Treatment Advocacy and Literacy Campaign (TALC) Zambia

(in Partnership with the Global AIDS Alliance)

Campaign to End Pediatric AIDS (CEPA) Zambia National Advocacy Action Plan for Period November 2009 to November 2012

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CEPA – ZAMBIA , TALC in equal Partnership with Chipurumutso, CHIN, CITMA+, CIRDZ, COZWA, Elizabeth Glacia, FHI/ZPCT, Network of ARV Users, PPAZ, SaFAIDS, SWAAZ, UNAIDS, UNFPA, Youth Vision, ZARAN, ZNAN, and ZWAP

Treatment Advocacy and Literacy Campaign CEPA National Advocacy Action Plan

October 2009

I. INTRODUCTION

Organisational Background

The Treatment Advocacy and Literacy Campaign (TALC) is a membership organization; founded in 2004 and registered with the Registrar of Societies in Zambia in August 2005. TALC operates as a national organization with its Secretariat located in Lusaka. The programme seeks to advocate for policy change and an equitable institutional and legal framework which emphasizes on policy change and behavioural change. TALC seeks to address issues of HIV and AIDS through treatment literacy and treatment advocacy covering the entire continuum of treatment. By working on the demand and supply part on issues of treatment, TALC seeks to contribute to the attainment of better and improved health for People Living with HIV and AIDS (PLWHAs), thus contributing to human dignity and freedom from discrimination.

The Treatment Advocacy and Literacy Campaign (TALC), on financial and technical support from the Global AIDS Alliance (GAA) of the United States of America and other Global Partners have embarked on a joint Campaign to End Pediatric HIV and AIDS (CEPA). This campaign will be carried out at global level.

Campaign To End Pediatric AIDS (CEPA) in Zambia

TALC has partnered with 17 civil society partners in conducting CEPA in Zambia. Civil society will come together under CEPA in a bid to leverage its diverse strengths and stand with a common voice with the hope of ending pediatric AIDS in Zambia.

Engaging with the Faith Based Sector: In Zambia, the faith based sector has been visibly recognised as key partner in ending AIDS. Faith Based Organisations (FBO), given their high degree of influences in the community and a pressure group government recognizes, have played a critical role in increasing demand for Prevention, Treatment, Care and Support in Zambia. FBO's are also a means in reducing stigma and mobilizing the community in drumming up support for the campaign in Zambia. CEPA partnership will also engage with the Faith Based Sector.

The Theory of Change: Zambia, in achieving its major strides in mitigating HIV and AIDS, has focused on service delivery which has worked as stopgap in the immediate but faced with many challenges with passing time. For instance, more drugs have been procured in the past, initiating more people on Antiretroviral Therapy (ART). With time, despite the availability of drugs centrally, stock outs in health facilities and drug expiry at central storage (medical Stores) are a common story.

CEPA Zambia theory of change will undertake a threefold approach; i) Systems building and strengthening through policy reform and development, ii) Service delivery through increased supply *(for example increased supply of pediatric regimens),* and iii) Community Mobilization through increased participation of community groupings. This will help government develop responses that will be sustainable and meeting the real needs of the Zambian community.

Theory of Action: All lobby efforts will be directed in enforcing policy reform and systems development while service delivery will be used as an interim measure. For instances, to enhance access to medication, reforms in the supply chain management system would be an idea lobby area.

II. SITUATIONAL ANALYSIS

Zambia, currently with an HIV prevalence rate of 14%[1], has made advances in its bid to provide adequate ART support to people living with HIV and AIDS. Major strides have been reported in the areas of increased availability of ARV's (specifically Adult Treatment), increased numbers of people reached with information on HIV and AIDS, development of workplace HIV and AIDS policies, setting up of organisation(s) as arms of government to mitigate HIV and AIDS, and reduction in HIV prevalence rates from 16% to 14% --- among many achievements. Despite these huge investments in the area of HIV and AIDS, like many Sub-Saharan African countries, Zambia is still experiencing many bottlenecks in realising an AIDS free nation.

Summary of Key HIV Statistics – Zambia

- HIV prevalence - 14%
- Knowledge of HIV – 99%

Source (Zambia Demographic Health Survey 2007)

- PMTCT Access – 39%
- Mother to Child Transmission - <90% for all infected children below 15

Source (National Protocal Guidelines 2008)

Among its major challenges, support to Pediatric AIDS has remained inadequate. Pediatric HIV and AIDS, although cited as an area of focus, still remains invisible with challenges in data capturing, access to testing and treatment and treatment related support, and access to nutrition. Sustainable and effective systems to support expansion of treatment, care and support are also rare on government's agenda.

Though PMTCT services are now offered in all the 72 Districts in the Nine Provinces of Zambia, the Programme is currently meeting 39% of the need only. Mother to Child transmission (MTCT) of HIV is the largest source of HIV infection in children below the age of 15 years. According to UNAIDS estimates, more than 90% of children who acquire the disease through MTCT acquire the virus before birth, during or through breast feeding.[2]

Prevalence rates among pregnant women in antenatal settings is 16.4% (*Zambian Central Statistics report -CSSR 2006*). With about 500,000 deliveries every year and an estimated prevalence rate of 16% among pregnant women, Zambia is expected to have around 88,000 HIV+ pregnant women delivering each year and with a transmission rate of 30 to 40%. It is expected that 28,000 babies are born HIV+ each year if no interventions are taken to prevent MTCT of HIV. To achieve the 4th and 5th MDGs, a rapid response to scale up PMTCT is therefore needed.

<u>Sneak peak of community views:</u>

- **On the 28th September 2009 TALC secretariat conducted, CEPA – Women's Focus Group Discussion.** The **prime objective** of this Focus Group Discussion was to gain an insight into the

[1] Zambia Demographic Health Survey 2007 (ZDH, 2007)
[2] National Protocal Guidelines – Integrated prevention of MTCT of HIV/AIDS 2008

experiences of women living with HIV, that have gotten pregnant at one point or another after knowing of their HIV status and more so with regards to their access the PMTCT services.

> ***Summary Questions asked**:*
> *"…what has your experience been with regards…?"*
> *(a) Family centered care and nutrition*
> *(b) Early infant diagnosis and treatment*
> *(c) Access to appropriate medication*
> *(d) Full funding to eliminate pediatric AIDS*
> *"…What in your opinion is the status quo...?"*
> *"…Do you feel that there are any gaps with regards this component...?"*
> *"…If so, what are the gaps..."*
> *"…What do you feel should be done to address the gaps you have highlighted above...?"*

- **Collective Conclusions** "…*women living with HIV, that have gotten pregnant at one point or another after knowing of their HIV status and more so with regards to access the PMTCT…"*
    - It should be made **compulsory for men to be involved** in the antenatal and post natal phases experienced by their female partners. In the event that by so doing nurses would find they overwhelmed and that lay counselors need to be employed, then that should be something to be advocated for.
    - Further on, there should be advocacy to ensure that the **counseling that pregnant mothers undergo is extended to their male partners** so as to make it *'parental pre and post test counseling'*. As experience has shown that because men don't normally get involved in these counseling sessions, more so the pregnancy processes that their female partners undergo, the females have faced various problems ranging from, among others, discontinuance of medically advised procedures or treatment e.g. pregnant mothers that are told to keep their babies on formula as opposed to exclusive breastfeeding, being ordered by their husbands to do against the medical advice, failing which they become liable to losing their marriages.
    - With regards to sexual/reproductive health rights, **women should be allowed to enjoy the right to decided by what means they want to give birth** to their child, i.e. by the normal means or by caesarean section
    - **Nutritional support**. What happens to the baby after 6 months of exclusive breastfeeding? Something has to be done to ensure that the baby is assured of nutritional support.
    - There has to be advocacy around **putting in place enough PCR machines** because experience has shown that because of the difficulty in actually getting the baby tested, most babies have not even been tested to determine their status vis-à-vis HIV.
    - Advocacy to ensure there are **no drug stock outs**, as experience has shown that drugs such as Septrin are not always available.

- **Dissemination of information**, preferably by means of radio or television campaigns as experience has shown that people relate more to what they have seen and heard as opposed to anything that they can pick up and read.

Statement of the Problem

1. *Family Centred Care and Nutrition*

Zambia faces a challenge in providing care support and nutrition towards pediatric ART. Evident among the many challenges are poor levels of knowledge among health personnel in providing pediatric centred counselling, separation in treatment days for the mother and child in instances where both mother and child are HIV positive making it difficult for the mother to return to the health facility the following day in instances of lengthy geographical distances to the facility, and poor integration of Antiretroviral Treatment (ART), Sexual Reproductive Health (SRH) and Antenatal on the part of the Health worker. Furthermore, the country does not have any standard guidelines indicating how nutritional support should be administered with respect to pediatric ART. In instances where nutritional support such as “Ready to Use Therapeutic Food” (RTUF) is provided to the child, due to poverty levels in most households, the food is shared with other members of the family subsequently denying the child of the required nutrients. More even, there no standards to adhere to when it comes to providing this nutritional support.

2. *Early Infant Diagnosis and Treatment*

Zambia currently has three (3) PCR machines located in three (3) Laboratories in two (2) of its major cities. All tests in the country are done at these 3 laboratories and results later returned to various facilities that the samples were collected from. Despite the availability of these testing points, Early Infant Diagnosis (EID) has been faced with various challenges.

First, turn around time for results to the client takes more than six (6) weeks. This results in most infants not receiving their results as the next schedule appointment is usually 4 weeks after testing and treatment can only ensue 8 weeks after testing. In cases where the blood sample collected was not correctly done, the infant would have to wait additional 8 weeks after retesting bringing the total wait to 16 weeks before ensuing treatment. As a result of this most infants are lost in the process.

Second, access to pediatric ARV formulae, the fixed dose combination (FDC) in particular, is limited. Despite having adequate available supplies within the country and sometimes within facilities, children are still receiving adult dosages that are broken in pieces to estimate pediatric dosages. This is usually as a result of among the many; stock outs of the FDC at facilities, reluctances on the medical staff to prescribe FDC’s and misconceptions among the care givers that Tablets are a stronger and more effective dosage than FDC’s.

Associated to this lack of access is poor supply chain system in Zambia. Despite the availability of first line and second line pediatric treatment in Zambia, stock outs are common in many facilities, even urban facilities, while expiry of these drugs at central storage in Zambia is a common feature. This

shows that Zambia has challenges in the "last mile" of its Supply Chain System --- between central storage and the end user.

Cases of stigma are still rife and in certain cases driving away mothers from obtaining results for their infants/children. Lack of disclosure among partners has also contributed to increase of HIV infection among children as mothers who do not want to disclose their status to their partners are forced to breastfeed their child.

3. Access to appropriate medication

As earlier alluded to, access to appropriate medication has been affected by weak links in the supply chain management system. Key, among the challenges, are stock outs in health facilities while expiry of drugs at central storage, and overstocking of drugs in some health facilities while others are under-stocked.

Initiation of children to 2nd line pediatric treatment is done through clinical diagnosis. No set standards exist in Zambia to guide clinician on how to initiate Children on 2nd line treatment. Most clinician rely on the viro load as an indicator of pushing children onto 2nd line without assessing the child's CD4 or checking for any associated side effects.

Zambia is also currently experiencing a funding freeze from its donors due to the recent financial mismanagement scandals that rocked its ministry of health. Most of the cooperating partners have halted their funding in a bid to pressure Ministry of Health to develop clear financial management and governance systems. This has resulted in accessibility of mobile clinics to most persons who depended on the hospital supplying them with the drugs due to geographical distance of the settlement from the facility.

> A freeze in donor funding after allegations of Zambian government corruption is being keenly felt by those living with HIV in rural areas, which were receiving the lion's share of financial HIV/AIDS support. "We are suffering very much here; every month we have to come here [the health centre in Mpulungu town] to get drugs," said Evans Sikazwe, who lives in Mpulungu district in Northern Province, about 1,100km north of the capital, Lusaka. "Previously, health workers used to follow us [up] and bring us drugs in our area, but for the past two months we have been coming [to get them] on our own," Sikazwe told IRIN. He has been HIV-positive for the past two years and now has to travel 70km every month to access life-saving antiretroviral (ARV) drugs.[3]

4. Full Funding to Eliminate Pediatric AIDS

Funding commitment towards mitigating HIV/ AIDS and Pediatric AIDS in particular, leaves much to be desired. The major chuck of the funding is externally sourced which is primary coupled with unpredictability. Dry funding spells are a common feature in HIV and AIDS support in Zambia. Local resources committed to mitigating AIDS are so insignificant that in time of dry spells, or even worse the current fund freeze, the country is unable to support programs aiming at mitigating the effect of AIDS and later on eliminating Pediatric AIDS in Zambia.

[3] IRIN Humanitarian News – September 26th 2009. Article on the "ZAMBIA: The repercussions of suspending aid"

The current situation where Global Health Initiatives such as Pepfar tend to favour International Non Governmental Organisations at the expense of Local and indigenous NGOs has meant that the grassroots who are the majority and in need of both PMTCT services and mitigation of Pediatirc AIDS are left to feign for themselves. This disparity on part of cooperating partners and not only Pepfar is a huge bottle in the scaling up of PMTCT and Ending Pediatic AIDS as local and mostly community based organisation do not have resources to engage in the sensitisation so that members of the general public can respond.

III. IDENTIFIED BOTTLENECKS

CEPA in Zambia identified the following as the key bottlenecks under each of the 4 outlined objective areas;

Identified Bottlenecks For The *Campaign To End Pediatric AIDS*

Objective 1. Family Centered Care and Nutrition	Objective 2. Early Infant Diagnosis and Treatment
Lack of capacity of health care workers to do the integration …i.e Antiretroviral Treatment (ART), Sexual Reproductive Health (SRH) and Antenatal	Zambia still only has three Polymerase Chain Reaction Assay (PCR) pediatric diagnostic equipment
Lack of resources to provide nutritional supplements	Over-reliance on the three PCR machinery is leading to high infant mortality rates
Lack of a comprehensive ART programme for children	Decreasing the turnaround time to get the results quickly from the three PCR diagnostic centers
	Cases of stigma are still rife and in certain cases driving away mothers from obtaining results for their infants/children
	Disclosure on the HIV status of the HIV infected mothers to their husbands not common
	Transport problems for mothers to get to pediatric treatment/diagnostic centers
	Lack of understanding/knowledge on benefits of testing for pediatrics
	Low male involvement on pediatric and Prevention of Mother-to-Child Transmission (PMTCT) of HIV services
	Community sensitization and mobilization on pediatric treatment and PMTCT services is still low
	Pediatric treatment providers are not enough
	Improved counseling for children on treatment
	Pediatric treatment providers that are trained are not confident enough
	Improvement on monitoring of CD4count for pediatrics and mothers on/after PMTCT
	Limited ARV syrup formulations for children, those on second line treatment in particular

Objective 3 Access to Appropriate Medications	Objective 4 Full Funding to Eliminate Pediatric AIDS
Patients Rights Charter	Mismanagement and corruption
Human resource crisis – staff retention	Over reliance on donor funding
More effective CD4 count monitoring (need more equipment)	Funding from Global Health Initiatives such as the United States has been at the same level and seem not to increase
Children lack treatment	Insufficient allocation of funding from the Government Treasury
More effective patient monitoring on adherence to ART	Budget towards health funding presented in blocks and makes budget tracking difficult
Greater emphasis on need for drug resistance	Sustainable strategic plan for ARV procurement lacking as is the case in resource-limited Zimbabwe and proposals should be made to the Global Fund to scale up in that
Accessing medication: Need 3rd Line Regimens as guidelines only have 1st and 2nd Line Regimens and there are limited reagents for 3rd Line Regimens	There should be budget allocations to thematic groups such as pediatric treatment and PMTCT
Prescribers limited	There is no transparency in reporting on donor funding
People are prescribing but not protected by any law (Licensing should be a legal framework)	
Pediatric days – both mother and child should be treated on the same day	
Logistics – chain procurement and supplying of medicines	

IV. NATIONAL ADVOCACY ACTION PLAN (NAAP)

CEPA initiative in Zambia has developed a NAAP that is aimed at resolving the identified bottle necks and subsequently contribute to ending pediatric AIDS in Zambia. The advocacy plan hinges on the premise of engaging government in systems development through policy reform, community engagement and service delivery.

The NAAP also prioritizes activities using coloured buttons. Consider the key below;

OBJECTIVE 1 – FAMILY CENTRED CARE AND NUTRITION

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Advocacy Action Plan - Country-Level								
CEPA Core Objective: **Family Centred Care and Nutrition**								
Output	**Outcome**	**Target**	**Tactics/ Key Activities**	**KPI**	**Resources Required**	**Date to be completed**	**Point Person/ Organization/ Team**	**What does success look like?**
1. HIV/AIDS/ ART Policy and Nutritional Guidelines reviewed to Include Pediatric Component on ART and Nutrition 2. Pediatric Treatment Coupled with Nutrition[4] 3. Increased Funding in National Budget towards Paediatric ART	1. Increased # of Children accessing Pediatric Treatment and Nutrition 2. Increased Funding to Pediatric ART	Parliament Ministry of Health / National AIDS Council	1. Desk Review of Existing Policies and Guidelines 2. Policy Dialogue meeting with key Stakeholders 3. Round Table Meeting Ministry of Health to Present policy and Guideline Recommendations 4. Health Component Budget Tracking Review 5. Parliamentary presentation on Paediatric ART 6. Drum up community support through awareness raising	1. Report review of existing policies and guidelines 2. Report review of Health Component of National Budget (2007-2009) 3. Increased community involvement	1. ***Consultant*** – Conduct Desk Review 2. ***Venue*** – Conduct Policy Dialogue 3. ***Rarpatuer***- Compile Report for Round Table Meeting 4. IEC materials 5. Media	1. 1st Quota 2. 2nd Quarter 2010, 3. 3rd quarter, 4. 4th quarter , 5. On going	**TALC /SAfAIDS**	Increased funding toward Pediatric AIDS Increased # of children accessing pediatric treatment
1. PMTCT Policy Reviewed to include Compulsory Couple Counselling and Partner Disclosure components	1. Reduced # of Infants at risk of Infection through Breast feeding 2. Increase # of Children adhering to treatment	Ministry of Health	1. Review of PMTCT Policy document 2. Presentation of position paper to MoH on inclusion of Compulsory Couple Counselling in PMTCT policy	1. Policy recommendation on report on compulsory couple counselling & partner disclosure	1. ***Consultant*** – Conduct Desk Review 2. IEC materials 3. Media	1. 1st Quota 2. 2nd quarter	**TALC**	Increased # of couples counselled and Tested Reduced # of Infants at risk of Infection

[4] Stopgap measure to ensure immediate access to treatment coupled with nutrition before policy/guideline adoption process takes place

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Advocacy Action Plan - Country-Level								
CEPA Core Objective: **Family Centred Care and Nutrition**								
Output	**Outcome**	**Target**	**Tactics/ Key Activities**	**KPI**	**Resources Required**	**Date to be completed**	**Point Person/ Organization/ Team**	**What does success look like?**
1. Development of Policy framework on criteria of Domesticating Health Standards	**1.** Increased # of Children receiving improved Prevention, Treatment, Care and Support	Ministry of Health	1. Audit of Existing WHO standards on ART to Identify implementation gaps in Zambia 2. Conduct Stakeholder Meeting to build consensus on identified Gaps and development of draft policy statement on domestication of WHO/ Other Standards 3. Present findings to MoH 4. Drum up community awareness	1. Developed policy framework on criteria domesticating of health standards 2. Identified Health Standards implementation gaps	1. ***Consultant*** – Conduct Desk Review 2. ***Venue*** – Conduct Policy Dialogue 3. ***Rarpatuer***- Compile Report for Round Table Meeting 4. IEC materials 5. Media	1.1st quarter	TALC / CITMA+/ Chipulumuso/ Network for ARV users/ Musayope	Increase in number of Children receiving improved Prevention, Treatment, Care and Support

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Output	Outcome	Target	Tactics/ Key Activities	KPI	Resources Required	Date to be completed	Point Person/ Organization/ Team	What does success look like?
Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Family Centred Care and Nutrition**								
1. Adoption of Nurses' and Midwives' Drug Formulary 2. Adoption of Prescribing Guidelines 3. Comprehensive Nurses' and Midwives Drug Formulary Reviewed and adopted to include Paediatric Treatment 4. Training guidelines on comprehensive paediatric counselling developed[5]	1. Increased # of Prescribers 2. Increased # of clients Accessing Treatment --- OI's and ARV's 3. Improved care through improved counselling	General Nursing Council of Zambia (GNC)/ Pharmaceutical Regulatory Authority (PRA)	1. Desk review of Draft Nurses' and Midwives' Drug Formulary and Draft Prescribing Guidelines 2. Development of Comprehensive guidelines on Paediatric Counselling 3. Meeting with GNC to make submissions on Act No. 31 of 1997 and Draft Drug Formulary 4. Meeting with PRA on Approval of Revised Nurses Drug Formulary 5. Drum up community support	1. Reviewed Drug Formulary to include component on Comprehensive Pediatric ART 2. Draft of comprehensive counselling guidelines for pediatric ART 3. Community involvement	1. ***Consultant*** – Conduct Desk Review of documents 2. ***Venue*** – Community Mobilization 3. IEC materials 4. Media	1&2 1.st quarter 3&4 2nd quarter 5. ongoing	TALC/ Chipulumutso	1. **Success**: Increase in the # of Health Care Workers Allowed to Prescribe 2. **Success**: Increased Access to Treatment 3. **Success:** Improved child counselling and care in Health facilities

[5] Integration of Ministry of Health Guidelines into Nurse Training Guidelines to improve delivery of counselling services

OBJECTIVE 2 – EARLY INFANT DIAGNOSIS AND TREATMENT

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Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Early Infant Diagnosis and Treatment**								
Output	**Outcome**	**Target**	**Tactics/ Key Activities**	**KPI**	**Resources Required**	**Date to be completed**	**Person/ Organization/ Team**	**What does success look like?**

1. Policy Document provision of Treatment support Infrastructure Developed 2. Guidelines on equitable distribution of Treatment Support Infrastructure	1. Increased # of PCR and Other Pediatric Treatment support infrastructure 2. Increased # of Children accessing Treatment support 3. Increased # of Rural Facilities with Treatment support infrastructure	Ministry of Health	1. Conduct Baseline survey --- Bottlenecks, Maintain, 2. Develop of Draft Policy and Guideline Document on Treatment Support Infrastructure. 3. Stakeholder Consensus Building Meeting 4. Presentation of Draft Policy and Guidelines on Treatment Support Infrastructure to MoH 5. Follow-up meeting with MoH on Policy adoption and approval 6. Community mobilization, Sensitization and Advocacy	1. Developed Policy on provision of Treatment related infrastructure 2. Developed guidelines on equitable distribution of Treatment infrastructure between rural and urban health facilities	1. ***Consultant*** – Develop Draft Guidelines and Policy Document 2. ***Venue*** – Stakeholder Meeting 3. IEC and Community Advocacy materials 4. Logistics for Baseline 5. Media	1. 1st quarter 2. 2nd quarter 3&4 2nd quarter 5&6 ongoing	CHIN/ Talc	1. **Success**: Policy on Treatment Support Infrastructure, Increase in # of EIDT proficient sites, Procurement of atleast 6 additional PCR machines, Decreased Turn around time 2. **Success**: Guidelines on equitable distribution of Treatment Infrastructure developed and adopted 3. **Baseline survey** **Success**: Increased # of EID Sites, Increased # of Treatment Support infrastructure procured

OBJECTIVE 3 – ACCESS TO APPROPRIATE MEDICATION

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Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Access to Appropriate Mediation**								
Output	**Outcome**	**Target**	**Tactics/ Key Activities**	**KPI**	**Resources Required**	**Date to be completed**	**Point Person/ Organization/ Team**	**What does success look like?**

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1. Increase in # HRH Positions at Ministry of Health Facilities --- Health Facility Posts 2. Increase in # of Health Worker in Rural Health Facilities	1. Increased # of Children accessing Treatment in urban and rural Areas in Zambia.	Ministry of Health/ Ministry of Finance and National Planning	1. Review of Country Case Study on Health Workforce Financing and Employment in Zambia (Health Fiscal Space Study) 2. Review of Deployment mechanism of competent health workers in Zambia – Focus on Rural Zambia 3. Presentation of Advocacy Analysis report on Country Case Study on Health Workforce Financing and Employment in Zambia (Health Fiscal Space Study) to MoFNP for increased Health worker establishment 4. Presentation of Advocacy analysis on increased rural deployment 5. Follow-up meetings with MoH/ MoFNP 6. Community Mobilization and Advocacy activities	1. Reviewed country health Fiscal Space 2. Reviewed Deployment systems 3. Meetings held with Policy makers 4. Community Advocacy activities	1. ***Consultant*** – Conduct Desk Reviews and development of presentation decks for MoH and MoFNP 2. ***Venue*** – Community Mobilization and Advocacy 3. IEC and community advocacy materials	1&2 1st quarter 3&4 2nd quarter 5&6 on-going		TALC/ ZARAN/ PPAZ	**Success**: Increased # of positions in MoH Health Worker Establishment, Increased # of additional rural positions created, # of Community Advocacy Activities

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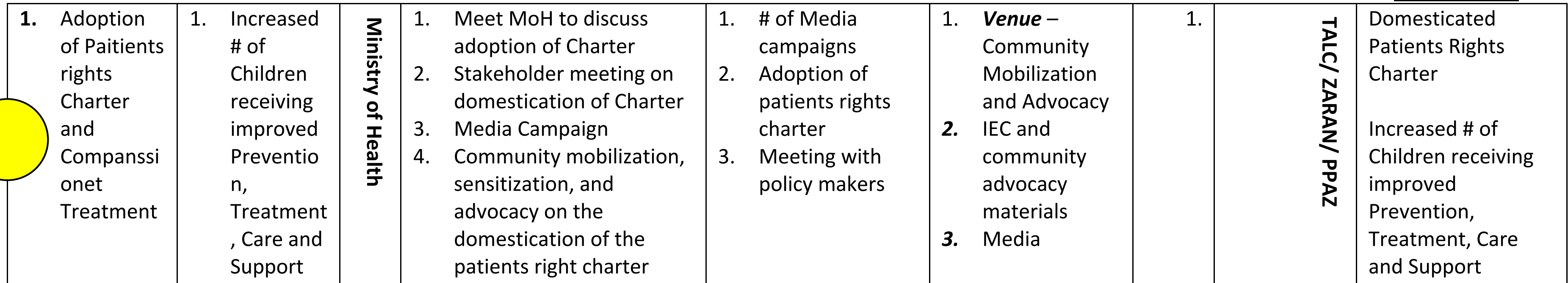

1. Adoption of Paitients rights Charter and Companssionet Treatment	1. Increased # of Children receiving improved Prevention, Treatment, Care and Support	Ministry of Health	1. Meet MoH to discuss adoption of Charter 2. Stakeholder meeting on domestication of Charter 3. Media Campaign 4. Community mobilization, sensitization, and advocacy on the domestication of the patients right charter	1. # of Media campaigns 2. Adoption of patients rights charter 3. Meeting with policy makers	1. ***Venue*** – Community Mobilization and Advocacy ***2.*** IEC and community advocacy materials ***3.*** Media	1.	**TALC/ ZARAN/ PPAZ**	Domesticated Patients Rights Charter Increased # of Children receiving improved Prevention, Treatment, Care and Support

Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Access to Appropriate Mediation**								
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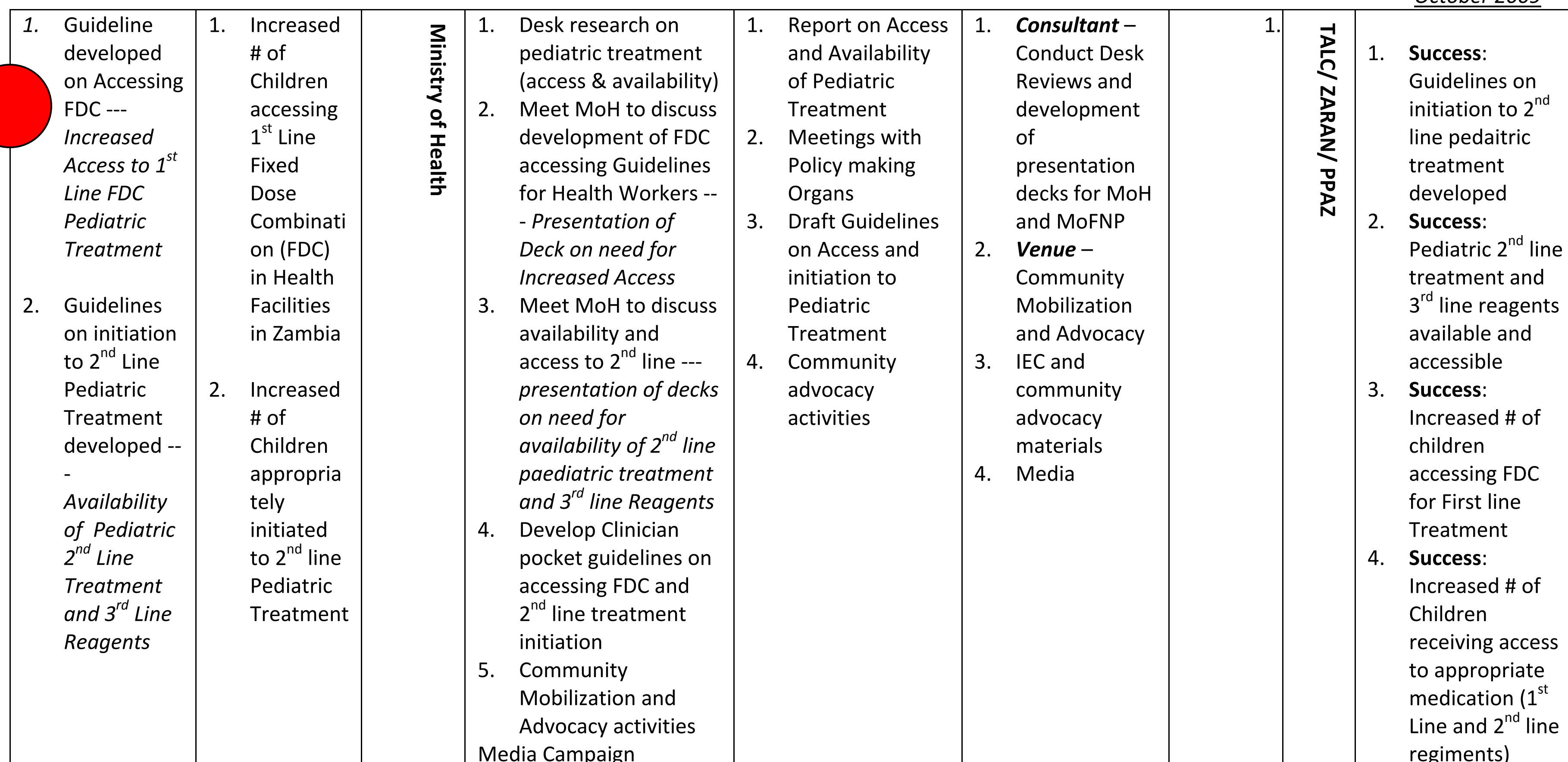

1. Guideline developed on Accessing FDC --- *Increased Access to 1st Line FDC Pediatric Treatment* 2. Guidelines on initiation to 2nd Line Pediatric Treatment developed --- *Availability of Pediatric 2nd Line Treatment and 3rd Line Reagents*	1. Increased # of Children accessing 1st Line Fixed Dose Combination (FDC) in Health Facilities in Zambia 2. Increased # of Children appropriately initiated to 2nd line Pediatric Treatment	Ministry of Health	1. Desk research on pediatric treatment (access & availability) 2. Meet MoH to discuss development of FDC accessing Guidelines for Health Workers --- *Presentation of Deck on need for Increased Access* 3. Meet MoH to discuss availability and access to 2nd line --- *presentation of decks on need for availability of 2nd line paediatric treatment and 3rd line Reagents* 4. Develop Clinician pocket guidelines on accessing FDC and 2nd line treatment initiation 5. Community Mobilization and Advocacy activities Media Campaign	1. Report on Access and Availability of Pediatric Treatment 2. Meetings with Policy making Organs 3. Draft Guidelines on Access and initiation to Pediatric Treatment 4. Community advocacy activities	1. ***Consultant*** – Conduct Desk Reviews and development of presentation decks for MoH and MoFNP 2. ***Venue*** – Community Mobilization and Advocacy 3. IEC and community advocacy materials 4. Media	1.	TALC/ ZARAN/ PPAZ	1. **Success**: Guidelines on initiation to 2nd line pediatric treatment developed 2. **Success**: Pediatric 2nd line treatment and 3rd line reagents available and accessible 3. **Success**: Increased # of children accessing FDC for First line Treatment 4. **Success**: Increased # of Children receiving access to appropriate medication (1st Line and 2nd line regiments)

Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Access to Appropriate Mediation**								
Output	**Outcome**	**Target**	**Tactics/ Key Activities**	**Resources Required**	**KPI**	**Date to be completed**	**Point Person/ Organization/ Team**	**What does success look like?**

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1. Adoption of the Push System Supply Chain Management	1. Reduction in the # of ARV stock outs at facility level 2. Increased in the Number of Children adhering to treatment	Ministry of Health/ National AIDS Council	1. Review of Zambia MoH Supply Chain management system --- Gaps in Pull system management, Poor Forecasting on ARV demand side requirements, ARV stock outs, Expiry of ARV (Drug wastage) 2. Stakeholder Consensus Building – Push system for ART and utilization of NAC for ARV forecasting 3. Presentation of decks on push system supply chain management system to MoH 4. Meeting with NAC on Forecasting 5. Follow-up Meeting with NAC/ Ministry of Health on Implementation of the Push System 6. Media Campaign 7. Community Mobilization and Advocacy activities on increased access	1. ***Consultant*** – Conduct Desk Reviews and development of presentation decks for MoH and NAC 2. ***Venue*** – Stakeholder Meeting/ Community Mobilization and Advocacy 3. IEC and community advocacy materials 4. Media	1. Reviewed Supply Chain System 2. Stakeholder consensus building meetings 3. meetings with policy makers	1.3rd quarter	TALC/ ZARAN/ PPAZ	1. **Success**: Guidelines on Forecasting developed 2. **Success**: Increased Access to ARVs 3. **Success**: Increased # of Clients accessing ARV, increased # of Community Advocacy Activities

Advocacy Action Plan Template - Country-Level				
CEPA Core Objective: **Access to Appropriate Mediation**				

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Output	Outcome	Target	Tactics/ Key Activities	Resources Required	KPI	Date to be completed	Organization/ Team	What does success look like?
1. Increased # of Health Facilities administering ART service 2. Removal of Health Facility Accreditation system in ART support	1. Increased # of children accessing Treatment support in geographically accessible areas	Ministry of Health	1. Media Campaigns 2. Meetings with MoH to Lobby for removal of accreditation system and expansion in # of facilities providing ART services 3. Community lobby campaign – Sharing of community experiences on barriers t access	1. ***Venue*** – Stakeholder Meeting/ Community Mobilization and Advocacy 2. IEC and community advocacy materials ***3.*** Media	1. Removal of Accreditation system 2. Meetings with Policy making body 3. community advocacy	1. 2.	TALC/ ZARAN/ PPAZ	1. **Success**: Increased # of Sites providing ART services 2. **Success**: Increased # of Children accessing ART sercives

OBJECTIVE 4 – FULL FUNDING TO ELIMINATE PEDIATRIC AIDS

Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Full Funding to Eliminate Pediatric AIDS**								
Output	**Outcome**	**Target**	**Tactics/ Key Activities**	**Resources Required**	**KPI**	**Date to be completed**	**Person/ Organization/ Team**	**What does success look like?**

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1. Treatment Related Costs separated from Other Health Costs during Parliamentary Budget Allocation 2. Treatment Allocation done in proportion to disease burden	**1.** Increased Funding to Pediatric treatment related activities **2.** Increased # of children accessing ART services in Zambia	**Ministry of Health**	1. Review of 2005 – 2009 National Budget (Health) – Trends in Health Budgetary Allocation 2. Review of MoH internal budgetary allocation to treatment --- emphasis on Pediatric treatment 3. Stakeholder Consensus building on separation of MoH Treatment cost allocation from Other Health Related costs 4. Presentation to Parliamentary committee on Health --- Presentation of Advocacy deck on Separation of funding 5. Presentation of Advocacy decks to MoH on increased funding for Pediatric AIDS 6. Community Mobilization and Advocacy on increased support to Pediatric AIDS	1. ***Consultant*** – Conduct Desk Reviews and development of presentation decks for MoH 2. ***Venue*** – Stakeholder Meeting/ Community Mobilization and Advocacy 3. IEC and community advocacy materials 4. Media	1. Report on Health Budget Allocations 2. Analysis Report on MoH internal Budgets 3. Meetings with Policy making Bodies 4. Community Advocacy activities	1. 2 & 3 2st quarter 5. 4th quarter 6. 2nd quarter 7. On-going	**TALC/ ZANAN/ YVZ**	1. **Success**: Increase in funds dedicated to Pediatric AIDS 2. **Success**: Treatment allocation done in propotion to disease burden 3. **Success**: Increased # of Clients accessing ARV, # of Community Advocacy Activities

Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Full Funding to Eliminate Pediatric AIDS**								
Output	**Outcomes**	**Target**	**Tactics/ Key Activities**	**KPI**	**Resources Required**	**Date to be completed**	**Person/ Organization/ Team**	**What does success look like?**

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1. Sustainable Strategic Plan for Treatment Developed	**1.** Increased funding support towards ART from 1% to 5% Government Support **2.** Increased # of Children receiving improved ART support	**Ministry of Health**	1. Review of the repercussions of suspending aid to MoH --- Need for use of More local resources in ARV treatment 2. Present Advocacy to MoH to prepare Sustainable Treatment strategic plan with increased reliance on local resources and demand based forecasting 3. Advocacy for implementation of the AIDS fund 4. Media Campaign 5. Follow-up meeting	1. Developed Strategic plan for Treatment sustenance 2. Meting with Policy making Body 3. community Advocacy campaign	1. ***Consultant*** – Conduct Desk Reviews and development of presentation decks for MoH 2. ***Venue*** – Community Mobilization and Advocacy 3. IEC and community advocacy materials 4. Media	1. 2. 3. 4.	**TALC/ ZANAN/ YVZ**	1. **Success**: Strategic Plan on sustainable treatment 2. **Success**: Sustainable Access to treatment 3. **Success**: Increased # of Clients accessing ARV, # of Community Advocacy Activities 4. **Success**: 60% of National Health based on local resources

Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Full Funding to Eliminate Pediatric AIDS**								
Output	**Outcomes**	**Target**	**Tactics/ Key Activities**	**KPI**	**Resources Required**	**Date to be completed**	**Person/ Organization/ Team**	**What does success look like?**
1. Clear Systems of Financial Management and Governance Developed in the MoH	**1.** Increased accountability on Part of Ministry of Health **2.** Appropriate allocation of Funds **3.** Increased Access to treatment support	**Ministry of Health**	1. Civil Society meeting to pressure MoH on Developing Clear and Transparent Financial Management and Governance System 2. Follow-up meetings with MoH	1. Governance plan developed 2. Meetings with Policy making Body	1. Venue: Civil Society Meeting 2. Community IEC and Advocacy Material 3. Media	1&2 2nd quarter	**TALC/ ZANAN/ YVZ**	1. **Success**: Governance Plan 2. **Success**: Increased Access to pediatric AIDS through improved accountability and Fund usage in the Ministry of Health

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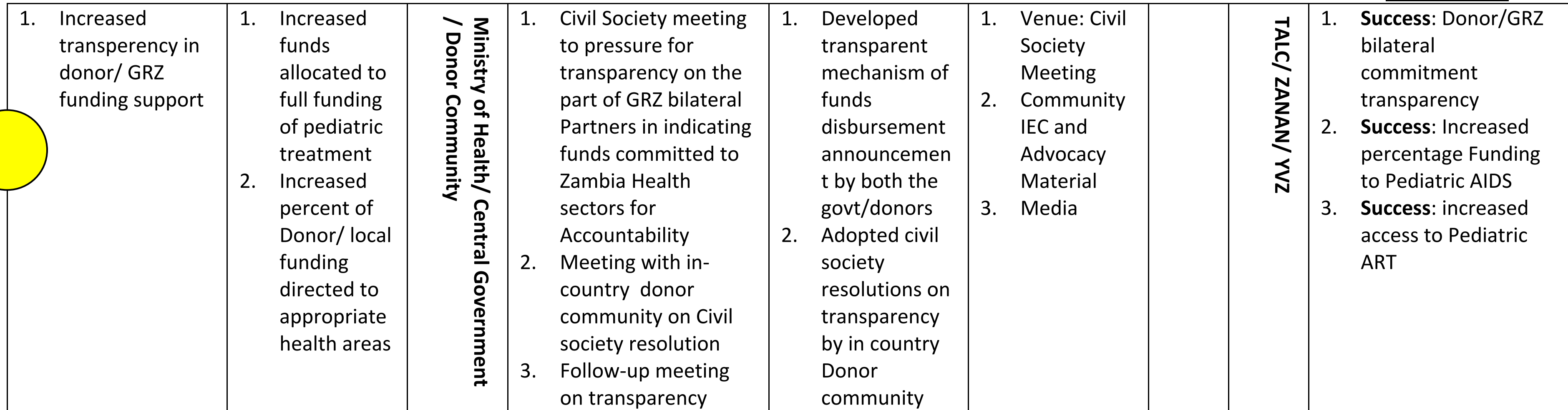

1. Increased transperency in donor/ GRZ funding support	1. Increased funds allocated to full funding of pediatric treatment 2. Increased percent of Donor/ local funding directed to appropriate health areas	Ministry of Health/ Central Government / Donor Community	1. Civil Society meeting to pressure for transparency on the part of GRZ bilateral Partners in indicating funds committed to Zambia Health sectors for Accountability 2. Meeting with in-country donor community on Civil society resolution 3. Follow-up meeting on transparency	1. Developed transparent mechanism of funds disbursement announcement by both the govt/donors 2. Adopted civil society resolutions on transparency by in country Donor community	1. Venue: Civil Society Meeting 2. Community IEC and Advocacy Material 3. Media		TALC/ ZANAN/ YVZ	1. **Success**: Donor/GRZ bilateral commitment transparency 2. **Success**: Increased percentage Funding to Pediatric AIDS 3. **Success**: increased access to Pediatric ART

Advocacy Action Plan Template - Country-Level								
CEPA Core Objective: **Full Funding to Eliminate Pediatric AIDS**								
Output	**Outcomes**	**Target**	**Tactics/ Key Activities**	**KPI**	**Resources Required**	**Date to be completed**	**Point Person/ Organizatio n/ Team**	**What does success look like?**

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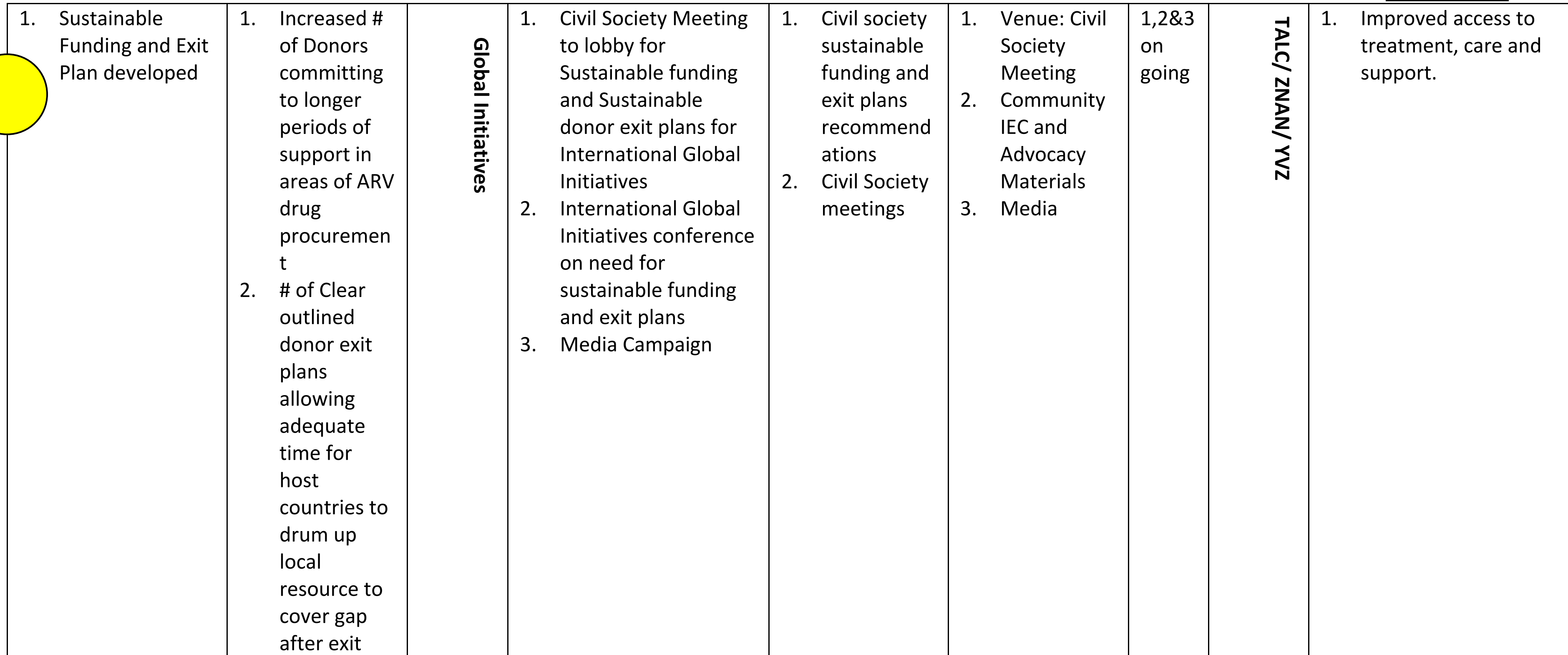

1. Sustainable Funding and Exit Plan developed	1. Increased # of Donors committing to longer periods of support in areas of ARV drug procurement 2. # of Clear outlined donor exit plans allowing adequate time for host countries to drum up local resource to cover gap after exit	Global Initiatives	1. Civil Society Meeting to lobby for Sustainable funding and Sustainable donor exit plans for International Global Initiatives 2. International Global Initiatives conference on need for sustainable funding and exit plans 3. Media Campaign	1. Civil society sustainable funding and exit plans recommendations 2. Civil Society meetings	1. Venue: Civil Society Meeting 2. Community IEC and Advocacy Materials 3. Media	1,2&3 on going	TALC/ ZNAN/ YVZ	1. Improved access to treatment, care and support.