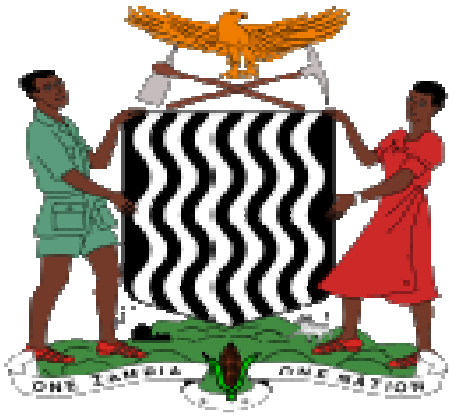

Republic of Zambia

HIV TESTING AND COUNSELLING (HTC) IMPLEMENTATION PLAN

(2014-2016)

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual & Reproductive Health
CBO	Community based Organization
CHTC	Couples HIV Testing and Counselling
CITC	Client Initiated HIV Testing and Counselling
DBS	Dried Blood Spot
DNA	Deoxyribonucleic acid
EHT	Environmental Health Technician
EID	Early Infant Diagnosis of HIV
FBO	Faith-Based Organisation
GRZ	Government Republic of Zambia
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IEC	Information Education Communication
IPC	Interpersonal communication
MARPs	Most at-risk populations
MC	Male circumcision
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MCDMCH	Ministry of Community Development Mother and Child Health
MPs	Members of Parliament
NAC	National AIDS Council
NGO	Non-Governmental Organisation
NASF	National AIDS Strategic Framework

OI	Opportunistic Infection
OPD	Outpatient Department
PCR	Polymerase Chain Reaction
PITC	Provider-Initiated HIV Testing and Counselling
PLHIV	People Living With HIV
PMO	Provincial Medical Officer
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PSS	Psychosocial Support
SOPS	Standard Operating Procedures
SWOT	Strengths, weaknesses, opportunities & threats
TB	Tuberculosis
TOT	Training of Trainers
VCT	Voluntary counselling and Testing
VHW	Village Health Worker
VMMC	Voluntary medical Male circumcision
WHO	World Health Organisation
ZDHS	Zambia Demographical Health Survey

FOREWORD

This operational plan is the result of an effort made by the Ministry of Community Development Mother and Child Health (MCDMCH), in collaboration with partners, to address the need for an accelerated scale up of HIV Testing and Counseling (HTC) as part of the MCDMCH's comprehensive set of HIV prevention programs, and the Government of the Republic of Zambia's broader response to the country's HIV and AIDS epidemic.

HIV testing is critical that people have access to services and ensuring scale up of services. HIV testing and counseling is essential to the prevention and treatment of HIV as it is a critical gateway to services.. However universal knowledge of HIV status remains inadequate. As such, this operational plan was developed collaboratively by the MCDMCH and implementing partners with the goal of aligning stakeholders, identifying best practices for HTC implementation in Zambia, and providing a costed roadmap for achieving universal coverage by 2015.

The goal of implementing the operational plan is to achieve 50% HTC coverage among Zambian Females and males aged 15-49 who received an HIV test in the last 12 months and know their results by 2015 (3,816,765 HIV testing between 2014-2015).

The MCDMCH encourages all stakeholders to continue to strengthen their commitment to the implementation of Zambia's national HTC program over the next two years as part of the greater effort to address Zambia's HIV and AIDS epidemic.

Hon. Dr. Joseph Katema, MP
Minister of Community Development Mother and Child Health (MCDMCH)

ACKNOWLEDGEMENTS

The MCDMCH wishes to recognize and thank the HTC implementation partners, The World Health Organization (WHO), the Clinton Health Access Initiative (CHAI), and the Provincial and District Medical Offices for their strong contributions towards the development of this operational plan.

It is the sincere hope of the MCDMCH that the development of this report will facilitate the coordination and implementation of efficient and effective HTC services in Zambia.

Permanent Secretary
Ministry of Community Development Mother and Child Health

EXECUTIVE SUMMARY

Introduction

This HTC Implementation Plan 2014-15 is the contribution to the overall NASF 2011-2015 and NHSP 2011-2015. The plan has been prepared at the time when the country and, in particular, the health sector, is facing significant challenges such as serious human resource crisis, inadequate funds to immediately deal with the health problems, realignment of health sector and geographical imbalances in the distribution of the available resources within the country.

Background

HTC Programme Performance

Over the past three years, the overall performance of the HTC the number of HTC sites increased from 56 in 2001 to 1,800 in 2012. The number of people tested and received their results increased by 351.3 per cent among males and by 123.9 per cent among females from 2008 to 2010. Current data show that 2,023,895 males and females were tested and received results by September 2013. This demonstrates both expansion and increased uptake.

There was an increase in the proportion of young people aged 15-24 who were tested and received HIV results between 2005 and 2009 from 7.0 per cent to 33.6 per cent. This increase was more among young women than men..

Despite these improvements, the biggest challenge is that the HTC targets are far from being met. Health infrastructure remains weak, laboratory and pharmacy capacity continues to be inadequate, and logistics and communication systems are strained. The challenges of assuring quality of services being provided remains an area of great concern. Although resources are being allocated to the programme by the government, sustainability still remains a formidable task.

In order to successfully implement this strategic plan, the following assumptions are made:

- Continued peace and political stability in the country;
- Adequate numbers of appropriately trained and well motivated health workers;
- Macroeconomic stability and sustainable economic growth will continue;
- Increased Government prioritisation and funding to the health sector;
- Increased Partners support to other programmes within the health sector; and
- Timely and appropriate attention to implementation of all health priority areas.

Vision, Mission, Goals and Key Principles

Vision:	A nation free from the threat of HIV and AIDS
Mission	Provision of equity of access to acceptable free high HTC services as close to the community as possible
Principles	The five Cs-**C**onsent, **C**onfidentiality, Counseling, **C**orrect test results and linkage to **C**are.
Goal:	To achieve 50% HTC coverage among Zambian Females and males aged 15-49 who receive an HIV test in the last 12 months and know their results by 2015
Strategic objectives	1. To strengthen the enabling Policy framework and capacity for program leadership, management, coordination and supportive supervision at national, provincial, district and local levels to facilitate a sustainable scale-up of HTC service delivery in Zambia 2. To increase utilization of HIV testing and counselling services through social and behaviour change communication 3. To expand coverage of integrated HIV testing and counselling services through implementation of a variety of HIV testing and counselling models 4. To strengthen facility and community-level HIV testing and counselling referral and linkage systems for appropriate follow-up prevention, treatment and care services 5. To strengthen the national human resource capacity for HIV testing and counselling in line with the broader Human Resource for Health plan. 6. To reinforce the procurement and supply chain management systems to guarantee regular and consistent supplies for HIV testing and counselling services 7. To ensure quality assurance and quality control in the provision of HIV testing and counselling services at all levels 8. To improve the generation, dissemination and use of strategic information for decision making in planning, implementation, monitoring and evaluation of the HTC program
Impact Result	By 2015, the rate of annual HIV new infections reduced from 1.6% to below 0.8%(82,000 annual new infections to 40,000) The number of infants born of HIV positive mothers who are infected has reduced to less than 5% by 2015 PLHIV who are alive at 36 months after initiation of antiretroviral therapy has increased from 65% in 2009 to 85% by 2015
Outcome Result	To achieve 50% HTC coverage among Zambian Females and males aged 15-49 who received an HIV test in the last 12 months and know their results by 2015 (3,816,765 HIV testing between 2014-2015).
Targets	The coverage of testing and counselling services (PITC and CITC) enabling access and utilization by all Health facilities and integrate HTC and referral for treatment increased to 100% and remains at the same level by 2015

HTC Priority Strategies

The Table below provides a summary of key challenges, strategies, expected targets and Outputs and estimated budget, per objective. The detailed activities are indicated in Section,3 and the attached Implementation log frame

Outcome	Key Challenges	Strategies	Targets and Outputs	Budget US$
Strategic Objective 1:To strengthen the enabling Policy framework and capacity for program leadership, management, coordination and supportive supervision at national, provincial, district and local levels to facilitate a sustainable scale-up of HTC service delivery in Zambia				
Supportive policy environment to facilitate leadership, management, coordination and supportive supervision of HTC program at all levels	**The policy on testing of minors needs to be cascaded to lower levels and reviewed to align itself with emerging global and regional trends.** **Inadequate primary counsellors offering pre and post-test counselling or performing rapid tests.** **Although most facilities have trained health care providers, monitoring and supervision of lay counsellors conducting HCT was not enforced.** **High turnover of community volunteers.** **Low Partner testing and disclosure .** **Stigma hinders people from accessing counselling and testing.**	**.Improve leadership, ownership and accountability for the HTC** **Improve program efficiency and efficacy** **Strengthen and integrate HTC into management and coordination structures at all levels to facilitate delivery of HTC Services** **Strengthen Collaboration with Traditional leaders CBO in HTC** **Utilize evidence-based technical guidance and training materials at all levels** **Provide HTC support and supervision integrated with other health supervisory systems**	**Improved leadership, ownership and accountability for the HTC** **Reduced barriers to services for the poor and vulnerable and hard to reach areas and improve program efficiency** **Strengthened and integrated HTC into management and coordination structures at all levels to facilitate delivery of HTC Services** **Strengthened collaboration with Traditional leaders and CBO in HTC** **Utilization of evidence-based technical guidance and training materials at all levels** **HTC support and supervision integrated with other health supervisory systems provided**	$354,934 (0.2%)
Strategic Objective 2: Increase utilization of HIV testing and counselling services through social and behaviour change communication				
Improved social and behaviour change communication leading to increased number of people utilising HIV testing and counselling services	**Poor coordination between social mobilisation and service delivery.** **At times, lack of IEC material in vernacular** **Lack of feedback to the organizers of the HTC campaigns .** **Limited scaling up and cascading of HTC campaigns to achieve**	**Develop a communication framework and materials to support HTC** **Provide support to the media to adequately address HTC issues,** **Intensify community mobilisation to increase demand HTC.**	**A communication framework and materials to support HTC developed** **Support to the media to adequately address HTC issues provided,** **Community mobilisation to increase demand for HTC intensified.**	$18,882,075 (12.3%)

	significant levels of saturation.			
Outcome	**Key Challenges**	**Strategies**	**Targets and Outputs**	**Budget US$**
Strategic Objective 3: Expand coverage of integrated HIV testing and counselling services through implementation of a variety of HIV testing and counselling models.				
Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 41% in 2013 to 47% in 2014; 50% in 2015 and 55% by 2016. (subject to results of ZDHS 2013)	**According to ZDHS of 2007, only 15% of Zambians had ever tested for HIV** **Couples counselling and testing remains a challenge.** **Uptake of HIV testing among adolescents remains low.** **Low coverage of HTC sites mainly in rural areas, with limited mobile/outreach HTC campaigns targeting young people especially those in schools.**	**Strengthen facility based DCT and PITC in clinical settings (ANC, ART, TB, STI, MC , OPD, in- patient, General and other specific clinics)** **Strengthen community based testing models** **Promote couple counselling including discordant couples** **Strengthen HTC for Key Populations as defined by NASF**	**The coverage of testing and counselling services (PITC and CITC) enabling access and utilization by all Health facilities and integrate HTC and referral for treatment increased to 100% and remains at the same level by 2016** **% of the Zambian Females and males aged 15-49 who received an HIV test in the last 12 months and know their results increased from 28% (1910253/6822332) in 2009 to 41% (3,023,728/7330249) in 2013 and 55% (6,038,451/7633530) by 2016** **Strengthened community based testing models** **% of people who are tested as part of Couple counselling (??)**	$128,197,452 (83.8%)
Strategic Objective 4: Strengthen facility and community-level HIV testing and counselling referral and linkage systems for appropriate follow-up prevention, treatment and care services				
All adults, adolescents, children undergoing HTC are linked to prevention, treatment and care services	**The lack of standardized protocols and tools has hampered the tracking of referrals to and linkages into needed post-test services.** Not all Health facilities provide ART services.	**Strengthen the referral system and train service providers on its application** **Strengthening functional referral/follow up mechanisms including infants who test HIV positive to other appropriate services i.e. PMTCT, ARV, nutrition services,** **Increase the number of health facilities providing ART services.**	**Percentage of Women who were counselled during the ANC for their most recent pregnancy, and who were offered and accepted an HIV test and received their test results in the last twelve months increased from (47,175/79,498) 61% in 2009 to (72,828/85,708) 80% in 2013 and (85,655/90,153) 95% by 2016** **At least 95% of eligible HIV infected adults, adolescents, children are on ART, and 85% retained in care 24 months after initiation** **Strengthened referral system and training of service providers on its application** **Functional referral/follow up mechanisms developed**	$1,899,693 (1.2%)

Outcome	Key Challenges	Strategies	Targets and Outputs	Budget US$
Strategic Objective 5:Strengthen the national human resource capacity for HIV testing and counselling in line with the broader Human Resource for Health plan.				
Health worker capacities to implement the HTC services increased.	**There is high attrition of experienced and trained staff including, but not limited to, counsellors, nurses and doctors and this continues to pose scale-up challenges for** HTC. **Few numbers of HTC sites with certified and trained staff.** **The number of PCs deployed remains inadequate and the remuneration challenges currently faced by PCs pose a great threat to the retention in service of those deployed.**	**Develop human resource capacity (adequacy, skills, composition and retention of skilled persons) sufficient to support the planning and implementation of the HTC** **Develop competency framework for all health workers which sets minimum expected standards of performance**	**Human resource capacity (adequacy, skills, composition and retention of skilled persons) sufficient to support the planning and implementation of the HTC developed** **Competency framework for all health workers which sets minimum expected standards of performance developed** **Capacity of health workers to initiate HTC and establish effective systems for follow up and retention in prevention, treatment and care services is strengthened.**	$177,345 (0.1%)
Strategic Objective 6: Reinforce the procurement and supply chain management systems to guarantee regular and consistent supplies for HIV testing and counselling services				
Capacities for facilities to implement the HTC service increased or improved	**A few facilities have experienced periodic stock-outs** **The results of DNA PCR testing were taking as long as 2 to 3 months to filter back to sites.**	**Strengthen the capacity of laboratories and pharmacy to support the delivery of HTC**	**Uninterrupted availability of good quality essential medicines and diagnostics for HIV and AIDS, in accordance with prescribed standards**	$180,359 (0.1%)
Strategic Objective 7: Ensure quality assurance and quality control in the provision of HIV testing and counselling services at all levels				
Improved quality assurance through ongoing monitoring and supervision(quarterly facility visits) of the workforce to ensure that quality of service provision is maintained and the workforce is supported	**The lack of standardized protocols and tools for QA** **Inadequate facilities**	**Renovate and equip health and non-health facilities (Infrastructure, laboratories, pharmacies etc) to provide appropriate and safe space for counseling, where discussion can be confidential** **Strengthen the process of conducting HTC**	**Renovated and equipped health and non-health facilities (Infrastructure, laboratories, pharmacies etc) to provide appropriate and safe space for counseling, where discussion can be confidential** **Strengthened process of conducting HTC**	$2,116,889 (1.4%)

Strategic Objective 8: Improve the generation, dissemination and use of strategic information for decision making in planning, implementation, monitoring and evaluation of the HTC program				
National HIV Health Sector M&E systems provide 100% of the indicator values for HTC (baselines and targets) by 2013 and maintained by 2015	Monitoring and evaluation overly focused on capturing data rather than managing and tracking patients. Too many indicators and HIV registers regimens	Strengthen organization and coordination of the strategic information system for the HTC services. Strengthen routine monitoring Strengthen surveillance, evaluation and research Strengthen support supervision; data storage and access; strategic information dissemination and utilization	Strengthened organization and coordination of the strategic information system for the HTC programme Strengthened routine monitoring of HTC program service delivery Strengthened routine monitoring of HTC program logistics management Strengthened surveillance, evaluation and research of HTC interventions Strengthened capacity for; data storage and access; strategic information dissemination and utilization	$1,135,051 (0.7%)

Financing the HTC Implementation Plan

The resources required for the HTC Implementation Plan have been estimated at $152,943,797USD over 2 years

Implementation Framework

Implementation

The Two Year Operational Plan 2013-2015 is closely linked with the NASF 2011-2015. The HTC Implementation Plan will be operationalised through annual action plans and budgets.

The HTC Implementation Plan will be implemented and coordinated through the existing health sector organisational and management structures at national, provinciall and district levels, involved in providing health care services.

MCDMCH will ensure that effective and adequate financial and administrative management systems and control procedures are in place to ensure that all government and partner resources are disbursed and accounted for as planned. MCDMCH will also establish mechanisms to provide adequate capacity, linked to performance, for successful program implementation, in consultation with the development partners.

Decentralisation will remain as one of the key principles for the organisation and management of the HTC Operational Plan .

Monitoring and Evaluation

Monitoring and evaluation of the implementation of the HTC Operational Plan will be conducted through appropriate systems, procedures and mechanisms. The Monitoring and Evaluation (M&E) Sub-Committee of MCDMCH will be responsible for providing advice on all matters concerning M&E.

The Health Management Information System (HMIS), Financial Administrative Management System (FAMS) and other routine systems will be the major tools for data collection. Depending on the type and relevance of the indicators, routine monitoring will be undertaken, on a monthly, quarterly, bi-annual and annual basis. The MCDMCH and other agencies will primarily use this data and its analyses for decision making. MCDMCH will produce quarterly activity and financial reports for all levels of the health system for consideration at other meetings. It will also produce an Annual Performance Review Report, on the performance of the sector against annual plans and output targets.

MCDMCH will be responsible for performance monitoring and review. It will plan and lead the Joint Annual Reviews (JAR) , with appropriate involvement and support of the partners other Government ministries and other key stakeholders. The findings of the JAR will be presented at the first SAG meeting of each year.

There will be a comprehensive final evaluation in 2015. All stakeholders will agree on the timing, terms of reference and composition of the review mission. All costs will be included in the HTC Implementation Plan Budget.

1.0 INTRODUCTION

1.1 Background

In Zambia, the HIV epidemic has a generalized epidemic. HIV is spread not only in specific population groups but throughout the population. Most of the HIV transmission is by heterosexual contact and mother-to child transmission during pregnancy, at birth and through breastfeeding.

The prevalence of HIV in adults 15-49 years is 14.3 percent (ZDHS 2007). Females are more likely to be HIV positive (16.1 percent) than males (12.3 percent) in the same age group and on average become infected earlier. Urban areas have higher prevalence (20 percent) than rural areas (10 percent)[1]. An estimated 1.6% of the adult population becomes newly infected each year, and an estimated 10 percent of HIV transmission occurs during pregnancy, birth or breastfeeding.

The six key drivers of new infections in Zambia are: multiple and concurrent sexual partners; low and inconsistent condom use; low levels of male circumcision; mobility and labour migration; vulnerable groups with high risk behaviours; and mother to child transmission.

1.2 Overview of HIV Testing and Counselling (HTC)

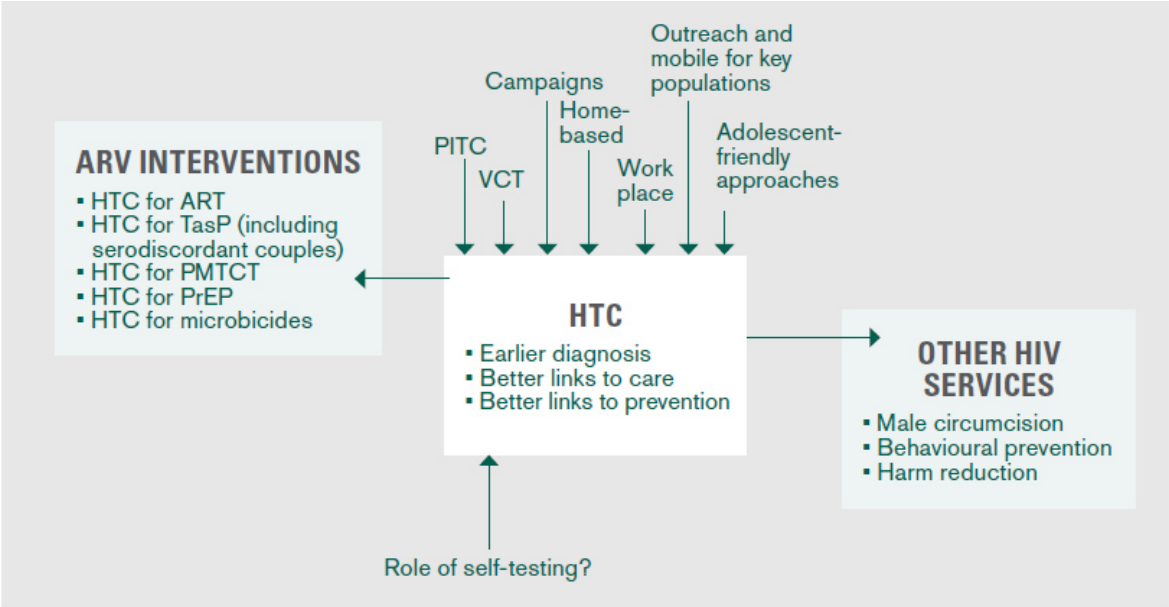
HIV testing is critical that people have access to services and ensuring scale up of services. HIV testing and counseling is essential to the prevention and treatment of HIV as it is a critical gateway to services.(Figure 1). However universal knowledge of HIV status remains inadequate.

HIV testing and counseling (HTC) empowers individuals and couples to adopt measures to prevent the transmission or acquisition of HIV infection. Furthermore, testing provides access to HIV prevention services, including prevention of mother to child transmission (PMTCT) and male circumcision, and it is a necessary component of emerging antiretroviral HIV prevention interventions, including pre-exposure prophylaxis (PrEP), and microbicides. Recent evidence of the effectiveness of early initiation of antiretroviral therapy (ART) to prevent HIV transmission in serodiscordant couples, highlights the need to expand access to testing services that reach couples. At the community level the expanded availability of HTC services may facilitate increase in the uptake and reduce the stigma and discrimination associated with HIV and HIV testing.

Knowledge of HIV status is also necessary for initiation of treatment. However, a significant proportion of people living with HIV remain undiagnosed until they become symptomatic, therefore presenting late for treatment. Late presentation diminishes the impact of ART on morbidity and survival and delays adoption of preventive measures by persons living with HIV and their partners.

[1] Central Statistical Office *Zambia Demographic and Health Survey,* 2007

Figure 1: Universal-HTC for Universal Prevention and Treatment (HTC+)



Despite widespread scale up of client and provider initiated HTC services in Zambia, the current reach of these services remains low. According to ZDHS of 2007, only 15% of Zambians had ever tested for HIV. In many settings women have greater access to HTC services due to their more frequent contact with health services; men, children and adolescents, rural and key populations vulnerable to HIV infection often have less access to needed services, and, even where services are available, these groups face barriers to access or do not find services acceptable.

Although the national HTC campaigns have in a way normalised knowing one's HIV status, HIV- related stigma and discrimination continue to be cited as significant impediments to utilization of HTC services.

A post-test support service package for those who test positive and those who test negative has been developed and initiated. This is shown inTable1below:

Table 1: Promote a Post- HIV test support services (PTSS) system in all HTC delivery points

HIV Positive (young people and adults): Information kit and referral with care, treatment and support, and SRH services	**HIV Negative** (young people and adults): Delivery of HIV prevention kits and linkages with other high impact services
• Kit content Information: Flyer on living with HIV (basic knowledge, addressing key misconceptions) Promotion flyer on adherence, couple testing, discordant couple management. Toll-free number (Call or SMS for more information on HIV/STI)	• Kit content Information: Flyer on HIV and STI basic knowledge, that confront key misconception Promotion flyer on MC /male and female in couple Toll-free number (Call or SMS for more information on HIV/STI) Commodities:

• Referral tool for key services (facility and community based) ART and TB; PMTCT and FP; Nutrition , Safe Water and bednet Psychological support (support group)	Condoms for dual protection (standard quantity to be defined) Referral tool for key HIV and SRH services (MC, FP, STI)

1.3. Development of the HTC National Implementation Plan

The Implementation Plan was developed in consultation with national partners, civil society, development partners and other key stakeholders. Guidance and support to the process was provided by a core technical team comprised of multi-disciplinary technical staff from Ministry of Health, Ministry of Community Mother and Child Health (MCDMCH), development partners, international partners, and civil society organizations. Other participants were from government line ministries, Provincial Medical Officers (PMOs), DDHOs, Provincial/District Community Development Offices, DACAs, local and international NGOs, Civil society organizations, the United Nations, and Cooperating Partners. The process involved:

- Extensive review and analysis of the 2011-2013 National Operational Plan (NOP), relevant operational documents of sectors and thematic programmes and partnership plans;
- Participatory mechanisms involving consultative meetings, validation and internal peer review sessions involving all partners on the selected activities that will deliver the results;

1.4. Purpose of the HTC National Implementation Plan 2014-2015

The purpose of the HTC Implementation Plan is to provide a simplified guide for the implementation of the HCT in 2014-2015. It enables stakeholders to identify and utilize their comparative advantage to collectively contribute to HCT implementation. This will accelerate the achievement of Universal Access (UA) to prevention, treatment care and support services and eventually contribute to Zambia's attainment of the Millennium Development Goals (MDG). The plan identifies key strategies and activities that will enable Zambia to achieve the intended output, outcome and impact results.

2.0 KEY OPERATIONAL GAPS IDENTIFIED IN THE 2011-2013 HTC PLAN

The national response over the past three years has been guided by the National HIV and AIDS Strategic Framework (NASF) 2011-2015. The national priorities during the period of the NASF include, among others, the prevention of new HIV infections in adults and children and the reduction in mortality amongst PLHIV.During implementation of the HTC 2011-2013 operational plan, several capacity gaps were identified that are likely to influence the performance of the HTC 2014-2015.These operational gaps are described in detail below:

2.1. Increasing awareness and demand for HTC

A review of existing HTC and related IEC materials had been undertaken and HTC advocacy materials in the form of banners, flyers, posters and T shirts had been produced, distributed and displayed.

Zambia has historically held commemorations and campaigns to mark and celebrate major international, national and local days using the occasions as a call to action for communities

and policy makers. Commemoration of a National HTC Day on 30th June took place during the period under review. The districts conducted week-long HTC campaigns involving road shows and spots on both radio and television as a lead up to World AIDS day.

Social mobilization for HTC has been hampered by inadequate resources, coordination between social mobilisation and service delivery. Other challenges are, at times, lack of IEC material in vernacular while the national HTC campaigns have faced such challenges as limited funds and lack of feedback to the organizers of the HTC campaigns that have limited the scaling up and cascading of HTC campaigns to achieve significant levels of saturation.

As regards the development of Mass media, it was recommended that communities that were targeted could form radio listening groups that would utilize the mass media messages; [SMAGS, CATFs, etc]. The groups could be given discussion guides in terms of what lessons they learnt and whether they had agreed to follow the actions that were being recommended in the radio messages. It was not clear how they give feedback to the developers of the radio programs.

2.2. Increasing the reach, coverage and uptake of HTC

The HTC targets for the set age group 15 to 49 in the baseline data which was given for the period 2011 to 2013 were achievable. The increase had been from 29% to 41% from 2009 to 2013, implying that the increment had been 3% on a yearly basis.

2.2.1. Facility based model

The identified planned facility based activities in the 2011-2013 NOP were to integrate HIV counselling with other services and strengthen referral system including MC, PMTCT, STI, PEP and blood strengthen the referral system with other service providers, increase the number of HTC sites with certified and trained staff.

Provider Initiated Testing and Counselling (PITC) was being provided in all of public health institutions The static CITC services were complimented with outreach services to hard-to-reach settings and populations while some provinces were integrating HTC into EPI outreach activities and TB campaigns in order to increase availability of HTC to outlying settings..

According to ZDHS of 2007, only 15% of Zambians had ever tested for HIV. The MCDMCH took the bold and deliberate step of pronouncing the strategy of routine offer of HIV testing. PITC has been introduced in most of the health facilities and this has helped to demystify and to normalize HTC. However there remains a degree of uncertainty among some service providers about whether HTC routinely offered at health facilities should be couched in “opt-in” or “opt-out” terms. The “opt-out” option provides the greater opportunity for institutionalizing HTC and making it the standard of care in our health facilities.

The MCDMCH has continued with the in-service training of health care workers and other community based cadres to augment the pool of HTC providers within the various settings in the health facilities. While some facilities are now routinely offering HTC at multiple point-of-care settings/departments others continue to offer a centralized HTC service resulting in a number of points- of- care settings within the health facilities remaining under-utilized with respect to the routine offer of HTC. This represents many missed opportunities for people to get to know their status and for health workers to intervene early so as to optimize positive treatment outcomes.

A variety of HTC materials and guidelines for trainings and guidance were developed during the period under review. Pre-service and in-service trainings in HTC, including in PITC, HTC for children, and rapid HIV testing have been conducted to build the capacity of service providers in the various health settings/departments.

The critical shortage of human resources in the health sector is a major bottleneck to the expansion of HTC and related HIV and AIDS services. There is high attrition of experienced and trained staff including, but not limited to, counsellors, nurses and doctors and this continues to pose scale-up challenges for HTC.

In an effort to alleviate the shortage of human resources for HTC, the MCDMCH has also gone further to implement the widely recommended and much-awaited task shifting/sharing strategy to scale up HTC and authorized Psychosocial Counsellors (PC) to conduct HIV rapid testing. However, the number of PCs deployed remains inadequate and the remuneration challenges currently faced by PCs pose a great threat to the retention in service of those deployed. This continues to cast a shadow over the sustainability of current strides in scaling up and decentralizing the availability of HTC services. There also remains a challenge of scaling up training in HTC so that there is a critical mass of HTC-trained cadres, especially in TB clinics, male circumcision (MC) clinics and in-patient departments.

HTC has been integrated into the performance assessment process that checks for adequacy of space, availability of trained personnel as well as referrals for post-test services. Some health facilities facing challenges of adequate and conducive space for HTC have improvised by using tents for HTC.

2.2.2. Community based model

The identified planned community based activities in the 2011-2013 NOP were to refer people including infants who test HIV + to other appropriate services ART, PMTCT, Nutrition, conduct 9,000 per year community, school and workplace education and awareness campaigns on the importance of HTC and provide HTC for MARPs and other vulnerable groups, introduce and scale up youth friendly health services and adolescence testing services and Mobilise communities to participate in HTC services.

The gaps identified in the 2011-2013 NOP were that there was no proper identification of the at risk populations (MARPS) and vulnerable groups in the communities and as such services were not provided. Communities were not defined so that there was no differentiation. The so-called community activities were not community initiated in that they were planned by the facilities though ideas came from the community . Campaigns and community activities were not prioritized by the planners and funds were not usually available for the campaigns and community activities.

The other gaps identified in the 2011-2013 NOP were that School Health Programmes were not comprehensive and Youth friendly corners were not adequate due to limited infrastructure.

The Recommendations for 2014-2015 were that there was need to define the community so that there was less confusion between the activities meant for the community and those that were not. Suggestions made were that, communities could come up with community partnerships where they could help each other in times of need. With regard to an increase

in the number of HIV counselling and testing sites with certified and trained staff, Communities could advocate for increased sites in their communities. However, the training and certifying of staff should be part of facility model or approach.

It was also recommended that there should be increased investment in the communities where people test more .Therefore, there was no need to discriminate regarding where people live or stay as all people irrespective of where they stay were in need of the service.

The recommendations for 2014-2015 were that it was necessary to think about where the Youth friendly corners could be, in terms of whether the facility was the right place, the standards were followed, availability of personnel, resources and linkages of different Government institutions. It was recommended that more sensitization must be done in good time to communities for community Youth friendly corners which should be linked to Health facilities

As for Youth Centres for Ministry of Youth and Sport which are in place around the country, there was need to follow up and to ensure that they are linked to the Youth Friendly corners. There was need to link private hospitals to GRZ facilities under Private Public Partnership so that what they do feeds into the national health systems plan especially for the elite communities.

2.2.3. Couples/partner testing delivery model

The identified planned couple partner testing activities in the 2011-2013 NOP were the promotion and orientation workshops. Promotional activities were carried out and more people were reached. It was found that the target of 50% was realistic considering that Partner HCT in ANC was highly promoted and supported. The Baseline was 10% in 2010,. The Program was promoted at ANC – PMTCT and a number of training for staff was conducted by ZEHRP. For couple counselling, mass media had potential to reach out to many as was done in 2011

The gaps identified in the 2011-2013 NOP were that actual promotion at facility level was not strengthened. The strategy was very narrow as it was just on promotion and orientation workshop. Activities could have included invitation to partners for those who came as individuals. Other gaps were the absence of M&E tools to help capture data for couples, insufficient funding for couples HTC, low male uptake of HTC and most couples did not know where to go for couple counseling

The number of health workers skilled in counselling children and partners/couples, remains limited. Many HTC service providers remain circumspect about couples counselling especially in relation to counselling discordant couples.

The recommendations for 2014-2015 were that the definition of couples should be clear as others meant couples was for only married people . Couples are a special population viewed at risk and they must be targeted. Therefore, activities should include couples and encourage participation.

2.3. Strengthening referral and linkage systems

Some progress has been made in strengthening facility-level and within-community referrals for post-test prevention, treatment and care services with some settings establishing support groups for PLHIV and capacitating the involvement of peer educators and lay counselors.

However, despite the introduction and scale up of PITC in most health facilities, there remain many missed opportunities for people to learn their status and for health workers to refer and link them appropriately. The lack of standardized protocols and tools has hampered the tracking of referrals to and linkages into needed post-test services.

2.4. Logistics and supplies for HTC

Comprehensive HIV and AIDS programmes often involve multiple and varied health commodities usually provided through different supply chains. The selection, quantification and distribution of rapid HIV test kits has been improved through the undertaking of annual quantification exercises. However a few facilities have experienced periodic stock-outs while the majority of sites surveyed during the review reported that the results of DNA PCR testing were taking as long as 2 to 3 months to filter back to sites.

2.5. Programme management, coordination, monitoring and evaluation of HTC

There were no specific HTC coordination activities in the 2011-2013 NOP. However within the broader coordination some issues were identified. As regards Supervision and M&E, it was acknowledged that Structures were in place at each level (National, Provincial and District) and Staff were assigned such as HTC/HBC Coordinator, PACA, DACA . However, the technical committee on HTC was only event focused at all levels and there had been poor record keeping e.g. no records of trained counselors. In addition standardized M & E tools were there but there was lack of effective data management in the use of the same M&E tools at facility level

The MCDMCH and MOH have revised and updated an integrated health sector HIV and AIDS monthly reporting form and various data collection tools through which health facilities and HTC partners report progress on all HIV and AIDS programmes. The MOH is also in the process of finalizing the updated and consolidated HTC register that now encompasses counselling, testing and referral indicators. There was a recognized need, during the review of the HTC programme implementation, for improvements in data validation, analysis and utilization for evidence-based decision making at all levels.

As regards the existence of HTC Action plans, there was no harmonization of Annual operational plans from civil society, private and public sector. Though trainings were on going there was no data base for trained counselors so as to implement task shifting. In addition the quality of training was not quality assured. There were some ethical issues surrounding HTC implementation which presented a threat to sustained impact. The following challenges were highlighted:

- Inadequate integration of HTC services with other services.

- Referral systems remain weak for HTC services.
- Inadequate capacity and skills for counselling children.
- Inadequate capacity and skills for counselling couples in discordant relationships.
- Inadequate primary counsellors offering pre and post-test counselling or performing rapid tests.
- The policy on testing of minors needs to be cascaded to lower levels and reviewed to align itself with emerging global and regional trends.

The recommendations for 2014-2015 were that there should have been wide dissemination of the 2011-2013 NOP and that there was need for more data on general activities in terms of current data (where we are and any current researches) to guide the development of the next HTC implementation plan

3.0 HTC IMPLEMENTATION PLAN 2014-2015

3.1. VISION, MISSION, GOALS, KEY PRINCIPLES AND ASSUMPTIONS

3.1.1. Vision

A nation free from the threat of HIV and AIDS

3.1.2 Mission

Provision of equity of access to acceptable free high HTC services as close to the community as possible

3.1.3. Goal

To achieve 50% HTC coverage among Zambian Females and males aged 15-49 who receive an HIV test in the last 12 months and know their results by 2015

3.1.4. Key principles of the HTC Implementation Plan 2014-2015

The underpinning principles for voluntary utilization of HTC services, regardless of the model of service delivery must adhere to the five Cs-**C**onsent, **C**onfidentiality, Counseling, **C**orrect test results and linkage to **C**are.

- Persons receiving HTC must give informed **Consent** to be tested and counseled. They should be informed of the process for HTC and their right to decline testing
- HTC services are **Confidential,** meaning that what the HTC provider and the person discuss will not be disclosed to anyone else without the expressed consent of the person being tested. (Shared confidentiality-with partner, family members, or others and with health care providers-is often highly beneficial.)
- HTC services must be accompanied by appropriate, high quality pre-test information and post test **Counselling.**
- HTC providers should strive to provide high quality testing services, and quality assurance mechanisms should be in place to ensure the provision of **Correct test results.**
- HTC should provide **Connections** to prevention, **care** and treatment services. This includes the provision of effective referrals to follow-up services as indicated, including long-term prevention and treatment support.

3.1. 5. Main Assumptions

The main assumptions for the successful implementation of this plan are:

- Continued peace and political stability in the country;
- Availability of adequate numbers of appropriately trained and well motivated health workers;
- Macroeconomic stability and sustainable economic growth;
- Increased Government prioritisation and funding to the HIV &AIDS sector;
- Increased Partners support to other programmes within the HIV&AIDS sector;

- Timely and appropriate attention to implementation of all HIV&AIDS priority areas.

3.2. Impact Result and Targets of the HIV Testing and Counselling (HTC) Plan

This section describes in detail the objectives, implementation models, priorities and activities whose result will go towards the attainment of the overall goal of the National HTC Implementation Plan. The National HTC Implementation Plan has the following impact results and targets:

3.2.1. Impact Result:

- By 2015, the rate of annual HIV new infections reduced from 1.6% to below 0.8%(82,000 annual new infections to 40,000)
- The number of infants born of HIV positive mothers who are infected has reduced to less than 5% by 2015
- PLHIV who are alive at 36 months after initiation of antiretroviral therapy has increased from 65% in 2009 to 85% by 2015

3.2.2. The national targets for the HTC program:

- The coverage of testing and counselling services (PITC and CITC) enabling access and utilization by all Health facilities and integrate HTC and referral for treatment increased to 100% and remains at the same level by 2015
- % of the Zambian Females and males aged 15-49 who received an HIV test in the last 12 months and know their results increased from 28% in 2009 to 41% in 2013 and 50% by 2015 as shown in the table below:

	2009	2013	2015
Zambian Females and males aged 15-49 who received an HIV test in the last 12 months and know their results	1,910,253	3,023,728	3,816,765
Population of adults aged 15-49	6,822,332	7,330,249	7,633,530
Testing coverage	**28%**	**41%**	**50%**

- Percentage of Women who were counselled during the ANC for their most recent pregnancy, and who were offered and accepted an HIV test and received their test results in the last twelve months increased from (47,175/79,498) 61% in 2009 to (72,828/85,708) 80% in 2013 and (85,655/90,153) 95% by 2015
- At least 95% of eligible HIV infected adults, adolescents, children are on ART, and 85% retained in care 24 months after initiation

3.3. Strategic objectives, Outcomes. Outputs and Implementation Strategies

- To strengthen the enabling Policy framework and capacity for program leadership, management, coordination and supportive supervision at national, provincial, district and local levels to facilitate a sustainable scale-up of HTC service delivery in Zambia
- To increase utilization of HIV testing and counselling services through social and behaviour change communication
- To expand coverage of integrated HIV testing and counselling services through implementation of a variety of HIV testing and counselling models
- To strengthen facility and community-level HIV testing and counselling referral and linkage systems for appropriate follow-up prevention, treatment and care services
- To strengthen the national human resource capacity for HIV testing and counselling in line with the broader Human Resource for Health plan.
- To reinforce the procurement and supply chain management systems to guarantee regular and consistent supplies for HIV testing and counselling services
- To ensure quality assurance and quality control in the provision of HIV testing and counselling services at all levels
- To improve the generation, dissemination and use of strategic information for decision making in planning, implementation, monitoring and evaluation of the HTC program

3.3.1. Strategic Objective 1: Policy & Coordination

To strengthen the enabling Policy framework and capacity for program leadership, management, coordination and supportive supervision at national, provincial, district and local levels to facilitate a sustainable scale-up of HTC service delivery in Zambia

Outcome:

Supportive policy environment to facilitate leadership, management, coordination and supportive supervision of HTC program at all levels

Outputs

- Improved leadership, ownership and accountability for the HTC
- Reduced barriers to services for the poor and vulnerable and hard to reach areas and improve program efficiency
- Strengthened and integrated HTC into management and coordination structures at all levels to facilitate delivery of HTC Services
- Strengthened collaboration with Traditional leaders and CBO in HTC

- Utilization of evidence-based technical guidance and training materials at all levels
- HTC support and supervision integrated with other health supervisory systems provided

Strategies and activities

- **Improve leadership, ownership and accountability for the HTC**
    - Advocate with political and other leaders at all levels to fully support HTC
    - Strengthen national structures to improve leadership, ownership and accountability for HTC
    - Improve leadership of the HTC agenda by provincial and district health managers (including PMOs and DMOs)
    - Put in place systems to improve donor coordination at national, provincial and district levels
- **Reduce barriers to services for the poor and vulnerable and hard to reach areas and improve program efficiency**
    - Put in place policies that support equity of HTC services
    - Put in place a strategy to address underserved areas with regards to HTC
- **Strengthen and integrate HTC into management and coordination structures at all levels to facilitate delivery of HTC Services**
    - Put in place systems to improve integration of HTC with other HIV/TB programs
    - Put in place systems to improve integration of HTC into non-HIV programs
    - Coordinate with HTC implementing partners to identify key strategic questions needed for strengthening the strategic focus of HTC programme
    - Coordinate the activities of the different HTC implementing partners with the purpose of strategic program planning through regular stakeholder meetings
    - Strengthen HTC program leadership, management, coordination and supervision at national, provincial, district and site levels including communities.
- **Strengthen Collaboration with Traditional leaders CBO in HTC**
    - Develop a memorandum of understanding on how the collaboration between health facilities and CBOs will be managed
    - Mobilise and engage traditional leaders to support HTC
- **Utilize evidence-based technical guidance and training materials at all levels**
    - Finalize, adopt, and implement supportive polices, guidelines and SOPs for HTC that are aligned to regional and international standards
    - Provide evidence-based HTC technical guidelines based on the latest technical guidance from WHO

- Provide evidence-based training materials based on the most recent technical guidance from WHO

- **Provide HTC support and supervision integrated with other health supervisory systems**
    - Strengthen the national support and supervision system for HTC integrated with other existing national HIV and general health support and supervision

3.3.2. Strategic Objective 2: Demand creation

To increase utilization of HIV testing and counselling services through social and behaviour change communication

Outcomes:

Improved social and behaviour change communication leading to increased number of people utilising HIV testing and counselling services

Outputs:

- A communication framework and materials to support HTC developed
- Support to the media to adequately address HTC issues provided,
- Community mobilisation to increase demand for HTC intensified.

Strategies and activities

- **Develop a communication framework and materials to support HTC**
    - Develop the national HTC communication strategy
    - Produce and distribute updated IEC materials on HTC advocacy.
    - Develop a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC
    - Develop and produce IEC materials on HTC for the general public
    - Strengthen HTC awareness and literacy promotion partnerships within communities
    - Conduct awareness and sensitization campaigns on HTC at all levels, targeting policy makers (members of parliament,), political, community and religious leaders, civil society, business leaders, tertiary institutions, professional associations, medical insurance bodies and others
- **Provide support to the media to adequately address HTC issues,**
    - Conduct training of media personnel in HTC
    - Provide relevant information on HTC to media networks and media houses.
    - Support quarterly media dialogue on HTC

- **Intensify community mobilisation to increase demand HTC.**
    - Identify existing support groups and encourage formation of new ones in districts and communities where support groups do not exist
    - Identify community leaders and community support groups, who can be catalytic in community involvement in support of the HTC
    - Provide support to the community leaders and community treatment support groups identified as key partners in the form of training, information and provision of other promotional materials
    - Link the support groups with the health facilities in order to strengthen the continuum of care of persons with HIV infection
    - provide joint/integrated training for both CHBC and HTC
    - Offer technical and logistical support to Health centre committees and to address HTC for children and adults
    - Review and support the functioning of the referral system from health facility to CBWs and back to health facilities (human skills refreshing, materials including registers, communication…)
    - Develop numeric national targets for the general population and key populations
    - Assess which geographic areas have gaps in the availability of services, particularly care and treatment services, and consideration of the most appropriate models of HTC delivery.
    - Mobilise communities to participate in national events i.e. World AIDS Day,
    - Conduct community, school, and workplace educational and awareness campaigns on the importance of HTC in collaboration with CSO, CBO and FBOs

3.3.3. Strategic Objective 3: Increase service delivery coverage

To expand coverage of integrated HIV testing and counselling services through implementation of a variety of HIV testing and counselling models

Outcome

Percentage of females and male aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 41% in 2013 to 47% in 2014; 50% in 2015 and 55% by 2016.

Outputs

- Strengthened facility based DCT and PITC in clinical settings (ANC, ART, TB, STI, MC , OPD, in-patient, General and other specific clinics) and the coverage of testing and counselling services (PITC and CITC) enabling access and utilization by all Health facilities and integrate HTC and referral for treatment increased to 100% and remains at the same level by 2016
-
- **Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 41% in 2013 to 47% in 2014; 50% in 2015 and 55% by 2016.**
-
- Strengthened community based testing models
- Couple counselling including discordant couples promoted
- **Strengthen HTC for Key Populations**

Strategies and activities

- **Strengthen facility based DCT and PITC in clinical settings (ANC, ART, TB, STI, MC , OPD, in- patient, General and other specific clinics)**
  - Develop and disseminate consolidated guidelines on the identification, assessment, management and referral of persons with HIV infection at all entry points to access HIV services.
  - Integrate and strengthen, linkages of diagnostic, PITC and **CITC** in STI, TB, cervical cancer screening, family planning and EPI clinics and any other settings as per national guidance in all health facilities to increase access
  - Institutionalize provider initiated testing and counselling for children presenting with common health conditions and in all services where at risk children (including adolescents) may be found such as antenatal and postnatal and MNCH services;
  - Integrating HTC within ASRH services
  - Strengthen the capacity for PITC as well as strengthen integration of HTC within all health services. Develop implementation plans specific to a health facility in order to guide the implementation of the integration of PITC into comprehensive HIV and AIDS services at district level
  - Strengthening and decentralizing Early Infant Diagnosis in order to reduce delays in receiving test results and to minimize losing babies in need of care and treatment services.
  - Scaling up the coverage and reach of PITC and CITC services to improve access to HTC services for all segments of the populations.
  - Promoting a family-based approach to improve identification of HIV infected children.

- **Strengthen community based testing models**
  - Strengthen and Expand home and community based care and support for PLHIV and Support Home based door to door HTC
  - Train home based care volunteers on HTC
  - Conduct door to door HTC services to households with a known index HIV positive or TB patient, with consent obtained from the index patient prior to a home visit (Index case NBTC.

        - Conduct door to door HTC to hard to reach populations such as men, adolescents and rural residents and also those underserved by the formal health care system in urban areas with high HIV prevalence and low rates of HTC uptake.
        - Promote and offer HTC through the use of outreach community sites or through mobile vans or tents at churches or other faith settings, places of entertainment such as bars and clubs, or schools or workplaces and drop in centres for GBV victims**..**
        - Provide outreach HTC services at events such as sporting, music, theatre, or agricultural events and coordinate with other outreach services and peer education.
        - Strengthen Stand alone VCT and Drop in Centres with adequate capacity to provide HTC
    - Workplace and educational establishment based testing and counseling
        - Establish partnerships with small and medium businesses to serve as HTC mobile points (as part of external mainstreaming)
        - Integrate HTC outreach services in formal and informal workplaces
        - Integrate Workplace and school based testing services with clinical services already available, such as stand alone, or operate as mobile or outreach HTC.
        - Conduct School-based testing targeting sexually active youth, typically individuals ages 12 or 13 and older.
        - Promote HTC in all tertiary education institutions.
        - Scale up youth and adolescent friendly counselling and testing services
    - Strengthen the capacity of youth centres to serve as resource centres for HTC
        - Develop sporting and entertainment activities (procure TV & Video; establish a volley ball, tennis, basket ball and reading clubs)
        - Refurbish youth community centres to serve as HIV and AIDS resource centres and provide basic services (HTC, condoms, education, etc)
        - Strengthen partnership between schools and community based youth centres to expand the scope of coverage of HTC for young people
    - Scale up and Promote Testing and counseling campaigns
        - Conduct community based awareness campaigns on HTC in collaboration with CSO, CBO and FBOs
        - Develop and implement mass media (television, radio and print media) campaigns on HTC
        - Promote mass media campaigns focusing on a particular appropriate day such as World AIDS Day, VCT Day, or for couples, around Valentine's Day.
        - Sensitize and mobilise traditional and religious leaders to speak on the benefits of HTC
        - Place billboards in strategic places.
- Strengthen and promote HTC in multi-disease prevention Campaigns
    - Plan together for health days such as diabetes, world AIDS day, and hypertension screening, TB day etc.
    - Integrate HTC to other disease prevention campaigns such health days such as diabetes, world AIDS day, and hypertension screening, TB day etc.
    - Develop user friendly counselling and testing services for MARPS
        - Recruit and train MARP mobilisers on HIV counselling and testing
        - Train MARPs as peer educators and HCT counselors
        - Introduce a 'VCT wallet" for MARPS and other vulnerable groups

- Develop a truckers "first Aid Kit" that would include HTC

- **Promote couple counselling including discordant couples**
  - Conduct orientation workshops for HIV counsellors on couple and discordant couple counselling
  - Develop mass media to promote couple counselling
  - Screen for and address IPV as part of couples counseling
  - Conduct national level trainings (TOT) on HTC (specifically couple counselling)
  - Provincial and District Level trainings in HTC (specifically couple counselling) (
  -
  - Conduct community conversations targeted to couples / stable unions and relationships including discordant couples on HTC services
  - Provide couple counselling and testing services with support for mutual disclosure, in all settings.
  - Provide ongoing counseling and support to women with a history of IPV so that they make considered judgments concerning the safety and feasibility of involving their partners in testing or disclosure.
  - Engage couple champions in all the districts to participate in demand creation and HIV testing.
  -
- Strengthen male involvement in HTC interventions
  - Develop and implement male involvement interventions (at community and health facility levels) including developing and producing male targeted IEC materials on HTC
  - Conduct advocacy with opinion leaders at community level to increase the number of health facility which are male friendly
  - Involve men in taking action to encourage their partners to go for HTC.
- **Strengthen HTC for Key Populations**
  - **Provide HTC services for key populations**
  - Conduct 'moonlighting ', by providing testing services at times and locations convenient to key populations.
  - Provide Mobile and outreach HTC to marginalized populations such as the blind, the deaf and dumb and the physically disabled.
  -

3.3.4. Strategic Objective 4: Referral to treatment

To strengthen facility and community-level HIV testing and counselling referral and linkage systems for appropriate follow-up prevention, treatment and care services

Outcome

All adults, adolescents, children undergoing HTC are linked to prevention, treatment and care services

Outputs

- At least 95% of eligible HIV infected adults, adolescents, children are on ART, and 85% retained in care 24 months after initiation

- Percentage of women who were counselled during the ANC for their most recent pregnancy, and who were offered and accepted an HIV test and received their test results in the last twelve months increased from (47,175/79,498) 61% in 2009 to

(72,828/85,708) 80% in 2013 and (85,655/90,153) 95% by 2016

- Strengthened referral system and trainingof service providers on its application
- Functional referral/follow up mechanisms including infants who test HIV positive to other appropriate services i.e. PMTCT, ARV, nutrition services developed

Strategies and activities

- **Strengthen the referral system and train service providers on its application**
    - Review, establish and strengthen referral tracking systems and procedures
    - Develop standardized referral and linkage tracking protocols and tools
    - Incorporate referral tracking indicators into the consolidated reporting system
    - Training HTC implementers on the use of the standardized protocols and tools
- **Develop functional referral/follow up mechanisms including infants who test HIV positive to other appropriate services i.e. PMTCT, ARV, nutrition services,**
    - Refer people including infants who test HIV positive to other appropriate services i.e. PMTCT, ART, nutrition services, etc
    - Provide and track links with prevention, care and treatment services (including pre-ART, ART, PMTCT,STI, FP, MCH and TB symptoms screening)
    - Provide linked services, such as TB symptom screening and referral
    - Provide and track links with male circumcision, STI, FP and MCH services
    - Strengthen referral system to ART services for both women and men who test HIV positive
- **Increase the number of health facilities providing ART services.**
    - **Conduct ART health facility needs assessment;develop an implementation plan.**
    - **Provide the capacity required for health facility to offer ART**

3.3.5. Strategic Objective 5: Strengthen human resource capacity

To strengthen the national human resource capacity for HIV testing and counselling in line with the broader Human Resource for Health plan.

Outcome

- Health worker capacities to implement the HTC services increased.

Outputs

- Human resource capacity (adequacy, skills, composition and retention of skilled persons) sufficient to support the planning and implementation of the HTC developed

- Competency framework for all health workers which sets minimum expected standards of performance developed
- Capacity of health workers to initiate HTC and establish effective systems for follow up and retention in prevention, treatment and care services isstrengthened.

Strategies and activities

- **Develop human resource capacity (adequacy, skills, composition and retention of skilled persons) sufficient to support the planning and implementation of the HTC**
    - Develop/update a comprehensive human resources plan matching health workers according to the existing staffing norms focusing at clinic levels to ensure optimal delivery of HTC.
    - Consider improvements to conditions of service for health workers, to minimize attrition and to motivate staff through reviewing, increasing and implementing salary scales for health workers
    - Retention in service of Psychosocial Counsellors to support HTC services
- **Develop competency framework for all health workers which sets minimum expected standards of performance**
    - Conduct refresher training course for HW, counsellors to support HTC
    - Integrating HIV, AIDS and HTC into health workers pre-service and in-service training
    - Provide Counselors, health workers and peer/lay counselors including people with HIV
    - Strengthen the involvement of PLHIV in accelerating HTC

3.3.6. Strategic Objective 6: Supply Chain Management

To reinforce the procurement and supply chain management systems to guarantee regular and consistent supplies for HIV testing and counselling services

Outcome

- Capacities for facilities to implement the HTC service increased or improved

Outputs

- Uninterrupted availability of good quality essential medicines and diagnostics for HIV and AIDS, in accordance with prescribed standards

Strategies and activities

- Strengthen the capacity of laboratories and pharmacy to support the delivery of HTC
    - Strengthen and coordinate selection, quantification and procurement of rapid HIV and DNA PCR bundles

- Strengthen the distribution of rapid HIV test kits and DNA PCR bundles to support the expansion of HTC services
- Maintaining adequate stocks of HTC supplies at national and facility levels
- Establish HIV testing capacity including -----Adequate lab capacity (for both screening and confirmatory testing)

3.3.7. Strategic Objective 7: Quality Assurance

To ensure quality assurance and quality control in the provision of HIV testing and counselling services at all levels.

Outcome

Improved quality assurance through ongoing monitoring and supervision(quarterly facility visits) of the workforce to ensure that quality of service provision is maintained and the workforce is supported

Outputs

- Renovated and equipped health and non-health facilities (Infrastructure, laboratories, pharmacies etc) to provide appropriate and safe space for counseling, where discussion can be confidential
- Strengthened process of conducting HTC

Strategies and activities

- **Renovate and equip health and non-health facilities (Infrastructure, laboratories, pharmacies etc) to provide appropriate and safe space for counseling, where discussion can be confidential**
  - Increase the number of health and non health facilities with certified and trained staff, adequate testing kits providing HTC as way of assuring equitable access to HTC services
- **Strengthen the process of conducting HTC**
  - Implement the checklist for HTC minimum standards together with the MOHCW's comprehensive health facility assessment tool for HIV and AIDS at district level
  - Support and supervise HTC services to assure Quality improvement measures to support and maintain the quality of counseling
  - Conduct exit surveys and mystery clients and case conferences to check that Minimum standards for post-test counselling are available
  - Assure quality in HIV test kits and reagents.

3.3.8. Strategic Objective 8: M&E/ Implementation Science

To improve the generation, dissemination and use of strategic information for decision making in planning, implementation, monitoring and evaluation of the HTC program

Outcome

- National HIV Health Sector M&E systems provide 100% of the indicator values for HTC (baselines and targets) by 2013 and maintained by 2015

Outputs

- Translation and implementation of the HTC strategy at all levels promoted
- Innovative HTC interventions and models explored, piloted and implemented

Strategies and activities

- **Promote the translation and implementation of the HTC strategy at all level**
  - Monitor the implementation of HTC at all levels
  - Develop an efficient monitoring and reporting system in line with the national M&E system.
  - Conduct on-going quantitative and qualitative assessments of HTC service provision
  - Coordinate with all HTC implementing partners to analyse HTC data from multiple sources including HTC programmes, surveillance systems, and population-based surveys.
- **Explore, pilot and implementing innovative HTC interventions and models**
  - Capture and record testing and linkage to services, and monitoring client acceptability and any adverse outcomes
  - Develop a research protocol based on best practices
  - Identify and train research assistants
  - Conduct research on HTC delivery models - collect, analyse and disseminate information
- **Increased community participation, participatory monitoring and accountability in the roll out of HTC**
  - Provide support through the peer to peer community supporter based at health facility
  - Develop a more comprehensive and efficient community support mechanisms
  - Develop and standardize data capturing and reporting tools for CBWs that should feed into the HMIS and the NAC reporting tools/ system

4.0. Financing the HTC Implementation Plan

The resources required for the HTC Implementation Plan have been estimated at $152,943,797USD over 2 years, as illustrated in Table 2 below.

Table 2: HTC Implementation Plan cost by objective

Obj.	Programmatic area	Year 1	Year 2	Total	%
1	Policy & Coordination	$235,960	$118,973	$354,934	0.2%
2	Demand creation	$9,573,667	$9,308,408	$18,882,075	12.3%
3	Increase service delivery coverage	$64,462,765	$63,734,687	$128,197,452	83.8%
4	Referral to treatment	$940,691	$959,002	$1,899,693	1.2%
5	Strengthen human resource capacity	$88,672	$88,672	$177,345	0.1%
6	Supply Chain Management	$90,179	$90,179	$180,359	0.1%
7	Quality Assurance	$1,058,444	$1,058,444	$2,116,889	1.4%
8	M&E/ Implementation Science	$567,526	$567,526	$1,135,051	0.7%
	Total	**$77,017,905**	**$75,925,892**	**$152,943,797**	**100.0%**

This estimate includes all direct costs associated with demand creation, service delivery and program coordination. The plan was costed based on the **incremental** costs associated with plan implementation, **not on a total cost basis**. For example, the cost of infrastructure improvements to facilities has been included, however, the value of existing infrastructure and equipment (e.g. facilities, vehicles) is not included.

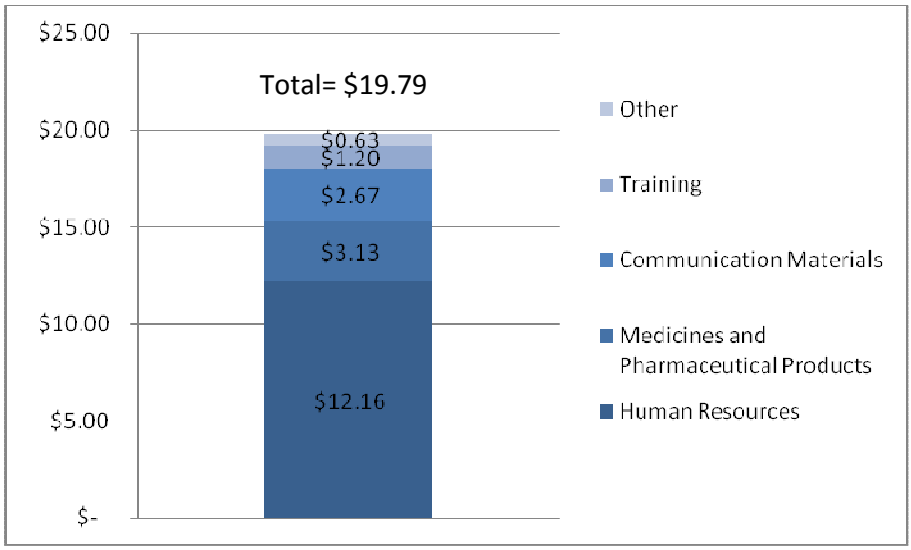
Table 3 below illustrates plan cost broken down by cost category. The largest percentage of costs is attributable to *Human Resources (62%),* followed by *Medicines and Pharmaceutical Products (16%)* and *Communication Materials (14%)*.

Table 3: HTC Implementation Plan cost by cost category

Cost category	Year 1	Year 2	Total	%
Human Resources	$46,990,879	$46,994,776	$93,985,655	61.5%
Medicines and Pharmaceutical Products	$12,076,002	$12,094,067	$24,170,068	15.8%
Communication Materials	$10,459,680	$10,209,680	$20,669,360	13.5%
Training	$4,625,270	$4,625,270	$9,250,541	6.0%
Meetings	$2,503,181	$1,639,205	$4,142,386	2.7%
Research	$200,000	$200,000	$400,000	0.3%
Transport	$115,723	$115,723	$231,447	0.2%
Infrastructure and Other Equipment	$47,170	$47,170	$94,340	0.1%
Technical Assistance	$0	$0	$0	0.0%
Total	**$77,017,905**	**$75,925,892**	**$152,943,797**	**100%**

The estimate of required resources is based on reaching the national target of 50% adult coverage of HTC in 2014 and 2015 which will require an estimated **7,633,530 tests**. This estimate also includes the cost of achieving 46% coverage of EID testing which will require an estimated **93,897 tests**. The above yields an average unit cost of **$19.79 per client tested,** as illustrated in Figure 2 below.

Figure 2: Unit cost of HTC by category



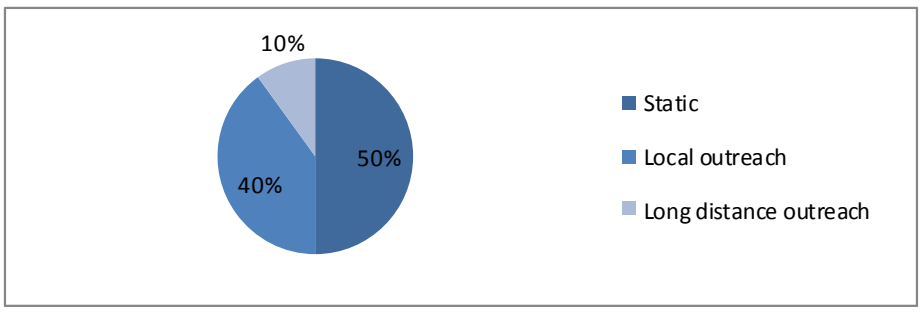
4.1 Human Resources

As noted above, the unit cost of HTC is driven by Human Resource costs. This is due to the significant amount of staff time required to provide the complete package of HTC services to one client as well as the high cost of allowances required to provide the service on a largely outreach basis.

The required number of counselors was estimated based on an average test time of 54 minutes, which includes the test as well as pre and post-test counseling. Based on this estimate, it is assumed that a full-time counselor who works 7 hours a day (8 hours less lunch) can conduct 6.27 tests per-day (80% of time spent actively testing).

The estimated cost of counselors providing testing includes salaries and allowances for staff providing testing services through a mixed model approach which uses static sites (no DSA provided), local outreach (lunch allowance provided) and long-distance outreach (full DSA). While there may be many more detailed types of "service delivery modes" described in the plan, from a costing perspective the key assumptions relate to the distance and length of trip. As such all HTC activities in the plan were allocated to a combination of these three models.

Figure 3: Assumed percentage of HTC clients reached by service delivery model



As the costs of providing outreach are significant, the total cost of the plan is driven by the assumed percentage of clients reached through each model. It was assumed that 50% of the target would be reached through static sites, 40% through local outreach and 10% through long distance outreach, as illustrated in Figure 3 above.

4.2 Commodities

The estimated cost of HTC commodities (Medicines and Pharmaceutical Products) accounts for **16%** of total costs. This includes the cost of rapid tests and condoms for adults as well as EID laboratory costs for infants. For adults, the assumed unit cost of rapid tests and condoms are described in Table 4 below. A 10% allowance for wastage was included in the calculation of commodities required.

Table 4: Calculation of HTC commodities per client

Commodity	Unit cost	Unit	Units per client	% of clients requiring test	Cost per average client
Initial test	$0.72	per test	1.00	100%	$0.72
Confirmatory test	$1.60	per test	1.00	14.3%	$0.23
Tie-breaker test	$0.80	per test	1.00	2%	$0.02
Condoms	$0.42	per condom	2.00	100%	$0.84
				Sub-total	$1.80
				Allowance for wastage	$0.18
				Total	**$1.99**

Procurement/freight and distribution costs were included as a percentage markup over commodity prices (36% and 12% respectively). This leads to a total cost of commodities per client of **$2.94** as shown in Table 5.

Table 5: Total commodity costs per adult client

Category	Cost per client	
Commodities	$	1.99
Procurement costs	$	0.72
Distribution costs	$	0.24
Total	$	2.94

An additional allowance was included to account for the cost of conducting randomized QA testing on commodities.

4.3 Communication Materials

The estimated cost of communications materials includes both mass media and local demand creation through Inter-personal Communication (IPC). Mass media costs include the production of a national campaign including television, radio, billboard and IEC materials. Additionally, the cost of placement for television, radio and billboards was included.

At the community level, the cost of printing the required IEC materials was included as well as an estimate of the required funding for provinces and districts to implement campaign activities.

4.4 Training

The majority of training costs relate to planned trainings of HTC providers at all levels. At national level, the cost of Training of Trainers (ToT) with participants from PHO was included, at provincial level ToTs with participants from districts were included and at district level the cost of provider training at DHO for facility staff was included.

Additional training costs were included for sensitization workshops for key opinion leaders (e.g Traditional Leaders, Religious Leaders, Media).

Additional detail on costing assumptions can be found in Annex II.

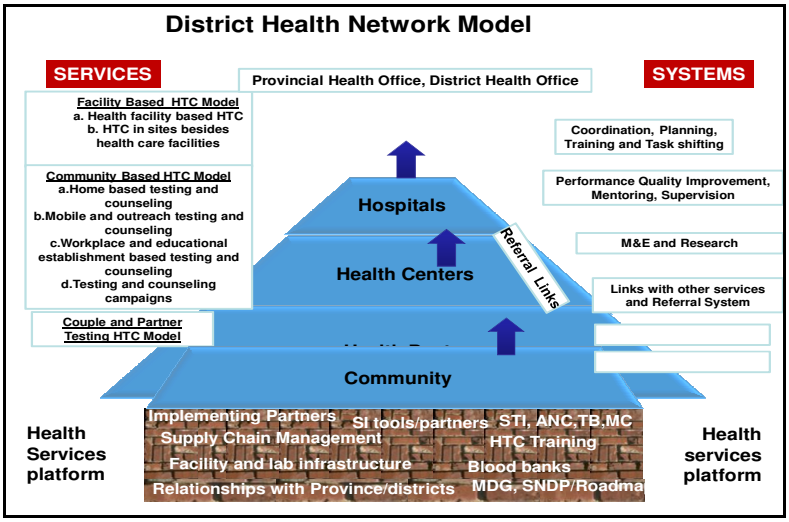
5.0. Implementation arrangements

The national response to HTC will be coordinated and managed according to an integrated structure and the following principles:

- Mainstreaming into existing programme delivery systems
- Utilization of an integrated approach .
- Coordinated within a national framework to ensure uniform quality, an equitable implementation and efficiencies that can come with scale of operation.

The HTC 2014-2015 implementation plan will be implemented within the context of the National Decentralisation Programme and Implementation Plan. Coordination of the national multi-sectoral response takes place at four levels, i.e. national, provincial, district and community levels. Coordinating structures are in place to orchestrate and harmonise the multi-sectoral response into a set of broad but cohesive and focused interventions at the various levels of implementation

Figure 4: District Health Network Model



5.1. Evaluation of the HTC Implementation Plan

The HTC Plan will be reviewed annually for two years. A formal evaluation will be conducted in 2015. The evaluation will assess the extent to which the HTC Plan has achieved its results. The evaluations results will be compared with against the baseline information available at the start of the HTC implementation or those that will be added during the annual review process having been established in the preceding year

Reporting of the HTC performance

Reporting on the HTC performance will be done quarterly using standardised tools. It will include both narrative and financial reports.. The narrative reports will highlight among other issues the following:

- The status of implementation.
- Achievements made during the quarter in terms of targets and other outputs.
- Emerging challenges and how they were addressed, and not addressed.

The financial reports will be in form of balance sheet analysis indicating how much funds were received and how much has so far been used and for what purpose. The reports should also contain information on environment changes such as prices changes, availability or lack

Annex I: Results framework for the HTC Implementation Plan 2014 - 2015

Impacts	•By 2015, the rate of annual HIV new infections reduced from 1.6% to below 0.8%(82,000 annual new infections to 40,000) •The number of infants born of HIV positive mothers who are infected has reduced to less than 5% by 2015 •PLHIV who are alive at 36 months after initiation of antiretroviral therapy has increased from 65% in 2009 to 85% by 2015							
Strat Objectives	Strategic Objective 1: To strengthen the enabling Policy framework and capacity for advocacy and co-ordination to facilitate a sustainable scale-up of HTC service delivery in Zambia	Strategic Objective 2: To increase utilization of HIV testing and counselling services through social and behaviour change communication	Strategic Objective 3: To expand coverage of integrated HIV testing and counselling services through implementation of a variety of HIV testing and counselling models	Strategic Objective 4: To strengthen facility and community-level HIV testing and counselling referral and linkage systems for appropriate follow-up prevention, treatment and care services	Strategic Objective 5: To strengthen the national human resource capacity for HIV testing and counselling in line with the broader Human Resource for Health plan.	Strategic Objective 6:To reinforce the procurement and supply chain management systems to guarantee regular and consistent supplies for HIV testing and counselling services	Strategic Objective 7: To ensure quality assurance and quality control in the provision of HIV testing and counselling services at all levels	Strategic Objective 8: To improve the generation, dissemination and use of strategic information for decision making in planning, implementation, monitoring and evaluation of the HTC program
Outcomes	Supportive policy environment to facilitate integration of community responses and health systems in the scale up of HTC	Improved social and behaviour change communication with increased number of people utilising HTC services	Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 15.4% in 2008 to 30% in 2013 and 50% by 2015	All adults, adolescents, children undergoing HTC are linked to prevention, treatment and care services	Health worker capacities to implement the HTC services increased	Capacities for facilities to implement the HTC service increased or improved	Improved quality assurance to ensure that quality of service provision is maintained and the workforce is supported	National HIV Health Sector M&E systems provide 100% of the indicator values for HTC (baselines and targets) by 2013 and maintained by 2015
Outputs	Improved leadership, ownership and accountability for the HTC Reduced barriers to services for the poor and vulnerable and hard to reach areas and improve program efficiency Strengthened and integrated HTC into management and coordination structures at all levels to facilitate delivery of HTC Services Strengthened collaboration with Traditional leaders and CBO in HTC Utilization of evidence-based technical guidance and training materials at all levels HTC support and supervision integrated with other health supervisory systems provided	A communication framework and materials to support HTC developed Support to the media to adequately address HTC issues provided, Community mobilisation to increase demand for HTC intensified.	The coverage of testing and counselling services (PITC and CITC) enabling access and utilization by all Health facilities and integrate HTC and referral for treatment increased to 100% and remains at the same level by 2015 % of the Zambian Females and males aged 15-49 who received an HIV test in the last 12 months and know their results increased from 28% (1910253/6822332) in 2009 to 41% (3,023,728/7330249) in 2013 and 50% (3,816,765/7633530) by 2015 Couple counselling including discordant couples promoted	Percentage of Women who were counselled during the ANC for their most recent pregnancy, and who were offered and accepted an HIV test and received their test results in the last twelve months increased from (47,175/79,498) 61% in 2009 to (72,828/85,708) 80% in 2013 and (85,655/90,153) 95% by 2015 At least 95% of eligible HIV infected adults, adolescents, children are on ART, and 85% retained in care 24 months after initiation Strengthened referral system and training of service providers on its application Functional referral/follow up mechanisms	Human resource capacity (adequacy, skills, composition and retention of skilled persons) sufficient to support the planning and implementation of the HTC developed Competency framework for all health workers which sets minimum expected standards of performance developed Capacity of health workers to initiate HTC and establish effective systems for follow up and retention in prevention, treatment and care services is strengthened.	Uninterrupted availability of good quality essential medicines and diagnostics for HIV and AIDS, in accordance with prescribed standards	Renovated and equipped health and non-health facilities (Infrastructure, laboratories, pharmacies etc) to provide appropriate and safe space for counseling, where discussion can be confidential Strengthened process of conducting HTC	Translation and implementation of the HTC strategy at all levels promoted Innovative HTC interventions and models explored, piloted and implemented Increased community participation, participatory monitoring and accountability in the roll out of HTC

Annex II : HTC Implementation Plan 2014-2015 Performance Framework

Results			Key Performance indicators	Data source	Performance Targets		
Impact	Outcomes	Outputs			Baseline	2014	2015
Impact results : • By 2015, the rate of annual HIV new infections reduced from 1.6% to below 0.8%(82,000 annual new infections to 40,000)				DHS			
• The number of infants born of HIV positive mothers who are infected has reduced to less than 5% by 2015				DHS			
• PLHIV who are alive at 36 months after initiation of antiretroviral therapy has increased from 65% in 2009 to 85% by 2015			Percentage of adults and children with HIV still alive and Known to be on treatment 12 (18, 24, 36, 48 & 60) months after initiation of Antiretroviral therapy	ART registers; Tracking study			
			24 months				
			36 months				
Strategic Objective 1: To strengthen the enabling Policy framework and capacity for advocacy , co-ordination and supervision to facilitate a sustainable scale-up of HTC service delivery in Zambia.							
	Supportive policy environment to facilitate leadership, management, coordination and supportive supervision of HTC program at all levels						
		Improved leadership, ownership and accountability for the HTC					
		Reduced barriers to services for the poor and vulnerable and hard to reach areas and improve program efficiency					
		Strengthened and integrated HTC into management and coordination structures at all levels to facilitate delivery of HTC Services					
		Strengthened collaboration with Traditional leaders and CBO in					

Results			Key Performance indicators	Data source	Performance Targets		
Impact	**Outcomes**	**Outputs**			**Baseline**	**2014**	**2015**
		HTC					
		Utilization of evidence-based technical guidance and training materials at all levels					
		HTC support and supervision integrated with other health supervisory systems provided or A functional joint support supervision system	Common /shared quarterly Joint supervision checklist				
			# of districts with effective referral and linkages between health facilities, other points of care and community based organizations				
Strategic Objective 2: To increase utilization of HIV testing and counselling services through social and behaviour change communication							
	Improved social and behaviour change communication with increased number of people utilising HTC services						
		A communication framework and materials to support HTC developed	Functional communication strategy	MCDMCH prog data			
		Informative and supportive media to the provision and access of HTC**or Support to the media to adequately address HTC issues provided,**	% of media personnel demonstrating adequate knowledge on HTC	Ind assessments			
			# of media personnel trained	MCDMCH prog data			
			# & % of media dialogue sessions held annually;	MCDMCH prog data			
		Community mobilisation to increase demand for HTC intensified.	% of support groups linked with the health facilities	MCDMCH prog data			
			# &% of Health centre committees provided with technical and logistical support	MCDMCH prog data; Facility			

Results			Key Performance indicators	Data source	Performance Targets		
Impact	**Outcomes**	**Outputs**			**Baseline**	**2014**	**2015**
			to address HTC	survey			
			Functionality of the inter health facilities and facility- CBW referral system	MCDMCH prog data			
			% of health facilities with /linked to peer educators/ workers to support PLHIV;	Facility survey			
			% of PLWHIV and reached through peer support	BSS; DHS; AIS			
Strategic Objective 3: To expand coverage of integrated HIV testing and counselling services through implementation of a variety of HIV testing and counselling models							
	Percentage of females and male aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 41% in 2013 to 47% in 2014; 50% in 2015 and 55% by 2016.						
		The coverage of testing and counselling services (PITC and CITC) enabling access and utilization by all Health facilities and integrate HTC and referral for treatment increased to 100% and remains at the same level by 2016	# of Health facilities conducting PITC and CITC	MCDMCH prog data			
			Proportion of districts with PITC and CITC services				
			Proportion of health institutions practicing integration, PITC at all health encounters				
		% of the Zambian Females and males aged 15-49 who received an HIV test in the last 12 months and know their results increased from 28% (1910253/6822332) in 2009 to 41% (3,023,728/7330249) in 2013 and 80% (6,038,451/7633530) by 2016					
		% of the Most at risk population who received an HIV test in the last 12 months and know their status	# and % estimate of Key populations accessing HTC services	BSS			

Results			Key Performance indicators	Data source	Performance Targets		
Impact	**Outcomes**	**Outputs**			**Baseline**	**2014**	**2015**
		increased to 35% by 2013 and to 70% by 2016 [disaggregated by MARP category)	# and % estimate of underserved and other hard to reach populations accessing HTC*(define underserved & hard to reach in national context)*	BSS			
			# of Innovative effective & efficient models of service delivery that can help reach more remote and hard-to-reach populations and treatment	MCDMCH prog data			
			# of programs to specifically Increase outreach HTC services for key populations (sex workers, people with disabilities, prisoners, migrant workers, OVC, and high risk male population, long distance, truck drivers, MSM)				
			% districts that have trained peer counselors for People with Disability	Ind assessments			
			# & % of districts that have undertaken awareness campaigns targeting PLW disability, prisoners and prison officers to create demand for services and share correct information on HIV care and treatment, SHSR through training and mentorship	Ind assments			
Strategic Objective 4: To strengthen facility and community-level HIV testing and counselling referral and linkage systems for appropriate follow-up prevention, treatment and care services							
	All adults, adolescents, children undergoing Hare linked to prevention, treatment and care services						
		Percentage of Women who were counselled during the ANC for their most recent pregnancy, and who were offered and accepted an HIV test and received their test results in the last twelve months increased from (47,175/79,498) 61%					

Results			Key Performance indicators	Data source	Performance Targets		
Impact	**Outcomes**	**Outputs**			**Baseline**	**2014**	**2015**
		in 2009 to (72,828/85,708) 80% in 2013 and (85,655/90,153) 95% by 2015					
		At least 95% of eligible HIV infected adults, adolescents, children are on ART, and 85% retained in care 24 months after initiation					
		Strengthened referral system and training of service providers on its application					
		Functional referral/follow up mechanisms developed					
Strategic Objective 5: To strengthen the national human resource capacity for HIV testing and counselling in line with the broader Human Resource for Health plan.							
		A national health human resources development plan for supporting scaling up HIV care and treatment in the public and private sectors (Check if existing)	A health human resources plan for supporting scaling up HTC	MOHCW prog data			
		Increased competence on HTC of all practicing health personnel including those in the private sector	Proportion of health workers trained workers in HTC	MCDMCH prog data			
			% of health facilities with updated guidelines for HTC	MCDMCH prog data			
			% of health workers oriented to the 2013 WHO guidelines	MCDMCH prog data			
		Adequate numbers of health personnel (health workers and community health workers) appropriately trained, remunerated and providing HTC services in all institutions and communities.	Health workers retention rate	MCDMCH prog data			
			% of health workers reporting job satisfaction.	MCDMCH prog data; HR survey			

Results			Key Performance indicators	Data source	Performance Targets		
Impact	**Outcomes**	**Outputs**			**Baseline**	**2014**	**2015**
			# &% of CBHCW trained in HIV care and treatment				
		A more enabling environment for meaningful participation of PLHIV in HTC	stigma Index study done and the results made available	MCDMCH prog data			
			A stigma reduction module for training of health workers that is included as part of the comprehensive HIV/MNCH training	MCDMCH prog data			
Strategic Objective 6: To reinforce the procurement and supply chain management systems to guarantee regular and consistent supplies for HIV testing and counselling services							
	Increased facility capacities (diagnostic technologies, medicines, other medical supplies) to implement the HTC program			MCDMCH prog data			
		Increased capacity of laboratories and pharmacies at health centers to support the delivery of HIV care and treatment	# & % of central, provincial and district laboratories refurbished to support HIV care and treatment as per national infrastructural capacity guidelines	Ind assessments			
			Number of labs staff trained	MCDMCH prog data			
			% of accredited laboratories by province, district and facilities with staff with requisite training	Facility survey			
			Number of health facilities refurbished	Facility survey; MCDMCH prog data			
		Improved procurement and supply chain management capacity	# &% of health facilities with good cold chain management system as per national guidelines	Facility survey; MCDMCH prog data			
		Increased availability of medicines, diagnostics and other medical	% of health facilities & laboratories with no stock out of	Facility			

Results			Key Performance indicators	Data source	Performance Targets		
Impact	**Outcomes**	**Outputs**			**Baseline**	**2014**	**2015**
		supplies for HIV and AIDS and TB at service delivery points	vital laboratory supplies for HTC*over past 3 and12 months*	survey			
			# & % of sites processing DBS samples for DNA PCR services	Facility survey			
			Existence of functional Procurement and supply management plan	Ind assessment			
			Annual quantification and forecast schedule to guide procurement and distribution of commodities for HTC	Ind assessment			
			Existence of a cold chain system for distribution lab commodities	Ind assessment			
Strategic Objective 7: To ensure quality assurance and quality control in the provision of HIV testing and counselling services at all levels							
	Improved quality assurance to ensure that quality of service provision is maintained and the workforce is supported						
		Renovated and equipped health and non-health facilities (Infrastructure, laboratories, pharmacies etc) to provide appropriate and safe space for counseling, where discussion can be confidential					
		Strengthened process of conducting HTC					
Strategic Objective 8: To strengthen and improve generation, dissemination and use of strategic information for decision making in planning, implementation, monitoring and evaluation of HTC program							
	National HIV Health Sector M&E systems provide 100% of the indicator values (baselines and targets) by 2015		A functional M&E framework of the HTC		•	•	•

Results			Key Performance indicators	Data source	Performance Targets		
Impact	**Outcomes**	**Outputs**			**Baseline**	**2014**	**2015**
		Translation and implementation of the HTC strategy at all levels promoted	Functional strategy and SOP for using facility data to improve programme	Ind assessment			
		Innovative HTC interventions and models explored, piloted and implemented	identifiable case studies of programme data informing programming, performance assessment and policy development	Ind assessment			
		Increased community participation, participatory monitoring and accountability in the roll out of HTC	# of new support groups formed in districts and communities where support groups do not exist	MCDMCH prog data			
			# of community leaders and community treatment support groups supported	MCDMCH prog data			
			# & % of different categories of CBHCW oriented /introduced to task-sharing duties home-based support	MCDMCH prog data			
			% of CHWs using standardized data capturing and reporting tools for that feed into the HMIS and the NAC reporting tools/ systems	MCDMCH prog data			

Annex III: Costing assumptions

The HTC Implementation plan was costed based on an assumed exchange rate of **5.3** KR/USD. Additional detail on key costing assumptions is provided below.

Plan targets

Table 6: Adult HTC targets

Description	Assumption	Unit
Target testing coverage % each year	50%	percent
Total # of Zambian Females and Males aged 15-49 in 2015	7,633,530	people
Annual testing target	3,816,765	people
Number of years in plan	2	years
Total # of tests required	**7,633,530**	**tests**

Table 7: EID testing targets

		Year 1	Year 2	
Assumptions for long term impact	**2013**	**2014**	**2015**	**2016**
Expected pregnancies	620,522	634,597	649,195	663,792
HIV prevalence among pregnant women	15.90%	15.90%	15.90%	15.90%
Infants requiring EID testing	98,663	100,901	103,222	105,543
% of women presenting at a clinic whose infants receive DNA PCR test by 2 months (EID coverage)	46%	46%	46%	46%
EID tests required	45,385	46,414	47,482	48,550

Human Resource requirements

Table 8: Calculation of tests per counsellor per day

Description	Assumption	Unit
Pre-test counseling	30	minutes
Test time	15	minutes
Post test time - Neg	5	minutes
Post test time - Pos	30	minutes
% of positive tests	14.3%	percent
Average test time	53.58	minutes
Work hours per staff day (excluding lunch)	7.00	hours
Percent of time spent actively testing	80%	%
Tests per counsellor per day	6.27	tests

Human Resource costs

Table 9: Salary and allowance assumptions

	Annual Salary (KR)	Annual Salary(USD)	Monthly Salary (KR)	Days worked per week	Weeks worked per year	Salary per day
Counselor	47,562	$8,974.00	3,964	5	45	$39.88
Hygiene assistant	37,248	$7,028.00	3,104	5	45	$31.24
Driver	37,248	$7,028.00	3,104	5	45	$31.24

Allowance assumptions	Assumption	Unit
DSA	450	KR/Day
Lunch allowance for working out of station	50	KR/Day
Local transport refund	50	KR/Day

Annex V: HTC Implementation Plan 2014-2015 Log Framework

Zambia National HTC: Detailed Implementation Plan 2014-2015	
Goal:	To achieve 50% HTC coverage among Zambian Females and males aged 15-49 who receive an HIV test in the last 12 months and know their results by 2015
Impact Results:	By 2015, the rate of annual HIV new infections reduced from 1.6% to below 0.8% (82,000 annual new infections to 40,000) The number of infants born of HIV positive mothers who are infected has reduced to less than 5% by 2015 PLHIV who are alive at 36 months after initiation of antiretroviral therapy has increased from 65% in 2009 to 85% by 2015
Outcome Results:	Supportive policy environment to facilitate leadership, management, coordination and supportive supervision of HTC program at all levels Improved social and behaviour change communication leading to increased number of people utilising HIV testing and counselling services Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 15.4% in 2008 All adults, adolescents, children undergoing HTC are linked to prevention, treatment and care services Health worker capacities to implement the HTC services increased. Capacities for facilities to implement the HTC service increased or improved Improved quality assurance through ongoing monitoring and supervision(quarterly facility visits) of the workforce to ensure that quality of service provision is supported National HIV Health Sector M&E systems provide 100% of the indicator values for HTC (baselines and targets) by 2013 and maintained by 2015
Output Results:	[OP11] Females and males aged 15-49 who received an HIV test in the last 12 months and know their results has increased from 28% (1910253/6822332) in 2009 to 41% (3,023,728/7330249) in 2013 and 50% (3,038,451/7633530) by 2015
Main Program Indicators:	% of women and men 15-49 who were tested for HIV in the past 12 months and received their results

Outcome	Strategy	Activities	Timeframe								Responsible Institution	Implementers and support partners	Verifiable Indicator	Baseline (2013)	Targets or Activities to cost	Method of verification	Budget		
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4							2014	2015	Total
Strategic Objective 1:To strengthen the enabling Policy framework and capacity for program leadership, management, coordination and supportive supervision at national, provincial, district and local levels to facilitate a sustainable scale-up of HTC service delivery in Zambia																			
Supportive policy environment to facilitate leadership, management, coordination and supportive supervision of HTC program at all levels	**Improve leadership, ownership and accountability for the HTC**	Provide regular reports and updates to the Cabinet Committee on HIV and AIDS and the Cabinet through MCDMCH									MCDMCH	MCDMCH, MOH NAC, Cabinet Committee on HIV and AIDS, Parliament, Cabinet	**a) #** of times the Cabinet is updated by the Minister on HIV/AIDS including HTC issues per year **b) #** of times the Parliamentary committee on health updated by the PS on HIV/AIDS including HTC issues per year	Variable	Conduct 2-day stake holders meeting (50 participants) (note: Salary of HTC Officer already included in MCDMCH establishment.)	MCDMCH, MOH NAC,& Parliamentary reports	**20345.53459**	**20345.53459**	**40691.06918**

												c) # recommendations to parliament & proportion of recommendations acted upon						
		Advocate with political and other leaders at all levels to fully support HTC programs at all levels of contact :community, district, provincial and national								MCDMCH	MCDMCH, MOH NAC, Cabinet Committee on HIV and AIDS, Parliament, Cabinet	**Variable**	N/A	Staff cost already included in establishment.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**
		Strengthen national structures to improve leadership, ownership and accountability for HTC								MCDMCH	NAC, MOH	**Variable**	N/A	Staff cost already included in establishment.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**

		Improve leadership of the HTC agenda by provincial and district health managers (including PMOs and DMOs)								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF	**Variable**	N/A	Integrated into cost of quarterly HMIS meetings.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**
		Put in place systems to improve donor coordination at national, provincial and district levels								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Done through quarterly HTC technical working group at no cost.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**
	Reduce barriers to services for the poor and vulnerable and hard to reach areas and improve program efficiency	Develop/strengthen policies that support equity of HTC services								MCDMCH	MCDMCH, MOH NAC, Cabinet Committee on HIV and AIDS, Parliament, Cabinet	**Variable**	N/A	Staff cost already included in establishment.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**

		Involve the poor, vulnerable, differently abled, and hard to reach areas in HTC program implementation								MCDMCH	MCDMCH, MOH NAC, Cabinet Committee on HIV and AIDS, Parliament, Cabinet	**Variable**	N/A	Conducting field visits with a team of 3 for 5 days per quarter (for the poor vulnerable differently abled) to supervise community outreach activities (for hard- to-reach areas)	Monthly, Quarterly or Annual Reports	**17358.49057**	**17358.49057**	**34716.98113**
	Strengthen and integrate HTC into management and coordination structures at all levels to facilitate delivery of HTC Services	Develop/strengthen systems to improve integration of HTC with other HIV/TB programs								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF	**Variable**	N/A	Conduct 3-week stakeholders meeting (25 participants) Include representatives from facility and community health providers	Monthly, Quarterly or Annual Reports	**76295.75472**	**76295.75472**	**152591.5094**

		Develop/strengthen systems to improve integration of HTC into non-HIV programs								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF	**Variable**	N/A	Staff cost already included in establishment.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**
		Coordinate with HTC implementing partners to identify key strategic questions needed for strengthening the strategic focus of HTC programme								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF	**Variable**	N/A	Done through quarterly HTC technical working group at no cost.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**
		Coordinate the activities of the different HTC implementing partners with the purpose of strategic program planning through regular stakeholder meetings								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF	**Variable**	N/A	Done through quarterly HTC technical working group at no cost.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**

		Strengthen HTC program leadership, management, coordination and supervision at national, provincial, district and site levels including communities.								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF	**Variable**	N/A	Salary of HTC Officer already included in MCDMCH establishment.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**
	Strengthen Collaboration with Traditional leaders CBO in HTC	Develop a memorandum of understanding on how the collaboration between health facilities and CBOs will be managed								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Conduct week long stakeholder retreat to develop MoA (50 participants).	Monthly, Quarterly or Annual Reports	**50863.83648**	**0**	**50863.83648**
		Mobilise and engage traditional leaders to support HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	10 1-day community sensitization meetings per province per quarter.	Monthly, Quarterly or Annual Reports	**4973.584906**	**4973.584906**	**9947.169811**

	Utilize evidence-based technical guidance and training materials at all levels	Finalize, adopt, and implement supportive polices, guidelines and SOPs for HTC that are aligned to regional and international standards								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	1-day stake holders meeting to adopt the guidelines (25 participants)	Monthly, Quarterly or Annual Reports	**5086.383 648**	**0**	**5086.383 648**
		Provide evidence-based HTC technical guidelines based on the latest technical guidance from WHO								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Included in above.	Monthly, Quarterly or Annual Reports	**0**	**0**	**0**
		Provide evidence-based training materials based on the most recent technical guidance from WHO								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Conduct week long training material development workshop to develop training manual (50 participants).	Monthly, Quarterly or Annual Reports	**50863.83 648**	**0**	**50863.83 648**

	Provide HTC support and supervision integrated with other health supervisory systems	Strengthen the national support and supervision system for HTC integrated with other existing national HIV and general health support and supervision								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	2-day consultative workshop to develop tools (25 participants)	Monthly, Quarterly or Annual Reports	**10172.7673**	**0**	**10172.7673**
		Leverage existing HTC technical working group to support development of central level workplans												Done through quarterly HTC technical working group at no cost.				
																235960.1887	**118973.3648**	**354933.5535**
Strategic Objective 2: Increase utilization of HIV testing and counselling services through social mobilisation and behaviour change communication																		

Improved social and behaviour change communication leading to increased number of people utilising HIV testing and counselling services	Develop a communication framework and materials to support HTC	Develop the national HTC communication strategy								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	informed partners, clients supportive and and service providers/ health workers enabling effective in HTC scale up	TBD	Hold a three day workshop to review existing HTC communication documents in order to develop a revised National HTC National Communication Strategy Development workshop (25 participants)	reports; Annual Programme data	15,259	0	15,259
		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	% sustained level of adequate knowledge on HTC demonstrated by the media personnel and general public;	TBD	Produce and air mass media IEC materials- Production of materials	MOHCWHR and traininh programme reports; Annual Programme data	250,000	0	250,000

		HTC																
		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	% sustained level of adequate knowledge on HTC demonstrated by the media personnel and general public;	N/A	Produce and air mass media IEC materials- 26 series TV spot	Monthly, Quarterly or Annual Reports	39,000	39,000	78,000
		Develop and produce IEC materials on HTC for the general public, including development of a mass								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information	% sustained level of adequate knowledge on	N/A	Produce and air mass media IEC materials - 26 series radio spot in 7languages	Monthly, Quarterly or Annual Reports	7,280	7,280	14,560

		media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC									,Bilateral and Multilateral	HTC demonstrated by the media personnel and general public;						
		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	% sustained level of adequate knowledge on HTC demonstrated by the media personnel and general public;	N/A	Produce and air mass media IEC materials - 8million flyers, 8 million Post Test Package	Monthly, Quarterly or Annual Reports	8,000,000	8,000,000	16,000,000
		Develop and produce IEC materials on HTC for the general								MCDMCH	NAC, MOH, PMO, DHMT,	% sustained level of	N/A	Produce and air mass media IEC materials - 70	Monthly, Quarterly or Annual	70,000	70,000	140,000

		public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC									DATF, PATF, Ministry of Information ,Bilateral and Multilateral	adequate knowledge on HTC demonstrated by the media personnel and general public;		000 posters	Reports			
	Provide support to the media to adequately address HTC issues,	Strengthen HTC awareness and literacy promotion partnerships within communities								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral			Secure operational funding for selected CSOs (1 grant per province, $10,000 per year)		100,000	100,000	200,000
		Conduct awareness and sensitisation campaigns on HTC at all levels, targeting policy makers								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral			Hold 10 1-day sensitization workshops for key advocacy groups (40 participants), per province per year.		49,736	49,736	99,472

		(members of parliament,), political, community and religious leaders, civil society, business leaders, tertiary institutions, professional associations, medical insurance bodies and others									and Multilateral							
		Conduct training and provide relevant information on HTC to media networks and media houses.								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral		N/A	Holding one media orientation workshop (for 30 people for 1 days) each year	Monthly, Quarterly or Annual Reports	6,104	6,104	12,207
	Intensify community mobilisation to increase demand	Support quarterly media dialogue on HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and	**Variable**	N/A	Hold 30 Media house call in-programs per year	Monthly, Quarterly or Annual Reports	3,600	3,600	7,200

	for HTC										Multilateral							
		Identify existing support groups and encourage formation of new ones in districts and communities where support groups do not exist								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Every facility to hold 1 annual sensitization meeting with each group of key opinion leaders in their community (e.g. traditional leaders, religious leaders, community leaders, NHCs). Assume 2000 facilities, 20 people per meeting.	Monthly, Quarterly or Annual Reports	497,358	497,358	994,717
		Identify community leaders and community support groups, who can be catalytic in community involvement								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and	**Variable**	N/A	Facilities to mobilise 12,000 drama groups with funds from district grant.	Monthly, Quarterly or Annual Reports	0	0	0

		in support of the HTC									Multilateral							
		Provide support to the community leaders and community treatment support groups identified as key partners in the form of training, information and provision of other promotional materials								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Included in sensitization meetings above.	Monthly, Quarterly or Annual Reports	0	0	0
		Link the support groups with the health facilities in order to strengthen the continuum of care of persons with								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Develop an inventory of community based groups per District, and NHCs to hold quarterly planning meetings (cost included in	Monthly, Quarterly or Annual Reports	0	0	0

		HIV infection												district grant).				
		Provide joint/integrated training for both CHBC and HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Conducting 12,000 community meetings by NHCs with support from health facilities (cost covered by district grant).	Monthly, Quarterly or Annual Reports	0	0	0
		Offer technical and logistical support to Health centre committees and to address HTC for children and adults								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	NHCs to distribute IEC materials to 3000 community based groups on HTC programs (30 leaflets each). NHCs to engage 8 organisations quarterly. NHC transport reimbursement covered by district grant.	Monthly, Quarterly or Annual Reports	90,000	90,000	180,000

		Review and support the functioning of the referral system from health facility to CBWs and back to health facilities (human skills refreshing, materials including registers, communication…)								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Incorporated as part of quarterly supervision.	Monthly, Quarterly or Annual Reports	0	0	0
		Develop numeric national targets for the general population and key populations								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Hold annual target setting workshop (3 days, 30 participants).	Monthly, Quarterly or Annual Reports	18310.98113	18310.98113	36621.96226
		Assess which geographic areas have gaps in the availability of services, particularly care and								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and	**Variable**	N/A	Use mega phones and PA per district (2 days quarterly per district). Mobilise 3 parliamentarians (cost	Monthly, Quarterly or Annual Reports	**144000**	**144000**	**288000**

		treatment services, and consideration of the most appropriate models of HTC delivery.									Multilateral			included in district grant). Conduct 12,000 road shows with quizzes. Assume an estimated grant of KR 10,000 per district per year.				
		Mobilise communities to participate in national events i.e. World AIDS Day, Conduct community, school, and workplace educational and awareness campaigns on the importance of HTC in collaboration with CSO, CBO and FBOs								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Identify 300 social gatherings and support them with HTC health promotion activities (assume gatherings of 100 people each, receiving transport allowance).	Monthly, Quarterly or Annual Reports	**283018.8679**	**283018.8679**	**566037.7358**

																9,573,667	**9,308,408**	**18,882,075**
Improved social and behaviour change communication leading to increased number of people utilising HIV testing and counselling services	Develop a communication framework and materials to support HTC	Develop the national HTC communication strategy								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	informed partners, clients supportive and and service providers/ health workers enabling effective in HTC scale up	TBD	Hold a three day workshop to review existing HTC communication documents in order to develop a revised National HTC National Communication Strategy Development workshop (25 participants)	reports; Annual Programme data	15,259	0	15,259
		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and	% sustained level of adequate knowledge on HTC demons	TBD	Produce and air mass media IEC materials- Production of materials	MOHCWHR and traininh programme reports; Annual Programme data	250,000	0	250,000

		(billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC									Multilateral	trated by the media personnel and general public;						
		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	% sustained level of adequate knowledge on HTC demonstrated by the media personnel and general public;	N/A	Produce and air mass media IEC materials- 26 series TV spot	Monthly, Quarterly or Annual Reports	39,000	39,000	78,000

		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	% sustained level of adequate knowledge on HTC demonstrated by the media personnel and general public;	N/A	Produce and air mass media IEC materials - 26 series radio spot in 7languages	Monthly, Quarterly or Annual Reports	7,280	7,280	14,560
		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	% sustained level of adequate knowledge on HTC demonstrated by the media personnel and general	N/A	Produce and air mass media IEC materials - 8million flyers, 8 million Post Test Package	Monthly, Quarterly or Annual Reports	8,000,000	8,000,000	16,000,000

		increase the uptake of HTC										public;						
		Develop and produce IEC materials on HTC for the general public, including development of a mass media campaign (billboards, radio, television, print media and interactive scenarios) to increase the uptake of HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral	% sustained level of adequate knowledge on HTC demonstrated by the media personnel and general public;	N/A	Produce and air mass media IEC materials - 70 000 posters	Monthly, Quarterly or Annual Reports	70,000	70,000	140,000
	Provide support to the media to adequately address	Strengthen HTC awareness and literacy promotion partnerships within communities								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information			Secure operational funding for selected CSOs (1 grant per province, $10,000 per year)		100,000	100,000	200,000

	HTC issues,										,Bilateral and Multilateral							
		Conduct awareness and sensitisation campaigns on HTC at all levels, targeting policy makers (members of parliament,), political, community and religious leaders, civil society, business leaders, tertiary institutions, professional associations, medical insurance bodies and others								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral			Hold 10 1-day sensitization workshops for key advocacy groups (40 participants), per province per year.		49,736	49,736	99,472

		Conduct training and provide relevant information on HTC to media networks and media houses.								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Ministry of Information ,Bilateral and Multilateral		N/A	Holding one media orientation workshop (for 30 people for 1 days) each year	Monthly, Quarterly or Annual Reports	6,104	6,104	12,207
	Intensify community mobilisation to increase demand for HTC	Support quarterly media dialogue on HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Hold 30 Media house call in-programs per year	Monthly, Quarterly or Annual Reports	3,600	3,600	7,200
		Identify existing support groups and encourage formation of new ones in districts and communities where support groups do not exist								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Every facility to hold 1 annual sensitization meeting with each group of key opinion leaders in their community (e.g. traditional leaders, religious leaders, community leaders,	Monthly, Quarterly or Annual Reports	497,358	497,358	994,717

														NHCs). Assume 2000 facilities, 20 people per meeting.				
		Identify community leaders and community support groups, who can be catalytic in community involvement in support of the HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Facilities to mobilise 12,000 drama groups with funds from district grant.	Monthly, Quarterly or Annual Reports	0	0	0
		Provide support to the community leaders and community treatment support groups identified as key partners in the form of training, information and provision of other promotional								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Included in sensitization meetings above.	Monthly, Quarterly or Annual Reports	0	0	0

		materials																
		Link the support groups with the health facilities in order to strengthen the continuum of care of persons with HIV infection								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Develop an inventory of community based groups per District, and NHCs to hold quarterly planning meetings (cost included in district grant).	Monthly, Quarterly or Annual Reports	0	0	0
		Provide joint/integrated training for both CHBC and HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Conducting 12,000 community meetings by NHCs with support from health facilities (cost covered by district grant).	Monthly, Quarterly or Annual Reports	0	0	0

		Offer technical and logistical support to Health centre committees and to address HTC for children and adults								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	NHCs to distribute IEC materials to 3000 community based groups on HTC programs (30 leaflets each). NHCs to engage 8 organisations quarterly. NHC transport reimbursement covered by district grant.	Monthly, Quarterly or Annual Reports	90,000	90,000	180,000
		Review and support the functioning of the referral system from health facility to CBWs and back to health facilities (human skills refreshing, materials including registers, communication…)								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Incorporated as part of quarterly supervision.	Monthly, Quarterly or Annual Reports	0	0	0

		Develop numeric national targets for the general population and key populations								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Hold annual target setting workshop (3 days, 30 participants).	Monthly, Quarterly or Annual Reports	18310.98113	18310.98113	36621.96226
		Assess which geographic areas have gaps in the availability of services, particularly care and treatment services, and consideration of the most appropriate models of HTC delivery.								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Use mega phones and PA per district (2 days quarterly per district). Mobilise 3 parliamentarians (cost included in district grant). Conduct 12,000 road shows with quizzes. Assume an estimated grant of KR 10,000 per district per year.	Monthly, Quarterly or Annual Reports	**144000**	**144000**	**288000**

		Mobilise communities to participate in national events i.e. World AIDS Day, Conduct community, school, and workplace educational and awareness campaigns on the importance of HTC in collaboration with CSO, CBO and FBOs								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	**Variable**	N/A	Identify 300 social gatherings and support them with HTC health promotion activities (assume gatherings of 100 people each, receiving transport allowance).	Monthly, Quarterly or Annual Reports	**283018.8679**	**283018.8679**	**566037.7358**
																9,573,667	**9,308,408**	**18,882,075**
Strategic Objective 3: Expand coverage of integrated HIV testing and counselling services through implementation of a variety of HIV testing and counselling models																		

Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 15.4% in 2008 to 30% in 2013 and 50% by 2015	Strengthen facility based DCT and PITC in clinical settings (ANC, ART, TB, STI, MC , General and other specific clinics)	Conduct community, school, and workplace educational and awareness campaigns on the importance of HTC in collaboration with CSO, CBO and FBOs									MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Uptodate HIV care and treatment guidelines and training materials (print 10,000 copies of HTC guidelines)	Ongoing	Support the Implementation of the revised Guidelines to ensure uptake of recommendations by implementers; provincial sensitization meetings with implementers; 40 people x 3 days x 4 meetings (ride on other for a for continued dissemination and review of guidelines implementation) Repeat for 2015 guidelines	Up todate HTC guidelines and training materials	791571.9798	0	791571.9798
		Develop consolidated guidelines on the identification, assessment, management and referral of persons with HIV infection at all entry points to									MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	#of Updated HTC guidelines and training material straining distributed	Ongoing	Hold a 1 day national dissemination meeting with all implementing partners and distribution of the revised guidelines through the PHO,DHO and partners.	Reports Spervision report	0	90700.95602	90700.95602

		access HIV services.													Assume provincial dissemination meetings held, 1 day meeting with 50 participants in each province.			
		Disseminate widely to all providers updated guidelines on the assessment, management and referral of persons with HIV infection identified at all entry points so that they access HIV services.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of health institutions practicing integration, PITC at all health encounters	TBD	Hold monthly meetings 10 provinces with key stakeholders. Involve community leaders e.g NHCs, church leaders, political leaders and community based organisations in demand creation and implementation of activities. Cost should be covered by provincial grant.	District, Provincial, Private sector, NGO and FBO reports	0	0	0

		Integrate and strengthen, linkages of diagnostic, PITC and client initiated HIV testing and counselling in STI, TB, cervical cancer screening, family planning and EPI clinics and any other settings as per national guidance in all health facilities to increase access								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of health institutions practicing integration, PITC at all health encounters		Build the capacity to deliver PITC in all settings Update a training module on PITC and conduct ToT (4 participants from each province for 5 days).	District, Provincial, Private sector, NGO and FBO reports	32982.16582	32982.16582	65964.33165
		Institutionalize provider initiated testing and counselling for children presenting with common health conditions and in all services								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of health institutions practicing integration, PITC at all health		Update a training module on PITC for lay counselors to be included in a comprehensive training package (PHO Trainers to hold 3 day-40 person	District, Provincial, Private sector, NGO and FBO reports	197892.9949	197892.9949	395785.9899

		where at risk children (including adolescents) may be found such as antenatal and postnatal and MNCH services; Integrating HTC within ASRH services										encounters		trainingsg for each district).				
		Institutionalize provider initiated testing and counselling for children presenting with common health conditions and in all services where at risk children (including adolescents) may be found such as antenatal and postnatal and MNCH services; Integrating								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of health institutions practicing integration, PITC at all health encounters		Provide provider initiated HIV testing and counseling (PITC) through all settings - **HR costs**		16888796.38	16,888,796	33,777,593

		HTC within ASRH services																
		Deliver PITC or Promoting and strengthening integration of HTC within all health services or Strengthen the capacity for "provider initiated counselling and testing												Provide provider initiated HIV testing and counseling (PITC) through all settings - **Commodity costs**		5610186.425	5,610,186	11,220,373
		Deliver PITC or Promoting and strengthening integration of HTC within all health services or								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and	Proportion of health institutions practicing integrati		Incorporated as part of annual action planning process.		0	0	0

		Strengthen the capacity for "provider initiated counselling and testing									Multilateral	on, PITC at all health encounters					
		Develop implementation plans specific to a health facility in order to guide the implementation of the integration of PITC into comprehensive HIV and AIDS services at district level								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	a) Proportion of districts with infrastructure, laboratory service capacity to offer comprehensive services b) Number of facilities able to perform HIV DNA polymerase chain reaction		Develop/update a training module on EID as part of integrated comprehensive HIV and AIDS / MNCH training package Conduct 5 day workshop for 30 participants.		30518.30189	0	30,518

												(PCR)						
		Strengthening and decentralizing Early Infant Diagnosis in order to reduce delays in receiving test results and to minimize losing babies in need of care and treatment services.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral			Scale-up provision of EID services including DNA PCR testing for all HIV-exposed infants in line with national guidelines; **Human resource costs**		169419.0962	173,316	342,735
		Strengthening and decentralizing Early Infant Diagnosis in order to reduce delays in receiving test results and to minimize losing babies in need of								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral			Scale-up provision of EID services including DNA PCR testing for all HIV-exposed infants in line with national guidelines; **Commodities**		785332.0639	803,398	1,588,730

		care and treatment services.																
		Strengthening and decentralizing Early Infant Diagnosis in order to reduce delays in receiving test results and to minimize losing babies in need of care and treatment services.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral			Expand use of health facility entry points (PNC and IMNCI including immunization, UFC, nutrition services , etc), and community entry points (day care centers, community structures) for EID to increase identification of HIV infected children. Incorporeated into NHC HTC sensitization meetings.		0	0	0

		Strengthening and decentralizing Early Infant Diagnosis in order to reduce delays in receiving test results and to minimize losing babies in need of care and treatment services.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of health institutions practicing integration, PITC at all health encounters	100%	Improve the sample referral system and reduce the time between conduct of EID testing and delivery of results to all HIV exposed infants. **Supportive supervision - 2 ppl per province, 2 days a quarter**	Site supevision reports Annual surveys (budget for surveys)	46289.30818	46,289	92,579
		Strengthening and decentralizing Early Infant Diagnosis in order to reduce delays in receiving test results and to minimize losing babies in need of care and treatment services.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	# facilities practising the family centred approach	100%	Mentoring new sites as part of quarterly district supervision.	Site supevision reports Annual surveys (budget for surveys)	0	0	0

Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 15.4% in 2008 to 30% in 2013 and 50% by 2015	Strengthen community based testing models	Scaling up the coverage and reach of PITC and CITC services to improve access to HTC services for all segments of the populations.									MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of door to door HTC		Included in development of BCC materials and trainings for staff, volunteers and advocates.	Site supevision reports	0	0	0
		Promoting a family-based approach to improve identification of HIV infected children.									MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of home based care volunteers trained on HTC		Hold monthly meetings 10 provinces with key stakeholders. Involve community leaders e.g NHCs, church leaders, political leaders and community based organisations in demand creation and implementation of activities (3 day meeting	Site supevision reports	18,651	0	18,651

														with 50 participants once).				
		Strengthen and Expand home and community based care and support for PLHIV and Support Home based door to door HTC								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of door to door HTC		Awaiting policy approval.	Site supevision reports	0	0	0
		Train home based care volunteers on HTC								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of door to door HTC		Human resource costs	Site supevision reports	1,922,281	1,922,281	3,844,562
		Conduct door to door HTC services								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilate	Proportion of door to door HTC		Commodity costs	Site supevision reports	302086.9613	302,087	604,174

											ral							
	Promote mobile and outreach testing and counseling	Conduct door to door HTC services								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of mobile and outreach sites on HTC		Human resource costs	Site supevision reports	1,922,281	1,922,281	3,844,562
		Conduct door to door HTC services to households with a known index HIV positive or TB patient, with consent obtained from the index patient prior to a home visit (Index case NBTC.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of sporting, music, theatre, or agricultural events linked with mobile and outreach sites on HTC		Commodity costs	Site supevision reports	302,087	302,087	604,174

		Conduct door to door HTC services to households with a known index HIV positive or TB patient, with consent obtained from the index patient prior to a home visit (Index case NBTC.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	Proportion of drop in centres for key affected populations with systems that ensure that the rights of their clients are protected		Human resource costs	Survey reports	1,922,281	1,922,281	3,844,562
		Conduct door to door HTC to hard to reach populations such as men, adolescents and rural residents and also those underserved by the formal health care system in urban areas with high								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	# and Proportion of moonlighting HTC services provided		Commodity costs	Survey reports	302,087	302,087	604,174

		HIV prevalence and low rates of HTC uptake.																
		Conduct door to door HTC to hard to reach populations such as men, adolescents and rural residents and also those underserved by the formal health care system in urban areas with high HIV prevalence and low rates of HTC uptake.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	# and Proportion of Mobile and outreach HTC services for pregnant women in remote areas.		Hold monthly meetings in 10 provinces key stakeholders. Involve community leaders e.g NHCs, church leaders, political structures and community based organisations in demand creation and implementation of activities. Meeting costs catered for in PHO grant and mobile HTC vans for outreach costed above.	Survey reports	0	0	0

		Offer HTC through the use of outreach community sites or through mobile vans or tents at churches or other faith settings, places of entertainment such as bars and clubs, or schools or workplaces.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral	# and Proportion of Stand alone VCT and Drop in Centres with adequate capacity to provide HTC		No additional cost.	Survey reports	0	0	0
Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 15.4% in 2008 to 30% in 2013 and 50% by 2015	Workplace and educational establishment based testing and counseling	Link outreach HTC services to events such as sporting, music, theatre, or agricultural events and coordinate with other outreach services and peer education.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, ZFE Ministry of Commerce	# and Proportion of partnerships with small and medium businesses to serve as HTC mobile points established		No additional cost.	Survey reports	0	0	0

		Link drop in centres for key affected populations with systems that ensure that the rights of their clients are protected and are not discriminated against or subject to criminalization.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, ZFE Ministry of Commerce	# and Proportion of outreach services in formal and informal workplaces integrated		Human resource costs	Survey reports	1,922,281	1,922,281	3,844,562
		Conduct 'moonlighting ', by providing testing services at times and locations convenient to key populations.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, ZFE Ministry of Commerce	# and Proportion of Workplace and school based testing services integrated with existing clinical services		Commodity costs	Survey reports	302,087	302,087	604,174

		Conduct 'moonlighting ', by providing testing services at times and locations convenient to key populations.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, ZFE Ministry of Commerce	# and Proportion of School-based testing targeting sexually active youth, typically individuals ages 12 or 13 and older conducted		Human resource costs	Survey reports	1922281.151	1,922,281	3,844,562
		Provide Mobile and outreach HTC for pregnant women in remote areas.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Education	# and Proportion of tertiary education institutions providing HTC		Commodity costs	Survey reports	302,087	302,087	604,174

		Provide Mobile and outreach HTC for pregnant women in remote areas.								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Education	# and Proportion of youth and adolescent friendly counselling and testing services		Supported through local grant.	Survey reports	0	0	0
	Strengthen the capacity of youth centres to serve as resource centres for HTC	Strengthen Stand alone VCT and Drop in Centres with adequate capacity to provide HTC								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Youth and Sport	# and Proportion of sporting and entertainment activities developed		Hold quarterly meetings in 10 provinces with the small and medium businesses organisations to review mobile HTC at workplaces. MCDMCH to support the develop workplace policies	Survey reports	9,947	9,947	19,894

		Establish partnerships with small and medium businesses to serve as HTC mobile points (as part of external mainstreaming)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Youth and Sport	# and Proportion of youth community centres refurbished		Human resource costs	Survey reports	1,922,281	1,922,281	3,844,562
		Integrate HTC outreach services in formal and informal workplaces								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Education	# and Proportion of partnership between schools and community based youth centres		Commodity costs	Survey reports	302,087	302,087	604,174

	Scale up and Promote Testing and counseling campaigns	Integrate HTC outreach services in formal and informal workplaces								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Information	# and Proportion of community based awareness campaigns on HTC conducted		Cost covered in quarterly partnership meetings above.	Survey reports	0	0	0
		Integrate Workplace and school based testing services with clinical services already available, such as stand alone, or operate as mobile or outreach HTC.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Information	# and Proportion of mass media materials developed and implemented		Human resource costs	Survey reports	1,922,281	1,922,281	3,844,562

		Conduct School-based testing targeting sexually active youth, typically individuals ages 12 or 13 and older.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Information	# and Proportion of mass media campaigns conducted		Commodity costs	Survey reports	302,087	302,087	604,174
		Conduct School-based testing targeting sexually active youth, typically individuals ages 12 or 13 and older.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, Ministry of Information	# and Proportion of mass media campaigns conducted		Human resource costs	Survey reports	1,922,281	1,922,281	3,844,562

	Strengthen and promote HTC in multi-disease prevention Campaigns	Promote HTC in some tertiary education institutions.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of other disease prevention campaigns planned together with HTC		Commodity costs	Survey reports	302,087	302,087	604,174
		Promote HTC in some tertiary education institutions.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of other disease prevention campaigns integrated with HTC		Included in cost of communications materials.	Survey reports	0	0	0

		Scale up youth and adolescent friendly counselling and testing services								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of HTC provided during other disease prevention campaigns		Strengthen and establish youth friendly corners, Adolescent clinics, Sexual reproductive health clinics in each community in every district. These should be established outside the facilities in communities. Brand the public walls e.g. health facilities, youth centres, sports grounds fences, lodges and schools with HTC campaign messages for the youth (Assume 1 wall per facility catchment area, 2000 facilities total)	Survey reports	300,000	300,000	600,000

	Develop user friendly counselling and testing services for MARPS	Develop sporting and entertainment activities (procure a TV & Video; establish a volley ball, tennis, basket ball and reading clubs)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of MARP mobilisers recruited and trained		Cost assumed to be covered by district grant.	Training and Survey reports	0	0	0
		Refurbish youth community centres to serve as HIV and AIDS resource centres and provide basic services (HTC, condomss, education, etc)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of MARP peer educators trained		Cost covered by NHC member transport allowances.	Training and Survey reports	0	0	0
		Strengthen partnership between schools and community based youth centres to expand the scope of coverage of								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilate	# and Proportion of 'VCT wallet" introduced		Conduct quarterly HTC campaigns in 10 provinces with implementing partners and civil society in designated places using	Survey reports	400,000	400,000	800,000

		HTC for young people									ral,			PA System, Mobile video Unit shows, drama, musical road shows with celebrities. Assume cost of KR 50,000 per campaign - USD 10,000				
		Conduct community based awareness campaigns on HTC in collaboration with CSO, CBO and FBOs								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of "first Aid Kit" developed		Quarterly Placement of **Radio spots and call-in shows (daily advert for 1 week, 4x year, 10 stations)**	Survey reports	44,800	44,800	89,600
Percentage of females and males aged 15-49 who know and received an HIV test in the last 12 months and know their results increased from 15.4% in 2008 to	Promote couple counselling including discordant couples	Implement mass media campaigns focussing on a particular appropriate day such as World AIDS Day, VCT Day, or for couples, around Valentine's Day.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of orientation workshops conducted		Quarterly Placement of **TV spots (1 spot per day, 1 week per quarter)**	Training reports	**42000**	**42000**	**84000**

30% in 2013 and 50% by 2015																		
		Implement mass media campaigns focussing on a particular appropriate day such as World AIDS Day, VCT Day, or for couples, around Valentine's Day.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of mass media materials developed		Quarterly Placement of - **Bill boards (1 bill board, 3 months per year, 10 provincial capitals)**	Training reports	**69000**	**69000**	**138000**
		Implement mass media campaigns focussing on a particular appropriate day such as World AIDS Day, VCT Day, or for couples, around Valentine's								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of screening for IPV done		Human resource costs	reports	**1070985 2.1**	**1070985 2.13**	**2141970 4.25**

		Day.																
		Plan together for multi disease prevention campaigns								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of door to Door: Couple Counselling Sessions done		Commodity costs	Survey reports	**1683055.93**	**1683055.927**	**3366111.855**
		Plan together for multi disease prevention campaigns								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of HW trained		Hold quarterly meetings with leaders of the identified groups such as MSM, CSW, Fish traders, LDTD in 10 provinces. Assume transport refunds for 20 perople per meeting.	Training reports	**9947.16981**	**9947.169811**	**19894.33962**

		Recruit and train MARP mobilisers on HIV counselling and testing								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of HW trained		Train 50 peer educators per year from respective groups in 10 provinces, 5 day training.	Training reports	**31084.9057**	**31084.90566**	**62169.81132**
		Train MARPs as peer educators and HCT counsellors								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of HW trained		Cost covered as part of IEC materials in Objective 2.	Survey reports	**0**	**0**	**0**
		Introduce a 'VCT wallet" for MARPS and other vulnerable groups								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of conversations done		Cost covered as part of IEC materials in Objective 2.	Survey reports	**0**	**0**	**0**

		Develop a truckers "first Aid Kit" that would include HTC								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of support for mutual disclosure, in all settings.		Identify 5 couples champions per district to participate in demand creation such as door to door sensitizations, local radio phone in programs featuring couples. Promote couples counselling prior to and during Valentine's day. 10 people per district undergo 3 day workshop.	Survey reports	**26857.3585**	**26857.35849**	**53714.71698**
		Conduct orientation workshops for HIV counsellors on couple and discordant couple counselling								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of couples helped in developing a joint risk management plan.		Cost covered as part of IEC materials in Objective 2.	Survey reports	**0**	**0**	**0**

		Develop mass media to promote couple counselling								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of couples helped in developing a joint risk management plan.		Human resource costs	Survey reports	**1922281.15**	**1922281.151**	**3844562.302**
	Strengthen male involvement in HTC interventions	Support couple/partner testing by Conducting door to Door: Couple Counselling Sessions (including screening for and addressing IPV as part of couples counseling)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of interventions that involve males		Commodity costs	Survey reports	**302086.961**	**302086.9613**	**604173.9227**

		Support couple/partner testing by Conducting door to Door: Couple Counselling Sessions (including screening for and addressing IPV as part of couples counseling)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of opinion leaders engaged on male involvement		Train 4 TOTs per province each year, 5 day training.	Survey reports	**32982.1658**	**32982.16582**	**65964.33165**
		Conduct national level trainings (TOT) on HTC (specifically couple counselling)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of interventions that involve males		Train 20 TOTs per district, 3 day training.		**712414.782**	**712414.7818**	**1424829.564**
		Provincial Level trainings in HTC (specifically couple counselling) (								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilate	# and Proportion of opinion leaders engaged on male involve		Train 100 counsellors per district, 3 day orientation.		**3562073.91**	**3562073.909**	**7124147.818**

											ral,	ment					
		District level training in HTC (specifically couple counselling)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of interventions that involve males		Cost covered through NHC transport allowances.		**0**	**0**	**0**
		Conduct community conversations targeted to couples / stable unions and relationships including discordant couples on HTC service delivery models								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of opinion leaders engaged on male involvement		Human resource costs		**1922281.15**	**1922281.151**	**3844562.302**

		Provide couple counselling and testing services with support for mutual disclosure, in all settings. Including support to couples and help developing a joint risk management plan.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of interventions that involve males		Commodity costs		**302086.961**	**302086.9613**	**604173.9227**
		Provide couple counselling and testing services with support for mutual disclosure, in all settings. Including support to couples and help developing a joint risk management plan.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of opinion leaders engaged on male involvement		Incorporated into counselling.		**0**	**0**	**0**

		Provide ongoing counseling and support to women with a history of IPV so that they make considered judgments concerning the safety and feasibility of involving their partners in testing or disclosure.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of interventions that involve males		Identify 10 men in each district who can get involved in HTC demand creation. Create demand by involving community radio stations through radio talk shows and adverts targeting men. Cost of orienting 10 men per district, 3 day orientation.		**13428.6792**	**13428.67925**	**26857.35849**
																6446276 5	**6373468 7.4**	**1281974 52.4**
Strategic Objective 4: Strengthen facility and community-level HIV testing and counselling referral and linkage systems for appropriate follow-up prevention, treatment and care services																		

All adults, adolescents, children undergoing HTC are linked to prevention, treatment and care services	Strengthen the referral system and train service providers on its application	Review, establish and strengthen referral tracking systems and procedures								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of tracking systems and procedures reviewed and strenghtened		Review current HTC referral system (1 day) for 30 participants/Stakeholders + Develop/formulate and standardize referral tools/forms (30 participants for 2 days)	reports	**0**	**18310.98113**	**18310.98113**
		Develop standardized referral and linkage tracking protocols and tools								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of standardized referral and linkage tracking protocols and tools developed		4. Print 1,800,000 copies of referral forms.	reports	**900000**	**900000**	**1800000**

		Incorporate referral tracking indicators into the consolidated reporting system								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of referral tracking indicators consolidated into reporting system		Conduct HTC Technical meetings (50 participants) bi annually, 2 days	reports	**40691.0692**	**40691.06918**	**81382.13836**
		Training HTC implementers on the use of the standardized protocols and tools								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of implementers trained		Incorporated in HTC orientation.	reports	**0**	**0**	**0**
	Develop functional referral/follow up mechanisms including infants who test	Refer people including infants who test HIV positive to other appropriate services i.e. PMTCT, ARV,								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilate	# and Proportion of functional referral/follow up mechanisms		Compile Quarterly HTC referral reports/data, no cost.	reports	**0**	**0**	**0**

	HIV positive to other appropriate services i.e. PMTCT, ARV, nutrition services,	nutrition services, etc									ral,							
		Provide and track links with prevention, care and treatment services (including pre-ART, ART, PMTCT and TB)								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of linkages done		Develop/Establish HTC Referral data base (conducted as part of routine HMIS)	reports	**0**	**0**	**0**
		Provide linked services, such as TB symptom screening and referral								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of linkages done		Transmission of HTC referral reports to next level of care(PMO,MOH/NAC) (no cost)	reports	**0**	**0**	**0**

		Provide and track links with male circumcision, STI, FP and MCH services									MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of linkages done		Cost covered as part of M&E supportive supervision.	reports	**0**	**0**	**0**
																	940691.069	**959002.0503**	**1899693.119**
Strategic Objective 5:Strengthen the national human resource capacity for HIV testing and counselling in line with the broader Human Resource for Health plan.																			
Health worker capacities to implement the HTC services increased.	Develop human resource capacity (adequacy, skills, composition and retention of skilled persons) sufficient to support the planning	Develop/update a comprehensive human resources plan matching health workers according to the existing staffing norms focusing at clinic levels to ensure optimal									MCDMCH	MCDMCH, Cabinet	National HR policy developed	In progress	1)Consider improvements to conditions of service for health workers and serving psychosocial counsellors, to minimize attrition and to motivate staff through reviewing, increasing and implementing salary scales for health	Human resources policy and costed strategic plan documents	0	0	0

	and implementation of the HTC	delivery of care HTC												workers 2)Recruitment of Psychosocial counsellors (no cost advocacy) -				
		Retention in service of Psychosocial Counsellors to support HTC services								MCDMCH	MCDMCH, Cabinet	National HR policy developed	In progress	Conduct 5-day refresher training 200 psychosocial counsellors	Human resources policy and costed strategic plan documents	82455.4146	82455.41456	164910.8291
	Develop competency framework for all health workers which sets minimum expected standards	Integrating HIV, AIDS and HTC into health workers pre-service and in-service training								MCDMCH	MCDMCH, Training institutions	HTC integrated into the curricula of all health care training institutions		No cost advocacy.	Training curricula	0	0	0

	of performance	Strengthen the involvement of PLHIV in accelerating HTC								MCDMCH	MCDMCH, Training institutions	# and Proportion retained		Conduct 5-Day community counselling skills course for 100 PLHIV	reports	**6216.98113**	**6216.981132**	**12433.96226**
																88672.3957	**88672.39569**	**177344.7914**
Strategic Objective 6: Reinforce the procurement and supply chain management systems to guarantee regular and consistent supplies for HIV testing and counselling services																		
Capacities for facilities to implement the HTC service increased or improved	Strengthen the capacity of laboratories and pharmacy to support the delivery of HTC	Strengthen and coordinate selection, quantification and procurement of rapid HIV and DNA PCR bundles								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of HTC reagents		Conduct meeting to identify would be suppliers: 1 day meeting with 20 participants Conduct HTC logistics Selection meeting: 2 days meeting with 20 participants/stakeholders. Conduct purchase procedures,	reports	**248.679245**	**248.6792453**	**497.3584906**

														inquiries, bidding etc: A 1 day Tender meeting with 20 participants/stakeholders (meeting cost is venue and transport refunds)				
		Strengthen the distribution of rapid HIV test kits and DNA PCR bundles to support the expansion of HTC services								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# and Proportion of HTC reagents		Monthly distribution and stocking of logistics at HTC sites. 2. Conduct quarterly HTC logistics management meetings: 1 day meeting with 20 participants per district (transport refunds).	reports	**71619.6226**	**71619.62264**	**143239.2453**

		Maintaining adequate stocks of HTC supplies at national and facility levels								MCDMCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# HTC reagents		2. Conduct quantification of HTC logistics (HIV test kits and other supplies) 2 days meeting with 20 participants/stakeholders 1. Conduct HTC logistics supply chain/management training. 1 day meeting with 50 participants		**18310.9811**	**18310.98113**	**36621.96226**
																90179.283	**90179.28302**	**180358.566**
Strategic Objective 7: Ensure quality assurance and quality control in the provision of HIV testing and counselling services at all levels																		

Improved quality assurance through ongoing monitoring and supervision(quarterly facility visits) of the workforce to ensure that quality of service provision is maintained and the workforce is supported	Renovate and equip health and non-health facilities health facilities (Infrastructure, laboratories, pharmacies etc) to provide appropriate and safe space for counseling, where discussion can be confidential	Renovate facilities									MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# facilities renovated and equipped		• Assessment of the existing infrastructure as to wether not conforms to the required standards • Come up with a BOQ with consultation from the buildings department • Tender and engage contractor for renovation of infrastructure Assume annual provincial allocation to HTC refurbishments of KR 25,000.	reports	**47169.8113**	**47169.81132**	**94339.62264**

		Implement the checklist for HTC minimum standards together with the MOHCW's comprehensive health facility assessment tool for HIV and AIDS at district level								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# facilities with adequate staff		• Train and capacity build staff in updated protocols of HIV counselling and testing (HCT) • Capacity build staff in HTC logistics management systems Cost included in initial HTC orientation and supportive supervision.	Survey reports	**0**	**0**	**0**
	Strengthen the process of conducting HTC	Conduct exit surveys and mystery clients and case conferences to check that Minimum standards for post-test counselling are available								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# facilities meeting minimum standards		Ensure that a checklist for the minimum standards is put in place for the following: • Acquire and stock standard tools for HTC(Reporting tools) • Stock adequate reagents and testing kits • Stock adequate ARV's and other drugs Cost included	reports	**0**	**0**	**0**

														in supervision above.				
		Assure quality in HIV test kits and reagents.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# exit surveys		Cost for external quality assurance. **Cost of sending 0.5% of kits to RSA for testing**	Survey reports	**976557.493**	**976557.4929**	**1953114.986**
		Support and supervise HTC services to assure Quality improvement measures to support and maintain the quality of counselling								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral,	# facilities with quality improvement measures		Quarterly provincial QA supervision, team of 3 people + driver for 4 days per province.	Survey reports	**34716.9811**	**34716.98113**	**69433.96226**

																1058444.29	**1058444.285**	**2116888.571**
Strategic Objective 8: Improve the generation, dissemination and use of strategic information for decision making in planning, implementation, monitoring and evaluation of the HTC program																		
National HIV Health Sector M&E systems provide 100% of the indicator values for HTC (baselines and targets) by 2013 and maintained by 2015	Promote the translation and implementation of the HTC strategy at all level	Monitor the implementation of HTC at all levels								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, CSO	# facilities with HTC services		3 people (DCMO, HIV/AIDS activities coordinator, DHIO) to monitor and plan for implementation of HTC 3 weeks prior to activity implementation in terms of the following; • Availability of human resource to conduct demand creation and service delivery	reports	0	0	0

National HIV Health Sector M&E systems provide 100% of the indicator values for HTC (baselines and targets) by 2013 and maintained by 2015														• Availability of logistics and finances • Availability of transport • Stakeholder involvement (covered by district)				
		Develop an efficient monitoring and reporting system in line with the national M&E system.								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, CSO	# facilities with efficient monitoring and reporting system		Quarterly provincial M&E supervision, 3 people + driver for 2 days.	reports	17,358	17,358	34,717
		Conduct on-going quantitative and qualitative assessments of HTC service provision								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and	# quantitative and qualitative assessments of HTC		Convene 2 day provincial meetings for all districts with relevant stakeholders to review the HTC campaign and	survey reports	329,822	329,822	659,643

		(including participation of all HTC implementing partners and analysis of HTC data from multiple sources including HTC programmes, surveillance systems, and population-based surveys).									Multilateral, CSO	service provision		share ideas and learn new strategies to enhance performance improvement. (4 people from DCHO and 2 from each of the other stakeholders). Bi-annual 50 person meeting for each province.				
		Explore, pilot and implementing innovative HTC interventions and models								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, CSO	# implementing partners providing HTC data		• Monitor Pre-ART client registration and compare those registered in terms of entry points with the number and sex of clients referred for Pre-ART from HCT service delivery points • Strengthen the referral system by linking clients to ART sites within their catchment areas and	survey reports	200,000	200,000	400,000

														ensure that referral feedback is always provided to the referring health facility Assume 2 pilots per year with an average budget of $100,000USD. • Frontline health workers to conduct active pharmaco-vigillance and report any adverse reactions to appropriate ART clinics • Engage counsellors attached at clinics to promote acceptability				

	Explore, pilot and implementing innovative HTC interventions and models	Capture and record testing and linkage to services, and monitoring client acceptability and any adverse outcomes								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, CSO	# innovative HTC interventions and models		Included in M&E supervision above.	survey reports	0	0	0
		Develop a research protocol based on best practices								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, CSO	# of adverse outcomes recorded		Cost covered as part of research above.	survey reports	0	0	0
		Conduct research on HTC delivery models - collect, analyse and disseminate information								MCD MCH	NAC, MOH, PMO, DHMT, DATF, PATF, Bilateral and Multilateral, CSO	research protocol developed		Hold Annual M&E meetings with stakeholders (3 from PCHO-PCMO, HIV/AIDS coordinator, PHIO) and 2 participants from stakeholders. Assume a 50 person 2-day	reports	20,346	20,346	40,691

														meeting.				
																567,526	567,526	1,135,051