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

**Country:** Zambia  
**Epidemic Type:** Generalized  
**Income Level:** Lower Middle Income  
**PEPFAR Categorization:** Long-Term Strategy

#### Legend
- **Primary** = Primary responsibility for contribution to element
- **Secondary** = Secondary responsibility for element (i.e., doesn’t lead, but offers substantial level of support)
- **Nominal** = Nominal contribution to this effort, but offers a nominal/marginal level of support
- **None** = No responsibility/level of support

#### Dimensions

<table>
<thead>
<tr>
<th>FUNCTIONAL ELEMENTS</th>
<th>SERVICE DELIVERY</th>
<th>NON-SERVICE DELIVERY ASSISTANCE</th>
<th>STRATEGY FORMULATION AND PLANNING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Host Govt. &amp; IPs</td>
<td>PEPFAR &amp; GFATM IPs</td>
<td>Host Govt. &amp; IPs</td>
</tr>
<tr>
<td>Care and Treatment</td>
<td>Primary</td>
<td>Secondary</td>
<td>Secondary</td>
</tr>
<tr>
<td>Clinical Interventions</td>
<td>Primary</td>
<td>Secondary</td>
<td>Secondary</td>
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<tr>
<td>Laboratory</td>
<td>Primary</td>
<td>Secondary</td>
<td>Secondary</td>
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<tr>
<td>Linkage, Retention, Adherence</td>
<td>Secondary</td>
<td>Secondary</td>
<td>Secondary</td>
</tr>
<tr>
<td>TB-HIV</td>
<td>Primary</td>
<td>Secondary</td>
<td>Secondary</td>
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<tr>
<td>HIV Testing Services</td>
<td>Primary</td>
<td>Secondary</td>
<td>Secondary</td>
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<tr>
<td>Prevention</td>
<td>Secondary</td>
<td>Primary</td>
<td>Secondary</td>
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<tr>
<td>Prevention of Mother-To-Child Transmission</td>
<td>Primary</td>
<td>Secondary</td>
<td>Secondary</td>
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<tr>
<td>Male Circumcision</td>
<td>Primary</td>
<td>Primary</td>
<td>Primary</td>
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<tr>
<td>Other Biomedical Prevention</td>
<td>Secondary</td>
<td>Primary</td>
<td>Primary</td>
</tr>
<tr>
<td>Key and Priority Populations</td>
<td>Secondary</td>
<td>Primary</td>
<td>Primary</td>
</tr>
<tr>
<td>Orphans and Vulnerable Children</td>
<td>Primary</td>
<td>Secondary</td>
<td>Nominal</td>
</tr>
</tbody>
</table>

#### Commodities

- **Condoms:** Nominal  Secondary  Secondary  Secondary  Nominal  Secondary  Primary  Secondary  Nominal
- **Male Circumcision Kits and Supplies:** Nominal  Primary  Primary  Primary  Secondary  Secondary  Primary  Secondary  Secondary  Secondary
- **Rapid Test Kits:** None  Primary  Secondary  Secondary  Primary  Secondary  Secondary  Primary  Nominal
- **Antiretroviral Drugs:** Secondary  Primary  Primary  Primary  Secondary  Secondary  Primary  Secondary  Secondary
- **Reagents and Supplies:** Nominal  Primary  Primary  Secondary  Secondary  Primary  Secondary  Nominal
- **Health Equipment:** Nominal  Primary  Secondary  Secondary  Primary  Secondary  Secondary  Secondary
- **PSM Costs:** Nominal  Primary  Secondary  Secondary  Primary  Secondary  Primary  Secondary

#### Health Workforce

**Service Delivery Personnel:** Facility-level staff total
- **Salary and Benefits:** Primary  Nominal  Nominal
- **Salary Top-Ups:** None  None  None
- **Training and Supervision:** Primary  Secondary  Nominal

**Non-Service Delivery Personnel:** Facility-level staff total
- **Salary and Benefits:** Primary  Secondary  Nominal
- **Salary Top-Ups:** None  None  None
- **Training and Supervision:** Primary  Secondary  Nominal

**Community Health Workers/Care Cadres staff**
- **Salary and Benefits:** Nominal  Primary  Primary
- **Salary Top-Ups:** None  None  None
- **Training and Supervision:** Nominal  Primary  Secondary

**Secondment Staff number:** - 45

#### Above Site (Systems)

- **Health Workforce:** Primary  Secondary  Nominal  Primary  Secondary  Nominal
- **Governance:** Primary  Nominal  Nominal  Primary  Nominal  Nominal
- **Health Financing:** Primary  Secondary  Secondary  Primary  Nominal  Nominal
- **Health Management Information Systems:** Primary  Secondary  Secondary  Primary  Secondary  Nominal
- **Supply Chain Systems:** Primary  Secondary  Secondary  Primary  Secondary  Nominal
- **Laboratory Systems:** Primary  Secondary  Secondary  Primary  Secondary  Nominal
- **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  Nominal
- **Surveys and Surveillance:** Primary  Secondary  Secondary  Primary  Secondary  Nominal
- **Research and Other Surveys:** Secondary  Secondary  Nominal  Secondary  Secondary  Nominal

#### Program Implementation, Management, and Support

- **At the Implementation Level**
  - Primary  Nominal  Nominal  Primary  Secondary  Nominal
- **At the Donor Level**
  - Primary  Secondary  Nominal  Primary  Secondary  Nominal

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**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.
**Key Components**

The following components are included in the national-level assessment process:

1. **Prevention**
   - Prevention services are offered through various channels, including clinics, community health workers, and healthcare facilities.
   - Programs are designed to reduce the risk of HIV transmission through education, counseling, and behavioral changes.

2. **Testing and Linkage**
   - Timely access to testing and linkage services is crucial for identifying individuals who need care and treatment.
   - Testing is offered through various modalities, including home-based and facility-based testing.

3. **Care and Treatment**
   - Care and treatment programs focus on providing antiretroviral therapy (ART) and supportive care.
   - ART initiation and adherence are critical for reducing HIV transmission and improving health outcomes.

4. **Health Systems Strengthening**
   - Strengthening health systems involves improving access to HIV services and ensuring quality care.
   - Activities include workforce development, improved supply chain management, and enhanced monitoring and evaluation systems.

5. **Community Engagement**
   - Community involvement is essential for effective HIV service delivery.
   - Engaging community leaders and organizations can help to address stigma and increase treatment adherence.

**Service Delivery**

- The service delivery model includes both facility-based and community-based approaches.
- Facility-based services are provided at primary health care facilities and clinics.
- Community-based services are delivered through mobile clinics and home visits.

**Supplementary Comments/Notes**

- The level of support needed for successful service delivery varies and depends on the availability of funds.
- Coordination among stakeholders is crucial to ensure seamless service delivery and optimal utilization of resources.
- The sustainability of service delivery depends on the continued availability of funding and support.