

Performance Framework

Country	Zambia
Grant Name	ZMB-C-CHAZ
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	Churches Health Association of Zambia

Reporting Periods	Start Date	01-Jan-2021	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023
	End Date	30-Jun-2021	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023
	PU includes DR?	No	No	No	No	No	No

Program Goals, Impact Indicators and targets

- 1 Reduce new HIV infections from 51,000 in 2019, by at least 50% by 2023
- 2 Reduce AIDS related mortality by 50% from 20,000 in 2019
- 3 Reduce HIV related stigma and discrimination by 50%
- 4 Mother to child transmission of HIV eliminated, from 3.7% in 2019 to less than 3%, by 2023
- To reduce the number of TB deaths in the population by 40% in 2021 compared to 2015

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV I-14 Number of new HIV infections per 1000 uninfected population	Zambia	N: 3.08 D: P:	2019 HMIS/ Spectrum 2020	Gender Age,Gender,Age		N: 2.53 D: P: % Due Date: 01-Mar-2022	N: 2.37 D: P: % Due Date: 01-Mar-2023	N: 2.25 D: P: % Due Date: 14-Feb-2024
	Comments								
	The program intends to have zero new of HIV infection Numerator: Spectrum estimates/ surveys Denominator RNASF 2020-2023 These targets may be adjusted if the	: population estima	tes that 17,268,770 (2021						
2	TB I-2 TB incidence rate per 100,000 population	Zambia	N: 346 D: P:	2018 WHO Global TB Report 2019			N: 322 D: P: % Due Date: 01-Mar-2022	N: 314 D: P: % Due Date: 01-Mar-2023	N: 306 D: P: % Due Date: 14-Feb-2024
	Comments								
	The inclidence of TB has continued to decline steadily 306/100,000 population in 2023.	over the last two de	cade. The NTP expects th	e incidence rate to re	duce from 346/100,000) in 2018 (baseline) to			
3	TB I-3□M□ TB mortality rate per 100,000 population	Zambia	N: 28 D: P:	2018 WHO Global TB Report 2019			N: 27 D: P: %	N: 26 D: P: %	N: 25 D: P: %
							01-Mar-2020	01-Mar-2023	14-Feb-2024
	Comments								



65% in 2010 to 85% in 2019. The source of the targets is HIV modelling 2020 file.

4	HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	Zambia	N: 2,511 D: 53,730 P: 4.7%	2019 HMIS/Spectrum 2020		N: 1,574 D: 52,470 P: 2.99980941490375 %	N: 1,285 D: 51,382 P: 2.50087579307929 %	N: 1,011 D: 50,568 P: 1.99928808732795 %
	Comments					01-Mar-2020	01-Mar-2023	14-Feb-2024
	Zambia shares the international community's goal of ach mother-to-child transmission (MTCT) rate to less than 5 p				MTCT), with the ambitious target of reducing †	the		
	HIV I-4 Number of AIDS-related deaths per 100,000 population	Zambia	N: 92.2 D: P:	2019 HMIS/Spectrum 2020	Age,Gender,Gender Age	N: 70.96 D: P: %	N: 67.69 D: P: %	N: 66.46 D: P: %
5						Due Date: 01-Mar-2020	Due Date: 01-Mar-2023	Due Date: 14-Feb-2024
	Comments							

Spectrum estimates that mortality rate from AIDS in among children and adults has decreased from a peak 586/ 100,000 in 2002 to about 92/ 100,000 population in 2019. This declines have been attributable to the success of the ART programme in the country. The survival and retention of people on ART at 12 months has increased from

Program Objectives, Outcome Indicators and targets 1 95% of PLHIV know their HIV status 2 95% of people diagnosed with HIV enrolled on ART 3 95% of PLHIV receiving ART achieve viral suppression 4 To reduce stigma and discrimination associated with HIV and AIDS 5 To improve access and utilisation of HIV and AIDS servcies by population groups most at risk 6 To increase the treatment success rate for TB from 90% in 2019 to at least 95% from 2023 onwards

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Zambia	N: 690,895 D: 792,466 P: 87.2%	2019 Lab Information system	Gender		N: 1,170,454 D: 1,232,057 P: 95.00%	N: 1,190,858 D: 1,253,535 P: 95.00%	N: 1,209,968 D: 1,273,651 P: 95.00%
							01-Mar-2022	01-Mar-2023	14-Feb-2024
	Comments This indicator evaluates to what degree ART programs a Unsuppressed viral load will also lead to the development of t	nt of drug resistance.	Indicator definition Nu	umberator: Number o	of PLHIV with an undete	ectable viral load <1,000			
	This indicator evaluates to what degree ART programs a Unsuppressed viral load will also lead to the development	nt of drug resistance.	Indicator definition Nu	umberator: Number o	of PLHIV with an undete	ectable viral load <1,000			
	This indicator evaluates to what degree ART programs a Unsuppressed viral load will also lead to the development copies/ml at 12 months after initiating ART. Denominate with a viral load count at 12 month visit. Source of target TB O-5 TB treatment coverage: Percentage of new and relapse cases that were notified and treated	nt of drug resistance. r: Number of adults a s Draft RNASF 2020	Indicator definition Number of the Indicator definition Number of the Indicator of the Indi	umberator: Number of ed ART in the 12 mo	of PLHIV with an undetention of the prior to the beginn	ectable viral load <1,000 ning of the reporting perion	N: 47,006 D: 60,000 P: 78.34%	N: 48,564 D: 60,000 P: 80.94%	N: 48,994 D: 60,000 P: 81.66%
2	This indicator evaluates to what degree ART programs a Unsuppressed viral load will also lead to the development copies/ml at 12 months after initiating ART. Denominate with a viral load count at 12 month visit. Source of target	nt of drug resistance. r: Number of adults a s Draft RNASF 2020	Indicator definition Nund children who initiat -2023. These targets r	umberator: Number of the ART in the 12 more adjusted if the adjusted in the ad	of PLHIV with an undetention of the prior to the beginn	ectable viral load <1,000 ning of the reporting perion	N: 47,006 D: 60,000	D: 60,000	D: 60,000 P: 81.66%
2	This indicator evaluates to what degree ART programs a Unsuppressed viral load will also lead to the development copies/ml at 12 months after initiating ART. Denominato with a viral load count at 12 month visit. Source of target TB O-5 TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically	nt of drug resistance. r: Number of adults a s Draft RNASF 2020	Indicator definition Number of Children who initiated the control of the control	umberator: Number of the ded ART in the 12 more may be adjusted if the 2019 TB R&R quarterly	of PLHIV with an undetention of the prior to the beginn	ectable viral load <1,000 ning of the reporting perion	N: 47,006 D: 60,000 P: 78.34%	D: 60,000 P: 80.94%	D: 60,000 P: 81.66%



3	TB O-4□ ^M □ Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB zambia successfully treated	N: 205 D: 270 P: 75.9%	2019 TB R&R quarterly reports		N: 1,248 D: 1,600 P: 78.00%	N: 1,520 D: 1,900 P: 80.00%	N: 1,804 D: 2,200 P: 82.00%
					Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 14-Feb-2024
	Comments						
	The program intends to achieve 82 % treatment success rate for RR-TB These targets will be adjusted once the NSP is revised.	and or MDR-TB. Data s	ource: RR-TB/MDR-TB	egister Source of targets : TB	NSP 2019-2021.		
4	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	N: 31,552 D: 35,055 P: 90.0%	2019 TB R&R quarterly reports		N: 43,245 D: 47,006 P: 92.00%	N: 45,650 D: 48,564 P: 94.00%	N: 46,544 D: 48,994 P: 95.00%
7					Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 14-Feb-2024
	Comments	·				·	·
	The program intends to achieve 95 % treatment success rate for all form These targets will be adjusted once the NSP is revised.	s of TB. Source of the re	esults: Numerator: TB re	gister Source of targets: TB NS	SP 2019-2021.		
	HIV O-11□ ^M □ Percentage of people living with HIV who know their HIV status at the end of the reporting period	N: 1,084,977 D: 1,247,100 P: 87.0%	2018 HMIS/Spectrum	Gender	N: 1,232,057 D: 1,296,903 P: 95.00%	N: 1,253,535 D: 1,319,511 P: 95.00%	N: 1,273,651 D: 1,340,686 P: 95.00%
5					Due Date: 01-Mar-2022	Due Date: 01-Mar-2022	Due Date: 14-Feb-2024
	Comments						
	The program intends to have 95% of people living with HIV know their H Draft RNASF 2020-2023. These targets may be adjusted if the NASF tar (numerator) and national PLHIV estimate based on modelled estimates (on this indicator	gets are revised, data so	ource 1. HIV case report	s or representative case based	d surveillance data		
	HIV O-20 Percentage of females aged 15-24 who dropped out of school in the last year	N: 7,052 D: 391,778 P: 1.8%	2018 Ministry of Education Reports		N: 6,993 D: 411,366 P: 1.70%	N: 6,910 D: 431,935 P: 1.60%	N: 6,803 D: 453,532 P: 1.50%
6					Due Date: 01-Mar-2022	Due Date: 01-Mar-2022	Due Date: 14-Feb-2024
	Comments						
	The program intends to reduce school dropout rates for adolescents age acquiring HIV and child bearing. Numerator Number of females aged 15 24 who were enrolled in school. The data source is Ministry of education adolescent who drop out of secondary school and will not capture those schools is yet to be developed.	 24 who dropped out of reports (Education man 	school in the last year. agement information sys	Denominator Total number of factors. Limitation, the indicato	emales aged 15 - r will only focus on		

overage indicators a	and targets													
I Number Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023
reatment, care and support		<u> </u>												
All people living with HIV	TCS-1.1 □M□ Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 114,526 D: 135,868 P: 84.3%	2019 HMIS	Age,Gender,Gender Age,Duration of treatment,Target / Risk population group	Yes		Non cumulative – other	N: 122,398 D: 128,840 P: 95.0%	N: 123,440 D: 129,937 P: 95.0%	N: 124,482 D: 131,003 P: 95.0%	N: 125,524 D: 132,130 P: 95.0%	N: 126,594 D: 133,324 P: 95.0%	N: 127,664 D: 134,383 P: 95.0%



Out of the estimated number of people living with HIV in Zambia, the current number of people receiving ART was 1,054,895 by the end of 2019. Out of this number, 114,625 were receiving ART in CHAZ supported facilities. This represents 10.86% of the total number on ART in Zambia. The CHAZ targets for the period 2021-2023 are based on the proportion of people expected to be living with HIV from the SPECTRUM Projections of which 87% were on ART by the end of 2019. It is anticipated that CHAZ will continue to care for 10.86% of the total number of people on ART in Zambia. The indicator will be collected from 88 ART sites supported by CHAZ across the country. Data collection and reporting will be done at the point of service delivery. On average the PR has newly initiated slightly above 1,000 clients on ART per semester. This assumption has been considered during the setting of targets for the PR, hence by 2023, the PR will have newly initiated about 6,000 clients on ART. The increment target may seem modest but this is due to the maturity of the programme, which is seeing more people living positive. See attached assumption working sheet for ART targets. Case based surveillance is being implemented by the Ministry of Health in collaboration with CDC. The process has only started with data collection. CHAZ will start by piloting 5 sites for the CBS. The sites to be piloted are 1. St Francis Mission Hospital in Katete, Mwami Mission Hospital in Chipata, Monze Mission Hospital in Monze, Konkola Mine Hospital, and Mukinge Mission Hospital in Kasempa. The following is the process CHAZ will follow for the CBS implementation at the facility level: 1.Capture patient-level data across the spectrum of disease, for example, HIV diagnosis, AIDS diagnosis, and death 2.Identify each specific case (person) at the central (data management) level 3. Link multiple reports on one case (person) to each other person Cumulation type: Cumulative indicator Numerator: Number of people on ART at the end of the reporting period Denominator:

	HI re pr	MTCT-2.1 Percentage of IV-positive women who ceived ART during egnancy and/or labour and elivery	Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	N: 1,409 D: 1,456 P: 96.8%	2019 HMIS		Yes	Non cumulative - special	N: 782 D: 1,589 P: 49.2%	N: 782 D: 1,589 P: 49.2%	N: 839 D: 1,665 P: 50.4%	N: 839 D: 1,704 P: 49.2%	N: 878 D: 1,747 P: 50.3%	N: 878 D: 1,788 P: 49.1%
	Comments													
	transmission. The tapositive women who positive pregnant we collection and report facilities and in 2023 the number of HIV-pnumerator includes	arget setting is based on the o attended ANC were from the comen to be seen in the CHIs ting will be done in the PMT 3 2 facilities. In Yr 1, the facil cositive pregnant women wh	assumption that annu- ne CHAZ CHI catchme . The indicator will be CT sites. CHAZ will so- ities will include:1. Ma- to received antiretroviral eatment during current	ally about 1,574 pregents with 59% (2,255) collected and reporte ale up to 12 facilities mbwe RHC.2. Sachillal drugs during the papegnancy and thos	nant women will test coming from outside ed from 82 PMTCT si in the next 3 years (2 obondu RHC.3 Siach ast 12 months to redu	t positive in the PR health face catchment populations. CHA ites (including the 5 additiona 2021 to 2023). In 2021 CHAZ interna RHC.4. Mapanza RHC uce the risk of mother-to-child	ility catachment area. AZ will add an estimat Il sites) supported by 0 Z will scale up to 5 faci C 5.Chabboboma. Nun Il transmission during p	eatment to eliminate mother to child In 2019, only 41% (1,574) of HIV ed 59% to the expected HIV CHAZ across the country. Data lities, in 2022 another additional 5 nerator: This indicators measures pregnancy and delivery. This women who delivered within the						
	PI HI a	MTCT-3.1 Percentage of IV-exposed infants receiving virological test for HIV within months of birth	Country: Zambia; Coverage:	N: 1,499 D: 2,054 P: 73.0%	2019 HMIS	HIV test status	Yes	Non cumulative	N: 1,662 D: 2,077 P: 80.0%	N: 1,735 D: 2,090 P: 83.0%	N: 1,796 D: 2,113 P: 85.0%	N: 1,889 D: 2,146 P: 88.0%	N: 1,955 D: 2,172 P: 90.0%	N: 2,032 D: 2,208 P: 92.0%
	The PR does not ex improvement in the as testing facilities for of results received a up to 5 facilities, in 2	spect a significant change in results received in the past sor DBS are increased which as the number of babies lost 2022 another additional 5 fac	the number of exposes semesters from 51% in will also improve resulto to follow-up in terms o cilities and in 2023 2 fa	d infants. The targets a Semester 2, 2018 to lts received and also of samples collected be acilities. In Yr 1, the fa	therefore will start wo 73% in Semester 2 the turnaround time. has improved. CHAZ acilities will include:1.	vith 2150 and will have an inc 22019. The PR further intend . The policy of taking DBS sa will scale up to 12 facilities ir . Mambwe RHC.2. Sachibbor	cremental effect of 2.5°s to have the testing ramples at birth has also the next 3 years (202ndu RHC.3 Siachitema							
	The average number The PR does not eximprovement in the as testing facilities from the following to 5 facilities, in 2 5. Chabboboma. The infants born during the period Data sources	spect a significant change in results received in the past sor DBS are increased which as the number of babies lost 2022 another additional 5 face indicator will be collected at the reporting period who received the reporting period who receive the register/HMIS. Cumulater and the remaining period who receive the remaining period who remaining period who receive the remaining period who remaining perio	the number of exposes semesters from 51% in will also improve resulto follow-up in terms o cilities and in 2023 2 fa and reported from 82 P eived a virological HIV	d infants. The targets a Semester 2, 2018 to lts received and also of samples collected buildings. In Yr 1, the family that within two mont	therefore will start wo 73% in Semester 2 the turnaround time. has improved. CHAZ acilities will include:1. g the 5 additional site	vith 2150 and will have an inc 2 2019. The PR further intend . The policy of taking DBS sa will scale up to 12 facilities ir . Mambwe RHC.2. Sachibbor es) supported by CHAZ acros	cremental effect of 2.5° s to have the testing ramples at birth has also the next 3 years (202 and RHC.3 Siachitemass the country. Numer	when year. The PR has seen an ates improved from 80% to 92.5% or largely improved the percentage 21 to 2023). In 2021 CHAZ will scale						
	The average number The PR does not eximprovement in the as testing facilities for results received a up to 5 facilities, in 2 5. Chabboboma. The infants born during the PR does not be a supported by the property of the pro	spect a significant change in results received in the past sor DBS are increased which as the number of babies lost 2022 another additional 5 face indicator will be collected at the reporting period who received the reporting period who receive the register/HMIS. Cumulater and the remaining period who receive the remaining period who remaining period who receive the remaining period who remaining perio	the number of exposed semesters from 51% in will also improve result to follow-up in terms of cilities and in 2023 2 faind reported from 82 Perived a virological HIV lation type: Non-cumulation	d infants. The targets a Semester 2, 2018 to lts received and also of samples collected buildings. In Yr 1, the family that within two mont	therefore will start wo 73% in Semester 2 the turnaround time. has improved. CHAZ acilities will include:1. g the 5 additional site	vith 2150 and will have an inc 2 2019. The PR further intend . The policy of taking DBS sa will scale up to 12 facilities ir . Mambwe RHC.2. Sachibbor es) supported by CHAZ acros	cremental effect of 2.5° s to have the testing ramples at birth has also the next 3 years (202 and RHC.3 Siachitemass the country. Numer	We per year. The PR has seen an ates improved from 80% to 92.5% be largely improved the percentage 21 to 2023). In 2021 CHAZ will scale a RHC.4. Mapanza RHC ator: Number of HIV exposed						
	The average number The PR does not eximprovement in the as testing facilities for results received a up to 5 facilities, in 2 5.Chabboboma. The infants born during the period Data sources at HIV Testing Service HT potential of the period Data for	spect a significant change in results received in the past sor DBS are increased which as the number of babies lost 2022 another additional 5 face indicator will be collected at the reporting period who received the reporting period who receive the register/HMIS. Cumulater and the remaining period who receive the remaining period who remaining period who receive the remaining period who remaining period w	the number of exposes semesters from 51% in will also improve resulto follow-up in terms o cilities and in 2023 2 fa and reported from 82 P eived a virological HIV	d infants. The targets a Semester 2, 2018 to lts received and also of samples collected buildings. In Yr 1, the family that within two mont	therefore will start wo 73% in Semester 2 the turnaround time. has improved. CHAZ acilities will include:1. g the 5 additional site	vith 2150 and will have an inc 2 2019. The PR further intend . The policy of taking DBS sa will scale up to 12 facilities ir . Mambwe RHC.2. Sachibbor es) supported by CHAZ acros	cremental effect of 2.5° s to have the testing ramples at birth has also the next 3 years (202 and RHC.3 Siachitemass the country. Numer	We per year. The PR has seen an ates improved from 80% to 92.5% be largely improved the percentage 21 to 2023). In 2021 CHAZ will scale a RHC.4. Mapanza RHC ator: Number of HIV exposed		N: 7,560 D: 170,000 P: 4.4%	N: 8,606 D: 172,125 P: 5.0%	N: 8,606 D: 172,125 P: 5.0%	N: 9,585 D: 174,277 P: 5.5%	N: 9,585 D: 174,277 P: 5.5%
	The average number The PR does not eximprovement in the as testing facilities for results received a up to 5 facilities, in 2 5.Chabboboma. The infants born during the period Data sources at HIV Testing Service HT potential of the period Data for	spect a significant change in results received in the past sor DBS are increased which as the number of babies lost 2022 another additional 5 fact indicator will be collected at the reporting period who recest EID Register/HMIS. Cumulates TS-4 Percentage of HIV-positive results among the tal HIV tests performed	the number of exposed semesters from 51% in will also improve result to follow-up in terms of cilities and in 2023 2 faind reported from 82 Perved a virological HIV lation type: Non-cumulation type: Country: Zambia; Coverage: Geographic Subnational, less than 100% national	d infants. The targets a Semester 2, 2018 to lts received and also of samples collected hacilities. In Yr 1, the farm test within two mont lative indicator N: 7,590 D: 172,500	s therefore will start won 73% in Semester 2 the turnaround time. has improved. CHAZ acilities will include:1. g the 5 additional site his of birth Denominar	vith 2150 and will have an ince 2019. The PR further intended. The policy of taking DBS sat will scale up to 12 facilities in Mambwe RHC.2. Sachibbor es) supported by CHAZ acrostor: Estimated number of HIV Age, Gender, Community testing, Facility	cremental effect of 2.50 s to have the testing ramples at birth has also the next 3 years (202 and RHC.3 Siachitemass the country. Numer V-positive women who	where year. The PR has seen an ates improved from 80% to 92.5% to largely improved the percentage 21 to 2023). In 2021 CHAZ will scale a RHC.4. Mapanza RHC ator: Number of HIV exposed delivered during the reporting	N: 7,560 D: 170,000	D: 170,000	D: 172,125	D: 172,125	D: 174,277	D: 174,277
ated	The average number The PR does not eximprovement in the as testing facilities for results received a up to 5 facilities, in 2 5.Chabboboma. The infants born during the period Data sources at HIV Testing Service to during the PR intends to infacilities. In a children up to 15 yes slightly above 4% in 5.0% in 2022 and 48	results received in the past sor DBS are increased which as the number of babies lost 2022 another additional 5 face indicator will be collected at the reporting period who recest EID Register/HMIS. Cumures TS-4 Percentage of HIV-positive results among the tal HIV tests performed aring the reporting period Torcease the reach to more preceded at the reporting period Torcease the reach to more preceded at the reporting period Torcease the reach to more preceded at the reach to increase the reach to didition, the PR intends to rears old as one of the addition of new HIV positive tests (period to the preceded at 2019. The PR intends to state the reach to for new HIV positive tests (period to the past to the past to the preceded at the past to the past	the number of exposed semesters from 51% in will also improve result to follow-up in terms of silities and in 2023 2 faind reported from 82 Peived a virological HIV lation type: Non-cumul Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target eople living with HIV wo more people living Hivisit all HIV positive renal strategies as well a fart with the yield of 4.5 will be collected and resembles.	d infants. The targets a Semester 2, 2018 to lts received and also of samples collected had incilities. In Yr 1, the farm of the second of samples collected had incilities. In Yr 1, the farm of the second of samples collected had incilities. In Yr 1, the farm of the second of the s	therefore will start wood 73% in Semester 2 the turnaround time. The turnaround time as improved. CHAZ acilities will include: 1. In the semester of the semes	vith 2150 and will have an ince 2019. The PR further intended. The policy of taking DBS sat will scale up to 12 facilities in a Mambwe RHC.2. Sachibbories) supported by CHAZ acrostor: Estimated number of HIV Age, Gender, Community testing, Facility testing The with the new policy of target in line with the new policy of their partners and children to sed viral load. The targets are pree years of grant implements.	remental effect of 2.5° s to have the testing ramples at birth has also the next 3 years (202 ndu RHC.3 Siachitemass the country. Numer 7-positive women who Yes Yes Yes yeted testing in communifications the ART sites the based on past experitation, this means that a collection and report	where year. The PR has seen an ates improved from 80% to 92.5% to largely improved the percentage 21 to 2023). In 2021 CHAZ will scale a RHC.4. Mapanza RHC ator: Number of HIV exposed delivered during the reporting Non cumulative Inities around the supported health immunities around the supported to test their partners and biological rience of HIV yield which was the targets will be 4.5% in 2021, ting will be done in the HTS sites.	N: 7,560 D: 170,000 P: 4.4%	D: 170,000	D: 172,125	D: 172,125	D: 174,277	D: 174,277



remain in which are previous gethe countr	n the same range in the i re compiled and aggregat grant indicator that inclu atry. Data collection and r	mplementation period. The PR is ted data reported into the CHAZ ded adolescent men and hence	ntends to increase slig web based database (the reduction in the ta ls. Numerator: Number	htly on this ratio to have (HMIS). The specific tar rgets. See HTS 2 Assu	e more youth know thei rget group is adolescen mption worksheet. The	r HIV status. The baseline dat t girls and young women age indicator will be collected and	20). This proportion is expected to a is based on the HTS registers and the ITS-24 years old compared to the reported from the 88 CHIs acrosslumber of HIV tests performed in						
tion													
Men in I prevale settin	lence male circumcisi	ons performed Geographic	N: 25,504 D: 00% P:	2019 HMIS		Yes	Non cumulative	N: 20,000 D: P:	N: 20,250 D: P:	N: 20,503 D: P:	N: 20,759 D: P:	N: 21,019 D: P:	N: 21,282 D: P:
Commer	ente	Table 5 1	<u> </u>										I
The PR haprovision to January a VMMCs performed circumcise additional	has recorded fluctuations to its CHIs. The targets and December 2019, 49 prevalence standing at 3 ed between 2013 to Sept sed. See attached VMM0 al numbers from remote on and reporting will be do	s in the numbers of people being are based on past performance, 265 men were circumcised of v.2% by the end of 2018, the esti ember 2020. This means that C assumption worksheet. The separte ach stations outside the case one in the VMMC sites. Numeral	and knowing that as w hom 25, 504 were circ mated prevalence in C HAZ does not anticipat emester targets have fa tchment of the PR. The	ve approach saturation, cumcised in S2 2019 an HAZ facility catchments te high increase in VMN actored in the PR's situation indicator will be collected.	the numbers will have at has been used as the stood at 65% by the election of approaching sated and reported from 5	very minimal increase before baseline since the indicator and of September, 2020. This yan estimated 35% of the meturation and focusing on main 55 VMMC sites supported by the s	they start to reduce. Between s non-cumulative. Despite the s putting into account VMMCs in CHAZ facilities remain to be ly routine VMMCs and some CHAZ across the country. Data						
	ent girls people aged 10 attending school in high lence YP-1a Percenta people aged 10 attending school in high lence	or life skills- l-24 years Coverage: Geographic Subnational, le	N: 31,336 D: 1,298,181 ss P: 2.4%	2019 HMIS	Gender	Yes	Non cumulative – other	N: 48,885 D: 48,885 P: 100.0%	N: 48,885 D: 48,885 P: 100.0%	N: 49,496 D: 49,496 P: 100.0%	N: 49,496 D: 49,496 P: 100.0%	N: 50,107 D: 50,107 P: 100.0%	N: 50,107 D: 50,107 P: 100.0%
Commer	ents												
and Parer Refusal ar 3.4 Gende Privacy ar Preventior 55 schools conducted years read	enting 2. Values, Attitude and Negotiation Skills 2.5 der-Based Violence, Sex and Bodily Integrity 5. Se on 6.2 Understanding, Rolls supported by CHAZ ired in each of the targeted ached by comprehensive	s and Skills 2.1 Values, Attitude 5 Finding Help and Support 3. Cual Abuse and Harmful Practice xual Behavior 5.1 Sex, Sexualite ecognizing and Reducing the Ring 14 districts across the country. If CSE grades and reported to the	s and Sources of Sexuulture, Society and Huis 4. Human Developmy and the Sexual Life Cosk of STIs, including Hobata collection and ree PR on a quarterly baskills—based HIV educations.	al Learning 2.2 Norms man Rights 3.1 Sexuali ent 4.1 Sexual and Repcycle 5.2 Sexual Behav IV 6.3 HIV and AIDS Seporting will be done by asis according to the nuation in school Denomir	and Peer Influence on ty, Culture and Law 3.2 productive Anatomy and iors and Sexual Respo- tigma, Treatment, Care the implementing scho mber of learners reache	Sexual Behavior 2.3 Decision Sexuality and the Media 3.3 Physiology 4.2 Reproduction nse 6. Sexual and Reproduction and Support The indicator wi ols. The data collection will be ed with CSE. Numerator: Num	The Social Construction of Gende 4.3 Puberty 4.4 Body Image 4.5 re Health 6.1 Pregnancy I be collected and reported from	r					
Adolescer and you women ir prevale settin	ent girls oung in high lence	age of young 1–24 years Inprehensive Country: Zamb	N: 107,875 D: 1,298,181 P: 8.3%	2019 HMIS	Gender	Yes	Non cumulative – other	N: 267,645 D: 1,520,708 P: 17.6%	N: 267,645 D: 1,520,708 P: 17.6%	N: 274,363 D: 1,558,879 P: 17.6%	N: 274,363 D: 1,558,879 P: 17.6%	N: 280,151 D: 1,591,768 P: 17.6%	N: 280,151 D: 1,591,768 P: 17.6%
Commer	ents												
Kazungula Province: (Zambia S for the out target this (numerate according country. D are the top topics cov Relationsh according out of school	ula. Western Province: Ka e: Mumbwa, Kabwe and L Statistic Agency 2010-20 ut of school youth is that is proportion in the supportion) while the denominate of to the Zambia Statistics. Data collection and repo opics covered for the out overed are the same. 1. N ships 7. Communication of to the age group (10-1-	alabo, Kaoma, Mongu. Eastern Lusaka Province: Kafue. The population of Census Projection. The province all youth in a given catchment a pred districts during the grant province is based on the estimated nurses Agency. See attached workshorting will be done by the SRs. Of school youth according to the Values, attitudes, skills, culture, see Pregnancy 9. Sexually transful, (15-24) and 25-34). Numerationated population of young peopulation of young peopulation.	Province: Chipata, Chip pulation projections for operation are eleriod. The baseline is beneficially a few propertion of young people in the thick of School Comprehed diffrent age groups (1) society and human righnitted infections and Hipor: Number of young p	pangali. Northern Proving out of school youths in adolescent in 2018 waigible. The age group rapased on the young peoin the SR catchment are will be collected and repensive Sexuality Education 10-14), (15-24) and (25-15 2. Adolescent developments aged 10-24 year people aged 10-24 year	nce: Luwingu, Mbala. Lathe 20 districts are 1,5 as 17.6% according to anges from 10-14 years to be reached with CSE to be an are projected targetorted from the 20 SRs at the projected targetor and the incomment 3. Sexuality 4.0 ask reduction Note: The are reached by comprehences are 1,50 districts and 1.5 districts and 1.5 districts are 1,50 districts are 1.5 districts	uapula Province: Mwense. Co 20,708 in 2021, 1,558,879 in the Zambia Ministry of General 5, 15-24 years and 25-34 yea from the SRs implementing C ts are based on the estimated (yet to be selected) working in y of Youth, Sports and Child Enformation shared varies accompleted Gender roles and equality 5. For topics are the same but the consive sexuality education and	Il Education. The selection criterials. This means that CHAZ will SE in the 2018-2020 grant young people in the 20 districts in the 20 districts across the evelopment 2016. The following rding to the age group but the elanning for the future 6. The information provided is don't fire skills—based HIV education.						
Adolescer and you women ir prevale settin	in high women reached prevention prog	s and young Coverage: d with HIV Geographic grams- defined Subnational, le	N: 7,129 D: 7,190 ss P: 99.2% ional	2019 HMIS	Age	Yes	Non cumulative	N: 7,866 D: 7,866 P: 100.0%					



The PR plans to scale up the support program to reach 7,866 pupils in school provided with educational support (schools fees and stipends). This will include the saturation of the neediest districts of Choma and Mongu. The target therefore is 100% across all the reporting periods. The indicator will be collected and reported from 55 schools supported by CHAZ in 14 districts across the country. Data collection and reporting will be done by the implementing schools. The 14 districts are Mongu (4 schools), Senanga (6 schools), Chiengi (6 schools), Kasama (5 schools), Luwingu (6 schools), Lupososhi (1 school), Isoka (2 schools), Mafinga (4 schools), Lundazi (4 schools), Lumezi (3 schools), Chasefu (2 schools), Sinanzongwe (7 schools), Choma (4 schools), Chikankata (1 school). The components of the defined package include school fees and examination fees for G12 learners (boys and girls) and living stipend for girls only. The data collection will be based on the payment vouchers and lists of signed for stipends paid to the girls. The selection criteria is based on the PEPFAR Child Status Index (CSI) form by the implementing schools through the Orphans and Vulnerable Children (OVC) selection committee. CHAZ provides guidelines on the membership of the OVC selection committee as well as orientation on the use of the CSI form. The PEPFAR Child Status Index form covers the following six parameters Food and Nutrition, Shelter and Care, Legal Protection, Health, Psychosocial, Education and Skills. The selection is done by a committee comprising of 7 - 10 members (1 female and 1 male), the Social Welfare Officer, Health Worker, one Church Representative, School Guidance Teacher and Deputy Head Teacher, School Head boy and Head girl, one Parent Teacher Association (PTA) Representative Secretary or Chairperson). However, each pupil is assessed by a maximum of three members, and their eligibility is determined by their average score. Numerator: Number of adolescent girls and young women reached with HIV prevention programs-de

care and	prevention										
10	TCP-1 □ M□ Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases Country: Zambia; Country: Zambia; Coverage: Geographic Subnational, less than 100% national program target	2019 HMIS	Age,Gender,HIV test status,TB case definition	Yes	Non cumulative	N: 2,050 D: P:	N: 2,076 D: P:	N: 2,102 D: P:	N: 2,128 D: P:	N: 2,154 D: P:	N: 2,181 D: P:
	Comments										
	The PR has seen a stable trend in the notification of all forms of TB in past three years targets for this indicator is based on historical trend with a year in year out increase of and reported from 82 CHAZ diagnostic sites across the country. Data collection and resources: Numerator: TB notification register/HMIS. Numerator: Number of bacteriologic	2.5% to be attributed porting will be done be	to intensified community scree by the 82 TB diagnostic sites. T	ening and referrals by Cl The baseline is based or	HWs. The indicator will be collected						
	TCP-7c Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals Country: Zambia; Country: Zambia; Coverage: Geographic Subnational, less than 100% national	2019 HMIS		Yes	Non cumulative	N: 550 D: P:	N: 557 D: P:	N: 564 D: P:	N: 571 D: P:	N: 578 D: P:	N: 585 D: P:
11	Program target Comments				'						
11	Comments The targets for this indicator are based on past performance and putting in considerati The PR has been notifying around 350 cases of TB from community referrals. The PR program becomes mature. The indicator will be collected and reported from 82 TB diag	will start with 550 cas	se notifications through commu	unity referrals and gradu	ate at the 2.5% rate per year as the						
11	Comments The targets for this indicator are based on past performance and putting in consideration. The PR has been notifying around 350 cases of TB from community referrals. The PR	will start with 550 cas	se notifications through commu	unity referrals and gradu	ate at the 2.5% rate per year as the						
	Comments The targets for this indicator are based on past performance and putting in considerati The PR has been notifying around 350 cases of TB from community referrals. The PR program becomes mature. The indicator will be collected and reported from 82 TB diag	will start with 550 cas	se notifications through commu	unity referrals and gradu	ate at the 2.5% rate per year as the	N: 2,050 D: 2,050 P: 100.0%	N: 2,076 D: 2,076 P: 100.0%	N: 2,102 D: 2,102 P: 100.0%	N: 2,128 D: 2,128 P: 100.0%	N: 2,154 D: 2,154 P: 100.0%	N: 2,181 D: 2,181 P: 100.0%
HIV	Comments The targets for this indicator are based on past performance and putting in considerating the PR has been notifying around 350 cases of TB from community referrals. The PR program becomes mature. The indicator will be collected and reported from 82 TB diagnotification register. The data source for this indicator is the TB notification register. TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status Coverage: Geographic Subnational, less than 100% national	will start with 550 cas gnostic sites and 18 to 2019	se notifications through communications through communications and spread and	unity referrals and gradu across the country. The	tate at the 2.5% rate per year as the data will be reported in the TB	N: 2,050 D: 2,050	D: 2,076	D: 2,102	D: 2,128	D: 2,154	D: 2,181
HIV	Comments The targets for this indicator are based on past performance and putting in consideration The PR has been notifying around 350 cases of TB from community referrals. The PR program becomes mature. The indicator will be collected and reported from 82 TB diagnotification register. The data source for this indicator is the TB notification register. TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status Coverage: Geographic Subnational, less than 100% national program target N: 1,944 D: 2,058 P: 94.5%	will start with 550 cas gnostic sites and 18 to 2019 HMIS	Age, Gender, HIV test status	referrals and gradu across the country. The Yes IV coinfection managem	Non cumulative nent. The indicator will be collected	N: 2,050 D: 2,050	D: 2,076	D: 2,102	D: 2,128	D: 2,154	D: 2,181

Workplan 7	Tracking Measure	es				
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	
Comments						

The proportion of TB/HIV coinfection was 45% percent in 2019. The PR intends to have all TB/HIV co-infected individuals receiving ART by the end of the grant period from the baseline of 97%. The targets are based on the proportions of total notifications. The PR has seen a reduction in the coinfection rates over the past three (3) years from 53% in 2017 to 45% in 2019, while treatment rates have been increasing steadily. The indicator will be collected and reported from 88 ART/TB treatment sites spread across the country. The data source for this indicator is the TB treatment register/