigations to clients that are eligible for HAART and for continuous monitoring. Chreso will also ensure the appropriate management of side effects of ARV's and in collaboration with AR-T will ensure continued onsite mentoring and training of its staff using MOH paediatric packages in the management of ART and OIs and other refresher courses. Chreso will also use monthly clinical meetings as a way of keeping its staff updated on current paediatric HIV/AIDS management issues. Chreso will also ensure that clients are reviewed by trained personnel and clinical follow up appointments are given to them.

Chreso will further conduct nutritional assessment for all clients before commencement of ART for appropriate nutritional interventions and will facilitate training of health care providers on how to conduct nutritional assessments and refer those who are malnourished to appropriate services. Chreso will ensure that clients are adherent to their medication by giving them regimens that are simple but effective and also ensure that clients do not miss their appointments by actively following them. Chreso will also ensure that psychosocial support is available and will link the clients to organizations that give specialized psychosocial support. Chreso will strenghthen linkages at all levels namely PHO, DHO and HQ to ensure that there is a constant supply of testing kits e.g. DBS bundles and to ensure that updates on current Pediatric ART information is obtained through the District. Chreso will also collaborate with MOH including participation in different technical working groups.

Implementing Mechanism Details

Mechanism ID: 13580	**Mechanism Name: Centre for Infectious Disease Research in Zambia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Centre for Infectious Diseases Research in Zambia (CIDRZ)	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 16,639,007	
Funding Source	**Funding Amount**
GHP-State	16,639,007

Sub Partner Name(s)

University of Alabama at Birmingham/CIDRZ	University of North Carolina at Chapel Hill, Carolina Population Center	

Overview Narrative

Our goal is to ensure the sustainability of quality HIV care for all Zambians in the target provinces through two primary strategies. The first is to transition direct HIV program support from the Centre for Infectious Disease Research in Zambia (CIDRZ) to the Provincial Health Offices (PHOs) by building clinical and management capacity to deliver reliable essential services. The second is to promote the long-term viability of HIV care by developing effective models that integrate Prevention of Mother to Child Transmission (PMTCT) and Antiretroviral Therapy (ART) in existing primary health care services and leverage this investment to provide better and more comprehensive basic care. We have five overarching objectives across PMTCT and adult and pediatric HIV care and ART service support areas:

1. Support continuous, quality health services during the transition period

2. Build capacity and promote ownership through performance evaluation and quality improvement

3. Transition direct site support to the PHOs

4. Develop integrated and comprehensive care model sites in each province

5. Support MOH-led training and mentoring

Our Eastern, Southern, and Western provincial teams will continue to support PHO plans and activities as requested, working in close collaboration with the PHOs, CDC, and other partners to promote complementary support and services. CIDRZ central and provincial specialists include experienced HIV medical officers specializing in advanced clinical training, quality improvement nurses and clinical officers, laboratory technicians and managers, pharmacists, and data managers and analysts.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	416,501
Renovation	671,392

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13580**
Mechanism Name:	**Centre for Infectious Disease Research in Zambia**
Prime Partner Name:	**Centre for Infectious Diseases Research in Zambia (CIDRZ)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,000,000	0

Narrative:

Improve retention in care and treatment for pre-ART and ART patients
1. Increase ART treatment preparation according to new guidelines by having minimum of three adherence visits before initiation of ART
2. Improve referral and feedback between higher and lower level ART sites through training and the creation and use of feedback forms

3. Strengthen linkages and referral networks between community groups and ART sites
4. Strengthen community program to improve pre-ART retention and early detection of patients needing ART through community trainings
Integrate HIV care and treatment services with other services and improve linkages
1. Improve the care and treatment of TB/HIV co-infected patients by intensified case finding for TB in 50 HIV clinics
2. Enhance linkage between ART and TB clinics by referral and reflex CD4 testing for all patients with HIV and active TB
3. Enhance provision of HAART in PMTCT services through training of 40 midwives, mentoring of midwives to support ART in stable patients in MCH clinics, and referral of complicated cases to ART clinics
4. Integrate provision of ART services in general outpatient (OPD) services (in clinics with adequate infrastructure)
5. Strengthen provider-initiated testing and counseling (PITC) in OPD and inpatient wards and links to HIV care and treatment
6. Increase referrals and linkages to MC services
7. Integrate Nutrition Assessment, Counseling and Support (NACS) within clinical management and community support for clients
8. Start cervical cancer (Ca Cx) screening at 4 new sites
9. Continue to support Ca Cx screening at 10 existing sites
Laboratory testing
1. Support MoH to provide pre ART laboratory testing to 70% of patients accessing care at CIDRZ supported sites
2. Support MoH to scale up laboratory testing for pre ART services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	147,443	0

Narrative:

Improve the total health of HIV infected children and exposed infants/children through early identification of HIV infection, linkage to care and treatment, provision of psychosocial services, and linkage to available support services.
Improve retention of paediatric patients in care
1. Assist paediatric counselors to start 20 paediatric support groups per year
2. Support the formation of 20 adolescent support groups:
3. Support 16 pediatric puppetry performances per month
4. Train 80 community agents in mother-baby tracking
5. Support the development of 20 care-giver support groups in the CIDRZ supported sites in Lusaka
6. Promote health-seeking behavior through improved counseling
Support the development of integrated clinic systems

1. Develop protocols and improve clinic flows
2. Strengthen the referral of patients to other services such as nutrition
3. Support the integration of infant feeding trainings for MCH and paediatric ART support staff – 4 per year, one in each province
4. Support integrated trainings for MCH and pediatric ART health care workers (HCW) in EID – 4 per year, one in each province
Support transition by building clinical and mentoring capacity through joint activities
1. On-site mentoring of 40 pediatric peer educators/counselors
2. Train 3 PHO/DHO point persons to supervise pediatric counselors/peer educators
3. Train 60 pediatric counselors in adolescent counseling
4. Train 40 peer educators in bereavement counseling
5. Train 40 lay health care workers (LHCW) in full clinic support package
Promote the delivery of quality pediatric support services
1. Conduct quarterly supportive supervisory visits
2. Identify training needs of support workers and recommend for training
Promote equity of access to ART by disadvantaged children
1. Support the linkage of orphaned/disadvantaged children from ART services to social support systems
2. Support the linkage of orphaned/disadvantage children from community support systems to ART services
3. Support the linkages of children between different service centers within the health system and outside the health system
Laboratory testing
1. Support MoH to provide laboratory testing to 70% of pre ART paediatric patients accessing ART at CIDRZ supported sites
2. Support MoH to scale up laboratory testing for pre ART paediatric services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	345,000	0

Narrative:

Provide clinicians with essential diagnostics for decision-making through laboratory services and systems strengthening
1. Continue to offer rapid and high quality comprehensive laboratory testing services for HIV-related programs in Lusaka province at the CIDRZ-Kalingalinga Central Lab
2. Provide DBS PCR testing (Eastern, Lusaka, Western) in support of national EID program
3. Provide TA support to laboratories in Eastern, Lusaka, Southern, and Western Provinces
Improve reliability and quality of PHO laboratory services through technical assistance, reagent support ,

laboratory equipment and training
1. Support PHO planning of 3 Lusaka Province laboratories
2. Equip 2 provincial hub labs to provide CD4, haematology and biochemistry services
3. Provide back up reagents to EP, WP and SP
4. Provide generators to ensure uninterrupted services at 2 provincial laboratories.
5. Train PHO lab staff in laboratory planning and management
6. Work with PHO and MoH to evaluate and recommend appropriate back up energy sources
Ongoing support:
1. Meet the diagnostic requirements of new guidelines and improved TB and STI screening through expanded laboratory systems
2. Assist MOH laboratory teams in reviewing system performance for ongoing operational and QA/QC planning
3. Support planning and activities to improve national specimen referral (Note: CIDRZ Lab will continue to participate in activities currently led by CHAI in support of strengthening national specimen referral system)
4. Provide TA in national LIS planning and implementation
5. Provide support to MOH EQA accreditation initiatives
6. Support MOH with design, installation and maintenance of appropriate energy source systems to ensure continuous supply of electricity for the laboratories

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

We will work with the Ministry of Health and local partners to support the collection, analysis and assessment of routinely collected programmatic data.
We will gradually hand over the site level data entry to the MoH
1. We will directly support data entry at 80% of the present sites
2. We will support 18 monitoring and evaluation 'mentors' to support data entry in newly transitioned sites
3. We will provide technical support and supervision to information officers at the District and Provincial offices
4. We will provide assistance with SmartCare training

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	102,557	0

Narrative:

To build capacity at the provincial and district levels to monitor and evaluate the ART and PMTCT services to ensure a smooth transition of management of services from CIDRZ to MoH and further integrate and strengthen

integrated services in TB, PMTCT, Family Planning (FP) and Maternal Child Health services (MCH).
Activities
1. Hold technical consultative meetings with the provincial and District teams
2. Implement ART services in TB, PMTCT, MCH areas focused on strengthening of the Drug Information Systems in 25 ART sites (ie integration of HIV services within TB corner, MCH and OPD)
3. To work with Provincial lead mentors for continuous onsite training and mentorship to ensure buy-in of the staff at the service delivery point (quarterly)
4. Support activities which will strengthen Drug accountability and logistics through on QA/QC at the district warehouse level and sampled ART sites in Lusaka.
Support enhanced PMTCT commodities stock availability security in all supported districts to ensure an efficacious program and eliminate use of sdNVP
Build capacity in good ART pharmacy practice to be able to support advanced ART services
We will work with CDC partner AIHA to coordinate activities to avoid duplication of effort. In some areas where AIHA is not yet active and the MOH requests it, we will be able to support the following:
1. Support technical assistance for development of training materials, participate in conducting Advanced Pharmacy ART ToT (six Pharmacists)
2. Technical Assistance to MoH Provincial Pharmacists mentors
3. Technical Assistance to Provincial Pharmacists to develop a training schedule for Pharmacy staffs in ART sites
4. Technical assistance to Provincial Pharmacists to build indicator for Pharmaceutical Monitoring and Evaluation of the ART services.
5. Introduce bar coding technology at the service delivery point and the warehouse level to enhance accountability and reduce wastage through expiration and over stocking- Lusaka pilot this in four sites and centrally in Lusaka). This will be under taken as part of Operational Research
6. Train 40 new graduate pharmacist in good commodity management and M&E
Increase equity of access to provision of family planning services and ensure all ART pharmacies stock family planning products by September 2012.
1. To hold three one day meetings at provincial level to sensitize Provincial Pharmacists on gender issues and equality to access of comprehensive services including family planning
2. Offer Technical Assistance to the Provincial Pharmacists Conduct training workshop for pharmacy staffs in provision of family planning services and Family Planning products, MoH Staffs to take a lead role. Train four pharmacy staffs (principle pharmacists) in a one day training
To work with Provincial and district pharmacists to support enhanced commodities security for FP supplies to meet the increased uptake/ need of HIV positive girls and women under ART services (30 ART pharmacies to stock family planning products)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,405,000	0

Narrative:

CIDRZ will support the GRZ National Male Circumcision strategy by expanding the coverage of adult and neonatal male circumcision.

Our specific objectives and activities are to:

1. Introduce adult MC in 10 new sites and provide MC to 12,500 HIV-negative males in the first year; specifically:

a. Recruit one MC implementation coordinator and one data coordinator.

b. Recruit and train 15 full time MC providers to be based at MC sites and perform MC.

c. Provide surgical supplies and consumables to 10 MC supported sites.

d. Provide ongoing support to all sites to ensure provision of high quality MC services through supportive supervision.

e. Conduct skills transfer and mentoring of 40 MOH staff in surgical MC skills at these sites.

f. Train 60 MOH staff in MC benefits, risks, post-operative care and management of complications.

g. Support MC demand generation through community mobilization

h. Hire and train 10 peer educators for the new sites to support demand creation and follow up of clients missing their review dates.

i. Promote couple counseling in the MC program and facilitate linkages to HIV care, family planning, STI treatment, and PwP programs.

j. Conduct safe outreach MC services in consultation with the PMOs, DMOs.

k. Support high quality data collections, reporting and use through support to part time data clerks.

2. Continue support to the 5 NMC service delivery sites and expand support to 3 additional sites and provide 6,000 neonatal male circumcisions

a. Recruit 3 additional dedicated NMC providers to perform NMC and provide supportive supervision in order ensure maintenance of high quality services.

b. Conduct skills transfer and mentoring of 10 MOH staff in surgical NMC skills at these sites.

c. Train 15 MOH staff in MC benefits, risks, post-operative care and management of complications

d. Hire and train 6 peer educators for the new sites to support demand creation and follow up of clients missing their review dates.

e. Provide support for non-consumable supplies for MC.

3. Promote integration of MC with other services

a. Train peer 40 educators and 40 health care staff across a variety of services to provide integrated referrals

b. Support clinic integration meetings and ongoing mentoring aimed at integrating MC with other prevention, such as PMTCT, family planning, and counseling and testing.

4. Support the national MOH MC program

a. Support MOH-led initiatives and implementation of national guidelines and training programs.

b. In collaboration with other stakeholders, support the MOH in finalization and launch of NMC training manuals.

c. Support implementation of the National MC Communications strategy.

d. Participate in national MC technical working groups.

e. Assist in monitoring and evaluating scale-up activities and provide technical guidance to GRZ on future scale-up.
5. Improve demand through community education
a. Participate in annual MOH campaigns such as national male circumcision and child health week campaigns to promote MC and NMC.
b. Print and distribute Information, education, and communication (IEC) materials tailored to address community concerns.
c. Hold meetings with neighborhood health committees, community-based organizations, and community leaders to gain program acceptance from the community, dispel myths about MC and NMC, improve community awareness, and build NMC demand.
d. Improve linkages between male partner testing and male circumcision

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,611,339	0

Narrative:

Provide family-centered, quality, comprehensive and integrated safe motherhood services
1. Support HIV counseling and testing (CT) and STI screening services for women and their partners
2. Identify discordant and concordant couples and refer for care and treatment (including male circumcision (MC))
3. Integrate CT in family planning
4. Integrate TB screening, gender-based violence (GBV) counseling, cervical cancer screening and youth friendly services in maternal-child health (MCH) services
5. Mentor health staff using on-site QA/QI to support integrated services
6. Orient and mentor community structures to promote early ANC, couples counseling, facility delivery, and postnatal attendance throughout breastfeeding
Provide more efficacious PMTCT regimens to ALL HIV positive women
1. Support CD4 sample referral systems
2. Introduce cell phone text messaging for active client referral
3. Mentor health staff in integrated PMTCT/ART services, including HB and WHO clinical screening and drug logistics systems
4. Train and mentor lay community health workers and community structures
5. Incorporate MOH standardized package for family planning counseling and messaging into ART, PMTCT, and PwP training
Provide comprehensive HIV prevention, treatment and care services to HIV exposed babies
1. Provide HIV testing, nevirapine (NVP) prophylaxis, cotrimoxazole (CTX) prophylaxis and infant feeding counseling
2. Provide HIV testing to siblings of HIV exposed infants
3. Introduce cell phone text messaging for active referral of HIV positive babies

4. Mentor health staff to strengthen HIV exposed baby care
5. Review and introduce a community register for exposed baby tracking
6. Integrate neonatal male circumcision services
7. Support outreach activities during child health weeks to test HIV exposed babies
Strengthen Monitoring and Evaluation to enhance data quality and use
1. Support revision of HMIS registers
2. Support CDC epidemiology for data user (EDU) training
3. Conduct integrated data quality audits
4. Mentor health staff in optimal use of electronic record systems and data use for performance evaluation
5. Orient community structures in data appreciation and use
6. Assist with strengthening of Smart Care in supported PMTCT sites

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	8,811,858	0

Narrative:

Improve quality of advanced HIV care
1. Train 100 health care workers on identification of patients failing treatment using the viral load testing algorithm
2. Provide ongoing quality clinical care for complicated patients
3. Train 40 health workers in facilities on quality assurance/quality control and performance quality improvement and transition these activities
4. Train 10 select health workers in HIV drug resistance monitoring
5. Roll out early warning Indicators for quality control in conjunction with the PHOs
6. Enhance referrals for complicated HIV care to Advanced Treatment Centres and provide ongoing technical support for advanced treatment care
7. Improve phone and email consultations to HIV clinicians from ART/PMTCT/TB sites
8. Continue support to health facilities to reach accreditation standards for quality health care
9. Establish a two-way referral support between facility and community services for NACS
Transition training and mentoring to PHOs and DHOs
1. Coordinate with PHOs to orient ART trained health care workers in new treatment guidelines
2. Support PHO-led clinical trainings in advanced HIV and OI management and basic ART
3. Coordinate with PHOs to train peer educators and point persons at 40 sites in nutrition assessment and counseling
4. Provide joint on-site clinical mentoring
5. Continue to build capacity in PHOs through ongoing training of trainers (TOT) and clinical mentors training
Provide equity of access to comprehensive services
1. Partner with organizations working in 12 rural sites to increase access to ART care

2. Continue HIV testing, TB screening, and treatment for prisoners (1 site)
3. Treat HIV-positive partners in discordant couples and refer HIV-negative males for MC
Provide technical support to the Ministry of Health
1. Participate in Adult Treatment, HIV Drug Resistance, and National Quality Improvement Technical Working Groups
2. Participate in consultative meetings with the Health Professions Council of Zambia on accreditation of ART and MC sites
3. Support the annual National Technical Update
Laboratory testing
1. Support MoH to provide laboratory testing to 70% of patients accessing ART at CIDRZ supported sites
2. Support MoH to scale up laboratory testing for ART services
Quality Assurance
1. Train and mentor key point persons at PHO, DHO and sites to provide ongoing QA/QC assessments and quality committee meetings
1. Provide support for accurate, comprehensive data collection and data entry for ongoing QA/QC and program management

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,215,810	0

Narrative:

The overall goal of the pediatric treatment program is to increase the survival and improve health of all the HIV infected children through the provision of quality and uninterrupted antiretroviral treatment according to the prevailing national guidelines.
Promote paediatric ART initiation and retention of pediatric ART patients in care by:
1. Training 60 peer educators to provide adherence counseling
2. Training 60 peer educators in child counseling including disclosure
3. Supporting community awareness programs on pediatric ART; support 12 sensitization activities per year
4. Using QI reports (quarterly) to identify children in need of treatment who are not yet on treatment
Support the integration of pediatric clinical care through
1. Supporting training of staff at 10 integrated sites
2. Supporting the integration of PITC at all pediatric points of contact
Support capacity building of HCWs through:
1. Provide technical support for pediatric clinical mentoring with PHO/DHO mentors – quarterly visits per site
2. Provide technical support to PHO for training of clinical mentors
3. Provide technical support to PHO for 4 trainings per year in pediatric ART management
4. Supporting 4 HCW trainings per year in adolescent HIV management

5. Providing technical support to UNZA for one training per year in pediatric ART management (pre-service) *Support internal capacity building of CIDRZ staff through* *1. Supporting international travel to 2 conferences per year* *2. Supporting local CME activities for all staff* *Ensure provision of quality pediatric clinical care through* *2. Orienting all CIDRZ supported ART sites on new pediatric ART guidelines* *3. Ongoing clinical mentoring at CIDRZ supported sites* *4. Ensuring availability of pediatric job aids and guidelines in all CIDRZ supported sites* *5. Providing quarterly supportive supervisory visits by the CIDRZ clinical team:* *6. Providing technical support to MOH by actively participating in the pediatric technical working group* *7. Support for accurate, comprehensive data collection and data entry for ongoing QA/QC and program management* *Promote equity of access to comprehensive pediatric care through:* *1. Supporting the mentoring of 4 nurse practitioners working in remote sites* *Laboratory testing* *1. Support MoH to provide laboratory testing to 70% of paediatric patients accessing ART at CIDRZ supported sites* *1. 2. Support MoH to scale up laboratory testing for paediatric ART services*

Implementing Mechanism Details

Mechanism ID: 13653	**Mechanism Name: National Alliance of State and Territorial AIDS Directors (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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 255,000	
Funding Source	**Funding Amount**
GHP-State	255,000

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.

The NASTAD GP will build the human resource capacity of national, regional, and local health departments through transfer of existing experience and skills. The GP will work with local field offices for the provision of peer-to-peer exchanges of AIDS program management skills, experiences and information. The GP is a unique approach in that though it does not provide direct HIV services, but rather, supports local governments in developing their 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 and its Monitoring and Evaluation (M&E) Plan since 2005. The GP will also build on its previous engagements with NAC and the MOH in when it built capacity to carry out formative assessments and bio-behavioral surveys with Most-At-Risk-Populations (MARPs). NASTAD will continue to work with the national stakeholder Steering Committee formed in FY 2011 to provide technical and logistical guidance for the collection and use of behavioral data.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	130,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13653		
Mechanism Name:	National Alliance of State and Territorial AIDS Directors (NASTAD)		
Prime Partner Name:	National Alliance of State and Territorial AIDS Directors		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	130,000	0

Narrative:

NASTAD will continue its work with the Steering Committee comprised of staff from the Ministry of Health (MOH), NAC, other Government of the Republic of Zambia (GRZ) institutions, and representatives from the affected MARPs to increase capacity related to planning, implementing, and using formative assessment and bio-behavioral survey data.

During FY 2012, NASTAD will focus on providing capacity building in the areas of protocol development, formative assessment and implementation of bio-behavioral surveillance which will be achieved through staff participation in the above mentioned steering committee. NASTAD will provide ongoing training to committee members to ensure that everyone is able to participate fully in the process. Additionally, NASTAD will also provide capacity building activities in the area of MARP size estimation using data from bio-behavioral surveys.

NASTAD will conduct its work through a mix of training activities and one-on-one peer mentoring. Ideally, members of the Steering Committee will be involved in the day-to-day activities to implement the bio-behavioral surveys.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	125,000	0

Narrative:

NASTAD will continue its work with the Steering Committee comprised of staff from the Ministry of Health (MOH), NAC, other Government of the Republic of Zambia (GRZ) institutions, and representatives from the affected MARPs to increase capacity related to planning, implementing, and using formative assessment and bio-behavioral survey data.

During FY 2012, NASTAD will focus on providing capacity building in the areas of protocol development,

formative assessment and implementation of bio-behavioral surveillance which will be achieved through staff participation in the above mentioned steering committee. NASTAD will provide ongoing training to committee members to ensure that everyone is able to participate fully in the process. Additionally, NASTAD will also provide capacity building activities in the area of MARP size estimation using data from bio-behavioral surveys. *NASTAD will conduct its work through a mix of training activities and one-on-one peer mentoring. Ideally, members of the Steering Committee will be involved in the day-to-day activities to implement the bio-behavioral surveys.*

Implementing Mechanism Details

Mechanism ID: 13684	**Mechanism Name: University of Zambia School of Medicine: ZEPACT**
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 School of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 974,881	
Funding Source	**Funding Amount**
GHP-State	974,881

Sub Partner Name(s)

Centre for Infectious Diseases Research in Zambia (CIDRZ)	University of Alabama, Birmingham	University of Maryland Baltimore
Vanderbilt University		

Overview Narrative

The Zambian Educational Partnership for Advanced Care and Training (ZEPACT) is a collaborative effort led by the University of Zambia School of Medicine (UNZA-SOM) in partnership with the University of Maryland (UM), Centre for Infectious Disease Research Zambia (CIDRZ), University of Alabama (UAB), and Vanderbilt University.

ZEPACT's primary objectives address 3 main areas: 1) Training healthcare workers and community health workers in HIV care and treatment, 2) Improving clinical care for complex HIV patients and 3) Strengthening HIV drug resistance surveillance (HIVDRS) in Zambia. Using COP12 base funds, HIV specialty training will include continuation and enhancement of ongoing Masters-level training for doctors, to be strengthened by a new program to send up to two(2) UNZA-SOM/UTH faculty to UM for short term clinical attachments. The Lusaka Advanced Treatment Center (ATC) will continue to serve as a training center for advanced HIV care while providing treatment for complex HIV patients. The implementation of ZEPACT programs will incur additional costs from year 1 related to increases in personnel and resources for: 1) the new diploma-level HIV training program which will begin enrolling nurses and clinical officers; 2) expansion of the HIV nurse provider training program into all 9 provinces; 3) enhancement and expansion of the HIV mentors program; 4) provision of training and mentoring for HIV-specific components of the MOH Community Health Worker program; 5) development and resourcing of two additional ATCs in Ndola and Livingstone based on the model of the new Lusaka ATC; and 6) significant expansion in the ability to process HIV resistance testing and compile both primary and secondary resistance data for the HIV DRS.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	974,881

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13684**
Mechanism Name:	**University of Zambia School of Medicine: ZEPACT**
Prime Partner Name:	**University of Zambia School of Medicine**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	214,881	0

Narrative:

National HIV medical experts/MSc in HIV Medicine: The training of highly skilled HIV specialist medical officers will continue as in Year 1 as UNZA-SOM capacity is built through the secondment of Infectious Disease faculty for training purposes and introduction of UNZA faculty participation in the International Physician Exchange Program through UM. Yearly curricula revision will continue. The MSc HIV Med graduates will provide clinical leadership at new Advanced Treatment Centers (ATC) and MSc candidates will receive increasing mentorship at the ATC for advanced training. Eight doctors and will be enrolled in the second year. By the end of year two, 40% of training responsibilities for the MSc HIV Med course will be provided by local faculty.

New Diploma/MSc HIV Care Program for Nurses and Clinical Officers: During Year 1 MSc HIV curricula was revised and approved by UNZA. In the second year, the adapted MSc curriculum for training of Nurse tutors and clinical officer lecturers will be implemented. Four nurse tutors and two clinical officers will be enrolled in the Diploma/MSc course in HIV Medicine at UNZA. Working in conjunction with General Nursing Council and Chainama College will build sustainability in the goal. The training of nurse tutors and clinical officer lecturers will ensure that appropriate HIV instruction is integrated into the pre-service training of nurses and clinical officers in Zambia.

Revision, Expansion, and Transition of HIV NP program: During Year 1 the program coordinator has evaluated the existing program and consulted with key stakeholders including MOH, GNC, and other partners to identify sites for program expansion. In year 2 ZEPACT will train a total of 60 NPs – 15 at Lusaka School of Nursing, 15 at UNZA SOM, and 15 at each of 2 Enrolled Nursing schools identified in Year 1. Training will consist of an initial 6 week NP training, followed by 10 months x32 hours per month of in-situ mentorship in their respective HIV clinics and 5 days of intensive mentoring every 3 months at a provincial ART clinic. The training of the mentors will be integrated into the HIV mentorship program described below. During year 2, if funding is available, ZEPACT will assume primary financial and administrative responsibility for the continuation of the Nurse Prescribers program to build this essential cadre of health care providers for effective and quality ART service delivery.

Development of qualified HIV mentors for provision of training in HIV care and treatment:

In year 2 an additional 8 new clinical mentors will be trained. A needs assessment for the program will be conducted in conjunction with the MOH to determine continuing training needs. The MSc HIV Med and (MEPI-sponsored) MMED-ID programs will incorporate training modules on clinical teaching and mentoring so that those graduates can be incorporated into the mentorship program. Mentoring of 200 health care providers will take place at clinical sites. Review and revision of consensus performance indicators for quality improvement in partnership with the MOH and CDC SmartCare team will occur yearly.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	CIRC	100,000	0

Narrative:

National HIV medical experts/MSc in HIV Medicine: The training of highly skilled HIV specialist medical officers will continue as in Year 1 as UNZA-SOM capacity is built through the secondment of Infectious Disease faculty for training purposes and introduction of UNZA faculty participation in the International Physician Exchange Program through UM. Yearly curricula revision will continue. The MSc HIV Med graduates will provide clinical leadership at new Advanced Treatment Centers (ATC) and MSc candidates will receive increasing mentorship at the ATC for advanced training. Eight doctors and will be enrolled in the second year. By the end of year two, 40% of training responsibilities for the MSc HIV Med course will be provided by local faculty.
New Diploma/MSc HIV Care Program for Nurses and Clinical Officers: During Year 1 MSc HIV curricula was revised and approved by UNZA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	110,000	0

Narrative:

The provision of quality care for patients with advanced treatment failure and complex HIV related disease will be required as the number of ART experienced person's increases with a maturing epidemic in Zambia. Mishandling of these patients could undo years of careful planning to support a manageable HIV care and treatment program in Zambia. During year one the first model Advanced Treatment Center (ATC) will be opened at UTH in Lusaka. In the second year of the grant, the ATC opened in Lusaka in the first year will continue to operate. An expected 500 patients will be cared for in the Lusaka ATC. In addition, two new sites will be opened in Ndola and Livingstone. The Ndola ATC will be expected to have 250 people in care and the Livingstone ATC will be expected to have 250 people in care. MSc HIV students will spend at least 4 weeks per year on rotation through an ATC, and nurse and clinical officer tutors enrolled in the Diploma/MSc HIV Care course will also spend 4 weeks rotating through an ATC. MMED-ID students will spend 4-8 weeks each year rotating through an ATC, and clinical medical students will spend at least 2 weeks with exposure in the ATC. The supervision in the ATC for these cadres will be from ID Specialist, HIV Specialist, or designated UNZA-SOM faculty. During year 2 additional ATC will become operational in Ndola and Livingstone, and data collection integrated into the National program. The opening of these centers will require the addition of an HIV Specialist, Nurse Prescriber, and advanced Community Based Treatment Specialist full time at each site, plus an office to support their activities. Significant cost for providing care in ATC will be required for resistance testing and increased viral load monitoring. The ATC will also be responsible for addressing complex OI treatment issues resulting in diagnostic laboratory studies outside the normal scheme. Results of resistance testing will be provided to the HIV Drug Resistance Surveillance program for the development of a comprehensive HIV drug resistance data base. The ATC in Ndola will be closely aligned with the Copperbelt University medical school, which is supported by the UNZA SOM through the MEPI initiative. The ATC in Livingstone will be aligned with the ongoing UNZA MEPI activities at Livingstone General Hospital as well

as existing CIDRZ support for adult HIV treatment.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	550,000	0

Narrative:

The provision of quality care for patients with advanced treatment failure and complex HIV related disease will be required as the number of ART experienced person's increases with a maturing epidemic in Zambia. Mishandling of these patients could undo years of careful planning to support a manageable HIV care and treatment program in Zambia. During year one the first model Advanced Treatment Center (ATC) will be opened at UTH in Lusaka. In the second year of the grant, the ATC opened in Lusaka in the first year will continue to operate. An expected 500 patients will be cared for in the Lusaka ATC. In addition, two new sites will be opened in Ndola and Livingstone. The Ndola ATC will be expected to have 250 people in care and the Livingstone ATC will be expected to have 250 people in care. MSc HIV students will spend at least 4 weeks per year on rotation through an ATC, and nurse and clinical officer tutors enrolled in the Diploma/MSc HIV Care course will also spend 4 weeks rotating through an ATC. MMED-ID students will spend 4-8 weeks each year rotating through an ATC, and clinical medical students will spend at least 2 weeks with exposure in the ATC. The supervision in the ATC for these cadres will be from ID Specialist, HIV Specialist, or designated UNZA-SOM faculty. During year 2 additional ATC will become operational in Ndola and Livingstone, and data collection integrated into the National program. The opening of these centers will require the addition of an HIV Specialist, Nurse Prescriber, and advanced Community Based Treatment Specialist full time at each site, plus an office to support their activities. Significant cost for providing care in ATC will be required for resistance testing and increased viral load monitoring. The ATC will also be responsible for addressing complex OI treatment issues resulting in diagnostic laboratory studies outside the normal scheme. Results of resistance testing will be provided to the HIV Drug Resistance Surveillance program for the development of a comprehensive HIV drug resistance data base. The ATC in Ndola will be closely aligned with the Copperbelt University medical school, which is supported by the UNZA SOM through the MEPI initiative. The ATC in Livingstone will be aligned with the ongoing UNZA MEPI activities at Livingstone General Hospital as well as existing CIDRZ support for adult HIV treatment.

Implementing Mechanism Details

Mechanism ID: 13731	**Mechanism Name: DAPP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Development Aid from People to People Humana Zambia	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,302,639	
Funding Source	**Funding Amount**
GHP-State	1,302,639

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Total Control of the Epidemic (TCE) is an integrated HIV intervention model that aims to reduce the spread of HIV and to increase care and support for those infected or affected by the virus. TCE will be carried out in cooperation with Ministry of Health (MOH) and with technical support from the Federation Humana People to People (HPP). Project volunteers will reduce stigma by addressing public gatherings. Field workers are governed by terms of reference and are trained in confidential counseling and testing using the finger prick method and national guidelines. There are 50 field workers in each TCE area that meet twice a month to report, train and share experiences. Work will continue in Monze and Sinazongwe districts with plans to expand to 1-4 districts to reach up to 500,000 people. The TCE project will continue mobile ART services in Monze and start them in Sinazongwe utilizing MOH personnel with allowances and fuel provided by TCE. The project will provide a vehicle to Sinazongwe. TCE plans to start resource centers in Mazabuka, Monze and Sinazongwe in cooperation with MOH. TCE will work with AIDS Healthcare Foundation training HIV Medics from communities that lack medical personal. TCE will partner with established support groups, youth clubs and women's clubs in the operation areas in order to increase care and support for people living with HIV/AIDS (PLWHA) and MARPS and to make prevention and care activities for OVC's and PLWHAs sustainable through income generating activities. TCE will finalize operation in Mazabuka district and hand over operations to relevant partners. Focus will be on support to discordant couples, MARPs and youth. TCE will target service providers to increase their knowledge and participation in prevention, care and support activities.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	30,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**13731**
Mechanism Name:	**DAPP**
Prime Partner Name:	**Development Aid from People to People Humana Zambia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

Policy dialogue meetings at provincial level: Two (2) meetings will be conducted in COP 2012 with participants from stakeholders at district, provincial and national levels. The project will be used to carry out dialogue on policy and implementation of HIV related programs in order to strengthen an internal evaluation of results and to develop and institutionalize best practices. Will carry out, or assist another agent to carry out, a retrospective evaluation of their work in Mazabuka District.
Smart Care medical electronic record systems will be used to store data and link from mobile Art to District Medical Offices and the project will set up trainings with MOH Smart Care to assist medical personnel in the Districts and FOs. In order to scale up the Smart Care systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	992,639	0

Narrative:

Low uptake of Counseling and Testing (CT) is the main contributing factor to the spread of HIV. The ZDHS (2007) indicates that 75% of men and 57.3% of women in Southern Province have never accessed Counseling and Testing.

Door-to-door BCC, home-based counseling, testing and support: The field workers will provide key messages in relation to HIV health issues as well as BCC, counseling and testing, care and support. The home based approach has been designed using the following 5 steps: A) Introduction, B) HIV information counseling and testing, C) HIV Prevention strategies, D) Disclosure and knowing partners status, E) Supporting and encouraging others. The field officers will adjust interventions according to the need of each individual, such as discussion of risk reduction plans for those testing HIV negative, PwP support for those testing positive, referral for TB screening and PMTCT.

A minimum of 40,000 individuals will have counseled, tested and received result for HIV in each year in target disticts in COP 2012 and 80,000 in COP 2013. Field workers will carry out quality door-to-door HIV Counselling and Testing using the message guide developed by CDC in cooperation with DAPP.

Train community volunteers as counselors and train lay counselors to carry out finger prick testing: The project will identify 30 volunteers and 60 already trained counselors in areas without government CT services in each COP, to be trained to provide counseling and finger prick testing. The training as counselors will be at district level for 3 weeks, followed by 3 weeks practical exercises in their local clinics. The training of already trained counselors will be for 4 days on carrying out finger prick testing. The idea is to ensure sustainability of the CT services after completion of the TCE program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	210,000	0

Narrative:

Capacity building in communities carried out by field workers will include sensitization and mobilization of faith based organizations and traditional leaders, in order for them to take part in prevention and care activities and be in the forefront to fight stigma and discrimination and reduce misconceptions or harmful traditional practices. Community meetings will be organized by community volunteers ("passionates") and facilitated by field workers in order to promote an open dialogue on how to influence HIV related practices and norms in the communities.

MARP activities: 1000 people identified as being part of Most at Risk Populations (MARPs) will have been reached with individiual and small group level interventions in COP 2012 and 2500 MARPs will be reached in

COP 2013.
MARP activities will include migrant workers such as people living in and attached to the fishing camps and fishing trade in Monze, Sinazongwe and Choma, sex workers and truck drivers especially connected to the coal mine in Sinazongwe.
The identification of and personal support to MARP will be carried out by peer educators in cooperation with local and district stakeholders. The peer educators will pay special attention to these groups in terms of referral services.
Action to reduce the risk of HIV transmission for MARPs will be implemented to meet the specific needs of the target groups and include: establishment of "Night STI Clinics" in areas attracting many sex workers and truck drivers, training and supporting peer educators,, physcosocial counselling, and other income generating activities.

Establishing condom distribution outlets and distributing condoms: The project will strengthen existing condom outlets, establish 750 additional outlets in COP 2012, train peer educators to distribute condoms and mobilize the District Medical Office (DMO) to ensure sufficient condoms from the MOH central supply. Similar activities will be carried out in COP 2013 establishing additional 750 condom outlets.

Providing PwP information to PLWHA: The field workers will strenghen existing support groups for PLWHA and will mobilize people testing positive to join existing support groups and, where needed, to establish new groups. One person from each group will be trained as trainer in order to train the whole group in PwP, mobilize the group members to take part in preventive advocacy and to improve management and leadership of the groups. The goal is to train 100 PLWHA as trainers to reach 100 groups in COP 2012.At least 6,000 PLHWA will have received information and support through a minimum Positives with Positives (PwP) package as defined by CDC during COP 2012. These activities will continue in COP 2013 and be doubled up when starting in new areas.

Implementing Mechanism Details

Mechanism ID: 13787	**Mechanism Name: CHAZ**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Churches Health Association of Zambia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 4,750,881	
Funding Source	**Funding Amount**
GHP-State	4,750,881

Sub Partner Name(s)

Chikuni Mission Hospital	Chilonga Mission Hospital	Coptic Hospital
Expanded Church Response (ECR)	Kamoto Mission Hospital	Katondwe Mission Hospital
Mtendere Mission Hospital	Mukinge Mission Hospital	Mwandi Mission Hospital
New Partner	Sichili Mission Hospital	St Francis Mission Hospital
St Theresa Mission Hospital	YOUTH ALIVE	

Overview Narrative

The Churches Health Association of Zambia (CHAZ) through its member health facilities and faith based organizations with support from cooperating partners manages programs such as HIV/AIDS Care and Prevention, ART/PMTCT, Malaria and TB.

CHAZ acts on behalf of the 16 Christian Churches (Catholic and Protestants) with a total of 146 church health facilities and faith based community. Registered members operate on a Not-for-Profit basis and within the policy framework of the Ministry of Health (MOH) whose vision is to 'provide equity of access to cost-effective, quality health care as close to the family as possible'.

In FY2012, in line with PEPFAR Zambia Key priority areas, CHAZ AIDSRelief Transition (CART) project will continue to focus on Prevention, treatment, care and support and health systems strengthening for HIV/AIDS. PEPFAR Zambia's agenda is aligned with the National AIDS Strategic Framework 2011-2015 and the National Health Strategic Plan 2011-2015 and falls under the Partnership Framework between the United States Government (USG) and the Government of the Republic of Zambia (GRZ).
Through the CART project, CHAZ will assume responsibility for implementing activities in 2 LPTFs in addition to the 5 LPTFs from FY2011. CHAZ will contribute to the national HIV/AIDS program outcome and impact results by ensuring the reduction of annual infection rate, reduction of MTCT, and ensuring an increase of the number of PLWHA who are alive at 36 months after initiation of ART

CHAZ will continue to work closely with, and support MOH to ensure country ownership, leadership, and strengthened capacity. Collaboration with other partners and integration will be strengthened to ensure efficiency and sustainability.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	187,262

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Child Survival Activities

TB

Workplace Programs

Budget Code Information

Mechanism ID:	**13787**
Mechanism Name:	**CHAZ**
Prime Partner Name:	**Churches Health Association of Zambia**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	921,995	0

Narrative:

CHAZ will focus on the following Priority areas:

1. Comprehensive and family centered care services.

2. STI and OI management

3. Strengthen community and GRZ structures for service provision.

4. Integration and Linkages/ referral systems.

Adult care and support services are largely centered on the work of the Community Based Treatment Service

(CBTS) team that focuses on incorporating the community to extend and optimize the quality of life for PLWHA.
In FY 2012 CHAZ will:
1. Train staff and Community health workers to utilize the patient as an entry into the family. All HIV-positive individuals, regardless of treatment status, benefit from general prevention and health promotion support, including PwP, family or partner testing, and nutrition advice. These activities further serve to keep pre-ART patients in the ART program where they are monitored for prophylaxis, treatment eligibility and opportunistic infections (OIs). LPTFs will also be assisted in creating a referral system for STI management, TB, maternal and child health, other health services including substance abuse or mental health services.
2. LPTF staff will be trained in OI and syndromic management of STIs to ensure provision of quality health services

3. The CBTS team will provide training to LPTF staff and community health workers on treatment preparation, support and reducing LTFU. Adherence will continue to be strengthened and will be incorporated into structured treatment preparation and ongoing treatment support. Strong community linkages will continue to be emphasized and created. The outcome of these adherence activities is an overall low lost-to-follow- up rate. CBTS 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, education about clean water and treatment of diarrhea and other acute illnesses.

4. CHAZ will continue with technical support in strengthening integration and linkages with family planning, nutrition assessment, counseling and support, palliative and home based care and prevention with positives. The CBTS team will support linkages between the ART clinic and the community based support groups including palliative care services. Health workers will be trained in palliative care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	493,336	0

Narrative:

Priority areas for TB/HIV collaboration:
1. Linkages
2. Infection control, IPT and ICF (3Is)
3. Documentation
4. Health seeking behavior
5. Community treatment supporters
6. Training for health workers
7. Human resource

Planned strategies:

1. CHAZ will strengthen the linkage/referral system between the HIV/ART and TB programs thereby ensuring that HIV-positive clients are screened for TB and fast-tracked to appropriate treatment if co-infected, and also ensure TB patients are tested for HIV.
2. CHAZ will strengthen the LPTFs and the community in the implementation of the 3Is. The LPTFs will intensify TB case finding in the ART, OPD, MCH and inpatient departments and ensure that TB suspects are triaged and separated accordingly in order to reduce the transmission of TB to health workers and other patients especially those who are HIV positive. LPTFs will also ensure that PLWHA are being actively screened for TB as well as accessing IPT and CPT in accordance with the National guidelines
3. Quarterly onsite technical support and mentoring will be intensified to improve the quality of data in the source documents and reports
4. The poor health seeking behavior among community members is rampant, mainly due to ignorance, stigma, myths and misconceptions. Therefore, CHAZ will strengthen and facilitate implementation of the Advocacy, Communication and Social Mobilization (ACSM) strategy. The LPTFs and CBTS will embark on BCC via community gatherings/meetings, drama groups and radio programs
5. CHAZ will continue to build the capacity of CBTS through training in TB/HIV and quarterly meetings. The CBTS will also be provided with incentives in form of stationery, T-shirts and bicycles
6. Health workers will be trained in the Stop TB Strategy, TB/HIV integration, infection control, TB microscopy and Directly Observed Therapy (DOT) in line with the National TB Program. Stipulated guidelines will be disseminated and CHAZ will ensure that LPTFs use them
7. The human resource crisis is cross-cutting

CHAZ will carry on with the development and utilization of CHWs who assist with TB/HIV treatment adherence and specialized daily visits to the patient's homes to 'directly-observe therapy' and provide basic check-up. This is an innovative and cost-effective way to address severe health care shortages. Considering TB/HIV co-infection, CHAZ will maximize the utilization of CBTS for both HIV and TB so that there is only one volunteer attending to a patient at a time to avoid duplication of duties. This will lead to efficiency in the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	347,500	0

Narrative:

Priority Areas:
1. Expansion of Early Infant Diagnosis (EID), and Care
2. Family/Male involvement
3. Training
4. TB/HIV Integration

Strategies to address the priority areas:
1. CHAZ will continue to focus on diagnosis and turnover of results for Early Infant Diagnosis to ensure timely initiation on treatment of all infants confirmed positive. CHAZ will also provide oversight and ongoing training of staff in correct DBS methodologies. All HIV exposed infants will be enrolled in care up to the age of 2 years to ensure ongoing Co-trimoxazole prophylaxis, prompt diagnosis, routine vaccinations, and support for maternal health. Three vehicles will be assigned to collect DBS samples from the Hubs to the Laboratory. Through collaboration with MOH and other partners, Innovative technologies such as SMS reminders will be used to increase timely feedback of PCR results from the Laboratories.
2. Family involvement is a key to supporting best outcomes for HIV positive 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. This area will be strengthened.
3. CHAZ will continue to train LPTF staff in pediatric psychosocial counseling and IMCI to improve the care of the children
4. Integration of pediatric care with TB care will be strengthened. In addition all pediatric ART patients will continue to be routinely screened for symptoms of TB and other OIs

Cross-cutting activities in the areas of Food and Nutrition include the provision of pediatric scales and equipment necessary to provide nutritional assessments, and the provision of therapeutic and micronutrient supplementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	14,893	0

Narrative:

Priority areas:
1. Data collection
2. Data entry & Backlog
3. Data utilization

Strategies
1. To ensure that quality data is collected; CHAZ will embark on training of both clinicians and hospital administrators on the importance of data for overall program management and tracking of patient data. This will include completing of patient paper forms and registers.

2. LPTF Data Entry Clerks (DECs) will be trained in the capturing and cleaning of data before entering into SmartCare. All clinical forms entered will be properly filed and kept in filing cabinets for confidentiality. This will

lead to accurate reporting, program data availability and improved health outcomes.

SmartCare workload analysis tool:

3. Data Utilization

CHAZ CQI program will train and mentor LPTFs in the formation of on-site CQI committees. These teams would be supported with technical assistance in promoting; regular quality assessment of health outcomes, data utilization and onsite data ownership.

CHAZ will also ensure that LPTFs have adequate resources to support and manage SmartCare, the national Electronic Medical Record (EMR) system. The LPTFs will collaborate with CHAZ, CDC and the MOH to ensure SmartCare certification for data managers. The LPTFs will ensure that generated reports are accurate, valid and timely. They will synthesize PEPFAR quarterly reports using Demand for Data Information Use (DDIU) approaches.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	228,357	0

Narrative:

Health Systems Strengthening (HSS) is key in delivery of the right volume and distribution of health services.
Priority areas in HSS:
1. Integration
2. Referral /linkages
3. Human resource
4. Transport
5. M & E
6. Laboratory capacity
7. Financial compliance.
CHAZ will address these areas through:
Provision of Integrated services through the holistic, family centered care model which shares the same core values as the AR-T project which promotes integration of adult and pediatric clinical and community service. CHAZ and the LPTFs will work closely with the national, provincial as well as the District AIDS Task forces and strengthen partnerships with other civil society.

CHAZ will facilitate strengthening of community involvement in health service delivery through formation and or strengthen community structures and involvement in planning to promote the spirit of health service ownership. This will be done in to strengthen referral and linkage. Furthermore CHAZ and LPTFs will continue to participate

in the District, provincial and central level planning and review processes.
CHAZ capacity will be strengthened through the implementation of the AIDS Relief-CHAZ transitional Plan in advanced ART management, strategic information, financial management and USG grant administration. CHAZ will support LPFT and ensure communities retain their staff through non financial support.
In the first year CHAZ secretariat will outsource transport as provided in the budget and in year 2 will procure vehicles.
CHAZ will continue to train CQI teams, will procure and distribute computers to strengthen the physical capacity of LPTFs use of Smart Care, employ data managers for LPTFs and provide guidelines and algorithms, mentor clinicians in drug toxicities and long term side effects of ARVs.
CHAZ will continue to build capacities of lab staff and clinical staff in LPTFs. CHAZ will continue to participate in the national EQA program and Quantification meetings for Laboratory test kits, reagents, OI drugs and ARVs.

CHAZ will continue to use Sun Systems accounting package to capture accounting transactions and ensure that LPTF's Financial Reports are adequately reviewed monthly in accordance with USG and accounting Standards. Specific Finance staff will be allocated to the program. These will among other things review financial reports and provide mentoring to the LPTFs. The internal Audit on the other hand will provide independent assurance of financial Reports.

Cross cutting issues that have been added to strengthen the HSS are Human Resource for health, construction and renovations of LPTFs infrastructure.
The CHAZ will also utilize the additional funding from the Partnership Framework Implementation Plan (PFIP) allocated under COP12 ($187,262) to strengthen sub-national logistics supply systems covering drugs and laboratory commodities by procuring 3 utility vehicles. The vehicles will be dedicated to assuring steady availability of drugs for HIV/AIDS services and laboratory commodities in the FBO health facilities under CHAZ, and that whenever necessary, commodities are re-distributed between districts/facilities to prevent stock-outs at service delivery sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	595,471	0

Narrative:

Priority Areas:
1. Trainings and task shifting
2. Scale-up male circumcision services
3. Community sensitization
4. Linkages
5. Unsafe practices of Male circumcision

6. Technical support
To address the priority areas CHAZ will:
1. Train health workers, and will support MOH in task shifting by training other health workers such as Clinical officers and nurses in carrying out Male Circumcision (MC). This will help the program to reach more people. CHAZ will train peer educators in school and Youth Friendly corners to deliver MC messages.
2. Scale-up male circumcision (MC) at all the LPTFs - This will be achieved through provision of static and mobile MC services to the rural health centers and the communities by the LPTFs.
3. Community sensitization will be strengthened in all communities. In some parts of Zambia MC is not practiced traditionally. In these areas CHAZ will further strengthen community sensitization and mobilization.
4. CHAZ will establish and strengthen linkages between the community, MC centers, ANC, ART and other health services. The MC services will be integrated with the CT to check on the HIV status of the males coming for the service.
5. To ensure quality in MC, CHAZ will sensitize the ethnic groups who practice traditional male circumcision so that there's collaboration between such traditional groups and the medical male circumcision teams from the LPTFs. This collaboration will ensure that circumcision (surgical procedure) at such traditional ceremonies is conducted by medical personnel as a mobile intervention. Traditional rulers will be sensitized on the need for this collaboration and its advantages.
6. CHAZ will conduct technical support to all the implementing sites to assess the quality of MC services being done and conduct mentorship on site.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	330,251	0

Narrative:

Priority Areas:
1. Scale-up Counseling and Testing
2. Trainings
3. Motivation of the Community Based Volunteers
4. Linkages with other programs
Strategies to address the priority areas include:
1. CHAZ will scale up the Counseling and Testing (CT) so that more people access this service through the use of rapid HIV tests which can be performed at almost any site, including the home and community through mobile CT, home based services and community mobilization. Provider initiated testing and counseling (PITC) will be scaled up in all the health facilities for all the clients and patients in high risk groups such as pregnant women, STIs, TB, patients with Opportunistic infections, and all the children admitted in the wards. The PITC will compliment the Client-initiated for HIV testing and counseling. Mobile outreach CT programs will be scaled up in all the health facilities so that more people have access to this service.

The CBTS will work with the LPTFs, CHWs and community leaders to sensitize the community in CT. CBTS will assess community involvement in CT, access to testing services, map other CT providers and develop an implementation plan. Target populations will include couples, MARPS (truck drivers at Chirundu), pregnant women, and the general population. The CBTS team will develop messages for co- habiting and discordant couples and these will be disseminated in the community.

2. Community health workers (Volunteers) will be trained in the HIV/AIDS community counseling and testing. Health workers will be trained in couple counseling and basic CT. The training on finger prick testing for HIV will be scaled up to all the health workers especially in the rural areas to scale-up CT.

3. To motivate the Community health workers, non monetary methods will be used like provision of stationary, T-shirts and bicycles.

4. CT services will be integrated into other health services at all the LPTFs, and referral systems will be strengthened to other services such as PMTCT/ART, TB and MC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	59,572	0

Narrative:

Priority Areas:

1. Most-at-risk populations (MARPs)

2. STI management

3. Community Participation

4. Youth

5. HIV Workplace Initiatives

Strategies to address the priority areas include:

1. Most-at-risk population (MARPs)

Target Population Approx Dollar

Amount Coverage –

Number to be reached by each intervention component Activity

Truck Drivers NIL 50 in FY2012

100 in FY2013 Mtendere LPTF CBTS team will offer individual BCC and CT to

Truck drivers at Chirundu

Boarder post

CHAZ will work with Mtendere LPTF near Chirundu Boarder Post in the Southern Province of Zambia to target truck drivers. The CBTS team from LPTF with support from CHAZ will offer individual Behavior Change Communication (BCC) and counseling and testing (CT) to the truck drivers. The intervention will include provision and promotion of condom use. The LPTF will strengthen the referral systems from the community to the

health facility for care, support and treatment. Screening for Sexually Transmitted Infections (STIs) will be intensified at the health facility, and early treatment of STIs will be instituted as a prevention measure of HIV infection. All the clients found to be HIV positive will be linked to ART services.

2. CHAZ will train health workers in syndromic management of STIs to improve case management. Through onsite mentoring, screening for Sexually Transmitted Infections (STIs) will be strengthened, and early treatment of STIs will be instituted as a prevention measure of HIV infection. All the clients found to be HIV positive will be linked to ART services.

3. CHAZ through the CBTS team will engage community leaders to drive prevention activities, and promote radio programs and BCC material distribution. LPTF staff will be trained in Prevention with Positives (PwP), and will empower the community in PwP. Community mobilization and sensitization will include HIV prevention messages and strategies. CHAZ in collaboration with The Faithful House will conduct couples' workshops to scale-up HIV prevention among couples.

4. CHAZ in collaboration with Youth Alive and Expanded Church Response will train youths in peer education to promote HIV/AIDS prevention

5. CHAZ will promote appropriate Post Exposure Prophylaxis (PEP) management in accordance with national guidelines at all LPTFs. CHAZ will train 60 managers in selected districts to implement MOH HIV work place programs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	446,786	0

Narrative:

In FY 2012 CHAZ will focus on the following priority areas:

1. Orientation in the new 2010 MOH guidelines to scale-up the program and coverage

2. Retention of mother/baby pairs

3. Couple counseling

4. Male involvement

5. family planning

6. Integration and Linkages

CHAZ will address these challenges by:

1. Training healthcare workers and providing technical assistance in rolling out PMTCT and increasing LPTFs capacity to comply with new guidelines. This will scale-up the number of health workers both at LPTF and community level providing PMTCT services, and the number of sites offering the service

2. Retention of mother/baby pairs will be ensured through extension of the LPTFs network of pre-delivery maternity mothers' shelters and augmentation of the clinical intervention with robust community mobilization which will lead to increased uptake of the service. This will be coupled with evidence-based family strengthening curriculum that builds upon and complements other aspects of the comprehensive approach, including supported

disclosure, and testing of family members.

3. Couple counseling to identify discordant couples and strengthen family support will be intensified through training of health workers and ensuring implementation by those who are trained. CHAZ will increase couple strengthening and communication skills building through The Faithful House for PMTCT workshops for couples.

4. Engagement of men through family-focused service expansion, sensitization and de-stigmatization training of community leaders will further strengthen the uptake of the service.

5. CHAZ will train healthcare workers and Community Based Distributors (CBDs) to sensitize the communities on the use of family planning methods to increase the uptake of family planning from the current low levels of 27%.

6. PMTCT services will be integrated into maternal child health and reproductive health services, ART, and other broader prevention programs. At smaller facilities CHAZ will ensure proper referral systems with other sites such as DHMTs. Linkages with sites offering VCT, ART, immunizations will be strengthened. Outreach and mobile services will be provided for those in hard to reach areas as a way of decentralizing the services. Integration and well-defined linkages will decrease the unit cost and increase coverage, and thereby improve program efficiency.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	34,175	

Narrative:

CHAZ pharmaceutical services establishment was an outcome of members call for an improved pharmaceutical service to church health institutions. The aim was to contribute to access and affordability of essential medicine and medical.

CHAZ will provide assistance to the LPTFs in the area of supply chain management, improvement and implementation of logistics systems, specifically in ARV's and OI's.

In this view, CHAZ will focus on the following priority areas at both central and LPTFs level:

1. Central Level

• Disbursement of funds

• Technical support to LPTFs.

• Selection of ARV Drugs (In line with new guidelines)

• Forecasting and quantification

2. LPTF's Level

• Timely reporting

• Poor Communication.

• Medicine stock outs.

• Storage space

• Documentation
• Shortage of Pharmacy personnel in most facilities due to high attrition rate. (Cross cutting issue).
• Refresher courses.

STRATAGIES:

CHAZ will work hand in hand with the government in addressing these challenges:

• Selection: The antiretroviral drugs to be used will be selected based on the national standard treatment guidelines (ART and PMTCT). This program will work according to the national program. New treatment guidelines will be considered on the selection of the ARVs.

• Forecasting and Quantification: CHAZ participates in the national ARVs forecasting and Quantification activities conducted by MOH and supported by JSI deliver project. Forecasting and Quantification of ARVs will be based on the national targets and Regimen data provided by the supported facilities. The ARVs will be quantified together with the national requirements.

• Storage: Improve storage capacity through refurbishment.

• Reporting: The facilities are expected to send every month a report and requisition form for ordering of medicines. The reports will be processed at the logistics management unit based at Medical Stores Limited. In addressing the issue of poor and late reporting CHAZ will conduct on site mentorship and will work hand in hand with LPTFs to ensure timely reporting.

• Distribution: The ARVs will be distributed to the supported facilities by Medical Stores Limited. Facilities will be issued with medicines on monthly basis and will be allowed to stock medicines up to the maximum of three months in order to avoid stock outs.

• Technical Support: CHAZ will be responsible for this activity. The supply chain specialist and other pharmaceutical staff will be conducting technical support visits in order to strengthen inventory management and rational medicine use.

• Training: CHAZ will conduct training workshops of pharmacy personnel in pharmaceutical management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	831,759	0

Narrative:

CHAZ will focus on the following priority areas:
1. Implementation of new (2010) guidelines
2. Implementation of guidelines on Discordant couples
3. Implementation VL monitoring guidelines, Point of care CD4 testing, HIV/AIDS Drug resistance and surveillance , Rolling out of Early Warning Indicators (EWIs)
4. TB/HIV co-infection
5. Community program strengthening for Pre-ART
6. Integration and Linkages/referral systems
Strategies to address the priorities will include:
1. CHAZ will focus on strengthening the quality and delivery of the ART services through in-service training of LPTF staff on the guidelines and follow-up on-site mentoring. During these visits CHAZ will continue to collect indicators such as LTFU, mortality, number of clients eligible for ART but not yet on ART, number of HIV positive clients in discordant couples who are not yet on ART, to assist in determining site needs and to identify gaps.
2. CHAZ will ensure LPTF staff are trained and implementing the guidelines for ART for discordant couples.
3. Capacity will be built to ensure use of immunological and clinical monitoring as tools to prompt VL monitoring to confirm treatment failure. CHAZ will support MOH in implementing Point of Care CD4 testing, HIV/AIDS Drug resistance and surveillance and rolling out of Early Warning Indicators (EWIs).
4. CHAZ will strengthen the capacity of LPTF staff to screen for TB among PLWHA through onsite mentoring, and ensure treatment of those who are co-infected appropriately with TB drugs and ARVs in line with the current guidelines. To ensure that LPTFs continue to provide quality TB/HIV services, CHAZ will continue to train LPTF staff and community health workers in TB/HIV.
5. Enrolment in the ART program of Pre-ART patients and their follow-up will be strengthened through technical support to LPTF staff and the community health workers.
6. CHAZ will continue with technical support in strengthening integration and linkages with family planning, nutrition assessment, counseling and support, palliative and home based care and prevention with positives.

Cross-cutting activities primarily support the areas of Human Resources for Health. CHAZ will continue to support MOH in training nurses and Lab personnel in various institutions throughout the country. MOH also provides retention schemes for health workers in rural areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	446,786	0

Narrative:

CHAZ will focus on the following priority areas:
1. Roll out of updated (2010) treatment guidelines
2. Scale-up of treatment for children

3. Training
4. Integration
5. Expansion of EID

Strategies will include:
1. CHAZ will ensure orientation of LPTF staff on the new 2010 Pediatric ART guidelines through trainings and onsite mentoring.

2. CHAZ will contribute to scaling up pediatric treatment for HIV infected children aged 0-15years of age. CHAZ is committed to ensuring the long term health of all HIV-infected children through the provision of comprehensive quality care and treatment. This will be done through on-site mentoring of LPTF staff in assessing eligibility for ART, initiation, and follow-up of both Pre-ART and ART patients. Providers will 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.

3. CHAZ in partnership with AIDSRelief 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.
4. Pediatric HIV treatment services will be integrated into MCH services with linkages to nutrition support programs. To increase retention in the program, linkages with the community programs will be strengthened through training and mentoring of community volunteers by the CBTS, and formation of support groups.
5. PITC will be provided to all infants, children and adolescents coming in contact with a health worker to ensure early diagnosis and treatment for those who test positive. Three vehicles will be assigned to collect DBS samples from the Hubs to the Laboratory. Through collaboration with MOH and other partners, Innovative technologies such as SMS reminders will be used to increase timely feedback of PCR results from the Laboratories to the LPTFs and finally to the clients.

Implementing Mechanism Details

Mechanism ID: 13792	**Mechanism Name: Support to the HIV/AIDS Response in Zambia II (SHARe II)**
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	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 5,638,534	
Funding Source	**Funding Amount**
GHP-State	5,638,534

Sub Partner Name(s)

LEAD	Zambia AIDS Law Research and Advocacy Network (ZARAN)	Zambia Health Education and Communication Trust
ZINGO		

Overview Narrative

SHARe II provides technical support to develop and implement a sustainable multi-sectoral HIV/AIDS response. SHARe II activities are aligned with the Zambia National HIV and AIDS Strategic Framework 2006-2010 (ZASF) to ensure local relevance and sustainability, addressing gaps and challenges in the national response. SHARe II activities will support the national HIV response to create demand for MC, HTC, PMTCT, condom use, and ART,malaria and family planning services to increase impact through strategic coordination and integration. In 2012, SHARe II will continue to work with leadership at all levels to build credible and effective leaders to be HIV/AIDS advocates, role models and champions to be effective change-agents. SHARe II provides technical leadership to identify specific issues that require legal reform, and advocate for the necessary changes and trains law enforcement officers in handling HIV-related cases through in- and pre-service training. SHARe II will provide technical support to implement organizational capacity assessment processes for evidence-based strengthening of management, implementation and coordination of HIV/AIDS activities. In the public, private and informal work sector SHARe II will provide access to HIV services for employees, dependents and defined outreach communities, to reduce employee absenteeism. SHARe II will support NAC at both the national and sub-national levels to improve HIV response coordination, and provide support to develop and maintain a monitoring system. SHARe II will also receive PF funding to empower local leaders to mobilize communities and other stakeholders around HIV prevention and management and expand HIV related services.

Cross-Cutting Budget Attribution(s)

Gender: GBV	250,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
Malaria (PMI)
Mobile Population
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**13792**
Mechanism Name:	**Support to the HIV/AIDS Response in Zambia II (SHARe II)**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

SHARe II will strengthen collaboration and coordination of HIV/AIDS activities with the GRZ, USG funded partners, and other stakeholders. The partner will implement the counseling and testing strategies for ensuring that HIV positive individuals, couples, and families are linked with appropriate follow up HIV treatment, care and support, and prevention services based on their sero-status. Prevention interventions implemented by SHARe II at the work place programs to supporting HIV positive persons include 1) HIV testing and counseling of partners and children of HIV positive persons, along with couples counseling for discordant couples, 2) condom promotion and distribution, 3) counseling for safe disclosure of HIV status to partners, 4) adherence interventions to prophylaxis and treatment regimens, and 5) linkage to wrap-around programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	510,000	0

Narrative:

AZ please beg NP to put some money here

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,758,452	0

Narrative:

SHARe II OHSS programs address health systems governance and leadership, specifically structural and institutional factors that influence HIV vulnerability and affect the effectiveness national HIV response.

Activities address: 1) weak and inadequate HIV leadership to support and sustain the required scale-up of HIV prevention, treatment, care and support, including inadequate local resource allocation to the response; 2) weak and inadequate HIV-related policies and laws that do not offer full protection to PLWHA and those affected by HIV/AIDS; and 3) weak coordination and management of the HIV response.

OHSS activities strengthen and increase HIV leadership by engaging, mobilizing and equipping leaders at all levels with the skills to be effective change-agents including building understanding of HIV/AIDS roles and responsibilities, and providing platforms for leadership.
Activities to improve the HIV-related legal and policy environment include providing TA to: Revise the national HIV/AIDS policy; formulate the national alcohol and the workplace HIV/AIDS policies; strengthen the HIV/AIDS section of the employment act; review HIV-related pieces of legislations and lead efforts towards codification; and train legal and law-enforcement officers in HIV-related case management.

Activities to strengthen the capacities of HIV coordinating structures in the public and private sectors, and in selected civil society organizations and chiefdoms include providing TA for: Strategic planning that mainstreams HIV as a developmental issue; operational planning; hosting regular stakeholder meetings to foster awareness of the policy, strategic, operational expectations and milestones of the GRZ in the HIV response, and assist implementers to appropriately align their activities.

SHARe II forms collaborative partnerships, leveraging resources wherever possible, to move legal and policy processes forward. E.g., the alcohol policy formulation process is co-funded by SHARe II, GRZ and Zambian Breweries; strategic and operational planning for the DATFs is co-funded by SHARe II and UNDP; and stakeholder meetings at the national and district levels leverage resources for convening meetings from SHARe II and other NAC partners.

SHARe II will also receive Partnership Framework funding to empower local leaders to mobilize communities and other stakeholders around HIV prevention and management and expand HIV related services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	500,000	0

Narrative:

SHARe II will work with traditional leaders to strengthen their leadership and advocacy ofr voluntary male circumcision using a taliored package of interventions. SHARe II will work with traditional leaders at behaviourial level to build skills and competencies to use their vast authority and reach to enhance the HIV/AIDS response through evidence based interventions such as VCMM.SHARe II will also work with chiefs and MPs to continue stimulating demand for VMMC,
and provide technical assistance for the development of VMMC campaigns.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	620,082	0

Narrative:

SHARe II HVAB programs are mostly workplace-based, reaching male and female workers 15 years and older, at risk of HIV due to low condom use, multiple concurrent partnerships (MCP), and other drivers of the epidemic. Programs also reach workers living with HIV with specific interventions. Where workplace programs are extended to defined outreach communities and where SHARe II carries out HIV/AIDS social mobilization events, populations reached include both adults and children of all ages.
Trained peer educators provide interventions through small-group HIV education; at least 12 sessions per year are provided for each supported workplace/community. Interventions are also provided through at least four social mobilization events per year, using trained HIV/AIDS champions such as popular musicians, sport figures, and other leaders. Interventions primarily support increased uptake of HTC; decrease in number of sexual partners; increase in condom use; increased uptake of/adherence to ART, MC, and PMTCT. Interventions discourage alcohol abuse, gender-based violence (GBV), and HIV-related stigma and discrimination. Condoms are provided as needed.
SHARe II HVAB programs are implemented country-wide in 100 large/medium-sized private sector workplaces, including 25 Tourism HIV/AIDS PPP companies; 19 public sector line ministries and institutions; over 3500 small informal sector businesses; and in defined outreach communities and partner chiefdoms, with a combined target population of about 200,000 people.
A standardized peer education curriculum is used to train peer educators across SHARe II implementing partners. Peer educators receive quarterly in-person supportive supervision and have access to real-time phone support and consultation, to ensure quality.
The minimum SHARe II HVAB package includes provision of HIV prevention and HTC services, policy

development, provision of condoms, and linkage to biomedical interventions including MC, PMTCT, and ART. SHARe II captures the number of individuals reached by HVAB interventions, by gender and age. Data quality is ensured through regular data quality assessment (DQA), training and supportive supervision, and in-built data quality checks in the process of data management

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,250,000	0

Narrative:

Couple HTC is the focus of SHARe II HTC activities, with individual HTC provided where couple HTC is not applicable or feasible. HVCT activities are nationwide, but focused in partner workplaces and communities, with a target population of 200,000. In the past 10 months 2.4% of target population tested for HIV.

Client-initiated HTC is provided through outreach/mobile services and VCT centers, using workplace programs and special events/campaigns as entry-points. HVCT targets and results for 2011 were 20,000 and 4,778, respectively. HTC is an integral component of SHARe II workplace programs and targets the general population (Gen Pop), prevention with positives (PWP) and most at risk population (MARPs); proportional allocation of HTC funding is: Gen Pop – 60%, PWP-10% and MARPs-30%.

Providers are trained in couple HTC, including managing discordant couples, and in rapid HIV testing according national standards and guidelines, using the national algorithm. 28 providers were trained in couple HTC and eight in HIV testing and quality assurance, in FY 2011.

HVCT activities aim at high coverage of HIV testing for at most at risks populations, support negatives to remain negative including MC referral for HIV negative men, and provide effective referral to early care and treatment for positives - referral of positives to HIV care, treatment and support is a required minimum standard for SHARe II HTC. Trained peer educators provide support and follow-up to ensure that referrals are acted on.

Quality assurance for HVCT includes yearly refresher training; updates as needed; supportive supervision; client exit and mystery client surveys; and counselor support groups for learning and stress management.

M&E activities for HTC ensure planned services are provided in a timely manner; reporting is accurate and incorporates all required elements; data quality is maintained; and HTC results are tracked internally and also reported to the District Health Management Team (DHMT) to facilitate client linkage and follow-up.

HTC promotional activities include workplace and outreach community health fairs that provide a range of health and HIV services including HTC for workers and their families, and HIV/AIDS social mobilization events.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	0

Narrative:

SHARe II HVOP programs are mostly workplace-based, reaching male and female workers 15 years and older, at higher risk of HIV than the general population due to occupation and other reasons, but who also face general population HIV risks including low condom use, MCPs, alcohol abuse, and low levels of male circumcision. SHARe II HVOP programs serve: 1) uniformed services (police and prison officers); 2) mobile populations, specifically migrant/seasonal workers in partner mining, agricultural and tourism workplaces; and 3) prison inmates who are at very high risk of HIV, have limited access to HIV prevention services, and have no access to condoms.

HVOP interventions include provision of current information on HIV prevention, care, treatment and support; provision of condoms; support group activities; provision of HTC, and linkages to HIV services such as MC, PMTCT and ART. Individual and group interventions to reduce HIV risk are supported. SHARe II interventions for prison inmates are constrained by poor access to health service and legal barriers; provision of condoms to prison inmates is illegal in Zambia, and this remains an area for continued advocacy.

Interventions are implemented in selected uniformed service workplaces and defined outreach communities, in selected prisons for inmates, and in some private sector workplaces with a combined target population of about 45,000 people.

Trained peer educators provide most of the services to individuals or small-groups, providing at least 12 HIV/AIDS information sessions per year. A standardized peer education curriculum is used across SHARe II implementing partners to train peer educators. Peer educators receive quarterly in-person supportive supervision and have access to real-time support and consultation by phone to ensure quality.

The minimum HVOP package includes provision of HIV prevention, risk-reduction and HTC services, provision of condoms, and linkage to biomedical interventions including MC, PMTCT, and ART.

SHARe II captures the number of individuals reached by HVOP interventions, by gender and age. Data quality is ensured through regular DQAs, training and supportive supervision, and in-built data quality checks in the process of data management.

Implementing Mechanism Details

Mechanism ID: 14272	Mechanism Name: Health Policy Initiative Costing Task Order
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This overall implementing mechanism narrative summarizes activities, which the US Government will implement in Zambia through the Health Policy Initiative (HPI) costing Task Order. The HPI Task Order is a three year contract between the US Government and the Futures Group International developed in response to the Global Health Initiative and PEPFAR country teams' requests for a mechanism to generate data on cost-effective interventions for health services and programs to support evidence-based decision making. With FY 2012 funding, the US Government will invest $238,000 into the HPI costing Task Order to provide direct technical assistance to in-country US Government implementing partners to evaluate and assess resource allocation for public health programming and cost-effective policy priorities and conduct training to bolster in-country expertise among policy national, provincial and districts leaders and other stakeholders to utilize, analyze, interpret and present timely and accurate costing data for evidence-based decision-making and advocacy within their respective districts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	14272		
Mechanism Name:	Health Policy Initiative Costing Task Order		
Prime Partner Name:	Futures Group		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0

Narrative:

This overall implementing mechanism narrative summarizes activities, which the US Government will implement in Zambia through the Health Policy Initiative (HPI) costing Task Order. The HPI Task Order is a three year contract between the US Government and the Futures Group International developed in response to the Global Health Initiative and PEPFAR country teams' requests for a mechanism to generate data on cost-effective interventions for health services and programs to support evidence-based decision making. With FY 2012 funding, the US Government will invest $238,000 into the HPI costing Task Order to provide direct technical assistance to in-country US Government implementing partners to evaluate and assess resource allocation for public health programming and cost-effective policy priorities and conduct training to bolster in-country expertise among policy national, provincial and districts leaders and other stakeholders to utilize, analyze, interpret and present timely and accurate costing data for evidence-based decision-making and advocacy within their respective districts.

Implementing Mechanism Details

Mechanism ID: 14276	**Mechanism Name: NYS AIDS INSTITUTE/ HEALTHQUAL**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

NYS AIDS Institute/HEALTHQUAL International (HQI) partners with GRZ MOH to build national capacity for quality management of HIV treatment and to strengthen health systems with the goal of creating a sustainable country-owned national quality management program. HQI will build on the existing MOH platform for Performance Improvement approach and will leverage efforts with the EDU and smart care programs to build a comprehensive and sustainable quality management program that is fully institutionalized at all levels. HQI builds capacity at the national-, regional-, district-, and clinic-levels to support performance measurement (PM) data collection, analysis, and use to inform interventions that will improve the quality of treatment and patient outcomes. Aggregated clinic PM data are used to inform national HIV health system improvement priorities. Objectives include: 1. Provide technical assistance (TA) in the development of a national quality management program. 2. Promote sustainable quality improvement activities in clinics across all regions in the country. 3. Provide TA to build capacity for data quality, collection, analysis and use to assess the quality of care provided at all HIV care providers and to inform local, regional, and national improvement priorities and policy. 4. Promote and implement quality leadership development opportunities to build regional capacity for quality management, strengthening sustainability. The target audience for activities is the core MOH team and MOH regional staff, ultimately supporting HIV clinics nationwide. Cost savings will be achieved by leverage in-country partner resources and combining TA visits by HQI staff with other southern Africa HQI trips to other participating countries.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Key Issues

Safe Motherhood

Budget Code Information

Mechanism ID:	14276		
Mechanism Name:	NYS AIDS INSTITUTE/ HEALTHQUAL		
Prime Partner Name:	New York AIDS Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	200,000	0

Narrative:

At the time of writing, HEALTHQUAL has just begun engagement activities with MOH for FY12. The COP 12 narrative is a projection of program progress based on the historical perspective of HEALTHQUAL PEPFAR activities in ten other focus countries since 2006. With TA and mentoring provided by HEALTHQUAL staff, it is expected that in FY12 Zambia will:

• successfully develop HIV quality indicators based on its national guidelines for HIV treatment, pediatric HIV care and PMTCT;

• establish a national quality committee with broad-based membership of key stakeholders from GRZ, USG, implementing partners, and Zambia-based NGOs, as appropriate;

• determine the group of clinics that will first implement the HEALTHQUAL model;

• train all appropriate national, regional, and local staff on quality improvement and data collection and analysis;

• develop and train a group of quality coaches who will provide leadership and support for quality activities at the participating clinics; and,

• conduct at least one round of data collection and analysis.

Performance data are used immediately by the clinics to inform quality improvement interventions aimed at improving patient outcomes and strengthening health delivery systems. Aggregated clinic data are used by MOH to inform national improvement priorities for health systems strengthening and improving broader patient outcomes.

FY12 activities will include more intensive TA and mentoring for: data quality and analysis; a 2nd and 3rd round of data collection; building capacity of the district/regional public health units to provide clinic support,

decentralized management of the program, and input on district/regional improvement activities; consumer involvement; regional peer learning networks integrated with district/regional public health units; quality leadership; indicator review and refinement; publication of an annual performance data report; and, program expansion to other clinics. Activities are dependent upon program progress, MOH and clinic uptake of quality management skills, and national assessment of how improvement activities relate to HIV treatment priorities. *Please note that none of the technical area indicators for Health Systems Strengthening listed below directly pertain to the activities of HEALTHQUAL. Pre-service activities have not yet been suggested for HEALTHQUAL in Zambia, and none of the in-service topics listed in the indicators pertain to quality-specific training topics.* *As HEALTHQUAL works in other countries in southern Africa, cost savings can be realized by combining trips to Zambia with other country trips and expensing the round trip airfare across countries.*

Implementing Mechanism Details

Mechanism ID: 14335	**Mechanism Name: Zambia AIDS Law Research and Advocacy Network (ZARAN)**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: Zambia AIDS Law Research and Advocacy Network (ZARAN)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHP-State	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Civil Society Organizations involved in HIV and AIDS are integral to Zambia's multi-sectoral response to HIV and AIDS. They lobby the government and multi-lateral institutions to mobilize resources and improve governance of the national response to HIV and AIDS. They also promote the rights of people living with HIV and AIDS to access

treatment. They participate in, and promote HIV and AIDS information in communities. Civil Society Organisations are facing challenges in financing their activities following partial withdrawal to fund HIV and AIDS by some cooperating partners. This withdrawal has affected the operations of CSOs. PEPFAR seeks to contribute to the continued operations of three CSOs namely; Network of Zambian People Living with HIV (NZP+), Treatment Advocacy and Literacy Campaign (TALC), and Zambia AIDS Law Research & Advocacy Network (ZARAN).

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**14335**
Mechanism Name:	**Zambia AIDS Law Research and Advocacy Network (ZARAN)**
Prime Partner Name:	**Zambia AIDS Law Research and Advocacy Network (ZARAN)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

The Zambia AIDS Law Research & Advocacy Network (ZARAN) is a local non-governmental organisation (NGO) that promotes the rights of people living with and affected by HIV and AIDS (PLHIV). ZARAN seeks to influence change in the policy and legal environment in Zambia so that the rights of people living with and affected by HIV are adequately enshrined and protected, and to empower those people with the skills and mechanisms to demand

the rights to which they are entitled. It does so by advocating the rights-based solutions to the legal, policy and ethical challenges posed by HIV and AIDS using the tools of legal support, research, training and communication.

Zambia is a signatory to a number of global and regional agreements and declarations concerning HIV and AIDS including the Political Declaration of Commitment on HIV and AIDS (2001), the Abuja Declaration of 2001 and the 2005 Paris Declaration on AID Effectiveness to health. These recognise the need for a multi-sectoral response to prevent new HIV infections, expand access to health care and mitigate the effects of the epidemic. In 2005 Zambia signed up to the World Summit Outcome (Resolution 60/1) to upscale HIV prevention, treatment and care with the aim of Universal Access for all by 2010. Within Zambia, among the relevant legal and policy frameworks are the Sixth National Development Plan, the Gender Policy, the 1996 Constitution Amendment, Gender Based Violence Amendment Act of 2011 and the Penal Code CAP 87. However the key policy that lays out the Government of Zambia's response to HIV is the National HIV and AIDS/STD/TB Act (2002), which established the National HIV/AIDS/STI/TB Council (NAC) to coordinate the response. The National HIV and AIDS/STI/TB Policy was published in 2005 and most recently the National HIV and AIDS Strategic Framework (2011-2015) has been produced, which lays out how Zambia will implement the four 'pillars' of the HIV response. This is the successor document to the 2006-2010 document of the same name.

ZARAN and its partners have identified six key human rights challenges concerning HIV and AIDS in Zambia. These issues will form the focus of ZARAN's work in the period 2011-2015. They are: 1. Continuing Human Rights violations for individual PLHIV e.g. dismissal from employment, breaches of confidentiality, deprivation of services, property grabbing. 2. Insufficient, inadequate or inaccessible information provision on prevention, treatment, care and support especially to key populations at higher risk. 3. Inadequate implementation of existing obligations e.g. concerning policies such as access to prevention, treatment care and support; discrimination and stigma in the workplace. 4. Inadequate accountability, and demand for accountability, concerning human rights and HIV related issues. 5. Legislative and policy framework inadequately enshrines human rights for all Zambians but has more severe consequences for PLHIV. 6. Inadequate understanding of human rights and HIV and AIDS on the part of Parliamentarians, Government Agents, law and policy makers, Duty Bearers and the public.

Implementing Mechanism Details

Mechanism ID: 14338	**Mechanism Name: Sustainability Through Economic strengthening, Prevention, and Support for Orphans, and Vulnerable Children, youth and other vulnerable populations (STEPS OVC) program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: World Vision International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 10,178,669	
Funding Source	**Funding Amount**
GHP-State	10,178,669

Sub Partner Name(s)

Archdiocese of Kasama	Copperbelt Health Education Project	Development Aid from People to People Humana Zambia
Diocese of Chipata Hospices - Lumezi Hospice	Diocese of Mongu	Diocese of Mpika
Diocese of Solwezi	Expanded Church Response	Futures Group
HODI Zambia	Jesus Cares Ministries	Ndola Catholic Diocese
Salvation Army	Zambia Open Community Schools	

Overview Narrative

Sustainability Through Economic Strengthening, Prevention, and Support for Orphans and Vulnerable Children, youth and other vulnerable populations program (STEPS OVC) is a three-year USAID-funded grant from July 2010, providing standardized and sustainable HIV prevention, care, and support services, through seven organizations: Africare, CARE International, Catholic Relief Services (CRS), Expanded Church Response (ECR), the Futures Group, The Salvation Army (TSA) and World Vision International (WV)-lead partner. In FY 2013, STEPS OVC will scale up quality, comprehensive care and support to 320,000 orphans and vulnerable children (OVC) and 115,000 people living with HIV/AIDS (PLWHA), reach 50,000 individuals with confidential HIV counseling and testing (HCT) services, and 26,000 households with economic strengthening initiatives. Evidence-based HIV prevention interventions will reach 80,000 beneficiaries. By June 30, 2011, STEPS OVC had provided at least one service to 96,700 adults and children at household by 13,849 trained caregivers. The program will scale up direct HCT services and coordination with PMTCT, ART, MCH, and other social protection programs. STEPS OVC has sub-granted to 244 Zambian non-governmental organizations to expand local capacity and geographic coverage to all 73 districts, and will add another 157 local partners in FY 2012. STEPS OVC will address recommendations from the baseline evaluation report and the data quality assessments and map the way forward for country

ownership by finalizing memoranda of understanding with GRZ offices. New opportunities for public-private partnerships will complement the consolidation and transition process.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,000,000
Education	600,000
Food and Nutrition: Policy, Tools, and Service Delivery	500,000
Gender: GBV	300,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
Workplace Programs

Budget Code Information

Mechanism ID:	**14338**
Mechanism Name:	**Sustainability Through Economic strengthening, Prevention, and Support for Orphans, and Vulnerable Children, youth and other vulnerable populations (STEPS OVC) program**
Prime Partner Name:	**World Vision International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,517,092	0

Narrative:

STEPS OVC program will provide 115,000 PLWHA with comprehensive care and support, including 10,815 adults reached by 30 June 2011. Identification of beneficiaries will occur through home based care, positive living support groups and health facilities, with emphasis on linkages with PMTCT and ART clinics and expanded access to HCT. STEPS OVC will strengthen referrals between the health facilities and the community caregivers. At the same time, follow up of clients from ART and PMTCT clinics at community level while they are encouraged to maintain check-ups at the health facility. This should contribute towards client retention. Currently, 70% of caregivers are registered at health facilities to ensure caregiver training and provision of quality care and support within MOH guidelines.

Caregivers will provide comprehensive care for asymptomatic, symptomatic, and end-of-life beneficiaries in line with MOH home based care standards. Services include physical, social, psychological, spiritual, and pain management care. Caregivers will provide nutrition assessment, counseling, and support, with improved community-to-clinic level referral of malnourished beneficiaries and linkages to economic strengthening initiatives. Linkages with health structures and community support will strengthen the continuum of care for PLWHA, including HCT for the chronically ill, positive living groups, ART programs for cluster of differentiation 4 (CD4) monitoring and treatment, and hospices for end-of-life care.

Caregivers will hold household dialogues in prevention, including partner disclosure support, adherence counseling, and PMTCT education. STEPS OVC will support government adaptation of prevention with positives toolkits, and will collaborate with ZPI to cascade new prevention interventions reaching PLWHA.
STEPS OVC will collaborate with the Palliative Care Association of Zambia (PCAZ) and the MOH to transfer responsibility for caregiver capacity building to local owners, and will pilot client kit distribution in specific districts.

STEPS OVC will monitor and evaluate service provision through a standardized client database as well through routine field visits to provide supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	7,180,229	0

Narrative:

STEPS OVC program will provide 320,000 OVC with comprehensive care and support, including the 85,885 served with at least one service by June 30, 2011. Identification of HIV-positive children will occur through home based

care and linkages with PMTCT, ART clinics, referrals for early infant diagnosis, and expanded access to HCT.

STEPS OVC will transfer responsibility for caregiver capacity building to local owners. STEPS/OVC will procure about 2500 bicycles to strengthen the capacity of caregivers and community welfare assistant committee's working with OVCs. Caregivers have been trained in Child Status Index (CSI), Say and Play, Interpersonal Psychotherapy for groups and will continue to provide six components of OVC care and support (education, health, shelter and care, nutrition, child protection, psychosocial care, and economic strengthening), and hold household dialogues in prevention. Caregivers will use the Child Status Index tool to assess vulnerability and will provide nutrition assessment, counseling and support, and improved community-to-clinic level referral for all and especially malnourished children. Specific districts will scale up Positive Deviance [PD] Health.

Linkages will broaden comprehensive support to OVC, including ART programs for care of HIV-infected OVC and legal services for child protection. STEPS OVC will continue to share successes, lessons learnt and best practice through the program technical working group as well as through the USG Care and Support Technical Working Group. STEPS OVC will work with GRZ to reach at-risk youth through youth friendly health corners and resource centers. Collaboration with ZPI will address HIV-prevention needs of vulnerable populations, including the well to do, and will strengthen gender-sensitive OVC programming. STEPS OVC will take part in finalizing standards for OVC care in Zambia for adoption by GRZ.

Sub-grantees will ensure that beneficiaries receive OVC services integrated with basic care and support through direct service provision and by maximizing partnerships. They will lead economic strengthening initiatives to strengthen capacity of households to protect and care for OVC. In order to mitigate the impact of HIV/AIDS and increase access to basic education, STEPS/OVC will provide tuition, educational supplies and other materials for OVC living in 1000 elderly-headed households and train at least 600 OVC in life skills and HIV issues.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	531,348	0

Narrative:

STEPS OVC program will provide comprehensive care and support to 20,000 children. Identification of beneficiaries will occur through home based care, positive living support groups and health facilities, with emphasis on linkages with PMTCT, referrals for early infant diagnosis and ART clinics and expanded access to HCT. OVC will be eligible for services prescribed within PEPFAR OVC Guidance of education, health, shelter and care, nutrition, child protection, psychosocial care, and economic strengthening according to need. HIV positive children will also be included in the Interpersonal Psychotherapy for Groups program.

STEPS OVC will strengthen referrals between the health facilities and the community caregivers. At the same

time, follow up of pediatric clients from ART and potential clients through PMTCT clinics at community level will occur along with encouragement to maintain check-ups at the health facility. This should contribute towards client retention.

Currently, 70% of caregivers are registered at health facilities to ensure caregiver training and provision of quality care and support within MOH guidelines. Caregivers will provide comprehensive care for asymptomatic, symptomatic, and end-of-life beneficiaries in line with MOH home based care standards. Services include physical, social, psychological, spiritual, and pain management care. Caregivers will provide nutrition assessment, counseling, and support, with improved community-to-clinic level referral of malnourished beneficiaries and linkages to economic strengthening initiatives. Linkages with health structures and community support will strengthen the continuum of care for PLWHA, positive living groups, ART programs for cluster of differentiation 4 (CD4) monitoring and treatment.

STEPS OVC will support government adaptation of prevention with positives toolkits, and will collaborate with ZPI to cascade new prevention interventions reaching PLWHA. STEPS OVC will monitor and evaluate service provision through a standardized client database as well through routine field visits to provide supportive supervision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	0

Narrative:

STEPS OVC program will reach approximately 8,000 people in FY 2013 with HIV prevention interventions primarily focused on abstinence and/or being faithful (AB). STEPS OVC will implement evidence-based interventions that respond to drivers of the HIV epidemic identified by The National HIV/AIDS/STI/TB Council (NAC). STEPS OVC partners and sub-grantees will identify and link with government and non-government stakeholders to ensure that a combination of behavioral, biomedical, and structural prevention interventions is available to target populations.

STEPS OVC will transfer responsibility for implementation of AB prevention to local owners, including schools, community and faith-based organizations, and churches. Sub-grantees will implement the Safe From Harm curriculum targeting adolescents aged 14-20 and their parents, to increase parent-child communication about reproductive health. Life skills education for in- and out-of-school youth will support healthy decision-making and negotiation skills, and promote delayed sexual debut. Sub-grantees will scale up The Faithful House curriculum, implemented as operations research in FY 2011, which uses a peer education approach to lead groups of married couples through dialogue around mutual fidelity and communication about sexuality in marriage. Using the Stepping Stones approach, the program will also target couples, opening communication around social and gender

norms that influence faithfulness. All interventions delivered in a small group setting will target no more than 25 people to enable participation and opportunity for personal appraisal of behavior.
Collaboration with ZPI will address HIV-prevention needs of vulnerable populations, including the well-to-do, and will strengthen gender-sensitive AB prevention programming. STEPS OVC will consider cost-effectiveness and scalability prior to implementing new approaches.

Sub-grantees will integrate AB prevention services into OVC and basic care and support services through direct service provision. STEPS OVC will work with the prevention technical working group to ensure quality assurance through standardized approaches and materials as well as through supportive supervision and training.
STEPS/OVC also provide and help adolescent pupils appreciate new information on HIV/AIDS, BCC, prevention and life skills training to increase access to quality information about HIV/AIDS and healthy living.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	500,000	0

Narrative:

STEPS OVC program will provide HCT services to 50,000 people in FY 2013. Priority target populations for HCT are the chronically ill and household members of STEPS OVC beneficiaries, including sexual partners of PLWHA, young children and pre-adolescents. Caregivers will refer HIV-exposed infants for early infant diagnosis. Additional target groups include couples of childbearing age (emphasizing pregnant women and their partners), youth ages 16 to 24, well-to-do populations and high-risk communities.

STEPS OVC will increase access to HCT services through direct service provision and by maximizing partnerships. Certified lay counselors attached to local health facilities will implement house–to-house HCT. Static and mobile HCT, including workplace HCT, will reach under-served populations. STEPS OVC will follow Ministry of Health (MOH) protocols, standards, and guidelines for HCT. Sub-grantees will coordinate HCT with local stakeholders and will submit timely reports to the government.

Linkages with health structures and community support will strengthen the continuum of care for newly diagnosed PLWHA, including home based care, positive living groups, prevention with positives counseling, and ART programs. Persons testing negative will receive counseling to assess personal risk and identify harm reduction strategies. STEPS OVC will support government adaptation of prevention with positives toolkits, and will collaborate with the ZPI to cascade new prevention interventions linked to HCT.

STEPS OVC will adapt best practices in HCT from Society for Family Health, Zambia Emory HIV Research Project, Corridors of Hope, Comprehensive HIV/AIDS Management Program and Zambia Health Education and Counseling Trust. Specific attention will be on addressing programmatic opportunities and gaps identified

through the baseline evaluation report and the data quality assessment visits.

By 30 June 2011, STEPS OVC had reached 659 individuals who had been tested for HIV and given their results.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

STEPS OVC program will reach 80,000 people in FY 2013 with HIV evidence-based prevention interventions that respond to drivers of the HIV epidemic identified by NAC. STEPS OVC will reach both adults and youth (15 to 24 years) with prevention messaging to address sexual and other risk behavior such as alcohol and drug abuse. HIV positive individuals (adults) will be the target for prevention with positives (PwP). Linkages will ensure that a combination of behavioral, biomedical, and structural prevention interventions is available to target populations; both male and female youth and adults.

STEPS OVC will transfer responsibility for gender-sensitive implementation of HIV prevention interventions to local owners, including schools, community and faith-based organizations, youth peer educators, youth friendly health corners and resource centers, and churches. Caregivers will hold household dialogues with all members of households, focused on risk reduction counseling and personal behavior change decisions.

Sub-grantees will mobilize community, faith, and youth leaders to reduce stigma and discrimination, using AIDS Alliance stigma toolkit and Channels of Hope. Community Change groups and gender awareness discussion will address socio-cultural practices that influence HIV risk. STEPS OVC will build caregiver skills in disclosure support, assessment of sexual activity, assessment of partner status and linkage to HCT, education on sexually transmitted infections, access to condoms, adherence counseling, fertility choices, and referrals. Linkages to economic strengthening will aim to reduce vulnerability.

STEPS OVC will support government adaptation of PwP toolkits, and will collaborate with ZPI to cascade new prevention interventions to address HIV-prevention needs of vulnerable populations, including the well-to-do individuals. STEPS OVC will consider cost-effectiveness and scalability prior to implementing new approaches including, PLHIV palliative care as prevention, HCT as prevention, support groups for children, youth and adults, PWP, and workplace interventions.

By 30 June 2011, STEPS OVC had reached 14,104 individuals under this intervention area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	300,000	0

Narrative:
At the household level, PLWHA that are on ART will be targeted for household ART adherence. Those that test HIV positive during household CT and are placed on ART will also be encouraged by the caregivers to adhere to treatment. Caregivers will proactively encourage mothers to seek Early Infant Diagnosis (EID) by providing EID education to their communities, referring HIV positive women to health clinics to test their infants and receive the results of the Polymerase Chain Reaction (PCR) test so that HIV positive children that are eligible are put on ART and then be monitored for adherence. STEPS OVC will acquire lessons learned from a pilot with the MOH and the Clinton Foundation, which, through the use of mobile phones, is aiming to reduce the turnaround time on receiving results in the laboratory to getting the results to the healthcare providers. ART and PMTCT clinics will refer clients to caregivers and CHWs, while caregivers will refer clients that are having complications due to ART to the clinics, an activity that will be strengthened through cell phone referral pilots. STEPS OVC will work with ART programs, other CT programs to promote Provider Initiated Counseling and Testing (PICT) among health workers and develop a referral system where all members of a client's household will be linked to PICT services and referred to appropriate interventions and age sensitive services after testing. *Rough estimates indicate that in Lusaka, over 50% of HIV and AIDS care and services are provided by private practitioners. Engaging the private sector through the development of public private partnerships for increased responsibility in HIV prevention and care services and further developing the referral system to include the private sector are key strategies, and fundamental in reaching the well- to-do Zambians.* *With the experience of the Futures Group, GIS will be used to link disparate data sets such as facility lists and program coverage areas, service statistics, census counts and road maps to conduct spatial analyses. At the program level, the tracking system identifies areas which are not being served by the treatment sites for intensified promotion and outreach.*

Implementing Mechanism Details

Mechanism ID: 14339	**Mechanism Name: PEPFAR Prevention Small Grants**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHP-State	200,000

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 communities will design and implement prevention activities as well as set up monitoring indicators to measure their success in consultation with the PEPFAR team. 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.

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. 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 25-30 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.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Gender: Gender Equality	100,000
Key Populations: FSW	50,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**14339**
Mechanism Name:	**PEPFAR Prevention Small Grants**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

The HIV prevention small grants will also promote MC by creating demand in the respective communities where MC is not part of their culture. The MC will be implemented in partnership with other PEPFAR funded programs. While Prevention Small grants will create demand, other PEPFAR funded programs and MoH will conduct clinical MC. In cultures where MC is practiced and is culturally acceptable, Prevention Small grants will promote clinical MC; and will sponsor traditional circumcisers for training in MC in the same way traditional birth attendants are trained. The small grants will equally integrate MC sensitization with MCH / ANC programs so that mothers could have their children circumcised. This will be done in collaboration with local clinics so that clinical MC could be performed

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

The PEPFAR Community Prevention Small Grants AB Program will target specific target subpopulation groups in the communities such as young couples, teenagers, unmarried youths, in and out of school youths. Appropriate evidence based AB – behavior change approaches from previous PEPFAR AB program would be used for each sub-population group. Appropriate messaging strategies will be developed for couples, out of school youths as well as in School youths. Programs aimed at strengthening couple relations aimed at enhancing being faithful will be supported, as well as programs aimed at addressing gender issues and norms related to male dominance.

The AB Programs will as well include promotion of couples CT and PMTCT, and promote involvement of men in PMTCT. The communities will be required to specify target numbers for their AB programs; and will be encouraged to use evidence based AB interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

HIV Prevention Small grants will promote CT in communities by encouraging community members to go for VCT. Recipients of small grants will be expected to engage mobile CT providers so that CT services will be taken to their communities – especially in rural areas. It will also train lay HIV/AIDS counselors. It will promote PMTCT and Couples Counselling. Traditional marriage counselors will be mobilized and sensitized on the importance of encouraging new couples in rural areas to go for testing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	0

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 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 addressing cultural norms that promote male dominance and power imbalance between men and women.

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 Details

Mechanism ID: 14349	**Mechanism Name: Network Of Zambians Living with HIV and AIDS (NZP+)**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: The Network of Zambian People Living with HIV and AIDS (NZP+)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHP-State	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Network of Zambian People Living with HIV and AIDS (NZP+) is a national organization for people living with HIV and AIDS established in 1996 to improve the quality of life of people living with HIV and AIDS. The network is a non-profit. NZP+ has a vision to empower its members to lead healthy, productive, and sustainable lives.The mission for NZP+ is to provide leadership in planning, coordination, capacity building, resource mobilization, advocacy, documentation, information sharing, and Monitoring and Evaluation by collaborating with key stakeholders. NZP+ supports decentralized responses to HIV and AIDS. The decentralization process involves people at the grassroots level through capacity development and delegation. The organizations at community level are self-support with little material resources from the head quarters. The network is responsible for coordinating all People Living with HIV (PLHIV) through Support Groups in all the 80 Districts of the Republic of Zambia. The network, among other tasks, is concerned with the improvement of the lives of PLHIV as well as their Involvement and integration in the response to HIV and AIDS. The building block for NZP+ is the support group structure which is composed of PLHIV in the same localities and or workplace. All the support groups in a district form a district chapter. They are run by an elected board and managed by a district secretariat. The district chairpersons and co-coordinators of the district chapters meet as provincial committees for liaison and monitoring purposes. District chapters convene at the national General Assembly every three years. The General Assembly elects the nationalboard of directors. The Board of Directors employs NZP+ secretariat which run day to day affairs of the

organization.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	10,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

TB

Workplace Programs

Budget Code Information

Mechanism ID:	**14349**
Mechanism Name:	**Network Of Zambians Living with HIV and AIDS (NZP+)**
Prime Partner Name:	**The Network of Zambian People Living with HIV and AIDS (NZP+)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

Narrative:

The Network of Zambian People Living with HIV and AIDS (NZP+) is a national organization for people living with HIV and AIDS established in 1996 to improve the quality of life of people living with HIV and AIDS. The network is a non-profit making, non-governmental organization, registered under Section 7(I) of the Zambian Societies Act. NZP+ has a vision to empower its members to lead healthy, productive, and sustainable lives.

The mission for NZP+ is to provide leadership in planning, coordination, capacity building, resource mobilization, advocacy, documentation, information sharing, and Monitoring and Evaluation by collaborating with key stakeholders.

The NZP+ 2012-2065 Strategic Plan recognizes the need for further interventions in the areas of prevention, treatment, impact mitigation, governance, management and co-ordination, including cross-cutting issues such as stigma and discrimination, greater involvement of people living with HIV and AIDS (GIPA), violation of human rights, high poverty levels, and gender based violence, low employment levels for PLHIVs, and inadequate funding, among others. In implementation of the NZP+ 2006-2010 strategic plan, NZP+ faced a number of challenges which provided lessons and a new shape of the organization. Some of these challenges and successes assisted in the formulation of this strategic plan.

NZP+ supports decentralized responses to HIV and AIDS. The decentralization process involves people at the grassroots level through capacity development and delegation. The organizations at community level are self-support with little material resources from the head quarters.

The network is responsible for coordinating all People Living with HIV (PLHIV) through Support Groups (SGs) in all the 80 Districts of the Republic of Zambia. The network, among other tasks, is concerned with the improvement of the lives of PLHIV as well as their Involvement and integration in the response to HIV and AIDS.

The building block for NZP+ is the support group structure which is composed of PLHIV in the same localities and or workplace. All the support groups in a district form a district chapter. They are run by an elected board and managed by a district secretariat. The district chairpersons and co-coordinators of the district chapters meet as provincial committees for liaison and monitoring purposes. District chapters convene at the national General Assembly every three years. The General Assembly elects the national board of directors. The Board of Directors employs NZP+ secretariat which runs the day-to-day affairs of the organization.

Implementing Mechanism Details

Mechanism ID: 14350	**Mechanism Name: The Treatment Advocacy and Literacy Campaign (TALC)**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Grant
Prime Partner Name: Treatment, Advocacy, and Literacy Campaign	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 50,000	
Funding Source	**Funding Amount**
GHP-State	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Treatment Advocacy and Literacy Campaign (TALC) is a local Non-Governmental organization focusing on treatment advocacy and Literacy campaign with the vision of "A health Zambian society free of HIV and AIDS. The mission of TALC is to: "To advocate for equitable access to comprehensive and complete continuum of treatment, care and support for people living with HIV and AIDS and the affected." It was established in 2004 and registered by the Registrar of societies in 2005.

TALC is a membership based organisation with over 1000 members. It implements its activities through a structure made up of members, sub coordinators in seven provinces and a secretariat in Lusaka.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms

Increase gender equity in HIV prevention, care, treatment and support

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Mobile Population

Budget Code Information

Mechanism ID:	**14350**		
Mechanism Name:	**The Treatment Advocacy and Literacy Campaign (TALC)**		
Prime Partner Name:	**Treatment, Advocacy, and Literacy Campaign**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	50,000	0

Narrative:

The Treatment Advocacy and Literacy Campaign (TALC) is a local Non-Governmental organization focusing on treatment advocacy and Literacy campaign with the vision of "A health Zambian society free of HIV and AIDS. The mission of TALC is to: "To advocate for equitable access to comprehensive and complete continuum of treatment, care and support for people living with HIV and AIDS and the affected." It was established in 2004 and registered by the Registrar of societies in 2005.
TALC is a membership based organisation with over 1000 members. It implements its activities through a structure made up of members, sub coordinators in seven provinces and a secretariat in Lusaka. This spread gives it a wide reach to a large section of people living with HIV and AIDS.

The key core values of the National HIV and AIDS and STI Policy that TALC commits itself to are:

1. Adoption of a human rights approach;
2. Greater involvement of people living with HIV (GIPA);
3. Evidence and results based planning;
4. Gender sensitivity;
5. Strategic partnerships and alliances.

TALC will focus on men, women, children, people with disabilities, and the elderly. The 2011-2012 strategic plan has the goal: By the end of 2015 people living with HIV and AIDS in the TALC operational areas will survive longer on ART and contribute to the socio-economic development of the country. In order to achieve this goal, TALC has the following strategic objectives:

• To influence acceleration of access and adherence to Anti-Retroviral Therapy (ART) by people living with HIV

and AIDS. *• To influence the increase in the focus on HIV, Tuberculosis and Malaria to improve the survival rate of PLHIV.* *• To influence the increase in the number of ART facilities and services accessible to children, persons with disabilities and elderly persons and increase the use of the facilities and services.* *• To increase access to and use of condoms and other prevention options for HIV infection by using treatment-as-prevention public education and lobby campaign.* *• To increase the number of HIV positive women engaged in sustainable livelihood activities.* *• To increase the participation of men, women, children and persons with disabilities in HIV/AIDS interventions.* *• To influence the mainstreaming of human rights, gender and good governance in HIV and AIDS programs.* *• To build the capacity of TALC in program implementation, management and reporting.*

Implementing Mechanism Details

Mechanism ID: 14386	**Mechanism Name: UNZA M&E 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 – Demography Department	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 2,047,297	
Funding Source	**Funding Amount**
GHP-State	2,047,297

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The aim of this project will be to build the capacity of the University of Zambia population studies department to be able to provide advanced courses in the collection, analysis, interpretation and use of data for program planning and decision making. This is in order to improve HIV/AIDS program planning and related health outcomes.The program will be built on lessons and achievements from the previous program which offered a single module Monitoring and Evaluation (M&E) course and also established the Center of Excellence for M&E. In 2012, the TBD

program will support the expansion of courses offered by UNZA from the single M&E course offering to include statistical analysis, epidemiology, data management, and data use. Support will also include the capacity to carry out programmatic evaluations, which will include both baseline and student follow-up tracer studies to measure the efficacy of the program.

The program will also build on the pilot implementation of the Epidemiology for Data-Users' training (EDU). This was carried out in 2010/11 at national, provincial and district levels with participation from the NAC, MoH, UNZA Demography department, and several NGO partners. The TBD program will be the center for planning and deployment of EDU training and also develop advanced modules for EDU training. To enhance HIV/AIDS data use for national as well as local level planning, modules will include mapping and advanced methods of displaying data. Due to the lack of space and adequate equipment for the implementation of such innovations, the TBD program will also support A&R activities and purchase of relevant equipment and software including for statistical analysis and GIS mapping.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14386**
Mechanism Name:	**UNZA M&E Follow-on**
Prime Partner Name:	**University of Zambia – Demography Department**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HVSI	950,000	0

Systems			

Narrative:

Expansion of courses and trainings offered by UNZA CoE would place a demand on both the physical as well as current equipment structures for course delivery. UNZA will need to develop technological infrastructure, acquire sufficient facility space, and hire high quality professional teaching staff.

Existing space will be renovated to create a lecture theatre, by DOD. This theatre would be equipped with presentation and teaching equipment to ensure quality delivery of teaching. Additional existing space will be renovated to create a learning laboratory equipped with presentation equipment, computer equipment, and software to enable students to practice applied statistics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,097,297	0

Narrative:

The support to the University of Zambia population studies department will:

Develop a data analysis short-course to meet the demand and need for data analysis skills among CSO and other governmental partners.

Develop advanced modules for Epidemiology for Data-Users' training (EDU).

Support staff development to be able to implement these and develop related programs.

Train staff on interpretation of data from new studies as well as data that sits in repositories with MoH (including SmartCare) as well as periodic study data at CSO.

Improve scientific writing skills amongst individuals from Government as well as NGOs. Trained individuals will be able to develop and write analytical papers and manuscripts.

The TBD program will also carry out evaluation of the trainings in both pre and post training tests as well as follow-up tracer studies and training impact evaluations.

The program will also offer targeted scholarships to government staff to attend specialized trainings. Scholarships will target advanced statistical and epidemiological training including Master of Public Health (MPH), Bachelor of

Statistics. *Expansion of courses and trainings offered by UNZA CoE would place a demand on both the physical as well as current equipment structures for course delivery. UNZA will need to develop technological infrastructure, acquire sufficient facility space, and hire high quality professional teaching staff. Support will be channeled towards renovation of identified physical space.* *Existing space will be renovated to create a lecture theatre. This theatre would be equipped with presentation and teaching equipment to ensure quality delivery of teaching. Additional existing space will be renovated to create a learning laboratory equipped with presentation equipment, computer equipment, and software to enable students to practice applied statistics.*

Implementing Mechanism Details

Mechanism ID: 14392	**Mechanism Name: Jhpiego (Eastern)**
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 430,000	
Funding Source	**Funding Amount**
GHP-State	430,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Jhpiego will build on past experience working with CDC/Zambia, Ministry of Health (MOH), and Eastern Province Health Office (PHO) to achieve the goal of strengthening the capacity of the provincial and district level MOH to deliver high-quality interventions to reduce HIV/AIDS and TB transmission among underserved populations of Eastern Province. To achieve this goal, the project will implement capacity building activities aimed at improving

health systems through the scale-up of HIV/AIDS services at the district level. The specific goal is to increase the capacity of health workers to provide PMTCT, CT and TB/HIV services. The project will work with the PHO and District Health Office (DHO) to build human capacity of health providers and managers to ensure quality services

The project will focus on the three major program areas of PMTCT, CT and TB/HIV and will target beneficiaries at all district and facility levels to increase provider and manager capacity in order to deliver safe, high-quality services. The primary activities will include training, supervision, and mentorship of health care providers.

Jhpiego will continue to build the supervisory and technical capacity of the local management teams, trainers and local organizations so that they can provide post-training follow up and supportive supervision to the providers and to ensure that there is knowledge, skill and attitude transfer to the work place and also improvement in the quality of services provided. Jhpiego will use the training information monitoring system (TIMS) to track persons trained and trainers used to facilitate follow-up, record keeping and reporting.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14392**
Mechanism Name:	**Jhpiego (Eastern)**
Prime Partner Name:	**JHPIEGO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	135,000	0

Narrative:

Jhpiego will support the training of 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. Jhpiego will therefore train 40 health care providers in TB infection control management. Two trainings of 20 participants each will be conducted for five (5) days and will last 7 days, including two (2) travel days. The training will be conducted by two Jhpiego staff and two non-Jhpiego staff from MOH.

Jhpiego will support the training of providers in TB Management 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 program. Jhpiego will therefore train 20 health care providers in TB infection control management. One training of 20 participants each will be conducted for five (5) days and will last 7 days, inclusive of two travel days. The training will be conducted by two Jhpiego staff and two non-Jhpiego staff from MOH

Jhpiego will support the training of 24 health care providers in On the Job Training (OJT) management of TB and other common opportunistic infections (OIs) and will support the local PMO/DHO teams to provide post-training follow up and supportive supervision to ensure quality delivery of TB/HIV services. The target group for this training comprise of medical officers, clinical officers, nurses, and paramedical staff. These healthcare providers will help to deal with complicated cases referred from health posts and health centres. Three (3) trainings for 8 providers each will be conducted.

Jhpiego will conduct joint supportive supervision with PMO/DMO teams in all TB/HIV program areas. This will be done on a quarterly basis. The TB/HIV quarterly review meetings will be part of support supervision to PMOs and DMOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	100,000	0

Narrative:

Jhpiego is committed to supporting the GRZ in providing quality health care services to all people living with HIV/AIDS and accessing these services. Health care services planning and patient care can be improved through the utilization of high quality data. Through the systems strengthening program, Jhpiego will continue to support the MOH's National Epidemiology for Data Use (EDU) program. Jhpiego has been involved in the development, piloting, and implementation of EDU from its inception, and will continue providing technical assistance in the areas of training and supervision and through participation in the monthly coordination and technical meetings. To strengthen and improve the quality of data and its use at facility level, Jhpiego will continue to support building capacity of those involved in data collection, analysis, reporting and utilization. This will be achieved through the

training of 75 providers, information officers and program managers from a number of selected districts and hospitals in EDU. Jhpiego will also work closely with MOH, NAC, CSO and other partners to provide supportive supervision to at least 50 EDU trainers as they conduct their district level trainings. This is in line with the Jhpiego trainer pathway, where supportive supervision and mentoring is provided to the new trainers as they conduct their first training to ensure quality of training and appropriate transfer of knowledge.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	115,000	0

Narrative:

Jhpiego will continue to work with MOH and other partners to build capacity within Eastern PHO to provide Provider Initiated Testing and Counseling (PITC).

Jhpiego will train health care workers in order to increase access of the service to the majority of the community members. This will also allow the institution of preventive services to the clients attended to as early as possible. Jhpiego will therefore train 20 health care providers in PITC. One training of 20 participants will last for 7 days, inclusive of 2 travel days. The training will be conducted by two Jhpiego staff and two non-Jhpiego staff from MOH and Ministry of Defense (MOD).

Jhpiego will provide supportive supervision and mentorship to at least 10 previously trained health care providers in order to increase the transfer of knowledge and skills by performing follow-ups, participating in quarterly coordination meetings at PHO and DHO, and partaking in annual planning meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	80,000	0

Narrative:

Jhpiego will continue to strengthen and expand the capacity at the provincial and district level in training skills, supervision and monitoring. Jhpiego will train 15 new trainers who will be able to train in PMTCT. These trainers and those trained previously will support the scale-up of PMTCT trainings in the districts using resources from the MOH and other partners.

Jhpiego will train 20 health care providers in the provision of the full package of PMTCT services. This training will use the revised national PMTCT training package, which includes a refresher on HIV CT and couples counseling emphasizing the "opt-out approach." The purpose of the training will be to increase the number of providers competently providing integrated ANC/RH/PMTCT services and EID in current PMTCT facilities.

Jhpiego will continue to undertake the training of provincial trainers in mentoring skills and will train 45 mentors (five per province) in supportive supervision and mentorship. Jhpiego will work with the PHO's in identifying existing district and provincial mentors currently trained in mentoring skills and will orient them to the new guidelines. In addition and where needed, additional mentors will be identified and trained in mentoring skills. *These provincial trainers will continue to be used to build mentoring capacity in the districts and to ensure effective interpretation and implementation of the new PMTCT guidelines using an on-site mentoring approach. It is expected that a total of 150 providers nationwide will be trained as mentors to provider mentorship at the district level.* *Jhpiego will also train 20 PMTCT lay workers. The PMTCT lay workers will be used to strengthen the community component and to fulfill non-critical tasks at the facility level in order to reduce the stress on the health care workers.*

Implementing Mechanism Details

Mechanism ID: 14420	**Mechanism Name: LPHO**
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	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency:

Total Funding: 2,570,467	
Funding Source	**Funding Amount**
GHP-State	2,570,467

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Lusaka Provincial Medical Office (LPMO) has the mandate to perform core public health activities within the Lusaka Province as part of the MOH with the key functions being supervision of services, policy interpretation, data

management and technical support. The province notifies about one third of the total tuberculosis patients in the country (18,626 out of 48,000 in 2010). 70% of these patients are HIV infected. LPMO will expand the provision of ART to HIV infected clients and ensure that TB screening is provided at all service delivery areas. The Provincial Health Office will coordinate all treatment and care activities with the other USG funded partners in the province such as CIDRZ and Intrahealth. LPMO will strengthen the provision of care to HIV infected clients enrolled in HIV care programs. Cotrimoxazole prophylaxis will be provided for both adults and children. The province will continue with the provision of a complete package of PMTCT services in all districts focusing on strengthening quality of care, addressing missed opportunities and gaps in service delivery and in order to contribute to the MOH's goal of elimination of MTCT. This will be achieved through ensuring the availability of the most efficacious regimens and provision of full HAART to all eligible women.These activities will be specifically designed to: Increase health worker retention in rural facilities for delivery of quality services; Increase utilization of maternity services; expand integration models for ANC and ART for increased coverage; Support development of integration models for PMTCT, pediatric HIV care, and routine MNCH services such as EPI, growth monitoring, nutritional support and post natal services.

Cross-Cutting Budget Attribution(s)

Motor Vehicles: Purchased	312,104
Renovation	50,000

TBD Details

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**14420**
Mechanism Name:	**LPHO**
Prime Partner Name:	**Lusaka Provincial Health Office**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	210,000	0

Narrative:

Lusaka Province Medical Office will support the anti-retroviral treatment program by recruiting and training 15 health workers in ART/OI management, 50 health workers in STI Syndromic Management. 100 peer educators will be trained in adherence and psychosocial counseling in the 4 districts in order to provide adherence support to clients enrolled on ART and to provide prevention counseling with positives. The adherence supporters will support and make follow ups to all patients on treatment.

The Province will provide ongoing mentorship and support for peer educators and treatment supporters. Health workers will be trained in the recognition and treatment of opportunistic infections in PLWHA enrolled in HIV treatment and care. The province will ensure the provision of a complete package of care to these clients including linkages to services providing nutrition advice and support, malaria prevention and safe water supplies.

LPMO will ensure that HIV/AIDS /TB patients who co infected and eligible for co- trimoxazole prophylaxis are captured and commenced on treatment.

LPMO will improve the quality of laboratory services to support care and treatment through the provision of equipment such as CD 4 Machines and automated hematology and chemistry analyzers where necessary and ensure training of staff and maintenance of the equipment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	225,000	0

Narrative:

In order to strengthen mechanisms for collaboration between TB and HIV programs, LPHO will continue supporting provincial and district coordinating body activities. To reduce the burden of TB in HIV infected individuals, we will conduct trainings in intensified TB case finding in Anti-retroviral Therapy (ART) sites, Voluntary Counseling and Testing (VCT), Sexually Transmitted Infections (STI) and antenatal clinics. LPHO will conform to the new guidelines of providing ART to all TB patients regardless of their CD4.Trainings in ART management in TB will thus be reinforced. We will also train health workers in TB infection control and ensure

TB infection control measures at facility levels are implemented. TB in children is also a source of worry and thus Health workers will be given special training in management of Childhood TB. LPHO will continue to coordinate the activities of partners and oversee the training of new health workers as well as refresher trainings and/or technical updates for selected health workers in TB/HIV clinical management. To reduce the burden of HIV in TB patients we will continue to conduct provider initiated counseling in TB clinics and OPD for both suspects and confirmed TB patients. These trainings will also include staff in congruent settings such as prisons. We will support districts in strengthening linkages and referral systems from TB to HIV

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

The (LPMO) will provide quality care and support to children living with and exposed to HIV/AIDS. 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 co trimoxazole prophylaxis for HIV-exposed children. LPMO will also link with and assist in food and nutrition assessment, counseling and support, following national guidelines.

Where available linkages will be established with programs providing nutrition support to clinically malnourished clients. LPMO 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 LPMO 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.

LPMO will promote retention of HIV exposed babies and their mothers in care and treatment services for early infant diagnosis (EID).

In order to improve the quality of care LPMO will conduct trainings in psychosocial counseling, pediatric, HIV management and child counseling. LPMO will support the accreditation of 10 ART sites.

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. All community-based care and support activities will link to and integrate with available clinic-based services, including HCT, PMTCT, OVC and ART.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HLAB	100,000	0

Narrative:

Laboratory- Support implementation of district laboratory sample courier:
In order to expand access to laboratory testing for determination of ART eligibility (CD4 screening) and capacity to monitor patients on ART with lab screening, the provincial office will direct part of these PMTCT acceleration funds to addressing intra-district transport issues; these issues dramatically affect access to timely and comprehensive care. Such efforts will build on the planned scale-up of a national laboratories transport system. The province will implement this activity in the 3 most needy districts for moving laboratory specimens including DBS to the Hub laboratory and then results taken back to the requesting health facilities, build on the planned scale-up of a national laboratories transport system by the Ministry of Health headquarters. Where appropriate and based on Ministry of Health authorization, the province will strengthen access to lab services through procurement and deployment of point of care equipment rather than supporting transportation of laboratory samples.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	250,000	0

Narrative:

Using part of the COP12 PMTCT plus up funds, the Lusaka Province Medical Office (LPMO) will continue to support existing Ministry of Health data (HMIS-DHIS) and patient care systems (SmartCare). Working with other cooperating partners, LPMO will strengthen the use and availability of SmartCare by performing routine district and facility based performance assessments, and data audits. This will include ensuring that data produced by SmartCare is used at all relevant levels, and that related data feeds into the HMIS-DHIS systems.

Because of its unique locations and circumstance with regards to partner based information system that need harmonization, LPMO will engage with CPs in ensuring that partner systems, such as ZEPRS, are migrated into SmartCare, to ensure compatibility and standardization of systems.

In order to maintain standards, LPMO will ensure that each district has at least one model SmartCare facility compatible with the HMIS-DHIS, which will serve as an example of a sound data and patient system.

In order to ensure that systems are running as expected, LPMO will support ICT infrastructure in its districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	OHSS	335,000	0

Systems			

Narrative:

Human Resource –Renovation of staff houses
To further contribute towards improved quality of clinical services and so increase coverage of comprehensive PMTCT services towards MTCT elimination through increasing presence of trained health workers in facilities where it has been difficult to attract or retain health workers, the LPMO will $50,000 from the COP12 plus-up funds to target the top 3 most needy districts, where it is still a challenge to attract staff to the districts especially in the hard to reach areas where housing for staff has been in a poor state. Renovation works will include replacement of worn out roofing sheets, broken window panes and shutters with locks, filling in of wall and floor cracks and painting of the houses and installing solar panels for power.
The LPMO will utilize the additional $312,104 from the Partnership Framework Implementation Plan (PFIP) allocated under COP12 to strengthen intra-district logistics supply systems covering drugs and laboratory commodities by procuring 6 utility vehicles. The vehicles will be dedicated to ensuring that commodities delivered to the district level are delivered to the health facilities in a timely manner and that whenever necessary, commodities are re-distributed between districts/facilities for assured commodity availability at each service delivery site. Being a part of the PFIP, the availability of driver as well and routine maintenance for these vehicles will be contributed by the MOH through the districts that will receive these vehicles.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	0

Narrative:

LPHO will provide leadership in expanding male circumcision (MC) services to Chirundu and Sibuyuni districts in addition to Chongwe, Luangwa and Kafue Districts. 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 onsite and didactic training of staff. LPHO will support furnishing of the buildings and procurement of equipment and supplies. LPHO will link MC activities to HIV counseling and testing services in all facilities in order to contribute to the risk reduction in contracting HIV infection. In order to ensure sustainability of the program MC services will be integrated in regular health services provided by the district health teams. LPHO will support district in M&E and quality assurance through technical supportive visit, quarterly meetings and reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,255	0

Narrative:

Lusaka Provincial Health Office (LPHO) will train health workers in psychosocial counseling, community volunteers in lay counseling, DCT, PITC and Rapid HIV testing. We will strengthen couple counseling in the

districts through community sensitization and provide orientation to health workers on the need to provide counseling to couples. LPHO will continue sending sensitization messages 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 provide technical supportive supervision on 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 couple counseling through monthly and quarterly reports and quarterly performance review meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	110,000	0

Narrative:

Lusaka Provincial Health Office (LPHO) will support and build capacity for improved collaboration with stakeholders in TB/HIV control LPHO will 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 HIV prevention services as part of regular health services provided by the district health teams. LPHO will build capacity in all the eight districts of Lusaka, Chongwe, Kafue, Chilanga, Chirundu, Lufunsa and Luangwa. LPHO will support health education talks which will include STI prevention and treatment seeking behavior. Behavioral change communications that promote uptake of biomedical interventions such as MC, PMTCT, HTC 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 and in communities. LPHO will continue to engage and educate community leaders such as traditional rulers and other opinion leaders to conduct community mobilization for HIV education. LPHO will support all the districts to intensify interventions for people living with HIV (PwP) including promoting HIV testing and counseling of sex partners and other family members; support for disclosure of HIV test results to sex partners and family members; consistent condom use; ART adherence; and promotion of other risk reduction measures. LPHO will support districts to conduct HIV prevention activities through focus group discussions and drama performance. Through capacity building workshops, staff training and mentoring will take place and onsite supervision will be conducted regularly in order to ensure that appropriate preventive activities are being 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	190,000	0

Narrative:

Using the base funds, the LPMO will continue scaling-up the number of PMTCT sites in the province to improve access to ART/PMTCT Integrated services; ANC HIV counseling and testing rates will be sustained through the training of health workers in PMTCT in line with MOH guidelines. Training in Quality Improvement and Assurance

(QI/QA) for full institutionalization of QI/QA systems will be provided in all implementing sites.

Couple CT and male involvement will be encouraged in ANC through implementation of innovative strategies to increase male involvement that is tailored towards rural, peri-urban and urban settings.

In order to strengthen the community level interventions, LPMO will train community health workers, traditional birth attendants (TBA), and peer educators in community tracking of mother-baby pairs, community mobilization and community support to affected/infected families and will receive support to carry out these activities

MCH health personnel will be trained in TB screening in order to ensure that mothers who attend ANC are provided with TB screening.

LPMO will provide supervision and mentoring to all implementing sites on regular basis
and continue to implement innovative strategies for improved dried blood spots (DBS) turnaround time. Promoting of re-testing of HIV negative clients and particularly those in discordant relationships during antenatal and throughout the breast feeding period will be encouraged.

LPMO will implement strategies to enhance linkages of post-partum women and their partners and other children to care and treatment services. Innovative and contextually relevant strategies will be developed to ensure effective integration of HIV CT programs with family planning services and integration of PMTCT activities with youth friendly sexual and reproductive health services at all levels. LPMO will identify HIV negative couples and actively link the male partners to male circumcision services.

LPMO will implement programs that empower HIV negative women to take safer sexual choices/decisions for them to prevent HIV infection such as the promotion of female condom programing including community sensitization and education on how to use them, ensure commodity security in order to scale-up utilization, as well as the usual male condom promotion.
LPMO will coordinate with SCMS/JSI to support enhanced PMTCT commodities stock availability in all their supported service delivery sites/district in order to implement an efficacious program and eliminate use of single dose NVP.

LPMO will strengthen syphilis screening and treatment amongst pregnant women with their partners.

LPMO will strengthen linkages to appropriate FP services for HIV positive people and their partners.

Using the COP12 PMTCT PLUS UP funds ($170,000), SPHO will implement one-off activities intended to strengthen the base of the PMTCT program in the province. These activities will be designed to: Increase health

worker retention in rural facilities; Increase utilization of maternity; continue to expand integration models for ANC and ART; Support development of integration models for PMTCT, pediatric HIV care, and routine MNCH services such as EPI, growth monitoring, nutritional support and post natal services; Continue to expand sustainable intra-district laboratory sample courier systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	350,212	0

Narrative:

LPMO will provide leadership in the implementation of comprehensive HIV treatment services to district medical offices (DMO) and will assume greater responsibility for patient previously supported through CIDRZ in the province. LPMO will continue to support the strengthening of the mentorship program aimed at improving quality of care through support to clinical care teams.

Continuing medical education to staff trained in ART will be provided at existing ART sites. LPMO will ensure that ART is readily available for HIV positive pregnant women and train health workers in ART, and continue to support DMO in the provision of mobile ART services in selected sites. LPMO will integrate ART in TB and PMTC services for timely commencement of ART in TB and pregnant women. 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, health workers will be trained in CC screening and sensitization of the community in all the ART sites. In addition, the LPMO will procure CC screening supplies to integrate screening of CC in ART sites.

LPMO will train 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. LPMO will support infrastructure improvements at new sites in order to increase ART access with integration of prevention with positives in all ART sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	350,000	0

Narrative:

The Lusaka Province Medical Office (LPMO) will train Health Workers (HW) 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, 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. Another group of healthcare workers and community health workers (CHW) will be trained in Provider -Initiated Testing and Counseling (PITC). *The LPMO will train HW 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.* *Use of community volunteers 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 order to improve the quality of care LPMO will conduct trainings in PITC and peer educators.LPHO will support the scale up of HIV exposed infant tracking systems.* *In line with Medical Council of Zambia requirements for ART site accreditation, we will strengthen quality assurance, and provision of technical assistance for setting up systems in all hospitals in the province. The LPMO will also support the production of job aids such as algorithms and dosing charts. LPMO will support 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.*

Implementing Mechanism Details

Mechanism ID: 14421	**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: Southern Provincial Health Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 3,560,000	
Funding Source	**Funding Amount**
GHP-State	3,560,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Southern Province has 11 districts with a population of 1,701,232 and a growth rate of 2.9% (CSO, 2010). The HIV prevalence rate is 14.5% (ZDHS 2007) translating to 246,679 persons with HIV, while 98,672 need ART. Currently, 54,796 are on ART although cumulatively 65,367 are on the registers. This is attributed to the assistance from USG over the past six years. In 2012, SPMO will support combination prevention strategies, treatment, care and support and health systems strengthening for HIV/AIDS/TB/STI care services. Using the base funds, the Southern Provincial Health Office (SPHO) shall promote family centered HIV prevention services integrated into all program areas; including prevention with positives, couple counseling and testing, PITC, PMTCT, MC and health education on consistent and correct use of condoms. The number of sites providing ART will increase to improve access. SPMO will scale up ART/ANC integration to all the 11 districts. TB patients with HIV will be commenced on HAART timely and all HIV positive patients without TB commenced on IPT. SPMO will ensure that all PLWHA undergo nutritional status evaluation and are linked to organizations providing support. SPMO will continue providing Adult and Pediatric care and support to complement existing services. The implementation of activities will be done through the established GRZ structures, use of MOH personnel and infrastructure in partnership with civil society organizations, local and international NGOs and the private sector partners.

Using the COP12 PMTCT PLUS UP funds ($170,000), SPHO will work towards accelerating of the national prevention of mother-to-child transmission (PMTCT) program towards the goal of MTCT elimination by 2015 in the Southern Province.

Cross-Cutting Budget Attribution(s)

Renovation	150,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**14421**		
Mechanism Name:	**SPHO**		
Prime Partner Name:	**Southern Provincial Health Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	450,000	0

Narrative:

The level of care and support needed by PLWHA varies according to stage of illness, socioeconomic status, level of stigma and availability of health services. SPMO will continue to provide care and support at facility and community levels as family centered comprehensive services with appropriate referrals to complementary services. Currently the prevalence of HIV is at 14.5% translating into 246,679 people living with HIV. Presently 54,796 are active on ART with 65,367 cumulatively on ART translating to 18% lost to follow up. The lost to follow up is mainly due long distances to ART sites, economic status of the family and also includes the deaths, transferred out and defaulters. SPMO will ensure that mobile ART sites are increased from 48 to 60 by 2012 and increased to 72 in 2013. SPMO through the DMOs will implement a variety of interventions including voluntary CT, training in food and nutritional counseling, protection from stigma and discrimination through community sensitization, procure and distribute ITNs, procuring of HBC kits, treatment of STIs, and the prevention and treatment of OIs. To ensure sustainability of services, interventions will be integrated to include nutritional support and training of 110 HWs and 110 CHWs in nutritional requirements of patients, nutritional assessment and provision of micronutrients for HIV infected clients. We shall work with other partners to link support groups of PLWHA to micro-lending institutions for enhanced food security in homes, income for transport to access ARVs, care and support and sustain

incentives for CBVs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	400,000	0

Narrative:

SPMO will provide leadership and technical guidance to implement TB/HIV integrated services across the province. This strategy resulted in increased uptake of Cotrimoxazole (CPT) among TB patients living with HIV from 41% in 2006 to 94.5% and increased HIV testing for TB patients from 39% in 2006 to 89.5% in 2010. SPMO will continue this effort and ensure effective collaboration with other partners to leverage resources. Seven districts (134 sites) will be supported while CIDRZ will support the remaining 4 districts. We shall intensify case finding and improve infection prevention, and ensure integration with ART to implement isoniazid preventive therapy (IPT) in Livingstone district as a pilot. Case finding will be enhanced at existing TB sites as well as opening ten new sites. We will use of drama groups for sensitization and strengthen EQA. 100 community volunteers from 7 districts will be trained using new MOH TB/HIV training manuals. 100 HWs will be trained in PITC and in infection control and ensuring availability of Cotrimoxazole and ART within TB clinics and reduce the transmission of TB in ART settings. We shall closely collaborate with ART to screen 90 % HIV positive clients for TB in 2012 and 100% in 2013. This will involve placing TB suspect registers and creating an indicator in HIV clinics. We shall also ensure close supervision and meetings between the HIV and the TB program where these services are not offered under "one Stop". We shall work with MOH, CDC and CDL to develop protocols for MDR-TB surveillance and management. This will include training of 25 HWs in MDR TB Surveillance, procurement and training of laboratory staff on the use of Gene X-pert which will be used to test relapses, retreatments and treatment failures that may have MDR TB. We propose to conduct a program evaluation to gain new and deeper knowledge on MDR-TB in the province for effective program development. Community sensitization with traditional leaders, schools, support groups and mobile drama groups in each of the 7 districts will be conducted. Sputum will be collected during drama performances to improve on TB case detection. SPMO will ensure that all TB diagnostic sites enroll into the national QA for TB smear microscopy. SPMO will support TB/HIV coordinating bodies and strengthen DOTS to improve the cure rate which is at 85%. We will conduct quarterly technical support supervision and data review meetings at provincial, district and facility levels to analyze data using MOH guidelines. SPMO shall support quarterly district TB mortality audits in order to reduce the mortality ratio which is at 9.5%. This activity is linked to ART, SI, OHSS, CT and PMTCT

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	250,000	0

Narrative:

The SPMO will support strengthening of the community component of care for children through mother baby follow up, monitoring and referrals, and linkage with community structures for adherence as well as provision of

Cotrimoxazole prophylaxis as well as referral for HIV care to the local facilities. The SPMO will continue to support monitoring and provision of food and nutrition to children on Pre ART and ART who may need it. SPMO will support cooking demonstrations in 11 districts. We shall support 11 Clinical Care Teams (CCT) to conduct mentorship to 330 HWs on the new guidelines on PMTCT, ART, and feeding options. In addition, we will strengthen government and community structures and leverage for resources from other partners in order to make Paediatric care and support more efficient and sustainable. SPMO will support quarterly partners meetings at district level to include representatives from the community level. SPMO will also support comprehensive family centred services. We shall strengthen data collection and use through continuous TA and mentorship. SPMO will support the provision and distribution of relevant data collection and reporting tools as well as printing and distribution of relevant guidelines. SPMO will support districts for the strengthening EID through mentorship and support for DBS with concurrent strengthening of the courier system for the referral of samples and feedback for results. The program will continue to support and strengthen linkages between Paediatric care and support with TB clinics, community, nutritional rehabilitation units, paediatric wards, counselling and testing, PMTCT, and other child services such as IMCI and EPI. SPMO will support orientation of 110 HWs in new guidelines in Infant and Young Child Feeding for better care of children. SPMO will continue to coordinate all partner activities in the province through quarterly stakeholder meetings. SPMO will continue to provide other essential care services such as child counselling and provision of PITC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	100,000	0

Narrative:

The SPMO 26 laboratories that perform basic tests in Immunology, Hematology and Chemistry. These laboratory services are important in providing reliable, reproducible, and accurate results, for disease detection, diagnosis and monitoring. To ensure uninterrupted laboratory services, the SPMO will continue to support the procurement of laboratory equipment (2 CD4 machines for Choma, and Monze Urban; 2 Haematology analyzers for Dambwa and Shampande; 2 chemistry analyzers for Dambwa & Namwala hospital). Furthermore, the SPMO will procure laboratory equipment service maintenance contracts and train 20 super users in routine maintenance of lab equipment. In FY 2012, we will support 2 Laboratories for accreditation namely; Livingstone General and Monze Mission hospitals. In the subsequent year the SPMO intends to continue the process of accrediting 2 more laboratories namely Mazabuka and Choma General Hospital. In preparation for Laboratory accreditation, the SPMO will support training of laboratory staff in strengthening laboratory management for accreditation. We shall further allocate resources to improve laboratory network for sample transportation from lower level laboratories to Livingstone General Hospital where the PCR facility exists for EID in partnership with the Riders for Health Project that has health transportation experience. We shall support 2 laboratory personnel for PCR specialized training in South Africa. We shall build the local capacity to manage the PCR facility by orienting 4 Laboratory

staff on operation and maintenance of PCR in collaboration with CIRDZ. The SPMO will support good lab practices, phlebotomy, basic computer skills, and laboratory information systems. We shall continue to implement strategies to prevent breakdown of automated and other equipment. This will include engaging energy experts to setup efficient, cost effective and sustainable power supply system as backup.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	280,000	0

Narrative:

Strategic Information (SI) is a core program of the SPMO Strategic Frame work for HIV/AIDS 2012/2013. In FY2012, SPMO will prioritize the strengthening of the HMIS infrastructure and enhance the integration of HMIS with SPMO strategic framework and the NAC Strategic Plan 2011–2015 and NHSP. We will support HC to capture routine data in order to complete standard national reporting forms for the MOH. We shall procure eleven motor bikes for DHIOs and DAs to improve consistence, timeliness and quality in reporting of data submitted from HC to DMO. SPMO will procure one 4x4 Toyota Twin Cab for strengthening M&E activities in the districts and collaborate with partners to ensure that SI and M&E plans are effectively implemented. We shall provide funds to the districts directly for quarterly self-evaluations for PEPFAR performance using Next Generation Indicators and HMIS priority completion of Semi-Annual and Annual progress reports. For effective data utilization and reporting, we shall train 120 health workers in Epidemiology and Data Utilization (EDU) techniques using the MOH curriculum. We shall increase SmartCare facilities from 144 to 190 sites and provide quarterly TSS and onsite mentorship in SmartCare and HMIS. SPMO will support the nineteen hospitals in the roll out of Hospital HMIS using the recently developed MOH curriculum. For performance improvement and quality assurance, we will dedicate resources to quarterly provincial and district review and data audit meetings. We shall also procure IT equipment namely: 1 projector, twenty-two laptops, 3 Digital Cameras, twenty-two External Hard drives, twenty-five Flash Disks in ensuring that DHIOs and DAs conduct monthly merges in SmartCare sites. SPMO will support monthly submission of data including transfer of data bases from HCs to DMOs, PMOs and eventually MOH. SPMO will continue to support internet services at the DMOs and selected hospitals for enhanced communication and reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	375,000	0

Narrative:

The SPMO faces challenges in strengthening health systems owing to inadequate financial resources from the GRZ especially in the past three years. Most of the infrastructure not only physical buildings but also equipment for HIV and TB diagnosis and monitoring , human resources for health program, and systems for program and financial

management are either weak or not conducive. These will need strengthening. This will be important for building pillars for establishing mechanisms for sustainability and ownership of current programs once outside resources are no longer available. We continue to support community based income enhancing activities to build long term sustainability mechanisms. These will be monitored closely to ensure accountability through the medical offices. To enhance this strategy, we shall build the capacity of environmental health technicians who work with communities for effective community programs management. As a stop gap measure, we shall work with the district medical offices to develop retention strategies and use of retired health professional in the hard to reach populations and underserved communities. This will include improving maternity facilities for enhanced PMTCT services. We shall also endeavor to train district health and hospital managers in the new health management system for the MOH.
To enhance learning and provide scientific support for professional development, the SPMO shall subscribe to international scientific journals and search engines such as PubMed, Medline, Hinari, and Cochrane. This will also include establishing learning resources centres in five major hospitals of Choma, Monze, Maamba, Mazabuka, and Kalomo hospitals. We shall also continue to provide support to partner coordination, performance assessment, annual planning and budgeting. This activity is linked to laboratory infrastructure, SI, OP, PMTCT, CT and ART services. The SPMO continue will supporting training of Provincial and District staff in data quality assessments, data analysis, M&E and report writing through advanced Epidemiology for Data User trainings each year. The Provincial staff would be trained as trainers who would then conduct two trainings for district staff. These trainings enable staff to create epidemiological profiles, conduct data quality assessments and conduct various analyses of HMIS, NACMIS and SmartCare systems to inform decision-making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	400,000	0

Narrative:

The SPMO will implement strategies to accelerate voluntary male circumcision (VMC) services as part of HIV prevention. The SPMO has demonstrated full program ownership by providing leadership, and allowing USG and non USG implementing partners to provide VMC services through Government health facilities and NGO MC clinics. Southern Province will continue collaboration with other USG partners such as JHPIEGO and SFH to provide a comprehensive and integrated package of MC services which includes CT for HIV, treatment of sexually transmitted diseases, referral of HIV positive clients for HIV management, and post-operative follow-up of clients. In FY2011, 89% provincial target set by MOH was achieved. In 2012, SPMO proposes to reach the target 15,207 men with MC services. SPHO will strengthen the national MC program by recruiting an MC coordinator dedicated to overseeing MC program activities at provincial level and provide ongoing support to all sites to ensure provision of high quality MC services.
This will be achieved by building the capacity of six static MC sites for daily MC services and supporting monthly mobile MC for one week in 11 districts throughout the year targeting but not restricted to the adult men who are at immediate risk of HIV infection.. We shall work with the 7 community radio station to educate and inform members

of the community on the benefits of biomedical MC services. This will be reinforced by working with the Ministry of Information and the National Agriculture Information services that have greater reach in the communities to mobilize for MC. We shall capitalize on school holidays to capture more youths in partnership with the Ministry of Education. This will also involve holding of MC camps in selected zonal health centres across the province. We shall also take advantage of the availability of mobile hospitals in the province to expand MC coverage. To increase the capacity of MC services we shall train 82 Health providers and procure MC equipment and medical supplies for static and mobile services. This activity is linked CT and OP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	390,000	0

Narrative:

The SPMO is cognizant that counseling and testing (CT) is an essential entry point for HIV prevention, treatment, care and support. However, access to CT is a challenge especially in hard to reach rural areas and has not been universally accepted by the people of southern province where only 12% have been tested under general VCT. We therefore propose to work with other USG partners to increase the coverage of CT to 30% in 2013 through a range of strategies. To achieve this, we shall strengthen community-based counseling and testing through door-to-door counseling and testing, provide support to two mobile drama groups in each district for community mobilization, and support bi-weekly mobile CT services in each of the 11 district to reach the underserved communities. To enhance this we shall ensure availability of trained counselor at health facilities and community level. For facility based CT, we shall train 100 health workers in Provider-Initiated Testing and Counseling (PITC) and 100 in rapid HIV diagnostic testing. An additional 110 health workers will be trained in child counseling to reinforce PITC services. We shall ensure that couples counseling and testing is rigorously explored and implemented in all testing sites. This will include supporting weekend testing and during traditional ceremonies and national days. We shall also use family support units as entry point to this strategy and train 100 health workers in couples CT.

For enhanced community involvement and mobilization, we shall work with DMOs to mobilize community and religious leaders for CT. To reinforce this strategy, SPMO will collaborate with Modeling And Reinforcement to Combat HIV/AIDS in Zambia (MARCHZ) program to develop and disseminate CT messages through their community reinforcement activities and the serial radio drama. We will also partner with 7 community radio stations with the goal of reaching 80% of the population in the Province with CT messages. The materials will also be translated into local language and disseminated through community structures and integrated in prevention, care and treatment programs. We shall provide funds to the 11 DMOs for infrastructure assessments and renovations of two CT sites per district. We shall support quarterly external quality assurance for HIV testing and disease monitoring for all the 254 CT sites. This will include quality assurance for CD4 in partnership with MOH testing where this service exists. We shall strengthen existing referral system to ensure that clients who receive CT services are linked to and are enrolled in other HIV prevention, care and treatment services. HIV negative clients

will be supported to maintain their status and IGAs will be implemented to raise funds for paying community based volunteers and sustain community activities.
This activity is linked to PMTCT, MC, OP and Laboratory support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	110,000	0

Narrative:

The SPMO will coordinate with other USG partners such as ZISSP and the Zambia Prevention Initiative to implement HIV prevention services in line with the Zambia National Prevention Strategy 2009. We will target the most at risk populations (MARPS), youth, couples, PLWHA for prevention with positives and strengthen community response to HIV/AIDS. Youth activities will be scaled-up including life-skills training, distribution of male and female condoms and promotion of Adolescent Sexual Reproductive Health services in all districts. DMOs will be supported quarterly to engage community leaders in driving prevention activities and run meetings in zonal centers focusing on HIV prevention. In FY 2012/13, 220 CBVs/counselors will be trained in Behavior Change Communication (BCC) for HIV prevention. SPMO will collaborate with 7 community radio programs in 6 districts and lead development and dissemination of BCC materials in local languages. DMOs will collaborate with MOE to implement HIV prevention programs for teachers as well as support distribution of BCC materials for HIV prevention. To enhance BCC among pupils, 5 teachers per district will be trained as trainers in BCC and skills building. These will train teachers and pupils to scale up evidence based prevention for the youth. Skills based on HIV/AIDS education will target in and out of school youth with an aim of delaying sexual debut and promoting sexual abstinence.
HC staff will be trained to manage youth friendly corners targeting out of school youths and will include training of 30 peer educators per district. Funds will be provided for infrastructure improvement at 3 youth friendly-corners per district. In 2012, about 596,015 will be reached through radio programs, FGDs and drama performances on abstinence. In 2012, 4 managers per district will be trained to implement the HIV work-place policy incorporating CT. Roll-out of peer education at the HF level to address HIV prevention will be supported. SPMO will train 100 HWs in Syndromic Management of STIs to improve case management and prevent transmission of HIV. DMOs will develop flexible CT schedules to cater for working couples. Monitoring will be through TSS, quarterly review meetings and HMIS and SmartCare reports. SPMO will support the accelerated programming for aggressive male circumcision strategies and maintain blood safety to reduce transfusion transmissible infections. This activity will be linked to the MC, PMTCT, CT and ART services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	180,000	0

Narrative:

SPHO has 234 PMTCT sites out of which 36 are supported directly through SPMO. In 2010, the first ANC

attendance was 84% with 90% receiving CT. Using base funds SPHO will focus on quality enhancement of PMTCT services by increasing access to HIV testing with emphasis on couples counseling and testing, CD4 monitoring, and re-testing of HIV negative pregnant women in order to contribute to the MOH goal of the virtual elimination of Paediatric HIV by 2015. SPMO will provide more efficacious ARV regimens in line with the new PMTCT guidelines and ensure the integration of PMTCT and ART at all levels. SPMO will engage retired midwives in 18 facilities in the 3 districts; this is critical in the provision of EMONC, ANC, post natal services. SPHO will aim to increase deliveries by skilled staff from 60% to 80% and in turn increase institutional deliveries from 36% to 50% in 2012. Additionally, SPHO will ensure the treatment of HIV positive partners in discordant relationships with HAART regardless of their CD4 counts and prioritize syphilis screening and treatment in the PMTCT services and procure laboratory equipment for HIV disease monitoring. SPMO will train 141 mid-wives in integrated ART, 30 HWs in LTFP, in EID and infant tracking. We will support community outreach services aimed at promoting early ANC attendance and mother-baby pair retention. SPMO will procure back-up supplies to ensure availability of HIV testing kits, RPR/RST kits, heama-cues, CPT. SPMO shall work with BU and ZISSP to conduct quarterly mentorship and TSS/TA and data review meetings. We shall support the intra districts courier system for DBS. To increase male involvement in PMTCT, an incentive package will be introduced in form of 2 bags of fertilizer and a 10kg of maize seed which will be provided to men that escort their spouses to the health facility for ANC at 14 weeks of pregnancy, labor and delivery, and six weeks postnatal care. An additional incentive will be the provision of baby layette during the above scheduled visits. SPMO will address loss to follow-up throughout the PMTCT cascade from initial ANC visit (84%) to the 4th visit (60%) and delivery in a HF (36%). Extended NVP for breastfeeding HIV exposed children will be enhanced by providing IEC to the community and use of SMAGS with cooperating partners.

Using the COP12 PMTCT PLUS UP funds ($170,000) will implement one-off activities intended to strengthen the base of the PMTCT program in the province. These activities will be designed to: Increase health worker retention in rural facilities; Increase utilization of maternity; continue to expand integration models for ANC and ART; Support development of integration models for PMTCT, pediatric HIV care, and routine MNCH services such as EPI, growth monitoring, nutritional support and post natal services; Continue to expand sustainable intra-district laboratory sample courier systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	400,000	0

Narrative:

SPMO will provide leadership, supervise and coordinate the provision of comprehensive HIV treatment and care services in line with the new guideline for MOH 2011. This will be done mainly through TA to District Medical Offices, health facilities and quarterly coordination meetings with cooperating partners in the province. SPMO will assess the 35 ART sites that are not yet accredited and ensure that at least 10 of them are accredited in 2012 in conformity with health professional council of Zambia standards. SPMO will also visit the 13 ART sites that are

currently accredited to ensure that standards are maintained. SPMO will ensure that of the 15 mobile ART sites, 5 will be turned into static sites while an extra 10 mobile sites will be added. The provision of continuing medical education to staff trained in ART will be provided at existing ART sites. SPMO will ensure the implementation of the new Anti Retroviral Treatment guidelines in all ART sites by orienting 330 health workers in the new guidelines. These trainings will include training care providers from the private sector. SPMO will ensure that ART is readily available for pregnant women living with HIV by supporting ART services in MCH in at least 2 sites per district and continue to support DHOs in the provision of mobile ART services in 20 selected sites of remote and hard to reach areas. SPMO will continue to support strengthening clinical care teams and mentorship program aimed at improving quality of care for PLWHA. SPMO will continue with bi-annual clinical symposia to improve HIV/AIDS management and allow exchange of experience. SPMO will procure laboratory equipment for viral loads and drug resistance surveillance and monitoring, two CD4 machines for Choma, & Monze Urban; two Haematology analyzers for Dambwa & Shampande; one Chemistry Analyzer for Dambwa.
SPMO will train HWs in adherence counseling for adult ART to enhance retention into care and treatment for all patients. SPMO and Livingstone DMO will ensure that all HIV positive patients who do not have active TB will be put on IPT. SPMO will train and support 11 ART treatment support groups to reduce the proportion of lost to follow up from 18% to 10% by 2013. SPMO will perform a program evaluation to analyze the issues surrounding the high proportion of loss to follow up. SPMO will also train 25HWs in pharmacovigillance to monitor adverse drug reactions and 25 health workers in rational drug use. This activity is linked to PMTC, TB/HIV, SI , CT and OHSS

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	225,000	0

Narrative:

The MOH recently developed guideline for effective management of paediatric ART services in Zambia. In line with this, we shall train 110 HWs in Comprehensive Pediatric HIV Care (CPHC) using the new training curriculum at all points of entry will be done for greater impact on identification and assessment of paediatric patients for enrolment on ART. For performance improvement, we shall implement TSS and mentorship activities through the Clinical Care Teams (CCT) in the districts to include private providers. SPMO will also support some ART providers to attend the Annual National ART updates meetings overseeing by the MOH. Linkages will be strengthened between Paed ART and all ART entry points which include TB clinics, community, nutritional rehabilitation units, paediatric wards, counselling and testing, PMTCT, and other child services such as IMCI and EPI. SPMO will support training for 25 relevant HWs in 'Data collection and use' as well as printing and distribution of guidelines. SPMO will support strengthening of the community programmes to improve pre ART retention and early detection, follow up, and referral of Paediatric patients for ART through training of 66 Community Health Workers (CHWs) in community based Provider -Initiated Testing and Counseling (PITC) as well as strengthening of linkages with community structures particularly those attending to mothers in labor and

with postnatal mothers. SPMO will continue to lobby for partners to support nutritional care and treatment services. SPMO will continue to support EID particularly community referrals for DBS services. SPMO will support service integration for Paed ART such as in TB and MCH services. A further 55 HWs will be trained in Integrated Management of Childhood Illnesses (IMCI) and 55 HWs in DBS collection. We shall maintain the number of Pediatric Centers of Excellence (PCOE) and include all PCOEs in the planned symposia. Infrastructural improvements will be supported in 5 sites. We will train and strengthen all 16 hospitals in Performance Improvement Approaches (PIA). The SPMO will also support the production of job aids such as algorithms and dosing charts. SPHO will support ongoing assessment, retention and adherence of pediatric patients including adolescents on the ART program.

Implementing Mechanism Details

Mechanism ID: 14452	**Mechanism Name: Society for Family Health**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,314,718	
Funding Source	**Funding Amount**
GHP-State	1,314,718

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Population Services International (PSI), through its locally-registered Zambian affiliate Society for Family Health (SFH), will support comprehensive HIV prevention services within all three branches of the Zambia Defense Forces (ZDF), working closely with the Zambia Defense Forces Medical Services (ZDFMS) and existing NGO partners to offer integrated voluntary medical male circumcision (VMCC) services as well as targeted condom social marketing and related behavior change communications activities. SFH will scale-up VMMC to reach 8,000 or more ZDF personnel and their families by the end of the period. VMMC activities will be integrated with HIV counseling and testing (CT) activities, with an emphasis on female involvement through couples HIV counseling and testing as part of the VMMC process. ZDF-specific VMMC educational materials will be developed and disseminated aimed at

increasing informed demand for the service. A unique approach to capacity building will enable ZDFMS teams to conduct their own VMMC outreach activities, reaching distant outposts with comprehensive VMMC services. SFH will also strengthen ZDF's ability to conduct effective VMMC-specific HTC as well as risk behavior mitigation; to manage VMMC stocks and supplies; to collect VMMC client data for rapid and informed decision-making; to conduct VMMC-specific quality assurance and quality improvement activities; to perform routine VMMC-related infection prevention protocols; and to conduct effective demand creation activities independently. SFH will also develop a ZDF-specific male condom line extension, which will be based on formative understanding of the unique needs of active ZDF personnel.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000
Motor Vehicles: Purchased	45,000

TBD Details

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**14452**		
Mechanism Name:	**Society for Family Health**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	1,206,239	0
Narrative:			
PSI/SFH will continue to scale-up VMMC services to reach an additional 9,000 male ZDF personnel age 15-49 and			

their families during October 2013 – September 2014, in line with national priorities and guidelines. SFH will use a phased approach to scaling-up comprehensive male circumcision (MC) services within the ZDF that will initially involve direct involvement of SFH personnel, and will gradually involve more ZDF clinicians and other personnel in MC service delivery. SFH will partner with Project Concern International (PCI) to provide on-site HIV counseling and testing, along with MC-specific behavioral counseling, as part of the minimum service package for all ZDF personnel.

During this period, PSI/SFH will: conduct joint SFH-ZDF facility-level quality assurance and supportive supervisory visits; reach 25,000 or more members of the ZDF personnel and their families with troop-level education to raise awareness of voluntary male circumcision as an HIV/STI prevention method; conduct individual behavior change counseling with 9,000 or more ZDF MC clients and their female partners;

In order to make service provision more consistent within the military cantonments, SFH will train additional 16 or more ZDF clinicians in MC service provision who will work with SFH providers. These clinicians will take up the routine service provision even when SFH providers are not on site. In collaboration with Project Concern International, 16 or more ZDF and/or PCI HIV counselors and clinicians will be trained in the in the use of SFH/MoH MC counseling and opt-out HIV testing approach. As part of the infection prevention program 16 or more ZDF personnel will receive training in MC-specific infection prevention and instrument processing protocols & guidelines. SFH will continue providing training and technical support to fifteen or more ZDF facilities in the use of facility-level QA and QI systems. SFH will also conduct training with 16 or more ZDF and/or PCI HIV/AIDS peer educators on basic information and promotional techniques related to voluntary MC demand generation. An additional 3 or more ZDF data personnel will be trained on management of MC data files. SFH will continue providing training and technical support to fifteen or more ZDF facility personnel on management of MC inventory and supply chain management (SCM).

SFH will continue working with ZDF and ZDFMS leadership to integrate all components of the proposed intervention with existing ZDF activities and according to ZDF protocols and regulations. Site-specific work plans will be developed after joint SFH-ZDF site assessments are completed, and these will be refined through continuous consultations with ZDF officials and any participating NGO partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	108,479	0

Narrative:

Population Service International/Society for Family Health (PSI/SFH) will have developed and produced Zambia military-specific packaging for a branded male condom, to be promoted and distributed specifically among the Zambia Defense Force (ZDF) military personnel. PSI/SFH will continue promotional activities and distribution of

2,000,000 military-specific branded condoms during the third year of the program, sufficient to provide one year of coverage for the estimated 22,000 active military personnel. PSI/SFH will continue to leverage the existing Zambia Defense Force (ZDF) distribution channels for more cost-efficient distribution and consistent supply of the product. PSI/SFH will also continue exploring (with approval from ZDF authorities) the use of promotional and informational activities within military installations to promote the use of condoms together with messages about combination prevention; including demonstrations on correct condom use.

Implementing Mechanism Details

Mechanism ID: 14507	**Mechanism Name: Family Health International**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 1,309,000	
Funding Source	**Funding Amount**
GHP-State	1,309,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

DAO Lusaka has been implementing system strengthening and infrastructure improvement programs in the Zambia Defense Force. The direction of the program is to focus on capacity building for improved service delivery, leadership development for sustainability, system strengthening and infrastructure improvement for quality in service delivery.

JSI will assist the ZDF to develop, implement, manage, and evaluate effective and sustainable health supply systems to ensure the continuous availability of ARVs, HIV tests, and laboratory commodities in health facilities in the three branches of the military, increase access at health facilities to laboratory tests such as chemistry, hematology and CD4 counts and ensuring clients who require full HAART have access to the necessary services and commodities, support the ZDF Health System Strengthening Program by procuring cost-effective, high quality laboratory equipment in support of the ZDF ART and PMTCT programs , support the ARV, HIV test and laboratory commodity logistics systems that are managed by the ZDF and Medical Stores Limited by providing capacity building on and

quality monitoring of those systems . JSI Logistics Services will also provide procurement services for key laboratory equipment required to meet the ZDF Health System Strengthening Program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	223,395

TBD Details

(No data provided.)

Key Issues

Military Population
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**14507**
Mechanism Name:	**Family Health International**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0

Narrative:

TB/HIV activities include programmatic and technical support to increase the number of Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting and training HCWs to provide treatment for TB to HIV+ individuals (diagnosed or presumed).Strengthening of linkages between ART and TB clinics in terms of referral is another area being supported.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	100,000	0

Narrative:

Paediatric care and support activities will include providing drugs, food and other commodities for pediatric clients (HIV exposed infants, HIV infected children and adolescents), supporting the needs of adolescents with HIV (ALHIV) (PwP, support groups, support for transitioning into adult services, adherence support, reproductive health services, educational support for in and out of school youth). Activities promoting integration with routine pediatric care, nutrition services and maternal health services, strengthening laboratory support and diagnostics for pediatric clients, ensuring appropriate dispensation of CTX and INH, prophylaxis in infants, children and adolescents.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

Laboratory Support. Activities include systems strengthening to ensure the number of Laboratories (testing facilities) with capacity to perform Clinical laboratory tests is increased as well as increasing the number of HCWs trained in the provision of laboratory services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

Strategic Information. Activities include strengthening the quality assurance and quality improvement aspects of all supported service areas, generation of reports that include information on relevant indicators, report on baseline assessment and final project evaluation report

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Capacity Building for Zambia Defense Force medical Services. Activities include systems strengthening resulting in the Health facilities graduating from intensive assistance by meeting MOH-approved minimum quality and performance criteria in all technical service-delivery areas

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	150,000	0

Narrative:

Voluntary Medical Male Circumcision (VMMC) activities include increasing the number of Service outlets providing MC services, number of HCWs trained to provide VMMC services ,number of males circumcised as part of the minimum package of VMMC for HIV prevention services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	500,000	0

Narrative:

HIV Counseling and Testing. Activities include providing technical support to increase the number of service outlets providing CT according to national or international standards, number of individuals who receiving HIV/AIDS CT and receiving their test results, number of HCWs trained in CT according to national or international standards and training of Military medical assistants in CT according to national or international standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	9,000	0

Narrative:

Prevention of Mother-to-Child Transmission (PMTCT). Activities include rolling out of Service outlets providing the minimum package of PMTCT services, increasing the number of Pregnant women who are receiving HIV/AIDS CT for PMTCT and receiving their test results, increasing the number of HIV-infected, pregnant women who receive antiretroviral prophylaxis for PMTCT in a PMTCT setting, number of Health Care Workers(HCWs) trained in the provision of PMTCT services according to national or international standards, number of Military medical assistants(MMAS) trained in the provision of PMTCT services according to national or international standards

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	125,000	0

Narrative:

Adult Care and Treatment. Care and Support. Activities include technical support to increase the number of Service outlets providing HIV-related palliative care (excluding TB/HIV), with a consequent increase in the number of individuals provided with HIV-related palliative care (excluding TB/HIV)-adults and children, capacity building

to increase the number of HCWs trained to provide HIV palliative care (excluding TB/HIV),number of HCWs trained to deliver adults ART/OI service according to national or international standards, number of Military Medical Assistants trained to provide adherence counseling and screening for chronic conditions such as diabetes, hypertension),number of individuals newly initiating on ART during the reporting period.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	125,000	0

Narrative:

Pediatric Care, Support and Treatment. Activities include technical support to increase the number of Pediatrics newly initiating on ART during the reporting period, number of Pediatrics receiving ART at the end of the period as well as ensuring the number of HCWs trained to deliver pediatric ART services according to national or international standards is increased.

Implementing Mechanism Details

Mechanism ID: 16620	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16634	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16656	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16657	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16658	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16690	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16755	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16761	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16833	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16903	**Mechanism Name: Evaluation of Integrated Community-Based and Clinical HIV/AIDS Interventions in Sinazongwe, Zambia**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Columbia University Mailman School of Public Health	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 280,000	
Funding Source	**Funding Amount**
GHP-State	280,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is a CDC-Atlanta Epidemiology and Strategic Information Support (ESIS) task order that was awarded to Columbia University. It aims to determine the change in estimated HIV incidence in Sinazongwe District after rollout and scale-up integrated evidence-based HIV interventions (also known as "combination prevention") in home and clinic settings. Sinazongwe is an underserved, remote rural district in the Southern Province of Zambia.

The evaluation includes household surveys to ascertain behavior and use of HIV prevention, care and treatment services at baseline and three years later. Additionally, district health clinic logs will be extracted retrospectively, at mid-line and after scale-up of interventions to document change in service utilization among residents. Clinical data will also be drawn from SmartCare electronic medical records where possible.

During this budget period, the contractor expects to conduct retrospective clinic record extraction and implement the first survey (including laboratory testing). The exposure being tested is scale up of combination prevention. Prevention activities will be conducted by Development Aid People to People (DAPP) and the Southern Provincial Health office and include home and clinic-based VCT, VMMC, PMTCT (particularly B+), treatment of the negative partner in discordant couples. Prevention scale-up is funded separately from this evaluation.

This mechanism has not been submitted in a previous COP, but the activity was included in DAPP's narrative for COP11. When the ESIS task order was made available in 2011, it was funded as a separate activity using reprogrammed funds. It did not appear in COP12 because the funding allocated during the 2011 reprogramming was sufficient for the first 2 years.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16903**
Mechanism Name:	**Evaluation of Integrated Community-Based and Clinical HIV/AIDS Interventions in Sinazongwe, Zambia**
Prime Partner Name:	**Columbia University Mailman School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	280,000	0

Narrative:

The evaluation includes household surveys to ascertain behavior and use of HIV prevention, care and treatment services at baseline and three years later. Additionally, district health clinic logs will be extracted retrospectively, at mid-line and after scale-up of interventions to document change in service utilization among residents. Clinical data will also be drawn from SmartCare electronic medical records where possible. During this budget period, the contractor expects to conduct retrospective clinic record extraction and implement the first survey (including laboratory testing). The exposure being tested is scale up of combination prevention. Prevention activities will be conducted by Development Aid People to People (DAPP) and the Southern Provincial Health office and include home and clinic-based VCT, VMMC, PMTCT (particularly B+), treatment of the negative partner in discordant couples. Prevention scale-up is funded separately from this evaluation.

Implementing Mechanism Details

Mechanism ID: 17099	**Mechanism Name: STOP GBV - Access to Justice**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Women and Law in Southern Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism (TBD 13070) was awarded to 3 IPs. The goal of the STOP/GBV program is to eliminate gender-based violence in a holistic, systematic and comprehensive manner through a multi-sectoral approach. The objectives of the program are: to increase prevention of and respond to GBV in Zambia through an enhanced community response; to improve availability and uptake of quality GBV clinical and psychological services for adults and children; and to improve capacity of GBV service providers including police and other law enforcement personnel to respond to GBV cases. The program addresses GBV, one of the key drivers of HIV transmission and the reason for high prevalence of HIV among females.

The program will initially be implemented in seven districts (Chipata, Kabwe, Kitwe, Livingstone, Lusaka, Mazabuka, and Ndola). New districts will also be added later in the project. The program is targeting GBV survivors, service providers, women, men, girls, boys, youth groups, traditional leaders, policy and law makers engaged in the preservation and safeguarding of customary practices.

USAID Zambia will implement this program with a local organization and relevant government ministries to ensure the sustainability and encourage country ownership. Strategic coordination and integration will be assured through working with government ministries which will ensure that more national resources are allocated for GBV activities. Linkages with other donor agencies implementing GBV activities will be created to avoid duplication of efforts. Key GBV activities will include providing support to GBV partner to coordinate GBV activities and monitoring the GBV response.

Vehicles will be required to reach out to the various communities in various target districts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17099**		
Mechanism Name:	**STOP GBV - Access to Justice**		
Prime Partner Name:	**Women and Law in Southern Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			
see IM 13070			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	0	0
Narrative:			
see IM 13070			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
see IM 13070			

Implementing Mechanism Details

Mechanism ID: 17100	**Mechanism Name: STOP-GBV - Prevention and Advocacy**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Zambia Center for Communication Programs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0	
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This former TBD (#13070) was awarded to 3 partners: The goal of the STOP/GBV program is to eliminate gender-based violence in a holistic, systematic and comprehensive manner through a multi-sectoral approach. The objectives of the program are: to increase prevention of and respond to GBV in Zambia through an enhanced community response; to improve availability and uptake of quality GBV clinical and psychological services for adults and children; and to improve capacity of GBV service providers including police and other law enforcement personnel to respond to GBV cases. The program addresses GBV, one of the key drivers of HIV transmission and

the reason for high prevalence of HIV among females.

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USAID Zambia will implement this program with a local organization and relevant government ministries to ensure the sustainability and encourage country ownership. Strategic coordination and integration will be assured through working with government ministries which will ensure that more national resources are allocated for GBV activities. Linkages with other donor agencies implementing GBV activities will be created to avoid duplication of efforts. Key GBV activities will include providing support to GBV partner to coordinate GBV activities and monitoring the GBV response.
Vehicles will be required to reach out to the various communities in various target districts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**17100**
Mechanism Name:	**STOP-GBV - Prevention and Advocacy**
Prime Partner Name:	**Zambia Center for Communication Programs**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	0	0
Narrative:			
see IM 13070			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
Narrative:			
see IM 13070			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0
Narrative:			
see IM 13070			

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
ICASS		0		0
Management Meetings/Professional Developement		0		0
Non-ICASS Administrative Costs		0		0
Non-ICASS Motor Vehicles		0		0
Total	**0**	**0**	**0**	**0**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State	$ 1,300,000 of prior year pipeline funds will be applied to administrative support services, general services, supplies, motorpool...	0
Management Meetings/Professional Developement		GHP-State	$ 173,100 prior year pipeline funds will be used to fund staff	0

			training, conferences/seminars for professional development	
Non-ICASS Administrative Costs		GHP-State	$ 443,800 prior year pipeline funds will be used to cover costs of housing, rent and other Non-ICASS costs	0
Non-ICASS Motor Vehicles		GHP-State	1 USG vehicle procured in 2009 with PEPFAR funds: ~ 55,000. Since given to icass (disposed of)	0

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		20,000		20,000
ICASS		45,000		45,000
Indirect Costs		20,000		20,000
Management Meetings/Professional Developement		65,000		65,000
Non-ICASS Motor Vehicles		0		0
Staff Program Travel		50,000		50,000
USG Staff Salaries and Benefits		300,000		300,000
Total	**0**	**500,000**	**0**	**500,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State	Caridges, IT accessories and other office supplies	20,000
ICASS		GHP-State	Motorpool, GSO, IT, HR, Telelphones and Management	45,000
Indirect Costs		GHP-State	Fuel, vehicle maintenance and spareparts, clearing of goods	20,000
Management Meetings/Professional Developement		GHP-State	Conferences, meetings, training and conferences	65,000
Non-ICASS Motor Vehicles		GHP-State	3 vehicles have been purchased since 2004; 1 vehicle was disposed off after 5 years and the agency currently has 2 vehicles.	0

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		356,818		356,818
Computers/IT Services	436,995			436,995
ICASS	623,000	812,000		1,435,000
Institutional Contractors	408,065	785,183		1,193,248

Non-ICASS Administrative Costs	1,095,207	354,696		1,449,903
Non-ICASS Motor Vehicles		91,412		91,412
Staff Program Travel	933,981	140,000		1,073,981
USG Staff Salaries and Benefits	1,736,869	2,050,000		3,786,869
Total	**5,234,117**	**4,590,109**	**0**	**9,824,226**

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		GHP-State		356,818
Computers/IT Services		GAP		436,995
ICASS	General & Furniture pool	GAP		623,000
ICASS		GHP-State		812,000
Non-ICASS Administrative Costs	Rental,Guard Services,Utilities Residentail,Staff-Relocation,Furn. & Equip	GAP		1,095,207
Non-ICASS Administrative Costs	Telelphone, Office Utilities,Other Office Costs-Printing, computers for HVSI	GHP-State		354,696
Non-ICASS Motor Vehicles	Fuel, Insurance & Maintanenace	GHP-State	CDC has purchased 14 USG vehicles with prior year COP funds (04-12). 7 have since been sold. No vehicles are requested with	91,412

			COP 13 funds.	

U.S. Department of Health and Human Services/Office of the Secretary

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
USG Staff Salaries and Benefits		300,000		300,000
Total	**0**	**300,000**	**0**	**300,000**

U.S. Department of Health and Human Services/Office of the Secretary Other Costs Details

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		20,000		20,000
ICASS		337,380		337,380
Management Meetings/Professional Developement		100,000		100,000
Non-ICASS Administrative Costs		100,000		100,000
Staff Program Travel		85,964		85,964
USG Staff Salaries and Benefits		300,000		300,000
Total	**0**	**943,344**	**0**	**943,344**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		20,000
ICASS		GHP-State		337,380

Management Meetings/Professional Developement		GHP-State		100,000
Non-ICASS Administrative Costs	printing & reproduction, office supplies, communications and promotional items	GHP-State		100,000

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		35,656		35,656
Institutional Contractors		19,910		19,910
Management Meetings/Professional Developement		5,000		5,000
Non-ICASS Administrative Costs		157,097		157,097
Non-ICASS Motor Vehicles		140,000		140,000
Peace Corps Volunteer Costs		2,511,537		2,511,537
Staff Program Travel		195,382		195,382
USG Renovation		70,000		70,000
USG Staff Salaries and Benefits		850,514		850,514
Total	**0**	**3,985,096**	**0**	**3,985,096**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount

Computers/IT Services		GHP-State		35,656
Management Meetings/Professional Developement	3615-D	GHP-State		5,000
Non-ICASS Administrative Costs	3615-B	GHP-State		157,097
Non-ICASS Motor Vehicles		GHP-State	PCZ has had a total of 8 vehicles throughout PEPFAR (FY 04-12), of which 4 are currently still in service. Two new vehicles are requested with FY 13 funds; one replacement Toyota Hilux Hardtop The second is a 30 seater coaster bus required to replace the current bus. It is needed to transport two groups of 30 trainees from the airport and to and from our two training sites situated an hour and a two hour journey outside of Lusaka to Lusaka and to their destination sites throughout 7 provinces.	140,000
USG Renovation		GHP-State	Upgrades to Pre	70,000

			Service Training Site in Chipembi including language learning insakas, extended boundary fence, medical examination room & storage facility.	