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# Quarterly Report January - March 2011

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## Abbreviations/Acronyms

ACS	Active Case Surveillance
AID	Active Infection Detection
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavioral Change Communication
CCS	Clinical Care Specialists
CDC	Center for Diseases Control
CHC	Community Health Coordinator
CHW	Community Health Worker
CO	Contracting Officer
CP	Cooperating Partner
DHO	District Health Office
DHIO	District Health Information Officer
DMO	District Medical Officer
EHT	Environmental Health Technicians
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency Obstetric and Newborn Care
FANC	Focused Antenatal Care
F&A	Finance Director
FP	Family Planning
GIS	Geographical Information System
GST	Grant Support Team
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Program
IMaD	Improving Malaria Diagnostics
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Therapy
IRS	Indoor Residual Spraying
LTFP	Long Term Family Planning
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOP	Malaria Operational Plan
MOU	Memorandum of Understanding
MNCH	Maternal Neonatal and Child Health
MS	Management Specialist
MTC	Malaria Transmission Consortium
NHSP	National Health Strategic Plan
NMCC	National Malaria Control Centre
NFNC	National Food and Nutrition Commission
PA	Performance Assessment
PDA	Personal Digital Assessment
PHO	Provincial Health Office
PMI	President's Malaria Initiative
PMP	Performance Management Package
PPAZ	Planned Parenthood Association of Zambia

RH	Reproductive Health
RDT	Rapid Diagnostic Test
RED	Reach Every Child in Every District
USAID	United States Agency for International Development
WHO	World Health Organization
ZISSP	Zambia Integrated Systems Strengthening Program

## **I Introduction**

The Zambia Integrated Systems Strengthening Program (ZISSP) is designed to increase use of high-impact health services through a health systems strengthening approach. Health systems strengthening, includes policy and guideline development or refinement and implementation, improved quality of health service delivery, increased utilization of information for planning, efficient financing mechanisms; and surveillance and reporting of disease impact within communities. ZISSP works closely with the Zambian Ministry of Health to support activities in the National Health Strategic Plan (NHSP) and annual plan. In addition, ZISSP works at all levels of the health system – national, provincial, district and community to build capacity to deliver quality high impact health services and to improve the use of health services.

This report presents ZISSP's progress in the quarter from January 1 to March 31, 2011. The report outlines the key program achievements, challenges and focus areas for the next quarter. The key focus areas during this quarter were:

- Development of the Management Leadership Academy (MLA) curriculum
- Training of Ministry of Health (MOH) staff in Performance Management Package (PMP)
- Carrying out Indoor Residual Spraying (IRS) Needs Assessment and resistance monitoring
- Identification of additional Emergency Obstetric and Newborn Care (EmONC) training sites
- Carrying out studies and analyses to better inform our work, and
- Monitoring the implementation of the 2011 work plan

The main challenges experienced were in aligning the work plan activities with the Ministry of Health timeframe. This resulted in delays in implementing activities which required approval from the MOH.

### **1.1 Program Objective**

The Zambia Integrated Systems Strengthening Program's overarching goal is to work with the Ministry of Health within its existing structures to nurture sustained improvements in management of the health care system while also increasing the utilization of high-impact health services.

### **1.2 Technical Areas**

The ZISSP areas of clinical and technical focus include HIV/AIDS, malaria, family planning, and maternal, newborn and child health and nutrition. The program will strengthen policies, resource management and service delivery systems across these interrelated public health services. As a result of ZISSP interventions, more families and individuals in vulnerable districts in Zambia will utilize the services and receive the information required for them to attain and maintain good health.

### **1.3 Organization of ZISSP Activities**

The ZISSP activities are organized under the following four task areas:

**Task 1:** Strengthen the ability of the MOH at the national level to plan, manage, supervise and evaluate delivery of health services nationwide.

**Task 2:** Improve management and technical skills of health providers and managers in provinces and districts in order to increase use of quality health services within target districts.

**Task 3:** Improve community involvement in the provision and utilization of health services in targeted areas.

**Task 4:** Ensure service delivery and other activities are effectively integrated at all appropriate levels in the health system through joint planning and in-kind activities with partners and appropriate public private partnerships (PPP).

#### **1.4 Strategic Approach**

ZISSP provides technical support and capacity building to the Ministry of Health in order to achieve program results. To achieve results under each task, ZISSP has adopted the following five main strategies:

- Use a whole-system approach to remove obstacles and strengthen the delivery and utilization of essential services
- Build Zambian capacity as the foundation for sustainability
- Increase impact through partner engagement and integration
- Plan from the “bottom-up” to ensure relevance and participation
- Ensure gender integration

#### **1.5 ZISSP Team Organizations**

ZISSP is implemented by Abt Associates, in partnership with Akros Research, the American College of Nurse Midwives (ACNM), Banyan Global, Broad Reach Institute of Technical Education (BRITE), the Johns Hopkins Bloomberg School of Public Health-Center for Communications Programs (CCP), Liverpool School of Tropical Medicine, and the Planned Parenthood Association of Zambia (PPAZ).

## **2. Major Accomplishments during this Period**

### **Higher level results this quarter**

- Trained 138 MOH staff in PMP
- Developed the Management and Leadership Academy curriculum
- Trained 90 MOH and provincial planners, Management Specialists and program managers in planning approaches
- Used IRS Needs Assessment results to plan for 2011 spray season
- MOH used results from resistance monitoring in 13 districts to select alternative insecticides

**Task 1:** Strengthen the ability of the MOH at the national level to plan, manage, supervise and evaluate delivery of health services nationwide. The following are the key accomplishments during the period:

### **Train the MOH Staff in the Performance Management Package (PMP)**

ZISSP supported the MOH to train 138 staff from central and provincial levels in the Performance Management Package (PMP) as part of the implementation activities of the PMP Strategy and Plan. The main objective of this strategy is to:

- introduce a work planning culture in MOH for individual staff,
- identify capacity needs of employees, and
- build the staff capacity based on the needs identified

The PMP also forms the basis for assessing staff performance based on performance goals set between individuals and their supervisors.

### **Develop a Memorandum of Understanding for Zambia Health Workers Retention Scheme (ZHWRS)**

ZISSP revised and submitted the ZHWRS Memorandum of Understanding (MOU) to MOH for approval. ZISSP also worked with MOH to extract 119 names of health workers from the ZHWRS

database to be retained from the 27 target districts. Under the ZHWRS, ZISSP will provide substantial funds to MOH to retain 119 medical doctors, clinical officers and nurses. The objective of the retention scheme is to improve the quality of health care delivery in rural areas in order to assure that facilities are staffed by medical professionals.

### **Assess EmONC sites in target districts**

As part of this quarter's work plan activities, ZISSP provided technical and financial support to the MOH to conduct the Emergency Obstetric and Newborn Care (EmONC) site assessment in 27 ZISSP target districts. Three teams comprising central level experts visited each of the nine provinces to select EmONC facilities in each of the 27 target districts. The program identified one comprehensive EmONC site and four or more basic sites per target district. Selection of sites was based on set criteria that took into consideration the referral system, human resources and catchment population. The process of taking stock and identifying the EmONC sites' needs and assuring the Ministry of Health of provision of quality services are now very much in focus, as the program begins implementation.

### **Select EmONC trainers**

ZISSP works in collaboration with the MOH and its partners to assure quality EmONC services in all EmONC sites. In support of these efforts, ZISSP worked with trainers from the University Teaching Hospital, Ndola Central Hospital and others to select 20 new national trainers from existing EmONC providers. The new trainers will be trained in a Training of Trainers (TOT) workshop that is scheduled for the next quarter. This is aimed at providing adequate numbers of trainers to cover the identified EmONC sites.

### **Select additional national EmONC training sites**

EmONC has been identified as a life-serving intervention with potential for preventing obstetric deaths. Access to EmONC services has remained a challenge due to limited coverage. In order to increase coverage of EmONC sites, ZISSP supported the MOH to identify additional sites. Health providers in these sites would require training in EmONC service provision. Zambia has only two training sites – the University Teaching Hospital and Ndola Central Hospital. The two sites are not adequate to meet the needs of the country hence a decision to identify additional training sites. ZISSP supported the MOH to conduct EmONC training site and needs assessments at Livingstone, St. Francis, Chipata, Kabwe and Kitwe hospitals. Kitwe General and Chipata General Hospitals were selected as the two additional EmONC training sites bringing the total of national EmONC training sites to four.

### **Develop a draft Adolescent Reproductive Health (ARH) strategy**

ZISSP provided technical and financial support to the development of the Adolescent Reproductive Health (ARH) strategy through a consultative process. The consultant for strategic planning worked with stakeholders to review the findings from the situation analysis conducted with support from World Health Organization (WHO) and incorporate them into the strategy. The draft ARH strategy will be finalized in the next quarter.

### **Analyze the Status of the Reach Every Child in Every District (RED) Implementation**

ZISSP is supporting MOH and partners to operationalizing the WHO innovative strategy referred to as Reaching Every Child in Every District (RED). ZISSP also seeks to assure effective utilization of the bi-annual child health weeks to improve immunization coverage. The RED strategy has been scaled up country-wide. To-date, no analysis has been carried out to determine the effectiveness of the strategy. It is against this background that ZISSP funded a situation analysis of the status of RED strategy in 13 districts. The 13 districts were selected on the basis of highest number of children not vaccinated against DPT 3. A report will be released once the data has been fully analyzed. The purpose of this activity was to identify areas of weakness and suggest ways for improvement. This approach will ultimately improve the quality and increase coverage of key childhood interventions.

### **Train Health Workers in Integrated Management of Childhood Illnesses (IMCI)**

Training health workers in Facility Integrated Management Childhood Illnesses (F-IMCI) is a key step in the WHO IMCI strategy and is one of the criteria for qualification as an IMCI district. F-IMCI has been scaled up to all the 72 districts. ZISSP is building on the successes of Health Systems Strengthening Program (HSSP) and other partners to support interventions that will lead to attainment of saturation levels. For a district to attain this status, 80% of its health providers need to be trained in IMCI. In quarter 1, ZISSP trained 24 health workers in Luangwa and Chongwe districts. This has resulted in the attainment of 70% training saturation level in the two districts.

### **Assess IRS needs in 35 Districts**

ZISSP provided technical and financial support to undertake needs assessment. The purpose of the needs assessment was to systematically gather information that would assist the national malaria control program and the IRS implementing districts to determine the requirements for implementation of Indoor Residual Spraying (IRS) activities. ZISSP was mandated to support implementation of IRS in 35 districts. However, the National Malaria Control Center (NMCC) expanded the assessment to cover all 72 districts. Specific objectives included identification of the needs of the districts for the 2011 IRS season and discussion of critical areas of the IRS program. The data from the assessments were used to forecast requirements for insecticides, personal protective equipment, personnel and other logistics.

### **Monitor insecticide resistance in 18 Districts**

Zambia has shown significant progress in malaria control, with a 53% drop in malaria parasite prevalence among children between 2002 and 2008<sup>8</sup> (Chizema-Kawesha et al, 2010). However, in 2010, resistance to DDT in the major malaria vector *An. gambiae* s.s. was suspected when high indoor resting densities were observed in houses freshly sprayed with DDT. Preliminary tests with the WHO tube assay indicated decreased susceptibility in vectors collected in Mushili -Commando and Chipulukusu compounds (Shinondo et al., Unpublished data). Building on these investigations, ZISSP provided technical and financial support for entomological insecticide resistance monitoring in Copperbelt and Eastern provinces. Results of the resistance monitoring revealed that DDT resistance is widespread in Copperbelt and emerging in Eastern Province. The NMCC presented these findings at a stakeholders' meeting with an aim of providing strategic direction which included recommending alternative insecticides in these areas.

### **Maintain the national entomology laboratory and insectary**

ZISSP continued to provide substantial technical and logistical support to maintain a breeding mosquito colony at NMCC for entomological monitoring by payment of monthly wages to two insectary technicians and procuring mosquito aspirators and other accessories. The purpose of the insectary colony is to provide a source of mosquitoes of known genetic traits. These mosquitoes can be used for monitoring the quality of spraying, the efficacy of insecticides on walls, and vector resistance.

### **Build capacity of Environmental Health Technicians (EHT)**

Following the evidence of resistance to DDT and Deltamethrin in Copperbelt and Eastern provinces, there is greater need to intensify resistance monitoring in all areas where IRS is being implemented. To achieve this objective, ZISSP trained 54 Environmental Health Technicians (EHT) and IRS coordinators selected from 35 districts in entomological monitoring field techniques. Of the 54 trained EHTs and IRS Coordinators 16 were female and 38 were male. EHTs will receive basic requirements and supplies to enable them function effectively report data to NMCC useful for decision making.

### **Develop malaria training materials**

Although much effort has been made to reduce the incidence of malaria in Zambia through scale-up of interventions such as ITNs, IRS, and case management; malaria continues to be one of the leading causes of morbidity and mortality especially in young children and pregnant women. To continue building the capacity of health providers in malaria case management, ZISSP printed 3,000

copies of the revised Guidelines for the Diagnosis and Treatment of Malaria in Zambia. The guidelines will continue to serve as an important source of reference material in the general management of malaria. Additionally, ZISSP produced training materials for health providers from provinces and districts to familiarize them with the new guidelines. Orientation to the new guidelines has been planned for Northern, Luapula and Eastern provinces in the next quarter.

#### **Initiate active malaria case surveillance**

ZISSP and its sub-contractor Akros Research continued to work with NMCC, Lusaka District Health Office (DHO), and partner agencies to pilot active case surveillance in Lusaka District. This activity required collection of health facility logbook data including malaria cases (suspected and confirmed), diagnostic information and treatment provided. ZISSP completed the collection of retrospective health facility profiling data from all 26 health centers within Lusaka District. A step by step protocol for malaria active infection detection (AID) was also developed, reviewed and finalized with all stakeholders.

#### **Dispose safely insecticide waste**

Chemicals used in IRS can be hazardous to individuals and the environment. These chemicals may be toxic, corrosive, flammable and reactive. If this chemical waste is not disposed of following approved disposal guidelines, it may contaminate ground and surface water especially when large quantities are disposed. ZISSP supports the NMCC and Environmental Council of Zambia (ECZ) to dispose of the DDT and pyrethroid waste. ZISSP organized collection of DDT waste from the districts and NMCC stored the waste at a central location in Lusaka pending repatriation to South Africa in accordance with ECZ waste disposal guidelines.

**Task 2:** Improve management and technical skills in provinces and districts in order to increase use of quality health services within target districts.

Below are the major achievements under this task:

#### **Develop a draft curriculum for the Management Leadership Academy (MLA)**

ZISSP with its collaborating partner Broad Reach Institute of Training for Education (BRITE) supported MOH to gather information from the PHOs, DHOs, and hospitals in four provinces to guide the adaptation of the Management Leadership Academy (MLA) curriculum to Zambia. The adaptation process took into consideration the topic areas to be covered, the sequencing of topics, and the specific Zambia systems and tools that should be addressed in each content area. The draft curriculum was submitted to MOH for comments and the validation meeting with stakeholders is scheduled for the next quarter. Once consensus is reached, the MLA curriculum will be used to train Ministry of Health staff in management and leadership skills.

#### **Train 90 Ministry of Health planners and program officers in planning approaches**

The Ministry of Health has recruited new planning officers in the PHOs and DHOs. Most of these planners are straight from the Universities and lack capacity to facilitate health planning according to the Ministry of Health planning guidelines. A gap analysis conducted by ZISSP in October 2010, revealed that for the upcoming health planning cycle to be effective, all the new planners need exposure to the Ministry of Health planning guidelines and approaches (Marginal Budgeting for Bottlenecks and Logical Framework). In order to create a pool of trained planners who would in turn train other district staff, ZISSP worked in collaboration with the MOH to train 90 planning officers and program managers, of which 71 were male and 19 were female. This experience forms the basis for putting in place a system to train new planners deployed to provinces and districts in planning with the MOH tools and guidelines.

#### **Develop clinical mentoring tools**

The Ministry of Health has prioritized mentoring of health providers as a way of improving adherence to clinical care standards and improving the quality of care. Mentoring requires up-to-

date clinical knowledge and teaching skills. Mentoring is implemented through clinical care teams which have been established at the provincial and district levels to support provision of quality health care in health facilities. In this quarter, ZISSP provided technical support for the development of a participant's manual that will be used to train PHO and DHO clinical care teams in clinical mentoring skills. The manual builds upon the previous mentoring training materials developed under HSSP, but expands the focus beyond HIV to general mentoring skills. The manual also includes systems for mentoring, and annexes to support mentoring in specific clinical and program areas (HIV/AIDS, EmONC, malaria, child health and nutrition).

### **Participate in provincial performance assessments**

All ZISSP Management Specialists (MS), Clinical Care Specialists (CCS) and Community Health Coordinators (CHCS) participated in the Performance Assessments (PA) conducted in the provinces. The main purpose was to monitor performance of health institutions against agreed objectives and indicators. The findings of the PA provide information on the areas where ZISSP can provide its technical assistance and strengthen the institutional systems to improve on service delivery. One of ZISSP's important achievements has been strengthening meetings before the PA to review the previous PA and TSS findings, and the Health Management Information System (HMIS) data. This analysis lays the groundwork for the most recent round of PA.

### **Form and strengthen clinical care teams**

Clinical Care Teams (CCT) are multi-disciplinary teams at the provincial and district level with competencies necessary for quality patient care. CCTs are mandated to run performance improvement processes with a focus on patient case management at all levels of the health care system. ZISSP supported PHOs to form five new clinical care teams in four districts in Western province and one in Eastern province. ZISSP also provided technical support to strengthen existing clinical care teams in Eastern, Luapula and Northern provinces.

### **Task 3: Improve community involvement in production of health in targeted areas**

The following activities were undertaken during the review period:

#### **Develop draft mapping tools**

ZISSP plans to work in collaboration with DHOs to conduct a health resource mapping exercise. The mapping is a way to identify within the community the existing health facilities, health groups, partners, and their roles and responsibilities. The mapping tools are still in draft form and will be finalized in consultation with MOH and the relevant stakeholders.

#### **Draft terms of reference for an inventory of Behavior Change Communication (BCC) materials**

The Ministry of Health, with ZISSP support will conduct an inventory of existing Ministry of Health BCC materials at provincial, district and community level in Zambia. The inventory will give stakeholders information to develop a community BCC strategy. ZISSP drafted terms of reference for a consultant to conduct the inventory of communication materials and programs. The main objective of the inventory is to document the BCC materials available on HIV/AIDS, family planning, malaria and maternal newborn and child health and nutrition and also identify factors hindering the use of available materials.

## **3. Monitoring and Evaluation**

### **3.1. Performance monitoring and Evaluation Plan**

ZISSP finalized the development of the Performance Monitoring and Evaluation Plan (PMEP).

### **3.2. Developed ZISSP Logo**

The USAID approved the proposed ZISSP logo. In the next quarter ZISSP shall brand all its materials.

### 3.3. Team Leaders Meeting

ZISSP held a team leaders meeting on the 23 – 25 February 2011, with the main objective of enhancing management skills of the team leaders and providing guidance on the various ZISSP rules and regulations. In addition the meeting also provided an opportunity for team building, joint team planning and enhanced report writing skills. The meeting was attended by team leaders, seconded staff, Lusaka based technical staff, and provincial team coordinators.

### 4. Finance and Administration

In this quarter, the finance and administration team continued to improve quality of documentation for financial transactions and also provided support to compliance training and enforcement of regulations.

#### Overall budget and expenditures

As of March 30, 2011, ZISSP had spent a cumulative total of \$8,020,915.24 against current obligations of \$26,270,555. The total project estimated amount is \$88,092,613. Cumulatively, ZISSP had spent 31% of total obligated funds. The remaining obligated funds as at March 3, 2011 were \$18,249,639.76.

### 5. Human Resources

ZISSP has a total staff of 81 staff, including 3 senior management staff, 39 technical staff, 23 drivers, 16 financial and administrative staff. The project is currently recruiting for Director for Monitoring and Evaluation and IRS Logistics Specialist.

### 6. Challenges

Challenges	Solutions
The absence of an MOU and un-aligned activity timeframes with the MOH are affecting timely implementation of certain activities	As we work with Ministry of Health (MOH) there is need to enhance dialogue with the MOH program managers on the implementation of the 2011 work plan activities ensuring that the timelines are well aligned.
	ZISSP is in the process of finalizing the Memorandum of Understanding (MOU) with the MOH.

### 7. Focus for the next quarter

#### Monitoring and Evaluation

- Finalise the tools and methodology for baseline and community mapping
- Finalise the databases and other information sharing tools for knowledge management purposes
- Develop capacity building tools for grantees
- Develop evaluation tools for capacity building

#### Human Resources for Health

- Develop human resource data collection tools for MOH

- Recruit ZHWRS administrative officer
- Implement support for the retention of 119 health workers through ZHWRS
- Engage Public Management Division (PMD) through MOH to upgrade PMEC and advocate for MOH to have direct access to PMEC

### **Family Planning and Adolescent Reproductive Health**

- Conduct 5-day workshop to review FP training materials
- Train 14 nurse tutors and clinical instructors in long term family planning methods
- Finalise the ARH strategic plan

### **Emergency Obstetric and Newborn Care**

- Pre-test mentorship training materials in three existing EmONC sites (Kafue, Chongwe and UTH) using EmONC trainers
- Finalise the list of essential EmONC Equipment
- Finalise the mentoring tools with MOH
- Select EmONC sites for Lusaka Province
- Compile data and analyse and come up with a comprehensive EmONC training plan

### **Child Health and Nutrition**

- Review reporting format in line with revised community register and overall new community health worker strategy
- Conduct IMCI training for provincial supervisors
- Print 250 IMCI participant workbooks and 250 chart booklets to support facility IMCI training
- Finalise RED strategy situation analysis report

### **Malaria**

- Conduct orientation on new malaria guidelines in Northern, Luapula and Eastern province
- Review and print malaria M&E tools
- Finalise the needs assessment report
- Procure bioassay kits and insectary equipment
- Continue to collect facility profile data in order to monitor malaria diagnosis and treatment trends in Lusaka district
- Conduct entomological monitoring activities in 18 IRS districts
- Work with RTI and ECZ to coordinate the transportation of the DDT waste to South Africa for incineration
- Continue to pilot ACS in Lusaka district

### **Clinical Care**

- Develop performance flow chart job aide to help provincial and district health management teams plan and execute their PA and TSS and supervision tasks more effectively
- Provide refresher training to province and district MCH managers on focused antenatal care and malaria in pregnancy
- Supervise and provide technical support for FANC and IPT in 18 districts.

- Provide refresher training to 360 clinicians from 72 districts to highlight the revised malaria treatment guidelines.
- Support 9 provincial clinical care teams to mentor clinicians in malaria case management, diagnosis and ACT treatment.
- Train 120 clinicians from 53 districts in the management of IRS insecticide poisoning
- Train 18 CCSs in high impact interventions of IMCI, EmONC, and FP to enhance their capacity to build the skills of clinical care teams to mentor frontline health workers

### **Management Specialist**

- Develop and build consensus on planning tools for the PHO level
- Conduct analysis of health system performance based on prior HMIS, TSS, PA, IPT, CHkw and action plan data and hold preparatory meetings before PA/TSS activities
- Collaborate with MOH TSS department to revise the performance assessment tools for provinces, districts and hospitals
- Train 150 PHO staff in order to strengthen performance improvement in the provinces
- Prepare analysis with the PMO team for quarterly performance review meeting to monitor districts' progress toward achievement of their annual action plans
- Strengthen PHO and DHO to conduct institutional meetings to ensure follow up on programme activities.

### **District-level support**

- Conduct analysis of health system performance based on prior HMIS, TSS, PA, IPT, CHkw and Action Plan data and hold preparatory meetings before PA/TSS activities in target districts
- Train 5 senior managers at each DHO in performance improvement processes
- Create district level leadership for clinical care programs, by orienting district clinical care officers in strategies of running clinical care at district and facility level
- Finalise the curriculum and training materials to strengthen the skills of the multi-disciplinary clinical care teams in clinical mentoring and inter-personal communication
- Train a pool of 6 F-IMCI mentors per province (54 mentors), and incorporate them in to the existing clinical care teams to facilitate training and mentoring of 216 frontline health workers in IMCI
- Support stakeholders' meeting and brief stakeholders in 27 target districts on identified priority health problems to foster integration and collaboration as a backdrop for more effective planning for 2012 and inclusion of all partners
- Finalize EmONC training plan for 27 target districts

### **Community**

- Finalise and refine tools to create maps of resources and capacity for health in target districts, as well as template for compiling data and doing preliminary analysis
- Gather data for the mapping exercise in 9 districts
- Finalise tools to conduct an inventory of communication materials and programs
- Develop a protocol for the formative research for BCC materials and submit to necessary IRBs for approval
- Identify and contract research firm to conduct formative research
- Identify a production house to produce community radio program

- Provide technical guidance to NMCC on communication materials and campaign for IRS/ITNs
- Collaborate with the MOH and other stakeholders to strengthen the implementation of the national community health workers strategy
- Revise Grants Manual and strategy based upon USAID comments
- Conduct a workshop at national level for 3 days to develop an orientation package to grant making process for grant support terms

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