

6. 付 属 資 料

Government of the Republic of Zambia
MINISTRY OF HEALTH



REPUBLIC OF ZAMBIA

National AIDS Prevention and Control Programme

WORKPLAN and BUDGET

1 July 1990 - 30 June 1991

April 1990

Telephone: 211328

Telegrams:



REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

P.O. BOX 30205
LUSAKA

8 May 1990

Dr D. Tarantola
Chief,
National Programme Support Unit
Global Programme on AIDS
World Health Organization
Geneva

Dear Sir,

RE: Zambia Plan of Action and Budget for Second Phase MTP 1990/1991

The revised document Plan of Action and Budget Zambia NAPCP from the Ministry of Health in collaboration with WHO has been received and carefully reviewed.

In this form we would like to approve the document and ensure you that as far as possible all activities will be implemented according to the plan of activities.

We take this opportunity to request WHO's assistance in the coordination of the formal Resource Mobilization Meeting and suggest that this meeting be held 10-11 July 1990.

May I thank you for your support in implementing our National AIDS Prevention and Control Programme.

Yours sincerely,

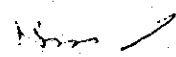

Dr S. Nyaywa, DDMS (PHC)
for Permanent Secretary
Ministry of Health
Lusaka
Zambia

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LIST OF ABBREVIATIONS USED IN THE TEXT

ACU	AIDS Control Unit
AIDS	Acquired Immune Deficiency Syndrome
AMC	AIDS Management Committee
APM	AIDS Programme Manager
ARC	AIDS Related Complex
BTSU	Blood Transfusion Services Unit
CC	Clinical Counsellor
CMAZ	Church Medical Association of Zambia
DDMS	Deputy Director of Medical Services
DMO	District Medical Officer
DMS	Director of Medical Services
FHN	Family Health Nurse
FHT	Family Health Trust
FHU	Family Health Unit
FNDP	Fourth National Development Plan
GPA	Global Programme on AIDS
GRZ	Government of the Republic of Zambia
HBC	Home-Based Care
HEO	Health Education Officer
HEU	Health Education Unit
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KABP	Knowledge, Attitude, Beliefs and Practices
MISLWG	Management Information Systems and Logistical Working Group
MOF	Ministry of Finance
MOH	Ministry of Health
MSL	Medical Stores Limited
MTP	Medium Term Plan
NAC	National Advisory Committee on AIDS
NASC	National AIDS Surveillance Committee
NGO	Non Government Organization
NGO/CC	Non Government Organizations Coordinating Committee
NMHRC	National Mental Health Resources Centre
NORAD	Norwegian Agency for Development
ODA	Overseas Development and Administration
OMS	Old Medical Stores
O/PC	Outreach/Preventive Counsellor
PBW	Professional and Business Women
PHC	Primary Health Care
PHN	Public Health Nurse
PMO	Provincial Medical Officer
PPAZ	Planned Parenthood Association of Zambia
PS	Permanent Secretary
PSI	Population Services International
PTA	Parent Teacher Association
SIDA	Swedish International Development Agency
STD	Sexually Transmitted Disease
STP	Short Term Plan
SWAAZ	Society of Women Against AIDS, Zambia

TB	Tuberculosis
TBA	Traditional Birth Attendant
TDR	Tropical Disease Research Centre
UNZA	University of Zambia
UNIP	United National Independence Party
USAID	United States Agency for International Development
UTH	University Teaching Hospital
US \$	American Dollars
WHO	World Health Organization
WTL	WHO/GPA Team Leader
YWCA	Young Women's Christian Association
ZNAPCP	Zambia National AIDS Prevention and Control Programme

EXECUTIVE SUMMARY

In January 1988, the Ministry of Health (MOH) of Zambia, working closely with the World Health Organisation/Global Programme on AIDS (WHO/GPA), developed a Medium Term Plan (MTP) for the prevention and control of AIDS for the period 1988 to 1992. The MTP aimed at reducing the effects of HIV infection and its associated morbidity and mortality.

A project document between the GRZ and WHO/GPA, based on the MTP, was developed for the first year of activities. The first phase budget amounted to US \$4.9 million of which US \$2.5 million was channelled through WHO and the rest was raised through bilateral contributions.

The MTP contained a provision that the Programme be reviewed after one year of implementation by a tripartite team composed of representatives of the MOH, the donor community and WHO. The first year of implementation ended in September 1989, and the National AIDS Prevention and Control Programme (NAPCP) was reviewed as anticipated. The review report, as approved by the GRZ and endorsed by WHO/GPA recognised specific areas of concern and made a number of recommendations.

Between the Review in September 1989 and the reprogramming exercise in March 1990, a number of activities in all Units of the NAPCP have taken place. Some are on-going activities according to the action plan for the first year, others are innovations based on lessons learned, and others are direct responses to concerns raised during the Review.

The reprogramming exercise which took place from 14 March to 12 April, 1990 served four major purposes:

1. to plan for the period 1st July, 1990 - 30th June, 1991;
2. to prepare for funding requests;
3. to develop monitoring guidelines for NAPCP management; and
4. to lay the groundwork for the preparation of the next project document.

The official review document was used as the basis for discussions for the reprogramming exercise.

Planning for the second phase of NAPCP activities was accomplished during the exercise with objectives, strategies and supportive activities being decided upon in a coordinated manner. A workplan with an associated budget was developed and included in the document which will be used for requesting financial and other resource support from the international community.

The GRZ contributed to the NAPCP in the fiscal year 1989 with 1.6 million Kwacha, and in 1990 with 1.9 million Kwacha. In addition, it contributes by making MOH professional and support staff available to the NAPCP and by providing office space and telephone services.

The total budget for the second phase will be US \$3.3 million with a breakdown as follows.

ZAMBIA NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME
BUDGET SUMMARY

CODE/DESCRIPTION	BUDGET ESTIMATE U.S. DOLLARS	PERCENT OF TOTAL
PROGRAMME MANAGEMENT		
AAA Salaries	85,000	
040 Consultants	19,560	
230 Duty Travel	0	
550 Supplies	120,000	
670 Equipment	70,983	
834 Local costs	293,685	
TOTAL	589,228	18%
IEC AND COUNSELLING		
AAA Salaries	120,000	
040 Consultants	24,000	
230 Duty Travel	0	
550 Supplies	0	
670 Equipment	136,055	
834 Local costs	647,914	
TOTAL	927,969	28%
EPIDEMIOLOGY AND SURVEILLANCE		
AAA Salaries	120,000	
040 Consultants	20,592	
230 Duty Travel	0	
550 Supplies	14,393	
670 Equipment	12,791	
834 Local costs	107,899	
TOTAL	275,675	8%

ZAMBIA NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME
 BUDGET SUMMARY

CODE/DESCRIPTION	BUDGET ESTIMATE U.S. DOLLARS	PERCENT OF TOTAL
LABORATORY SUPPORT		
AAA Salaries	0	
040 Consultants	0	
230 Duty Travel	0	
550 Supplies	187,704	
670 Equipment	23,030	
834 Local costs	511,858	
TOTAL	722,592	22%
CLINICAL CARE		
AAA Salaries	0	
040 Consultants	0	
230 Duty Travel	0	
550 Supplies	204,450	
670 Equipment	0	
834 Local costs	605,500	
TOTAL	809,950	24%
GRAND TOTAL	3,325,414	100%

1. INTRODUCTION

1.1 Background of the Zambian AIDS Prevention and Control Programme

The Acquired Immunodeficiency Syndrome (AIDS) was officially recognized as a public health problem in Zambia in 1986. The Government of the Republic of Zambia (GRZ), recognizing the magnitude of the threat to the country's population, established the National AIDS Surveillance Committee (NASC) that year. The NASC was charged with the task of formulating policies and coordinating all activities regarding the prevention and control of AIDS.

Early in 1987, a Short Term Plan (STP) was formulated for the period March 1987 to March 1988. The primary objective of the STP was to screen donor blood. At the same time, a mass media campaign was launched to create public awareness about Human Immunodeficiency Virus (HIV) infection and AIDS.

In January 1988, the Ministry of Health (MOH), working closely with the World Health Organization (WHO), developed a Medium Term Plan (MTP) for the period 1988 to 1992. In March 1988, a meeting of interested parties for the support of the AIDS Control Programme (ACP) was held in Lusaka. At that time, the National AIDS Control Plan was approved as the framework for all national AIDS activities, and the basis upon which all funding proposals would be made. The central coordinating role of WHO in the implementation of the national AIDS Control Plan was acknowledged by the GRZ and the interested parties.

The Ministry of Health fully respects World Health Assembly resolution WHA41.24 regarding the avoidance of discrimination in relation to HIV infected people and people with AIDS. The GRZ ensures that HIV infected people are guaranteed the same human rights as are provided to all citizens of the Republic of Zambia. During the next phase of activity, the NAPCP, through the subcommittee on counselling, will specifically address human rights as it produces national guidelines on AIDS related issues.

The National AIDS Control Plan, as defined in the MTP, is aimed at reducing the effects of HIV infection and its associated morbidity and mortality, as well as minimizing the social and economic consequences suffered by infected persons and their families. At the time of the formulation of the MTP, the primary objectives of the Plan were as follow:

1. to monitor the HIV epidemic;
2. to monitor the AIDS epidemic;
3. to develop and coordinate research;
4. to decrease sexual transmission;
5. to decrease transmission by blood transfusion;
6. to decrease transmission resulting from contact with blood and blood products;
7. to decrease transmission by injections or other skin piercing practices;
8. to decrease transmission from mother to child; and,
9. to improve management of HIV infected individuals and clinical AIDS patients.

These nine objectives were to be achieved through various strategies as implemented through numerous planned activities.

A project document, based on the MTP, was developed for the first year of activities. The National AIDS Prevention and Control Programme (NAPCP) was developed between GRZ and WHO/GPA and implementation started in September 1988.

The first budget amounted to US \$4.9 million, of which US \$2.5 million was channelled through WHO, and the rest was raised through bilateral contributions. The NAPCP contained a provision for the monitoring and periodic evaluation of the Programme. Specifically, it was agreed that the Programme would be reviewed after one year of implementation by a tripartite team composed of representatives of the MOH, the donor community, and WHO. The findings of the review team would be taken into account during the reprogramming of the NAPCP in preparation for the second year of Programme operation. The first year of implementation came to an end in September 1989, and the NAPCP was subsequently reviewed as anticipated in the MTP. The Review Report has been produced, officially approved by the GRZ and endorsed by WHO, and distributed to interested parties.

1.2 Present Status of HIV and AIDS Epidemiology in Zambia

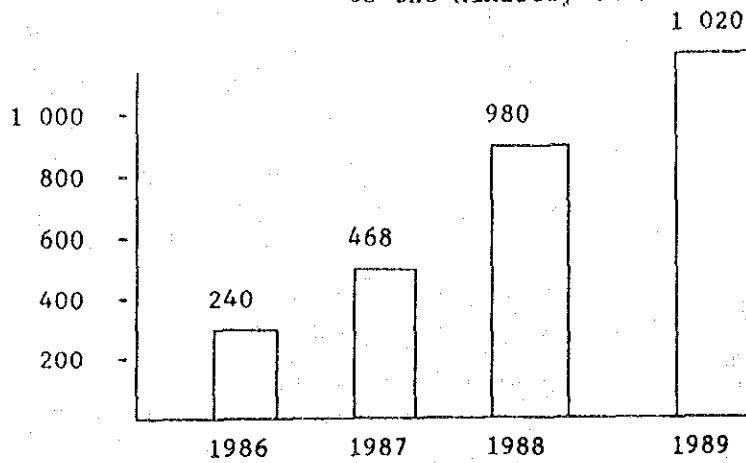
The extent of the AIDS problem in Zambia has been looked at from a number of different angles. Passive reporting of AIDS cases and AIDS related mortality in hospitals, together with information from medical staff at different institutions, has given some indication of the proportion of AIDS cases occupying hospital beds and the consequences for hospital management. Screening results have given an insight into the proportion of population groups already infected. Ongoing surveillance of other diseases like Sexually Transmitted Disease (STD) and Tuberculosis (TB) has served as a proxy for the underlying HIV infection trends. Measurement of each of these indicators on its own may have serious limitations in reflecting the true picture of the AIDS epidemic. But by considering them all together, and trying to understand how this information is obtained, a fairly appropriate picture of the extent of the problem can be achieved.

Morbidity

By 31 December 1989, 2 709 cases of AIDS and by July 1989, 9 118 cases of ARC had been reported, since the onset of the epidemic in 1986, by the Statistical Unit in the MOH.

Each year more cases are reported than the year before. It should be noted however that this may only partly reflect the occurrence of more AIDS cases every year and may partly be due to better reporting by hospitals to the MOH.

Table 1
Annual number of AIDS cases reported
to the Ministry of Health



AIDS cases are reported from all over the country but it can be seen from Table 2 that more AIDS patients are reported from the urban areas along the railroad provinces than from others, even if the figures are corrected for population size as is done for the cases newly diagnosed in 1988.

Table 2
PROVINCIAL DISTRIBUTION OF AIDS PATIENTS, ZAMBIA
1985 - OCTOBER 1989

Province	Total	Case rate per 100 000 in 1988
Central	47	4.3
Copperbelt	361	5.2
Eastern	286	16.5
Luapula	122	10.1
Lusaka	248	28.0
Northern	145	8.0
North-Western	97	7.0
Southern	517	30.3
Western	95	8.4
ALL ZAMBIA	2 417	13.6

The age, sex and provincial distribution of these cases can be seen in Tables 2, 3 and 4. The cumulative number of AIDS cases per population unit over the period 1986 to 1989 varies from 5 per 100 000 in rural areas to over 50 per 100 000 in the major towns. For AIDS and ARC together, the range is between 37 and 367 per 100 000.

The following cautionary notes need to be made:

1. the case density figures are based on estimated population for 1986; and,
2. quality and regularity of reporting differs from hospital to hospital and depends on a wide variety of logistical, motivational and organizational reasons.

Table 3
AIDS in Zambia 1987 - 31st December 1989
Distribution by age group

Age Group	Number	%
(00-04)	155	5.7
(05-14)	19	0.7
(15-19)	131	4.8
(20-39)	1 770	65.3
(40+)	422	15.6
Not stated	212	7.8
TOTAL	2 709	99.9

Table 4
AIDS cases in Zambia 1987 - 31st December 1989
Distribution by sex

Sex	Number	%
Male	1 437	53.0
Female	1 265	46.7
Not stated	7	0.2
TOTAL	2 709	99.9

An impression of current infection rates within the population has been given through seroprevalence studies. This can be seen from Table 5.

Table 5
Overview of seroprevalence studies in
 Zambia 1987 - 1989

Year of	Population	Seroprevalence
1987	Blood donors (urban)	10 - 15%
1987	Blood donors (rural)	0 - 7%
1987	School children (Mansa, Luapula Province)	Less than 1%
1988	TB Patients (Lusaka)	67%
1988	STD attenders (Lusaka)	30%
1988	Prisoners	4 - 25%
1988	Ante-natal Clinic attenders (Lusaka)	12%

Comparing seroprevalence among blood donors in the main urban centres, an annual increase has been calculated around 3% between 1987, 1988 and 1989.

Impact of AIDS

As epidemiology deals with the distribution of diseases and its consequences among populations, information of the burden of AIDS on the health systems and socio-economic development is appropriate. Although specific Zambian studies are up to now not yet available, a number of preliminary observations can be made here. At the major hospital in Zambia the proportion of AIDS related diseases among all in-patients in surgical and medical wards has increased from 10% in 1986/87 to at least 30% nowadays. At several district hospitals these figures vary between 10 - 30% with serious consequences for hospital management and patient care in these already overburdened centres. At household level the burden of loss of either parent in socio-economic sense and in the sense of distress for remaining children is apparent and interventions and more studies have been proposed for the next phase.

2.1 Priority Areas of Concern and Recommendations (From Review Report, National AIDS Control Programme, MOH, GRZ, 1989)

A number of specific areas of concern were recognized by the review team, and these recommendations are listed below so as to serve as a frame of reference for the plan for 1990 - 1991.

1. The NASC which is supposed to be advisory is also performing executive functions. There is need for the NASC to be restructured in such a way that it only plays an advisory role.
2. The membership of the NASC is mainly drawn from the medical profession. It was felt that other sectors and disciplines should be included in this committee.
3. An AIDS Control Unit (ACU) with a full time manager has not yet been established. There is an urgent need to establish the ACU with the appointment of a full time Programme Manager together with supportive technical staff.
4. Communication and collaboration between the national AIDS programme and the national STD programme and other PHC services is unsatisfactory. There should be integration of AIDS and STD activities in the PHC services. In this connection, the national STD programme should be more closely linked with the NAPCP. AIDS coordination requires strengthening through the inclusion of the STD and TB coordinators in the AIDS Management Committee.
5. The HEU has inadequate staffing, space and facilities for effective implementation and coordination of PHC education activities. The strengthening of the HEU through adequate staffing, office space, equipment and facilities is urgently needed.
6. The NAPCP has not identified, or emphasized, specific target groups and related IEC needs for these groups. There is therefore need to identify and prioritize target groups and develop IEC activities relevant to their needs.
7. Counselling services are not adequate throughout the country. There is need to strengthen and expand counselling and home-based care services.
8. The epidemiological data base of HIV/AIDS is inadequate for planning, monitoring and surveillance in all programme areas. Sentinel surveillance using the protocols which have already been developed must be undertaken as soon as possible.
9. National research priorities have not been identified and established, and there is lack of proper coordination of AIDS research in the country. Research priorities should be identified and established for the guidance of researchers in developing research programmes.

10. At most only 50% of the blood transfused is screened for HIV. It is recommended that HIV screening facilities are established at all centres where blood is transfused.
11. MOH staff involved in the clinical care of people with AIDS are not always adequately protected, due to insufficient supplies, facilities for sterilization and waste disposal.

2.2 NAPCP Interim Activities: September 1989 - March 1990

Since the Review in September 1989 and the reprogramming exercise in March 1990 a number of activities have taken place which are summarised below. Some are ongoing activities according to the action plan for the first year of the NAPCP, others are innovations based on lessons learned in the past, and others are immediate responses to new challenges. Some are responses to concerns raised during the Review.

2.2.1 Programme Management

A Programme Manager has been appointed and has been in place since 1 March 1990. He has responsibility for the AIDS Control Unit (ACU) in the Directorate of Primary Health Care at the MOH. The MOH has also undertaken the secondment of essential staff to the NAPCP.

The National AIDS Surveillance Committee (NASC) has been dissolved and will soon be reconstituted as the National Advisory Committee on AIDS (NAC) in order to function solely in an advisory, policy and guiding capacity as was originally envisaged. At the time of writing this report the MOH was in the process of reviewing the membership of this committee in order to determine the interdisciplinary and intersectoral representation. The NAC will report directly and solely to the Minister of Health. The AIDS Management Committee (AMC) started functioning again in a broader capacity including managers from MCH, STD and TB Control Programmes, with existing programme area managers, NGO representatives and WHO/GPA team staff. This committee makes management decisions regarding day-to-day activities of the NAPCP and has responsibility for programmatic implementation.

The WHO/GPA Technical Officer for financial administration arrived in November 1989 and the third team member, an IEC expert, has been identified and is expected to assume duties as from 1 June 1990. A financial accountability system is now fully operational and a vehicle maintenance system, in collaboration with the MOH, is being put in place.

District and Provincial NAPCP activity proposals are now planned by local committees. These are forwarded for approval to the Programme Management Committee. Contracts, called Letters of Agreement, for approved activities, are made and financed directly. In this way, the decentralization process has been activated. Most initial district proposals concentrate on educational activities and awareness raising among health personnel and communities.

Finally, considerable progress has been made in the provision of new office accommodations, and the Secretariat is expected to occupy these offices by May 1990.

2.2.2

IEC

Activities to disseminate general information and to raise awareness have continued through the mass media. A stronger emphasis has been placed on positive approaches instead of fear orientation. Public discussions about condoms have been initiated, and the first public poster promoting the use of condoms in risk environments was launched on World AIDS Day.

IEC activities targetted towards school youth and bar/hotel attenders have been intensified in many districts and in all provincial capitals. Folk drama has been particularly promoted.

The IEC Unit and WHO/GPA team have continued to liaise regularly with NGOs. This has resulted in a variety of innovative as well as sustained IEC and home care activities. Special mention is made of a support group of HIV infected persons; a Church Leaders Conference organized by CMAZ; the production by PPAZ of a manual on "How to talk to your clients about AIDS" for use by peripheral health workers; the continued expansion of Anti-AIDS Clubs at schools and public educational efforts by Northern and Copperbelt provinces based NGOs and a variety of home care activities by CMAZ and Family Health Trust.

World AIDS Day was particularly successful. There was wide coverage by all mass media for many days, and special efforts were made in the form of a national AIDS theatre festival and a nation-wide run through four provinces by a youth educationalist cum athlete, Mr Cyrus Phiri.

In collaboration with the Population Council, an assessment of different successful community-based educational and developmental programmes is being made in order to provide information for the development of guidelines for possible replication and expansion.

In collaboration with AIDSCOM, a centrally funded USAID Project, emphasis has been placed on the improvement of messages on AIDS prevention through radio and folk theatre.

Curriculum revision exercises, for primary and secondary schools, which includes sex education and AIDS/STD prevention, have been intensified and the Ministry of Youth, Sports and General Education has formed a specific committee to strengthen and monitor this effort. In addition, coordination with the Zambian Council of Nurses has resulted in the planning and implementation of workshops for curricular revision of Zambian enrolled nurses.

2.2.3 Epidemiology and Surveillance

Sentinel surveillance through unlinked anonymous testing has now started at several sites in the country. TDRC, in collaboration with the Provincial Medical Officer, Central Province, have finalised their preparation, received supplies and provided training at four sites. Surveillance at those sites will start in April 1990. The epidemiologist at the University Teaching Hospital has already started sentinel surveillance at three sites in Lusaka. Ante-natal Clinic attenders, blood donors and STD clinic attenders are the initial groups to be included in these sentinel surveillance studies.

An epidemiological sub-committee has been formed and will start preparing a research inventory in order to assist the NAPCP in further refining its programme activities and targeted intervention strategies.

In June 1990, a research capability strengthening team from WHO/GPA will visit Zambia to assist in the process of research prioritization and identification of necessary support. Case reporting has been further strengthened through the provision of stronger motivational activities throughout government and mission hospitals and the active involvement of the Statistical Unit of the MOH for compilation and reporting. A computer has been procured for use by this Unit.

2.2.4 Clinical Support (including STD control, supplies, home care and counselling)

Guidelines for the clinical management of AIDS patients have now been drafted and are in the final stages of approval by clinical authorities. The distribution of supplies for the treatment of opportunistic infections and materials for the protection of health workers has now been made more efficient. All supplies pass through a parastatal organisation, Medical Stores Limited (MSL), which works with the management committee to develop distribution schedules for hospitals throughout the country.

The STD control programme has been strengthened by the training of an additional ten clinical officers in STD and AIDS management. Additionally, refresher courses for existing clinical officers in charge of STD clinics have been held.

The importance of home care is increasingly recognized. A variety of approaches to home care are now being developed.

Experimentation in different levels of PHC are underway in many districts.

The clinical counselling training programme is a rapidly expanding entity. By March 1990, 150 clinical counsellors had been trained in intensive six week workshops. Several participants from neighbouring countries have visited this programme in order to start similar activities. Trained counsellors are mainly nurses, clinical officers and social workers, although some are medical doctors. The timely informing of patients about their HIV status by attending physicians is still a major constraint in enabling counsellors to follow their clients.

A national policy guideline dealing with AIDS-related issues such as testing, counselling, human rights and management is still in the formulation process. Progress was made during a recent policy workshop, at which a draft policy guideline was reviewed.

2.2.5 Laboratory and Blood Transfusion Support

HIV testing of blood donors at thirty-three (33) centres in Zambia is now well established and covers up to 50% of all blood transfusions in the country. The ELISA technique is used in all 33 centres and quality control has been put in place through supervisory visits and repeat ELISA testing of all samples at the reference laboratory. In order to increase coverage, efficiency and regular quality control and supplies distribution, the blood donor HIV screening programme has been decentralised and both TDR (Ndola) and UTH (Lusaka) are Zonal HIV Testing and reference centres for the Northern and the Southern Provinces, respectively.

Field test evaluation of new rapid HIV screening tests is now in its final stages in Zambia and it is anticipated that by June 1990 twenty (20) more centres will be able to screen blood donors using rapid tests. It will also be possible for the existing 33 centres to screen with rapid tests in emergency cases. The need for a clear protocol on testing, informed consent, selective confirmatory testing and associated counselling has been recognised and guidelines are being prepared.

2.2.6 New Programmatic Objectives

In light of experience gained since the inception of AIDS control activities in Zambia, two new overall programmatic objectives have been developed and will be added to the nine primary objectives of the MTP. These are as follows:

- 10) to establish and strengthen management of AIDS prevention and control activities, including the facilitation of coordination and the encouragement of timely decentralization; and,
- 11) to minimize the social and economic consequences suffered by individuals as well as their families afflicted by the disease in both rural and urban areas.

REPROGRAMMING

3.1 Purpose

The reprogramming exercise served four major purposes for the NAPCP:

1. to plan for the period June 1990 - June 1991;
2. to prepare for funding requests;
3. to develop monitoring guidelines for NAPCP management; and
4. to lay the groundwork for the preparation of the next project document.

Planning for the specified period was accomplished during the exercise, with strategies and supportive activities being developed. A time frame was established. A workplan with associated budget and parties responsible for each activity was clearly outlined.

The Workplan and Budget document will be used to request financial and other resource support from the international community. This document will serve as a guideline for discussions when interested parties meet to pledge resources to the NAPCP.

In addition, the reprogramming exercise led to the development of a monitoring system, to be used by the Programme Manager, which is included as part of the Work Plan.

3.2 Team Composition

Three WHO/GPA consultants, with expertise in health planning, programme management, laboratory and clinical services, and condom services worked with NGOs, the MOH and interested parties in the development of this plan and document.

3.3 Process

The official Review Report was used as a basis for discussions and for the reprogramming exercise. To facilitate discussion, staff members of the national programme were divided into small discussion and working groups. These groups were representative of programme areas of interest and activity. The groups met with the programme management committee and the WHO reprogramming team and reviewed proposals for activities for the coming period. Group discussion allowed for clarification of the tasks as well as for clarification of more general concepts, such as overall programmatic strategies and objectives. Issues of integration and collaboration/coordination were addressed during the course of these discussions.

Small working groups

<u>Programme Area</u>	<u>Resource persons</u>	<u>Organization/Affiliation</u>
Management	Dr S L Nyaywa	Chairman, NASC
	Dr H B Himonga	NAPCP Programme Manager
	Dr E van Praag	WHO Team Leader/ Epidemiologist
	Mr K Thuo	WHO Technical Officer
MCH/FP	Mr T Milroy	Population Council/ Resident Advisor
Health Education	Dr B U Chirwa	MOH/HEU
Counselling and NGOs	Prof A Haworth	UTH/Counselling
	Dr M Banda	CMAZ AIDS Coordinator
	Ms K Turner	Family Health Trust
	Dr K Baker	Anti-AIDS Club
	Ms A Munalula	NGO/CC
	Dr N P Luo	SWAAZ
Supplies	Dr X Mwimbi	UTH/Pharmaceutical Services Manager
	Dr N P Luo	UTH/Laboratory Support
Clinical Support and Clinical Management	Dr S K Hira	UTH/STD
	Prof Chintu	UTH/Pediatrics
	Prof Bailey	UTH/Surgery
	Dr Mwansa	UTH/Medicine
	Dr M Banda	CMAZ
Tropical Disease Research Centre (TDRG), Ndola	Dr M Mukunyandela	Director
	Dr T I Sukwa	Deputy Director
	Dr Idah Kanyama	Scientific Officer
	Mr J Katai Nkhata	Statistician

Bilateral agencies

Bilateral agencies that were contacted to discuss their activities were

<u>Agency</u>	<u>Representative</u>
USAID	Mr Bruno A Kosheleff
NORAD	Mrs B Soccorsi
SIDA	Mr K Nystrom and Mrs M Ahlen
UNFPA	Dr Moses Mukasu
UNICEF	Dr F Shah
UNDP	Ms Petra Lantz

4. PROGRAMME AREA PLANS

4.1 Programme Management

4.1.1 NAPCP Objectives Addressed by Programme Management

In the MTP there was no clearly stated objective for Programme Management. During the interim period a specific management objective has been formulated, and is as follows:

to establish and strengthen management of AIDS prevention and control activities, including the facilitation of coordination and the encouragement of timely decentralization.

4.1.2 NAPCP Parties with Responsibility Within Programme Management

To achieve the above objective, all established Units of the NAPCP have programme management responsibilities that fall under the APM.

4.1.3 Programme Area Objectives and Direction

During this phase of the MTP, the NAPCP will:

- a continue to implement the National AIDS Prevention and Control Programme through the Primary Health Care structure;
- b establish an appropriate structure with necessary lines of authority at the National, Provincial and District levels;
- c involve different governmental, social and non-governmental organizations in AIDS prevention and control activities;
- d coordinate all various activities related to AIDS prevention and control from different governmental and non-governmental sectors in order to plan and initiate appropriate actions;
- e ensure efficient implementation of the programme through the establishment of a monitoring and evaluation system;
- f to increase efficiency and effectiveness of the programme management unit; and
- g decentralize the planning of AIDS control activities towards provincial and district levels and ensure implementation and monitoring at these levels

During the course of this phase, programme management will ensure the creation of a structure in which the ACP activities fall within the context of the PHC structure.

4.2 Information, Education, and Communication (IEC) and Counselling

4.2.1 NAPCP Objectives Addressed by IEC and Counselling

The NAPCP overall objectives addressed by the IEC and Counselling components of the MTP are as follow:

- a to decrease sexual transmission;
- b to decrease transmission by blood transfusion;
- c to decrease transmission resulting from contact with blood and blood products;
- d to decrease transmission by injections or other skin piercing practices; and
- e to decrease transmission from mother to child.

In the interim period, a new objective was formulated, which reflects programme direction. This new objective is:

to minimize the social and economic consequences suffered by individuals as well as their families afflicted by the disease in both rural and urban areas.

4.2.1.1 NAPCP Parties with Responsibilities Within IEC

The Health Education Subcommittee of the NAPCP has been established. This Subcommittee will meet four times during the course of the year, and will be responsible for the following activities:

- a the approval of all AIDS informational material, which includes attention to format and content; and,
- b the review and approval of the on-going and proposed activities of the HEU.

AIDS-related IEC activities are coordinated and implemented through the Health Education Unit (HEU) of the MOH. The HEU is composed of a Head and four full-time professional staff members, one of whom is dedicated to AIDS activities. A long-term WHO IEC Specialist who will provide technical assistance to the NAPCP is expected to arrive in Zambia early in the Workplan period. It is expected that a Liaison Officer for the HEU and NAPCP will be appointed early in this phase of NAPCP activities.

IEC activities at the provincial and district levels are coordinated by Health Education Officers (HEOs) who work within the PHC structure and who are directly responsible to, respectively, DMOs and PMOs.

The involvement of NGOs in AIDS-related IEC activities has been stated as a primary implementation strategy of the HEU in its efforts to control AIDS. AIDS-related NGO activities are integrated into the overall HEU programme of activities and are coordinated at the national level by the Head of the HEU. Due to the increase in the number and variety of NGOs involved in AIDS-related activities, this responsibility should shift, during this phase, from the HEU to the subcommittee charged with the coordination of NGO AIDS activities. The variety of NGOs currently involved in AIDS is reflected in the Workplan.

4.2.1.2 IEC Objectives and Priorities

The aim of the IEC component of the NAPCP is to encourage the maintenance of low and non-risk behaviours and the modification of behaviours which are associated with a high risk of HIV infection. This aim is supported by the following objectives:

- a training of health and community workers;
- b production of high quality materials with an appropriate content and dissemination of information;
- c identification of high-risk behaviour, and its reduction;
- d promotion of condom use;
- e research and studies in IEC;
- f cooperation and coordination of NGO IEC activities; and
- g decentralization of IEC activities to the Provinces and Districts.

IEC Priorities for the next phase of activity include:

- a the identification of theme messages through formative research;
- b the targetting of IEC activities;
- c the decentralization of IEC activities;
- d formalizing AIDS education in the schools; and
- e the promotion of condom use among persons practising high risk behaviours.

4.2.2.1 NAPCP Parties with Responsibilities Within Counselling

Counselling activities are implemented by the National Mental Health Resource Centre (NMHRC) and various NGOs. These counselling activities range from the training of Clinical Counsellors to the establishment of information services to the provision of home-based care services.

The Counselling Subcommittee of the NAPCP has been established and is functional. This Subcommittee is responsible for coordination of all AIDS-related counselling activities, including those of NGOs and preparation of counselling guidelines. The Subcommittee has also been commissioned to develop guidelines on the national policy on AIDS-related issues, such as testing, counselling, confidentiality and human rights protection.

4.2.2.2 Counselling Objectives and Priorities

The Counselling component of the NAPCP has three broad objectives:

- a to ensure that appropriate, sensitive and well-informed counselling be made available to all needing the service in all parts of Zambia;
- b to develop models of counselling in which the respective roles of Clinical Counsellors (CCs) and Outreach/Preventive Counsellors (O/PCs) are described, job descriptions and training programmes developed and implemented for O/PCs, with regard to the need to utilise local community resources; and
- c to develop models for home-based care and specify the role of counselling within this type of service provision.

During this phase, Counselling activities will be directed towards meeting the demand for trained clinical counsellors. To support this activity, it is planned to modify the existing training materials to make them more appropriate as learning aids. Additionally, prevention and outreach materials need to be developed. Special attention will be paid to the counselling needs of HIV infected women in the child bearing age.

Evaluation, though recognized as necessary, will be undertaken after the demand for trained counsellors has been more fully addressed.

4.3 Epidemiology and Surveillance

4.3.1 NAPCP Objectives Addressed by Epidemiology and Surveillance

The objectives as stated in the MTP were as follow:

- a to monitor the HIV epidemic;
- b to monitor the AIDS epidemic; and
- c to develop and coordinate research.

These objectives have been reshaped and modified, and for the next phase, will be as follows:

- a to monitor trends of HIV infection among the population;
- b to monitor the trend of AIDS among the population and its consequences for national development;
- c to strengthen research capabilities;
- d to identify research needs in relation to HIV and AIDS in order to improve efficiency and effectiveness of NAPCP within the framework of PHC; and
- e to increase the awareness of epidemiological, clinical, behavioural, operational, educational or combined research findings in relation to HIV and AIDS among relevant professionals, policy makers and programme implementors.

It must be emphasized that the Epidemiology and Surveillance Unit will work in close collaboration with other units of the NAPCP.

4.3.2 NAPCP Parties with Responsibilities Within Epidemiology and Surveillance

The Unit will work in close collaboration with other units of the NAPCP, such as IEC, Counselling, Laboratory and Blood Transfusion Support Unit, and also with NGOs, to collect and analyse data and provide feedback to the other units, provinces and districts. The Unit is headed by the Epidemiologist of the Faculty of Medicine, working closely in liaison with the APM and the WTL. In addition, close collaboration is maintained with the Statistical Unit of the MOH and TDRC.

4.3.3 Epidemiology and Surveillance Objectives and Priorities

The strategies for the Epidemiology and Surveillance Unit will be to:

- a further establish and implement sentinel surveillance in the country;
- b disseminate information to all professionals on AIDS prevention and control;
- c facilitate health systems research;
- d emphasize and reinforce aspects of diagnosis and reporting throughout the country;
- e assess and update computer activities of NAPCP;
- f to strengthen the Statistical Unit of MOH for case reporting and computerization and compilation of data; and
- g to facilitate the targeting of IEC activities through the identification of high seroprevalence environments.

The priority activities for Epidemiology and Surveillance will be sentinel surveillance and operations research.

4.4 Clinical Care

4.4.1 NAPCP Objectives Addressed by Clinical Care

The Clinical Care objectives as defined in the MTP are:

- a to decrease sexual transmission;
- b to decrease transmission by blood transfusion;
- c to decrease transmission by injection and other skin piercing instruments;
- d to improve the management of HIV infected individuals and clinical AIDS patients;
- e to decrease transmission from mother to child; and
- f to develop research on STDs and clinical AIDS.

During the interim period, a new objective was reformulated to reflect programmatic directions taken in response to the public needs. This objective is:

To minimize the social and economic consequences suffered by individuals as well as their families afflicted by the disease in both rural and urban areas.

4.4.2 NAPCP Parties with Responsibilities Within Clinical Care

Physicians, nurses, clinical officers and other care providers in government facilities, as well as those affiliated with NGO hospitals are responsible for organizing and delivering clinical services to those afflicted with HIV/AIDS. All clinical care strategies are developed as one part of the overall programme of services offered by the NAPCP, and receive approval of the APM.

4.4.3 Clinical Care Objectives and Priorities

The Objectives of Clinical Care will be to:

- a improve the quality of life for AIDS/HIV persons;
- b train medical and health staff to improve their skills in case management and counselling;
- c to maintain training for physicians on the reduction of blood transfusions through essential indications;
- d manage appropriately STD patients, including the early diagnosis, prompt treatment and the promotion and distribution of condoms; and
- e define research needs.

The priority activities of the Clinical Care Unit will be those directed towards the proper case management of AIDS/HIV persons and the improvement of their quality of life. Additionally, destigmatization of the disease will be addressed.

4.5 Laboratory and Blood Transfusion Support Unit

4.5.1 NAPCP Objectives Addressed by Laboratory and Blood Transfusion Support Unit

The MTP objectives supported by the Laboratory and Blood Transfusion Support Unit are as follow:

- a to monitor the HIV epidemic;
- b to monitor the AIDS epidemic;
- c to decrease transmission by blood transfusion; and
- d to decrease transmission resulting from contact with blood and blood products.

4.5.2 NAPCP Parties with Responsibilities Within Laboratory and Blood Transfusion Support Unit

To achieve the above stated objectives the Laboratory and Blood Transfusion Support Unit will work in close collaboration with the Programme Management, Epidemiology and Surveillance, and Clinical Care Units. NGOs with responsibilities for district hospitals with laboratory services will be consulted and closely involved.

The country has been divided into Northern and Southern Zones, each of which is supported by a reference centre. Each reference centre has responsibilities in Rapid, ELISA and other confirmatory tests; training; supervision and quality control; distribution of supplies; and the compilation of statistics and reporting of testing results to the AMC.

Staff at the TDRC reference centre will train and supervise laboratories in the Northern Sector while staff at the UTH based reference centre will look support the laboratories in the Southern Sector. Training by TDRC and UTH staff will be undertaken and standardized based on the same objectives.

A National Blood Safety Programme is being established at the blood bank in Lusaka and planned to cover the provincial capitals under a bilateral agreement with the EEC.

4.5.3 Laboratory and Blood Transfusion Support Unit Strategies and Priorities

Specific programme strategies for the Laboratory and Blood Transfusion Support Unit for the next phase are:

- a to provide HIV laboratory testing services throughout the country (to all 80 centres);
- b to ensure safe blood supply in all transfusing centres;
- c to include HIV testing techniques in both basic and refresher training of laboratory technicians;
- d to provide guidelines for HIV testing in all testing centres;
- e to provide the AMC, for planning and monitoring purposes, with all relevant data collected in testing centres;

- f to set up a technical subcommittee to guide activities of the two reference centres and to plan future activities;
- g to provide the programme with the best available diagnostic tests;
- h to ensure the continuous supply and timely distribution of HIV test kits; and
- i to ensure quality control in all testing centres;
- j to ensure the safety of laboratory and blood transfusion workers.

The priority activity for the Laboratory and Blood Transfusion Support Unit will be to provide simple rapid test kits to all transfusing centres in order to detect and discard HIV infected blood.

5. WORKPLAN AND MONITORING FLOW CHART

The Workplan and Monitoring Flow Chart includes the detailed plan of action of the NAPCP for the period June 1990 - June 1991. Activities for each of the four major Programme Areas are included.

The chart has been developed to guide the NAPCP Programme Manager in both planning and monitoring Programme activities. The left side of the chart (ACTIVITIES AND TARGETS) lists all planned activities for the period and the right side (MONITORING) is to be used for periodic review of activities as well as monitoring the progress of Programme implementation. It is expected that the format will facilitate the process of and be used for reporting purposes.

The ACTIVITIES AND TARGETS part of the chart summarizes all of the important information concerning planned activities:

ITEM - the sequential numbering of the strategies outlined by the Programme Units;

STRATEGY - specific strategies to be utilized to meet Programme Area objectives over the course of the year (those items marked with a "p" are considered by the NAPCP to be priority items for the next phase of Programme Implementation);

ACTIVITY - specific activities linked to each strategy;

TARGET - the target group for each activity;

PLACE - the venue for each activity;

TIMEFRAME - the target date of implementation for each planned activity;

RESPONSIBLE AUTHORITY - the Unit or official responsible for implementation of the activity;

AGREED FUNDING - the specific budgeted amount for an activity for which funding has already been promised;

FUNDED BY - the donor of funds for those activities for which funding has already been promised;

AMOUNT REQUESTED - the specific amount of funding required for those activities which are planned for but do not yet have funding.

The MONITORING part of the flow chart, to be used for monitoring activities and reporting purposes, provides space for the insertion of information as the Programme is implemented:

PROGRESS INDICATORS - used to measure the success of implementation (the degree to which the target has been met);

STATUS - for example: cancelled, postponed, delayed;

COMMENTS - for indicating specific difficulties in implementation of activity;

ACTION - to indicate action to be taken.

Although the Workplan and Monitoring Flow Chart contains budget figures, it should be noted that it is NOT a budget. Budget figures for activities defined in the flow chart are collapsed into two line items in the accompanying Budget; activities are budgeted in the line item indicating programme area activities, and external consultants are budgeted separately.

MASTER ACTIVITY PLAN
AND MONITORING FLOW CHART

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND BUDGETING FLOW CHART FOR 1990/1991

Programme Area: PROGRAMME MANAGEMENT

ACTIVITIES AND TARGETS										BUDGETING			
Item	Strategy	Activity	Target	Place	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action	
1	Implement MAPCP through PHC structure	Facilitate coordination between: 1. MAPCP Programme Management and PHC Secretariat through: a. the participation of the PHC Secretariat to the AIDS Management Committee meetings; and b. the participation of the AIDS Programme Manager in the PHC Coordinating Committee meetings	Health Sector Managers Lusaka Monthly Lusaka Quarterly		DDNS/PHC								
		2. meetings of AIDS Coordinators and PHC Coordinators at the provincial & district levels	Provinces Quarterly Districts										

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: PROGRAMME MANAGEMENT

ACTIVITIES AND TARGETS										MONITORING			
Area	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
		Facilitate the addition of AIDS prevention & control tasks into job descriptions of PHC CHNs & TBAs	CHNs & TBAs at ward level	Lusaka	First quarter	PHC Secretariat & PHC/MCH Units							
2	Establish the organizational structure with explicit and direct lines of authority	1. Inform all relevant health authorities at national, provincial, and district levels of the MAPCP organizational structure as defined in the programme	All provincial & district AIDS Coordinators	Lusaka	First quarter	DDNS/PHC							
		2. Develop an organization structure for provinces & districts in conjunction with PHDs & BMS	Health Workers in Provinces & Districts	Lusaka	First quarter	APH							

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: PROGRAMME MANAGEMENT

ACTIVITIES AND TARGETS										MONITORING			
Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
3	Coordinate all activities related to AIDS prevention and control of governmental and non-governmental sectors	Meetings of Coordination	Service recipients	Specified venues					14,293				
		1. NAC	Quarterly			PS							
		2. AHC	Monthly			DDMS							
		3. Lab	Quarterly			APH							
		4. Epidemiology	Quarterly			APH							
		5. Clinical	Quarterly			APH							
		6. Condoes	Quarterly			APH							
		7. Counselling	Quarterly			APH							
		8. Proc/Supplies	Quarterly			APH							
		9. Health Education	Quarterly			APH							
		10. PHOs Meetings	Annual			APH							
		11. MGB	Quarterly			APH							
		12. Research	Monthly			APH							

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: PROGRAMME MANAGEMENT

ACTIVITIES AND TARGETS										MONITORING			
Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	PROGRESS INDICATORS	STATUS	COMMENTS	ACTION
4	Involvement of various governmental, social, & non-governmental organizations in AIDS prevention & control	Develop NGO coordinating mechanisms	MACP & NCH	Lusaka	First quarter	NAC							
		Maintenance of informal linkages & networks with NGOs and other interested parties	MACP	Lusaka	Ongoing	APH							
5	To ensure the efficient implementation of the MACP through monitoring & evaluation	Design of monitoring system through the development of quantitative and qualitative process & outcome indicators of the MACP (external consultant)	MACP	Lusaka	First quarter	APH/MHO Team Leader			19,560				
6	To ensure efficient implementation at all levels and to provide support to AIDS Coordinators	Supervisory visits	AIDS Coordinators in Provinces & Districts	Provinces & Districts	Annually	APH			7,195				

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: PROGRAMME MANAGEMENT

ACTIVITIES AND TARGETS											MONITORING		
Item	Strategy	Activity	Target	Place	Timeline	Responsible Authority	Agreed Funding	Funded By	Amount Requested	PROGRESS INDICATORS	STATUS	COMMENTS	ACTION
7	To increase efficiency & effectiveness of Programme Management Unit	Develop financial & office management systems to ensure accountability, including:	Lusaka	Lusaka	Ongoing	WHO Technical Officer							
		1. accounting;											
		2. personnel & office management;											
		3. supplies management; and,											
		4. transportation management											
8	To ensure the availability of good quality condoms to individuals practicing high risk sexual behavior;	Distribution of condoms by Medical Stores Limited (R 101 total)	All levels of health care system	All levels of health care system	Ongoing	APH			12,000				
		Assessment of government distribution system by NISMG	Programme Management/Stores Officers	All levels of health care system	To begin 4 months after completion of NSL distribution	APH			5,000				
		Assessment visit for installation of condom quality testing laboratory	Commodities Managers/Users	Lusaka	Jun 1990	APH							
							12,000	NSA/PATH					
							40,000	NSA/PATH					

Programme Area: PROGRAMME MANAGEMENT

ACTIVITIES AND TARGETS											MONITORING		
Area	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
9	To ensure administrative capacity to utilize supportive software	Installation of laboratory	Commodities Managers/End Users	Lusaka	Aug 1990	APH							
		Testing cost for annual condom requirement	Commodities Managers/End Users	Lusaka	Ongoing	APH			1,476				
		Provide NAPCP support staff with capacity to utilize wordprocessing	NAPCP staff	Lusaka	Sept 90	APH			4,000				
10	To coordinate research activities to avoid duplication and to eliminate gaps for the planning of activities	Perform research inventory utilizing a local consultant	NAPCP	Lusaka	June 90	APH			2,000				
		Perform review of NAPCP activities and plan activities for the following period	NAPCP	National	June 91	APH			50,000				
11	To ensure NAPCP efficiency & effectiveness and to monitor its progress	Provide funds for international information exchange/conference/seminar & network strengthening	Implementors/International NAPCP participation	National	Ongoing	APH			16,000				
									Total Agreed Funding:	52,000	Requested:	131,524	

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

MONITORING

ACTIVITIES AND TARGETS

Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
1	To identify theme messages and characters	Formative Research Radio Serial Drama	HEUs	Lusaka	June 90	HEU	2,500	USAID thru AIDSCOM					
2	To enlighten health workers on new approaches in AIDS control	Bwino Magazine-AIDS Edition AIDS Poster Production	Health Workers 1. General public target groups (P) 2. target groups (P)	Lusaka	August 90	Bwino Editorial Team	10,000	GERZ/SIDA					
3	To sensitize public & special groups	AIDS Leaflet/Booklet Production	General public target groups (P)	Lusaka	Quarterly	ICHE			12,500				
4	To sensitize special groups	AIDS Leaflet/Booklet Production	General public	Lusaka	Quarterly	HEU	5,000	USAID thru AIDSCOM	12,500				
5	To mobilize community support	National Agriculture Show	General public	Lusaka	July/Aug 90	HEU			1,250				
6	To mobilize community support	World AIDS Day	General public	Lusaka	1 Dec 90	HEU			1,250				
7	To decentralize AIDS education activities	Provide support to Province IEC plans	General public	Provinces	Ongoing	HEU/PHEO			225,000				
		Provide support innovative district activities	General public	Districts	Ongoing	HEU/DHEO			25,000				

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS											MONITORING			
Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action	
8	To transfer skills to local drama groups	Local Drama Group Training	District drama groups	Districts	Ongoing	HEU/DHED	20,000	MORAD/USAID thru AIDSCOM	10,000					
9	To formalize AIDS education in the schools	Curriculum Revision & Teacher Training in AIDS Material Production	Teachers	Lusaka	TBA	NGEYS/HEU		TBA						
10	To disseminate AIDS information	Television Spots	General public & targeted groups	Lusaka	June-Dec 90	HEU	2,500	USAID thru AIDSCOM	2,500					
11	To evaluate the HE activities of the MAPCP	Programme evaluation	HEU	National	Dec 90	HEU			2,450					
12	To evaluate the HE materials produced by the MAPCP	Materials evaluation	HEU	National	Feb 91	HEU			2,450					
13	To provide supervision to HEOs at provincial level	Supervisory visits	HEOs at provinces		Ongoing	HEU			4,275					
14	To introduce an AIDS prevention component to training of traditional healers	Design & implement AIDS component for annual seminar for traditional healers; 2 seminars to reduce high-risk activities	Traditional healers	Districts	Ongoing	HEU (Trad Med Unit)			10,000					

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS											MONITORING		
Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
15	To develop graphics expertise within the HEU	Computer graphics workshop (external consultant)	HEOs (12)	Lusaka	Sept 90	HEU/HLM			11,500				
16	To develop print materials	Design & Layout Workshop (external consultant)	HEOs (12)	Lusaka	Feb 91	HEU/HLM			11,500				
17 (P)	To promote condom use among persons practicing high risk behaviour	IA in social marketing for activities in acceptability, needs, linkages for distribution system and develop marketing plan	Information gathered for programme managers, planners, and decision makers	Lusaka, other urban areas	June 90	Programme Manager	12,000	PSI					
18	To support CHAZ AIDS activities	Activities include: 1. Train health workers in eqat. & health ed 2. Provide home based care & counselling 3. Supervisory visits	1. RHC, govt center staff 2. PWAs & families 3. RHCs, Province & District Hospitals	Districts: On-going Provinces		CHAZ AIDS Coordinator			135,050				

UNITED NATIONS NATIONAL AIDS CONTROL PROGRAMME
 STRATEGIC ACTIVITY PLAN AND MONITORING FLOW CHART

Outline Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS										MONITORING				
Area	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Account Requested	Progress Indicators	Status	Comments	Action	
15	To support Anti-AIDS Project activities	Activities include:				Anti-AIDS Project Coordinator			12,500					
		1. Printing of:	1. Club members & general public											
		a. badges			June 90									
		b. Secondary leaflet			Aug 90			25,000	MHD/Red Cross					
		c. Kalulu magazine			Sept 90									
		d. Calendars			Oct 90									
		e. primary leaflet (reprint)			Jan 91									
		f. posters			Mar 91									
		2. Produce/Distribute:	2. Club members & general public											
		a. Club magazine			June 90									
		b. Club newsletter			Aug 90									
		c. Club newsletter			Jan 91									
		d. Club magazine			June 91									
		3. Hold Competitions:	3. Club members & general public											
a. World AIDS Day Competition			Aug-Nov 90											
b. Internal Club Competition			Jan-May 91											
4. T-shirt Production:	4. General public				Ongoing									

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

Item	Strategy	Activity	Target	Place	Timeline	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
		15. Distribute:	5. Club members & general public										
		a. Kalulu magazines, adult booklets, Resource Packs			July-Oct 90								
		b. new secondary leaflet			Feb-Apr 91								
		c. Kalulu primary leaflet			May-June 91								
		16. Evaluation of Project impact	6. Anti-AIDS Project		Jan 91								
20	To support activities of the Population Council	Activities include:							12,500				
		To review community-based mobilization projects and pilot project AIDS intervention strategies	Communities	Provinces: Lusaka, Southern & Lusupa	Ongoing	Pop Council/NSH	20,000	SIDA					
		KABP studies on condom use for prevention of HIV transmission: pilot project & replication	High-risk behavior groups	Moia, Mansa, Lusaka	Ongoing	PPAZ	25,000	SIDA					

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS											MONITORING			
Title	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action	
		Development of model to study high-risk environments rather than high-risk behaviors	Frequenters of high-risk environments	Mansa, Ndola, fishing camps	Oct-Dec 90	Pop Council	12,500	SIDA						
		Strengthening capabilities for undertaking of AIDS prevention activities at community level	Long-distance drivers, unemployed youth, community leaders	PPAZ Branches (8)	Ongoing	PPAZ/Pop Council	126,000	SIDA						
		Strengthening of technical & age capacity of PPAZ to support decentralized AIDS prevention projects	PPAZ aid- & senior-level mgrs	Lusaka, PPAZ regional HQ	Ongoing	Pop Council	45,000	SIDA						
		MARP study in relation to condom use among STD clinic attendees	STD clinic attendees	TBA	Ongoing	TBA								
		Assess AIDS mortality from proxy indicators &/or assess community-level impact of AIDS	AIDS Research Community	TBA	TBA	Pop Council	32,000	SIDA						

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS											MONITORING		
Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
		Production of training & educational material by local branches of PPAZ using locally available resources	Staff & members of PPAZ branches	PPAZ & HQ	Ongoing	Pop Council/PPAZ	25,500	SIDA					
		Review/evaluate the role of community theatre in locally-based AIDS prevention activities	Local drama group & community members	IPA	Dec 90	Pop Council							
21	To support activities of SNAAP	Activities include various educational interventions concerning women, children, and AIDS	Women & Children		Ongoing	SNAAP			12,500				
22	To support activities of the Red Cross of Zambia	Activities include: Organize & conduct AIDS workshops & seminars	Field Officers & Youth Leaders	Luapula	June-Sep 90	RC Health Officer/HEU			12,500				

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS											MONITORING		
Idea	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
		Organize Anti-AIDS education groups	Youth	Luapula	Oct-Nov 90	Field Officers & Youth Leaders/HEU							
		Development of IEC materials	Youth	Luapula	June-Sep 90	AIDS Committee of RC							
		Establish & provide preventive counselling services	Youth	Luapula	Aug-Dec 90	RC Health Officer/HEU/Counselling							
		Competitions	Youth	Luapula	June-Dec 90	RC Health Officer							
23	To support activities of the NEDCC	Identify women practicing high-risk behaviors to train as trainers for peer group educational projects through workshops and seminars	Women in communities practicing high-risk sexual behavior	Lusaka	June 90 thru June 91	NEDCC			12,500				
24	To support activities of the Northern Province AIDS Education Project	Materials production	General public	Northern Province	June-Dec 90	Project staff/PMO			12,500				

MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS											MONITORING		
Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
25	To support activities of the Copperbelt Health Education Project	Materials production	General public	Copperbel		Project staff/PMD			12,500				
26	To support activities of Artists Against AIDS	Organize & train drama groups to address AIDS through art	General Public	National	Ongoing	AAA/HEU			12,500				
27	To support activities of Family Health Trust	Activities include: 1. Lusaka AIDS Home Care Team 2. Kara AIDS Counselling & Information Centre 3. NGO Network/Linkage/Support 4. Volunteer Coordination 5. Children in Distress Project	PKAs General public, PKAs NGOs Volunteers Children	Lusaka Lusaka National Lusaka Lusaka	Ongoing Ongoing Ongoing Ongoing Ongoing	FHT FHT FHT FHT FHT			12,500				

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: INFORMATION, EDUCATION, COMMUNICATION

ACTIVITIES AND TARGETS														MONITORING			
Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action				
29	To support activities of the National Flying Doctors	Establish STD/AIDS prevention & control programmes	General public	Districts	Ongoing	ZFD			12,500								
30	To support innovative NGO activity	Provide seed money as GRZ contribution to NGOs	NGOs	National	Ongoing	HEU			50,000								
							TOTAL AGREED FUNDING:		363,000	REQUESTED:		642,225					

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Programme Area: COUNSELLING

ACTIVITIES AND TARGETS											MONITORING			
Title	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action	
1	To evaluate counselling activities leading to the practical application of improved techniques	Conduct evaluation of all facets of counselling programme with assistance of external consultant	Counselling Unit	National	Aug-Sept 90	Counselling Unit			12,750					
2	To disseminate information gained from evaluation and develop programme responses	Conduct workshop	Senior Counsellors, NAMCP Managers	Siavonga	Sept 90	Counselling Unit			1,875					
3	To train Clinical Counsellors (CCs) for all Zambian health institutions	Conduct 4 courses for the training of new CCs	CCs	Regional Centres	Sept-Apr 90	Counselling Unit	62,200	SIPA						
4	To develop guidelines for public health administrators & clinicians to ensure appropriate utilization of CCs	Conduct workshop to develop CC Manuals and training modules for outreach/preventive counselling (O-PCS)	SCs, HE Specialists, War Care Providers	Siavonga	Dec 90	Counselling Unit			2,500					

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART

Program Area: COUNSELLING

ACTIVITIES AND TARGETS											MONITORING			
Area	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action	
5	To ensure the (P) availability of printed materials supportive of the work of CCs	Produce: 1. PPAZ Counselling Unit 2. CCs Manual 3. Training Modules for O/PCs 4. Certificates	1. CCs 2. CCs 3. O/PCs 4. CCs & O/PCs	Lusaka	1. July 90 2. Feb 91 3. Feb 91 4. June 91	Counselling Unit			1,250 375 625 125					
6	To promote training & utilization of O/PCs throughout Zambia	Provide 1. consultative advisory services to those groups training O/PCs	O/PCs	Community/As Level	As requested	Counselling Unit			2,500					
7	To further develop the body of appropriate training materials	Develop & distribute a counselling video	O/PCs & CCs	Lusaka	Sep 90	Counselling Unit	TBA	USAID thru AIDSCOM						
Total Agreed Funding: 62,700											Requested: 22,000			

Programme Area: EPIDEMIOLOGY AND SURVEILLANCE

ACTIVITIES AND TARGETS

Item	Strategy	Activity	Target	Place	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
1	To further establish & implement sentinel surveillance in the country	Open 9 new sentinel surveillance centres & implement sentinel surveillance biannually	General public/Risk environments	Northern & Southern Zones	Epi Unit	9,250	WHO					
		1. Technical Assistance			1. First Quarter			6,864				
		2. Supervision			2. Once annually per 8 sites			3,500				
2	Dissemination of information	Produce & distribute newsletter containing epidemiological information, current research findings, on-going research and other information on HIV/AIDS in Zambia	Professional in AIDS control & prevention throughout Zambia	Lusaka	Epi Unit			10,000				

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: EPIDEMIOLOGY AND SURVEILLANCE

Area	Strategy	Activity	Target	Place	Timeframe/Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
		dissemination of pertinent literature	workers & researchers									
3	To facilitate (P) research	Workshop on design of Health Systems research projects with the assistance of an HSR consultant	Potential principal investigator	Siavonga	Dec 90			12,552				
		Workshop on protocol development	National researchers	Siavonga	Fourth Quarter			25,000				
		Research assessment needs meetings	National researchers	Lusaka/ Ndola	First Quarter			2,500				
		Workshop on research priority setting	National researchers	Siavonga	Second Quarter			25,000				
4	To encourage health systems research projects designed to provide practical solutions to problems encountered in Zambia due to HIV/AIDS	Support five operational research projects	Researchers throughout Zambia	Lusaka	Ongoing 90-91			25,000				

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: EPIDEMIOLOGY AND SURVEILLANCE

ACTIVITIES AND TARGETS

Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
5	To facilitate the targeting of IEC activities through the identification of high seroprevalence environments	Conduct seroprevalence studies including counselling & IEC components	Communities at high risk	National	May 91	Epi Unit			1,050				
6	To reinforce aspects of diagnosis and reporting throughout Zambia	Participate in workshops provided by other units to health workers	Health workers	National	Upon request	Epi Unit/Clinical Unit			5,000				
7	To monitor the clinical AIDS cases in Zambia	Print, distribute, & collect AIDS Report forms & analyze data to provide feedback to districts as appropriate	District level hospitals	Lusaka	Ongoing 90-91	Epi Unit			5,000				
8	To assess computer capabilities of MAPCP and guide as appropriate	Provision of technical assistance in form of computer expert consultant	MAPCP	Lusaka	Sept 90	Epi Unit			6,864				

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: EPIDEMIOLOGY AND SURVEILLANCE

Item	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Account Requested	Progress Indicators	Status	Comments	Action
9	To strengthen the Statistical Unit of the NMH	Supervise the data compilation & analysis for case reporting	NMH (Statistical Unit)	Lusaka	Ongoing	Epi Unit							
10	To validate the Zambian AIDS Case Definition	Perform survey to determine specificity and sensitivity of current AIDS Case Definition	Physicians	Lusaka	Jan 91	Epi Unit			5,000				
							TOTAL AGREED FUNDING:	9,250	REQUIRED:	133,330			

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: LABORATORY AND BLOOD TRANSFUSION SERVICES

ACTIVITIES AND TARGETS										MONITORING		
Area	Strategy	Activity	Target	Place	Lead/tracee/Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action
1	To improve skills of Laboratory Technicians in both Northern and Southern Zones	Provide training:	Lab Techs (30)	Lusaka	June 90	UIH (Dr. Luo)			4,782			
		1. Southern Zone										
		a. Simple Rapid test										
		b. ELISA & supp. tests										
2	Ensure an efficient testing programme through regular monitoring system	2. Northern Zone	Lab Techs (30)	Mwala (IDRC)	Apr-June 90	IDRC (Dr. Mwendapole)			4,782			
		a. Simple Rapid test										
		b. ELISA & supp. tests										
		2. Ensure an efficient testing programme through regular monitoring system	All Centres	Monthly								
1	All Northern Zone Centres to IDRC Reference Centre	1. All Northern Zone Centres to IDRC Reference Centre		Mwala		IDRC						
		2. All Southern Zone Centres to UIH Reference Centre		Lusaka		UIH						

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 BARRIER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: LABORATORY AND BLOOD TRANSFUSION SERVICES

ACTIVITIES AND TARGETS											MONITORING			
Item	Strategy	Activity	Target	Place	Frequency	Responsible Authority	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action		
3	Ensure efficient quality control	Regular supervisory visits to testing centres by supervisors from:	Lab Techs at Testing Centres					8,000						
		a. UTH		Southern zone	Quarterly	UTH								
		b. TORC		Northern zone	Quarterly	TORC								
4	Ensure health worker safety	1. Training workshops for Laboratory Health Workers on biosafety	Lab Workers (160)	Lusaka	TBA (1 over the year)	UTH		30,400						
		2. Provision of protective wear & sterilization equipment	Lab Workers	National	Oct 90	APH and Heads of Reference Centres at UTH & TORC		45,000						
Total Agreed Funding:							0	Requested:	92,964					

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
 MASTER ACTIVITY PLAN AND MONITORING FLOW CHART FOR 1990/1991

Programme Area: CLINICAL CARE

ACTIVITIES AND TARGETS											MONITORING			
Slite	Strategy	Activity	Target	Place	Timeframe	Responsible Authority	Agreed Funding	Funded By	Amount Requested	Progress Indicators	Status	Comments	Action	
1	Decentralize management of AIDS patients	1. Kaposi's Sarcoma Workshop for nurses & physicians from provinces	Physicians & Nurses	Lusaka	July 90	UTH (Bailey)			3,000					
		2. Home Care Workshops (3 for 116 participants)	PHC staff, PHC Health Nurses, CHNs	Provinces	2nd Quarter	PHC Secretariat			7,500					
2	Improve quality of life for AIDS patients	Provide Home Care	AIDS Patients	From Province Centres	Oct 90-Ongoing	UTH (Bailey)			40,000					
3	To ensure the safety of health care workers	Provision of protective wear	Clinical health workers	National	Aug 90	APH			115,000					
4	To improve skills in clinical mgmt of STDs & AIDS	Print national guidelines District seminars Treatment of opportunistic infection	Physicians, Nurses & workers AIDS Patients	Districts National	Ongoing	APH APH			5,000 To be specified					
							Total Agreed Funding:	0	Requested:	170,500				

BUDGET

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

PROGRAMME MANAGEMENT

Code/Description	Rate	Unit	Total US\$
AAA SALARIES			
WHO Technical Assistance	7083	12	85,000
Total Component			85,000
040 CONSULTANTS			
MIS Specialist (see schedule 1)			19,560
Total Component			19,560
230 DUTY TRAVEL			
Total Component			0
500 SUPPLIES			
Condoms			120,000
Total Component			120,000
600 EQUIPMENT			
Photocopy machine			9,882
Computer (see schedule 2)			9,213
Vehicle (PH)	12972	2	25,944
Vehicle (Flying Doctors)	12972	1	12,972
Vehicle (Lab Support)	12972	1	12,972
Total Component			70,983
834 LOCAL COSTS			
PH Activities			
(see Activity Plan, consultants budgeted above)			111,964
Staff Allowances			
(see schedule 3)			60,180
Rent	500	12	6,000
Water/Electricity	200	12	2,400
Equipment Maintenance	200	12	2,400
Clearing/storage/distribution	3000	12	36,000
Vehicle Running Costs	0.20	70000	14,000
Motorbike Running Costs	0.20	78706	15,741
Communications	2500	12	30,000
Stationery Costs	750	12	9,000
Sundry	500	12	6,000
Total Component			293,685
TOTAL PROGRAMME MANAGEMENT			589,228

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

INFORMATION, EDUCATION, COMMUNICATION and COUNSELLING

Code/Description	Rate	Unit	Total US\$
AAA SALARIES			
WHO Technical Assistance	10000	12	120,000
Total Component			120,000
040 CONSULTANTS			
Counselling Evaluation	12000	1	12,000
Graphics Workshop (IEC)	12000	0.5	6,000
Design/Layout Workshop (IEC)	12000	0.5	6,000
Total Component			24,000
230 DUTY TRAVEL			
Total Component			0
500 SUPPLIES			
Total Component			0
600 EQUIPMENT			
Vehicles (IEC)	12972	2	25,944
Bicycles (IEC)	200.00	500	100,000
Computer (Counselling)	9213.00	1	9,213
Typewriter (Counselling)	898.20	1	898
Total Component			136,055
834 LOCAL COSTS			
Counselling			
Counselling Activities			
(see Activity Plan, consultants budgeted above)			10,000
Stationery (Counselling)			2,500
IEC			
IEC Activities			
(see Activity Plan, consultants budgeted above)			630,225
Vehicle Running Costs	0.2	25944	5,189
Total Component			647,914
TOTAL			927,969

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

EPIDEMIOLOGY AND SURVEILLANCE

Code/Description	Rate	Unit	Total US\$
AAA SALARIES			
Epidemiologist (WHO)	10000	12	120,000
Total Component			120,000
040 CONSULTANTS			
Health Systems Research Specialist			6,864
Sentinel Surveillance Specialist			6,864
Computer Specialist			6,864
(See Schedule 1 for consultant cost breakdown)			
Total Component			20,592
230 DUTY TRAVEL			
	0	0	0
Total Component			0
500 SUPPLIES			
Test Kits for 15 centres (Sentinel Surveillance)			
	1.00	9000	9,000
Confirmatory Test Kits (for 200 tests of each type)			
ELISA	96.3	2	193
Western Blot	625	8	5,000
Test Kits (Seroprevalence Studies)			
	1.00	200	200
Total Component			14,393
600 EQUIPMENT			
Computer (see schedule 2)			
			9,213
Sentinel Surveillance Centres			
Fridges	392.53	9	3,533
Coolboxes/Icepacks	5	9	45
Total Component			12,791
834 LOCAL COSTS			
Epidemiology Activities (see Activity Plan, consultants/kits above)			
			98,399
Allowances-S.S. Site Staff	7.5	200	1,500
Vehicle Maintenance (3)	0.2	30000	6,000
Stationery			2,000
Total Component			107,899
TOTAL			275,674

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

LABORATORY AND BLOOD TRANSFUSION SUPPORT

Code/Description	Rate	Unit	Total US\$
AAA SALARIES			
	0	0	0
Total Component			0
040 CONSULTANTS			
	0	0	0
Total Component			0
230 DUTY TRAVEL			
	0	0	0
Total Component			0
500 SUPPLIES			
Northern Zone (see schedule 1)			58,229
Southern Zone (see schedule 2)			43,900
General Supplies, North & South (see schedule 3)			86,150
Total Component			102,129
600 EQUIPMENT			
Northern Zone (see schedule 1)			17,660
Total Component			17,660
834 LOCAL COSTS			
Northern Zone Operations (see schedule 1)			12,980
Northern Zone Stationery (see schedule 1)			914
Laboratory/BT Services Activities (see Activity Plan, supplies above)			47,964
Set Aside (see schedule 2 NOTE)			450,000
Total Component			511,858
TOTAL			631,647

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

CLINICAL CARE

Code/Description	Rate	Unit	Total US\$
AAA SALARIES	0	0	0
Total Component			0
040 CONSULTANTS	0	0	0
Total Component			0
230 DUTY TRAVEL	0	0	0
Total Component			0
500 SUPPLIES			
Health Worker Safety (see schedule 1)			115,000
Patient Care (see schedule 2)			89,450
Total Component			204,450
600 EQUIPMENT	0	0	0
Total Component			0
834 LOCAL COSTS			
Clinical Care Activities (see Activity Plan, supplies above)			55,500
Set Aside (see schedules NOTE)			550,000
Total Component			605,500
TOTAL			809,950

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET JUNE 1990 - JUNE 1991

PROGRAMME MANAGEMENT SCHEDULES

	rate	units	Total
Schedule 1: Consultant Costs (HIS, 2 months)			
Travel			3000
Fee	100	60	6,000
Per Diem	176	60	10,560
TOTAL SCHEDULE 1: Consultant Costs			19,560
Schedule 2: Computer			
IBM PS2 Model 30	2065.87	1	2,066
IBM PS2 External Disk Drive	547.90	1	548
Monochrome Display	317.37	1	317
Math Coprocessor	259.28	1	259
Power Supply Unit	1921.63	1	1,922
Epson Printer Model FX 1000	1131.74	1	1,132
Printer Cable	88.62	1	89
Ribbons	13.17	10	132
Software			
Lotus 1-2-3	600.00	1	600
Multimate	748.50	1	749
dBase III	1200.00	1	1,200
Diskettes (boxes of 10)	20.00	10	200
Local Service Contract	2000	1	2,000
TOTAL SCHEDULE 2: Computer			9,213
Schedule 3: Staff Allowances			
Programme Management Staff			
Secretary (2)	250.00	24	6,000
Accountant	250.00	12	3,000
Clearing Assistant	150.00	12	1,800
Accounts Assistant	150.00	12	1,800
Supplies Assistant	150.00	12	1,800
Drivers (3)	135.00	36	4,860
Messenger	125.00	12	1,500
Watchmen (2)	125.00	24	3,000
Health Education Staff			
Driver	135.00	12	1,620
Laboratory Staff			
Drivers (3)	135.00	36	4,860
Messenger	125.00	12	1,500
Clerks (6)	150.00	72	10,800
Travel			
Senior Staff (8)	75.00	96	7,200
Junior Staff (11)	45.00	132	5,940
Support Staff (10)	37.50	120	4,500
TOTAL SCHEDULE 3: Staff Allowances			60,180

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET JUNE 1990 - JUNE 1991

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET: June 1, 1990 - June 30, 1991

PROGRAMME MANAGEMENT SCHEDULES

Programme Management Schedules: Condom Quality Testing

				Acceptance testing (5 ml)						
				No. Samples	Staff Time (hrs/test)	Total Hours	Hourly Rate	Staff Level	Total Cost	
Schedule 4: Coordination										
NASC Meetings (4x/year, 20 members)				Air burst test	34	5	170	0.825	Tech	140
Sitting allowances	12.50	80	1,000	Water test	34	8	272	0.825	Tech	224
Participant Travel				Dimension test	34	4	136	0.825	Tech	112
by car	7.50	20	150	Package integrity	34	1	34	0.825	Tech	28
air	50.00	8	400	Weight of lubricant	34	0.5	17	0.825	Tech	14
				=====						
AMC Meetings (12x/year, 10 members)				Total: Acceptance Testing			629			519
Travel (car)	7.50	120	900							
				=====						
Subcommittee Meetings (4x/year)				Equipment Maintenance (6 mos)						
Lab (5 members)				Air burst	4	0.125	1	0.825	Tech	1
Travel (air)	50.00	8	400	Water test	4	0.125	1	0.825	Tech	1
Sitting Allowance (4)	7.50	4	30	=====						
				Total maintenance		0.25	2			2
Epidemiology (6 members)										
Travel (car)	7.50	4	30	Handling						
Sitting Allowance (5)	7.50	5	38	Air burst	4	0.15	1	0.825	Tech	1
Counselling (8 members)				Water test	4	0.125	1	0.825	Tech	1
Travel (air)	50.00	4	200	=====						
Sitting Allowance (7)	7.50	7	53	Total Handling		0.275	2			2
Health Education (20 participants)										
Travel	50.00	184	9,200	QA Monitoring						
Sitting Allowance (19)	7.50	19	143	Air burst	20	5	100	0.825	Tech	83
PHO Meetings (APM/WHO TL attendance, 1/year)				Package Integrity	20	1	20	0.825	Tech	17
Per diem	35	10	350	=====						
Travel (air)	50	2	100	Total QA Monitoring		6	120			99
Coordination of NGOs Involved with AIDS (15 members)										
Participant Travel				Report Preparation (one per sample)						
by car	7.50	40	300	Data summary	54	8	432	0.825	Tech	356
air	50.00	20	1,000	Report text	54	4	216	0.825	Tech	178
				Proofing	54	2	108	0.9	Super	97
				Typing	54	2	108	0.7	Sect	76
				Management	54	0	14	0.9	Super	12
				=====						
TOTAL SCHEDULE 4: Coordination			14,293	Total report prep		16	378			720
				=====						
Schedule 5: Supervision				Total estimated cost for 12 month period:						
Provinces (9 trips per year)				Administrative charge (@10% test cost)						1,341
Per Diem (UN rate)	146.00	45	6,570							
Travel (car)	125.00	5	625							
				=====						
TOTAL SCHEDULE 5: Supervision			7,195							

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

IEC SCHEDULES

Schedule 1:

Churches Medical Association of Zambia

	rate	units	Total
Rural Health Centres			
Dramas	100.00	54	5,400
Seminars: Health Ed	75.00	108	8,100
Seminars: Management	75.00	108	8,100
Clinical Support: including pamphlets, counselling, and patient care	150.00	54	8,100
TOTAL RURAL HEALTH CENTRES			29,700
Provincial Hospitals			
Dramas	500.00	28	14,000
Seminars: Health Ed	125.00	84	10,500
Seminars: Management	125.00	84	10,500
Home based care	2000.00	28	56,000
RHC Supervision/ top up supply	250.00	28	7,000
TOTAL PROVINCIAL HOSPITALS			98,000
District Hospitals			
Dramas	550.00	4	2,200
Seminars: Health Ed	137.50	12	1,650
Seminars: Management	137.50	12	1,650
Supervision of provincial hospitals	275.00	4	1,100
TOTAL DISTRICT HOSPITALS			6,600
Physicians Seminar at Chikankata	750.00	1	750
TOTAL PHYSICIANS SEMINAR			750
TOTAL SCHEDULE 1: CMAZ			135,050

IEC Schedule 2: Workshops (Computer Graphics and Design & Layout)

It is planned that the Computer Graphics Workshop and the Design and Layout Workshop will be provided by the MOH/Health Learning Materials Project and the Intercountry HLM Network. Costs for each of the workshops are broken down as follows:

Participant Fees (12)	3,000
Supplies	2,500
Trainer	6,000
TOTAL SCHEDULE 2:	11,500

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

COUNSELLING SCHEDULES

	Rate	Units	Total
Schedule 1:			
Clinical Counsellor Training (4 courses)			
Preparatory Visit			500
1st Residential Week			30,000
Practicum supervision			1,500
2nd Residential Week			30,000
Senior personnel			200
TOTAL CLINICAL COUNSELLOR TRAINING			62,200

Schedule 2: Counselling Evaluation Workshop (3 days)

Accommodation & Meals (group rate for 12)	625	3	1,875
TOTAL EVALUATION WORKSHOP			1,875

Schedule 3: Counselling Materials Development Workshop (4

Accommodation & Meals (group rate for 12)	625	4	2,500
TOTAL MATERIALS DEVELOPMENT WORKSHOP			2,500

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

EPIDEMIOLOGY AND SURVEILLANCE SCHEDULES

	rate	units	Total
Schedule 1: Consultant Costs (two weeks)			
External Consultant			3000
Travel			3000
Fee	100.00	14	1,400
Per Diem	176.00	14	2464
TOTAL SCHEDULE 1: Consultant Costs			6864

Schedule 2: Computer

IBM PS2 Model 30	2065.87	1	2066
IBM PS2 External Disk Drive	547.90	1	548
Monochrome Display	317.37	1	317
Math Coprocessor	259.28	1	259
Power Supply Unit	1921.63	1	1922
Epson Printer Model FX 1000	1131.74	1	1132
Printer Cable	88.62	1	89
Ribbons	13.17	10	132
Software			
Lotus 1-2-3	600.00	1	600
Multimate	748.50	1	749
dBase III	1200.00	1	1200
Diskettes (boxes of 10)	20.00	10	200
Local Service Contract	2000	1	2000

TOTAL SCHEDULE 2: Computer 9213

Schedule 3: Health Systems Research Design Workshop (10 Participants)

Facilitators (3)	75.00	15	1,125
Participant per diem	75.00	50	3,750
Participant travel			
by car	12.50	5	63
by air	50.00	5	250
Stationery, etc.			500

Subtotal 5,688

External Consultant (see schedule above) 6,864

TOTAL SCHEDULE 3: Research Design Workshop 12,552

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

EPIDEMIOLOGY AND SURVEILLANCE SCHEDULES

	rate	units	Total
Schedule 4: Seroprevalence Studies (3 weeks)			
Travel	25.00	21	525
Computer analysis			100
Report			100
Stationery			125
Test Kits			200
TOTAL SCHEDULE 4: Seroprevalence Studies			1,050

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

LABORATORY AND BLOOD TRANSFUSION SUPPORT SCHEDULES

Schedule 1:

Northern Zone Supplies

	rate	units	Total
Equipment			
1. Revco Freezer	1500.00	1	1,500
2. Phillips Fridge Freezers	1500.00	3	4,500
3. Siber Fridge Freezer (Kerosene/electric)	1000.00	1	1,000
4. Upright freezer	500.00	1	500
5. Cooler boxes	20.00	4	80
6. ELISA Readers	1790.00	3	5,370
7. Wheaton Distillers	3360.00	3	10,080
Subtotal			23,030

Supplies

1. Pipettes, 50-200ul multichannel	450.00	10	4,500
2. Eppendorf unichannel pipettes, 200-1000 ul	107	10	1,070
3. Eppendorf unichannel pipettes, 50-200 ul	107	10	1,070
4. Handwashers, 8 channel	230.00	10	2,300
5. CBC Agglut Recomb Kits	175.00	135	23,625
6. ELISA Test Kits(192/kit)	231.00	10	2,310
7. Western Blot (750 tests)	13.33	750	10,000
8. Gloves, latex, 7&7 1/2	0.10	25,000	2,500
9. Vacutainer tubes, 10al	0.24	1,000	244
10. Vacutainer needles	0.33	1,000	325
11. Autoclave bags	0.08	250	20
12. Pipettes, plas grad, 4 ml	0.37	1500	552
13. Cryovials, 2 ml	1.40	1500	2,096
14. Cryoboxes, 9x9	3.21	500	1,607
15. Polyeth Zipline bags	0.04	5000	190
16. Pipette tips, 1-250ul	0.03	25000	650
17. Pipette tips, 251-1000ul	0.03	12500	388
18. Reagent reservoirs	0.25	100	25
19. Polyeth dist water jars	6.00	25	150
20. Erlanmyer flasks, 25&50 ml	1.82	110	200
21. Erlanmyer flasks, 250, 500, 1000 ml	2.22	90	200

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

LABORATORY AND BLOOD TRANSFUSION SUPPORT SCHEDULES

Schedule 1:

Northern Zone Supplies

	rate	units	Total
22. Measuring cylinders 100, 250, 500 ml	3.89	90	350
23. Measuring cylinders, 1000 ml	5.88	30	176
24. Measuring cylinders, 50 ml	1.85	54	100
25. Graduated beakers 100,250 ml	2.73	55	150
26. Graduated beakers 1000 ml	5.00	30	150
27. Graduated pipettes, 5,10ml	14.67	150	2,200
28. Reagent bottles, 250 ml	1.67	30	50
29. Hypochlorite (1)	4.00	100	400
30. H2SO4	30.00	5	150
31. HBs Ag Kits, Wellcozyme	96.00	5	480

Subtotal 58,229

Stationery/Computer Items

1. Diskettes, 5 1/4"	23	5	114
2. Black markers (thin tip)	1.25	200	250
3. Computer Paper	30.00	5	150
4. Screening Ctr Forms	0.01	51,000	400

Subtotal 914

Operating Costs

1. Vehicle maintenance	238	12	2,850
2. Travel (Coordinator)			400
3. Driver per diem	40	8	320
4. Staff allowance/overtime			9,410

12,980

TOTAL SCHEDULE 1: 95,153

PLEASE NOTE:

In addition to the supplies listed here, \$450000 will be set aside for the Laboratory and Blood Transfusion Support Unit. This sum will be allocated upon receipt of proposals submitted by those involved with the Unit, but only after those proposals have been approved for funding by the NAPCP.

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

LABORATORY AND BLOOD TRANSFUSION SUPPORT SCHEDULES

Schedule 2:

Southern Zone Supplies

	rate	units	Total
1. Finnpiettes, 5-50ml multichannel, dig	107.00	20	2,140
2. Tips for above	13.00	200	2,600
3. Finnpiettes, 50-200ml multichannel, dig	108.00	20	2,160
4. Tips for above	10.20	200	2,040
5. Lancets	0.03	225,000	6,750
6. Pasteur pipettes, plas	0.02	25,000	500
7. Pipette tips for above	0.01	50,000	500
8. Pipette filler	7.30	1,000	7,300
9. Pipette bulbs, 2ml	165.60	50	8,280
10. Pipette bulbs, 5ml	256.00	25	6,400
11. Pipette bulbs, 10ml	261.50	20	5,230
Subtotal			43,900

Schedule 3:

General Supplies (North & South)

Disinfectants & Other Chemicals

1. Savlon/Morsgard (1)	2.50	4,000	10,000
2. Absolute ethanol (1)	1.43	4,000	5,720
3. Sodium hypochlorite (1)	2.50	500	1,250
4. Betadine (1)	5.60	500	2,800
5. 2% Glutaraldehyde (1)	2.50	4,000	10,000
6. Methanol (1)	5.40	200	1,080
7. Cetridine	2.50	4,000	10,000

Subtotal 40,850

Protective Wear (gloves)

1. Nonsterile latex disposable			
a. sm	10.00	1,500	15,000
b. med	10.00	1,500	15,000
c. lg	10.00	1,500	15,000

Subtotal 45,000

Office Supplies

1. Typewriter correcting ribbons	10	15	150
2. Typewriter ribbons	10	15	150

300

TOTAL SCHEDULE 3: 86,150

ZAMBIA NATIONAL AIDS CONTROL PROGRAMME
PROPOSED BUDGET

CLINICAL CARE SCHEDULES

	rate	units	Total
Schedule 1: Health Worker Safety			
1. Surgical gloves (latex)			
a. size 6 1/2	0.50	25,000	12,500
b. size 7	0.50	50,000	25,000
c. size 7 1/2	0.50	75,000	37,500
c. size 8	0.50	50,000	25,000
2. Disposable plastic gloves			
a. small	10.00	500	5,000
b. medium	10.00	500	5,000
c. large	10.00	500	5,000
TOTAL SCHEDULE 1:			115,000

Schedule 2: Patient Care

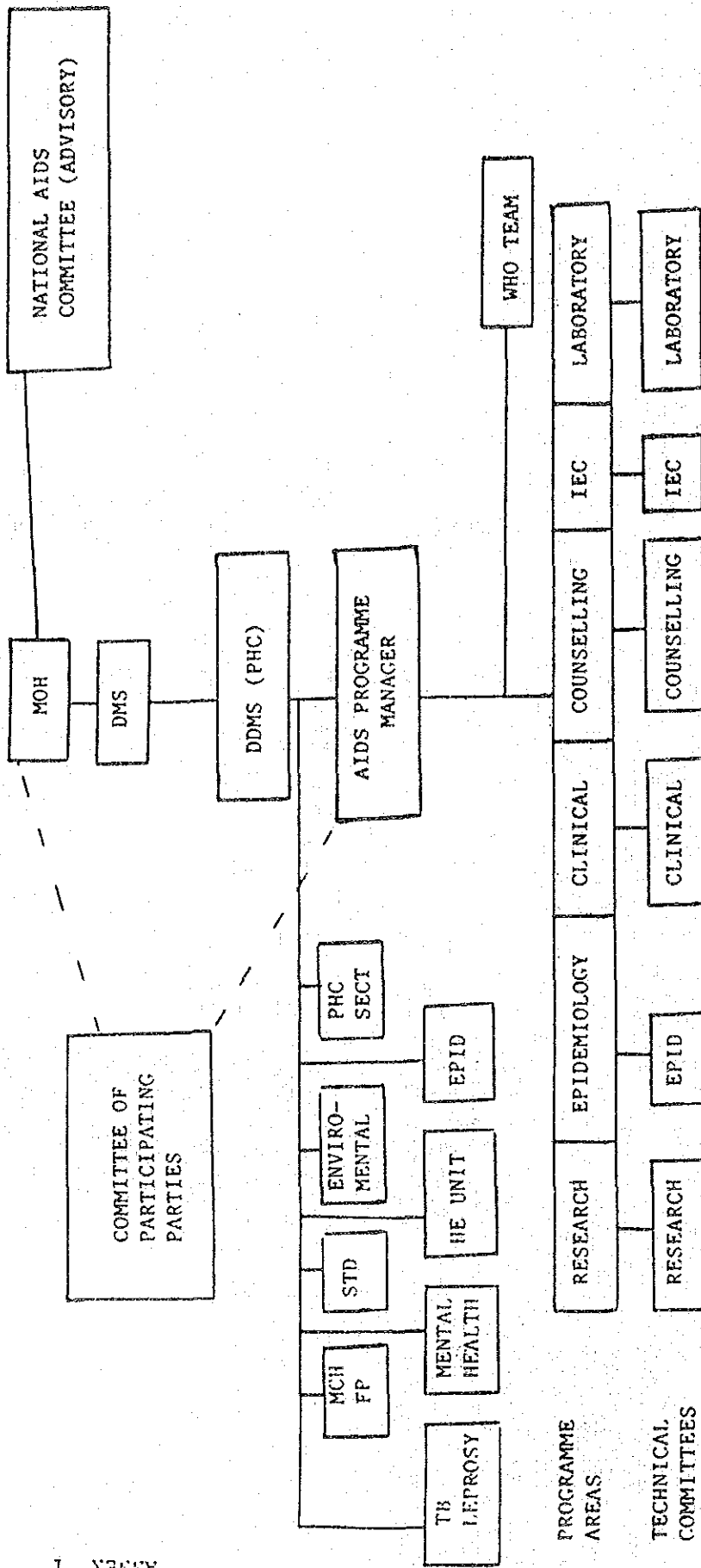
1. Disposable			
a. needles, 21 g	2.31	10,000	23,100
b. syringes, 5 cc	3.85	5,000	19,250
c. syringes, 10 cc	5.90	5,000	29,500
2. Reusable			
a. needles, 21 g	1.00	2,000	2,000
b. syringes, gl, 5 cc	0.71	10,000	7,100
c. syringes, gl, 10 c	0.85	10,000	8,500
TOTAL SCHEDULE 2:			89,450

PLEASE NOTE:

In addition to the above, \$550,000 will be set aside for the Clinical Care programme area. This sum will be allocated upon receipt of proposals submitted by those involved with clinical care of AIDS patients, but only after those proposals have been approved for funding by the NAPCP.

ANNEXES

ORGANOGRAM OF THE NATIONAL AIDS PREVENTION AND CONTROL PROGRAMME



ANNEX I

ESTABLISHMENT PROPOSAL FOR ZAMBIA NAPCP

	<u>Title</u>	<u>PROGRAMME</u>	
		<u>No.</u>	<u>Status</u>
G. R. Z.	Programme Manager	1	Appointed
	Secretary	2	1 vacant
	Accounts Assistant	1	Appointed
	Clearing Assistant	1	Appointed
	Supplies/Logistics Assistant	1	Vacant
	Drivers	3	Appointed
	Messenger	1	Appointed

HEALTH EDUCATION

	H/E Coordinator	1	Appointed
	Liaison Officer	1	Vacant
	Driver	1	Appointed

LABORATORY SUPPORT

	Liaison Officer	1	Vacant
	Driver	3	Appointed
	Messenger	1	Appointed
	Clerks	6	Appointed

SURVEILLANCE AND CONTROL

	Liaison Officer	1	Vacant	(Epidemiology)
	Editorial Assistant	1	Vacant	(Counselling)
	Liaison Officer	1	Vacant	(Clinical Care & STD)

W. H. O.	Team Leader	1	Appointed
	WHO Administrator	1	Appointed

HEALTH EDUCATION

	I.E.C. Expert	April '90	(expected arrival)
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Reprogramming Participants

Ms Monica Ahlen	SIDA/Sr. Programme Officer - Health, Lusaka
Prof Anne Bailey	UTH/Clinical Services
Dr Kristine Baker	Anti-AIDS Project
Dr M Banda	CMAZ AIDS Coordinator
Dr W S Boayue	WHO Representative, Lusaka
Mr William Brady	USUHS, Bethesda, Maryland
Mr Alfred Chimama	MSL/Laboratory Technician
Prof Chintu	UTH/Clinical Pediatrics
Dr B U Chirwa	MOH/HEU
Mr Cleary	UNDP Resident Representative
Dr S K Hira	UTH/Clinical Services
Prof A Haworth	UTH/Counselling
Dr H B Himonga	AIDS Programme Manager
DR K Kalumba	UTH, Behavioural Scientist
Dr Idah Kanyama	TDRS/Scientific Officer
Mr Bruno Kosheleff	Deputy Director, USAID, Lusaka
Ms Petra Lantz	UNDP/Programme Officer, Lusaka
Dr N P Luo	UTH/Laboratory Services; SWAAZ
Mr Eric Metzner	FPIA/Nairobi
Mr Tom Milroy	Population Council/Lusaka
Dr Moses Mukaasu	UNFPA/Lusaka
Dr M Mukunyandela	TDRS/Director
Ms A Munalula	NGO/CC
Dr Mwansa	UTH/Medicine
Mr M Mwila	Artists Against AIDS
Dr X Mwimbi	UTH/Pharmaceutical Services Manager
Mr J Katai Nkhata	TDRS/Statistician
Dr S L Nyaywa	MOH/DDMS/Chairman, NASC
Mr K Nystrom	SIDA/Lusaka
Mr G C Patel	Medical Stores Limited
Dr Eric van Praag	WHO/GPA/Lusaka
Mrs Anisa Sibetta	USAID/Lusaka
Mr L M Sandala	UTH/Condom Committee Secretary
Dr Rowland Seecharan	MSL/Controller of Technical Services
Dr Fida Shah	UNICEF/Project Officer, Lusaka
Dr Sikazwe	UTH/Obst/Gynaecology
Ms Nancy Silva	USAID/Africa Bureau
Mrs B Soccorsi	NORAD
Mr Spivey	Medical Stores/Pharmacist
Dr T Y Sukwa	TDRS/Deputy Director
Mr Kamau Thuo	WHO/GPA/Lusaka
Ms Sally Tom	Population Council
Ms Kay Turner	Family Health Trust
Ms Christin Wagner	USAID/Office of Health
Mr Joseph Wiseman	USAID/Redao/HIV/AIDS Advisor

ANNEX IV a.
DONOR PLEDGES TO FIRST PHASE - NAPCP ZAMBIA

<u>Donor</u> US\$	<u>Through WHO</u> US\$	<u>Bilateral</u> US\$	<u>Amount Received</u> US\$ As of 31.12.89
Belgium		100 000	
CIDA		12 500	
DANIDA	150 000		149 990
EEC		1 700 000	70 000
FINNIDA	150 000		
NORAD	1 500 000	500 000	767 142
ODA	400 000		479 550
SIDA		385 000	
UNDP	250 000		183 625
USAID		433 000	
WHO	365 000		771 800
INTEREST			197 720
BALANCE BROUGHT FORWARD			786 000
	2 815 000	1 740 800	3 335 827

ANNEX IV b.

Overview of Major Activities Supported
through Bilateral Pledges from Donor Countries
to Government of Zambia and Zambian NGOs
Covering the Period 1990/1991

<u>Donor</u>	<u>Amount US\$</u>	<u>Main Focus of Activities</u>
Belgium	100 000	
CIDA	12 500	Lusaka Home Based Care Programme
EEC	1 700 000	National STD Seminar; HIV test kits; National Safe Blood Transfusion Programme
NORAD	500 000	Educational activities of NGOs; capital investments NGOs and CMAZ
SIDA	305 000	Counselling training; HIV test kits; laboratory technician training; curriculum revisions; primary, secondary schools through Ministry of Youth Social Welfare and Education
USAID	433 000	STD research support; AIDSCOM educational project; condoms

Zambian NGOS
Involved with AIDS

CONDITIONS FOR NAPCP SUPPORT OF NGO ACTIVITIES

The NAPCP, Zambia wishes to collaborate with and offer support to relevant NGOs involved in AIDS and HIV prevention activities. The established mechanism for providing this support includes collaboration, consultation and planning between the NAPCP and such NGOs. WHO/GPA arranges for resource mobilization meetings at the national level, at which time donor representatives pledge resources for support to national programme activities. NGO activities may receive financial support funds from the government via this mechanism, after an exchange of letters between WHO/GPA, the NAP and the designated NGO. NGOs may also seek direct bilateral support for AIDS Prevention and Control activities, after first receiving approval for the proposal(s) from the AMC.

In order to ensure that the NAPCP and NGOs establish a workable relationship, NGOs are required to meet the following criteria before they can receive financial support from the NAPCP through the WHO/GPA trust fund:

1. NGOs submitting proposals for consideration through the NAPCP of funding/ approval must be registered as a recognized NGO with the GRZ.
2. Activities must be consistent with national objectives, strategies and policies, for PHC and AIDS Prevention and Control.
3. Relationships for coordination with other relevant organizations must be clearly specified.
4. Budget line-items must be explicitly justified.
5. The organizational structure of the requesting NGO and its capacity to implement the proposed activities must be detailed.
6. The budget should clearly differentiate new costs directly attributable to the project from expected contributions to on-going core operations. The NAPCP will not solicit funds on behalf of NGOs for these core operational costs.

At such time as these criteria are met by the proposing NGO, a contract may be awarded by the NAPCP to the NGO which will detail financial support, expected outcomes and reporting requirements.

In this Workplan, seed monies are sought in order to ensure that funds will be available when NGO proposals which meet these criteria are identified.

Additionally, the GRZ has demonstrated its support by earmarking funds for NGOs with a history in AIDS activities.

ANTI AIDS PROPOSED PROJECT

INTRODUCTION

The Anti-AIDS project started in early 1987 with one talk given in one secondary school in Lusaka. We are now a major provider of AIDS educational materials for young people throughout Zambia.

A. Achievements.

In six main areas of work we have achieved the following:

1. Bulk distribution of free materials.
 - a. Kalulu Primary School leaflets; 600,000 have been distributed to Grade 5 - 7 students throughout Zambia.
 - b. The Kalulu Special Magazine for Grade 7 dropouts; 50,000 have been printed and distribution has started.
 - c. Secondary school booklets; 200,000 have been distributed to secondary school students (these booklets are now out of stock).
 - d. AIDS Info booklets for young adults; 100,000 are being printed and distribution has started to all students in tertiary institutions.
2. We have encouraged the formation of Anti-AIDS clubs all over the country, with the aim of helping young people to stay HIV sero-negative and to educate their friends about AIDS and care for the sick.
3. We have run 5 National Competitions to raise awareness of AIDS among young people.
4. We have produced and sold, at subsidised prices, badges, T-shirts, hats, stickers, etc.
5. We have started street work in high density areas in Lusaka encouraging children out of school to start Anti-AIDS clubs
6. We are actively cooperating with the Health Education Unit, the Ministry of Education, other NGOs, and the National AIDS Prevention and Control Programme; e.g. we are represented on the Red Cross AIDS Committee, the World AIDS Day Committee, the Provincial AIDS Committee, the Children in Distress Committee, etc. We attend SWAAZ meetings and fall under the NGO umbrella of the Family Health Trust.

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CMAZ AIDS CARE AND PREVENTION PROGRAMME

1. INTRODUCTION:

The CMAZ AIDS programme started in 1988 after the CMAZ governing body considered the need for adopting a special strategy for combatting AIDS. In February 1989 the CMAZ AIDS Coordinator was engaged and thereafter the programme proceeded on a more structured approach.

(a) Achievements: Some of the achievements of the programme during the past year are as follows:

- (i) Various supplies intended for use by health institutions to limit hospital transmission of HIV were procured. These supplies were obtained through the ZNAPCP and directly from donors such as Memisa Medicus Mundi.
- (ii) Educational activities (such as health education talks, seminars, drama, distribution of literature) at all CMAZ institutions were intensified. This was done mainly through the provision of funds for running costs of facilities.
- (iii) 10 hospitals ran organised home based care programmes. These hospitals are Chikankata, Chilonga, Kashikishi, Lubwe, Ibenga, Luampa, Loloma, Monze, Nyanje, St. Francis.
- (iv) 7 AIDS management training seminars took place at Chikankata Hospital.

(b) Constraints: The major constraint to the development of the programme has been inadequate funds, particularly for running costs and shortage of staff at institutions.

Communication problems have been a constraint as the institutions are far apart, most are not on telephone and in some places mail takes very long to reach.

The CMAZ AIDS Coordinator requires back up personnel to assist with the mounting work load.

2. OBJECTIVES

Objectives of the CMAZ AIDS Programme are as follows:

- (a) To improve management and facilities at member institutions.
- (b) The development of continuing programme of educational activities at all member institutions.
- (c) The running of home based care programmes at those institutions where it is practicable.
- (d) The development of training resources at some CMAZ institutions.

2

B. Major Constraints.

We have had two major constraints; the first is time. The Organiser, Dr K Baker, still maintains a part-time clinical commitment; we urgently need professional help from a Health Education Officer or teacher, especially with school visits and project assessment and evaluation. Currently we have 8 part-time staff.

The second major constraint has been transport. The project vehicle for the last three years has been a very old privately-owned Fiat 127. We now have a Toyota Minibus which will greatly ease our transport problems, and which we are temporarily sharing with the Home Care Team.

OBJECTIVES

A. Specific Objectives.

1. To continue to raise public awareness of HIV and AIDS, especially among young people in Zambia.
2. To try to keep positivity rates as low as possible, to help to save the next generation.
3. To combat ignorance, fear, prejudice, and stigmatisation of infected people and AIDS patients.
4. To give accurate scientific information about AIDS in the Zambia cultural context.
5. To cooperate actively with all other groups active in AIDS education in Zambia.

B. Realistic Targets by mid-1991.

1. An Anti-AIDS Club or other group using anti-AIDS materials in most secondary schools.
2. An Anti-AIDS Club in most Tertiary institutions.
3. Production and distribution of the 1990 Club magazine, termly Club Newsletters, new secondary leaflet, and new T-shirts and badges.

2

(e) Community Surveillance.

Specific targets by mid-1991 are as follows:

- (i) Introduction of appropriate HIV Screening facilities at all hospitals.
- (ii) Introduction of home based care and prevention at all hospitals.
- (iii) Development of training resources at 7 other hospitals.

SUMMARY OF FAMILY HEALTH TRUST PROGRAMME
AREA ACTIVITIES, MID-1990 TO MID-1991

The Family Health Trust is a Zambian NGO established in 1987 with the specific objective of contributing to the NGO response to the impact of AIDS and HIV infection. The Trust is an umbrella organisation to promote and coordinate NGO efforts. It works in close coordination with Government and supplements Government work in some significant areas of the national programme. It has six main programme area activities:

1. Lusaka AIDS Home Care Team
2. Kara AIDS Counselling and Information Centre
3. NGO Networking/Linkage/Support
4. Administrative Support Unit
5. Volunteer Coordination Scheme
6. Children in Distress Project

1. The Lusaka AIDS Home Care Team has eight core staff, mostly part-time, and has cared for more than 350 people with AIDS in their own homes in 1988 - 1990. For the next year the Team's main objective will be to expand AIDS Home Care rapidly in Lusaka. A community-based approach, integrating some staff of the existing urban clinic network, will be strengthened to achieve the major objective.
2. Kara Counselling provides individual and group counselling to people with HIV/AIDS. It also publishes a monthly newspaper, and runs a telephone 'hotline' counselling service. There is an information service for individuals, work-places and community organisations. The main objectives of this project for 1990 - 91 will be to strengthen the information and counselling work at community level, utilising mobile and temporary shopfront and market stall sites.
3. The Trust's NGO Linkage and Support work has so far involved some policy formulation, project implementation and administrative support work, as well as facilitating a workshop of Zambian NGOs involved in AIDS work. Main aims for 1990 - 91 are to strengthen administrative and project support, to establish a regular monthly NGO linkage newsletter, and to facilitate project implementation workshops throughout Zambia.
4. The Administrative Support Unit has an office and some infrastructure, but it needs staff and some infrastructural strengthening. Provision of efficient and integrated administrative services is seen as an important part of an effective NGO response to AIDS without unnecessary duplication of infrastructure and staffing.

/2...

Background of NGO/CC

NGO/CC is concerned with reaching people in rural areas. Staff have toured provincial areas to talk with women's groups and distribute educational materials related to AIDS. These activities supported work being done by the Anti-AIDS Project. Talks given also included information on Family Planning and laws related to women.

The NGO/CC, in targeting women practicing high risk behaviours, has developed a project for addressing prostitution practiced by women. As University of Zambia conducted research shows that women practice prostitution for economic reasons, this project seeks to provide alternative income sources for these women to reduce the necessity for practicing high risk behaviour.

The NGO/CC has coordinated with the following NGOs in the preparation of this project:

The Childcare and Adoption Society, PPAZ, the Family Life Movement of Zambia, the Salvation Army, the UNIP Women's League, the Nurses' Association, the National Council for Catholic Women, Breastfeeding Association of Zambia and the YWCA.

The immediate objectives are to:

1. Promote programmes of integration and rehabilitation for those in the High Risk Group.
2. Promote public awareness of the AIDS threat through innovative information and education programmes.
3. Seek deliberate strategies of reaching males in the High Risk Group.

Project Plan

The project will start initially as a pilot project in the Lusaka Area. It will have a participatory approach where the people in the High Risk Group will be active participants in analysing the issues related to the problem and in the designing of programmes.

2

5. Volunteers have an important contribution to make to AIDS care and prevention. But they must be selected, trained and coordinated. The Trust wishes to expand and strengthen its embryonic Volunteer Coordination Scheme in 1990 - 91, with a coordinator, administrative and infrastructural backup, appropriate training and incorporation of significant numbers of Volunteers into AIDS-related support work.
6. AIDS/HIV infection are beginning to have a visible impact on children in Lusaka. There is a serious need for investigation to determine the extent of the existing and potential problem, in order to formulate appropriate responses to it. A major Trust objective for 1990 - 91 is to coordinate this investigation/project formulation exercise.

Summary of Population Council Activities/Background

The population Council is both a funding and implementing agency, headquartered in New York with a Resident Advisor placed in Lusaka. The Resident Advisor receives technical support for planning and implementation from the regional advisor in Nairobi.

As a research oriented organization, the Council has a broad range of activities which address the need to identify successful strategies in on-going or completed development activities, assess needs in behavioural change, including condom acceptability, strategies through KAP and focus group studies, assess needs in institutions, including management structures, and plan for application of findings and replication of pilot projects. Applications of findings will result in the development and production of IEC materials, community-based organization for the purpose of HIV prevention education, alternative income generation strategies for high risk groups, integration of activities with local PPAZ branches, and the design of more effective distribution and information systems.

Many activities are in the first phase of implementation, and have received initial funding from SIDA. In many instances, replication and application will be dependent upon demonstrated success, feasibility and subsequent funding from, as of yet, unidentified donors. Additionally, funding for salary support and international training will be sought through other channels.

Most of the activities presented in this plan and budget will continue past the end of June 1991.

The Council will continue to identify opportunities to strengthen AIDS prevention capability through Zambian NGOs.

JICA