

Responsibility Matrix Cover Letter

The PEPFAR Zambia team used a transparent and participatory process to complete the Responsibility Matrix (RM). PEPFAR and UNAIDS co-convened an inclusive multi-stakeholder small group meeting on September 3, 2019 to complete the RM tool. This meeting was attended by representatives from Ministries of Health and Defense, PEPFAR Coordination Office and other USG agencies, UNAIDS Country Staff, Global Fund and other multilateral staff. The results were presented at the final stakeholder consultation meeting, held on September 4, 2019 where additional stakeholders had a chance to weigh in on the scoring and reach consensus.

PEPFAR and UNAIDS met with the Ministry of Health's Permanent Secretary (PS) on September 19, 2019 to present the SID and RM findings. The PS expressed satisfaction with the process used to complete the tools.

There were instances where there was no Primary responsible party for service delivery for example under linkage, retention and adherence. It is could due to the fact that linkage services occur at GRZ facilities while Retention and Adherence services occur in the community where PEPFAR and GF have primary responsibilities. It could also be symptomatic of an element where there are opportunities for strengthening.

There were instances where there was no Primary responsible party for non-service delivery for TB-HIV, PMTCT, Male Circumcision Kits and Supplies. These are program areas and activities where the level of investment and effort by all key funders is evenly distributed.

The results of the RM exercise revealed that there are instances where there was none of the three funders had Primary responsibility for both service and non-service delivery for example under other essential drugs where PEPFAR and GF primarily contribute Cotrimoxizole while GRZ contributes other opportunistic infection medications.

There were instances where there were two or more Primary responsible parties for both service delivery and non-service delivery for example, HIV Testing Services and various commodities (ARVs, CD4, VL, Reagents & supplies, health equipment, PSM costs). For HIV Testing Services this is due to facility based testing falling primarily under GRZ while community based testing falls primarily under PEPFAR and GF. For commodities, PEPFAR and GF procure most ARVs. GF is critical in this component because it has more agility to fill projected ARV gaps and ensure continuity in service delivery. PEPFAR and GF also pay key roles in TA related to procurement and distribution of ARVs.

There were instances where there were two or more Primary responsible parties for service delivery. This was under Prevention, other biomedical prevention, KPs, VMMC, Community Health workers/lay cadres. In some of these instances GRZ is primary because of the provision of infrastructure and health workforce while PEPFAR and GF provide key services. In other scenarios PEPFAR and GF share primary responsibility for example providing targeted KP and priority population services.

In completing the tool, there were a couple of instances under the non-service delivery dimension, where both PEPFAR and Global Fund (GF) are primary; care and treatment program, clinical interventions and linkage, retention and adherence because of the substantial investments made by both in technical assistance, training, supportive supervision and mentoring to ensure successful service delivery.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Zambia, please contact Bethany Baxter baxterb@state.gov

HIV/AIDS Responsibility Matrix				Legend					
Country: Zambia				Primary=Primary responsibility for/contribution to element					
Epidemic Type: Generalized				Secondary=Secondary responsibility for element (i.e., doesn't lead, but offers substantial level of support)					
Income Level: Lower Middle Income				Nominal=Contributes to this effort, but offers a nominal/marginal level of support					
PEPFAR Categorization: Long-Term Strategy				None=No responsibility/level of support					
FUNCTIONAL ELEMENTS	DIMENSIONS								
	SERVICE DELIVERY ¹			NON-SERVICE DELIVERY ASSISTANCE ²			STRATEGY FORMULATION AND PLANNING ³		
	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt.	PEPFAR	GFATM
Programs									
Care and Treatment	Primary	Secondary	Secondary	Secondary	Primary	Primary	Primary	Secondary	Secondary
Clinical Interventions	Primary	Secondary	Secondary	Secondary	Primary	Primary	Primary	Secondary	Secondary
Laboratory	Primary	Secondary	Secondary	Secondary	Primary	Secondary	Primary	Secondary	Secondary
Linkage, Retention, Adherence	Secondary	Secondary	Secondary	Secondary	Primary	Primary	Primary	Secondary	Secondary
TB-HIV	Primary	Secondary	Secondary	Secondary	Secondary	Secondary	Primary	Secondary	Secondary
HIV Testing Services	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Secondary	Nominal
Prevention	Primary	Primary	Secondary	Secondary	Primary	Secondary	Primary	Secondary	Nominal
Prevention of Mother-To-Child Transmission	Primary	Secondary	Secondary	Secondary	Secondary	Secondary	Primary	Secondary	Nominal
Male Circumcision	Primary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Nominal
Other Biomedical Prevention	Primary	Primary	Secondary	Secondary	Primary	Secondary	Primary	Secondary	Nominal
Key and Priority Populations	Secondary	Primary	Primary	Secondary	Primary	Secondary	Primary	Secondary	Nominal
Orphans and Vulnerable Children	Primary	Secondary	Nominal	Secondary	Secondary	Nominal	Primary	Secondary	Nominal
Commodities									
Condoms	Nominal	Secondary	Secondary	Secondary	Nominal	Secondary	Primary	Secondary	Nominal
Male Circumcision Kits and Supplies	Nominal	Primary	Primary	Secondary	Secondary	Secondary	Primary	Secondary	Nominal
Rapid Test Kits	None	Primary	Secondary	Secondary	Primary	Primary	Primary	Secondary	Nominal
Antiretroviral Drugs	Secondary	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Nominal
Other Essential Drugs	Secondary	Secondary	Secondary	Secondary	Secondary	Secondary	Primary	Secondary	Nominal
CD4	Nominal	Primary	Primary	Secondary	Secondary	Secondary	Primary	Secondary	Nominal
Viral Load	Nominal	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Nominal
Reagents and Supplies	Nominal	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Nominal
Health Equipment	Nominal	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Nominal
PSM Costs	Nominal	Primary	Primary	Secondary	Primary	Primary	Primary	Secondary	Nominal
Health Workforce									
Service Delivery Personnel: Facility-level staff total									
Salary and Benefits	Primary	Nominal	Nominal				Primary	None	None
Salary Top-Ups	None	None	None				Primary	None	None
Training and Supervision	Primary	Secondary	Nominal				Primary	Nominal	Nominal
Non-Service Delivery Personnel: Facility-level staff total									
Salary and Benefits				Primary	Secondary	Nominal	Primary	None	None
Salary Top-Ups				None	None	Nominal	Primary	None	None
Training and Supervision				Primary	Secondary	Secondary	Primary	Nominal	Nominal
Community Health Workers/Lay Cadres staff									
Salary and Benefits	Nominal	Primary	Primary	Nominal	Primary	Primary	Primary	Nominal	Nominal
Salary Top-Ups	None	None	None	None	None	None	Primary	Nominal	Nominal
Training and Supervision	Nominal	Primary	Secondary	Secondary	Secondary	Secondary	Primary	Nominal	Nominal
Secondment Staff number	-	45	-						
Above Site (Systems)									
Health Workforce				Primary	Secondary	Nominal	Primary	Secondary	Nominal
Governance				Primary	Nominal	Nominal	Primary	Nominal	Nominal
Institutional and Organizational Development				Primary	Secondary	Secondary	Primary	Nominal	Nominal
Health Financing				Primary	Secondary	Secondary	Primary	Nominal	Nominal
Health Management Information Systems				Primary	Secondary	Secondary	Primary	Secondary	Secondary
Supply Chain Systems				Primary	Secondary	Secondary	Primary	Secondary	Secondary
Laboratory Systems				Primary	Secondary	Secondary	Primary	Secondary	Secondary
Other Systems Support				Primary	Nominal	Nominal	Primary	Nominal	Nominal
Disease Surveillance				Primary	Secondary	Nominal	Primary	Secondary	Nominal
Strategic Information									
Monitoring and Evaluation	Primary	Secondary	Secondary	Primary	Secondary	Secondary	Primary	Secondary	Nominal
Surveys and Surveillance	Primary	Secondary	Secondary	Secondary	Secondary	Secondary	Primary	Secondary	Nominal
Research and Other Surveys	Secondary	Secondary	Nominal	Secondary	Secondary	Nominal	Primary	Secondary	Nominal
Program Implementation, Management, and Support *									
At the Implementation Level									
At the Donor Level									

Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.
2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.
3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

HIV/AIDS Responsibility Matrix	Supplementary Comments/Notes
Country:	
Programs	
Care and Treatment	Government of the Republic of Zambia (GRZ) and its IPs, has primary responsibility for service delivery for the care and treatment program because it provides the infrastructure, health workforce and promotes affordability through public facilities which do not charge user fees. For Non Service Delivery - the assumption made is that the health workforce providing the services are already trained as such pre-service training is not factored into the assessment of this dimension. Only in-service training is considered in assessing this dimension. Under the non-service delivery dimension, both PEPFAR and Global Fund (GF) are primary for the overall care & treatment program and for clinical interventions because of the substantial investments made by both in technical assistance, training, supportive supervision and mentoring to ensure successful service delivery. The level of support needed to carryout these activities is such that if PEPFAR were to withdraw its support, GF would not have the capacity to maintain the activities and vice-versa and the activities would cease. Under strategic formulation and planning, GF is secondary under Care & Treatment because GF contributes substantial technical assistance for evidence-based data to inform these processes.
Clinical Interventions	Only in-service training is considered under the Non Service Delivery dimension. Both PEPFAR and GF have made substantial investments in technical assistance, training, supportive supervision and mentoring to ensure successful service delivery. The level of support needed to carryout these activities is such that if GF were to withdraw, PEPFAR would not have the capacity to maintain the activities at the current level and vice-versa and the activities would cease.
Laboratory	Host Government has primary responsibility for service delivery because of the infrastructure and workforce. However, when considering only in-service training under the Non Service Delivery dimension, the program heavily on support provided primarily by PEPFAR to keep the labs functional.
Linkage, Retention, Adherence	Linkage services occur at GRZ (and its IPs) facilities through health care workers provided by GRZ and its IPs. Retention and Adherence services occur through volunteers engaged through all three major funder mechanisms. PEPFAR and GF provide remuneration for their volunteers, GRZ (and its IPs) have volunteers who receive remuneration and others who do not. Therefore if any one of the three funders were to withdraw support for service delivery, the services would be impacted and deteriorate over time, however, they would not stop completely. The sharing of secondary responsibilities among the three major funders is indicative of the need for improvements in this component of service delivery. For the Non Service Delivery aspect, PEPFAR and GF pay key roles with PEPFAR providing substantial support to enhance retention and GF providing the majority of technical assistance for tracking adherence to treatment.
TB-HIV	The definition when assessing this component was inclusive of TPT, MDR-TB and other TB activities.
HIV Testing Services	The definition of testing for this component included facility based as well as community based testing. All three major funders are primary for both service delivery and non service delivery with GRZ considered primary for facility based testing and PEPFAR and GF considered primary for community based testing.
Prevention	GRZ and its IPs, has primary responsibility for service delivery for the prevention programs because it provides the infrastructure and health workforce for prevention service delivery. PEPFAR also provides a significant amount of service delivery under prevention hence both are considered primary for the prevention program. One without the other, would lead to a collapse of the prevention program. For Non Service Delivery - the assumption made is that the health workforce providing the services are already trained as such pre-service training is not factored into the assessment of this dimension. Only in-service training is considered in assessing this dimension. Under the non-service delivery dimension, PEPFAR is primary for the overall prevention program because of the significant support provided to key components of the prevention program such as Male Circumcision, PrEP and Key and Priority Populations.
Prevention of Mother-To-Child Transmission	All three major funders provide substantial non service delivery support to the PMTCT program. There isn't any partner providing non service delivery support to such a level that if the support were to end, the program would cease.
Male Circumcision	VMMC services are provided by all three major funders with all contributing to meeting VMMC targets. The non service delivery aspects of VMMC are primarily led by PEPFAR and GF.
Other Biomedical Prevention	PrEP was the only biomedical prevention activity considered when assessing this component.
Key and Priority Populations	GRZ provides an integrated health system that is accessible to all populations without discrimination hence GRZ does not have dedicated facilities for Key Populations and Priority Populations. PEPFAR and GF have primary responsibility for providing targeted KP and priority population services. GRZ was assessed as having primary responsibility under strategic formulation and planning because of the inclusion of key populations as priority area in the national strategic framework.
Orphans and Vulnerable Children	GRZ has a ministry (Ministry of Community Development & Social Services) that is dedicated to working on this component. PEPFAR and GF provide substantial support for OVCs.
Commodities	In conducting the assessment, service delivery was defined as procurement & distribution (including procurement costs, transportation, short-term storage and warehousing equipment). Non Service delivery was defined as site-level technical assistance and training to ensure procurement and distribution of commodities. This is consistent with guidance from S/GAC.
Condoms	UNFPA procures a substantial amount of condoms for the HIV/AIDS response. PEPFAR and GF contribute to the country need and GF fills in any condom gaps. Both GRZ and GF play significant roles in provision of non service delivery support.
Male Circumcision Kits and Supplies	PEPFAR and GF procure most VMMC kits and supplies. Distribution occurs through government systems.
Rapid Test Kits	Non Service delivery for test kits is primarily through PEPFAR and GF.
Antiretroviral Drugs	PEPFAR and GF procure most ARVs. GF is critical in this component because it has more agility to fill projected ARV gaps and ensure continuity in service delivery. PEPFAR and GF also pay key roles in TA related to procurement and distribution of ARVs.
Other Essential Drugs	In our assessment we defined other essential drugs broadly to include Cotrim and other drugs used to treat opportunistic infections. All the three major funders contribute to ensure that there is no gap in these commodities.
CD4	In our assessment we included CD4 reagents and equipment in this component.
Viral Load	In our assessment we included VL reagents and equipment in this component.
Reagents and Supplies	In our assessment we defined this as hematology, chemistry and bacteriology reagents.
Health Equipment	In our assessment, we included other Lab equipment for treatment and monitoring HIV.
PSM Costs	In our assessment, we included freight, insurance, handling fees, shipment inspection fees etc. for ensuring delivery of commodities to Zambia in this component.
Health Workforce	
Service Delivery Personnel: Facility-level staff total	
Salary and Benefits	GRZ pays for most of the staff at health facilities with PEPFAR and GF contribution being minimal.
Salary Top-Ups	None of the three funders pays salary top-ups.
Training and Supervision	
Non-Service Delivery Personnel: Facility-level staff total	
Salary and Benefits	
Salary Top-Ups	
Training and Supervision	
Community Health Workers/Lay Cadres staff number	
Salary and Benefits	PEPFAR and GF support a substantial number of these cadres who work provide HIV/AIDS services. GRZ also supports a significant number of these cadres - some are paid and others are not. Though contentious, the consensus was that whilst a withdrawal of support from PEPFAR and GF would affect the quality of service over time it would not lead to a collapse.
Salary Top-Ups	
Training and Supervision	
Secondment Staff number	The team's definition of secondments is staff funded by the funder, imbedded within GRZ at national and sub-national level for a defined period of time after which the position will be phased out or absorbed and supervised by relevant GRZ managers.
Above Site (Systems)	
Health Workforce	
Governance	
Institutional and Organizational Development	
Health Financing	
Health Management Information Systems	
Supply Chain Systems	
Laboratory Systems	
Other Systems Support	This was challenging to assess as the team needed further guidance on what constitute "other systems support".
Disease Surveillance	
Strategic Information	
Monitoring and Evaluation	GRZ key in operationalization of M&E. PEPFAR and GF are supporting actors.
Surveys and Surveillance	GRZ has a directorate of Central Statistics.
Research and Other Surveys	
Program Implementation, Management, and Support	According to S/GAC guidance - teams are to disregard this element as the functional aspects are generally captured throughout other areas of the responsibility matrix.
At the Implementation Level	
At the Donor Level	