

Civil Society
Organizations
MeTA
Coalition
Zambia
Country
Workplan



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Submitted by CSOs MeTA Coalition

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List of Abbreviations

APNAC	African Parliamentary Network against Corruption
CHAI	Clinton HIV/AIDS Initiative
CHAZ	Christian Health Association of Zambia
CHESSORE	Centre for Health, Science and Social Research
CIDA	Canadian International Development Agency
CPs	Cooperating Partners
CSO	Civil Society Organization
DfID	Department for International Development
DHMT	District Health Management Team
DSBL	Drug Supply Budget Line
EFZ	Evangelical Fellowship of Zambia
FHT	Family Health Trust
GGM	Good Governance for Medicines
GMP	Good Manufacturing Practices
HAI	Health Action International
LMS	Logistics Management Systems
LMIS	Logistics Management Information Systems
MeTA	Medicines Transparency Alliance
MISA	Media Institute of Southern Africa
MOH	Ministry of Health
MPs	Members of Parliament
MSL	Medical Stores Limited
NDP	National Drug Policy
NHSP	National Health Strategic Plan
NGO	Non-Governmental Organizations
NGOCC	Non –Government Organization Coordinating Council
NPO	National Pharmaceutical Officer
NYACM	National Youth Anti Corruption Movement
NZP+	Network of Zambian People living with HIV/AIDS
PRA	Pharmaceutical Regulatory Authority

CSOs MeTA Coalition National Workplan for Zambia

TALC	Treatment Advocacy & Literacy campaign (TALC)
TISDA	Transparency and Integrity in Service Delivery in Africa
TIZ	Transparency International Zambia
TOR	Terms of Reference
UNZA	University of Zambia
WB	World Bank
WHO	World Health Organization
ZARAN	Zambia Aids Law Research & Advocacy Network
ZCHCN	Zambia Child Health Christian Network
ZPBF	Zambia Pharmaceutical Business Forum
ZYAFAC	Zambia Youths Association in the Fight Against Corruption

Executive Summary

Civil Society Organizations Medicine Transparency Alliance Coalition is one of the four multi-stakeholder initiatives of the MeTA council, made up of government, civil society organizations and private sector, whose aim is to promote increased transparency in the supply of essential medicines, and ensure equitable access for low income and disadvantaged people in developing countries. Zambia joined a number of MeTA pilot countries on 29th April, 2008, before the MeTA global launch of mid-May in London, after a formal invitation on 4th March, 2008.

CSOs MeTA Coalition's focus is on strengthening coordination and coalition building among CSOs, improving knowledge and understanding on transparency and efficiency issues related to access to medicines and lastly strengthening skills in methods used to promote greater transparency and accountability at all levels, i.e. national, provincial, district and community.

- ❖ As a first step in the country workplan, the CSOs will strengthen coordination by identifying a coordinator from amongst the CSOs member. This will be followed by Policy dialogues with line ministries to provide information on ease of access, availability, quality, distribution, and affordability of medicines.

To enhance knowledge, skills and understanding of the Coalition members, six workshops will be held on advocacy, medicine supply chain in the Zambian private and public sector: training in budget tracking; research skills, Government structure; Policy making process and analysis; intellectual property rights and TRIPS agreements

1. Background

Civil Society Organizations Medicine Transparency Alliance Coalition (CSOs) is a coalition of civil society organization in the Zambia MeTA initiative whose aim is to promote increased transparency in the supply of essential medicines, and ensure equitable access for low income and disadvantaged people in developing countries. The coalition's focus is strengthening capacities of members to effectively participate in the main MeTA deliberations and activities. It also advocates for promotion of greater transparency and accountability at all levels of the health structure, with other MeTA stakeholders.

The main goal of CSOs is to effectively deliberate and advocate for improved health outcomes for poor people in these countries. The MeTA goal is to ensure access to affordable essential drugs in developing countries (Millennium Development Goals {MDG} 8, Target 17). The initiative is being supported financially by Department for International Development (DFID) during its present Phase One.

Zambia joined a number of MeTA pilot countries on 29th April, 2008, before the MeTA global launch of mid-May in London, after a formal invitation on 4th March, 2008. The MOH confirmed to participate. An informal MeTA Forum, started by a local and international consultant appointed by the MeTA Secretariat, started to draft the National workplan and budget for the 3 month pre-implementation period.

Initial contacts with CSOs commenced in February 2007. Zambia took part in the London stakeholder's meeting of May 2008. Meanwhile, 4 Civil Society Organization (CSO) officials were sponsored to a skills building seminar in Uganda in April, 2008. Thereafter, not much strides were made in the coordination of CSOs coalition in Zambia, due to local elections, as well as lengthy negotiations for the main national MeTA process to begin.

An initial concept note was written by transparency international Zambia (TIZ) on behalf of CSOs in 2008. This was followed by signing of the MOU by MeTA international and TIZ to receive the initial 10,000 pounds sterling to facilitate initial meetings to develop this one national work-plan for the coalition. The funds were received at the beginning of May, 2009.

The first CSOs Coalition meeting was held in May 2008, with more than 8 CSOs attended. This was followed by fortnightly meetings. The Coalition has been meeting from April, 2009 to end of September, 2009 consistently.

Work on the draft national workplan started end – June 2009, from the orientation workshop which was held on 19th-21st June, 2009. Eleven (11) Civil Society members attended this orientation workshop, in which some initial activities presented by the first 4 CSOs were adopted and additional activities were identified. These activities were later adopted on 17th July, 2009. The CSOs MeTA coalition planned to finish the work-plan by end of September, 2009.

2. Needs Assessment

2.1 Existing Situation

It has been evident in the past that civil society organizations (CSOs) in Zambia play a very important role in influencing policy change and reminding government to implement existing policies in the interest of the majority of Zambians. In recent months the CSOs have pushed and petitioned government for checks and balances against corruption, abuse of office and misappropriation of funds in line ministries. Due to pressure from these CSOs government has recommitted itself to fighting corruption, abuse of office and misappropriation of government resources meant to foster development.

In the past the Zambian government had opened room to civil society organizations for dialogue in issues affecting the general population. This has created an opportunity for dialogue on issues affecting the general population. The MeTA Zambia initiative approach presents another opportunity for government, the private sector, CSOs and cooperating partners to dialogue in trying to improve transparency and accountability in the procurement and distribution of medicines. The aim is to increase access of essential medicines for low income and the disadvantaged population in Zambia. It is evident that from the three stakeholders involved in the MeTA initiative, the CSOs will play a major role using its comparative advantage of independence, to engage in policy dialogue and well informed advocacy campaigns with the health sector and other relevant line ministries in the government.

The CSOs will promote improved transparency and accountability through the MeTA council deliberations, policy dialogue and other appropriately identified campaigns. The CSOs will also use their networks to disseminate information on pricing, availability and quality of medicines, drug promotion, as well as transparency and accountability of medicines to the general population. For the CSOs to effectively engage in MeTA process of deliberations, policy dialogue and well informed advocacy campaigns, their capacity and skills need to be enhanced through skill building trainings and knowledge building workshops. The CSOs workplan has thus included such areas for capacity building.

2.2 Proposed Activity Areas for Zambia's CSOs MeTA coalition Workplan

The Government of the Republic of Zambia through the National Drug Policy of 1999 commits itself to “the provision of equity of access for all Zambians to good quality, safe and efficacious medicines which are affordable and rationally used as close to the family as possible”. Access to essential drugs is equally a human right under the Human Rights Charter. The vision also embraces the core MeTA values, and was the focus of the design of the country workplan.

As a starting point, for the MeTA CSOs members to fully participate and deliberate in the MeTA council meetings, as well as to effectively advocate for improved transparency and accountability in the national supply chain, procurement in particular, of medicines. The MeTA CSO coalition members have lined up policy dialogue and capacity building activities that will empower them with skills and knowledge on health structures and systems. About 11 coalition organizations have been meeting for more than 6 months identifying activities and building collaborations among civil society organizations.

The following program activities have been identified for implementation in the one year workplan:

- Core group meetings
- CSOs Coalition meetings for coordination and collaboration

- Policy dialogue
- Advocacy training
- Drug supply chain management training
- Training in Budget tracking of medicines
- Research skills training
- Government structure, policy development and analysis workshop
- Intellectual property rights and the TRIPS agreements

Other activities included in the draft workplan are:

- The recruitment of the coordinator and interns
- Support to strengthen CSOs MeTA Coalition coordination and collaboration through meetings

Thirteen meetings were held by the CSOs MeTA coalition members to discuss and reach consensus on the key activities and respective timeframes for the Zambian draft workplan. Activity based budgets were equally developed for the one year workplan.

The CSOs focal point person drafted the workplan which was based on the earlier developed 6 month MeTA Council National workplan for the period April 2009 - September 2009. The CSOs MeTA Coalition reviewed and adopted the draft national workplan in a one day meeting held on the 9th September, 2009; a total of 11 members attended the meeting. The draft workplan and budget was given to the MeTA consultant for technical input then for submission to the MeTA international secretariat. Zambia CSO MeTA coalition workplan has been designed to create a platform for the members to engage Government in policy dialogue while acquiring skills and broader understanding on issues of medicines and related issues.

3. Strategies

3.1 Recruitment of coordinator

The CSOs coalition members has agreed that Transparency International Zambia (TIZ) remains as a fund holder while a coordinator and one intern will be recruited within coalition members.

3.1.1 Administration

A provision has been included in the main budget for administrative costs such as printing and stationery, telecommunication services, equipment etc.

3.1.2 Allowances

In order to facilitate effective implementation and coordination of the CSOs MeTA workplan, the CSOs coalition will work with the fund holder as a secretariat. It was further resolved that a CSO coordinator and one (1) office intern be recruited to supplement the national secretariat's efforts in coordinating the day to day activities of this process. The coordinator and two interns will be recruited from within the coalition members.

Bi-weekly meetings will be held by the core group, for monitoring of the implementation process.

3.2 Support to strengthen CSOs MeTA Coalition coordination and collaboration

3.3.1 Initiatives to establish a strong collaboration and coordination

In an effort to strengthen CSOs MeTA Coalition coordination and collaboration and plan for possible advocacy campaigns.

The monthly meetings coalition members will plan possible advocacy actions and also share information and best advocacy practices sharing.

3.3.2 Coordination

A core group of 5 will be nominated to help coordination and implementation of the activities. The core group will liaise with the CSOs coordinator and intern. The core group will ensure that implementation of the workplan is timely while promoting transparency and accountability in the use of funds.

3.4 Policy Dialogue

The CSOs coalition engage in policy dialogue with 10 line ministries that are related and have influence on issues of access and availability of medicines. These will be follow ups to the MeTA council initiatives as well as other dialogue that may promote implementation and policy change to enhance transparency and accountability in the procurement, distribution and availability etc. of safe, quality medicines.

The Line ministries and statutory bodies that have been identified for policy dialogues;

- Ministry of Health
- Ministry of Finance and National Planning
- Ministry of Commerce, Trade and Industry
- Ministry of Social and Community Development
- Zambia Public Procurement Authority
- Pharmaceutical Regulatory Authority
- Medical Stores Limited
- Ministry of Education

It is envisioned that the policy dialogue will promote transparency and accountability, increase funding for essential medicines, influence policy change for favourable trade conditions on medicines to increase availability, promote transparent tender selection and procurement, introduce accountability in the distribution system of medicines, and promote safe and quality medicines. In addition, there will be campaigns against counterfeit and promotion of information dissemination for the population in Zambia.

3.5 Capacity building

In order to build capacities of CSOs Coalition members the workplan has included 4 skills training to improve their skills and 2 workshops to increase understanding and knowledge. This will prepare coalition members to fully participate in the deliberation of MeTA council meetings, as well engage in informed advocacy dialogues and campaigns.

3.5.1 Skill development

The 4 skills trainings will help coalition members to improve and develop skills that will be used for future engagements and deliberations in the MeTA process. The advocacy training will enhance existing skills and will help in developing advocacy strategies and skills that will be used during policy dialogue with key line ministries in Zambia to facilitate for improved transparency and accountability in the national supply chain of medicines.

Training in medicine supply chain management systems will improve the knowledge and understanding of members in this technical area, and facilitate effective engagement of key stakeholders in dialogue to promote transparency and accountability.

Budget tracking skills will equally be very important for the CSOs coalition. The acquired skills will help in the budget tracking of funds meant for the procurement of medicines and the distribution of these funds to the lower levels of the health structure. This will be in efforts to help promote accountability in the health sector. Research skills will be necessary for members in the main MeTA activities on research, as well as have basic skills to carry out baseline survey in the MeTA process. CSOs coalition members will promote evidence based advocacy, as the data collected will be disseminated on the MeTA website, other MeTA dissemination forums and through I.E.C materials.

3.5.2 Increasing knowledge and understanding

Two workshops will be held; one on the public health structure in the health sector; and policy formulation and analysis. This will be followed by intellectual property rights and TRIPS agreements. The first workshop will help members have a better understanding of the government structure, systems and policy making process and analysis. This will help members in identifying entry points to influence policy dialogue for change, as well as be equipped to be engage in policy formulation processes and analysis.

The second workshop will help member have a better understanding on patent rights, generic/branded products, as well as have knowledge of the TRIPS agreements signed by the government and how they affect access to cheaper medicines. This will help members to influence government adopting better TRIPs Agreement and also make use of the flexibilities provided in the TRIPs Agreement. Members will be able to carry out campaigns and dialogue with stakeholders, to restrict weak patent rights registration that may affect procurement of

cheaper generic drugs. This workshop will help members in understanding other external influences that affect access to medicines. 4.0 Programme Activities

The following activities were discussed and agreed upon by members as areas of capacity building that needed to be implemented in the civil society capacity building program to enable them have the necessary skills and knowledge to effectively participate in the MeTA council meetings and implementation of the national workplan.

1. Coordination
 - Recruitment of the coordinator and interns
 - Setting up a core group to help implementations
 - Coalition Meeting to coordinator and share skills
2. Policy dialogue
 - Meetings with ministry of trade and industry
 - Meeting with Ministry of finance
 - Meeting with Ministry of Health
 - Meeting with Parliamentary health committee
 - Meeting with Medical stores Limited(put caps on relevant words above)
3. Advocacy training for 20 CSOs Members
 - Training in advocacy skills
 - Developing of advocacy strategies
4. Drug supply chain management training for 20 CSOs
 - Essential Medicines concept
 - Drug supply chain
 - Selection & Procurement
 - Inventory Control (storage and distribution)
 - Rational drug use
 - Policy
5. Training in budget tracking in medicines
6. Training of 20 CSOs in research skills
7. Government health sector structure and systems
8. Policy formulating process and analysis
9. Workshop on intellectual property rights and TRIPS agreements

4.1 Synergies with Zambia MeTA Council

As majority of MeTA CSOs coalition are members of the MeTA council, the coalition will work closely with the MeTA council in implementing its activities. The coalition will disseminate information using the MeTA website, radio programs, fact sheets etc as planned in the MeTA workplan.

The MeTA Zambia and the CSOs coalition will collaborate as far as possible to build synergies, coalition organizations will take advantage of the multi-stakeholder approach in the MeTA council to build synergies and create opportunities for networking, policy dialogue in efforts to influence policy change. In this regard, existing studies/assessments/information under the main MeTA agenda, are part of documents that will be used for possible campaigns, advocacy and dissemination to the public.

5. Description of CSOs Coalition Workplan

5.1 Goal

To effectively deliberate, engage in the national MeTA council process and advocate for increased access to affordable quality assured essential medicines for the community, with the co-operation of government ministries, statutory authorities and the private pharmaceutical companies (MDG 8, Target 17).

5.2 Objectives

To contribute towards improving governance, transparency and accountability in the supply chain of medicines in Zambia in order to increase access and availability of medicines. This will be achieved through:

- Strengthening coordination and coalition building with other civil society organizations interested in improving access to medicines, transparency and accountability in the medicines supply chain.
- Improving knowledge and understanding on transparency and accountability issues related to access and availability of medicines.
- Strengthening skills in methods used to promote greater transparency and accountability at national, provincial, district, health centre and community levels.

5.3 Activities workplan

Table 1

Activities	Description	Year 1 (Qtr 1 – 4)			
1.0 Coordination running cost	Coordination allowances				
	Office rental and running cost				
	Communication				
	Stationary and Printing				
	Equipments				
	Publication				
	Contingency				

1.1 Core group Meetings	1.1.1 Hold 24 core group meeting to support implementation				
1.Coordniation					
1.2 Coalition Meetings and policy dialogue	1.2.1 hold a meeting once in two months for collaborations and building synergies				
2.1 Policy dialogues	2.1.1 Hold 10 policy dialogues to influence policy change and collaborations				
2.3 Advocacy training	2.3.1 Hold an advocacy training and develop advocacy strategies				
3.1 Drug supply chain Management training	3.1.1 Hold a full drug supply chain management training				
3.2 Budget tracking Training	3.2.1 Hold budget tracking training for 3 days				
3.3 Research skill training	3.3. Hold research skills training for 5 days to easily engage in baseline surveys for campaigns				
3.4 Workshop on Government structure, policy analysis and making	3.4.1 Hold a workshop to understand government structure, policy analysis and making				
3.5 Workshop on intellectual property rights and TRIPS agreements	3.5.1 Hold a workshop to understand patent rights and TRIPs agreements.				
3.6 Monitoring & Evaluation	3.6.1 CSOs coalition routine monitoring and evaluation (includes evaluation feedback reports after each training/workshop/policy				

	dialogue)				
	3.6.2 Mid-Term review by Independent Consultant after 6 and 10 months				

5.3.0 Expected Outcomes/Outputs

5.3.1 Expected Outputs:

The following Output Indicators are expected:

- Coordination formalized and running
- Core group committee formalized and regular meetings being held
- Policy dialogue meetings held
- Capacity building trainings and workshop conducted
- Skill development activities held
- Workplan activities implemented

5.3.2 Expected Outcome Indicators:

- Policy change influenced
- Increased knowledge and understanding on transparency and accountability of funds meant for procurement of medicines
- Acquired skills on research and budget tracking
- Increased effective participation in the MeTA deliberations and activities
- Increase knowledge among MeTA CSOs Coalition in supply chain systems and regulatory issues
- There will be empowerment of members on knowledge of availability, quality, affordability, access etc to essential medicines
- Increased advocacy campaigns on transparency and accountability in the procurement and distribution of medicines
- Raise interest in the CSOs members concerning issues of medicines

5.3.3 Impact indicators:

It will take time for the CSOs participation and deliberations to have an impact looking at the short period of the work-plan, hence it might not be possible to see any impact.

6. Risks/External Factors

6.1 Risks

The public sector is not traditionally accustomed to operating in an open environment. For the MOH and other line ministries, the risk of being transparent and open would be that it would find itself 'exposed' to queries for which the civil service structure is not exactly set up to deal with. Hence there is potentially a risk that the MOH and other line ministries might be slow to take on all/some of the MeTA principles.

6.2 Challenges

6.2.1 Changing systems

While MOH and other line ministries management may wish to introduce wide-ranging changes to operational systems, the biggest challenge may be in the area of managing change.

6.2.2 Willingness to change

Another challenge may be the willingness of staff to conduct business in a different way that demands transparent and accountable ways of working

6.2.3 Human Resource Issues

The critical shortage of pharmaceutical personnel in both public and private sectors has the potential to impact negatively on the MeTA programme, as there might not be adequate capacity to own and adhere to the MeTA initiative. This is further compounded by the already anxious and demoralized personnel due to the lengthy re-structuring process in the MOH.

6.2.4 Dealing with outcomes

MeTA principles suggest that recipients of services will demand various rights, data, information, etc. The MOH, PRA and other line ministries may face a challenge of having to meet these new needs

6.2.5 Financing change

These challenges also apply to cooperating partners who partner the MOH and other line ministries in implementing and managing the health sector and trade agreements. To what extent are donor institutions, the local and international NGOs willing to face up to transparent, accountable and responsible ways of operations.

The global financial meltdown is another big challenge which could reduce funding from international donors.

6.2.6 Limited Information

There is limited information to the public on matters of transparency and accountability in medicines supply and procurement systems.

6.3 External Factors

6.3.1 Pressure from the community

The public and private health sectors shall face external demands for changes in operations in line with positions being taken under MeTA. There will be pressure to conform and live up to espoused standards in all sectors (public, private and donor communities). That external pressure will require positive and constructive engagement by all parties, with the public.

6.3.2 Pressure from donor institutions

While a number of donors remain to get on board the MeTA initiative, the objective of MeTA is close to all current and potential donors. Recipient governments on MeTA will be expected to put in place arrangements that improve on accountability, transparency, etc. Those failing to do so are likely to face steps that may lead to reduction in support.

7. Coordination arrangements

7.1 Establishment of fund holder

A decision was made to house the CSOs MeTA coordination and fund holder. Transparent International Zambia was confirmed as a fund holder for the CSOs coalition. It was further resolved that a project coordinator and two Interns will be recruited.

The CSOs core group is responsible for coordination of activities; developing terms of references for the coordinator and intern, ensuring transparency and accountability of funds; other work as assigned by CSOs MeTA Coalition in line with the work plan. The core group will meet regularly that is bi-weekly.

7.2 CSOs MeTA Coalition

This is the group of CSOs making up the coalition that will oversee the implementation process of the workplan, as well as monitor the performance of the CSOs coordinator, interns and the core group.

Currently there are 15 civil society organizations (CSOs) in the coalition. Organizations represented on CSOs MeTA Coalition include:

Civil Society Organizations

1. Zambia AIDS Law Research & Advocacy Network (ZARAN)
2. Global Unification
3. Treatment Advocacy & Literacy Campaign (TALC)
4. Transparency International Zambia (TIZ)
5. Zambia Child Health Christian Network (ZCHCN)
6. Network of Zambian People Living with HIV/AIDS (NZP+) Lusaka
7. Family health Trust (FHT)
8. Evangelical Fellowship of Zambia (EFZ)
9. Non Governmental organization coordinating council (NGOCC)
10. National Legal AID clinic for Women (NALECW)
11. Church Health Association of Zambia (CHAZ)
12. Zambia Federation for Disabled People (ZAFOD)
13. Zambia Youths Association in the Fight Against Corruption (ZYAFAC)
14. MISA Zambia
15. National Youth Anti Corruption Movement (NYACM)
16. Management for Science for Health (MSH)

The coalition needs to formalize the appointment of members of the coalition based on member's commitment and dedication to the MeTA process and also have members sign the declaration of interest.

The MeTA Coalition is expected to establish the core group and develop their TORs. They will also draft the rules and regulations to govern the Coalition.

It is planned that the MeTA Coalition meetings will be held once every two months, to facilitate effective monitoring of the implementation process.

8. Financial arrangements

The International MeTA Secretariat is providing £50,000.00 for the period November 1st 2009 to September 30th 2010 for the CSOs MeTA coalition capacity building in Zambia. Arrangements for the transfer of funds to the fund holder will be detailed in the Memorandum of Understanding between the International MeTA Secretariat and the CSOs coalition fund holder.

9. Budget

See Appendix 1(a), 1 (b)

10. Monitoring system

The ultimate output and outcomes and will be that the objectives of the CSOs workplan have been achieved. The CSOs MeTA coalition will work with the MeTA council and agree on objectives and indicators for evaluation of the for the 6 months workplan.

Given the short lifespan of the pilot project, it is unlikely that any impact will be expected. However, measurable results and outputs/outcomes will be monitored through the following:

- The CSOs MeTA Coordination routine monitoring:
 - Progress reports of the working Core group every month (includes evaluation feedback reports after each workplan activity)
 - Quarterly reports of CSOs MeTA Coalition to International MeTA secretariat
 - Financial reporting by the CSOs MeTA Coordinator and fund holder to International secretariat
 - The CSOs coalition will follow the international secretariat guidelines on the fund holder and coordinator to report on programs and financially to the international secretariat
- Mid-Term review by an independent Consultant after 6 months
- End of project review by an independent consultant after 11 months

12. References (cant just copy from report, only put relevant refs)

1. World Bank/Clinton HIV/AIDS Initiative/University of Zambia, Understanding the Private Sector Anti-Malarial Market in Zambia, June 16, 2008
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5. Marianne Schurmann, MeTA Mission Report, May, 2008
6. W. Bannenberg, Equity Issues in MeTA Country Reports – Overview
7. Zambia National Health Strategic Plan IV 2006-2010.
8. Paul Spivey, Expert Consultancy Meeting: Transparency and Accountability in the Supply of Medicines, March 2007
10. National Drug Policy of Zambia, 2009

11. Relationship between country fund and special civil society capacity building funds document
12. MeTA 12 Months National Workplan For Zambia April 2009 – September 2010

Appendix 1: Activity Based Budget

Activity	Item	Unit	Qty	No. of days/session	Unit price	Amount	% of
					ZMK	ZMK	Total Bdt
Coordination and running cost	Office rental and running cost	Each	6	1	1,000,000	6,000,000.00	
	Communication	Each	6	1	1,000,000	6,000,000.00	
	Stationary and Printing	Each	6	1	500,000	3,000,000.00	
	Equipments (printer)	Each	1	1	2,500,000	2,500,000.00	
	Laptop	Each	2	1	7,000,000	14,000,000.00	
	Publication	Set	6	1	2,000,000	12,000,000.00	
	contingency				18,700,000	18,700,000.00	5.0
	Total					62,200,000.00	16.5
Allowance for coordination	Allowances to coordinator	Person	1	6	3,500,000.00	21,000,000.00	
	Allowances to interns	Person	1	6	2,000,000.00	12,000,000.00	
	Total					33,000,000.00	8.8
	Percentage on Activities only						72.1
I.EC & Materials	Pop up Printing	Each	2	1	1,000,000.00	2,000,000.00	

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	I.E.C Material	Each	2600	2	1,500.00	7,800,000.00	
	Total					9,800,000.00	
Core group meetings	Fuel refund/Transport/Communication	Each	5	24	150,000.00	18,000,000.00	
	Teas	Each	5	24	10,000.00	1,200,000.00	
	Total					19,200,000.00	5.1
Activity							
Coalition meetings	Fuel Refund / Lunch/Communication	Each	18	6	150,000.00	16,200,000.00	
	Teas	Each	18	6	10,000.00	1,080,000.00	
	Total					17,280,000.00	4.6
Policy dialogue	Fuel Refund / Lunch/Communication	Each	5	10	150,000.00	7,500,000.00	
	Total					7,500,000.00	2.0
2.1 Advocacy training	Refreshment	Each	18	3	24,000.00	1,296,000.00	
	Lunch	Each	18	3	65,000.00	3,510,000.00	
	Transportation refund	Each	18	3	100,000.00	5,400,000.00	
	Facilitation	Each	3	3	400,000.00	3,600,000.00	
	Manuals	Each	15	1	100,000.00	1,500,000.00	
	Venue	Room	1	3	450,000.00	1,350,000.00	
	stationery	Set	1	1	1,000,000.00	1,000,000.00	
	Sub-Total						17,656,000.00

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2.2.1 Drug supply chain management training	Refreshment	Each	18	5	24,000.00	2,160,000.00	
	Lunch	Each	18	5	60,000.00	5,400,000.00	
	Dinner	Each	18	5	60,000.00	5,400,000.00	
	Fuel refund	Each	15	2	100,000.00	3,000,000.00	
	Per diem	Each	18	5	200,000.00	18,000,000.00	
	Facilitation	Each	3	5	400,000.00	6,000,000.00	
	Accommodation	Each	18	6	250,000.00	27,000,000.00	
	stationery	Set	1	1	1,000,000.00	1,000,000.00	
	sub-Total					67,960,000.00	18.0
2.2.2 Budget tracking in medicines training	Refreshment	Each	18	3	24,000.00	1,296,000.00	
	Lunch	Each	18	3	65,000.00	3,510,000.00	
	Transportation refund	Each	18	3	100,000.00	5,400,000.00	
	Facilitation	Each	3	3	400,000.00	3,600,000.00	
	Manuals	Each	15	1	100,000.00	1,500,000.00	
	Venue	Room	1	3	450,000.00	1,350,000.00	
	Stationery	Each	1	1	1,000,000.00	1,000,000.00	
	Total					17,656,000.00	4.7
2.2.3 Research skills training	Refreshment	Each	18	5	24,000.00	2,160,000.00	
	Lunch	Each	18	5	60,000.00	5,400,000.00	
	Dinner	Each	18	5	60,000.00	5,400,000.00	
	Fuel refund	Each	15	2	100,000.00	3,000,000.00	
	Per diem	Each	18	5	200,000.00	18,000,000.00	
	Facilitation	Each	3	5	400,000.00	6,000,000.00	
	Accommodation	Each	18	6	250,000.00	27,000,000.00	

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	stationery	Set	1	1	1,000,000.00	1,000,000.00	
	sub-Total					67,960,000.00	18.0
3.2.1 1 Hold workshop on government structure, policy analysis and making	Refreshment	Each	18	3	24,000.00	1,296,000.00	
	Lunch	Each	18	3	65,000.00	3,510,000.00	
	Transportation refund	Each	18	3	100,000.00	5,400,000.00	
	Facilitation	Each	3	3	400,000.00	3,600,000.00	
	Manuals	Each	15	1	100,000.00	1,500,000.00	
	Venue	Room	1	3	450,000.00	1,350,000.00	
	Stationery	Each	1	1	1,000,000.00	1,000,000.00	
	Total					17,656,000.00	4.7
3.3.1 Hold workshop Intellectual property rights and TRIP	Refreshment	Each	18	3	24,000.00	1,296,000.00	
	Lunch	Each	18	3	65,000.00	3,510,000.00	
	Transportation refund	Each	18	3	100,000.00	5,400,000.00	
	Facilitation	Each	3	3	400,000.00	3,600,000.00	
	Manuals	Each	15	1	100,000.00	1,500,000.00	
	Venue	Room	1	3	450,000.00	1,350,000.00	
	Stationery	Each	1	1	1,000,000.00	1,000,000.00	
		Total					17,656,000.00
3.6.2 Monitoring & Evaluation	Mid-Term review by Independent Consultant after 6 months & 1 year	Each	1	14	1,530,000	21,420,000.00	5.7
	GRANT TOTAL					376,944,000.00	100

Appendix 2 List of Participating CSOs Coalition Members

No.	Name	Designation	Organization	Contact No.	E-mail address
1	Dimuna Phiri		ZARAN	0979-092885	dimunaphiri@gmail.com
2	Owas Mwape		Global Unification	0955-857161	Owas_mwape@globalunification.com
3	Harrison Mwima	Lusaka Hub coordinator	TALC	0976-172885	harrisonmwima@gmail.com
4	Francis Mwale	Legal Officer	TIZ	0977-503552	francis@tizambia.org.zm
5	Raymond Mutale		TIZ	0977-327537	mumutale@yahoo.co.uk
6	Chibeza Banda	Programme Manager	ZCHCN	0977-640505	Chibezab@yahoo.com
7	David Fisher		ZCHCN	0977-987856	davidbf2003@yahoo.co.uk
8	Banza Chella		TALC	0977-897494	banzachela@yahoo.co.uk
9	Casco Mubanga	I.E.C & advocacy	NZP+ Lusaka	0977-411374	cascomubanga@gmail.com
10	Mwiya Mwandawanda		EFZ	0977-872671	Mwiya2@yahoo.com
11	Nchimunya Chiboola	Deputy Director	ZYAFAC	0977 802323	Zyafac2003@yahoo.com
12			NGOCC		ngocc@zamnet.zm

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13			NALEACW		naleacw@zamnet.zm
14	Kilby Lungu Anne Kapaya	Program Coordinator Nurse Councilor	FHT	0977 341890 0966435656	kilbylungu@gmail.com fht@zamnet.zm
15	Christopher Sakala	Executive Director	ZCHCN	0977-779692	Sakala_cn@yahoo.co.uk
16	Masautso Phiri		MISA Zambia	0977 607282	yakudayanjawa@yahoo.com
17	Paul Mundia Hakoola		NYACM		mundiaphakoola@yahoo.com
18	Yoram Siame	Senior programme Officer	CHAZ	0966 404071	Yorum.siame@chaz.org.zm

LIST OF MeTA CIVIL SOCIETY ORGANIZATION COALITION

1. Zambia AIDS Law Research & Advocacy Network (ZARAN)
2. Global Unification
3. Treatment Advocacy & Literacy Campaign (TALC)
4. Transparency International Zambia (TIZ)
5. Zambia Child Health Christian Network (ZCHCN)
6. Network of Zambian People Living with HIV/AIDS (NZP+) Lusaka
7. Family health Trust (FHT)

8. Evangelical Fellowship of Zambia (EFZ)
9. Non Governmental organization coordinating council (NGOCC)
10. National Legal AID clinic for Women (NALECW)
11. Church Health Association of Zambia (CHAZ)
12. Zambia Federation for Disabled People (ZAFOD)
13. Zambia Youth Association Fight against Corruption (ZYAFAC)
14. MISA Zambia
15. Management for Science for Health (MSH)