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Strengthening Program**

Status Report on Technical Working Groups

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Status Report on Technical Working Groups

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Abbreviations/Acronyms

CH	Child Health
CBGMP	Community Based Growth Monitoring and Promotion
EmONC	Emergency Obstetric and Newborn Care
EPI	Expanded Program Immunization
FP	Family Planning
GRZ	Government of the Republic of Zambia
HMIS	Health Management Information Systems
HSSP	Health Services and Systems Program
ICC	Interagency Coordinating Committee
IMCI	Integrated Management of Childhood Illness
INYCF	Infant and Young Child Feeding
IRS	Indoor Residual Spraying
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
NMCP	National Malaria Control Programme
PMTCT	Prevention of Mother to Child Transmission
ToR	Terms of Reference
TWG	Technical Working Group
ZISSP	Zambia Integrated Systems Strengthening Program

1. Background and Introduction

The Zambia Integrated Systems System Strengthening Project (ZISSP) seeks to improve the managerial and technical capacity of health providers. The Ministry of Health (MOH) has established a number of Technical Working Groups (TWGs) at the beginning of 2004 with the main purpose of working to improve healthcare in Zambia. The other objectives of the TWGs are to ensure that there is coordination, information sharing, joint planning and collaboration among the various stakeholders.

The MOH through the Permanent Secretary leads the formation of TWGs by appointing members and calling for the initial TWG meetings. In addition, MOH staff act as secretariat for the TWGs, although stakeholders have sometimes assisted in this area.

ZISSP recognizes the important role that the TWGs can play in building consensus for changes in policy, guidelines, or implementation strategies. Therefore, strengthening TWGs can potentially lead to a better quality and more efficiency in the health sector.

2. Purpose of the Report

This report evaluates the current status of the TWGs that ZISSP technical staff will be actively participating in, including the following:

- 1.1. Adolescent Reproductive Health TWG
- 1.2. Child Health TWG
- 1.3. Emergency Obstetric and Newborn Care (EmONC) TWG
- 1.4. Family Planning TWG
- 1.5. Human Resource for Health TWG
- 1.6. Indoor Residual Spraying TWG
- 1.7. Malaria Case Management TWG
- 1.8. Monitoring and Evaluation TWG
- 1.9. Monitoring and Evaluation (NMCP) TWG
- 1.10. National Health Promotion TWG
- 1.11. Nutrition TWG
- 1.12. Operations Research TWG

The report highlights the membership of the TWGs, schedule of meetings, and the overall governance structures of the TWGs. In addition, the report indicates the achievements of the TWGs and their challenges, and proposes possible ways for ZISSP to support the MOH to strengthen the TWGs.

3. Summary of the Findings on TWGs

3.1 Structure of the TWGs

The 13 TWGs reviewed all have a chairperson appointed by the Permanent Secretary of MOH and the role of secretary is usually held by MOH staff. The Operations Research TWG is the

exception in that the National Malaria Control Centre (NMCC) provides the secretarial support.

The TWGs have been given the mandate to establish task groups or sub committees as and when need rises. The main function of the task groups is to provide specialized advisory services to the main TWG. Out of the 13 TWGs reviewed, only three have established task groups or sub committees:

- Nutrition TWG, which has constituted 5 task groups
- Human Resource for Health TWG, with 7 task groups
- Child Health TWG,– with 8 task groups

3.2 Membership

The review indicates that majority of the TWGs had established membership documented with the contact details and the institutional affiliation of the participants. Two out of the thirteen TWGs had no specific list of members. The Adolescent Reproductive TWG only had a list of institutions, while the National Promotion for Health TWG only had five members and needed to expand on its membership base as well as identify organizations to participate.

3.3 Meetings

Frequency of Meetings

The meeting schedules of the TWGs vary considerably – some meet quarterly, while others meet fortnightly or monthly. Out of the 13 reviewed, five ¹ meet on a quarterly basis; three ² meet monthly; and three meet fortnightly. The Adolescent Reproductive Health TWG and the National Health Promotion TWG have been inactive and will need to be revived.

The Nutrition, Child Health, Monitoring and Evaluation and Indoor Residual Spraying (IRS) TWGs hold meetings regularly according to a set schedule. Despite having a meeting schedule, the other TWGs do not have regular meetings for the following reasons:

- Competing priorities in activity implementation among members, especially MOH staff.
- Too many TWGs, and usually the same members sit on several TWGs, resulting in the need for rescheduling meetings.
- Inability to schedule the boardroom at the MOH, which is a convenient venue.
- Lack of resources for members for transport and accommodation that live outside Lusaka
- Late notification of meetings

Notification and Conduct of Meetings

The majority of the meeting invitations are sent by official letters signed by the Permanent Secretary and e-mails maybe circulated as follow-up to the letters. The notices for EmONC meetings are sent by e-mail.

¹ Malaria Case Management TWG, Family Planning TWG, Indoor Residual Spray TWG and Monitoring and Evaluation (NMCP) TWG.

² Nutrition TWG, EmONC TWG and Human Resource for Health TWG

Meeting agendas for the TWG for Nutrition, EmONC, Monitoring and Evaluation, Human Resources for Health, the Monitoring and Evaluation (NMCP) and Child Health are circulated before the meetings so the members can better prepare for the meetings. The agenda for three groups are distributed at the meetings and the remaining two TWGs which are inactive.

Minutes and Follow-up on Tasks

The minutes are circulated using e-mail for majority of the TWGs. Two of the TWGs receive minutes during the subsequent meeting making it difficult for the members to follow-up on tasks.

The minutes of nine³ TWGs had an agenda item for the follow-up of tasks given from the previous meeting. There is need to strengthen the other four TWGs to ensure that the agenda and minutes clearly indicate the follow-up actions.

3.4 Terms of Reference

The review indicated that majority of the TWGs have Terms of Reference (TOR) that have been adopted by the membership and guide the operations of the groups. The remaining two groups have draft TOR which were waiting approval by the members when the TWGs have been revived.

There is a general need for the TOR to be reviewed by the membership to ensure that they meet the aspirations of the members. Five of the TWG identified issues that can be incorporated in the TOR as provided in the table below:

Name of TWG	List of issues to strengthen the TOR
Human Resources for Health TWG	Advocate for changes in the conditions of service and remuneration as part of the Public Service Reforms Contribute to the increase in the annual intake of medical students (doctors)
Malaria Case Management TWG	Disseminate various guidelines to stakeholders promptly Implement the mentorship and supervision of malaria case management
Child Health TWG	Conduct regular reviews and update IMCI and EPI implementation and clinical guidelines through sub committees
Family Planning TWG	Review reports from the provinces/districts on family planning activities and provide direction Provide feedback and report on progress of family planning activities to the ICC for MNCH
Indoor Residual Spraying TWG	Hold regular meetings

³ EmONC TWG, Nutrition TWG, Human Resources for Health TWG, Monitoring and Evaluation (NMCP) TWG, Operations Research TWG, Monitoring and Evaluation TWG and Indoor Residual Spraying TWG.

	Collaborate and share information among members
Monitoring and Evaluation (NMCC) TWG	Review routine HMIS facility data to analyze the malaria situation quarterly
Operations Research TWG	Hold meetings regularly Mobilize resources for priority research

3.5 Additional Purposes of the TWG

Apart from implementing the TOR, members also alluded to the fact that they use the meetings for other purposes that add value to their profession and work. The TWG members highlighted the following additional purposes served:

- Share information on public health issues
- Create alliances on strategic human resources issues
- Network informally with partners and individuals
- Check Family Planning (FP) services offered by MOH
- Advise on FP related issues
- Give feedback on various activities
- Discuss technical innovations or policy issues for activity implementation
- Mobilize more resources for malaria case management
- Share clinical evidence based on medical practice
- Share experiences on best practices and experience
- Share new evidence based on interventions
- Introduce new innovations in vector control (IRS)
- Announce policy changes and direction

3.6 Strengths and Achievements of the TWG

The review indicated that majority of the TWGs have made positive contributions towards strengthening the health systems delivery services. Below is a summary of the strengths and achievements of some of the TWGs:

Improved Planning and Coordination

- Development of ToR for the next HRH Strategic Plan
- Developed one coordinated MOH/Partner work plan in child health
- Improved coordination and collaboration of partner activities and support to nutrition and IRS programs

Decision-Making

- Collective decision-making on important health issues – for instance, in human resource management
- Decisions are collectively made

Program Implementation

- Successfully scaled up the Zambian Health Workers Retention Scheme to include other cadres and increased the allowances
- Successfully implemented the Community Health Worker strategy
- Successfully implemented the Direct Entry Midwifery Program
- Successfully conducted Workforce Audit and analysis
- Successfully conducted study of the expansion of the GRZ's SAP-based HRIS
- Developed the first Training Operational Plan strategy
- Enhanced consensus-building process on technical issues affecting district implementation in child health issues
- Assisted in reducing duplication of work by partners and stakeholders in EmONC activities
- Produced the final draft of the National Reproductive Health Policy
- Produced EmNOC training curriculum and selected training sites
- Standardized the infant and child feeding practices and messages especially in PMTCT
- Developed IRS guidelines
- Developed IRS IEC and communication strategy in collaboration with IEC TWG
- Monitored compliance with environmental controls
- Formulated modifications to guidelines in malaria case management
- Successfully conducted three malaria indicator survey
- Developed data collection strategies in malaria research for enumeration of household structure
- Developed NMCC quarterly newsletter
- Developed health facility survey standard protocol on malaria
- Conducted routine annual research in malaria therapeutic studies

Resource Mobilization

- Leverage resources and technical assistance to improve child health interventions
- Mobilized resources for EmONC activities

Information Sharing

- Fosters dissemination of best practices
- Disseminated experiences and best practices in the community based nutrition case management

Strengthened Partnerships

- Partnerships have been strengthened through joint reviews in family planning

Advocacy

- Advocacy by TWG members resulted in the approval of the nine provincial nutritionists

3.7 Ways to Improve Performance of the TWGs

Although TWG performance was positive overall, the members indicated that the performance can be enhanced and made more effective. The following ways were suggested to improve the performance of the TWGs:

- Develop a consolidated schedule for all TWG meetings in consultation with MOH to enhance coordination
- Strengthen the documentation, dissemination and record-keeping capacity
- Provide technical updates on various issues to strengthen skills and knowledge on relevant technical areas
- Meetings should be regularly held according to schedule
- Minutes should be sent to members earlier so that members can follow up on their assigned duties
- TWG should include private practitioners who are major stakeholders in case management
- Encourage subcommittees to comprehensively discuss nutrition technical issues and present to the Nutrition TWG for adoption to reduce time spend in larger meetings
- Orient members on government procedures
- Increase the technical presentations, especially on new findings
- Plan and encourage joint activities to avoid duplication
- Provide policy direction to support delivery of interventions at facility and community levels
- Hold TWG meetings at MOH
- ZISSP should support the case management working group to finalize treatment guidelines, help implement national trainings on case management guidelines and standardized reporting at facility level for malaria indicators
- ZISSP to support some of the priorities areas identified through the TWGs document on Improving Malaria Surveillance

4. Strategies to Strengthen TWGs

Based on analysis of the current status of TWG performance, the following have been recommended as areas where ZISSP can provide technical support and strengthen the operations of the TWG's:

4.1 Improved Coordination

- ZISSP to take the lead with the MOH in coordinating the meetings by developing a schedule of meetings for the whole quarter or year
- ZISSP to lobby for the seconded staff at MOH to coordinate the meetings
- Develop criteria for the selection of the TWG members

4.2 Planning and Organization of Meetings

- ZISSP to assist MOH in early circulation of notices for meetings and minutes to the members of the TWGs
- As a way of enriching the groups, ZISSP will assist in developing a schedule of technical presentations that would be of interest to the members
- ZISSP staff to lobby members to fully participate meetings
- MOH must appoint a focal person for all the TWGs whose responsibilities will include keeping all the records and activities being undertaken by the groups

4.3 Review and Approval of Terms of Reference (TOR)

- ZISSP to assist in the finalization and approval of the TOR for the TWGs that do not have agreed TOR like the Adolescent Health, Malaria Case Management and the National Promotion for Health TWGs
- ZISSP to facilitate the review of the TORs in all TWGs

4.4 Operations of Task Groups

- ZISSP to recommend the formation of task groups for the TWG that do not have any to contribute to the efficient implementing group tasks
- ZISSP encourage members to join the task groups
- ZISSP to ensure that the task groups meet on a regular bases and provide feedback to the main TWG

4.5 Implementation of Tasks

- ZISSP shall ensure that tasks given in the meetings are followed up by strengthening the way minutes are taken
- ZISSP shall provide support for the follow up of outstanding issues and action points such as Performance Management, capacity building, HRM and HRD tools, HR information system upgrade and evaluation of the Zambian Health Workers Retention Scheme

4.6 Support Review Meetings

- TWG to have quarterly reviews of the work plan implementation
- Support annual child health review meeting in selected provinces and district

4.7 Policy, Program and System Issues

ZISSP shall bring/present to the TWG forum and build consensus then recommend to the MOH the following issues:

- Adoption of an Adolescent Reproductive Health strategic plan
- Adoption of the communication and service delivery approach for adolescent health
- Integration of FP with other services
- Scale up of CBD services
- Initiate standardized process for material design and development in the Health Promotion TWG
- Review of the MOH communication strategy to guide its implementation
- Community driven identification process of issues for material development
- Initiate the development of systems to ensure there is a standardized process for material design and development
- Inclusion of mentorship and supervision as part of TWG mandate
- Support CH unit in advocating for revised policy on CHW drug kit to facilitate implementation of community level case management of malaria and pneumonia

- Work with selected subcommittees on CBGMP and maternal, infant and young child feeding members to demonstrate impact of strengthening the integration of IYCF in CBGMP activities in selected district
- ZISSP to ensure that the community based HMIS is strengthened and implemented

5. Conclusion

The thirteen TWGs have been succeeded in improving the program coordination and implementation among stakeholders, as well as program review processes. Nevertheless, the TWGs can be improved to reach their optimum performance in certain functions, especially communication, participation of members, and identification of program and policy issues to support.

6. Annex I - Summary Tables by TWG

6.1 Adolescent Health Technical Working Group Summary
Chairperson: Dr K. Mbewe, Deputy Director, Reproductive and Child Health, MOH
Structure of TWG: The Adolescent Health TWG is chaired by the Deputy Director, with the FP/AD Officer as secretary. When out of the station, the chairperson can ask any member to chair the meetings.
Members: Individual members of the TWG were not available at the time of conducting the status report. The following are the proposed organizations: <ul style="list-style-type: none">▪ Ministry of Health▪ Ministry of Education▪ Ministry of Community Development and Social Services▪ Ministry of Youth, Sport and Child Development▪ UNFPA▪ UNICEF▪ WHO▪ ZISSP▪ NAC▪ LDHMT▪ PPAZ▪ Youth Vision▪ Africa Directions
Are there any other stakeholders that should be involved? <ul style="list-style-type: none">▪ CDC
Schedule for meetings: <p>Ordinary meetings of the AHTWG will be held monthly; however, extraordinary meetings could be called when necessary to examine urgent issues.</p>
Are meetings held according to the schedule? <p>The first meeting is expected before the end of October 2010.</p>
Terms of Reference: <p>The TWG will develop and implement its collective action plans to:</p> <ul style="list-style-type: none">▪ Advocate and lobby the policy makers and professional bodies on Adolescent health.▪ Coordinate scale-up plans.▪ Contribute to the development of national policies and guidelines pertaining to adolescent health and development.▪ Work towards resource mobilization for activities that enhance and promote adolescent health.

<ul style="list-style-type: none"> ▪ Harmonize and coordinate work done by the various key players in adolescent health. ▪ Review reports and inform the provinces/districts on adolescent health activities. ▪ Provide feedback and report on progress to the ICC for MNCH Sub-committees.
<p>Are there any areas in which the TWG does not fulfill its terms of reference?</p> <ul style="list-style-type: none"> ▪ The TWG has not been in existence for a long time. ▪ The Terms of Reference have just been drafted, but not yet approved by members.
<p>For what additional purposes do TWG members use the meetings?</p> <ul style="list-style-type: none"> ▪ It is hoped that TWG will enhance informal networking with one another. ▪ Share best practices through evidence based research findings especially within the region.
<p>If meetings are irregular, what challenges disrupt the schedule?</p> <p>N/A</p>
<p>Method of inviting members and sharing minutes:</p> <ul style="list-style-type: none"> ▪ The use of e-mails and phone calls could be effective, however organizations that require formal letters would receive them from MOH as chair/secretariat.
<p>Are invitations and minutes shared with all members and on time?</p> <ul style="list-style-type: none"> ▪ N/A
<p>Do the agendas help prepare participants for effective meetings?</p> <ul style="list-style-type: none"> ▪ Yes
<p>Do the minutes facilitate follow-up and action by TWG and members?</p> <ul style="list-style-type: none"> ▪ Minutes with action matrix indicating person responsible and due date could be much more useful.
<p>Strengths and achievements of the TWG:</p> <ul style="list-style-type: none"> ▪ Terms of Reference drafted and circulated. ▪ Willingness by key partners to support TWG.
<p>Suggestions from the Chairperson on ways ZISSP could support better TWG performance:</p> <ul style="list-style-type: none"> ▪ ZISSP to support costs for meetings.
<p>Suggestions from TWG members on ways to improve TWG performance:</p> <ul style="list-style-type: none"> ▪ Develop a schedule for meetings in consultations with MOH. ▪ Coordinate the meetings with MOH. ▪ Merge ARH TWG with Child Health TWG as a sub-task group.

Specific measures proposed by ZISSP to help strengthen this TWG:

Specific

- Develop Terms of Reference for TWG.
- Suggest formation of Task Groups and drive them through the MOH as chair.

Generic

- Get involved as much as possible in TWG activities.
- Monitor the minutes closely. This could be done by ZISSP volunteering to be secretary of the group.
- Monitor progress made against MOH Strategic Plan objectives.
- Make presentations based on best practices within the region and do reports.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Adoption of an adolescent RH strategic plan.
- Adoption of the communication and service delivery approach for adolescent health.

6.2 Child Health Technical Working Group Summary

Chairperson: Dr Penny Kalesha, Child Health Specialist, MOH.

Structure of TWG:

The Ministry of Health has set up a Child Health Technical Working Group, whose primary aim is to facilitate the coordination of child health interventions outlined in the National Health Strategic Plan of 2006 - 2011. In order to provide the anticipated direction for the TWG, subcommittees were established with TORs.

Members:

Name	Title/Organization	Phone
Dr Penny Kalesha	Chairperson	
Joseph Mudenda	Ag. Nutrition Specialist	097-7-325 338
Josephine Simwinda	Chief EPI Officer, MOH	
Magdalene Siame	CH Coordinator, MOH	
Thandizani Zulu	Data Analyst, MOH	
Ruth Siyandi	Nutrition Officer	097-7-719 129
Rodgers Mwale	UNICEF Program Officer	
Catherine Mukuka	Country Coordinator	
Phillip Koni	EGPAF	
Mary Katepa Bwalya WHO	WHO	

Bwalya Chiti	ZRCS	096-9-320-633
Patricia Sakala		095-5- 763630
Idah Chama Mulenga	Nutritionist	
Dr Hellen Mutambo	NPO/WHO	
Belem Matapo	NPO/WHO	
Clara Mwili-Muleya	MPD	097-7-879-500
Mike Mwanza	Nutritionist	097-9-758-899
Peter Chipalabwe	Nutrition/NFNC	
Obe Silwimba	Chief Cold Chain Officer	
Charles Zulu	Cold Chain Officer	097-7-879500
Francis Mutumbisha	Cold Chain Officer	
Vichael Silavwe	Chief IMCI Officer	
Dr Fwansa Singogo	MCH&N Advisor-WVI	097-7-837-650
Idah Chama Mulenga	Nutritionist/NFNC	
Augusto Losa	MSF	
Dr Ngawa N. Ngoma	EPI/UNICEF	
Dungani Cheembo	Logistics Advisor, MOH/CHU	
Thandizani Zulu	Data Analyst, MOH/CHU	
Caroline Ngosa	MERCK	
Elicah K. Kamiji	Chief EPI Officer, MOH/CHU	
Chisela Kaliwile	Nutritionist/NFNC	
Lilian Mphuka	HPU/MOH	
Mary Kaoma	CHN Specialist, ZISSP	097-9-634-323
Abraham Mwanamwenge	Logistics/WHO	
Martha Mulenga	Logistics/MOH	

Are there any other stakeholders that should be involved?

- None. However the unit is always on the look out to incorporate other new stakeholders.

Schedule for meetings:

Child Health TWG meetings are held twice per month, by invitation, every other Tuesday of each month, while sub committees meet on ad hoc basis or quarterly.

Are meetings held according to the schedule?

Meetings held according to schedule bi-weekly on Tuesdays of each month. Venue has improved from the child health unit office to a roomy, well furnished and air conditioned conference room. Renovation works done by CARE International.

Terms of Reference for Child Health TWG

- Conducting joint planning, implementation, monitoring and evaluating child health activities.
- Development and updating of technical guidelines to standardize activity implementation.
- Provision of technical support to districts to re-enforce and strengthen implementation.
- Coordination of partner activities, resource mobilization and leveraging.
- Support documentation of progress reports for quarterly Interagency Coordinating Committee meetings.
- Reviewing policy guidelines for child health.

Subcommittees

In order to enhance performance of the main Technical Working Group, eight subcommittees were formed. To achieve the stated terms of reference, committee members will share current scientific knowledge, inform policy and facilitate development and monitoring of guidelines.

1. Expanded Program on Immunization

The subcommittee exists and meets regularly. No documented TOR.

2. Integrated Management of Childhood Illness(IMCI)

The subcommittee is responsible for:

- Providing technical guidance in the required adaption for the implementation of IMCI in relation to local feeding practices, available foods, fluids and drug availability.
- To advocate for IMCI recommended drug availability in the essential drug kits
- Adaptation and updating of IMCI training modules.
- Resource mobilization to support bulk printing of training modules.
- To establish and uphold IMCI training and service delivery standards.
- Promotion of relevant IEC activities to support Key Family Practices.
- Design and support regular IMCI reviews.

3. Community IMCI

- Responsible for overall coordination and standardization of training curricula, training materials and monitoring tools.
- Advocating for effective policies for drug supplies and equipment to support implementation of Community Case Management.
- To plan and coordinate regular community IMCI reviews.
- Promotion of relevant IEC activities to support implementation.
- Strengthen the relevant monitoring and evaluation of the program area.

4. Monitoring and Evaluation

This subcommittee addresses cross cutting functions of child health technical areas, with particular focus on:

- Facilitate development of a mechanism for reviewing progress of child health activities in relation to the NHSP.

<ul style="list-style-type: none"> ▪ Review available guidelines in order to provide quality services. ▪ Strengthen monitoring and evaluation of overall child health programs. <p>5. Social Mobilization The subcommittee meets regularly but no defined TOR.</p> <p>6. Cold chain and logistics Committee meets regularly with no defined TOR.</p> <p>7. Service delivery Sub committee meets regularly with documented TOR.</p>
<p>Are there any areas in which the TWG does not fulfill its terms of reference?</p> <ul style="list-style-type: none"> ▪ TWG meet more regularly while subcommittee on meets ad hoc basis. ▪ Regular reviews of IMCI and EPI implementation or clinical guidelines by Sub-committees.
<p>For what additional purposes do TWG members use the meetings?</p> <ul style="list-style-type: none"> ▪ To advocate for technical innovations or policy issues for activity implementation. ▪ Informal networking with one another and share experiences.
<p>If meetings are irregular, what challenges disrupt the schedule? Competing priorities in activity implementation by members.</p>
<p>Method of inviting members and sharing minutes: By letters or meeting reminders and minutes by e-mail.</p>
<p>Are invitations and minutes shared with all members and on time?</p> <ul style="list-style-type: none"> ▪ Minutes and invitations are shared on time.
<p>Do the agendas help prepare participants for effective meetings?</p> <ul style="list-style-type: none"> ▪ The agenda, minute format and focused chairmanship have prepared participants for effective meetings and resulted in effective utilization of time.
<p>Do the minutes facilitate follow-up and action by TWG and members?</p> <ul style="list-style-type: none"> ▪ Action-oriented minute format facilitated improved focus on assignments, deadlines, follow up actions and next TWG agenda items.
<p>Strengths and achievements of the TWG:</p> <ul style="list-style-type: none"> ▪ CHTWG demonstrated best practices of coordinating a well functioning TWG that has resulted in a number of other TWGs established who originally were members of the CHTWG(Nutrition, PMTCT and Pediatric HIV). ▪ Development of one coordinated MOH/Partner work plan. ▪ Leveraged resources and technical assistance resulting in improved coverage of child health interventions. ▪ Enhanced consensus building process on technical issues affecting district implementation.

- Expanded MOH/CH resource mobilization and utilization capacity to support district activity implementation and monitoring.
- Improved transparency of resources and activity implementation by both partners and MOH.
- Strengthened partnerships and ownership that has resulted in sustainability of initiated activities.

Suggestions from the Chairperson on ways ZISSP could support better TWG performance:

- With renovated conference room, ZISSP could work with specific subcommittees to identify best practices from the field visits for presentation during CH/TWG.
- To explore opportunities of building in data quality elements in immunization data tracking and reporting.

Suggestions from TWG members on ways to improve TWG performance:

- Proposal to develop a program with timeframe for each subcommittee to identify a topic for technical presentation.

Specific measures proposed by ZISSP to help strengthen this TWG:

- TWG to establish one day in a quarter to review progress of work plan activity implementation for gaps identification and suggest ways to address the gaps.
- Supporting annual child health review meeting with respective provinces and selected. National level to provide updates on progress made against the targets, while provinces and selected progress toward set provincial against national targets.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Support CH unit in advocating for revised policy on CHW drug kit to facilitate implementation of community level case management of malaria and pneumonia.

6.3 Emergency Obstetric and Newborn Care (EmONC) Technical Working Group Summary

Chairperson:

Dr Reuben Kamoto Mbewe, Deputy Director – Public Health and Research Reproductive and Child Health, MOH. In his absence, the EmONC Specialist – MOH chairs the meetings.

Structure of TWG:

Chairman: Deputy Director MOH

Members: MOH, ZISSP, WHO, UNFPA, UNICEF, JHPIEGO, DFID, USAID, CIDRZ, ZPCT, CSH, Africare, SFH, PPAZ, Marie stops, CCSP, CSHP, School of Midwifery – UTH, Dept OB/GYN - UTH

Are there any other stakeholders that should be involved?

- Mobilizing Access to Maternal Health Services in Zambia (MAMaZ).
- Private Partnership Forum (PPF).

Schedule for meetings:

- Meetings are held every month.
- Extraordinary meetings are convened when there is an urgent matter to be discussed.

Are meetings held according to the schedule?

- Meetings are sometimes rescheduled.
- The last TWG meeting was held on 9 September 2010, after not having met for a long time.

Terms of Reference

- Advocate and lobby policy makers and professional bodies on EmONC.
- Contribute to the development of national policies and guidelines pertaining to EmONC.
- Resource mobilization for activities that enhance and promote EmONC scale.
- Harmonize and coordinate work done by the various key players in EmONC.
- Ensure that there is quality forecasting and continuous availability of EmONC commodities.
- Ensure that EmONC providers are updated with new information and are providing quality health care.
- Review reports from the provinces/districts on EmONC activities and provide technical support.
- Provide feedback and report on progress of EmONC activities to the ICC for MNCH.

Are there any areas in which the TWG does not fulfill its terms of reference?

- No

For what additional purposes do TWG members use the meetings?

- Share experiences on best practices.
- Provides platform for discussion and sharing of novel evidence-based interventions.

If meetings are irregular, what challenges disrupt the schedule?

- Competing priorities, e.g., other meetings, busy work schedules.

Method of inviting members and sharing minutes:

- Invitations are usually sent via e-mail.
- Both soft and hard copies of minutes are shared amongst members.

Are invitations and minutes shared with all members and on time?

- Invitation for meetings is usually sent to members via e-mail, a week before the scheduled meeting
- Minutes are shared with all members during meetings.

Do the agendas help prepare participants for effective meetings?

- The agenda is sent together with the invitation via e-mail, which helps members to prepare for the meeting. This also affords the members to include on the agenda any matters that could be useful for discussion.

Do the minutes facilitate follow-up and action by TWG and members?

- Yes

Strengths and achievements of the TWG:

- The TWG has helped to avoid duplication of work by different partners and stakeholders.
- Mobilization of resources for EmONC activities.
- Building consensus amongst all stakeholders.
- Final draft of National Reproductive Health policy.
- Production of National guidelines.
- Production of EmONC Curriculum.
- Selection of National EmONC training sites.

Suggestions from the Chairperson on ways ZISSP could support better TWG performance:

- Work with MOH to call regular monthly meetings
- ZISSP could assume the role of secretariat and ensure that records and minutes are properly kept
- Provide snacks during the TWG meetings

Suggestions from TWG members on ways to improve TWG performance:

- Minutes should be sent to members a week before the scheduled meeting so that members can follow up on their assigned duties.
- Hold TWG meetings at MOH.

Specific measures proposed by ZISSP to help strengthen this TWG:

- ZISSP should assume secretariat and take a lead role to coordinate and support MOH in achieving objectives of TWG.
- Support TWG activities to ensure that MOH achieves the desired EmONC targets of

the national Reproductive Health plan.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Adoption of National Reproductive Health Policy.

6.4 Family Planning Technical Working Group Summary

Chairperson: Dr. Sarai Malumo National Programme Officer UNFPA

Structure of TWG:

The FP TWG consists of Chairperson, Secretary and members.
No subgroups yet.

Members:

Name	Title	Organization	Telephone
Dr Sarai Malumo	National Program Officer	UNFPA	097-7-879-590
Ruth Bweupe	FP/ARH Officer	MOH	097-7-800378
George Sinyangwe	Sr. Health Advisor	USAID	097-8-420062
Lydia Jumbe	FP Coordinator	Child Fund	097-7-111337
Muriel Syacumpi	Community Liaison Specialist	ZISSP	097-7-822507
Corinne Low	Research Manager	Harvard University	097-6-962839
Patricia Kamanga	National Program Officer	WHO	097-7-773526
Abraham Chingalika	RHCS Coordinator	MOH/UNFPA	097-7-867903
Francis Kapapa	ARH Specialist	ZISSP	097-9-276493
Daniel Fwambo	Capacity Building Specialist	ZISSP	097-6-5446455
Mavis Mwale	Coordinator CBD Study	FHI	097-8-223-430
Evelyn Mulenga	Administrative and Commodity and Logistic Officer	PPAZ	097-7-821187
Joseph M. Yowela	Health Coordinator	Plan International	097-7-797898
Chris Ngandwe	RH/FP Specialist	ZISSP	097-7-747097

Hilda Mwansa Wina	Family Planning Specialist	ZISSP	097-7-789773
Grace Msichili	Field Supervisor	Harvard University	097-7-822527
July Chilambe	Health Services Manager- RH	SFH	260-211-257407
Andrew Kumwenda	Sr. PMTCT Advisor	ZCPT II/FHI	260-211-368190
Mika Bwembya	Sr. PH I Advisor	USAID I DELIVER PRO	096-6-609105

Are there any other stakeholders that should be involved? Yes

Organization	Contact
Jhpiego	256255/56
DFID	251102/252602
CIDRZ	260-211-293783
Marie Stopes Zambia	0966876907
UTH	260-211-251200
Lusaka DHO	260-211-235554
UNICEF	260-211-252055
Ministry of Community Development and Social Services	260-211-235341
CHAZ	260-211-229702
Africare	260-211-262147
Lusaka School of Nursing	TBA
Lusaka School of Midwifery	TBA
GNC of Zambia	260-211-221284
Medical Professional Association of Zambia	260-211-236241

Schedule for meetings:

Meetings held quarterly and ad hoc when need arises. Meetings have been held monthly since August 2010.

Are meetings held according to the schedule?

They have since August 2010; previously, meetings were held irregularly.

Terms of Reference

- Advocate and lobby policy makers and professional bodies on family planning.
- Contribute to the development of national policies and guidelines pertaining to family

<p>planning.</p> <ul style="list-style-type: none"> ▪ Resource mobilization for activities that enhance and promote family planning. ▪ Harmonize and coordinate work done by the various key players in family planning. ▪ Ensure that there is quality forecasting and continuous availability of contraceptives. ▪ Review reports from the provinces/districts on family planning activities and provide direction. ▪ Provide feedback and report on progress of family planning activities to the ICC for MNCH. ▪ Implementation of policies.
<p>Are there any areas in which the TWG does not fulfill its terms of reference?</p> <ul style="list-style-type: none"> ▪ Review reports from the provinces/districts on family planning activities and provide direction. ▪ Provide feedback and report on progress of family planning activities to the ICC for MNCH.
<p>For what additional purposes do TWG members use the meetings?</p> <ul style="list-style-type: none"> ▪ Informal networking with one another. ▪ Provide checks for the MOH on FP service provision. ▪ Provide technical advice on FP related issues. ▪ Provide feedback on various activities. ▪ Discussing technical issues. ▪ Fora for getting updates.
<p>If meetings are irregular, what challenges disrupt the schedule?</p> <p>Too many TWGs with the same members, resulting in meetings re-scheduled at times.</p>
<p>Method of inviting members and sharing minutes:</p> <p>Members invited by letters, e-mail and telephone calls.</p>
<p>Are invitations and minutes shared with all members and on time?</p> <p>Not always.</p>
<p>Do the agendas help prepare participants for effective meetings?</p> <p>Not always. At times agenda is prepared before the meeting starts.</p>
<p>Do the minutes facilitate follow-up and action by TWG and members? Yes.</p> <ul style="list-style-type: none"> ▪ Assignments given to members. ▪ Members report on tasks assigned to them during the meeting. ▪ Next meeting agenda not included in the minutes.
<p>Strengths and achievements of the TWG:</p>

Strengths:-

- The TWG comprises members who are technically skilled.
- Decisions made collectively by members.
- There is cross-pollination of ideas
- Multi-sectoral approach to addressing FP issues.
- Members share best practices.
- It has achieved harmonization of FP guidelines.
- Hopefully all partners refer to one document.
- Partnerships have been strengthened Joint annual reviews especially in FP.

Suggestions from the Chairperson on ways ZISSP could support better TWG performance:

- ZISSP TO assist in improving the TWG performance and effectiveness.
- Support secretariat (Venue for meetings and follow up tasks and issues).
- Design a reporting format for the ICC meetings.
- Arrange for provincial review meeting for FP to review district plans (to include designing formats for capturing data and funding the activities).
- Support development of FP TWGs at provincial and district levels to ensure repositioning FP at these levels.

Suggestions from TWG members on ways to improve TWG performance:

- Orientation of members on government procedures.
- Scale up the technical presentations, especially on new findings.
- Have regular meetings.
- Plan and encourage joint activities to avoid duplication.
- Focus on providing policy direction to support delivery of interventions at facility and community levels.

Specific measures proposed by ZISSP to help strengthen this TWG:

- Taking lead with the MOH in coordinating meetings.
- Development of meeting schedule during the last week of a month.
- Early circulation of minutes and notices of meetings.
- Follow up on invitations of members to meetings.
- Follow up on action points assignments.
- Lobby for members to attend the meetings to ensure a quorum is formed.
- Develop a schedule of technical presentations for TWG members.
- Lobby for the secondment of staff at MOH to coordinate the meetings.
- MOH to lead in ensuring that meetings take place.
- Lobby for the establishment of RHCS, ARH and CBFP sub committees.
- Lobby for TWG meetings to be held during the last week of a month.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Integration of FP with other services.
- Scale up of CBD services.

6.5 Human Resources for Health Technical Working Group Summary

Chairperson: Mr. Jere Mwila , Director Human Resources & Administration, Ministry of Health

Structure of TWG:

The Chairperson is the overall manager of the Human Resources Technical Working Group (HRTWG). In order to facilitate work on the different aspects of Human Resources management and development, the members of the HRTWG formed smaller HRTWG Task Groups to deal with specific issues. Membership in these groups is voluntary, and members nominated themselves to serve on the HRTWG Task Group of their choice.

The HRTWG has seven standardized Agenda items and the HRTWG Task Groups were formed around these groups:

- Task Group 1 -Retention Scheme
- Task Group 2 – Recruitment
- Task Group 3 - Performance Management
- Task Group 4 - HRIS & HR Planning
- Task Group 5 -Training & Development
- Task Group 6 - Community Health Worker and Task-Shifting
- Task Group 7 - HR Financial tracking and budget management

Members:

Name	Organization	Telephone
Mr. Jere Mwila	MOH-Chairperson	096-6-809-199
Ms Karen Campbell	MOH	097-9-975-985
Ms Lindsey Crumbaugh	CHAI	097-6-562-258
Mrs. Violet Ketani	ZPCT II	097-6-635-119
Ms Kris Mckee	CHAI	097-4-003-387
Ms Sarah Ellis	CHAI	097- -192-084
Mr. Bob Munyati	CHAI	097-9-480-928
Dr. Naomi Hamada	JICA/NAC	097-9-473-641
Mrs. Priscilla Likwasi	JICA	096-6-759-858
Dr. Dolores Castello	MOH-CCHS	097-7-339-390

Dr. Paul Kalinda	EU	097-9-891-424
Ms Elizabeth Siatwambo	MOH	097-7-253-260
Mrs. Evelyn Muleya	MOH	097-9-836-000
Ms. Mercy Kawendami	CHAI	097-7-134-724
Mr. Mubita Luwabelwa	MOH	097-7-975-714
Ms Chilweza Muzongwe	MOH	097-7-453-399
Dr. Kathrin Furrer	SOLIDARMED	097-8-394-841
Dr. William Kanweka	USAID	097-8-771-499
Mrs. Mutinta Musonda	MOH	097-7-771-716
Mr. Robbson Manda	MOH	097-7-684-242
Dr. Carolyn Bolton	CIDRZ	096-6-841-034
Mr. Greg Sali	CIDA	097-7-405-093
Mr. Elias Mwila	MOH	095-5-550-511
Mrs. Elizabeth Jere	ZISSP	095-5-753-415
Mrs. Kaku Saleh	MOH-P&P	097-7-459-624
Mr. Isaac Kakumbi	MOH-HRA	097-7-855-085
Prof. K.S. Baboo	SOM/UNZA	097-8-7740-65
Mr. Chikwanda Sikazwe	CHAI	095-5-768-290
Mrs. Tracy Hawry	CHAI	097-7-704-636
Mrs. Katy Bradford	CHAI	097-5-818-517
Mr. Greg Chikwanka	DFID	096-5-489-620
Mrs. Stella Chisunka	GNC	097-7-806-084
Mr. Anthony Okoth	CHAI	097-7-946-978
Mr. Adam Lagerstedt	MOH-TA:PS	097-7-318-489
Mrs. Sandra Zulu	MOH-HRA	097-7-749-168
Mr. Solomon Kagulula	WHO	097-7-105-888
Mrs. Cathy Thompson	FHI	
Dr. T.J. Ngulube	CHESSORE/CSO	095-5-914-844
Mrs. Angela Spilsbury	DFID	096-5-471-766
Mr. Richard Sedlmayr	Harvard	
Mr. Scott Lee	Harvard	
Dr. N.N. Ngoma	UNICEF	
Mrs. B. Mwape	MOH-CCDS	

Dr. E. Chizema	MOH-DTSS
Dr. V. Mukonka	MOH-PH&R
Mrs. Namaata	MOH-CA
Mrs. Stella Chisunka	GNC
Mrs. V. Perzanowska	SIDA
Dr. Eleanor Msidi	GNC
Mrs. Jennifer Munsaka	ZUNO
Dr. M. Libetwa	MOH-CCDS
Prof. Nava Ashraf	Harvard
Mr. Brian Mwanza	MOH
Mrs. Muriel Syacampu	ZISSP

Are there any other stakeholders that should be involved?

- The World Bank and Global Fund Country Representatives, UNDP as Principal Recipient of Global Fund disbursement, Ministry of Finance and Ministry of Education.

Schedule for meetings:

The HRTWG meetings are held once per month, in accordance with a pre-prepared schedule of meetings.

Are meetings held according to the schedule?

For the most part (75% in 2008, 65% in 2009) but in 2010 only 33% of meetings held to date.

Terms of Reference

The role of the HRTWG members is to provide advice, advocacy, support and guidance to the Directorate of Human Resources & Administration through regular attendance at the monthly HRTWG meetings. The HRTWG has its own Terms of Reference and these are listed below for ease of reference:

- Strategic and policy oversight by working with and providing support to the HR Directorate to reach its annual objectives.
- Advisory and advocacy role to the MOH in terms of the management of the respective HR functions and providing guidance and support for resource mobilization, staffing levels, operational expertise, training of its staff members.
- Monitor and review performance of the HR Directorate against agreed performance indicators in the NHSP and MOH Action Plans on behalf of external stakeholders.
- Actively monitor planning initiatives made by the HR Directorate and external role players to ensure that activities and needs based and coordinated across the health sector.
- Monitor, track and review the progress made against the HRH Strategic and Operational

Plans through the monthly reports provided by HR Management and team members and make recommendations for improvement and/or changes.

- Advocacy role for the timely release of funds from the Ministry of Finance and National Planning, Dialogue over the PE:GDP ratio, retention issues and the status of MOH at MOFNP in general.
- Actively support the HR Directorate in building stronger links with PSMD in terms of Government Reforms, particularly HR related and Pay Reform Projects.
- Active guidance and support on the development of retention plan(s) to facilitate the attraction, retention and improved productivity and performance of health workers.
- Support and advisory role in instituting an annual review of HR Directorate arrangements and advising on changes needed to improve effectiveness and efficiency of the HR Directorate.
- Active support for the harmonization of the TA and financial support to the HR Directorate in terms of reporting mechanism.
- Provide active guidance and support for the overall training plans for the health sector in terms of assistance with the pre- and in-service annual training plans to ensure that the correct numbers of health professionals are produced each year.
- Report to the high level Steering Committee through the chairperson who will discuss and work with the Cabinet Office's Public Service Management Division (PSMD) and the Management Development Division on the recommendations and reforms.

Terms of reference for the individual HRWG Task Groups are as follows:

Task Group	Terms of reference
1. Retention	(a) Retention and remuneration guidelines. (b) Harmonization of external allowances. (c) Equality in distribution of scheme members. (d) Efficiency gains and impact of the scheme. (e) Prioritization of housing for doctors (with Policy & Planning). (f) Determination of the effectiveness of payment methods.
2. Recruitment	(a) Recruitment reports and plans. (b) Pay Reform policies. (c) Staff turnover and attrition statistics. (d) IMF and sector ceilings (PE:GDP ratio). (e) Payroll management and information.
3. Performance Management	(a) Performance Management System (individuals). (b) Statistics on improved efficiency gains. (c) HRH and HRTWG Performance Indicators. (d) District Health Performance Indicators (health facilities). (e) Strategy for managing absenteeism and tardiness.

4. HR Information System	(a) HR Information System management and improvement. (b) HR Performance indicators. (c) HR management reports. (d) Absenteeism and attrition reports. (e) Redistribution and redeployment of health workers in terms of equity	
5. Training	(a) Annual Training Needs Analysis, costing and implementation (b) Bonding policy and implementation (c) Training database (d) Health Skills matrices (g) Return on investment / impact on service delivery reports (h) Training and tracking of sponsorship statistics (i) Expenditure and financial reports (i) Training institution stats and reports	
6. Community Health Workers & Task Shifting	(a) CHW strategy (b) Task shifting policy development and implementation (c) Monitoring & Evaluation of the impact of the above interventions (d) Evaluation of new health-based cadres and recommendations	
7. HR Financial Tracking	(a) Monitoring of expenditure against budget for HRA (b) Development of financial tracking format (c) Presentation of expenditure reports at HRTWG (d) Costs of HRA implementation activities	

Are there any areas in which the TWG does not fulfill its terms of reference?

- Unable to bring about changes to conditions of service and remuneration as this is part of the Public Service Reforms.
- Unable to increase the annual intake of medical doctor students as this remains under the management of the Ministry of Education (currently 100 with approximately 50-60 qualifying, which means it will take decades to reach the required number of medical doctors needed).

For what additional purposes do TWG members use the meetings?

- Formal information-sharing in terms of public health issues.
- Creating alliances on strategic Human Resources issues.
- Lobbying at higher levels for recommended changes through attendance at other key meetings such as the MOH Policy & Planning and Sector Advisory Group (SAG) meetings.

If meetings are irregular, what challenges disrupt the schedule?

The reasons for the lower number of meetings held in 2010 are due to work pressure, clashing meeting dates and the unavailability of the one boardroom at the MOH.

Method of inviting members and sharing minutes:

Invitations and sharing of the Agenda and Minutes as well as other reports are remitted via electronic mail.

Are invitations and minutes shared with all members and on time?

- Yes

Do the agendas help prepare participants for effective meetings?

- Yes. The Agenda has standardized reporting items and members are always requested to add issues for discussion at the meetings.

Do the minutes facilitate follow-up and action by TWG and members?

- Yes

Strengths and achievements of the TWG:

- Expert and diverse membership of key public health role players
- Collective decision-making on important HR issues
- A forum for sharing best HRH practices
- A means of tracking progress against targets in the HRH strategic plan:
 - Successfully scaled up the Zambian Health Workers Retention Scheme to include other cadres and increased the allowances.
 - Successfully implemented the Community Health Worker strategy.
 - Successfully implemented the Direct Entry Midwifery Program.
 - Successfully conducted Workforce Audit and analysis.
 - Successfully conducted study of the expansion of the GRZ's SAP-based HRIS.
 - Developed the first Training Operational Plan strategy.
 - Development of TOR for the development of the next HRH Strategic Plan.

Suggestions from the Chairperson on ways ZISSP could support better TWG performance:

- Providing support for the follow up of outstanding issues and action points such as Performance Management, Capacity Building, HRM and HRD tools, HR Information System upgrade and evaluation of the Zambian Health Workers Retention Scheme.
- Taking the lead, together with the MOH, for providing support for the co-ordination of the HRTWG meetings by preparing the annual meeting schedule and sending out invitations to members.
- Providing support to the HRTWG Task Groups to ensure regular meetings take place and that the reports are presented at the main HRTWG meetings.

Suggestions from TWG members on ways to improve TWG performance:

- Ensure that meetings take place as scheduled.
- Encourage members to join one of the seven Task Groups to engender participation
- Develop and disseminate HRTWG Quarterly Reports.

Specific measures proposed by ZISSP to help strengthen this TWG:

- Provision of technical support to the HRTWG Task Groups through the development of tools, conducting field research and making regular presentations at the main HRTWG.
- Being the driving force behind the HRTWG Task Group meetings and ensuring that these meetings are results-based and that minutes are kept of all meetings.
- Linking up with Clinton Health Access Initiative (CHAI) to work on Human Resources-specific issues that will promote improved management at HQ and district levels.
- Drive the Performance Management process and ensure that it is implemented by providing technical and financial support.
- Ensure that all of the Minutes (main HRTWG and Task Group meetings) are results-based with separate columns in the document format for the responsible person and the timeline in which the specific activity needs to be completed.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- The additional module for Training & Development is critical as it will allow the MOH to have accurate information in terms of a formal Skills Matrix.
- The implementation of a formal Training Needs Analysis tool in order to determine accurate data for pre- and in-service information for strategic planning purposes.
- Implementation of the MOH Sponsorship and Bonding System to retain students within the public health system for the full bonding period.
- Continued evaluation of the Zambian Health Workers Retention Scheme in order to measure the effects on public health service delivery.
- Continued Capacity Building initiatives to ensure the effective transfer of skills to the newly-appointed HR Officers at HQ, Provincial and District levels.
- Continued research and development into HRM and HRD tools and assessments for the promotion and use of 'best practices'.

6.6 Indoor Residual Spraying (IRS) Technical Working Group Summary

Chairperson: Professor S. Baboo, School of Medicine, University of Zambia

Structure of TWG:

The group was set up by the MOH to advise and give strategic direction for effective monitoring

and evaluation of the National Malaria Control Programme (NMCP). The IRS Technical Working Group reports to the Deputy Director Public Health and Research. The Technical Working Group is chaired by the NMCP partner appointed by the group while the National Malaria Control Centre is the secretariat.

Members:

Name	Organization	Title	Contact
Dr Fred Masaninga	World Health Organization	National Professional Officer	097-7-930-348 096-5-930-348
Dr. Mulakwa Kamuliwo	NMCC	Deputy Director DPHR - Malaria	097-7-133-444
Dr Peter Mumba	ZISSP	Malaria Team Leader	097-7-455-227
Dr. Oliver Lulembo	PMI/USAID	Resident Advisor	097-8-861-601
Dr. Allen Craig	PMI/USAID	CDC Resident advisor	097-8-770-584
Chadwick Sikaala	NMCC	Principal IRS Officer	097-9-488-056
Brian Chirwa	ZISSP	Technical Specialist - GIS	097-9-700-210
Simon Zimba (institutional proxies)	ECZ	Senior Inspector	097-9-153-875
Musapa Mulenga	ZISSP	Entomologist	097-7-314-966
Dayton Makusa	ZISSP	IRS Advisor	097-7-796-128
Wambinji Kapelwa	NMCC	Epidemiologist	097-7-865-950
Paul Banda	KCM	Programme Manager	095-5-991-673
Peter Mukuka	MCM	Chief Health Officer	096-6-789-640
Aaron Zyambo	ZISSP	Logistics Advisor	097-9-793-999
Adrian Kamuhuza	RTI	Country Manager	097-7-782-394
Emmanuel Chanda	NMCC	Entomologist	097-7-405-839
Patrick Chewe	ZISSP	M&E Officer	097-7-793-796
Greenford Sikazwe	LCC	Public Health Dept	097-7-772-907

Are there any other stakeholders that should be involved?

- Stakeholders are invited depending on the focus of the meeting.

<p>Schedule for meetings: Meetings are scheduled once every quarter and on an ad hoc basis.</p>
<p>Are meetings held according to the schedule? Usually.</p>
<p>Terms of Reference</p> <ul style="list-style-type: none"> ▪ To advise the NMCP. ▪ To develop and implement malaria IRS guidelines for use at all levels. ▪ To develop and implement the annual IRS cycle of activities. ▪ To foster discussion and adoption of good IRS practices. ▪ To enhance coordination of various IRS stakeholders. <p>* Terms of reference, however, need to be updated.</p>
<p>Are there any areas in which the TWG does not fulfill its terms of reference?</p> <ul style="list-style-type: none"> ▪ Meetings have not been regular. ▪ Collaboration and sharing of information.
<p>For what additional purposes do TWG members use the meetings?</p> <ul style="list-style-type: none"> ▪ Sharing success stories and experiences. ▪ New innovations in vector control (IRS). ▪ Announcement of policy changes and direction.
<p>If meetings are irregular, what challenges disrupt the schedule?</p> <ul style="list-style-type: none"> ▪ Busy schedules for members. ▪ Late notification of meetings.
<p>Method of inviting members and sharing minutes:</p> <ul style="list-style-type: none"> ▪ Invitation is done through official correspondence from MOH. ▪ Phone call follow-ups are also done. ▪ Minutes are shared both as hard copies and e-mail.
<p>Are invitations and minutes shared with all members and on time?</p> <ul style="list-style-type: none"> ▪ Invitations and minutes are rarely shared with all members on time.
<p>Do the agendas help prepare participants for effective meetings?</p> <ul style="list-style-type: none"> ▪ The agenda is usually distributed during meetings. Therefore, members do not have time to make proposals to the meeting.
<p>Do the minutes facilitate follow-up and action by TWG and members?</p> <ul style="list-style-type: none"> ▪ Minutes are action-based to enable members to make follow-ups.
<p>Strengths and achievements of the TWG:</p>

- Successfully developed IRS guidelines.
- Developed IRS IEC and Communication Strategy in collaboration with the IEC TWG.
- Compliance with environmental controls.
- Improved coordination, collaboration, monitoring and supervision of IRS program.

Suggestions from the Chairperson on ways ZISSP could support better TWG performance:

- Supporting the secretariat in outreach to members.
- Facilitating effective attendance of meetings by members.

Suggestions from TWG members on ways to improve TWG performance:

- Ensure meetings are held according to schedule.
- Improve communication and coordination amongst members.

Specific measures proposed by ZISSP to help strengthen this TWG:

- Improve communication and participation by strengthening management of TWG.
- Improve functioning of TWG by revitalizing better program performance.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Develop updated TOR for the TWG.

6.7 Malaria Case Management Technical Working Group Summary

Chairperson:

Prof. Chifumbe Chintu, Consultant Pediatrician – University Teaching Hospital-School of Medicine. In his absence, Case Management Specialist – NMCC chairs the meetings

Structure of TWG:

Chairman: Consultant Pediatrician – University Teaching Hospital

Members : MOH, NMCC, WHO, UTH-SOM, UNICEF, Malaria Consortium, Chainama College, ZISSP, MSH, SFH, CHAZ, Lusaka DHMT

Members

Name	Title	Organization	Mobile number
Prof. C. Chintu	Consultant Pediatrician	UTH-SOM	
Dr. E. Chizema	Director-Technical Support	MOH	
Dr. M. Kamuliwo	Deputy Director-Public	MOH	097-7-133-444

Health(NMCC)			
Dr. R. Mbewe		MOH	
Dr. R. Mwale		UNICEF	
Dr. C. Shinondo	Senior Lecturer	UNZA-SOM	097-7-751-313
Dr. F. Masaninga		WHO	097-7-930-348
Dr. P. Kalesha		WHO	
Dr. W. Chilambo		MOH	
Mr. M. Musongole		Lusaka DHMT	
Mr. H. Moonga	Chief Parasitologists	NMCC	
Mr. B. Hamainza		NMCC	
Ms. Katie Barrett		Malaria Consortium	
Dr. M. Ndhovu	Senior Lecturer	Chainama College	
Mr. N. Mugala	Country Director	NYFP-PATH	097-7-768-766
Mr. O. Hazemba		MSH	
Mrs M. Chinyama		Malaria Consortium	
Cynthia Changufu		PSI/SFH	
Shadreck Malupenga		CHAZ	
Dr. Peter Mumba	Malaria-Team Leader	ZISSP	097-7-445-227
Are there any other stakeholders that should be involved?			
<ul style="list-style-type: none"> ▪ The Private Health Practitioners. 			
Schedule for meetings:			
<ul style="list-style-type: none"> • Meetings are held quarterly • Sometimes extraordinary meetings may be held when there is an urgent matter to be discussed 			
Are meetings held according to the schedule?			
<ul style="list-style-type: none"> • The schedule of the meetings is usually irregular and inconsistent. • This year, only two TWG meetings have been held so far and the last one was in second quarter. 			
Terms of Reference			
<ul style="list-style-type: none"> ▪ Although there are no official TOR for the Malaria Case Management TWG, the Group's mandate is to provide technical expertise in management, treatment and diagnosis of 			

<p>malaria in the country.</p>
<p>Are there any areas in which the TWG does not fulfill its terms of reference?</p> <ul style="list-style-type: none"> ▪ Yes; the TWG has not had regular meetings. ▪ The TWG has not been able to disseminate most of guidelines developed in time. ▪ The team has not been able to do mentorship and supervision in malaria case management, which is important for imparting knowledge and skills.
<p>For what additional purposes do TWG members use the meetings?</p> <ul style="list-style-type: none"> ▪ The forum is used to lobby more resources for malaria case management. ▪ It provides clinicians an opportunity to share evidence-based medical practice. ▪ It is used for networking among partners and individuals.
<p>If meetings are irregular, what challenges disrupt the schedule?</p> <ul style="list-style-type: none"> ▪ Competing priorities, e.g., other meetings, busy work schedules. ▪ Lack of resources to hold the meetings, e.g., some members need transport and accommodation.
<p>Method of inviting members and sharing minutes:</p> <ul style="list-style-type: none"> ▪ Invitations are sent by a letter from PS. ▪ The letter by PS is then followed up by phone calls. ▪ E-mails are rarely used.
<p>Are invitations and minutes shared with all members and on time?</p> <ul style="list-style-type: none"> ▪ Invitations for meetings are sent to members through fax or by personal delivery, usually a week before the scheduled meeting. ▪ Minutes are shared with all members during meetings.
<p>Do the agendas help prepare participants for effective meetings?</p> <ul style="list-style-type: none"> ▪ The agenda is not sent together with the invitation letter, which makes it difficult for members to prepare for the meeting. If this were done, it could afford the members an opportunity to include on the agenda any matters that could be useful for discussion.
<p>Do the minutes facilitate follow-up and action by TWG and members?</p> <ul style="list-style-type: none"> ▪ No.
<p>Strengths and achievements of the TWG:</p> <ul style="list-style-type: none"> ▪ The TWG has been key to the formulation and modifications of guidelines in malaria case management. ▪ The TWG brings clinicians and other professional from different backgrounds together who play a role in improvement of evidence based malaria case management. ▪ It is used as a forum for building consensus amongst all stakeholders.
<p>Suggestions from the Chairperson on ways ZISSP could support better TWG</p>

performance:

- ZISSP to take up support for mentorship and supervisory visits.
- ZISSP to support the transportation and accommodation of those members from other provinces.
- Provide snacks during the TWG meetings.

Suggestions from TWG members on ways to improve TWG performance:

- Meetings to be regular.
- Minutes should be sent to members earlier so that members can follow up on their assigned duties.
- TWG to include private practitioners who are major stakeholders in case management.

Specific measures proposed by ZISSP to help strengthen this TWG:

- ZISSP should support mentorship and supervisory visits of members to districts to achieve the mandate of the TWG of providing technical expertise in management, treatment and diagnosis of malaria in the country.
- ZISSP could support NMCC in transportation and accommodation of members for districts during TWG meetings.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Formulation of malaria case management TWG terms of references.
- Inclusion of mentorship and supervision as part of TWG mandate.

6.8 Monitoring and Evaluation Technical Working Group Summary

Chairperson:

Dr. Simonga, Director – Research and Planning

Structure of TWG:

Chairman: Deputy Director MOH

Members: MOH, EU, ZISSP, WHO, UNFPA, JSI, UNICEF, JHPIEGO, DFID, USAID, CIDRZ, ZPCT, CSH, Africare, SFH, PPAZ, Marie Stopes, CCSP, CDC, FHI, Care International, Canadian High Commission, Swedish Embassy, EGPAF

Note: All members dealing with health issues are members of the TWG, however, what has been a challenge is attendance

Members:

Name	Organization
Mr. C. Kaliki	MOH
Mr. Adam Lagerstedt	MOH
Mr. P. Amanzi	MOH

Dr B. Tambatamba	WHO
Dr. P. Kalinda	EU
Daison Muchinyise	JSI
Greg Dail	Canadian High Commission
Veronica Perzanowsha	Swedish Embassy
Mr. P. Koni	EGPAF
Mr. M.Kabaso	FHI/ZPCT
Dr. M. Marx	CDC
Mr. Kabaso M	ZPCT
Mr. T. Mufune	MOH

Are there any other stakeholders that should be involved?

- No – because all members dealing with health issues are members of the TWG.

Schedule for meetings:

- Meets are held fortnightly on Wednesdays, from 09.00 hrs to 11.00hrs
- Extraordinary meetings are called by the chair with prior agreement of the Sub-Committee or agreement between the Chair and three other partner representatives.
- The TWG members are formally invited through e-mails.

Are meetings held according to the schedule?

- Meetings are held according to the schedule; however there are times when the meetings are rescheduled when the chairperson is not available. This is communicated in advance to the TWG members.

Terms of Reference

- To monitor and evaluate the health sector performance as outlined in the National Health Strategic Plan.
- To advocate and coordinate allocation of resources for all monitoring and evaluation of health programs in the ministry.
- To advise/provide input into the content of the Ministry of Health Annual Report and Annual Health Statistical Bulletin
- To advocate for information-based health sector coordination, planning and development.
- To facilitate the build-up of robust frameworks for data collection and Health Information Management.
- To advise on the development of coordination mechanisms as well as schedules/timeframes for conducting Joint Sector Reviews⁴, and planned audits and assessments.
- To recommend for approval NDP progress reports of programs sanctioned by the Sub-Committee⁵ prior to submission or reporting to SAG and/or for final endorsements.
- To advise on policy responsive data collection, and analysis systems (routine, periodic, special surveys and research).
- To monitor the collaboration of the Ministry of Health on all sectoral M&E activities

⁴ The Joint Annual Review is a participatory and consultative assessment process of health sector performance involving the Ministry of Health, Cooperating partners and civil society which takes place at the end of each financial year.

⁵ As defined in NHSP.

<p>with the Central Statistics Office (CSO) as governed by the National Statistical System (NSS).</p> <ul style="list-style-type: none"> ▪ To co-ordinate M&E activities of other Technical Working Groups to ensure linkages and synergies between the groups.
<p>Are there any areas in which the TWG does not fulfill its terms of reference?</p> <ul style="list-style-type: none"> ▪ No
<p>For what additional purposes do TWG members use the meetings?</p> <ul style="list-style-type: none"> ▪ Review of Reports presented to M&E TWG highlighting key NHSP indicators: <ul style="list-style-type: none"> - Quarterly HMIS report. - Bi-annual consolidated Provincial Health Office's Performance Assessment report and Action taken report. - Review of Central Level Performance Assessment Reports. - Directorate Report – after first quarter. - Health Program Presentations. ▪ Joint Annual Review (JAR) – Plan and participate in the JAR and follow up progress on the JAR proposed benchmarks and recommendations. ▪ Health Annual Report – report on performance of sector against annual plans and output targets (M&E to agree framework/approach). ▪ Monitor and update sector performance benchmarks, indicators and targets for sector budget support in preparation for reviews – June/October. ▪ Mid-term assessment (three years after implementation) and final evaluation 2011 - June 2008. ▪ Health-related and Population Health Surveys. ▪ Adopt the M&E Sub-Committee Annual Work Schedule.
<p>If meetings are irregular, what challenges disrupt the schedule?</p> <ul style="list-style-type: none"> ▪ Competing priorities, e.g., other meetings, busy work schedules. ▪ Meeting schedules are frequently disrupted when the chairperson from the MOH or his designee is not available.
<p>Method of inviting members and sharing minutes:</p> <ul style="list-style-type: none"> ▪ Members are invited through e-mails. ▪ Both soft and hard copies of minutes are shared amongst members.
<p>Are invitations and minutes shared with all members and on time?</p> <ul style="list-style-type: none"> ▪ Invitation for meetings is usually sent to members via e-mail, a week before the scheduled meeting. ▪ Minutes are shared with all members during meetings.
<p>Do the agendas help prepare participants for effective meetings?</p> <ul style="list-style-type: none"> ▪ The agenda is sent together with the invitation via e-mail, which helps members to prepare for the meeting. This also affords the members to include on the agenda any matters that could be useful for discussion.
<p>Do the minutes facilitate follow-up and action by TWG and members?</p>

<ul style="list-style-type: none"> ▪ Yes
<p>Strengths and achievements of the TWG:</p> <ul style="list-style-type: none"> ▪ Building consensus among all stakeholders. ▪ Coordinated source of information. ▪ M&E is the platform for technical issues. ▪ M&E acts technical advisor to the implementation of the programs. ▪ Provides guidance to the execution of the DHS. ▪ The TWG has made the monthly bulletin very insightful.
<p>Suggestions from the Chairperson on ways ZISSP could support better TWG performance:</p> <ul style="list-style-type: none"> ▪ ZISSP should be part of the secretarial role. ▪ Assist in the printing of the facility tools. ▪ Strengthen the new HMIS in the selected 27 districts.
<p>Suggestions from TWG members on ways to improve TWG performance:</p> <ul style="list-style-type: none"> ▪ ZISSP should help in the coordination of the meetings by following up with the members who have not been participating consistently.
<p>Specific measures proposed by ZISSP to help strengthen this TWG:</p> <ul style="list-style-type: none"> ▪ ZISSP should assume secretariat and take a lead role to coordinate and support MOH in achieving objectives of TWG. ▪ ZISSP should ensure all the partners involved in the health sector are participating in the meetings.
<p>Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:</p> <ul style="list-style-type: none"> ▪ ZISSP should ensure that the community-based HMIS is strengthened and implemented.

<p>6.9 Monitoring and Evaluation (NMCP) Technical Working Group Summary</p>
<p>Chairperson: Dr Fred Masaninga, National Professional Officer, World Health Organization</p>
<p>Structure of TWG:</p> <p>The group was set up by the MOH to advise and give strategic direction for effective monitoring and evaluation of the National Malaria Control Programme (NMCP). The M&E Technical Working Group reports to the Director Public Health and Research and is accountable to the Ministry of Health and NMCP partners. The Technical Working Group will be chaired by the NMCP partner appointed by the group while the National Malaria Control Centre is the secretariat.</p>
<p>Members:</p>

Name	Organization	Position	Mobile No.
Fred Masaninga	World Health Organization	National Professional Officer	097-7-930-348
Mercy Mwanza Ingwe	MOH/NMCC	Surveillance Officer	097-7-784-045
John Miller	MACEPA	M&E Officer	097-7-510-414
Brian Chirwa	ZISSP	Technical Specialist - GIS	097-9-700-210
Chris Lungu	MACEPA	M&E Officer	097-8-527-979
Isaac Mwase	NMCC	M&E Officer – COMBOR	097-7-423-867
Kafula Silumbe	MACEPA	M&E Officer	096-7-980-217
Dr. Mulakwa Kamuliwo	NMCC	Deputy Director DPHR - Malaria	097-7-133-444
Busiku Hamainza	NMCC	Operation Research M&E Officer	097-7-941-761 097-7-411-325
Jim Mwandia	CHAZ		097-7-668-404
Dr. Dean Phiri	MOH	GF Grants Manager	
Trust Mfune	MOH	HMIS Officer	097-7-837-326
Wambinji Kapelwa	NMCC	Epidemiologist	097-7-865-950
Dr. Rodgers Mwale	UNICEF		
Dr. Oliver Lulembo	PMI/USAID	Resident Advisor	097-8-861-601
Dr. Allen Craig	PMI/USAID Malaria	CDC	097-8-770-584
Katherine Barrett	Consortium	M&E	
Dr. Boniface Mutombo	MACEPA	Country Coord.	097-6-665-602
Dr. Chilandu Mukuka	NMCC	Malariologist	096-6-860-410
Patrick Chewe	ZISSP	M&E Officer	
Monga Hawela	NMCC	Chief Parasitologist	097-7-658-092
Anna Winters	AKROS Research		
Benjamin Winters	AKROS Research		
Zunda Chisha			

<p>Are there any other stakeholders that should be involved?</p> <ul style="list-style-type: none"> ▪ TWG would benefit from participation by those forecasting treatment and RDT commodity requirements and stock status. For example, JSI and MSL.
<p>Schedule for meetings:</p> <p>Meetings are scheduled once every quarter and on an ad hoc basis to cover thematic areas which the M&E TWG is addressing.</p>
<p>Are meetings held according to the schedule?</p> <p>Yes</p>
<p>If meetings are irregular, what challenges disrupt the schedule?</p> <ul style="list-style-type: none"> ▪ None at the moment.
<p>Method of inviting members and sharing minutes: Invitation is done through official correspondence from MOH. Minutes are shared through email.</p>
<p>Are invitations and minutes shared with all members and on time?</p> <ul style="list-style-type: none"> ▪ Invitations and minutes are shared with members in time. These are also made available during the meetings to ensure that everybody has access to the minutes.
<p>Do the agendas help prepare participants for effective meetings?</p> <ul style="list-style-type: none"> ▪ The agenda is usually sent together with the invitation prior to the meeting. Members therefore have an opportunity to prepare for the meeting and make any adjustments to the agenda prior to the meeting.
<p>Do the minutes facilitate follow-up and action by TWG and members?</p> <ul style="list-style-type: none"> ▪ Yes. Minutes are action-based and enable members to make follow-ups.
<p>Strengths and achievements of the TWG:</p> <ul style="list-style-type: none"> ▪ Successfully conducted three malaria indicator surveys. ▪ Developed strategic plans. ▪ Developed data collection strategies for enumeration of household structure. ▪ Developed quarterly newsletter. ▪ Developed health facility survey standard protocol.
<p>Suggestions from the Chairperson on ways ZISSP could support better TWG performance:</p> <ul style="list-style-type: none"> ▪ Chairperson out of country at time of data collection.
<p>Suggestions from TWG members on ways to improve TWG performance:</p> <ul style="list-style-type: none"> ▪ ZISSP should support the case management working group to finalize treatment guidelines, help implement national trainings on case management guidelines and standardized reporting at facility level for malaria indicators. ▪ ZISSP could also help support any of the priorities areas identified through the TWG's

document on 'Improving Malaria Surveillance', in addition to the work in Lusaka. Copies of this are available at NMCC.
<p>Specific measures proposed by ZISSP to help strengthen this TWG:</p> <ul style="list-style-type: none"> ▪ Improve communication and participation by strengthening management of TWG. ▪ Improve functioning of TWG by revitalizing program performance.
<p>Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:</p> <ul style="list-style-type: none"> ▪ Not applicable.

<p>6.10 National Health Promotion Technical Working Group</p>
<p>Chairperson: Name – Mr. George Sikazwe, MOH; Telephone – 097-7-392-267</p>
<p>Structure of TWG: The TWG is just being re-organized; according to MOH, there is need for subgroups to be formed.</p>
<p>Members: Beatrice Mwape, Health Communication Officer, MOH. Steve Sichone, Title - BCC Specialist, NAC.</p>
<p>Interested members: Josephine Nyambe, BCC Advisor, Communications Support for Health Douglas Hampande, IEC Specialist, National AIDS Council.</p>
<p>Are there any other stakeholders that should be involved?</p> <ul style="list-style-type: none"> ▪ Not applicable.
<p>Schedule for meetings: The TWG has not yet started functioning, but as soon as the TWG is formed, the group should meet monthly, because there is so much to be done to facilitate its effective operation. Thereafter quarterly meetings would be ideal.</p>
<p>Are meetings held according to the schedule?</p> <ul style="list-style-type: none"> ▪ Not applicable.
<p>Terms of Reference</p> <ul style="list-style-type: none"> ▪ Review health promotion program implementation among all stakeholders.

<ul style="list-style-type: none"> ▪ Review and approve all IEC print materials produced by the different stakeholders. ▪ Coordinate all stakeholder activities. <p>These are so far what have been communicated to the invited members.</p>
<p>Are there any areas in which the TWG does not fulfill its terms of reference?</p> <ul style="list-style-type: none"> ▪ Not applicable
<p>For what additional purposes do TWG members use the meetings?</p> <ul style="list-style-type: none"> ▪ Not applicable.
<p>If meetings are irregular, what challenges disrupt the schedule?</p> <ul style="list-style-type: none"> ▪ Not applicable.
<p>Method of inviting members and sharing minutes: For the initial meeting, invitation letters have been sent, although no specific date was indicated.</p>
<p>Are invitations and minutes shared with all members and on time?</p> <ul style="list-style-type: none"> ▪ Not applicable.
<p>Do the agendas help prepare participants for effective meetings?</p> <ul style="list-style-type: none"> ▪ Not applicable.
<p>Do the minutes facilitate follow-up and action by TWG and members?</p> <ul style="list-style-type: none"> ▪ Not applicable.
<p>Strengths and achievements of the TWG(health promotions unit)</p> <ul style="list-style-type: none"> ▪ The health promotion TWG does have qualified personnel, but there is need to strengthen their understanding of their responsibilities. ▪ Structures are available at provincial, district and community levels to facilitate planning, implementation and evaluation of health promotion activities. ▪ They have the mandate to coordinate all health promotion activities.
<p>Suggestions from the Chairperson on ways ZISSP could support better TWG performance:</p> <ul style="list-style-type: none"> ▪ Strengthen the formulation of TWG, by participating in the identification of relevant partners. ▪ Strengthen the formulation of TWG sub groups.
<p>Suggestions from TWG members on ways to improve TWG performance:</p> <ul style="list-style-type: none"> ▪ Streamline and revitalize the National Technical Working Group. ▪ Strengthen the documentation, dissemination and record keeping capacity. ▪ Provide technical updates on various issues to strengthen skills and knowledge on relevant technical areas.

Specific measures proposed by ZISSP to help strengthen this TWG:

- Help develop solid criteria for selecting member of the TWG (the TWG should have variety of skills and experiences that will provide solid expertise on material development, capacity building, dissemination, M and E, technical information in specific technical areas, skills in IEC/BCC). ZISSP to work closely with CSH.
- Initiate development of systems to ensure there is a standardized process for material design and development.
- Facilitate review of the MOH communication strategy to guide implementation
- Strengthen documentation, sharing of success stories and lessons learnt to help partners build on existing best practices and enhance continuity.
- Help to develop TOR which will address the variety of needs existing right now.
- Help to formulate relevant sub-groups and strengthen their capacity.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Community-driven identification process for issues for material development.

6.11 Nutrition Technical Working Group Summary

Chairperson: Phoebe Bwembya, Chairman, Nutrition Association of Zambia

Structure of TWG:

The Ministry of Health has set up a National Nutrition Technical Working Group whose primary aim is to facilitate the coordination of nutrition interventions outlined in the National Health Strategic Plan of 2006-2011. In order to provide the anticipated direction for the main committee and subcommittees terms of reference have been developed:

Members

Name	Position	Mobile No.
Phoebe Bwembya	Chairperson	096-6-171-175
Joseph Mudenda	Ag. Nutrition Specialist	097-7-325-338
Dorothy Nthani	STO/Treasure	095-5-458-824
Dorothy Sikazwe	Programme Officer	097-6-672-903
Elin Murless	HIV/AIDS Officer	097-8-159-508
Ruth Siyandi	Nutrition Officer	097-7-719-129
Jillin Zoe Johannsen	CHAI	
Catherine Mukuka	Country Coordinator	
Susan Strasser	Technical Director	097-6-358-769

Cheryl Rudd	Paeds	096-9-320-633
Jessica Joseph	PMTCT	
Carolyn Bolton	DMD	
Wendy Kumbuyu	Ass. McH Coordinantor	
Clara Mwili-Muleya	MPD	097-7-879-500
Mike Mwanza	Nutritionist	
Helen Chirwa	Nutrionist Team Leader	097-7-750-320
Josephine Nyambe	BCC Advisor	097-7-002-167
Abel Irena	Advisor	097-7-879-500
Yvonne Mulenga	Country Manager	096-6-762-838
Winnie Mweemba	CTC Advisor	
Dr. Fwansa Singogo	MCH & N Advisor-WVI	
Idah Chama Mulenga	Nutritionist-NFNC	
Delphin M. Kinkese	CEHO-FS &OH-MOH	
Brenda Hanampota	E.D –ASD	
Dungani Cheembo	Logistics Officer	
Thandizani Zulu	Data Analyst –MOH	
Elica Kamiji	Chief EPI Officer	
Mavis Kalumba	District Nutritionist LUDHMT	
Jane Chitanda	Acting Snr Nutritionist, CDH	
Mary Kaoma	CHN Specialist-ZISSP	254555
Dr. Mary Nambao	Reproductive Health Specialsit, MOH	254111
Lois Munthali	Safe Motherhood Officer, MOH	
Are there any other stakeholders that should be involved?		
<ul style="list-style-type: none"> So far the TWG members could not suggest any additional stakeholders who should be involved. 		
Schedule for meetings:		
Nutrition TWG held once per month, by invitation, on the first Thursday of each month		
Are meetings held according to the schedule?		
<ul style="list-style-type: none"> Meetings held according to schedule on every first Thursday of each month. Venue 		

alternates between MOH and partners.

Terms of Reference for Nutrition TWG

The main committee will serve as a forum for:

- Harmonizing guidelines and practice in nutrition for the different institutions in line with the Ministry of Health mandate.
- Exchange of scientific knowledge on nutrition.
- Providing technical support to Ministry of Health and collaborating institutions.
- Networking with partners implementing nutrition programs in the Ministry of Health.
- Facilitating development of human resource capacity to effectively implement nutrition programs in the Ministry of Health.

Subcommittees

In order to enhance performance of the main technical working group, four subcommittees were formed. To achieve the stated terms of reference, committee members will share current scientific knowledge, inform policy and facilitate development and monitoring of guidelines. The areas of focus outlined in the National Health Strategic Plan have been grouped into the four subcommittees as follows:

Maternal Nutrition, Infant and Young Child Feeding

The subcommittee will focus on:

- Promotion of optimal feeding practices for infants and children in order to improve their nutritional status, growth, development and survival.
- Promotion of maternal nutrition in pregnancy and during lactation.
- Strength implementation of infant and young child feeding program.
- Promotion of relevant IEC activities.
- Strengthen the relevant monitoring and evaluation of the program area.

The mandate of the committee will be to oversee issues not limited to, but including Baby Friendly Hospital Initiative, Code of Marketing of Breast Milk Substitutes, and maternal supplementation of micronutrients.

Management of Malnutrition, Micronutrients Control and Growth Monitoring & Promotion

The subcommittee will focus on:

- Providing support to the micronutrient deficiency prevention and control program (supplementation, deworming).
- Strengthening the use of Growth Monitoring and Promotion (facility- and community-based); and improve child health and nutrition interventions.
- Providing technical guidance in implementing programs focusing on management of malnutrition at various levels (Supplementary Feeding, Positive Hearth Deviance, Community Therapeutic Care and Hospital Management).
- Promotion of relevant IEC activities.
- Strengthen the relevant monitoring and evaluation of the program area.

Maternal Nutrition, Infant and Young Child Feeding

- Improve facility- and community-based child health and nutrition interventions.
- Providing technical guidance in implementing programs focusing on management of malnutrition at various levels (Supplementary Feeding, Positive Hearth Deviance, Community Therapeutic Care and Hospital Management).
- Promotion of relevant IEC activities.
- Strengthen the relevant monitoring and evaluation of the program area.

HIV and AIDS and Dietetics

The subcommittee will focus on:

- Reviewing available nutrition guidelines in order to strengthen the management of HIV and AIDS programs.
- Reviewing available guidelines in order to provide quality dietary management of non-communicable and communicable diseases.
- Strengthening guidelines for food aid management.
- Promotion of relevant IEC activities.
- Strengthen the relevant monitoring and evaluation of the program area.

Advocacy and Resource Mobilization

The subcommittee will focus on:

- Building capacity in Nutrition Advocacy, technical support and supervision.
- Facilitate development of a mechanism for reviewing progress of the NHSP Nutrition targets (both process and outcome indicators).
- Facilitate development of a system for documenting contributions of various partners towards the attainment of NHSP targets.
- Facilitate effective collaboration with Ministry of Health monitoring committee.
- Provide technical support in coordinating advocacy for activities outlined in the National Health Strategic Plan.

Are there any areas in which the TWG does not fulfill its terms of reference?

None so far. However, the TWG will continue to explore areas not well addressed based on the TORs.

For what additional purposes do TWG members use the meetings?

- To advocate for technical innovations or policy issues in activity implementation.
- Informal networking with one another.

If meetings are irregular, what challenges disrupt the schedule?

- Competing priorities in activity implementation by members, especially MOH staff.

Method of inviting members and sharing minutes:

- By letters signed by the Permanent secretary; meeting reminders and minutes by e-mail.

Are invitations and minutes shared with all members and on time?

- Minutes and invitations are shared on time.

Do the agendas help prepare participants for effective meetings?

- The agenda, minute format and focused chairmanship have resulted in effective meetings

Do the minutes facilitate follow-up and action by TWG and members?

- Action-oriented minute format facilitated improved focus on assignments, deadlines, follow-up actions and next TWG agenda items

Strengths and achievements of the TWG:

- Improved coordination and collaboration of partner activities and support to nutrition program

- Improved standardization of Infant and Young Child Feeding practices and messages, especially in PMTCT component
- Sharing experiences and best practices in community-based nutrition case management
- Advocacy efforts by TWG members on increasing HR for nutrition have resulted in the approval of the nine provincial nutritionists.

Suggestions from the Chairperson on ways ZISSP could support better TWG performance:

- Proposal for ZISSP to work with some of the members of the preferred subcommittee to support implementation and documentation of best practices in strengthening the integration of IYCF in CBGMP at community level.

Suggestions from TWG members on ways to improve TWG performance:

- Encouraging sub committees to comprehensively discuss nutrition technical issues and presented to the Nutrition TWG for adoption and to reduce time spent in larger meetings.

Specific measures proposed by ZISSP to help strengthen this TWG:

- Work with selected subcommittees on CBGMP and Maternal, Infant and Young Child Feeding members to demonstrated impact of strengthening the integrating IYCF in CBGMP activities in selected districts.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- None for now. However will continue to explore opportunities for recommendation to MOH

6.12 Operations Research Technical Working Group

Chairperson: Dr. C. J. Shinondo, School of Medicine, University of Zambia

Structure of TWG:

The group was set up by the MOH to advise and give strategic direction for effective operations research of the National Malaria Control Programme (NMCP). The Operations Research Technical Working Group reports to the Director Public Health and Research, and is accountable to the Ministry of Health and NMCP Partners. The Technical Working Group is chaired by the NMCP partner appointed by the group, while the National Malaria Control Centre is the secretariat.

Members:

Name	Organization	Position	Mobile No.
Dr C.J. Shinondo (Chair)	UNZA/SOM	Head of Department:	097-7-751-313

Busiku Hamainza (Secretary)	NMCC	Parasitology PORO	097-7-941-761
Pascalina Chanda Kapata	MOH	PSRO	
Modest Mulenga	TDRC	Director	
Christine Manyando	TDRC		
Akililu Seyoum	MTC/NMCC	Research Assistant	096-3-249-530
Oliver Lulembo	PMI/USAID	Resident Advisor	097-8-861-601
Philip Thuma	MIAM/MRT	Managing Director	097-7-721-599
Musapa Mulenga	ZISSP	Entomologist	097-7-314-966
Ndhlovu Micky	Chainama College	Lecturer	095-5-890-203
Isaa Mwase	COMBOR/NM CC	M&E Officer	282427
Alister Kandyata	NMCC	Entomologist	097-7-715-705
Selestine Nzala	UNZA/COMM ED	Lecturer/MOH Coordinator	097-9-176-779
Brian Chirwa	ZISSP/NMCC	IRS Info Manager	097-9-700-210
Chadwick Sikaala	NMCC	PIRSO	097-9-488-056
Borniface Mutombo	MACEPA	Country Coordinator	097-6-661-602
Moonga B. Hawela	NMCC	Parasitologist	097-7-659-082
Victor Chalwe	TDRC	Scientific Officer	097-9-883-237
John Miller	MACEPA	M&E	097-9-510-919
Chifumbe Chintu	UNZA/SOM	Professor	
Mercy Mwanza Ingwe	NMCC	Surveillance Officer	
Fred Masaninga	WHO	NPO	
Gershom Changwe	TDRC		
Alasford	UNZA/NHRAC		095-5-459-504
Ngwengwe Sungano	MIAM/MRT	Scientific Director	
Mharakurwa			
Justine Chileshe	TDRC	Scientific Officer	097-6-595-262
Joseph Kasonde	ZAMFOHR		097-7-786-074
Mable M. Mutengo	UTH/MOH		097-7-822-812
Lungowe Sitali	UNZA/SOM	Lecturer	097-7-426-711
James Chipeta	UTH UNZA- SOM	Senior Lecturer	

Charles Michelo	UNZA	097-9-232-403
Are there any other stakeholders that should be involved?		
<ul style="list-style-type: none"> ▪ Stakeholders are invited depending on the focus of the meeting. 		
Schedule for meetings:		
Meetings are scheduled once every quarter and on an ad hoc basis.		
Are meetings held according to the schedule?		
Usually.		
Terms of Reference		
<ul style="list-style-type: none"> ▪ Develop malaria operations research guidelines for use at all levels. ▪ To develop and implement the annual operational research action plan. ▪ To monitor and evaluate the National Malaria Control Programme performance on research as outlined in the National Malaria Strategic Plan. ▪ To mobilize and coordinate all resources for operational research activities. ▪ To advise/provide input into the Annual Malaria Report and Operations Research regular information. 		
Are there any areas in which the TWG does not fulfill its terms of reference?		
<ul style="list-style-type: none"> ▪ Meetings have not been regular. ▪ Unable to mobilize resources for priority research. 		
For what additional purposes do TWG members use the meetings?		
<ul style="list-style-type: none"> ▪ Sharing success stories and experiences. ▪ Dissemination of research findings. 		
If meetings are irregular, what challenges disrupt the schedule?		
<ul style="list-style-type: none"> ▪ Busy schedules for members. ▪ Late notification of meetings. ▪ Financial constraints to support travel and accommodation of members who are non-Lusaka residents. 		
Do the agendas help prepare participants for effective meetings?		
<ul style="list-style-type: none"> ▪ The agenda is usually distributed during meetings. Therefore, members do not have time to make proposals to the meeting. 		
Do the minutes facilitate follow-up and action by TWG and members?		
<ul style="list-style-type: none"> ▪ Minutes are action-based to enable members to make follow-ups. 		

Strengths and achievements of the TWG:

- Implemented priority research.
- Conducted routine annual research, e.g., therapeutic efficacy studies.
- Trained selected districts in malaria research.
- Disseminated research findings in local and international fora (journal publication, reports, conference presentation, policy briefs).
- Local evidence used for policy change, e.g., anti malarial drug policy change, update of ITN guidelines, diagnostic test selection.
- Enhanced collaboration with various partners.
- Well-established multidisciplinary technical working group.

Suggestions from the Chairperson on ways ZISSP could support better TWG performance:

- Support the secretariat in outreach to members.
- Facilitate effective attendance of meetings by members.
- Support cost of travel and accommodation of members not residing in Lusaka.

Suggestions from TWG members on ways to improve TWG performance:

- Update membership register and contact information.
- Ensure meetings are held according to schedule.
- Improve communication and coordination amongst members.

Specific measures proposed by ZISSP to help strengthen this TWG:

- Improve communication and participation by strengthening management of TWG.
- Improve functioning of TWG by revitalizing program performance.

Important policy, program, or system issues which ZISSP will bring to the TWG forum to build consensus and obtain a recommendation to the MOH for action:

- Develop updated Terms of References for the TWG.