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2008

Zimbabwe

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Table 1: Overview**Executive Summary**

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Executive Summary Zimbabwe - CN.doc	application/msword	9/25/2007	This file describes GHAI funding use for USAID, PAS, and DOD.	DKunaka

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Zim_Ambassador_Letter .pdf	application/pdf	9/27/2007	This is the signed Ambassador Letter	DKunaka

Country Contacts

Contact Type	First Name	Last Name	Title	Email
DOD In-Country Contact	Donna	Kennedy	Defense Liaison Officer	kennedydl@state.gov
HHS/CDC In-Country Contact	Virginia	Bourassa	Acting Director	bourassav@zw.cdc.gov
USAID In-Country Contact	Peter	Halpert	HIV/AIDS Team Leader	phalpert@usaid.gov
U.S. Embassy In-Country Contact	Paul	Engelstad	Public Affairs Officer	EngelstadPF@state.gov
Ambassador	Katherine	Dhanani	Deputy Chief of Mission	DhananiKS@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008? \$2020000

Does the USG assist GFATM proposal writing? Yes

Does the USG participate on the CCM? Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	69,000	139,500	208,500
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	10,700	20,000	30,700
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	20,400	20,000	40,400
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	500	500
8.1 - Number of OVC served by OVC programs	0	30,000	400,000	430,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	140,000	600,000	740,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	40,000	0	40,000
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	76,200	139,500	215,700
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	14,200	20,000	34,200
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	24,000	30,000	54,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	0	500	500
8.1 - Number of OVC served by OVC programs	0	30,000	400,000	430,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	140,000	600,000	740,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	40,000	0	40,000
Human Resources for Health				
End of Plan Goal				
	0			

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID/abt/AB/CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6034.08
System ID: 8048
Planned Funding(\$): \$1,500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Abt Associates
New Partner: No

Sub-Partner: Population Services International, Zimbabwe
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Mechanism Name: USAID/Abt/CT/CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6037.08
System ID: 8051
Planned Funding(\$): \$880,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: USAID/Abt/OP/CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6035.08
System ID: 8049
Planned Funding(\$): \$550,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Abt Associates
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID/Abt/OVC/CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8176.08
System ID: 8176
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: USAID/Abt/Palliative/CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6036.08
System ID: 8050
Planned Funding(\$): \$600,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: USAID/Abt/Policy/CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6039.08
System ID: 8052
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Abt Associates
New Partner: No

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID/EGPAF

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3928.08

System ID: 8053

Planned Funding(\$): \$160,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Mechanism Name: USAID/CSH/EGPAF

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4088.08

System ID: 8054

Planned Funding(\$): \$2,700,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Sub-Partner: Institute of Public Health, Epidemiology, and Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Zimbabwe AIDS Prevention Project

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: J.F. Kapnek Charitable Trust

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID/JSI/Deliver 2

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5999.08

System ID: 8073

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: John Snow, Inc.

New Partner: No

Mechanism Name: CDC/CoAg/MOHCW

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3874.08

System ID: 8055

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: Ministry of Health and Child Welfare, Zimbabwe

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	5984.08	To cover services through April 30, 2008	\$20,000	\$45,000
05-HVOP	6015.08	This is to cover CoAg costs for other prevention through April 30, 2008.	\$25,000	\$50,000
11-HTXS	6065.08	This is to cover CoAg costs for treatment and services through April 30, 2008.	\$40,000	\$85,000
13-HVSI	6079.08	This is to cover CoAg costs for strategic information through April 30, 2008.	\$40,000	\$75,000
07-HVTB	18471.08	This is to cover CoAg costs for TB/HIV through April 30, 2008.	\$30,000	\$60,000
09-HVCT	6051.08	This is to cover CoAg costs for counseling and testing through April 30, 2008.	\$15,000	\$25,000
12-HLAB	5964.08	This is to cover CoAg costs for lab infrastructure through April 30, 2008.	\$55,000	\$105,000
14-OHPS	6084.08	This is to cover CoAg costs for policy analysis and system strengthening through April 30, 2008.	\$30,000	\$55,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC/ARV Serv/TBD SHE

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3920.08
System ID: 8190
Planned Funding(\$): \$90,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/Civil Soc #1/AB

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8123.08
System ID: 8123
Planned Funding(\$): \$120,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/Civil Soc #1/HBHC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8165.08
System ID: 8165
Planned Funding(\$): \$55,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/Civil Soc #1/OP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8160.08
System ID: 8160
Planned Funding(\$): \$30,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC/Civil Soc #2/AB

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8156.08
System ID: 8156
Planned Funding(\$): \$120,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/Civil Soc #2/HBHC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8167.08
System ID: 8167
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/Civil Soc #3/AB

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8158.08
System ID: 8158
Planned Funding(\$): \$110,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/CoAg/TBD NAC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3953.08
System ID: 8042
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC/LAB/Quality Assurance

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8182.08
System ID: 8182
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/OHPS/MPH Training

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3909.08
System ID: 8046
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: CDC/SI/M&E NAC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8194.08
System ID: 8194
Planned Funding(\$): \$165,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: USAID/TBD/OVC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6000.08
System ID: 8043
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9763.08
System ID: 9763
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: National AIDS Council, Zimbabwe
New Partner: No

Mechanism Name: USAID/PFSCM/ARV drugs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6030.08
System ID: 8056
Planned Funding(\$): \$4,000,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: USAID/PFSCM/ARV Drugs/GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8143.08
System ID: 8143
Planned Funding(\$): \$3,230,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: USAID/PFSCM/ARV Services (clinical services TA)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6003.08
System ID: 8188
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID/PFSCM/CT(test kit procurement & storage)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6001.08
System ID: 8185
Planned Funding(\$): \$1,500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: USAID/UNICEF/OVC/CSH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8178.08
System ID: 8178
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: CDC/CoAg/HAQOCI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3906.08
System ID: 8045
Planned Funding(\$): \$545,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: University of Zimbabwe, HIV/AIDS Quality of Care Initiative
New Partner: No

Mechanism Name: USAID/CASU

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8243.08
System ID: 8243
Planned Funding(\$): \$0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4087.08
System ID: 8057
Planned Funding(\$): \$341,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID - CODB

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8180.08
System ID: 8180
Planned Funding(\$): \$305,350
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC - HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3932.08
System ID: 8058
Planned Funding(\$): \$1,898,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	5980.08	This is to cover local costs for PMTCT through April 30, 2008.	\$20,000	\$40,000
11-HTXS	6071.08	This is to cover local costs for treatment and services through April 30, 2008.	\$200,000	\$257,500
14-OHPS	6094.08	This is to cover local costs for policy analysis and system strengthening through April 30, 2008.	\$345,000	\$345,000
15-HVMS	6098.08	This covers staffing costs until April 30, 2008.	\$443,750	\$443,750

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC - CODB

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3954.08

System ID: 8060

Planned Funding(\$): \$425,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	6101.08	This covers the cost of doing of business until April 30, 2008.	\$425,000	\$425,000

Mechanism Name: CDC - Local

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3933.08

System ID: 8059

Planned Funding(\$): \$1,942,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	6099.08	This covers staffing costs until April 30, 2008.	\$300,000	\$300,000
01-MTCT	5982.08	This is to cover local costs for PMTCT through April 30, 2008.	\$25,000	\$50,000
12-HLAB	5974.08	This is to cover local costs for lab infrastructure through April 30, 2008.	\$120,000	\$160,000
13-HVSI	6082.08	This is to cover local costs for strategic information through April 30, 2008.	\$300,000	\$330,000
09-HVCT	6054.08	This is to cover local costs for counseling and testing through April 30, 2008.	\$60,000	\$120,000

Mechanism Name: DAO

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3934.08

System ID: 8070

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Grant

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: Yes

Sub-Partner: Zimbabwe Institute of Public Administration and Management

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVSI - Strategic Information

Mechanism Name: PAS (Public Affairs Section)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8172.08
System ID: 8172
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8809.08
System ID: 8809
Planned Funding(\$): \$2,190,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: World Education
New Partner: Yes

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9764.08
System ID: 9764
Planned Funding(\$): \$210,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Zimbabwe National Quality Assurance Programme
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
6034.08	8048	Abt Associates	U.S. Agency for International Development	GHCS (USAID)	Population Services International, Zimbabwe	N	\$0
6039.08	8052	Abt Associates	U.S. Agency for International Development	GHCS (USAID)	Banyan Global	N	\$0
4088.08	8054	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (USAID)	Institute of Public Health, Epidemiology, and Development	N	\$0
4088.08	8054	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (USAID)	J.F. Kapnek Charitable Trust	N	\$0
4088.08	8054	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (USAID)	Zimbabwe AIDS Prevention Project	N	\$0
3934.08	8070	US Department of Defense	Department of Defense	GHCS (State)	Zimbabwe Institute of Public Administration and Management	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

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

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$2,835,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Program Context

Zimbabwe's Ministry of Health and Child Welfare (MOHCW) estimates that of the 25-45% of 30,000-40,000 HIV-exposed infants born each year become HIV-infected. Zimbabwe's PMTCT program, with continuing USG and other donor support, is implementing the National 2006-10 PMTCT Strategy to prevent these infections. As of end 2006, 96% of all health facilities (1395 out of 1450) provided some form of PMTCT services, with over 547 sites (including all 58 district hospitals) providing comprehensive services (onsite testing and ARV prophylaxis). 69 comprehensive sites also provide ART for mothers. This represents significant progress since end 2004, when only 73% of health facilities offered PMTCT, and only 265 sites – less than half of 2007 levels - provided a comprehensive package. Program uptake is also improving: at end 2006, MOHCW reported that the number of HIV-infected pregnant women receiving single dose Nevirapine (NVP) prophylaxis rose significantly, from 40% in 2005 to 58% in 2006.

Numerous challenges to increasing uptake remain. Although the Zimbabwe Demographic & Health Survey (ZDHS) 2005-06 showed that use of antenatal care by pregnant women remains high at 94%, HIV testing of these women increased only modestly from 2005-2006 (58%-62%). The MOHCW launched provider initiated testing and counseling (PITC) in 2005, but about 60% of PMTCT sites (basic sites) do not have the capacity to test due to human resource constraints. For mothers tested and found infected, care and treatment linkages and follow-up of mother-infant pairs remains weak. ZDHS data show a worrisome decline in the number of births in health facilities, down from 72% in 1999 to 68% in 2005-2006, which does not bode well for increased treatment and follow-up.

USG Program

USG's PMTCT program follows the three-pronged approach outlined in the PEPFAR Zimbabwe 5 Year Strategy. Since FY04, USG has provided funding and direct technical assistance (TA) to the MOHCW for systems strengthening of the national program, including planning, implementation, monitoring and evaluation, and overall coordination and reporting. USG has also developed tools and models that inform and influence national systems. At the district and local levels, USG has increased the number of health facilities providing basic and comprehensive PMTCT services through training in basic PMTCT, family planning integration, rapid HIV testing, infant feeding counseling, and use of the new child health card. USG improves quality services by providing supportive supervision in 25 of Zimbabwe's 60 districts. In FY08, the program will maintain comprehensive services in those 25 districts at 230 sites (51 hospitals, 40 rural health centers and 139 clinics) and upgrade a further 30 sites to comprehensive levels, bringing the target for end FY08 to 260 comprehensive PMTCT sites. In FY09, the USG vision is to maintain and improve the quality of services in the 260 sites and continue to provide national systems strengthening for indirect support to Zimbabwe's other 317 comprehensive and 875 basic sites. USG directs over 90% of PMTCT funding through a cooperative agreement with the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF) with modest funding to the MOHCW for training and direct USG technical assistance.

Since FY06 the USG has facilitated roll-out of PITC in all comprehensive PMTCT sites, both those with direct USG support, and nationally. This approach has contributed to, and will continue to ensure, an increase in PMTCT uptake. For the first three quarters of FY07, at the 230 USG-supported sites, more than 80% of women who received antenatal care services also received HIV counseling and testing and 6,760 women received ARV prophylaxis for PMTCT, representing 72% of the HIV-infected women identified. In FY08, USG will continue to pilot innovative approaches to improve ARV uptake among pregnant women, including community mobilization, increased male involvement and promotion of services, targeting an uptake rate of 80% at USG-supported sites, or 10,700 HIV-infected women.

Given continuing problems with stock-outs of test kits and NVP, in FY08 USG partners in the Supply Chain Management Systems (SCMS) and DELIVER mechanisms will collaborate with the national AIDS program to improve delivery of these essential commodities to PMTCT sites. The national contraceptive commodity delivery system routinely achieves 99% coverage of public

sector outlets and maintains stock-out rates below 5%. SCMS and DELIVER will work with the MOHCW to link HIV rapid test kit and PMTCT NVP distribution to this system to determine if they can achieve the same high levels of site coverage and low stock-out rates for essential PMTCT commodities.

USG is also strengthening the national PMTCT program monitoring system. In FY07 USG funded distribution of the revised Child Health Card and revised Mother's Antenatal Care Card. This had an immediate positive impact on reporting on the numbers of HIV-exposed infants receiving HIV-related care and follow-up services. In FY08, USG will continue to support national efforts to improve monitoring through training of health workers in data collection and reporting.

In FY08 USG will continue to collaborate on development of improved models for service delivery. Zimbabwe's national PMTCT program uses single-dose NVP for PMTCT. With Gates Foundation funding, the MOHCW and EGPAF are undertaking a pilot to assess the feasibility of using a more efficacious PMTCT ARV prophylaxis regimen. The USG expects to participate in protocols and materials development, training and supervision when roll-out occurs. Additionally, EGPAF anticipates approval to undertake a pilot project in FY08 to dispense NVP to mothers at the point of HIV diagnosis, as opposed to the current 28 weeks of gestation. Another proposed study will look at barriers to HIV counseling and testing at delivery to improve access to PMTCT services by women arriving in labor with unknown HIV status. USG is also exploring the possibility of pilot activities to incorporate messages on infant male circumcision into PMTCT counseling, and hopes to incorporate such activities in FY08 programming. Finally, because uptake of infant single dose NVP has remained low (56%) at USG supported sites, in FY08 USG will continue to advocate for more innovative approaches (e.g. home dosing) to improve uptake.

USG is building capacity by training health workers in the revised national PMTCT curricula, providing on-site supervision, and carrying out district reviews for planning. In FY08, USG plans to provide new and/or refresher training to 800 health workers. In other capacity building, in early FY07, EGPAF launched a short film "Ndizvo Zvandiri" that addresses gender issues faced by women accessing PMTCT services. In FY07, almost 1000 copies of the film were distributed and screened, followed by facilitated discussions. In FY08, the program will continue to seek ways to increase male participation in ANC.

Wraparounds/Leveraging

In FY06 and FY07, USG incorporated family planning counseling and services into PMTCT programming through a wraparound of \$700,000 of non-PEPFAR USG Population funding; similar levels are expected in FY08. In addition, EGPAF has utilized USG resources to leverage significant funding for PMTCT in Zimbabwe, including \$1 million/year from the British DFID and \$320,000 in FY08 and \$110,000 in FY09 from Global Fund Round 5 (GFATM5). EGPAF plans to use some of these leveraged funds to improve follow-up and increase linkages to care and treatment for mother-infant pairs in USG-supported districts. In addition to the GFATM5 funding received by EGPAF, GFATM5 will support training, test kits, PMTCT and ART scale-up in 22 districts, of which nine have USG-supported PMTCT sites, serving as a wraparound valued at an estimated \$4 million each in FY08 and FY09. Boehringer Ingelheim continues to donate NVP valued at \$2,200/year.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	260
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	76200
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	14200
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	800

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4088.08	Mechanism: USAID/CSH/EGPAF
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 6523.08	Planned Funds: \$2,700,000
Activity System ID: 18322	
Activity Narrative: Noted April 23, 2008: Accounting for rescission to GHCS-USAID funding; budget discrepancy in COP budget; therefore, additional funding appropriately allocated.	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11607	

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24735	6523.24735.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	10542	4088.09	USAID/PMTCT/EGPAF	\$2,400,000
11607	6523.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5825	4088.07	USAID/CSH/EGPAF	\$2,500,000
6523	6523.06	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	4088	4088.06		\$1,000,648

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3874.08

Mechanism: CDC/CoAg/MOHCW

Prime Partner: Ministry of Health and Child Welfare, Zimbabwe

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5984.08

Planned Funds: \$45,000

Activity System ID: 18323

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11616

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28335	5984.28335.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	11606	3874.09	CDC/COAG/MOHCW	\$82,500
11616	5984.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	5829	3874.07	Co Ag MOHCW	\$60,000
5984	5984.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	3874	3874.06	Co Ag TBA	\$60,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3932.08

Mechanism: CDC - HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5980.08

Planned Funds: \$40,000

Activity System ID: 18333

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11650

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11650	5980.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$40,000
5980	5980.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$40,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3933.08

Mechanism: CDC - Local

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5982.08

Planned Funds: \$50,000

Activity System ID: 18342

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11659

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11659	5982.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$50,000
5982	5982.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$50,000

HVAB - Abstinence/Be Faithful

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

Total Planned Funding for Program Area: \$2,488,500

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Context

The ZDHS 2005-06 recorded that Zimbabwe's national HIV prevalence is 18% and is higher among women (21%) than men (14%), and HIV prevalence among 15-19 year olds is twice as high among females (6.2%) than among males (3.1%). HIV prevalence increases with age for both sexes, with rates being higher for females aged 15-30 years while for males it is higher above 40 years. The ZDHS and other recent surveys identify a number of factors that contribute to these high rates of HIV infection in Zimbabwe: (1) The reported number of multiple sexual partners remains high with 22% of men and women in the 15-49 age groups reporting more than one sexual partner in the past 12 months. This practice is higher among males (31%) than females (14%); (2) In addition to multiple sexual partners, there are also high levels of concurrent sexual relationships, 29%; (3) Cross-generational sex remains high with 15% of all young women age 15-24 years reporting cross-generational relationships which translates to 35% of those who are sexually active; (4) Stigma and discrimination remain high, making it difficult to tackle HIV and AIDS related issues; and (5) Reported condom use is high in Zimbabwe, however, consistent condom use remains low, particularly in regular relationships.

The ZDHS found the median age of female sexual debut was 18 for those currently aged 40-49 years and 19 for women aged 20-39 years. For men aged 20-49, it was 20.2 years. Knowledge of how to prevent HIV and AIDS is high: 8 in 10 or more women and men, aged 15-49, recognize that the risk of getting HIV can be reduced by limiting sexual intercourse to one uninfected partner, or by abstaining from sexual intercourse. Most have not yet personalized the behavior changes needed to avoid risk.

USG Program

USG's AB program follows the PEPFAR Zimbabwe 5 Year Strategy and focuses on development of evidence-based interpersonal communication (IPC) and behavior change communication (BCC) tools and program models that can be, and have been, scaled up by local organizations within the national HIV/AIDS program. Support for development and implementation of mass media campaigns, support for policy and strategy development, and capacity building of local organizations to implement, monitor, evaluate and sustain programs have all played a part. In FY08, about 70% of USG resources will support one international non-governmental organization (NGO) and seven local civil society (CSO) and faith-based organizations' (FBO) AB programs under the Abt mechanism as well as through CDC's new cooperative agreements with three new civil society partners. The other 30% will fund direct USG technical assistance (TA) to CSO, FBO and other partners.

Zimbabwe's strong church network serves over 80% of the population, so AB messages have receptive audiences. In FY05, USG undertook significant policy work with FBOs to define their HIV policy and AB messages. Using strong theoretical frameworks and local formative research, USG collaborated with FBO partners to develop IPC tools aimed at moving beyond awareness to action. These tools are now in use by a variety of faith-based, youth and community organizations. A continuing challenge is to expand the development and use of BCC tools to reach broader audiences.

In FY06/07, USG supported finalizing the National Behavior Change Strategy which provides the guiding framework for non-medical prevention in Zimbabwe. Based on the strategy, USG supported a network of pastors to implement a "Safe from Harm" program, which targets 13-19 year olds and their parents. The program is aimed at delaying sexual debut and addresses issues such as personal risk perception, child parent communications, gender-based violence, forced sex, and cross-generational sex. In 2007, USG also finalized and distributed the toolkit, "Moving Beyond Awareness: Tools for Behavior Change." The kit contains 8 evidence-based tools which include AB messages and interventions. It includes resources for the faith-based community, the workplace, and health facility settings, as well as strategies for working with youth and couples. USG collaborated with NAC to use 2,500 copies of the toolkit in a roll-out of the national BCC strategy. USG also compiled and shared a CD ROM with BCC curricula and training materials. Another exciting tool being finalized is "Talk Time II," which is a set of nine self-help booklets that cover multiple stages of behavior change, including planning marriage in the time of HIV/AIDS, communicating with a health worker and/or patient about HIV/AIDS, and talking to a friend, workmate or relative about HIV/AIDS. Although designed to be used as stand alone tools, the booklets can also be used in focus group discussions. These IPC activities are integrated with a USG-supported mass media communications campaign (through television, radio and print) that addresses underlying factors that

result in early sexual activity among youth.

With FY07 funds, USG is expanding the Safe from Harm program from its strong base in Harare and Bulwayo to other areas of high risk. This expansion includes: (1) building the capacity of FBOs for management of the process; (2) providing refresher training for pastors and developing additional modules for training; and (3) adapting the modules for use in school environments, and piloting and implementing these modules in partnership with the Zimbabwe Ministry of Education. Finally, USG is continuing qualitative research to better understand socio-cultural and individual factors that foster cross-generational and concurrent partnerships. The results will inform integrated communications strategies to promote reduction in cross-generational sex and faithfulness to one partner.

In FY08, the USG program will focus on reduction of: (1) multiple concurrent sexual partnerships among young adults in regular relationships; (2) cross-generational sex among younger women (15-24 years) and older men (25-39 years); and (3) multiple partnerships among older youth (20-24 years). Participating CSO/FBO partners will use tools and skills to identify sexually active youth engaging in risky behaviors and expose them to messages and skills-based strategies on being faithful and knowing their HIV status. The USG will expand the Safe From Harm IPC program to reach adolescents age 13-19 in the Midlands and Masvingo Provinces and other high risk areas. USG partners will implement mass media campaigns and health communications material development, and support CSO/FBO networks for community outreach activities.

USG will also develop a second community outreach program to promote mutual faithfulness and partner reduction as a prevention strategy among older youth (20-24) in tertiary colleges, the military and out of school. The program will interlink knowledge of status as an integral aspect of mutual faithfulness by encouraging sexually active youth to access counseling and testing centers with their partners. The program will integrate messages on cross-generational sex to empower sexually active younger women to negotiate safer sexual practices within these relationships. The program will be implemented in partnership with the Ministry of Youth Development and a local CSO.

Wraparounds/Leveraging

In FY08, USG is leveraging approximately \$720,000 in DFID wraparound funds to produce and implement an integrated mass media campaign to promote reduction of multiple partnerships and concurrency among adults in regular relationships, a section of the community that is targeted by other donors. The campaign will complement community outreach activities in high risk provinces by USG-supported CSO/FBO networks.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	16000
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6000
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3933.08	Mechanism: CDC - Local
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 5991.08	Planned Funds: \$280,000
Activity System ID: 18343	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11660	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11660	5991.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$315,000
5991	5991.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$315,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3932.08
Mechanism: CDC - HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5990.08
Planned Funds: \$358,500
Activity System ID: 18334
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11651
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11651	5990.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$383,500
5990	5990.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$383,500

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 6034.08
Mechanism: USAID/abt/AB/CSH
Prime Partner: Abt Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12033.08
Planned Funds: \$1,500,000

Activity System ID: 18316

Activity Narrative: Not Required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12033

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28470	12033.28470.09	U.S. Agency for International Development	Abt Associates	11644	8176.09	USAID/PSP/AB T	\$1,200,000
12033	12033.07	U.S. Agency for International Development	Abt Associates	6034	6034.07	USAID/abt/AB/C SH	\$913,250

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8243.08

Mechanism: USAID/CASU

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 18772.08

Planned Funds: \$0

Activity System ID: 18772

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$1,321,250

Amount of total Other Prevention funding which is used to work with IDUs	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Program Context

The ZDHS 2005-06 recorded that HIV prevalence is higher among women (21%) than men (14%), and HIV prevalence among 15-19 year olds is twice as high among females (6.2%) than among males (3.1%). HIV prevalence increases with age for both sexes, with rates being higher for females aged 15 to 30 years while for males it is higher above 40 years. The ZDHS and other recent surveys identify a number of factors that contribute to these high rates of HIV infection in Zimbabwe: (1) The reported number of multiple sexual partners remains high with 22% of men and women in the 15-49 age groups reporting more than one sexual partner in the past 12 months. This practice is higher among males (31%) than females (14%); (2) In addition to multiple sexual partners, there are also high levels of concurrent sexual relationships, 29%; (3) Cross-generational sex remains high with 15% of all young women aged 15-24 years reporting cross-generational relationships which translates to 35% of those who are sexually active. (4) Stigma and discrimination remain high, making it difficult to tackle HIV and AIDS related issues; and (5) Reported condom use is high in Zimbabwe, however, consistent condom use remains low particularly in regular relationships.

USG Program

USG's other prevention (OP) program follows the PEPFAR Zimbabwe 5 Year Strategy and focuses on capacity building and strengthening of public and private sector systems to implement, monitor, evaluate and sustain programs to increase access to and use of condoms and other prevention measures among target populations. In FY08, about 80% of USG resources will strengthen systems to increase promotion/use and access to condoms in the public and private sectors, and the balance will fund direct USG technical assistance.

USG's activities follow the Zimbabwe National Prevention Strategy and include an extensive condom social marketing program and support of condom supply chain logistics in the public health system. Target populations are young adults, particularly young women and female orphans; married women; pregnant women at risk of transmitting HIV to their children; other People Living with HIV/AIDS (PLHA) and discordant couples; mobile populations such as labor migrants, military personnel, and displaced persons; and sex workers. Through headquarters mechanisms not reflected in the bilateral PEPFAR budget, the USG contributed 100% of Zimbabwe's male and female condom supply needs for FY07 and has committed to provide all male and female condom procurement needs until December 2008. The condoms are valued at \$5.2 million/year in FY08. In terms of relative market share over the past 10 years, of all the female condoms distributed, 39% were from social marketing and the remainder was distributed through the public sector. Over the same period, 67% of male condoms distributed were socially marketed and the remainder was distributed through the public sector.

The USG DELIVER mechanism ensures the availability of male and female condoms to public sector consumers, who include the military, by assisting the Zimbabwe National Family Planning Council (ZNFPC) in implementing the Delivery Team Topping Up (DTTU) distribution system. This system routinely achieves 99% coverage of public sector outlets and maintains stock-out rates below 5%. In FY08, the DTTU system will distribute 34 million male and 1.5 million female USG-provided condoms for HIV prevention to 1,200 health centers and hospitals and 400 community-based distributors nationwide in various settings which include family planning, counseling and testing, antenatal clinics as well as out-patient sites. This coverage assures that condoms are available for discordant couples and PLHA identified through PITC and/or otherwise accessing services.

Because family planning is a key strategy for prevention (e.g. PMTCT), using DFID funds, DELIVER will also assist the DTTU system to distribute oral and injectable contraceptives to the same sites. Given the continuing success of the DTTU system, in FY08 USG partners will assist the national AIDS program and ZNFPC to link HIV rapid test kit and PMTCT Nevirapine distribution and reporting to this system. If the same high levels of site coverage and low stock-out rates can be achieved for rapid test kits and Nevirapine, the public sector logistics system will be more cost effective and sustainable.

USG private sector condoms are socially marketed through the Partnership Project by Population Services International (PSI) and local marketing firms. Protector Plus male condoms are retailed through 12,000 outlets across the country supported by a wholesale network. Care female condoms are made available through a network of interpersonal communications (IPC) agents in 1,675 specialized outlets in high risk areas targeting women in regular relationships, commercial sex workers, PLHA and discordant couples, young females in tertiary colleges, pregnant women and women in PMTCT programs. In FY08, PSI will distribute 2.1 million female and 50 million male USG-provided condoms through these networks.

To complement product marketing, PSI undertakes mass media communications campaigns for both male and female condoms and undertakes a number of community outreach strategies. For example, in FY07, PSI undertook community outreach activities aimed at increasing male condom efficacy perceptions, negotiation skills and correct and consistent use among sexually active men and women in high risk areas such as rural growth points, mining settlements and border towns. In FY08, PSI will expand this activity to other high risk areas and will also increase frequency of messages by conducting repeat bursts of community outreach activities in selected areas. The project will collaborate with District AIDS Action Committees to complement outreach services with USG-provided mobile HIV counseling and testing services. Individuals testing positive will be referred to community-based support groups.

In FY06-FY07, PSI capitalized on the relationships between Zimbabwean women and their hairdressers to increase awareness and distribution of the Care female condom. PSI trained hairdressers in over 500 hair salons, which also serve as retail outlets for the product. Many women in Zimbabwe visit hair salons on a regular basis and the female environment offers a unique setting for

women to touch and feel the product and discuss issues surrounding condom use and negotiation. Over 52% of the 1.4 million female condoms sold in FY07 were sold through the hair salon network. This strategy will be continued in FY08.

Zimbabwe's harsh economic environment increasingly affects the social marketing program. Many outlets have been lost as small traders fail, unable to cope with rising operating costs. Indirect distribution through the private sector has also been undermined, as private partners limit activities to targeted distribution on cost-effective routes that may not reach high priority target audiences.

In FY08, USG is supporting a phased campaign to reduce HIV-related stigma and discrimination and increase empathy towards PLHA. With 90% of Zimbabwean males being uncircumcised according to the ZDHS 2005-06, USG is beginning to explore the possibility of pilot activities on male circumcision, with government buy-in, to see if such activities can be incorporated in future programming.

Wraparounds/Leveraging

USG non-bilateral funds of \$5.2 million for condoms form a critical wraparound for OP. SCMS will leverage \$4.5 million from DFID in FY08, of which \$0.5 million is direct support to the DTTU system and \$4 million is for contraceptive products. The Partnership Project will leverage wraparound funding from DFID for anti-stigma and discrimination mass media campaigns, estimated at \$390,000 in FY08, and selected mass media and community outreach activities for male and female condoms, estimated at \$720,000 in FY08.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	13600
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	27000
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	180

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5999.08	Mechanism: USAID/JSI/Deliver 2
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11890.08	Planned Funds: \$500,000
Activity System ID: 18383	
Activity Narrative: Not Required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11890	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28230	11890.28230.09	U.S. Agency for International Development	John Snow, Inc.	11561	5999.09	USAID/DELIVER II TO1/JSI	\$500,000
11890	11890.07	U.S. Agency for International Development	John Snow, Inc.	5999	5999.07	USAID/JSI/Deliver 2	\$500,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6035.08	Mechanism: USAID/Abt/OP/CSH
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 12034.08	Planned Funds: \$550,000
Activity System ID: 18317	
Activity Narrative: Not Required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12034	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28471	12034.28471.09	U.S. Agency for International Development	Abt Associates	11644	8176.09	USAID/PSP/AB T	\$550,000
12034	12034.07	U.S. Agency for International Development	Abt Associates	6035	6035.07	USAID/Abt/OP/CSH	\$553,559

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3874.08	Mechanism: CDC/CoAg/MOHCW
Prime Partner: Ministry of Health and Child Welfare, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 6015.08	Planned Funds: \$50,000
Activity System ID: 18324	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11617	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11617	6015.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	5829	3874.07	Co Ag MOHCW	\$65,000
6015	6015.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	3874	3874.06	Co Ag TBA	\$65,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3932.08
Mechanism: CDC - HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6033.08
Planned Funds: \$97,250
Activity System ID: 18335
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11652
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11652	6033.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$97,250
6033	6033.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$97,250

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3933.08
Mechanism: CDC - Local
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 6036.08
Planned Funds: \$94,000

Activity System ID: 18344

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11661

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11661	6036.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$94,000
6036	6036.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$94,000

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$1,437,500

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Program Context

An estimated 1.7 to 2 million Zimbabweans are currently living with HIV and AIDS, including 160,000 children less than 14 years of age (UNAIDS 2006). All these individuals are in need of some kind of palliative care. Zimbabwe's palliative care package includes psychosocial support, nutritional counseling and support, positive prevention counseling, information on positive living, treatment for opportunistic infections (OI), cotrimoxazole prophylaxis, bereavement counseling, spiritual counseling, succession planning, hospice care, and People Living with HIV/AIDS (PLHA) groups. In addition to palliative care an estimated 340,000 people are in need of Antiretroviral Therapy (ART); this includes 72,000 children. As of August 2007 an estimated 71,505 PLHA (including 6,243 children) received ART through the public and private sectors in Zimbabwe.

Over the past several years, access to and quality of both non-clinical and clinical palliative care services have improved significantly. Non-clinical community-based care and support is provided through PLHA support groups, faith-based networks, NGOs, and numerous other organizations throughout the country, under the guidance of the National AIDS Council (NAC). The OI Clinic Model, developed by MOHCW with USG support, serves as the basis for comprehensive clinical HIV service delivery and transition to the ART program. Currently, more than 100 OI clinics at MOHCW and mission hospital sites are operational. The Pfizer Diflucan donation program to Zimbabwe is now in its fourth year of operation, providing an essential drug for OI treatment. From September 2006 through May 2007, Diflucan treatment was provided to 24,440 PLHA (including 19,030 Cryptococcal meningitis and 5,401 esophageal Candidiasis) at more than 100 health facilities. A total of 139 facilities are offering cotrimoxazole prophylaxis to 77,000 patients (including 8,000 children). (Note: Some OI and Diflucan sites overlap; none receive USG direct support.)

USG Program

USG's palliative care – basic health care program follows the PEPFAR Zimbabwe 5 Year Strategy and focuses on development of models and tools that can be replicated for broader use to strengthen systems for care of PLHA, and capacity building so that systems can be sustained over time. About 60% of FY08 USG funds will support one international NGO and 2 local civil society organizations in provision of care to PLHA. The balance is allocated evenly to pre-service training of home-based caregivers by the University of Zimbabwe Clinical Epidemiological Department's HIV/AIDS Quality of Care Initiative (HAQOCI), completion of a pilot project to improve follow-up of mother-infant pairs, support to the National AIDS Council, and direct USG staffing and technical assistance.

USG comparative advantage in palliative care lies in expansion of quality services, strengthening linkages between services, and organizational capacity building. In FY07, USG continued its support to the national program for development and implementation of key guidelines and models for the delivery of clinical care and improved home-based care (HBC), including linkages among community- and facility-based services. Applying techniques that have been successful in strengthening facility-based care to strengthen, standardize, and improve the quality of HBC has continued to be a focus.

USG support in FY07 resulted in several key accomplishments including: (1) further roll-out of the OI clinic model; (2) further HBC training which strengthens linkages between hospital/community-based care; (3) expansion of mission hospital networks for adoption of "best practices" in HIV care programs; (4) improved data collection and drug management for the National Diflucan Program; (5) strengthening of linkages and referrals between community and facility-based care at pilot sites (Chitungwiza "UTANO" project); (6) delivery of post-test support services to 11,000 clients of New Life programs co-located at 10 New Start Counseling and Testing Centers in urban areas; (7) improved delivery of OI preventive services to HIV-exposed infants through follow-up with routine immunizations; and (8) refinement of models for providing post-test support to HIV-infected persons within non-urban referral networks.

In FY08 the USG will support expansion of the New Life PLHA care and support program from 10 to 14 sites, reaching an estimated 20,400 PLHA, including 500 HIV positive children who are under 16 years of age. This represents about 1% of the PLHAs that are in need of palliative care in Zimbabwe. New Life provides psychosocial, spiritual and preventive support to PLHA through post-test support centers that are staffed with professional and PLHA peer counselors. Palliative care services are provided at both the New Life centers and through an extensive outreach program whereby counselors provide palliative care services at public health care institutions in collaboration with public sector personnel (ART adherence counseling program, psychosocial support program for HIV positive pregnant women, mothers and their families enrolled in the national PMTCT program) as well as to employees at workplaces, to already existing PLHA support groups and to church members at churches that request support through the program. These services are also linked to PMTCT services to support outreach to PMTCT client partners and families. Currently 60-65% of New Life participants are female. The New Life Centers of Excellence (in Harare and Bulawayo) will continue to provide training and develop technical guidance for PLHA groups.

In FY08 the USG will also provide technical assistance (TA) and other support for further roll-out of the OI clinic model, and will initiate new agreements with two civil society organizations for additional basic palliative care programs. The USG will additionally continue to support home-based care activities by HAQOCI who have trained an estimated 300 care-givers. The USG will continue to provide direct TA for the National Diflucan program, to assure monitoring and reporting meets Pfizer's requirements for continued donations. FY08 will be the final year of USG support to the pilot project to assess feasibility of using the Expanded Program of Immunization to enhance follow-up care of mother/infant pairs; if results indicate, USG will collaborate with NAC and MOHCW to initiate scale-up.

Wraparounds/Leveraging

USG is leveraging DFID funds to complement palliative care efforts. Approximately \$450,000 will be allocated in FY08 to support program activities of the New Life post-test support services program, including staff salaries, training costs of counselors and other staff, M&E activities and furniture and equipment for the New Life centers. Several USG-supported partners will also work in some of the 22 districts covered by Zimbabwe's new Global Fund Round 5 (GFATM5) award, although quantification of funds leveraged is not possible at this time.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	39
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	24000
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	480

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3933.08	Mechanism: CDC - Local
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 6046.08	Planned Funds: \$103,000
Activity System ID: 18345	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11662	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28341	6046.28341.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11607	3933.09	CDC - TA	\$127,885
11662	6046.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$103,000
6046	6046.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$103,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3932.08	Mechanism: CDC - HQ
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 6045.08	Planned Funds: \$69,500
Activity System ID: 18336	
Activity Narrative: Not required	
HQ Technical Area:	

New/Continuing Activity: Continuing Activity

Continuing Activity: 11653

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11653	6045.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$69,500
6045	6045.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$69,500

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 6036.08

Prime Partner: Abt Associates

Funding Source: GHCS (USAID)

Budget Code: HBHC

Activity ID: 12036.08

Activity System ID: 18318

Activity Narrative: Not Required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12036

Related Activity:

Mechanism: USAID/Abt/Palliative/CSH

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$600,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28473	12036.28473.09	U.S. Agency for International Development	Abt Associates	11644	8176.09	USAID/PSP/ABT	\$450,000
12036	12036.07	U.S. Agency for International Development	Abt Associates	6036	6036.07	USAID/Abt/Palliative/CSH	\$199,774

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3906.08

Prime Partner: University of Zimbabwe, HIV/AIDS Quality of Care Initiative

Mechanism: CDC/CoAg/HAQOCI

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6039.08

Planned Funds: \$200,000

Activity System ID: 18310

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11636

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28231	6039.28231.09	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, HIV/AIDS Quality of Care Initiative	11562	3906.09	CDC/COAG/HA QOCI	\$50,000
6039	6039.06	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, Clinical Epidemiol	3906	3906.06	Co Ag TBA	\$200,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3928.08

Mechanism: USAID/EGPAF

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 6048.08

Planned Funds: \$160,000

Activity System ID: 18321

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11606

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11606	6048.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5824	3928.07	USAID/EGPAF	\$100,000
6048	6048.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3928	3928.06	USAID/EGPAF	\$100,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9763.08	Mechanism: N/A
Prime Partner: National AIDS Council, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 22693.08	Planned Funds: \$50,000
Activity System ID: 22693	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVTB - Palliative Care: TB/HIV

Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07

Total Planned Funding for Program Area: \$110,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Program Context

Zimbabwe ranks 19th among the 22 high TB disease burden countries for estimated number of TB cases. In 2004, Zimbabwe reported 55,135 cases of all forms of TB, with an overall case notification rate of 475 cases per 100,000 individuals in 2003. Disease incidence increased more than 4-fold since the early 1990s due to the growing HIV/AIDS epidemic. An estimated 80% of adult sputum-positive TB patients are co-infected with HIV. Peak TB notification rates (2003 estimates) are among 25-34 year-old women (350 cases per 100,000 individuals) and 35-44 year-old men (500 cases per 100,000 individuals). Recent declines in the TB response infrastructure (qualified laboratory scientists, reagents and equipment for diagnosis, routine in-service training, consistent and adequate supply of TB treatment drugs) and diagnosis challenges of sputum-negative cases further compromise care for TB/HIV co-infected persons.

In FY07 Zimbabwe was awarded \$9.2 million for Phase 1 of an eventual \$12 million Global Fund Round 5 (GFATM5) award to reduce TB-related morbidity and mortality by strengthening the National TB Program (NTP), improving managerial and supervisory capacity, and upgrading critical infrastructure at the national, provincial and district levels. The Principal Recipient is the Zimbabwe Association of Church-Related Hospitals (ZACH). The program is explicitly designed to focus on the same 22

districts covered by Zimbabwe's GFATM5 HIV/AIDS award, in order to strengthen TB/HIV linkages. In addition, the GFATM5 TB award is expected to: improve treatment outcomes by improving case management of TB patients; strengthen community TB directly observed therapy, short course (DOTS); support conduct of drug-resistance surveys; introduce fixed-dose combination therapy and train community DOTS workers in its use; enable health facilities to offer all TB patients HIV testing and, for those who test positive, offer cotrimoxazole prophylaxis and referral for consideration of ART. In addition, it will help to ensure that all HIV-infected individuals who present for HIV testing are offered TB screening as well. The TB and HIV/AIDS awards taken together are explicitly intended to improve significantly Zimbabwe's co-management of TB and HIV/AIDS at the national, provincial and district levels.

USG Program

USG's TB/HIV program follows the PEPFAR Zimbabwe 5 Year Strategy. In FY05-FY07 USG funds for this program area contributed to development of two model programs at large urban clinics. Under the new GFATM5 awards, Zimbabwe will apply experience and best practices from these models into NTP expansion and quality improvements. In FY08 USG foresees moving out of model development and will instead focus on pre-service and in-service training for TB/HIV care to build capacity to implement the scale-up fostered by GFATM5. Modest funding for this program area in FY08 is evenly divided between support to the MOHCW, for in-service training, and the University of Zimbabwe, for pre-service training.

In addition to this direct funding for the TB/HIV program area, USG also supports the strengthening of TB and HIV integration in other PEPFAR program areas. Current- and recently-supported activities that address TB-HIV integration include: (1) training of nurses, doctors, and lab scientists on TB care as part of broader opportunistic infection (OI) training; (2) development of models for integrated TB/HIV care services; (3) enhancing standardization of TB/HIV clinical service delivery and systems for follow-up care, referrals, and linkages; (4) expanding capacity for rapid HIV testing at TB clinic sites; (5) support to the national laboratory system for proficiency testing for TB; and (6) maintenance of standards and infrastructure (including equipment) at the National TB Reference Lab (NTBRL).

With funding in the HIV/TB program area, in FY05-FY07, USG contributed to the successful implementation of two model programs of integrated care: (1) the Beatrice Road Hospital OI Clinic, which services 10,000 TB patients annually; and (2) the Bulawayo Municipal ARV program which receives priority referrals from TB clinics. By the end of FY07, both of these programs were providing clinical prophylaxis and/or treatment for TB for co-infected individuals on a high quality, routine basis.

Challenges in FY08 include TB drug stock-outs, limited laboratory resources for the diagnosis of resistant strains of TB (multi-drug resistance, or MDR, and extreme drug resistance, or XDR), and shortage of ARVs and second-line drugs for resistant TB cases. Staff turnover may be another challenge, especially for those working in MDR and XDR isolation wards. Central management and monitoring and supervisory systems are also weak.

With FY08 funds, USG will support MOHCW to provide in-service training and the University of Zimbabwe to provide pre-service training for TB/HIV integration for health workers at all levels of the system. Training in TB management is already integrated into the OI/ART training. This training has been rolled out into every district. USG will provide ongoing technical support for the development and preparation of training materials and updating of OI/ART manuals to ensure coverage of TB management. USG also will continue to provide logistical support (computers, projectors, training materials for training lab microscopists) to the extent this is not covered by other donors.

With funding from other PEPFAR program areas, USG will also: build capacity for quality TB/HIV diagnostic services including culture for sputum-negative patients with the NTBRL (HLAB funding); develop projections for TB/HIV diagnostic and treatment requirements (HLAB, HTXD funding); and support efavirenz-based ART nationally for co-infected patients during TB treatment (HTXD and HTXS funding).

USG will collaborate with MOHCW and other partners in development of the national TB/HIV strategic plan and updating of national guidelines for detection, treatment, and laboratory services for TB including guidance on TB/HIV co-infection. USG will also assist in the updating of the current laboratory standard operation procedures (HLAB funding).

As part of its general collaboration in National AIDS and TB Program implementation, the USG will also provide technical support in program design, planning, and evaluation to the MOHCW and ZACH on GFATM5 programs to scale up and improve integrated TB/HIV care delivery. This technical support will include a data quality assessment of TB/HIV partner reporting. On a policy level, USG will encourage the MOHCW, with GFATM5 and other donor funding, to establish separate, well-ventilated isolation wards for TB patients nationwide. Currently TB patients in district hospitals are housed in cubicles in the general wards.

Wraparounds/Leveraging

The modest USG program contributes to a larger effort including MOHCW, GFATM5, European Union (EU), and WHO. EU supports essential drug procurement for TB drugs. WHO has contributed to technical consultations and staffing for the National TB Program. GFATM5 monies of up to \$12 million over 3 years will provide a critical infusion of resources for human capacity development and the procurement of essential equipment and commodities.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or 2
presumed) in a palliative care setting

7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB 0
disease

7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or 0
presumed)

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3874.08	Mechanism: CDC/CoAg/MOHCW
Prime Partner: Ministry of Health and Child Welfare, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18471.08	Planned Funds: \$60,000
Activity System ID: 18471	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3906.08	Mechanism: CDC/CoAg/HAQOCI
Prime Partner: University of Zimbabwe, HIV/AIDS Quality of Care Initiative	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 6049.08	Planned Funds: \$50,000
Activity System ID: 18311	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11637	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28232	6049.28232.09	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, HIV/AIDS Quality of Care Initiative	11562	3906.09	CDC/COAG/HAQOCI	\$25,000
6049	6049.06	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, Clinical Epidemiol	3906	3906.06	Co Ag TBA	\$50,000

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$2,540,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Program Context

Zimbabwe has one of the highest proportions of orphaned children in Africa. A recent UNICEF baseline survey indicated that up to 30% of all children are orphaned and 40% are vulnerable, the majority due to HIV and AIDS. This is corroborated by the ZDHS 2005-06, which found that 24% of those under 18 were orphaned and 10% live in a household where an adult has been very sick or died in the last 12 months. These rates yield approximately 1.6 million orphans.

In FY01-FY07, USG Orphans and Vulnerable Children (OVC) funding was primarily directed through the Support to Replicable, Innovative, Village/Community Level Efforts for OVC (STRIVE) Project that provided technical assistance (TA) and sub-grants to up to 16 local and international NGOs to work at the community level to provide education assistance and psychosocial support to OVC. STRIVE was the first major bilateral donor activity designed to address Zimbabwe's OVC crisis and reached 153,000 OVC with direct support and 164,000 OVC with indirect support between January 2002 and June 2007. In FY04-FY06 USG also provided modest funding to the International AIDS Alliance for grants to nascent NGOs, reaching an additional 30,000 OVC. In FY04-FY07, USG and partners were very involved in development of the National Action Plan for OVC.

In FY06-FY07, DFID provided an initial impetus to bring donors together to develop a multi-donor Project of Support (POS). The POS involves DFID, Swedish International Development Agency, Germany and New Zealand AID which have jointly committed over \$70 million to the UNICEF-managed pooled funding mechanism for the period 2006-2010. A contribution by the European Union is under negotiation and other donors, including Australia and France, have expressed interest in joining the POS.

In 2007 the POS issued a request for proposals and 23 NGOs were selected to receive grants. Each has several local partners. Implementation of activities is just beginning. The project is national in scope and includes activities that address all crucial core services for OVC. An estimated 350,000-400,000 OVC are expected to be reached under the POS.

In early FY07, USG undertook an assessment to document key changes in the OVC environment, identify lessons learned and provide recommendations to guide future USG OVC programs. Key observations and recommendations include: (1) The situation of children is worse today than in 2000, when USG became involved in OVC programming; (2) The new multi-donor POS, which is modeled after STRIVE, brings significant new resources to Zimbabwe for OVC programs and USG should complement this project; (3) The National Action Plan for OVC and National Secretariat within the Ministry of Public Service, Labor and Social Welfare (MOPSLSW) provide a framework and structure for working with OVC that should be supported.

USG Program

In response to recommendations of the STRIVE assessment, an International AIDS Alliance program evaluation and continued dialog with USG headquarters, other donors in Zimbabwe, MOPSLSW, and local NGOs, the USG developed a new approach to OVCs that builds on lessons learned, gaps in services, and USG comparative advantages. In conformance with the PEPFAR Zimbabwe 5 Year Strategy, the POS is vastly exceeding USG's original "catalytic leveraging" scenario. Within this new environment, the USG will focus on "filling the gaps," identifying new models, advocacy, and targeting highly vulnerable children such as those in child-headed households, "granny-headed" households, and children outside of family care. Particular attention will be placed on developing models that ensure a higher percentage of funds directly reach OVC, a key challenge identified in the STRIVE assessment. In FY08, about 84% of USG resources will provide direct support to highly vulnerable children, 7% will go to national advocacy, 6% to national monitoring and evaluation (M&E) systems strengthening, and 3% to management. A USG Population fund wraparound will facilitate provision of critical reproductive health information to adolescent girls and boys.

The new USG OVC interventions are designed to improve the quality of child-focused services provided to OVC and their caregivers through four targeted, yet overlapping, focal areas: (1) National coordination, involving TA and capacity building for the

National Secretariat, through UNICEF, to improve the coordination and M&E of Zimbabwe's National Action Plan for OVC, including a focus on ensuring that national standards of quality for OVC services are in place and used to guide programming; (2) Community building, involving building the capacity of community-based organizations, faith-based organizations, teachers, families and other individuals caring for children. The focus will be on helping communities to identify OVC and their needs, understand the issues affecting vulnerable children, determine how best to support the children, and implement plans to reach OVC with quality services. Activities will include TA and training for organizations and individuals caring for children, community mobilization, information dissemination, child participation, provision of small grants to implement activities to assist children, and piloting of social protection schemes; (3) Protecting highly vulnerable children, involving support to programs that protect selected target groups of highly vulnerable children. Grants will be provided to NGOs working with these groups. Information dissemination, advocacy and training will also be supported; and (4) Advocacy and communication at both the national and community levels, involving raising the awareness of the situation of children through mass media and interpersonal communication. At the community level, the emphasis will be on dissemination of materials in local languages, child-friendly materials, improved networking, exchanges, and feedback loops. Partnership Project will use their in-country expertise for national level communications.

The new USG set of activities will build partnerships and consortiums with local organizations for training, communications, materials development, and M&E. It will additionally encourage public-private partnerships and encourage matching funds from implementing partners. It will build linkages with other USG programs, such as collaborating with humanitarian relief programs on school feeding; incorporating food-for-work into community-led initiatives; and working on OVC birth registration and other rights issues, including a strong emphasis on gender balance.

USG is soliciting partners to undertake the new program of activities in late FY07/early FY08 and expects to start achieving results in mid-FY08. USG is increasing the absolute level of funding for OVC to assure that the proportion of funds allocated to OVC remains above 10% per year. It is assumed that the new program will take some time to scale up. In the absence of more precise data the USG assumes that in FY08 the new partners will be able to serve approximately 160,000 OVC, or 10% more than in FY07, when 140,000 OVC were reached (upstream and downstream).

Leverage/Wraparounds

USG is providing \$300,000 in FY07 Population funds and expects to provide similar levels in future years, subject to availability of such funds. USG's modest investment in STRIVE has leveraged the \$70 million POS, which is expected to reach 350,000-400,000 children. Given continued USG investment in the National Secretariat and M&E for systems strengthening, and in development of models and tools for widespread replication, POS achievements are considered indirect PEPFAR targets.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	30000
*** 8.1.A Primary Direct	0
*** 8.1.B Supplemental Direct	0
8.2 Number of providers/caregivers trained in caring for OVC	2500

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8176.08	Mechanism: USAID/Abt/OVC/CSH
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 18640.08	Planned Funds: \$300,000
Activity System ID: 18640	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8178.08	Mechanism: USAID/UNICEF/OVC/CSH
Prime Partner: United Nations Children's Fund	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 18641.08	Planned Funds: \$50,000
Activity System ID: 18641	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4087.08	Mechanism: USAID
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 18642.08	Planned Funds: \$0
Activity System ID: 18642	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8809.08	Mechanism: N/A
Prime Partner: World Education	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08

Activity ID: 19807.08

Planned Funds: \$2,190,000

Activity System ID: 19807

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	15,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$2,845,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Context

Zimbabwe has a national goal to counsel and test 85% of the adult population for HIV by 2010. The ZDHS 2005-06 found that 21.7% of adult women and 16.4% of adult men have been tested and have received their results. This indicates that the country has a long way to go before reaching its goal. Counseling and testing (C&T) services in Zimbabwe are offered through stand-alone voluntary counseling and testing (VCT) sites, C&T sites co-located within public health clinics and hospitals, and community-based outreach and mobile clinics. MOHCW also provides diagnostic testing at opportunistic infection (OI) clinics, PMTCT sites and other health facilities. Demand for C&T services is high and growing as provider-initiated testing and counseling (PITC), launched in 2006, is rolled out.

In mid-FY08 the national program plans to shift from the current parallel rapid testing protocol to a serial testing protocol to achieve greater coverage with limited program resources. Oraquick, the HIV rapid testing tie-breaker, has only a 6-month shelf life. A very large portion of the product expires before it can be used, posing a major constraint to the proposed shift. MOHCW is consulting with partners to identify an acceptable tie-breaker rapid test with a longer shelf life.

USG Program

USG's HIV C&T program follows the PEPFAR Zimbabwe 5 Year Strategy to implement PITC while also maintaining a core set of VCT centers in urban areas, with increased mobile outreach to rural populations. The C&T program maintains the strategy's three

-pronged approach of: (1) systems strengthening, facilitating the shift from VCT to PITC, stimulating demand for testing, providing rapid test kits to meet the increased demand, and improving linkages between C&T and care services; (2) development of models and tools, for pre- and in-service training and supervision, and for outreach services and quality linkages for C&T; (3) capacity development, strengthening training institutions for C&T providers, expanding the capacity of Zimbabwe's military for C&T, and developing the national lab infrastructure to meet the needs of PITC. Funding for this program area in FY08 is allocated as follows: about 57% for procurement and distribution of rapid test kits; 33% for support to Population Services International (PSI) and 6 local non-governmental or community-based organizations (NGO/CBO) for outreach, testing, and facilitating post-test linkages at New Start client-initiated C&T centers co-located with public health facilities; and 10% for USG staff and direct technical assistance (TA) to the MOHCW.

USG support to Zimbabwe's C&T program began in 1999. In FY06, the USG supported validation of test kits and testing algorithms, training, purchase of test kits, establishment of quality assurance and proficiency testing systems, and direct support to 20 New Start VCT centers. USG support was instrumental in development of a new cadre of Primary Care Counselors (PCCs) to address the shortage of nurses and doctors. Additionally, USG support for development of client-centered counseling approaches (which shift emphasis in counseling from pre- to post-test) led to improved client satisfaction with services, strengthened prevention messaging, and better linkages to family planning services. By the end of FY06, a cumulative total of 1.6 million adults had been tested for HIV, with 800,000 people (50%) having accessed C&T services through the USG-funded New Start program.

In FY07, USG continued its support to 20 New Start VCT centers using two different models of service delivery i.e., static and outreach models. In FY07, the New Start program focused on: (1) expanding outreach services, particularly to underserved geographic areas and populations at high risk of HIV infection; (2) quality improvements through refresher training, strengthened supervision, mystery client surveys, and development of 2 sites as centers of excellence and training; and (3) continued strengthening of linkages to post-test services, including New Life programs at 10 New Start centers (see Table 3.3.0.6 HBHC). These sites support the national ART and PMTCT programs to promote positive living, offer positive prevention counseling, and support PLHA groups.

In FY07, USG also continued to support communications and outreach campaigns to increase uptake of C&T including: (1) the "Get Real" campaign, which includes quarterly promotions that target women and youth and promote anti-stigma; and (2) targeting of high-risk populations such as workforces at mines and on commercial farms, migrant workers, the uniformed forces, and commercial sex workers. The program includes social marketing campaigns to promote C&T as an entry point to treatment, care, and secondary prevention interventions, and to promote post-test support services; mobile C&T services; and community mobilization through collaboration with local stakeholders. This program will be expanded to other geographic areas with FY08 funding.

In FY08, the New Start program will continue to cover every district in Zimbabwe with expanded C&T outreach services, and will continue provision of VCT services at 18 static sites (2 sites will be closed in FY08) in urban areas. The FY08 New Start target is to reach 140,000 adults with VCT services. This figure represents about 21% of all individuals tested and counseled in Zimbabwe in FY08, and 3% of the total Zimbabwean adult population.

In FY07, planned USG support to Zimbabwe's military to establish a C&T center moved forward, with a training contract launched and new testing facility established. USG will continue support to military testing in FY08.

In addition to provision of C&T services, in FY08 the USG will fund SCMS to procure rapid test kits towards covering the estimated FY08 needs (620,000 Determine, 620,000 SD Biotline, and 5,000 Oraquick). SCMS will also assist the MOHCW to more accurately quantify HIV rapid test kit requirements. Zimbabwe's program has suffered from a lack of information on test kit consumption, high stock-out rates and expired products. In FY08 USG SCMS and DELIVER partners will collaborate with the national AIDS program to improve delivery of test kits to public sector C&T sites. The national contraceptive commodity delivery system routinely achieves 99% coverage of public sector outlets and maintains stock-out rates below 5%. SCMS and DELIVER will work with the MOHCW to link HIV rapid test kit distribution and reporting to this system. The performance indicator for the system for FY08 will be less than 8% stock-out rate for first level HIV rapid test kits at time of delivery to sites, and for FY09, less than 5% stock-out at time of delivery.

In FY08, through its support for rapid test kit procurement and logistics, as well as TA and training to the national PITC program, the USG expects to reach an indirect/upstream target of 512,000 individuals who are expected to receive C&T through the public sector in FY08. This figure equates to about 10% of Zimbabwe's adult population. Based on the indirect and direct targets, it is estimated that of the total of 662,000 individuals (13% of the adult population) to be tested in FY08, 77% would be receiving the services in health care facilities through PITC, while 23% would access the services through community settings, including the USG-funded client-initiated New Start C&T services.

Wraparounds/Leveraging

UNFPA provided about 150,000 HIV rapid test kits in FY06 and FY07 and is expected to do so in FY08, at a value of about \$120,000. USG and its implementing partners play an instrumental role in the national Testing and Counseling Task Force, which is coordinated by the MOHCW. Anticipated funding from DFID is expected to increase the number of NGO C&T partners and anticipated funding from Global Fund Round 5 would be available to cover additional test kits if needed.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	18
9.3 Number of individuals trained in counseling and testing according to national and international standards	200

9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) 140000

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4087.08	Mechanism: USAID
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 18645.08	Planned Funds: \$300,000
Activity System ID: 18645	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6001.08	Mechanism: USAID/PFSCM/CT(test kit procurement & storage)
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 11891.08	Planned Funds: \$1,500,000
Activity System ID: 18646	
Activity Narrative: Not Required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11891	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11891	11891.07	U.S. Agency for International Development	Partnership for Supply Chain Management	6001	6001.07	USAID/PFSCM S/CT(test kit storage)	\$100,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3934.08	Mechanism: DAO
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 18387.08	Planned Funds: \$20,000
Activity System ID: 18387	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6037.08	Mechanism: USAID/Abt/CT/CSH
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 12035.08	Planned Funds: \$880,000
Activity System ID: 18319	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12035	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28474	12035.2847 4.09	U.S. Agency for International Development	Abt Associates	11644	8176.09	USAID/PSP/AB T	\$780,000
12035	12035.07	U.S. Agency for International Development	Abt Associates	6037	6037.07	USAID/Abt/CT/C SH	\$881,555

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3874.08	Mechanism: CDC/CoAg/MOHCW
Prime Partner: Ministry of Health and Child Welfare, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 6051.08	Planned Funds: \$25,000
Activity System ID: 18325	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11618	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11618	6051.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	5829	3874.07	Co Ag MOHCW	\$25,000
6051	6051.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	3874	3874.06	Co Ag TBA	\$25,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3933.08	Mechanism: CDC - Local
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 6054.08	Planned Funds: \$120,000
Activity System ID: 18346	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11663	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11663	6054.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$117,500
6054	6054.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$722,500

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: \$7,230,000

Percent of Total Funding Planned for Drug Procurement 70%

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Context

Zimbabwe's National ART Program, started in 2004, is designed as a comprehensive care and treatment package of services that addresses medical, social, emotional, and economic needs of People Living with HIV/AIDS (PLHA), and is a complement to prevention interventions. Currently, 77 public health sites (primarily central, provincial, district and mission hospitals) offer ARV services. Out of an estimated 340,000 PLHA needing treatment, as of August 2007, approximately 71,500 persons were on ART. Among children aged 0-14 years, there are an estimated 27,000 new infections annually, 30,000 new AIDS cases each year, and 29,000 AIDS-related deaths occurred in 2005. As of August 2007, 6,243 children were receiving ART. All branches of the military service have ART programs, including a model program in the Air Force, with access for all levels of personnel.

Lack of financial resources, inadequate human resource capacity at all levels and inadequate laboratory services to support ART have been the main factors limiting ARV service expansion. Global Fund Round 1 (GFATM1) did not finance ARV drugs. The drugs were instead to be purchased by the GOZ, supplemented by ad hoc supplies from donors. During the first three quarters of FY07, ART drugs that the GOZ were responsible for were frequently subject to stock-outs, putting 40,000 existing clients at risk nationwide. Given this unacceptable situation, USG collaborated closely with the GFATM CCM and OGAC and in mid-2007 received a commitment from OGAC to provide ARV drugs for 40,000 existing patients for a three-year period. The 4,500 patients in the GFATM1 focus districts are among those covered. The first shipments arrived in early July 2007, pipelines are full, and the 40,000 patients are assured of a continuous supply of life-saving medicines for the near-term.

USG Program

In FY07 the USG initiated ARV procurement in order to "fill in the gaps" in the national ARV program. This approach is consonant with the PEPFAR Zimbabwe 5 Year Strategy. In addition, technical assistance (TA) and training provided by SCMS will significantly strengthen national ARV delivery systems and build Zimbabwean capacity to continue the program when PEPFAR funding ceases. In FY08, outside of USG staff support, funding will be directed to procurement of ARV drugs to sustain 40,000 existing patients on ART, with supportive TA to strengthen ARV logistics and distribution.

The USG commitment for ARV drugs is to provide first-line ARVs to support 40,000 patients from July 2007 through June 2010. These patients are on the following regimens: (1) stavudine + lamivudine+ nevirapine; (2) stavudine + lamivudine + efavirenz; (3) zidovudine + lamivudine + nevirapine; and (4) zidovudine + lamivudine + efavirenz.

To quantify the number of drugs needed to support these patients, the following regimen breakdowns were used: (1) stavudine +

lamivudine+ nevirapine, 90.0% (2) stavudine + lamivudine + efavirenz, 3.0% (3) zidovudine + lamivudine + nevirapine, 5.5%; (4) zidovudine + lamivudine + efavirenz, 1.5%.

This regimen breakdown is based on the June 2006 Logistic Management Information System (LMIS) reports. These percentages were slightly adjusted, decreasing the percentages on stavudine-based regimens, and increasing the percentages on the zidovudine-based regimens, since it is thought that the proportion of patients on the zidovudine-based regimens has been artificially low due to the unavailability of product.

To support these patients, quantities of the following drugs will be procured: (1) d4T(30)/3TC/NVP, Quantity 540,000; (2) d4T (30)/3TC, Quantity: 18,000; (3) ZDV/3TC/NVP, Quantity: 33,000; (4) ZDV/3TC, Quantity: 9,000; (5) EFV, Quantity 9,000.

These drugs will be FDA-approved/tentatively-approved generics, whenever possible and logical. Any FDA-approved/tentatively-approved generics that are not registered in Zimbabwe can still be imported under a Section 75 waiver.

To assure efficient procurement, storage, and distribution of these drugs, the USG will continue to fund SCMS to provide ongoing TA and resource support to the MOHCW AIDS & TB Logistics sub-unit, based at National Pharmaceuticals (NatPharm) which is the national drug warehouse. The eight current staff positions of the Logistics sub-unit are funded through SCMS, as is the HIV/AIDS Logistics focal person based at the MOHCW Department of Pharmacy Services. The Logistics sub-unit manages the supply chain for the national MOHCW ART program, which includes products supplied by the GOZ, USG, Global Fund, the DFID-led Expanded Support Program, the Clinton HIV/AIDS Foundation, European Union (EU) and other donors such as Direct Relief International (DRI). SCMS and NatPharm colleagues utilize tools such as Quantimed and PipeLine to assist in supply chain management. The AIDS & TB Logistics sub-unit, along with the Department of Pharmacy Services, chairs the Procurement and Logistics sub-committee of the ART Partners Forum, one focus of which is donor and partner collaboration and communication. The sub-unit has designed a new logistics system, which will be implemented in late 2007, through the development of standard operating procedures, site trainings, and ongoing distribution.

SCMS through its support to the Logistics sub-unit of the MOHCW AIDS & TB program provides support to the steps in the procurement cycle as follows:

- (1) Product Selection: The sub-unit reviews national treatment guidelines, offers logistics considerations of choosing products, and works to minimize pack size proliferation
- (2) Forecasting/Quantification: The sub-unit conducts quarterly updates of quantifications for ARV drugs, HIV test kits, cotrimoxazole, and fluconazole.
- (3) Procurement: The sub-unit prepares procurement plans for all USG funded products; Assists other partners and donors in the development of their procurement plans; highlights any supply gaps and mobilizes resources to fill these gaps.
- (4) Warehousing and distribution: The sub-unit is based at NatPharm, where all MOHCW HIV & AIDS commodities are stored. The sub-unit is supporting NatPharm with the national distribution of ARV drugs and OI drugs by providing delivery trucks, fuel and maintenance, drivers, and per diem.
- (5) Logistics Management Information System: The sub-unit manages the national LMIS. Information generated by the LMIS (patient, consumption, and stock on hand data) is used for informed decision-making.
- (6) Capacity Building: The sub-unit has been trained in logistics, inventory management, and warehousing. The sub-unit will conduct system-specific trainings on logistics for all ART sites.

Wraparounds/Leveraging

GFATM5 will support 22 districts, and – when it is able to disburse funds - is planning to support the current 7,000 patients started under GFATM1 and add 15,000 new patients in the coming years. The Expanded Support Program led by DFID will support 10,000 current patients and 16,000 new patients in the 14 districts in which it works. The Médecins Sans Frontières of Spain, Luxembourg and Holland together support about 10,000 patients. DRI has committed to supporting the majority of the national needs for patients on ZDV+3TC+NVP if the GOZ agrees to accept the donations. The World Health Organization (WHO) does ad hoc procurements, most recently in July 2007, for 14,000 bottles of d4T30/3TC/NVP. The EU plans to bring in a one-time shipment in FY08 of 52,000 bottles of d4T30/3TC/NVP.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 6030.08	Mechanism: USAID/PFSCM/ARV drugs
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 12027.08	Planned Funds: \$4,000,000
Activity System ID: 18330	

Activity Narrative: Not Required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12027

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12027	12027.07	U.S. Agency for International Development	Partnership for Supply Chain Management	6030	6030.07	USAID/PFSCM S/ARV drugs	\$825,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 8143.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 18648.08

Activity System ID: 18648

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: USAID/PFSCM/ARV Drugs/GHAI

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Planned Funds: \$3,230,000

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$1,152,500

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Program Context

Zimbabwe's National ART Program, started in 2004, is designed as a comprehensive care and treatment package of services that addresses medical, social, emotional, and economic needs of People Living with HIV/AIDS (PLHA), and is a complement to prevention interventions. Currently, 77 public health sites (primarily central, provincial, district and mission hospitals) offer ARV services. Out of an estimated 340,000 PLHA needing treatment, as of August 2007, approximately 71,500 persons were on ART. Among children aged 0-14 years, there are an estimated 27,000 new infections annually, 30,000 new AIDS cases each year, and 29,000 AIDS-related deaths occurred in 2005. As of August 2007, 6,243 children were receiving ART. All branches of the military service have ART programs, including a model program in the Air Force, with access for all levels of personnel.

National capacity for scale-up of ART has been built through development of a National ART Strategy, national ART guidelines, opportunistic infection (OI) clinic model for service delivery, national OI/ART trainings for providers, site assessment and registration system, and addition of a new health care worker cadre, the primary care counselor (PCC), to support ART counseling needs. Lack of financial resources, inadequate human resource capacity at all levels and inadequate laboratory services to support ART have been the main factors limiting ARV service expansion.

In FY06 the MOCHW designated 11 "learning sites" throughout the country as pilot sites for pediatric ARV services. This number quickly expanded to 23 sites by the end of FY07. Also in FY06, MOHCW conducted training of healthcare workers at the pilot sites.

USG Program

Through technical support and leveraging, USG continues to pursue the approach to ART services outlined in the PEPFAR Zimbabwe 5 Year Strategy of systems strengthening, development of models and tools, and capacity building, to leverage other donor investments to support ART scale-up. In FY08, outside of USG staff support, funding will be directed to provision of technical assistance (TA) and training to support ART scale-up by the MOHCW and its church-related partners, with modest funding for training and certification of private physicians in ART.

Achievements in FY07 include: (1) Development and pilot-testing of support tools for primary care counselors to promote treatment adherence, which MOHCW is rolling out nationwide; (2) Development of a pediatric treatment curriculum for healthcare workers in collaboration with the HIV and AIDS Quality of Care Initiative (HAQOCI), EGPAF, and pediatricians from the Pediatric Association of Zimbabwe, GOZ, and University of Zimbabwe; (3) Recruitment of two HIV commodity logistics advisors, now based at and providing full support to the MOHCW AIDS & TB logistics unit; (4) TA in developing standard operating procedures to guide decentralization in both a large urban setting (Harare City) and a rural setting (Mazowe District); (5) Training in OI/ART management for 170 clinic and health center HIV care & ART providers with 110 providers trained in Mazowe district and 60 providers trained in Harare City; and (6) Mobile clinic support for Tariro HIV care & ART clinic at Howard Hospital to deliver HIV care & ART services to 6 decentralized sites (5 rural health centers and 1 hospital) per month.

With FY08 funds, USG will: (1) Continue to provide TA to the MOHCW to sustain access to ARV services in the country; (2) Provide ongoing TA to MOHCW, in collaboration with HAQOCI and/or SCMS, for development of provincial supervisory support teams and to scale up training of health care workers for ART/OI service delivery; (3) Strengthen laboratory capacity (see Table 3.3.0.12); (4) Collaborate with MOHCW and other bilateral partners to support the logistic team to strengthen the management systems for HIV/AIDS commodities (see Table 3.3.0.10); (5) Provide technical support to MOHCW to strengthen the current M&E system and develop electronic medical records for referral/decentralized follow-up systems (see Table 3.3.0.13); (6) Provide technical support for development and use of ART policies including pediatric ART; and (7) Provide ongoing assistance to train private health workers to improve the quality of HIV/AIDS care and treatment in the private sector.

Table 3.3.10 for ARV Drugs describes the rationale for USG procurement of drugs to support 40,000 PLHA in FY07-FY09. USG does not anticipate providing any specialized treatment services for these patients beyond the support to national level scale-up summarized above, including patient tracking as part of ongoing assistance to the MOHCW for electronic records management.

Wraparounds/Leveraging

Primary sources of funding for ARV services to date are the GOZ health budget, the National AIDS Levy, Médecins Sans Frontières, the Clinton HIV/AIDS Foundation, the USG, and Global Fund Round 1 (GFATM1 for 5 districts). A significant portion of the US\$63 million GFATM5 funding is allocated to scale-up of ARV services in 22 districts. Additionally, DFID will contribute approximately \$53 million over 3 years to UN agencies to support comprehensive service delivery, including ART, in 14 additional districts. Combined, these programs support ART sites in approximately half of the country. The DFID and GFATM5 programs seek primarily to establish new treatment sites, with minimal support to existing sites or national systems. EU has indicated plans to fund the purchase of ARV drugs, but has not specified a time frame.

USG provides technical guidance to GFATM, DFID, UN, and Clinton HIV/AIDS Foundation programs in planning and implementation to support quality assurance, quality standards, and quality of care in roll-out of ARV services. USG also helps to ensure coordination among partners and to promote linkages between prevention, care and treatment programs through its active participation in the Care and Treatment Partners' Forum (MOHCW-led), Expanded Theme Group on AIDS (NAC and UN-led), and GFATM CCM.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	0
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	200
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	40000

11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	40000
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	2320

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 6003.08	Mechanism: USAID/PFSCM/ARV Services (clinical services TA)
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 11691.08	Planned Funds: \$500,000
Activity System ID: 18652	
Activity Narrative: Not Required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11691	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28482	11691.2848 2.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11649	6003.09	USAID/ART Procurement/PF SCM	\$4,000,000
28481	11691.2848 1.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11649	6003.09	USAID/ART Procurement/PF SCM	\$1,500,000
28480	11691.2848 0.09	U.S. Agency for International Development	Partnership for Supply Chain Management	11649	6003.09	USAID/ART Procurement/PF SCM	\$500,000
11691	11691.07	U.S. Agency for International Development	Partnership for Supply Chain Management	6003	6003.07	USAID/PFSCM S/ARV Services (clinical services TA)	\$2,061,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3933.08	Mechanism: CDC - Local
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 6072.08	Planned Funds: \$170,000
Activity System ID: 18347	

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11664

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28342	6072.28342.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11607	3933.09	CDC - TA	\$127,885
11664	6072.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$245,000
6072	6072.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$245,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3932.08

Mechanism: CDC - HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 6071.08

Planned Funds: \$257,500

Activity System ID: 18337

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11654

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11654	6071.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$332,500
6071	6071.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$332,500

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3874.08	Mechanism: CDC/CoAg/MOHCW
Prime Partner: Ministry of Health and Child Welfare, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 6065.08	Planned Funds: \$85,000
Activity System ID: 18326	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11619	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28337	6065.28337.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	11606	3874.09	CDC/COAG/MOHCW	\$40,000
11619	6065.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	5829	3874.07	Co Ag MOHCW	\$100,000
6065	6065.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	3874	3874.06	Co Ag TBA	\$100,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3906.08	Mechanism: CDC/CoAg/HAQOCI
Prime Partner: University of Zimbabwe, HIV/AIDS Quality of Care Initiative	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 6066.08	Planned Funds: \$50,000
Activity System ID: 18312	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11638	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28233	6066.28233.09	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, HIV/AIDS Quality of Care Initiative	11562	3906.09	CDC/COAG/HA QOCI	\$25,000
6066	6066.06	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, Clinical Epidemiol	3906	3906.06	Co Ag TBA	\$50,000

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$555,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Context

Laboratory services are an integral part of the Zimbabwe healthcare delivery system and play a pivotal role in its HIV/AIDS healthcare plan to support prevention, treatment, and care programs. MOHCW is the largest provider of diagnostic medical laboratory services from district to central levels of healthcare. These laboratories operate as a network of 61 district, 7 provincial, 5 central and 2 reference laboratories, the National Microbiology Reference Laboratory (NMRL) and the National TB Reference Laboratory (NTBRL). An additional 1,200 health centers offer limited lab testing. Zimbabwe Association of Church Hospitals (ZACH) also provides lab services at the rural hospital level and 14 of the ZACH hospitals are recognized district hospitals.

Human resources are critical for the lab service delivery system but, due to the economic crisis, Zimbabwe has been severely affected by a brain drain of its qualified health workers. Vacancy rates are currently 48% for lab scientists and this has adversely affected service delivery. In response to the human resource crisis, in 2007 the MOHCW introduced new cadres to the system and embarked on redefining core competencies and task shifting. Microscopist, State Certified Medical laboratory technician and Bachelors of Science supplementary training programs were introduced. The impact of these interventions will not be fully realized until 2008 at the earliest.

Zimbabwe has achieved ongoing successes in laboratory systems including the successful national roll-out of rapid HIV testing to 547 sites; revision of the standard HIV test training package; expansion of CD4 capacity; evaluation and adoption of more cost-effective CD4 testing technologies; and international accreditation of Zimbabwe National Quality Assurance Program (ZINQAP). Currently, 28 sites in the public health system and 10 in the private sector offer CD4 testing services and participate in an external proficiency testing (PT) program through ZINQAP.

USG Program

USG's laboratory strengthening program conforms to the PEPFAR Zimbabwe 5 Year Strategy and focuses on national lab systems strengthening and capacity building so that systems can be sustained over time.

USG support currently focuses on: (1) Strengthening the national lab directorate as a policy coordination and planning body; (2) development of the NMRL and the NTBRL for national quality assurance, support for advanced HIV technologies, and trainings; (3) improvement of national proficiency testing systems and quality systems through technical and financial support to ZINQAP; (4) Support to the laboratory technology training schools; (5) improvement of networking and national laboratory management capacity through a national lab network and training; (6) national roll-out of rapid HIV testing; and (7) improvement of clinical laboratory services through revision of standard operating procedure manuals and procurement of equipment and supplies.

Inadequate human resources and lab technical skills along with shortage of equipment and reagent supplies remain key

constraints to HIV/AIDS service delivery. With FY08 funds, USG will continue its support to build capacity of the national lab system with emphasis on the following areas:

- (1) Improvements in quality of lab testing: USG will continue its support to increase utilization of proficiency testing schemes by clinical labs for CD4 testing, update and implement operating procedures, standards, and quality systems with the new ZINQAP, NMRL, and NTBRL.
- (2) Training: USG will support the MOHCW in training for 3 new cadres of laboratorians to meet critical human resource demands, i.e., a 6-month course for TB/HIV microscopists, a 2-year supplementary upgrade course for non-lab Bachelor's of Science, and an 18-month State Certified Medical Laboratory Technician course.
- (3) Strengthening policy, leadership, and management capacity: A national Director of Laboratory Services was appointed and a management structure is still evolving. USG will continue to provide support to the Director's office for revision and dissemination of national policies and guidelines, and development of strategic plans so that the directorate can effectively coordinate the laboratory services.
- (4) Procurement of equipment and supplies: USG will continue support for the procurement of rapid HIV tests for the national Counseling and Testing program (see Table 3.3.0.09) and of laboratory equipment (CD4, hematology, chemistry) for additional ART public sector sites which will be chosen based on need in conjunction with the Lab Director and national ART coordinator to fill gaps; and basic inputs for the Reference Laboratories. In addition USG will provide limited quantities of reagents and supplies for CD4, hematology, and chemistry reagents to support the ART program and for surveillance.
- (5) Strengthening laboratory information systems: USG will assist MOHCW to develop an M&E system for provincial laboratories to provide basic utilization information for policy and planning; and fund implementation of a Laboratory Information System for the NMRL.
- (6) HIV Surveillance: USG will continue its support to the NMRL for performance of national ANC HIV surveillance testing including incidence testing.
- (7) Infant diagnostics: USG will support the NMRL for validation and evaluation of critical new technologies for infant diagnostics and more cost-effective CD4 testing technologies.

In FY08, 600 GOZ labs that are provided with technical assistance by ZINQAP will have the capacity to perform HIV tests. Similarly, 56 labs will be able to perform CD4 tests and 62 will perform lymphocyte tests. With this support, 800,000 HIV tests, 400,000 TB diagnostics and 360,000 HIV disease monitoring tests will be performed in these labs, reflecting indirect targets to be reached with USG funding.

Wraparounds/Leveraging

The main support for laboratory activities is from GOZ, Global Fund Round 1 (GFATM1 - 12 districts), GFATM5 - 22 districts, DFID-led Extended Sector Program (ESP - 16 districts), World Bank LICAS (training schools), EU (training schools) and USG (broad system strengthening). Limited and site-specific laboratory support also is provided by NGOs including Médecins Sans Frontières and Italian Cooperation. Given USG's close relationship with MOHCW and familiarity with national lab systems, USG provides extensive technical support to MOHCW in planning and coordinating lab services and to GFATM and other donors planning for lab procurement and training and incorporation of laboratory planning into national roll-out strategies. USG personnel are active members of Zimbabwe GFATM CCM's technical writing teams. USG contributes to rational leveraging of funds; total support (kits, equipment, training) leveraged for laboratory services over the past 2 years is approximately \$14 million with GFATM being the largest partner contributing approximately 75% of the total funds.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10
12.2 Number of individuals trained in the provision of laboratory-related activities	1000
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3874.08	Mechanism: CDC/CoAg/MOHCW
Prime Partner: Ministry of Health and Child Welfare, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 5964.08	Planned Funds: \$105,000
Activity System ID: 18327	

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11615

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28338	5964.28338.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	11606	3874.09	CDC/COAG/MO HCW	\$100,000
11615	5964.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	5829	3874.07	Co Ag MOHCW	\$120,000
5964	5964.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	3874	3874.06	Co Ag TBA	\$120,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3932.08

Mechanism: CDC - HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 5973.08

Planned Funds: \$80,000

Activity System ID: 18338

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11649

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11649	5973.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$180,000
5973	5973.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$135,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3933.08 **Mechanism:** CDC - Local
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 5974.08 **Planned Funds:** \$160,000
Activity System ID: 18348
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11658
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28343	5974.28343.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11607	3933.09	CDC - TA	\$1,162,228
11658	5974.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$260,648
5974	5974.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$210,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9764.08 **Mechanism:** N/A
Prime Partner: Zimbabwe National Quality Assurance Programme **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 22694.08 **Planned Funds:** \$210,000
Activity System ID: 22694
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: \$847,500

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Context

USG has a well-developed and ongoing strategic information program built upon a strong commitment to the “Three Ones” and to coordinating SI activities among all key stakeholders in Zimbabwe. USG works directly with the MOHCW and plays a leading role in providing technical assistance (TA) in the design and development of health management information systems, including those for monitoring, evaluation, and logistics.

In FY07 USG recruited an SI liaison to oversee the monitoring and reporting of PEPFAR indicators. Harmonization of the various databases used by USG agencies for PEPFAR planning and reporting will be a key priority for the new SI liaison.

USG Program

USG’s Strategic Information program is built around the PEPFAR Zimbabwe 5 Year Strategy and maintains the strategy’s 3-pronged approach of: (1) systems strengthening; (2) development of tools and models for broad use; and (3) building the capacity of local organizations to implement successful systems. USG is involved in several major, ongoing strategic information initiatives. Since 2000, the USG has supported routine sentinel Antenatal Clinic (ANC) surveillance by providing extensive technical support, purchase of necessary commodities, logistics planning and data analysis. USG involvement in ANC surveys helps ensure that reliable trend data on HIV prevalence are available. As part of the 2006 ANC survey, which for the first time describes current transmission of drug resistant HIV strains, the impact of increasing ARV coverage on transmission has been revealed. The next ANC survey is scheduled for FY08. Participation in population-based surveys has seen the USG leading the effort to carry out an extended analysis of the Demographic and Health Survey (ZDHS+) 2005-06, in collaboration with the MOHCW, UN agencies, DFID and NGOs; planned completion of this project is by FY2009. Results of the extended analysis will serve as a framework for planning for a Young Adult Survey, expected to start in FY08 and continue in FY09. Other surveillance activities supported by the USG are the 2006 Drug Resistance Tracking Survey (DRTS) whose samples are awaiting analysis and the 2007 National Estimates which is yet to be analyzed and the report completed.

USG provides extensive TA directly to the Monitoring & Evaluation (M&E) department at the National AIDS Council (NAC) for strengthening the National M&E System. In FY07, USG provided contract support, hardware (computers, printers and telecommunications equipment), and networking technology. Specific FY07 accomplishments include support for the development, piloting, and rolling out of the Country Response Information System (CRIS) which is poised to become the new National M&E System. An electronic medical health record project is also underway to support patient care and information-gathering at USG-supported ART clinics. Data collected by these systems allows USG partners to better manage their programs.

In FY07 USG continued to provide expertise in surveillance and IT to MOHCW to support national SI capacity. This fills critical gaps that have been left by the exodus of experienced and qualified professionals due to Zimbabwe’s difficult social and economic situation. The surveillance position is responsible for coordinating all ANC surveys, National Estimates, DHS, DRTS and other routine M&E and surveillance activities in the MOHCW. The IT position provides the routine IT support needs of the MOHCW AIDS & TB Unit. USG also supports the Center for Evaluation of Public Health Interventions (CEPHI) at the University of Zimbabwe, which supplies expertise for M&E activities throughout the health sector to build long-term capacity for M&E. A large computer training center at the university’s Health Information Unit, which USG helped build and jointly maintains with other donors, hosts M&E workshops and other trainings.

USG undertook a data quality assessment in FY07 that found reliability, timeliness, precision, integrity, and data verification for PEPFAR indicator monitoring in USAID programs was sound. The analysis yielded recommendations on: the “individuals trained” indicator, as some proxies used were resulting in underreporting; improving clarity on what “individuals reached” means; and improved organization of sub-grantee data. FY08 targets account for the recommended improvements. In FY08, USG plans to review data quality plans for other PEPFAR Zimbabwe partners to ensure that all data definitions and analysis are harmonized.

With FY08 funding, USG will maintain its assistance to NAC and other partners to strengthen the National M&E System. Focus areas for FY08 include: (1) Completing the 2006 ANC survey report and analyzing the results of the survey and then planning the 2008 ANC survey and the national Young Adult Survey which is scheduled for FY09; (2) Launching the ZDHS+ 2005-06 survey report and proceeding with an extended analysis of the survey in conjunction with MOHCW, UN agencies, DFID and NGOs; (3) Implementation and evaluation of a laboratory information system for the National Microbiology Reference Laboratory (NMRL); (4) Piloting an electronic health record system through MOHCW in partnership with selected hospitals, HAQOCI, MSF and Harare City - results from pilot will inform planning of national systems; (5) Assistance to MOHCW and NAC to transfer from the current proprietary data system to CRIS to ensure its full use for reporting; (6) Completion of the roll-out of the GFATM CCM website and

turning it over for use by all partners; (7) Training of 60 military personnel, through Zimbabwe Institute of Public Administration and Management (ZIPAM), in Health Information Systems Management, HIV/AIDS at the Workplace, and HIV/AIDS Research Approaches; and (8) Completing a report of modeling workshops which describe the impact of four interventions (PMTCT, VCT, ART monitoring and MC) on the HIV epidemic in Zimbabwe. USG will also continue to work closely with NIH sponsored researchers and institutions to ensure coordination with USG goals.

In FY08, through its support to indigenous organizations for M&E and HMIS activities, as well as TA and training to the military and the national structures, USG projects a combined direct/indirect target of 300 people trained in HMIS, estimation and modeling and epidemic projections with NAC having taken over M&E Systems training.

Wraparounds/Leveraging

NAC manages Strategic Information (SI) systems for the national HIV/AIDS program while their implementation is the collaborative effort of stakeholders which include MOHCW, NAC, GFATM, several UN agencies, national laboratories, standards organizations, hospitals, NGOs, and other implementing partners. USG serves on all major SI coordinating bodies and committees, some of them being National Taskforce on M&E, ZDHS Technical Review Committee, and ANC Technical Review Committee. Such participation provides opportunities for USG to contribute to policy and program activities affecting all aspects of HIV/AIDS strategic information and to leverage funding for SI from GFATM, the UN system, DFID and the Zimbabwe national AIDS levy. Additionally, USG has extensive involvement with managing information and information resources for the GFATM CCM and is developing a website to facilitate information sharing and communication among CCM members. Starting in 2008, Zimbabwe will be required to report national-level M&E data to UNAIDS using CRIS. USG participates on the committee for the use of CRIS for national reporting and currently provides support for the exchange of data between the national M&E system and CRIS.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	24
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	190

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4087.08	Mechanism: USAID
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 6532.08	Planned Funds: \$41,000
Activity System ID: 18331	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11641	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28359	6532.28359.09	U.S. Agency for International Development	US Agency for International Development	11613	4087.09	USAID - TA	\$154,775
11641	6532.07	U.S. Agency for International Development	US Agency for International Development	5838	4087.07		\$150,000
6532	6532.06	U.S. Agency for International Development	US Agency for International Development	3937	3937.06		\$300,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3934.08	Mechanism: DAO
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 18483.08	Planned Funds: \$30,000
Activity System ID: 18483	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3933.08	Mechanism: CDC - Local
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 6082.08	Planned Funds: \$330,000
Activity System ID: 18349	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11665	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28344	6082.28344.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11607	3933.09	CDC - TA	\$461,913
11665	6082.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$567,750
6082	6082.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$296,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3932.08	Mechanism: CDC - HQ
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 6083.08	Planned Funds: \$206,500
Activity System ID: 18339	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11655	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11655	6083.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$270,250
6083	6083.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$270,250

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3874.08	Mechanism: CDC/CoAg/MOHCW
Prime Partner: Ministry of Health and Child Welfare, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 6079.08	Planned Funds: \$75,000
Activity System ID: 18328	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11620	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28339	6079.28339.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	11606	3874.09	CDC/COAG/MO HCW	\$69,000
11620	6079.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	5829	3874.07	Co Ag MOHCW	\$75,000
6079	6079.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	3874	3874.06	Co Ag TBA	\$75,000

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$1,530,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Context

Zimbabwe's health care system was functioning well and human resource capacity was one of the highest in Africa through the 1980s to mid-1990s. However, even at its strongest, the infrastructure was overwhelmed by the HIV epidemic and the explosion of TB. Recent political and economic crises have caused a rapid decline in the infrastructure, including a 'brain drain' of highly qualified Zimbabweans, and a 'donor drain' of key contributors that had invested heavily in infrastructure maintenance. Health service delivery faces a degraded health information system, a limited-functioning commodity logistics system, outdated laboratory infrastructure, massive migration of health sector and other qualified Zimbabweans out of the country, and the inability to retain the staff needed to fill vacancies. The lack of qualified personnel, and inability to retain and keep those who stay healthy, affects the public and private sectors in health and in all parts of the economy.

USG Program

USG's other health policy and systems strengthening program conforms to the PEPFAR Zimbabwe 5 Year Strategy and focuses on human and organizational capacity building of Zimbabwean citizens and local non-governmental, faith-based and community-based organizations (NGO/FBO/CBO). In FY08, about one-third of USG funding will go to capacity building of Zimbabwean NGO/FBO/CBO under the Partnership Project and over 10% for support to the University of Zimbabwe for a Masters in Public Health (MPH) program; modest funding to strengthen media outreach and exchanges on HIV/AIDS; and the balance for technical assistance (TA) and training in a range of policy and human capacity-related spheres.

The USG team and partners will continue to play key technical leadership roles on national forums addressing policies, systems, and strategies for HIV programs. In FY08, USG will also target its resources to specifically build capacity among: 1) individuals to fill gaps in HIV expertise and long-term leadership for the HIV response; 2) implementing organizations to plan, implement, and manage funds for effective HIV programs; 3) local organizations of national scope and importance to provide sustained leadership and expertise in the HIV response; 4) journalists and individuals in the cultural and education sectors to enhance their skills in reporting and communicating; and 5) national systems and structures critical to HIV service delivery.

To strengthen human resource capacity, USG supports the development and updating of national human resource policies, training and performance improvement programs and supervision systems to improve USG programs in rapid testing, PMTCT, adult and pediatric OI/ART for the public and private sector. In FY08, USG will support the GOZ to expand new cadres of health care workers, rationalize commodities and logistics management, and implement provider-initiated testing and counseling (PITC). USG will also provide targeted support to two MPH programs at the University of Zimbabwe, training approximately 50 students

each year, specifically focused on developing core competencies in HIV and linking these competencies to in-service training.

To strengthen media outreach on HIV and AIDS activities, in FY08 USG will develop mechanisms for empowering journalists and individuals in the cultural and education sectors to enhance their skills in reporting and communicating HIV and AIDS issues. USG will collaborate with counterparts in Lusaka and Pretoria to replicate in Zimbabwe their regular seminars that train local partners on how to gain newspaper, radio and television coverage of their program. USG will also create venues for discussions by visiting HIV/AIDS professionals aimed at the larger non-scientific audience, especially policy makers and journalists. USG will invite speakers already in the region, where possible, to speak in these forums and develop outreach programs for them in Zimbabwe.

USG will develop and execute public diplomacy initiatives aimed at promoting the sharing of knowledge and skills between Zimbabweans and their counterparts in the United States. USG will continue support to the annual Auxillia Chimusoro Awards that recognize champions in the national response to HIV/AIDS, and will enhance this and similar initiatives and their profile in the media and their public standing locally and abroad. For example, through the Ryan White Corner in Harare, USG will host art and poster exhibitions and film shows from USG-affiliated groups for public consumption. USG will purchase and maintain for circulation a comprehensive collection of works on HIV/AIDS, including fiction and pedagogic materials for youth, as well as a full range of writings and multimedia materials for general and specialized audiences.

In FY08, USG will also build the organizational and technical capacity of an estimated 30 local NGOs and FBOs to manage funds and deliver required results. In FY08 the Partnership Project will deliver capacity-building support to all their grantees and sub partners in accordance with capacity-development plans developed by the grantees at a Compliance, Reporting and Capacity-building workshop in August 2007. Modalities for capacity-building of local partners and sub-partners include: training workshops; compliance and reporting site visits; mentoring, coaching and staff exchanges; access to short courses or other technical training; networking and organization development interventions. Capacity building assistance will be delivered by Partnership Project technical, administrative and financial management staff; sub-partner PricewaterhouseCoopers, by a local (to be selected) capacity-building organization, and through utilizing grantee expertise to help one another.

The Partnership Project will also continue working with MOHCW to finalize the National HIV Testing and Counseling Strategic and Implementation Plan. This framework will further provide policy and strategic guidance as the Ministry scales up PITC as part and parcel of standard health care delivery in health facilities in the public, private, mission and NGO sectors. The Partnership Project will provide further technical support to the MOHCW in finalizing and disseminating the National HIV/AIDS Communications Framework and Strategic Plan linking prevention and HIV/AIDS services across the different program areas such as: C&T, PMTCT and pediatric care, ART, OI, care and support, condom promotion and behavior change.

In FY08, USG will continue to strengthen key organizations of national importance including: MOHCW to scale-up HIV programs including implementation of provider-initiated testing; University of Zimbabwe Clinical and Epidemiological Department's HIV/AIDS Quality of Care Initiative (HAQOCI) to develop standards, curricula, and quality assessments for HIV care and treatment (including home-based care), and the Zimbabwe Association of Church-related Hospitals (ZACH) to promote networking and excellence in care among mission hospitals. USG will continue working with the successful applicants, under two new assistance instruments launched in late FY07, for work focused on FBOs and networks and for excellence in monitoring and evaluating the response to the epidemic in Zimbabwe. USG is also supporting NAC as it transitions to an internationally recognized reporting system, CRIS, and the MOHCW in its efforts to establish uniform reporting of HIV health events at the district level.

Wraparounds/Leveraging

In FY08, USG is leveraging DFID wraparound funds to support Partnership Project grantees and enable them to implement broad-based HIV/AIDS prevention, care and support programs.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	21
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	51
14.3 Number of individuals trained in HIV-related policy development	0
14.4 Number of individuals trained in HIV-related institutional capacity building	100
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	35
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3874.08	Mechanism: CDC/CoAg/MOHCW
Prime Partner: Ministry of Health and Child Welfare, Zimbabwe	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14

Activity ID: 6084.08

Planned Funds: \$55,000

Activity System ID: 18329

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11621

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28340	6084.28340.09	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	11606	3874.09	CDC/COAG/MO HCW	\$65,000
11621	6084.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	5829	3874.07	Co Ag MOHCW	\$55,000
6084	6084.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Child Welfare, Zimbabwe	3874	3874.06	Co Ag TBA	\$55,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3906.08

Mechanism: CDC/CoAg/HAQOCI

Prime Partner: University of Zimbabwe, HIV/AIDS Quality of Care Initiative

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 6085.08

Planned Funds: \$50,000

Activity System ID: 18313

Activity Narrative: Not required

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11639

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28234	6085.28234.09	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, HIV/AIDS Quality of Care Initiative	11562	3906.09	CDC/COAG/HA QOCI	\$250,000
6085	6085.06	HHS/Centers for Disease Control & Prevention	University of Zimbabwe, Clinical Epidemiol	3906	3906.06	Co Ag TBA	\$50,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6039.08	Mechanism: USAID/Abt/Policy/CSH
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 12038.08	Planned Funds: \$450,000
Activity System ID: 18320	
Activity Narrative: Not Required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 12038	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28475	12038.28475.09	U.S. Agency for International Development	Abt Associates	11644	8176.09	USAID/PSP/ABT	\$300,000
12038	12038.07	U.S. Agency for International Development	Abt Associates	6039	6039.07	USAID/Abt/Policy/CSH	\$451,958

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3932.08	Mechanism: CDC - HQ
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 6094.08	Planned Funds: \$345,000
Activity System ID: 18340	
Activity Narrative: Not required	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11656	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11656	6094.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$418,750
6094	6094.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$418,750

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3933.08
Mechanism: CDC - Local
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 6095.08
Planned Funds: \$335,000
Activity System ID: 18350
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11666
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28345	6095.28345.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11607	3933.09	CDC - TA	\$1,638,089
11666	6095.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$406,000
6095	6095.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$451,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8243.08
Mechanism: USAID/CASU
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS
Activity ID: 18773.08
Activity System ID: 18773
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 14
Planned Funds: \$0

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8243.08
Prime Partner: US Agency for International Development
Funding Source: GHCS (USAID)
Budget Code: OHPS
Activity ID: 19439.08
Activity System ID: 19439
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: USAID/CASU
USG Agency: U.S. Agency for International Development
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$0

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8172.08
Prime Partner: US Department of State
Funding Source: GHCS (State)
Budget Code: OHPS
Activity ID: 18662.08
Activity System ID: 18662
Activity Narrative: Not required
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: PAS (Public Affairs Section)
USG Agency: Department of State / African Affairs
Program Area: Other/Policy Analysis and System Strengthening
Program Area Code: 14
Planned Funds: \$50,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3906.08	Mechanism: CDC/CoAg/HAQOCI
Prime Partner: University of Zimbabwe, HIV/AIDS Quality of Care Initiative	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 21663.08	Planned Funds: \$195,000
Activity System ID: 21663	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$1,474,100

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The USG team in Zimbabwe comprises: US Department of Health and Human Resources (HHS) Centers for Disease Control (CDC); US Agency for International Development (USAID); US Department of Defense – Defense Attaché Office (DAO); and US Department of State – Public Affairs Section (PAS). The HHS National Institutes of Health (NIH) have headquarters funding for Zimbabwe but do not participate actively in PEPFAR planning or management at post.

The USG PEPFAR team in Zimbabwe consists of a seasoned group of skilled professionals with numerous years of experience working in HIV/AIDS in the US, Zimbabwe, and other countries. The team is recognized by the broader HIV community in Zimbabwe for its leadership and cutting-edge technical skills. This staff background enhances the USG's ability to implement the PEPFAR Zimbabwe 5 Year Strategy to strengthen national systems, develop and test new program models that can be brought to national scale through leveraging of other donor support, and build national human capacity. As shown in Tables 3.3.1 - 3.3.14 of this COP, for FY08 the team has successfully leveraged funds exceeding a 1:1 ratio, thus fulfilling the "catalytic leveraging" scenario of the 5 Year Strategy.

CDC Zimbabwe office comprises a staff of 17 technical and 21 administrative staff, in addition to the Director (vacant through FY07, to be filled in FY08) and Deputy Director. There are 4 direct hires (Director, Deputy Director, Chief for Strategic and Health Information Systems and Surveillance Officer), 4 consultants, and 30 Locally Engaged Staff. CDC brings to the PEPFAR Zimbabwe team technical expertise in behavior change communications, palliative care (basic and TB/HIV), ART treatment services, laboratory strengthening, strategic information, surveillance, policy, and human capacity development.

USAID's HIV/AIDS office in Zimbabwe includes 2 US direct hire limited appointment staff, 1 Cooperative Assistance Support Unit (CASU) position, 1 medical doctor, 1 strategic information specialist, and 2 support staff. USAID brings to the PEPFAR Zimbabwe team technical expertise in PMTCT, ABC prevention, OVC, C&T, ART drugs and logistics, strategic information, policy, and organizational capacity development. In FY08, USAID will add an additional M&E specialist to assure adequate reporting on the growing PEPFAR portfolio. The HIV/AIDS office staff is supported by a financial analyst (55% time), project development officer (50% time) and driver from the broader USAID staff.

Both DOD and PAS manage their HIV/AIDS activities through staff funded by their respective agencies, estimated at 10%-25% time. DOD supports the Zimbabwe military in C&T and strategic information, and PAS provides media outreach and positioning for the overall program.

In fourth quarter FY07 the team collaborated on the initial steps in its staffing for results (SFR) implementation plan. Zimbabwe currently does not have a full-time PEPFAR coordinator due to the small size of the program but, more importantly, because of the benefits of maintaining the cohesive team of USAID HIV/AIDS Team Leader and the CDC Country Director as co-coordinators for PEPFAR. Under their leadership, the team completed a preliminary functional mapping of the existing technical and management strengths which is reflected in the staffing spreadsheet in Appendix II, and developed its preliminary functional staffing chart, also included in Appendix II.

Based on these tools, the team identified a preliminary set of interagency technical committees that are expected to improve communication and collaboration, ultimately improving program effectiveness and impact. The committees are: PMTCT, ABC prevention, VCT, OVC, Care & Treatment, SI, and Management. Management will cover activities in the OHPS program area. (The team recognizes that the Care & Treatment committee will have broad coverage; given the limited number of staff involved, it did not seem useful to set up separate "care," "treatment," and "labs" committees for the same people.)

At the present time, the team expects that members of the committees will have informal information sharing meetings prior to a first set of joint portfolio reviews in November, as data for the Annual Performance Review become available. These first formal meetings will set the stage for additional collaborative work. The teams also plan to hold joint portfolio reviews in April/May, to gear up for a more harmonized FY09 COP development calendar.

The entire PEPFAR Zimbabwe team reviewed the functional plan during a presentation in late August 2007. The leadership team presented the preliminary plan to the Deputy Chief of Mission in late August 2007, and received her endorsement.

Next steps will include planning the first joint portfolio reviews and developing tools and formats to make them as collaborative as possible. The experience of the first joint reviews is expected to provide evidentiary experience on which to improve the process for the spring semi-annual reviews and COP development.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 4087.08	Mechanism: USAID
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 6100.08	Planned Funds: \$0

Activity System ID: 18332

Activity Narrative: Noted on April 23, 2008: Reprogrammed for rescission to GHCS-USAID funding.

The USAID HIV/AIDS Team Leader is a USDH-L and is paid by operating expenses. All other USAID members of staff working more than 10% time on PEPFAR are covered by program funds.

Staff whose salaries and staff-specific support costs are covered by other program areas include: the existing Strategic Information Specialist and the new M&E Specialist to be recruited in FY08, who are paid 100% under the HVSI program area and are shared across all USG agencies; one USDH-L HIV/AIDS Program Specialist, who manages the PMTCT (30%) and OVC programs (35%) and devotes about 35% time to overall program management, with salary and support allocated accordingly; one CASU Senior Technical Advisor, who manages the Partnership Project and is lead on ABC prevention (30% HVAB, 30% HVOP), C&T (30% HVCT), and organizational capacity building (10% OHPS), with salary and support allocated proportionately; and one locally engaged Physician/Care & Treatment Specialist, who devotes 25% time to basic palliative care, 50% to ARV drugs, and 25% to ARV services. (The Physician position was forward-funded in FY07 so no funds are included in the FY08 budget for this position).

Staff whose salaries and specific support are covered by funding from this management and staffing program area are all locally engaged, and include: one Program Specialist-Health; one Program Management Assistant; and one Driver. Additionally, the program benefits from 55% time of a Financial Analyst and 50% time of a Project Development Officer; both positions are encumbered by locally engaged members of staff who are paid from this program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11643

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11643	6100.07	U.S. Agency for International Development	US Agency for International Development	5838	4087.07		\$750,000
6100	6100.06	U.S. Agency for International Development	US Agency for International Development	4087	4087.06		\$694,648

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8180.08

Mechanism: USAID - CODB

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18665.08

Planned Funds: \$305,350

Activity System ID: 18665

Activity Narrative: Noted April 23, 2008: Adjusted to account for rescission to GHCS-USAID funding.

This is USAID's cost of doing business. Funding covers the ICASS, Capital Security Costs and IRM Tax

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3933.08 **Mechanism:** CDC - Local
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 6099.08 **Planned Funds:** \$300,000

Activity System ID: 18351

Activity Narrative: CDC Zimbabwe office comprises a staff of 17 technical and 21 administrative staff, in addition to the Director (vacant through FY07, to be filled in FY08) and Deputy Director. There are 4 U.S. direct hires (Director, Deputy Director, Chief for Strategic and Health Information Systems and Surveillance Officer); 4 consultants (to support the following areas: laboratory science, Zimbabwe National M&E, behavior change, and ART evaluation); and 30 Locally Engaged Staff. CDC's LES include -- 13 technical advisors focused in the following areas: 2 in BC, 1 in PMTCT, 1 in national surveillance, 1 in training, 1 in care and treatment, 2 in grants management, 1 in BC for workplace, 3 in IT systems, and 1 in laboratory. Administrative FSN staff include 2 financial and budget staff, 1 procurement specialist, 5 drivers, 2 custodians, 1 office manager, 1 administrative management assistant, and 5 program administrative assistants who support the technical staff in supplying technical assistance to the cooperative agreement partners. Current technical expertise covers ARV and OI management, pediatrics, PMTCT, behavior change, laboratory development, informatics, surveillance, monitoring and evaluation, training systems, organizational capacity building, and workplace programs. All CDC-Zimbabwe staff spend at least 90% of their time on Emergency Plan activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11667

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11667	6099.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5840	3933.07		\$525,000
6099	6099.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3933	3933.06		\$471,750

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3954.08 **Mechanism:** CDC - CODB
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 6101.08 **Planned Funds:** \$425,000

Activity System ID: 18352

Activity Narrative: This is CDC's Cost of Doing Business. Funding covers the balance of the ICASS and Capital Security Costs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11669

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28346	6101.28346.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11608	3954.09	CDC - CODB	\$453,033
11669	6101.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5842	3954.07	CDC/Head Tax	\$372,000
6101	6101.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3954	3954.06		\$372,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3932.08

Mechanism: CDC - HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 6098.08

Planned Funds: \$443,750

Activity System ID: 18341

Activity Narrative: CDC Zimbabwe office comprises a staff of 17 technical and 21 administrative staff, in addition to the Director (vacant through FY07, to be filled in FY08) and Deputy Director. There are 4 U.S. direct hires (Director, Deputy Director, Chief for Strategic and Health Information Systems and Surveillance Officer); 4 consultants (to support the following areas: laboratory science, Zimbabwe National M&E, behavior change, and ART evaluation); and 30 Locally Engaged Staff. CDC's LES include -- 13 technical advisors focused in the following areas: 2 in BC, 1 in PMTCT, 1 in national surveillance, 1 in training, 1 in care and treatment, 2 in grants management, 1 in BC for workplace, 3 in IT systems, and 1 in laboratory. Administrative FSN staff include 2 financial and budget staff, 1 procurement specialist, 5 drivers, 2 custodians, 1 office manager, 1 administrative management assistant, and 5 program administrative assistants who support the technical staff in supplying technical assistance to the cooperative agreement partners. Current technical expertise covers ARV and OI management, pediatrics, PMTCT, behavior change, laboratory development, informatics, surveillance, monitoring and evaluation, training systems, organizational capacity building, and workplace programs. All CDC-Zimbabwe staff spend at least 90% of their time on Emergency Plan activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11657

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11657	6098.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5839	3932.07		\$200,000
6098	6098.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3932	3932.06		\$525,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			1/1/2009
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
App. II Zim CDC Org Chart.doc	application/msword	9/26/2007	This is the HHS/Center for Disease Control Organizational Chart	Other	DKunaka
App. II Zim DAO Org Chart.doc	application/msword	9/26/2007	This is the Department of Defense Organizational Chart	Other	DKunaka
App. II Zimbabwe Consolidated Mini_COP_SFR_staffing chart.xls	application/vnd.ms-excel	9/26/2007	This is the PEPFAR Zimbabwe team Staffing For Results worksheet	Other	DKunaka
App. VI COP08 EGPAF 8% justification.doc	application/msword	9/26/2007	EGPAF PMTCT Justification	Justification for Partner Funding	DKunaka
PEPFAR Zimbabwe Glossary.doc	application/msword	9/26/2007	Glossary of Terms	Other	DKunaka
App. III Zimbabwe Global Fund Supplemental.doc	application/msword	9/26/2007	Global Fund Supplemental	Global Fund Supplemental*	DKunaka
App. V COP08 OVC 8% Justification.doc	application/msword	9/26/2007	OVC Justification	Justification for OVC Budgetary Requirements	DKunaka
Zim FY09 Funding Planned Activities.doc	application/msword	9/27/2007	FY09 Planned Activities	Fiscal Year 2009 Funding Planned Activities*	DKunaka

Executive Summary Zimbabwe - CN.doc	application/msword	9/25/2007	This file describes GHAI funding use for USAID, PAS, and DOD.	Executive Summary	DKunaka
App. II Zim Functional Staffing Chart.doc	application/msword	9/27/2007	This is the PEPFAR Zimbabwe Functional Staffing Chart	Other	DKunaka
Zim_Targets_Explained.doc	application/msword	9/27/2007	This is an explanation of how targets were calculated	Explanation of Targets Calculations*	DKunaka
App. II Zim USAID HAPN Org Chart.doc	application/msword	9/26/2007	This is the USAID Organizational Chart	Other	DKunaka
Zimbabwe Map.doc	application/msword	9/26/2007	Map	Other	DKunaka
Zim_Ambassador_Letter.pdf	application/pdf	9/27/2007	This is the signed Ambassador Letter	Ambassador Letter	DKunaka
Zimbabwe FY08 COP Submission_BRW.xls	application/vnd.ms-excel	9/28/2007	FY08 Budgetary Requirements	Budgetary Requirements Worksheet*	DKunaka
AB justification for FY 2008 COP ZIMBABWE.doc	application/msword	6/18/2008		Justification for AB Budgetary Requirements	AChavez
FY08 COP ZIMBABWE_8% World Education waiver.doc	application/msword	6/12/2008		Justification for Partner Funding	AChavez