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ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

QUARTERLY REPORT

JANUARY - MARCH 2013

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ACRONYMS

ACC	Anti-Corruption Commission
AID	Active Infection Detection
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
AIRS	African Indoor Residual Spraying
BCC	Behavioral Change Communication
BFHFI	Baby Friendly Hospital Facility Initiatives
BRITE	BroadReach Institute for Training and Education
CBGMP	Community Based Growth Monitoring and Promotion
CCS	Clinical Care Specialists
CCT	Clinical Care Team
CDC	Center for Diseases Control
CEDPA	Center for Development and Population Activities
CHA	Community Health Assistant
CHC	Community Health Coordinator
CHW	Community Health Worker
CIDRZ	Center for Infectious Diseases Research in Zambia
COC	Certificate of Completion
CP	Cooperating Partner
CSO	Central Statistical Office
DCCT	District Clinical Care Teams
DCT	Diagnostic
DEC	Drug Enforcement Commission
DEMS	Direct Entry Midwifery Schools
DHO	District Health Office
DHS	District Health Survey
DMO	District Medical Office
DTSS	Directorate of Clinical Care Services
DQA	Data Quality Audit
EmONC	Emergency Obstetric and Newborn Care

FANC	Focused Antenatal Care
F&A	Finance and Administration
FP	Family Planning
GIS	Geographical Information System
GMP	Growth Monitoring Promotion
GPS	Global Positioning System
GRZ	Government of Zambia
GST	Grant Support Team
HCAC	Health Center Advisory Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HRM	Human Resource Management
HS2020	Health Systems 2020
IMCI	Integrated Management of Childhood Illnesses
ICATT	IMCI Computerized Adaptation and Training Tool
IPT	Intermittent Preventive Therapy
ITN	Insecticide Treated Net
IRS	Indoor Residual Spraying
IVM	Integrated Vector Management
IYCF	Infant and Young Child Feeding
LTFP	Long Term Family Planning
MBB	Marginal Budgeting for Bottlenecks
MCDMCH	Ministry of Community Development and Mother and Child Health
MIS	Malaria Indicator Survey
MLA	Management and Leadership Academy
M&E	Monitoring and Evaluation
MOFNP	Ministry of Finance and National Planning
MOH	Ministry of Health
MNCH	Maternal Newborn and Child Health
MS	Management Specialist
MSL	Medical Stores Limited
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan

NIPA	National Institute for Public Administration
NMCC	National Malaria Control Centre
NFNC	National Food and Nutrition Commission
NHA	National Health Accounts
NTWG	Nutrition Technical Working Group
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PCV	Peace Corp Volunteers
PCCT	Provincial Clinical Care Teams
PDA	Personal Digital Assistant
PHO	Provincial Health Office
PIR	Performance Indicator Reference
PPE	Personal Protective Equipment
PPH	Postpartum Hemorrhage
PRI	Performance Indicator Reference
PMEP	Performance Monitoring and Evaluation Plan
PMI	President’s Malaria Initiative
PMP	Performance Management Package
PMTCT	Prevention-of-Mother-to-Child Transmission (of HIV)
PSMD	Public Service Management Division
QI	Quality Improvement
RDL	Radio Distance Learning
RDT	Rapid Diagnostic Tests
RH	Reproductive Health
SMAG	Safe Motherhood Action Group
SMGL	Saving Mothers Giving Life
SOP	Standard Operating Procedures
TB	Tuberculosis
TOT	Training of Trainers
TSS	Technical Support Services
TWG	Technical Working Group
UNZA	University of Zambia
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

USAID	United States Agency for International Development
UTH	University Teaching Hospital
WISN	Workload of Staffing Needs
ZDHS	Zambia Demographic Health Survey
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZMLA	Zambia Management leadership Training

EXECUTIVE SUMMARY

The USAID-funded Zambia Integrated Systems Strengthening Program (ZISSP) continued, during the quarter under review, to work closely with the Ministry of Health (MOH) and the Ministry of Community Development Mother and Child Health (MCDMCH) at national, provincial, district and community levels to strengthen skills and systems for planning, management and delivery of health services. The program has also been working with communities to foster increased use of public health services. The following report highlights ZISSP activities during the first quarter of 2013.

Below is a summary of the major activities carried out under the various program areas;

Maternal, Neonatal and child health: ZISSP facilitated the training of 25 (9 females, 16 males) healthcare workers from 11 health facilities in Mpika and Nakonde Districts in adolescent health (ADH). Cumulatively, 102 (42 females, 60 males) healthcare workers from 17 districts have been trained in ADH since the project started. In the Mpika and Nakonde Districts, more than 80% of the health facilities have at least one healthcare worker trained in ADH

In March 2013, ZISSP supported a meeting to review and finalize the draft policy briefs which would be used for advocacy to mobilize resources for implementation of 1000 days. The policy briefs are part of the pre- inception activities for the launch of the “1000 Most Critical Days” Program being carried out by the National Food and Nutrition Commission with support from ZISSP.

Clinical Care: During the quarter, ZISSP supported three QI TWG members to provide technical support supervision to Luapula Province. During this visit, the Provincial Health Office (PHO), Mansa General Hospital and Mwense District QI committee members were oriented to: their roles and responsibilities; the use of the QI project implementation, supervision, monitoring and evaluation tools; and the guidelines for documenting minutes of the QI committee meetings. The provincial QI committee will in turn complete the follow up technical support supervision by facilitating the formation and orientation of the QI committees in the remaining seven districts and the five model health facilities in Luapula Province.

Management and Leadership: As a response to challenges experienced by program managers to develop their action plans and despite availability of planning handbooks, ZISSP provided technical and financial support to MOH to develop guidelines which provide a simple step-by-step process to be followed when developing their action plans. Program managers will have their own personal copies to use each time they start developing their annual action plans. These guidelines are being finalized for use during 2013 planning cycle for 2014-2016 medium term expenditure framework (MTEF) periods.

Malaria: ZISSP supported the National Malaria Control Centre (NMCC) to implement Indoor Residual Spraying (IRS) in 20 districts of Eastern, Muchinga, and Northern Provinces which included monitoring and supervision in line with IRS guidelines. By the end of March 2013, all 20 districts had completed implementing phase one of IRS with three teams, one for each province, to ensure greater efficiency and effectiveness of the activity.

The Standard Operating Procedures (SOPs) for the Management of the National Logistics System for IRS Commodities have been developed to standardize all the important procedures related to IRS logistics. This will enhance accountability and tracking of the commodities.

Community: ZISSP in collaboration with MOH and MCDMCH conducted a workshop to come up with a guide that would help to engage district and health center staff and community structures in community planning. The participants reviewed the existing guides to come up with documents that would contribute to effective engagement of the community in planning. The simplified guide provides a step by step process of developing a user friendly community health action plan and will be used alongside the Community/Health Center Planning Handbook which was developed in 2011.

Monitoring and Evaluation: The M&E team coordinated the evaluation of the Zambia Health Workers Retention Scheme (ZHWRS) survey. The team also reviewed the inception report of the assessment on Long Term Family Planning (LTFP) trainings for nurse tutors and clinical instructors.

Finally, ZISSP will continue its effort to significantly impact on health service delivery by assisting the ministry of health at national, provincial, district and community level to strengthen skills and systems for planning, management and delivery of health services.

I. INTRODUCTION

ZISSP has continued to work in collaboration with the Ministry of Health (MOH) in Zambia to strengthen skills and systems for planning, management, and delivery of high-impact health services at national, provincial, and district levels.

During the first quarter of 2013, ZISSP facilitated trainings and mentorship programs for MOH personnel. ZISSP also assisted the MOH to produce various publications.

The first section of this report focuses on the activities carried out in the second quarter by the various technical teams. The second section explores the challenges faced and the solutions put forward to address them. The third section of the report outlines the focus areas for the second quarter of 2013.

I.1 PROGRAM OBJECTIVES

ZISSP's overarching goal is to work with the MOH to nurture sustained improvements in the management of the health system while also increasing the utilization of high-impact health services.

I.2 ZISSP COMPOSITION

ZISSP is led by Abt Associates Inc. which works in partnership with Akros Research, the American College of Nurse Midwives (ACNM), Banyan Global, BroadReach Institute for Training and Education (BRITE), the Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), Liverpool School of Tropical Medicine (LSTM), and the Planned Parenthood Association of Zambia (PPAZ).

2. TASK ONE: SUPPORT FOR THE CENTRAL MINISTRY

2.1 HUMAN RESOURCES FOR HEALTH

2.1.1 RETENTION OF ESSENTIAL HEALTH WORKERS

Zambia, like many other developing countries is facing a serious challenge in assuring adequate human resources for health (HRH). The shortage of healthcare workers is particularly acute in the rural areas. Public health facilities in these rural and remote areas have the lowest number of health care workers compared to urban areas and areas along the line of rail. This has resulted in untrained staff running a significant number of rural health centers or facilities having only one trained member of staff.

To address this inequitable distribution of health workers, the Ministry of Health (MOH) developed and is implementing the Zambia Health Workers Retention Scheme (ZHWRS), aimed at populating the rural and hard to reach health facilities with professional staff.

In the first quarter of 2013, MOH with support from ZISSP undertook an evaluation of the ZHWRS in selected health facilities and training institutions as part of the process of reviewing the performance of and improving the scheme. Analysis and presentation of the findings of this evaluation will be done in the second quarter.

2.1.2 HUMAN RESOURCES DEVELOPMENT

In the period under review, ZISSP provided technical and financial support to the MOH's Directorate of Human Resources and Administration (DHRA) to hold a quarterly performance review meeting, reviewing progress against targets set for the period October to December 2012. During the meeting, a reporting template previously developed by the ZISSP HRH Specialist was adopted for use by HR staff when writing their quarterly reports. The template, which has been improved upon overtime, has assisted with the production of more focused reports by the HR staff attending the meetings. The meetings have assisted the HR directorate in producing ad hoc and routine progress reports much easier and on time, which was not the case before. There has been increased team work due to increased interaction amongst HR practitioners who previously did not know each other on a personal level, knowledge sharing and productivity for the HR directorate. The review meetings supported by the HRH Specialist, have led to notable improvements in the management of HR cases, reduced workloads at central levels and a reduction in queues of staff travelling from the provinces following up their own individual cases concerning staff retirements, staff confirmation, staff appointments, payroll issues, delayed approvals for staff study leave amongst others at the MOH Headquarters. These cases are now competently being managed by HR staff at provincial and major hospitals. The HR staff, responsible for the management of such cases, at all levels are now able to consult each other on a personal level and obtain advice where necessary. In June 2012, the Director HRA received a letter of commendation from the Commission Secretary, Public Service Commission at Cabinet Office for the notable effective and efficient processing of HR cases in the ministry.

The ZISSP also provided technical support to the MOH to prepare and hold a Workload Indicator of Staffing Needs (WISN) orientation meeting for provincial medical officers, hospital medical superintendents and directors from the central MOH. A total number of 28 participants, (8 female and 20 male) participated in the workshop. Participants made a major decision to pilot the WISN tool in three health facilities in each province as a means towards better workforce planning for health facilities.

ZISSP reviewed the MOH National Training Operational Plan (NTOP) developed in 2012 by the Clinton Health Access Initiative (CHAI) and provided recommendations for consideration by the DHRA. The review brought out issues such as the lack of a direct link between the results of the NTOP 2008 and the NTOP 2012. In addition, the report did not clearly state what the direct achievements of the NTOP 2008 were. A meeting of the HRH Technical Working Group (TWG) decided to form a technical committee to look through the recommendations and develop a final NTOP for the period 2013 – 2015. The report was completed and submitted by the HRH specialist to the HR Directorate for further consideration.

ZISSP also supported two HRH TWG meetings that deliberated on various HRH issues including the need to conduct a mapping exercise to document all the HRH stakeholder activities in Zambia. ZISSP and CHAI were tasked to develop a mapping tool for this exercise. The mapping tool is under consideration by senior management in the HR directorate.

2.2 FAMILY PLANNING AND ADOLESCENT HEALTH

2.2.1 STRENGTHENING FAMILY PLANNING SERVICES

ZISSP provided technical and financial support to the MCDMCH to undertake a dissemination meeting to highlight decisions for scaling up family planning (FP) in Zambia following the 2012 London Summit for Family Planning. This culminated into the launch of a national eight year plan for family planning for Zambia.

In March 2013, ZISSP provided technical expertise and funding to the MOH to train 28 (25 female, 3 male) healthcare workers from Luanshya, Masaiti and Lufwanyama Districts of the Copperbelt Province in long-acting family planning (LAFP) methods; this represents 56% of the planned target for the year 2013. Since the project inception, ZISSP has supported the training of 200 (145 female, 55 male) healthcare workers, nurse tutors and clinical instructors in LAFP in 25 districts. An assessment is under way on the impact of LAFP training on health workers who have received training. The results of this study will be ready in the third quarter.

ZISSP developed a concept paper that outlined the rationale for integrating long term FP (LAFP) and adolescent health including incorporating gender into the midwifery and general nursing curricula. The concept paper was presented to the General Nursing Council (GNC) for consideration. The main objective was to increase the number of nursing staff with adequate knowledge and skills necessary to provide these services while ultimately reducing the cost spent on training in-service participants in workshop settings time and time again. A stakeholders' workshop will be held to further look at the concept and agree on next steps in the second quarter.

2.2.2 COMMUNITY- BASED FAMILY PLANNING SERVICES

ZISSP provided support to the MCDMCH to train 31 community members (7 female, 24 male) from Gwembe District as community-based distributors (CBDs) of FP methods; this represents 34% of the target set for 2013. To date, ZISSP has supported the training of 220 CBDs (100 female, 120 male) in 11 districts.

2.2.3 ADOLESCENT HEALTH SERVICES

ZISSP facilitated the training of 25 (9 female, 16 male) healthcare workers from 11 health facilities in Mpika and Nakonde Districts in adolescent health (ADH). Cumulatively, 102 (42 female, 60 male) healthcare workers from 17 districts have been trained in ADH since the project started. In Mpika and Nakonde Districts, more than 80% of the health facilities have at least one healthcare worker trained in ADH.

To harmonize all the different trainings in adolescent health, ZISSP, in March 2013, provided technical and financial support to MCDMCH and other stakeholders to host a meeting to harmonize the different curricula to come up with one standardized national curriculum. The participants provided technical inputs which a consultant hired by ZISSP will use to develop a National Peer Education Training Manual.

The health sector has until now not had a standardized curriculum for training peer educators in adolescent reproductive health (ARH). Training was being conducted using different curricula from various international packages. Training using the newly harmonized curriculum will be rolled out in the second quarter of 2013.

The ADH Specialist attended a four day project management training and certification course in Nairobi, Kenya, organized by Inside NGO, an organization aimed at strengthening staff of international NGOs in project management. The specialist acquired project management skills that should be beneficial to ZISSP and the MCDMCH as he supports ADH program implementation.

2.3 EMERGENCY OBSTETRIC AND NEONATAL (EmONC) CARE

2.3.1 EmONC TRAINING

ZISSP provided technical and financial support to the MOH and MCDMCH to conduct a 21-day theory and practical EmONC training for 20 health workers (9 female and 11 male) drawn from Nakonde (10), Mbala (3) and Chilubi (7) Districts representing 25% of the target for the year 2013. ZISSP has trained 293 healthcare workers to date since project inception.

ZISSP also provided technical support supervision to three EmONC training centers (Chipata General Hospital, Ndola Central Hospital, and Kitwe Central Hospital) to determine if the training sites were still performing according to expectations. The exercise revealed that the sites needed to be refurbished with selected new training models as some of the ones previously supplied were wearing out.

ZISSP supported pre-EmONC training site assessments in Lusaka, Chongwe and Luangwa Districts. Twenty healthcare workers (5 males, 15 females) were selected; 10 from Chongwe District, eight from Luangwa District and two from Levy Mwanawasa General Hospital in Lusaka District with the view to conducting another EmONC training in April 2013.

2.3.2 SAVING MOTHERS GIVING LIFE ENDEAVOR

Saving Mothers' Giving Life (SMGL) builds on the Government of the Republic of Zambia's (GRZ) existing platforms and strategies, including the Campaign for Acceleration of Maternal Mortality Reduction in Africa (CARMMA). SMGL is currently being implemented in four districts, Kalomo, Mansa, Lundazi, and Nyimba, with plans to expand to more districts. ZISSP supports an SMGL coordinator in each of the districts and one at provincial level in Eastern Province.

In the first quarter of 2013, ZISSP-supported SMGL coordinators to provide an overarching coordinating role in the four districts and Eastern Province to support the work of all SMGL partners and their relevant district medical offices and provincial medical office. The coordinators provided monthly summaries of SMGL activities in their respective areas and provided technical support for various safe motherhood-related activities such as maternal death reviews and training and mentorship for Safe Motherhood Action Groups (SMAGs).

2.4 CHILD HEALTH

2.4.1 INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES

ZISSP facilitated the training of 22 (7 female, 15 male) healthcare workers (nurses, clinical officers, and midwives) from Lukulu, Kalabo and Shang'ombo Districts in facility-based Integrated Management of Childhood Illnesses (IMCI). This is 23% of the target for 2013. ZISSP has supported the training of 406 (183 female and 223 male) healthcare workers in IMCI in 21 districts since the project started.

ZISSP also supported the IMCI post-training follow-up visits for 17 healthcare workers from Mkushi District to assess their strengths and weaknesses in IMCI service delivery and provide technical support supervision.

The ZISSP provided technical support to the MCDMCH as the ministry continues to develop guidelines for newborn care in Zambia.

2.4.2 EXPANDED PROGRAM ON IMMUNIZATION

The Reach Every District (RED) strategy to strengthen routine immunization and other child health interventions has been in practice in Zambia for five years. In the first quarter, the MCDMCH received funding and technical assistance from ZISSP to train 36 (18 female and 18 male) healthcare workers from Sinazongwe, Kalomo and Gwembe Districts on the RED strategy, against a target of 70 for the year 2013. Since the project inception, ZISSP has provided support to train 295 healthcare workers (153 female and 142 male) on the strategy.

ZISSP also provided support for the RED strategy post-training follow-up for healthcare workers from Luangwa and Chongwe Districts. The health facilities with the trained staff showed improvement in immunization coverage with 80% recording DPT-3 immunization coverage of more than 85%, compared to 79% in the fourth quarter of 2012.

The ZISSP provided technical support to the MCDMCH to prepare for the introduction of the Human Papilloma virus vaccine on a pilot phase in selected districts in Zambia and the pneumococcal vaccine countrywide.

2.4.3 NUTRITION INTERVENTIONS

ZISSP provided support to the MOH and MCDMCH to train 25 healthcare workers (7 female, 18 male) from Lundazi District in Infant and Young Child Feeding (IYCF) in order to improve the provision of quality IYCF counseling and support services. Since the project started, ZISPP has facilitated the training of 360 healthcare workers (175 female, 185 male) in IYCF.

ZISSP also provided support for post-training follow-up of 19 community volunteers trained in community IYCF and growth monitoring and promotion in Lukulu District to reinforce utilization of the skills and knowledge acquired during training. Generally, the volunteers were not implementing infant feeding counseling according to standards set during training because of lack of supplies, registers, and transport (bicycles) though there was some evidence of a few individual volunteers participating in

growth monitoring and promotion and infant feeding counseling at the health centers. The volunteers were then mentored.

2.4.4 NATIONAL FOOD AND NUTRITION COMMISSION SUPPORT

In 2012 ZISSP provided financial and technical support to the National Food and Nutrition Commission for Zambia (NFNC) to develop policy briefs as part of the pre- inception activities for the launch of the “1000 Most Critical Days” Program. In March 2013, ZISSP supported a meeting to review and finalize the draft policy briefs which would be used for advocacy to mobilize resources for implementation of 1000 days.

3. TASK TWO: SUPPORT TO THE PROVINCES AND DISTRICTS

3.1 QUALITY IMPROVEMENT AND CLINICAL CARE

3.1.1 FORMATION OF THE NATIONAL QI STEERING COMMITTEE

One of the key structures that the quality improvement (QI) technical working group (TWG) recommended in the national QI operational guidelines was the establishment of a National QI Steering Committee comprised of technical directors from all programs at the MOH, medical superintendents from tertiary institutions, and representation from cooperating partners and multi-lateral organizations. This committee has not yet been formed due to competing programs by the Director Clinical Care and Diagnostic Services. The roles and responsibilities of the National QI Steering Committee will be to provide policy direction, advocacy and resource mobilization for QI programs, and assign responsibilities as need arises to the QI (TWG). The steering committee will hold quarterly meetings chaired by the permanent secretary of the MOH. Efforts are now being made to engage the recently established MCDMCH (under whose mandate primary health care programs fall) to sensitize key staff on the QI operational guidelines.

3.1.2 SUPPORT TO QI TECHNICAL WORKING GROUP

ZISSP actively participated in QI TWG meetings of the MOH where MOH shared the finalized QI implementation, supervision tools and the guidelines for documenting QI committee meetings. Members discussed the QI follow up field visits supported by ZISSP to three provinces (Central, Lusaka and Southern) in the fourth quarter of 2012. The QI TWG recommended that technical support visits to all provinces should be done to help initiate and mobilize QI committees into action, monitor and document QI projects. QI TWG members also suggested that the trainers consider providing on-site QI trainings to cover more health workers given the limited resources available for training.

In quarter one; ZISSP supported three QI TWG members to provide technical support supervision to Luapula Province. During this visit, the Provincial Health Office (PHO), Mansa General Hospital and Mwense District QI committee members were oriented to: their roles and responsibilities; the use of the QI project implementation, supervision, monitoring and evaluation tools; and the guidelines for documenting minutes of the QI committee meetings. The provincial QI committee will in turn complete the follow up technical support supervision by facilitating the formation and orientation of the QI committees in the remaining seven districts and the five model health facilities in Luapula Province.

Other key updates shared in the QI TWG were:

- The 2013 National QI Conference scheduled for 28th August with the theme of “Institutionalizing QI in Health Service Delivery”
- The 2013 HEALTHQUAL ACLN Conference in South Africa scheduled 5th to 10th May: theme is "Building and Sustaining a National Quality Management Program" and members were encouraged to submit abstracts for oral and poster presentations.
- The dissemination plan for QI Guidelines in the provinces
- The finalization of the QI training manuals
- The printing and development of QI job aids and the five selected QI health program performance indicators.

3.1.3 QUALITY IMPROVEMENT COMMITTEES

Five provincial QI committees were constituted (Central, Copperbelt, Eastern, Luapula and Southern) based on the new MOH QI operational guidelines. This will continue for the remaining provinces. QI committees in Central, Copperbelt, Luapula, Lusaka, Northern and Southern Provinces have gone further to facilitate the formation of QI committees at District Health Offices (DHOs) and health facilities levels in their provinces. ZISSP also supported the provincial and district QI committee meetings to build capacity to better use locally generated health information for identifying performance gaps, prioritizing the problems and conducting a root cause analysis, identifying cost-effective interventions, prioritizing interventions, monitoring and evaluating improvements.

3.1.4 QUALITY IMPROVEMENT TRAINING

None of the provinces conducted QI training because they were facilitating formation of QI committees with health workers who were trained in 2012. This process is part of institutionalizing quality improvement in health service delivery. There were also other competing activities in quarter one which led to rescheduling of QI trainings in some. However other partners like Center for Infectious Disease Research in Zambia (CIDRZ) had QI trainings for health workers in health facilities they are supporting using the reviewed QI training package. This is evidence of collaboration with other stakeholders.

3.1.5 TRAINING OF CLINICAL CARE MENTORS

ZISSP supported the MOH to train 18 multi-disciplinary mentors (9 females and 9 males) in Eastern Province. This was against the quarterly target of 62 representing 29%. This shortfall could be attributed to competing activities in the first quarter of the year when most provinces were involved in performance assessment for up to three weeks. Catch up is expected to happen in quarter two.

FIGURE I. CUMULATIVE HEALTH WORKERS TRAINED AS MENTORS FROM 2011-13



ZISSP has supported training for a cumulative total of 659 mentors. The newly trained mentors will be incorporated into the existing multi-disciplinary provincial and district clinical care teams (CCTs) in Eastern Province, enhancing decentralization of clinical mentoring to the districts and building the capacity for the mentors to utilize locally generated data to identify mentoring needs through the CCTs. This will ultimately promote ownership and institutionalization of mentorship in health service delivery.

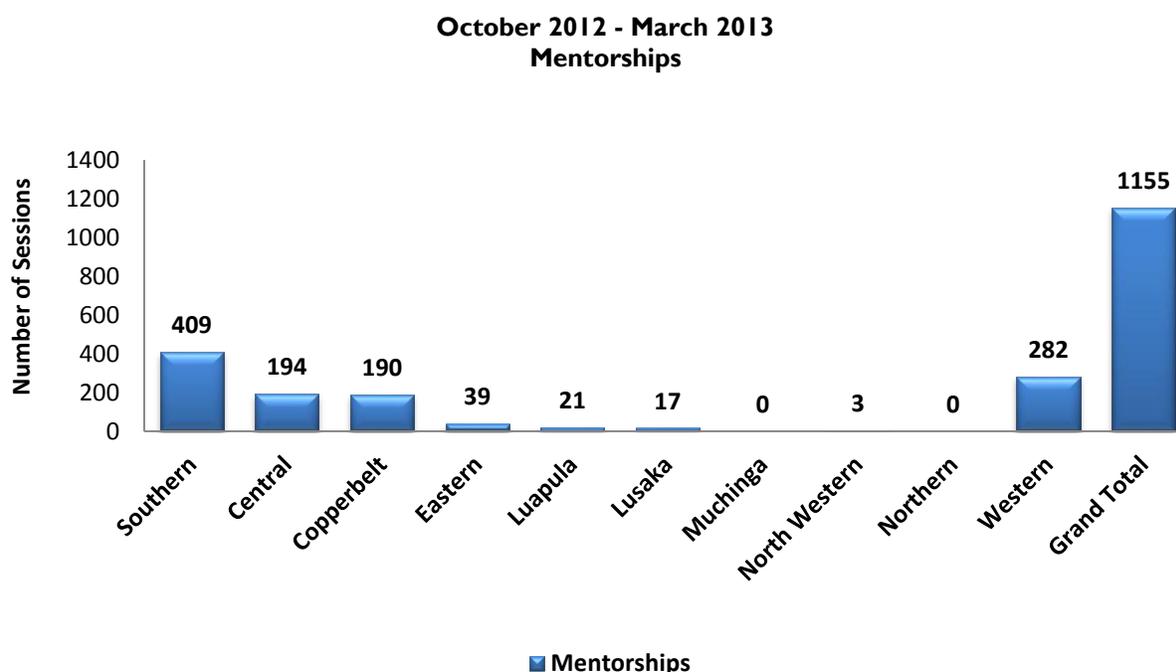
3.1.6 CLINICAL CARE MENTORSHIP PLANNING MEETINGS

CCT mentorship planning meetings are aimed at ensuring that the CCTs provide focused clinical mentorship that is based on identified needs. ZISSP supported three multi-disciplinary district CCTs from Kapiri Mposhi, Mkushi and Serenje in Central Province to hold one meeting each to review mentoring reports, performance assessment and HMIS reports, and identify clinical mentorship needs. The CCTs reviewed the health service delivery indicators during the meetings and identified the health facilities and service providers that needed mentorship in specific areas with appropriate mentors assigned to respond.

3.1.7 CLINICAL MENTORING OF HEALTH WORKERS

ZISSP supported multi-disciplinary CCTs at district and provincial levels to mentor 210 (88 males and 122 females) health workers through 229 mentoring sessions. A cumulative total of 1,155 sessions were conducted from October 2012 to March 2013 representing 39% of the set annual target of 3,000. The team failed to meet the 50% target because all the clinical care specialists (CCSs) were involved in performance assessment in all the provinces. This exercise normally involves most program officers, many of whom are also the mentors. Efforts to catch up will be made in quarter two.

**FIGURE 2. MENTORSHIP SESSIONS SUCCESSFULLY COMPLETED BY PROVINCE
OCTOBER 2012 TO MARCH 2013**



The cumulative total of health workers mentored is 958 (508 males and 450 females).

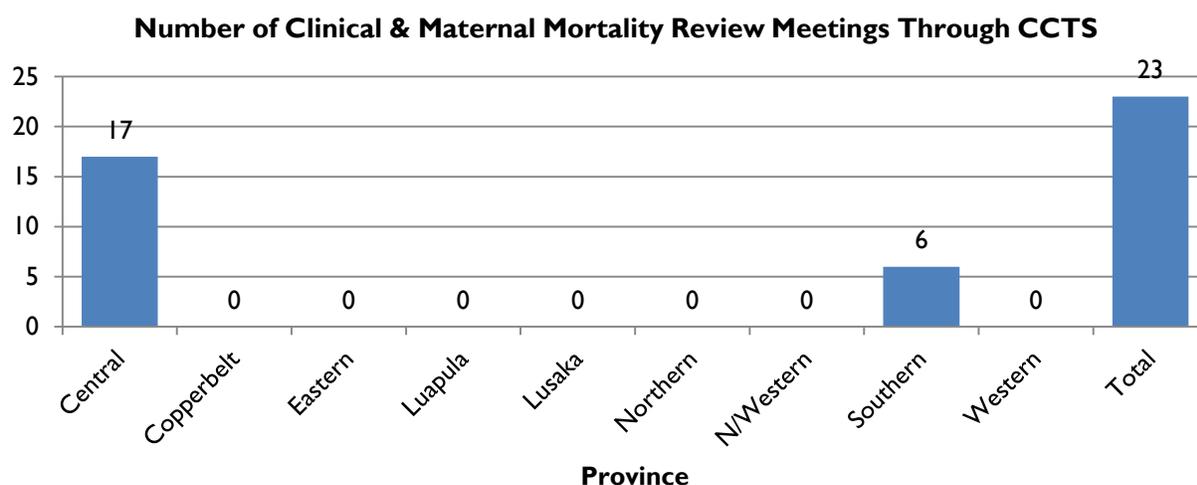
The areas covered included antiretroviral therapy (ART), prevention-of-mother-to-child transmission (PMTCT) of HIV, Integrated Management of Childhood Illnesses (IMCI), nutrition, malaria, surgery, antenatal care, intra-partum care, nursing care, pharmaceutical and laboratory logistical information management.

The MOH has deferred the development of treatment protocols, flow charts and job aides for selected health conditions for use by the district CCTs (mentors) in conducting effective clinical mentorship.

3.1.8 SUPPORT TO CLINICAL/MORTALITY REVIEW MEETINGS

Health facility-based clinical meetings provide a mechanism for continuous staff development and an opportunity to provide updates to health workers on current clinical case management protocols in various fields. In the first quarter, ZISSP supported the CCTs at provincial and district levels to conduct 23 clinical meetings in two provinces (see Figure 4 below). Other provinces did not facilitate clinical meetings in their provinces because of competing activities such as the provincial performance assessments of the DHOs and health facilities, while the CCSs for Luapula and Western Provinces had left in quarter four 2012 and the positions had not been filled.

FIGURE 3. NUMBER OF CLINICAL MEETINGS CONDUCTED THROUGH THE DISTRICT CCTS BY PROVINCE



The under-five and maternal mortality reviews are health facility based QI self-assessment strategies to mitigate mortality from avoidable causes through critical analysis of individual cases. The QI committees at the health facility use the lessons learnt to put in place measures that will prevent re-occurrence of avoidable deaths in the future. In the first quarter, the Central Province QI committee members attended a maternal death review meeting at Kabwe General Hospital.

3.1.9 SUPPORT TO DISTRICT CLINICAL CARE TEAMS

ZISSP supported two provincial CCTs (Central and Lusaka) to provide mentorship to the Kafue, Kapiri Mposhi, Mkushi, Mumbwa, and Serenje district CCTs including health workers in the district health facilities. This mentorship was confined not only to technical areas but also involved building the mentoring skills of mentors and helped to identify mentoring needs in malaria case management, ART, PMTCT, nutrition, and maternal health through record and report reviews.

The provincial CCTs also impart knowledge to mentors based on national standard guidelines and treatment protocols for specific conditions and mentoring skills which involve building relationships with mentees. The newly recruited ZISSP CCS for North Western Province attended the mentoring activities in Central Province as part of his orientation.

3.1.10 MENTORING IN MODEL HEALTH FACILITIES

To monitor and evaluate the outcome and impact of clinical mentoring, ZISSP will in 2013 support five identified health facilities in each province referred to as Model Health Facilities, one of which is a hospital where under-five and maternal mortality can be monitored and evaluated. Regular support will be provided for QI activities in these facilities which include clinical mentorship of health workers while monitoring the five MOH QI core indicators namely:

- Percentage of exposed infants tested for HIV at 12 months
- Percentage of all HIV positive clients retained on ART the last 12 months
- Number of maternal deaths at the facility recorded in the last one month/12 months/ quarter
- Proportion of confirmed malaria cases in the last one month/12 months/quarter
- Number of under –five year old children who died in the last one month/12 months/ quarter.

In quarter one; ZISSP supported mentoring of health workers in Model Health Facilities in three provinces (Central, Eastern and Southern Provinces. Fifty (50) health workers (29 females and 21 males) were mentored in different clinical disciplines.

3.1.11 PARTICIPATION IN PERFORMANCE ASSESSMENT

ZISSP provided financial support for its CCSs to participate in conducting performance assessments. This is a biannual performance evaluation strategy for health programs and for selected health facilities in all the districts. Seven CCSs (except Luapula and Western) participated in the quarter one performance assessment which was evaluating health service performance indicators for the period July to December 2012.

The PHO constituted performance assessment teams with appropriate representation and for identified areas of focus. The CCSs provided technical assistance in assessing health service delivery in all clinical areas. The following were some of the gaps identified: In Lufwanyama district on the Copperbelt province, only 65% of HFs had done their health program self- assessment, reduction in the number of Expanded Program on Immunization (EPI) outreach stations due to geographical barriers and inappropriate transport for the terrain, Only six out of twelve facilities managed to treat pediatric patients according to integrated management of childhood illnesses(IMCI) guidelines due to lack of support to train frontline health care workers in IMCI, Low coverage of first antenatal attendance(72%) in Kitwe District due to under reporting in some facilities due critical staff shortage which also leads to long waiting hours discouraging mothers to go to the clinic, Low coverage of HIV positive women enrolled on ART due to long distances to ART sites especially those whose catchment areas only has facilities offering only Prevention of Mother To Child Transmission of HIV (PMTCT) services without Anti- Retroviral Therapy (ART) services, Low numbers of facilities initiating eligible HIV positive children on ART due to inadequate numbers of health care workers (HCWs) trained in Pediatric ART provision.

Most facilities in Kitwe have staff who not adhering to treatment of sexually transmitted infections (STI) patients according to guidelines because they are either not trained or are not referring to the Integrated Treatment Guidelines, Most members of staff are not oriented in QI at Arthur Davison Children's Hospital (ADCH) despite having had trained seven HCWs during the two training conducted last year, Poor management of critically ill neonatal cases at ADCH due inadequate functioning incubators, inadequate and inappropriate equipment for resuscitation and inadequate infrastructure for neonatal Intensive Care Unit (NICU), Poor patient case management at ADCH as a result of poor history taking and non-focused physical examination as well as treating 90% of Malaria cases based on clinical diagnosis other than use of confirmatory tests.

In Central Province, major achievements noted were an increase in the TB cure rate from 53% to 83% and a low number of maternal deaths in Mkushi District with the district hospital reporting no maternal death during the period under review. All District Health Offices (DHOs) and hospitals visited reported having had at least one quality improvement meeting during the period under review unlike in the past when most reported none. Another area where significant improvement was observed was adherence to treatment protocols by health workers at facility level, most facilities assessed were above 60% unlike in the past when most of them were below 50%.

However, the management of STIs and ART patients remains a challenge at most facilities visited. Health workers are not adhering to the national STI and ART guidelines. Some patients are initiated on Tenofovir based regime without baseline creatinine, and while on treatment no follow-up creatinine specimens are done on most patients due to non-functional chemistry analyzers at the labs. Non adherence to the IMCI guidelines when managing children less than 5 years has also remained a major challenge at health center/post level despite most facilities having at least one health worker trained in IMCI. Other major constraints noted were non-adherence to infection prevention and control standards especially in at rural health centers and poor referral feedback from hospitals to referring health centers. All the facilities visited, including hospitals, had incomplete history and examination on first contact. The teams agreed to come up with history and examination template for use by clinicians when admitting patients to the facilities.

In North-western province - Ikelenge district- had low coverage of fully immunized under 1 year old babies, There was very low TB cure rate (24%), 5 of the 8 rural health centers (RHC) do not conduct immunization outreach activities, Poor radio/telephone communication between District Medical Office (DMO) and RHC staff which negatively affects referral of patients because these facilities have no ambulance and depend on the District Health Office.

In Southern Province- There was also a lack of job aids and treatment protocols available. Space remained a challenge in the district particularly for deliveries in the facilities and storage of various important items which ended up being kept in pharmacy thereby compromising the standards. In relation to our program me, it was evident that there were marked improvements in malaria case management and general case management as a result of mentorship. There was still a lot of need for more mentorship as the use of partographs to monitor the progress of labor was not according to standards.

In Lusaka Province- Kafue district has very few staff trained in EMONC, Waiting time for patients is over 2hrs as they are few clinician at Kafue District Hospital. The findings were similar in most provinces with minor variations. These gaps identified will be followed up with appropriate technical support including clinical mentorship.

3.2 MANAGEMENT SPECIALISTS

3.2.1 SUPPORT FOR THE MINISTRY OF HEALTH ANNUAL PLANNING PROCESS

ZISSP initiated work with MOH headquarters to prepare for the annual action plan for 2014- 2016 period. ZISSP Management Specialist Team Leader has been working with program officers from MOH headquarters and MCDMCH to agree on the strategy for launching the 2013 annual planning cycle. MOH will concentrate on provinces, level 2 and 3 hospitals, statutory boards and training institutions per their new mandate. MCDMCH will spearhead the district level planning process with guidance from MOH.

As a response to challenges experienced by program managers to develop their action plans and despite availability of planning handbooks, ZISSP provided technical and financial support to MOH to develop guidelines which provide a simple step-by-step process to be followed when developing their action plans. Program managers will have their own personal copies to use each time they start developing their annual action plans. These guidelines are being finalized for use during 2013 planning cycle for 2014-2016 medium term expenditure framework (MTEF) period.

During the next quarter, ZISSP will provide technical assistance to both ministries for the annual planning process at national, provincial, district, and health center/community levels in the 27 target districts to ensure adequate planning for key health interventions such as maternal, child health, malaria, HIV/AIDS and nutrition.

3.2.2 SUPPORT TO NATIONAL HEALTH ACCOUNTS SURVEY

ZISSP engaged an international consultant to continue providing technical assistance to the MOH for the National Health Accounts (NHA) data analysis. The final analyzed data have been received, and the MOH has started drafting the NHA report which will highlight findings to guide policy makers in MOH on how best to finance key sub-accounts (malaria, child health, maternal health, HIV/AIDS, TB) in view of current expenditures. MOH also plans to use the findings to design the proposed, Social Health Insurance Scheme (SHI) program and develop an NHA institutionalization process. One of the objectives of the 2012 NHA survey was to identify ways to make the NHA process cheaper by establishing a system which will continue to collect and provide key expenditure data routinely rather than through a conducting a special survey from time to time. This process will assist the MOH in making quick decisions related to funding key program areas.

During the 2012 NHA survey, the Resource Tracking tool (RTT) developed by MOH with support from ZISSP was applied alongside the NHA survey questionnaires in 30 districts which include ZISSP target districts. Lessons learned from this activity will be part of the NHA survey report and will help to identify recommendations for how to institutionalize the NHA in Zambia, and whether the tool used is appropriate for the purpose. At present, the MOH plans to conduct another NHA survey in 2014 which will capture data from the 2011 and 2012 period and will also address problems faced by institutions in collecting data as well as how to address cases in which institutions actually had closed.

In the next quarter, ZISSP will provide financial support to the MOH to finalize the 2012 NHA draft survey report.

3.2.3 SUPPORT TO THE BI-ANNUAL PERFORMANCE ASSESSMENT

Most of the provinces have been involved in the first quarter performance assessment (PA) visits to health institutions where ZISSP staff have taken actively participated in the process and used the opportunity to identify areas requiring further strengthening. A major achievement to report is that all the provinces except for North-Western Province conducted PA preparatory meetings using their own resources. Previously ZISSP provided financial support to hold these meetings. Because the Provincial Health Offices (PHOs) have found these meetings to be very useful in providing much needed information needed to plan efficiently for the PA, they have taken ownership and institutionalized this activity, again as evidenced by the PHOs funding these meetings in the absence of ZISSP funds. ZISSP expects that such meetings will continue to be undertaken and paid by the provinces prior to the scheduled performance assessment and technical support supervision (PA/TSS) activities. ZISSP will mentor target districts to conduct a similar process as has been the case with the PHOs before undertaking PA visits to their health facilities.

Management Specialists were part of the provincial team that participated in the revision of the PA tools for PHOs early this year (2013). These tools were not finalized during the review process of the district,

hospital and health center tools in 2012 due to a new MOH mandate which directed that the MOH focus on the provincial level, hospitals, training institutions and statutory boards. Under the new arrangement the district health offices have been transferred to MCDMCH which will be responsible for oversight of health programs at district level. In the second quarter, ZISSP will support MOH to pilot the revised PHO PA tools in 10 Provinces.

In the Copperbelt Province a concept called **“Parenting”** has been introduced as a way to strengthen communication between the PHO and health institutions. Program officers at the province including ZISSP staff have been assigned institutions where they are expected to act as parents, ensuring and encouraging constant liaising with health institutions, and providing them with feedback and technical support in functions found inadequate. This initiative fits well in the PA/TSS process. Once the strategy is fully rolled out, technical support supervision to health institutions by the supervising level (PHO/MCDMCH) will increase, and this should result into improved delivery of health services in the health institutions.

3.2.4 CAPACITY BUILDING IN MANAGEMENT FUNCTIONS

3.2.4.1 MENTORING IN DATA QUALITY AUDITS

ZISSP continued to provide support to the MOH in information management to strengthen data quality and usage in decision making processes and planning. In 2012, ZISSP supported provinces and districts to train program officers in basic information management and data quality.

During the first quarter of 2013, mentoring activities in data quality were conducted in Luapula, Northern, and Lusaka, Southern, Western, and Central Provinces. A total number of 125 (76 males, 49 females) program officers were mentored in all the districts visited. During these mentoring programs, the provincial team comprising the Senior Health Information officers and Management Specialists worked with the district level team to examine the consolidated district health information data sets with special focus to data for key health intervention areas such as malaria, reproductive health, child health and HIV/AIDS. Practical data cleaning exercises were undertaken using registers, tally sheets and consolidated quarterly Health Management Information System (HMIS) reports together with the district level teams as part of mentoring. This exercise revealed that most district challenges in data quality occurred at the point of collection at the health center level due to staff inadequate understanding of certain indicator definitions as demonstrated during the examination of the records where some indicators were left blank. It is important that MOH provides clear indicator definitions to health institutions to avoid incomplete collection of data misinterpretation of findings. Facility staff should be oriented in how to collect data on these through scheduled onsite mentoring activities conducted by health information officers. Onsite mentoring is slowly improving facility staff's understanding of indicators initially found to be confusing. One notable challenge is that gender disaggregated data do not seem to be captured in most districts visited due to inadequacies in the data collection tool.

In the second quarter, ZISSP will be working with the MOH to develop a data quality audit (DQA) guideline which will standardize the process of undertaking DQA in all the health institutions. MOH will use this opportunity as well to look at the indicators that seem to be not well understood by health workers and could be another opportunity to discuss and agree how gender related data can best be collected using the existing data collecting tools.

3.2.4.2 ZAMBIA MANAGEMENT AND LEADERSHIP ACADEMY TRAININGS AND MENTORSHIP

ZISSP and its collaborating partners BroadReach Institute for Training and Education (BRITE), National Institute for Public Administration (NIPA) and the MOH conducted 33 trainings and mentoring activities in the first quarter of 2013. These included nine workshops (three in Human Resource and Budgeting

and Financial Management (module 5) and six in Strategic Information Management (module 6), 23 mentorships (17 in module 5 and 6 in module 6).

Other notable achievements of the quarter include the finalization of module six on Strategic Information Management in January 2013. A training of trainers (TOT) workshop was conducted in February, 2013 with 33 participants' trained (6 females, 27 males). They included nine external mentors, nine NIPA trainers, six management specialists and seven MOH mentors. They have since started to deliver training to all the trainees. This module marks the completion of training for the first 360 trainees enrolled to the program in 2011. A total of 335 (244 males, 91 females) out 365 (93%) trainees are expected to have completed their training in ZMLA and will be ready for graduation in May 2013. Plans are currently under way to conduct an impact assessment of the program after first year of implementation.

The ZMLA program has continued to record notable successes in some districts. For example in Copperbelt Province,

The Luanshya District health team was able to take steps to address high maternal mortality rates in the district. The health teams used ZMLA tools to recognize

Luanshya's crippled emergency care referral network and shortage of skilled labor. This recognition sparked a series of steps that led to the provision of four ambulances worth US\$60,000 procured from

constituency development funds. In addition to the ambulances, two midwives were allocated to the district's most problematic health site, the Fisenge Rural Health Center. Although it is a known fact that these ambulances will be used for many other emergency referrals in the district, they will definitely complement government efforts to address the problem of maternal mortality in the district. This is an indication that strengthening management systems through empowering the local community can influence improvements in health care delivery.

During the second quarter, the program will complete trainings and mentoring in the last module in North Western, Central, Lusaka, Eastern, Northern and Luapula Provinces and graduate the first program trainees. The program will also recruit a consultant to evaluate the impact of the first phase of the ZMLA activities across 18 cohorts and conduct a curriculum and program review to prepare for the second phase of ZMLA enrollment.



An ambulance procured to address the poor emergency referral system in Luanshya District using Community Development Funds (CDF).

3.2.5 PLANNED ACTIVITIES FOR THE SECOND QUARTER

- Technical assistance to MCDMCH to orient staff in planning
- Technical support to MOH to develop a DQA to standardize the process of conducting DQA at all levels
- Provide routine annual support to the annual planning process at national (MOH/MCDMCH) and provincial levels
- Complete trainings and mentoring in the last ZMLA module in North Western, Central, Lusaka, Eastern, Northern and Luapula Provinces
- Recruit a consultant to evaluate the impact of the first phase of the ZMLA activities across 18 cohorts
- Conduct a curriculum and program review to prepare for the second phase of ZMLA recruitment.

3.3 MALARIA

3.3.1 INDOOR RESIDUAL SPRAYING OPERATIONAL MONITORING AND EVALUATION

ZISSP supported the NMCC to implement Indoor Residual Spraying (IRS) in 20 districts of Eastern, Muchinga, and Northern Provinces which included monitoring and supervision in line with IRS guidelines. By the end of March 2013, all 20 districts had completed implementing phase one of IRS with three teams, one for each province, to ensure greater efficiency and effectiveness of the activity.

According to NMCC guidelines, monitoring and supervision is conducted in three phases: the first phase is conducted at the beginning of the spraying campaign, the second one in the middle of the campaign and the last one towards the end.

In March 2013, ZISSP supported the initial monitoring and supervision for the implementation of IRS Phase II in 13 districts of Muchinga and Northern Provinces. The monitoring and supervision team comprised of a technical officer from NMCC or ZISSP, the Chief Environmental Officer from the province and an experienced public health officer from any district.

All districts in Northern Province started implementing IRS Phase II except for Chilubi which is not going to spray because it finished Phase I spraying late. In Muchinga District, three districts, Mpika, Chinsali, and Isoka, started IRS Phase II.

3.3.2 INDOOR RESIDUAL SPRAYING COVERAGE AND NUMBER OF PEOPLE PROTECTED

In 2012, a total of 530,791 structures were targeted for spraying in the 20 IRS PMI/ZISSP-supported districts. This figure was obtained during the needs assessment conducted in April 2012. However, at implementation stage, Nyimba District adjusted their target of structures to be sprayed downwards from 26,000 to 23,234. This is because NMCC was still conducting a pilot study in a few catchment areas. .Luwingu District revised their target upwards from 16,200 to 20,600, bring the total number of structures targeted in 2012 to 533,425.

Table I shows the population by district according to the Central Statistical Office (CSO, the expected population to be protected through IRS, the population protected so far, proportion of the population protected, targeted number of structures to be sprayed, the structures actually sprayed, and the

coverage that has been attained by districts so far. Results from the Table show that by the end of Phase I in March 2013, 460,303 structures were sprayed out of a target of 533,425 giving an average coverage of 86.3% for the 20 PMI/ZISSP-supported districts. This result is above the 85% threshold. A total of 1,710,833 people were protected against malaria out of the targeted 2,493,762 (see Table I for details).

TABLE I: NUMBER OF PEOPLE PROTECTED, NUMBER OF STRUCTURES TARGETED AND SPRAYED, AND IRS COVERAGE

No.	District	Estimated Population		# of people protected	Coverage (%)	# of structures in 2012		Coverage (%)
		District	To be Protected			Targeted	Sprayed	
A.	Eastern Province							
1	Chadiza	133,121	166,243	70,339	42.3	35,560	21,343	60.0
2	Chipata	469,926	257,125	160,003	62.2	55,000	46,947	85.4
3	Katete	269,264	233,750	153,334	65.6	50,000	48,145	96.3
4	Lundazi	355,966	187,000	140,368	75.1	40,000	36,654	91.6
5	Mambwe	69,243	60,775	39,440	64.9	13,000	11,718	90.1
6	Nyimba	101,616	108,619	66,822	61.5	23,234	20,486	88.2
7	Petauke	360,035	233,750	104,353	44.6	50,000	36,537	73.1
Sub-Total		1,759,171	1,247,262	734,659	58.9	266,794	221,830	83.1
B.	Muchinga Province							
1	Chama	113,928	116,875	81,448	69.7	25,000	20,556	82.2
2	Chinsali	152,014	107,516	76,549	71.2	22,998	20,771	90.3
3	Isoka	93,392	74,800	65,154	87.1	16,000	22,545	140.9
4	Mpika	227,943	84,150	82,077	97.5	18,000	15,536	86.3
5	Nakonde	129,125	84,150	48,874	58.1	18,000	15,149	84.2
Sub-Total		716,402	467,491	354,102	75.7	99,998	94,557	94.6
C.	Northern Province							
1	Chilubi	79,236	116,875	70,951	60.7	25,000	22,176	88.7
2	Kaputa	120,416	139,493	87,135	62.5	29,838	17,737	59.4
3	Kasama	256,348	121,704	122,489	100.6	26,033	24,548	94.3
4	Luwingu	138,996	96,305	102,093	106.0	20,600	19,826	96.2
5	Mbala	228,885	84,122	65,605	78.0	17,994	17,437	96.9
6	Mporokoso	107,496	70,125	44,361	63.3	15,000	12,108	80.7
7	Mpulungu	108,374	89,610	81,322	90.8	19,168	17,361	90.6
8	Mungwi	167,443	60,775	48,116	79.2	13,000	12,723	97.9
Sub-Total		1,207,194	779,009	622,072	79.9	166,633	143,916	86.4

Grand Total	3,682,767	2,493,762	1,710,833	68.6	533,425	460,303	86.3
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3.3.3 INDOOR RESIDUAL SPRAYING COMMODITIES QUANTIFICATION AND BUDGETING

NMCC requested ZISSP support to quantify and prepare a budget for IRS commodities required for full implementation of the IRS program in Luapula, Central, Copperbelt, North-Western and Western Provinces. The budgets have been submitted to USAID for onward transmission to the Department for International Development DFID for a final decision since DFID will provide additional support to the malaria control program to implement IRS in two of the above-mentioned provinces. ZISSP assisted in quantifying IRS insecticides required for the 2013 spray season in the 20 target districts and this has been submitted to the African Indoor Residual Spraying (AIRS) project to procure.

3.3.4 INDOOR RESIDUAL SPRAYING LOGISTICS STANDARD OPERATING PROCEDURES ORIENTATION

The Standard Operating Procedures (SOPs) for the Management of the National Logistics System for IRS Commodities have been developed to standardize all the important procedures related to IRS logistics. This will enhance accountability and tracking of the commodities.

The SOPs have been approved by NMCC and the MOH. These have been sent for printing to be ready to use in the 2013 spray season. To ensure maximum compliance to the SOPs, IRS managers and stores officers from Eastern Province were oriented in the use of SOPs from 25th to 29th March 2013 in Chipata, Eastern Province. A total of 21 Environmental Health Technicians (EHT) (21 males and 7 females) were oriented. A similar training is planned for IRS managers and stores officers from Northern and Muchinga Provinces in quarter two.

3.3.5 INSECTICIDE RESISTANCE

ZISSP provided technical and financial support for entomological insecticide resistance monitoring, mosquito bionomics studies and species mapping in Chavuma, Zambezi, Mungwi, Mpika, Chinsali, Isoka, Ndola, Kitwe, Luanshya, Kasama, Mwinilunga, Kabompo, Masaiti, Mufumbwe, Solwezi, Mwense, Sesheke, Senanga, Gwembe and Mansa Districts. The results of vector species distribution found that *Anopheles funestus* is wide spread as the main vector in North-Western Province where mosquito identification was completed for all the districts. The insecticide resistance monitoring results also demonstrated that the *An. funestus* population exhibited susceptibility to carbamates and organophosphates in North-Western Province. The resistance profiles of *An. gambiae* could not be determined due to fewer mosquitoes collected.

3.3.8 INDOOR RESIDUAL SPRAYING CAPACITY BUILDING

Two IRS ZISSP staff, the IRS Advisor and the IRS Logistics Advisor attended a regional training in IRS logistics, procurement, and operations in Dakar, Senegal from 20th February to 7th March 2013. The training was organized by the AIRS project which brought together participants from the 16 countries that are implementing AIRS including Zambia.

4. TASK THREE: IMPROVE COMMUNITY INVOLVEMENT

4.1 COMMUNITY HEALTH

4.1.1 HEALTH CENTER ADVISORY COMMITTEES AND NEIGHBORHOOD HEALTH COMMITTEES SUPERVISION

The ZISSP Community Health Coordinators (CHCs) conducted quarterly supportive supervision visits to review the implementation status of community health related activities. A total of 33 Health Center Advisory Committees (HCACs)/Neighborhood Health Committees (NHCs) were visited, representing 61% of the target of 54 set for the year. Most HCACs/NHCs had implemented health promotion activities in their communities, and most of them were able to conduct meetings, though not regularly. Documentation was still a challenge, as most of the community activities were not recorded and therefore, it was not possible to verify if the activities being conducted are those which were included in the health center plans.

In the next quarter, CHCs will continue to supervise the trained groups to ensure that community health activities are implemented in accordance with the planned activities.

4.2 SAFE MOTHERHOOD ACTION GROUPS TRAINING

ZISSP through the grantees supported the MOH to train 300 (161 male, 139 female) Safe Motherhood Action Group (SMAG) members in Lukulu, Kalomo, Nyimba and Lundazi Districts. The work of the SMAGs is aimed at creating demand for safe motherhood services at health facilities thereby contributing to the reduction of maternal mortality rates.

In the next quarter, the grantees will continue to train SMAGs and to provide technical support supervision to ensure quality in the implementation of safe motherhood activities.

4.2.1 TECHNICAL SUPPORT SUPERVISION TO SMAGS

CHCs provided technical support supervision to SMAGs in health facilities. There was evidence of increased institutional deliveries in most of the health facilities, and more women were reporting early for antenatal care. SMAGs were holding monthly meetings to share experiences, and this was impacting positively on program implementation. SMAGs were very delighted upon receiving materials such as T-shirts, bags and bicycles that ZISSP had procured. The main challenge identified was the weak supervision by the health center staff to SMAG members due to staff shortage at most of the health centers.

In the next quarter, CHCs will continue to provide technical support supervision to the SMAGs to ensure quality in the implementation of safe motherhood activities.

4.2.2 COMMUNITY ENGAGEMENT IN PLANNING

ZISSP in collaboration with MOH and MCDMCH conducted a workshop to come up with a guide that would help to engage district and health center staff and community structures in community planning. The participants reviewed the existing guides to come up with documents that would contribute to effective engagement of the community in planning. The following draft documents were produced: Community Health Planning Monitoring Tool, a simplified Community Health Planning Guide, community planning training materials and the community gender guidelines.

The simplified guideline provides a step by step process of developing a user friendly community health action plan and will be used alongside the Community/Health Center Planning Handbook which was developed in 2011. The guide outlines the process that ensures that all stakeholders including women, men, youth, the disabled, traditional leaders, political leaders and People Living with HIV/AIDS actively participate in developing community health plans. A total of 13 (8 female, 5 male) participants attended the workshop. The manual and guidelines will be ready for use during the planning cycle in the second quarter.

4.3 GRANTS PROGRAM

4.3.1 GRANT FUNDS DISBURSEMENT

ZISSP disbursed KR810,323.66 to grantees for various activities including training of SMAGs; training of community based volunteers (CBVs) as positive living advocates, community engagement in planning, rapid diagnostic testing and case management for malaria and family planning; procurement of materials such as bicycles, T-shirts and chitenges to support the work of CBVs; and behavior change communication (BCC) activities for preventive and promotion of desired behaviors related to HIV/AIDS, malaria, family planning, child health and nutrition.

To date, the program has disbursed a total of KR1, 795,469.93 which represents 40% of KR4, 487,433.63 to be disbursed during the entire grant period. In the next quarter, ZISSP will continue to provide monthly advances to grantees.

4.3.2 TECHNICAL SUPPORT SUPERVISION TO GRANTEES

One of the major roles of ZISSP in grants management and implementation is to monitor grantees' progress in accomplishing planned activities within the approved budget and achieving the objectives set out in the grant proposals. ZISSP is also responsible for providing technical assistance to grantees to ensure they are performing according to the planned activities and whether activities are meeting adequate technical standards. Against this background, ZISSP conducted technical support supervision visits to grantees. The following were the observations:

- Most grantees were on course in their activity implementation, as they had implemented most of their work plan activities
- Grantees were networking with their District Health Offices and other local partners, for example, Groups Focused Consultations (Mansa District) had partnered with PPAZ, UNFPA and Communication Support Health on information, education and communication (IEC) materials regarding adolescent reproductive health, which they are distributing in youth friendly corners.
- Some grantees came up with systems strengthening strategies as they implemented their activities, for example, during the training of NHCs in community planning, Groups Focused Consultations included health center in-charges as trainees so that they could continue to provide technical assistance to NHCs even beyond their project lifespan.

- Most of the grantees that were visited faced challenges in monitoring and evaluation (M&E) and financial management systems. The ZISSP M&E team has since developed a simplified system to capture and analyze data, which has been shared with the grantees to address identified gaps. The finance team is in the process of revising the cashbook format, which will be shared with the grantees.

In the second quarter, ZISSP will continue to provide technical support supervision to grantees.

4.3.3 REVIEW OF PROJECT PROPOSALS

The Provincial and District Grants Support Teams (GSTs) conducted field appraisal visits to the grantees to be funded in the second cycle. These are the organizations that were recommended in the first cycle, but could not be funded due to the limited number of slots and funding allocated for the first cycle. The purpose of this appraisal was to revise proposals to facilitate the process of finalizing the scope of work for grantees by the National GST. A total of eight proposals have been revised and forwarded to ZISSP headquarters in readiness for the National GST review meeting. Mansa GST is yet to send a proposal for their second grantee. In the second quarter, the National GST will meet to review the proposals and then finalize budgets, scope of work and other documentation to seek USAID approval.



Drama performance by a grant supported drama group on maternal and child health near Mtilizi Health Post in Nyimba District

4.4 BEHAVIOR CHANGE COMMUNICATION

4.4.1 DISTANCE RADIO LEARNING PROGRAM FOR SMAGS

ZISSP in collaboration with the MOH and MCDMCH has continued to work on the Distance Learning Radio (RDL) program for SMAGs to promote community engagement and dialogue and reinforce safe motherhood messages. In the first quarter of 2013, scripting of English, Nyanja, Bemba, Tonga, Lozi and Lunda was completed and all 26 programs for English, Nyanja, Bemba and Tonga were completed. Scripting is ongoing for Kaonde and Luvale. Due to inadequate funds, programs for Lozi, Kaonde and Luvale will not be produced in 2013.

To prepare for the launch of the radio program, the following activities have been completed:

- A total of 42 SMAG RDL facilitators (25 males and 17 females) were trained from six districts: Mansa, Mambwe, Nyimba, Luanshya, Mwinilunga and Kalomo. This training targeted provincial Senior Health Promotion Officers, District Health Promotion staff, and Maternal and Child Health Coordinators and was also preceded by training 300 (155 males and 145 females) selected SMAG RDL leaders and listening groups in the district.
- A total of seven community radio stations have been contracted to broadcast the SMAG radio programs in respective local languages for the area and include Zambia National Broadcasting Services (ZNBC) which will broadcast English SMAG programs only, K- FM in Mansa to broadcast

Bemba and English programs, Chengelo in the Copperbelt to broadcast Bemba and English in Luanshya, Namwianga to broadcast Tonga and English programs in Kalomo, Breeze FM to broadcast Nyanja and English in Mambwe District and Mwinilunga Community Radio Station to broadcast Lunda and English. Apart from the paid airtime, the community radio stations have pledged to contribute free repeat local language SMAG programs once a week.

- A media firm has also been contracted to monitor broadcasting of the SMAG radio program and the quality of the programs aired. The firm completed recruitment and training of the monitors in the six districts that are ready to broadcast the program. The first batch of programs one to eight in the respective local language for the specific region has been delivered to all the seven community radio stations.
- Development of support materials for the SMAG RDL is ongoing. The discussion guide and flip chart for the SMAG outreach activities are still under review. Development of other support materials such as logos and posters for “what pregnant woman should do during pregnancy” and “male involvement” have been completed and are being produced.

In the last quarter, a summary report of Intermittent Preventive Treatment research results was developed and a total of 200 copies printed to be shared with all stakeholders implementing malaria BCC activities. Based on the research results, a report on the communication issues was developed to provide guidance for developing a strategy to guide the development of materials and guidelines for the RDL program, community drama groups, community radio stations, and other community based groups working on malaria. The communication issues report will also be shared with the health promotion focal persons and the IEC/BCC committees for planning their malaria activities in their districts.

In the next quarter, the ZISSP and NMCC team will develop a distribution plan and distribute the IPTp summary report and share the malaria communication issues report with relevant stakeholders, including community groups.

4.4.2 BEHAVIOR CHANGE COMMUNICATION FRAMEWORK

As a follow up to the training of the District Health Promotion Focal persons, 27 districts have since formed and orientated their IEC/BCC committees. A total of 489 (329 males; 160 females) members of the IEC/BCC committees have been oriented to the BCC framework to them strengthen coordination and planning of health promotion activities in their district.

As a result of the IEC/BCC orientations, Chiengi district recorded a successful measles campaign as compared to earlier campaigns. The campaign was better coordinated and organized due to the involvement of the district IEC/BCC committee. The committee structure facilitated greater involvement of different stakeholders in participating in the planning and implementation of the activity as demonstrated by:

- District Commissioner’s Office mobilizing two vehicles and fuel for the activity
- Traditional leaders carrying out community mobilization within their catchment areas, using their own resources
- Churches mobilizing their membership
- District Education Board Secretary carrying out community sensitization through schools.

This level of community participation was unprecedented in the history of Chiengi District as previously partners had thought health programs were the responsibility of the MOH only.

4.4.3 BEHAVIOR CHANGE COMMUNICATION MATERIAL INVENTORY

During the first quarter, the research consultant finalized the inventory report which will be shared with the National Health Promotion Unit, the IEC/BCC TWG and sent to all sites involved in the data collection, namely Luangwa, Chongwe, Nyimba, Lundazi, Mambwe and Kalabo. In this year's annual planning, the MOH health promotion staff will have a basis for planning health promotion strategies. They will be able to refer back to and apply the results from the inventory research as they plan for appropriate health communication channels to use, where to distribute materials and the best ways to use BCC materials as well as other resource materials such as the IPTp summary report and the BCC framework.

4.4.4 DRAMA CAPACITY BUILDING STRATEGY DEVELOPMENT

In the last quarter, the drama training manual and reference book for the community theatre were finalized. The video is still under development; a video script has been done and is being reviewed. A total of 60 members (38 males and 22 females) of the community drama groups from Mambwe, Mansa and Luanshya were trained. Preparation for scaling up the community drama group training in the remaining districts, Mwinilunga and Kalomo, has started.

In the next quarter, training of drama groups in Mwinilunga and Kalomo will be completed.

4.4.5 DISTRICT HEALTH PROMOTION GUIDELINES REVIEW

In the last quarter, the MOH health promotion guidelines were finally approved for printing and a total of 500 copies have been produced.

In the next quarter, a meeting will be held by the MOH **Health** Promotion Unit and the TWG to develop a distribution and training plan.

5. CROSSCUTTING PROGRAM AND MANAGEMENT SUPPORT

5.1 MONITORING AND EVALUATION

Monitoring and evaluation (M&E) are fundamental aspects of good program implementation at all levels and provide data on program progress and effectiveness, improves program management and decision-making, and allows accountability to program managers including funders.

5.1.1 PERFORMANCE MONITORING AND EVALUATION PLAN

The M&E team developed the data management flow chart for both ZISSP's quantitative and qualitative indicators to improve on data accuracy. This is to streamline, strengthen and improve the M&E system. During the first quarter the M&E team worked on the training and mentorship data to facilitate the preparation of the 2013 Semi – Annual Performance Report (SAPR) for USAID. The SAPR provides the program performance against the annual targets and provides an opportunity for the program staff to strategize on how to implement the programs. This is one of the key standard tools which guide planning of program activities to ensure that activities are in line with the program goals.

5.1.1.1 PROGRAM MONITORING AND EVALUATION DATABASE

Because of the process of upgrading the database to use MS Access, the training register was also revised to provide for unique identifier variables. This will further enhance data accuracy and reduce any errors in double counting. The implementation of the Certificate of Completion (COC) which was introduced has strengthened the process of tracking program data and has improved data efficiency and effectiveness. The COC has also improved the verification process for the submitted participant's registers.

The M&E team made it mandatory that all the submitted training registers must be accompanied with the daily attendance register which comes from the Finance and Administration Department to track the number of people who completed the training for further verification purpose.

5.1.1.2 REPORTING

The M&E team has been instrumental in helping in the preparation of the ZISSP mid –term evaluation and compiled major program achievements and deliverables to date. The M&E team planned the presentation sessions on program implementation and achievement by the program staff to enable the evaluators to have a good understanding of how the program is being implemented.

The M&E team continued to enter and clean the program database in preparation for the Semi-Annual Performance Report (SAPR) and the Portfolio Report (PR). The SAPR and Annual Performance Report (APR) provide both USAID and ZISSP Senior Management semi-annual program performance and achievements and helps guide decision in program planning.

During the quarter under review, the M&E team participated in DevResult training organized by USAID. This training introduced M&E officers from the various USAID funded programs to the DevResult reporting template to be implemented by USAID.

5.1.1.3 DATA MAPPING

ZISSP has over the years accumulated a rich depository of information which needed to be mapped. ZISSP sought the services of a consultant who mapped the different training and mentorship activities. The purpose of mapping the data is to show the geographic coverage of the different training and mentorship activities which have been done. The maps will be linked to the ACCESS database and will be updated on a quarterly basis. The draft maps have been developed and further review was provided to the consultant to finalize the maps.

5.1.2 UPGRADING THE DATABASE

ZISSP embarked on upgrading the M&E system to improve data sharing by creating an environment in which end-users have ready-access to the data. The upgrades will improve data integrity and security and minimize data inconsistencies. The database will take the form of MS Access integrated with the MS SQL server being used as back end to store all the data while ACCESS will be used as front end.

5.1.3 TECHNICAL SUPPORT

The team reviewed the activity plans, budgets and terms of reference (ToRs) for different research activities. The team successfully coordinated and finalized the program narrative and budget for 2013 and submitted this to USAID. The team continued to strengthen the working relationship with the MOH through participating and providing technical assistance during the TWG meetings, preparation of the 2013 Zambia Demographic Health Survey (ZDHS) and the Joint Annual Review.

5.1.4 RESEARCH ACTIVITIES

The team is providing technical support to program staff and consultants on a number of assessments which are being conducted. Examples are: the Direct Entry Midwifery (DEM) Program assessment, Child Health Corners, Baby Friendly Health Facility Initiative, and ART Accreditation.

The DEM assessment was aimed at evaluating the DEM training program and a performance-based analysis on capabilities of the certified midwives. The findings will be used to enhance the quality of training and practice for the DEM program.

The M&E team coordinated the evaluation of the Zambia Health Workers Retention Scheme (ZHWRS) survey. The team also reviewed the inception report of the assessment on Long Term Family Planning (LTFFP) trainings for nurse tutors and clinical instructors.

5.1.5 TECHNICAL SUPPORT TO GRANTS PROGRAM

ZISSP is implementing the grants program and so far, 11 grantees have been awarded. The role of the M&E team has been to provide technical support in establishing data management systems. The team developed standard data collection tools which were shared with the M&E officers from grantee organizations. Field visits were conducted to the three grantees; Mansa (Groups Focused Consultations), Serenje (Serenje Pastors Fellow) and Luanshya (COIHEP)

5.2 GENDER

In December 2012, ZISSP engaged a consultant to conduct a gender analysis study in Muchinga and Lusaka Provinces. This was to identify barriers and enable access, utilization and demand for health services among women, men and youth and inform policy as well as mainstream gender in all health

activities. The gender analysis report has been completed and presented to the MOH for review and adoption before dissemination to the Provincial Health Offices (PMO) and District health Offices (DHO). The analysis report will be used as a resource document during the planning cycle.

ZISSP oriented the Community Health Assistant (CHA) student body on the role that gender plays in the demand, access and utilization of health services. The orientation culminated in the formation of a school gender club with membership that included the entire 292 student body, together with their tutors. ZISSP will continue to build capacity of all students in gender through the elected executive and school administration by providing study materials and other materials that contribute to gender integration activities.

5.3 KNOWLEDGE MANAGEMENT

5.3.1 TECHNICAL BRIEFS AND SUCCESS STORIES

The Knowledge Management unit continued to compile and review the success stories from program staff to showcase the impact of the program interventions. Eleven success stories were finalized and are ready for printing and distribution. The following success stories are ready for printing;

1. Building Surgical and Anesthetic Skills, Improving Health Outcomes
2. Capacity-building efforts increase facility deliveries
3. Eleven Community Organizations Awarded Grants under ZISSP
4. Training Improves Accuracy of Reported Malaria Cases
5. New Models Improve Midwifery Training Experience
6. The Power of Clinical Mentorship to Improve Quality of Care
7. The Power of Human Resources Training
8. Safe Motherhood Action Groups Provide a Future for Memories
9. Spraying for a Life without Mosquitoes
10. Strengthening Health Care Through Effective Planning and Stakeholder Engagement
11. Training Zambia's Nurses, Saving Mothers and Babies

More success stories are still being edited and finalized. A technical brief on malaria and a ZISSP brochure are also being developed.

The Communications Specialist visited Luapula Province and wrote success stories on how the community is being involved in planning because for many years the community was not involved in the planning process which made identification of community problems very difficult. The communications specialist also wrote two other success stories on the impact of SMAGs and also on the materials donated to SMAGs by ZISSP.

5.3.2 COMMUNICATION STRATEGY

The process of developing a communication strategy was initiated. The scope of work and questions for various stakeholders were developed. The team is currently planning to bring in Caytie Decker from Abt headquarters to assist with development of the strategy.

5.4 FINANCE AND ADMINISTRATION

During the quarter ending 31 March 2013, the Finance and Administration Department focused on the following:

- Provision of logistics for the implementation of quarter's planned activities
- Introduction and implementation of the Purchase Order template which has improved the official commitment with vendors.
- Rolling out the online time reporting system for overtime (OT) for more efficient and timely submission of OT timesheets.
- Embarked on the reorganization of storage space for program materials and the office filing system.
- Closed FY2012 accounting records.
- Cleared the subaccount
- Finalized the revision of the local Finance and Administration Procedures.
- Implemented a new accounting software system, Quickbook, to ensure timely update of accounting information.
- Oriented accounting staff in the use and update of ISMS and will soon roll out the orientation to all staff starting with team leaders to ensure effective tracking and management of staff travel advances.

5.4.1 OVERALL BUDGET AND EXPENDITURE

As of 31 March 2013, ZISSP spent a cumulative total of US\$47,524,608.39 against the current obligations of \$55,786,855.00. Cumulatively, ZISSP has spent 53.9% of the total project estimated amount of \$88,092,613 ceiling.

5.4.2 HUMAN RESOURCES

ZISSP has a total of 97 staff including four senior management staff. Fifty nine are technical staff, 13 are finance and administrative staff, and 25 are drivers.

During the quarter, the Project recruited two drivers for Northern and Western Provinces, one CCS for North-Western Province, one Research, Monitoring and Evaluation Manager and one Monitoring and Evaluation Officer.

Two employees separated from the company including the Human Resources Manager and the CCS for North-Western Province. The recruitment process to fill the above vacancies is in progress.

5.5 INFORMATION TECHNOLOGY

5.5.1 PROVINCIAL REMOTE AND SUPPORT SOLUTIONS

The department introduced remote support tools such as Team Viewer, which has resulted in an improvement in the way users are supported in the provinces. Instead of costly telephone calls to the sites, the information technology (IT) department is now able to connect to the user's machines and resolve their challenges faster than ever before. The IT team has however, not had the same success with Lync as the desktop sharing feature is still not as refined as the Team Viewer. Team Viewer has also been used to support users in the region.

The challenge continues to be voice communication especially by team leaders who sometimes need to have long discussions with field staff. With the engagement of our Internet Service Provider (ISP), the NMCC has been setup as a test site. Discussions are under way with Abt HQ to configure the Lusaka office to allow voice traffic over the IP phones.

5.5.2 INTERNATIONAL COMPUTERS DRIVING LICENSE

The International Computers Driving License (ICDL) exams have kicked off with seven staff members attempting at least one exam. Mutinta Nalubamba passed all seven modules; Brian Chirwa and Nyawah Zingani passed three exams. Emily Moonze, Paul Chirwa and Justine Chongo attempted the exams. This trend will continue as staff try to meet their personal performance goals.

5.5.3 HELPDESK VOLUME AND PERFORMANCE

The department introduced the use of a breaking-down barriers worksheet alongside the helpdesk system to capture as many issues from users as possible because the helpdesk system implemented by Abt HQ in 2012 has not been working effectively, largely due to its inability to provide a more interactive tracking system. Abt HQ is about to roll out a new system in the second or third quarter of 2013.

An IT asset tracking system on the network using Spice Works was implemented to capture system performance of machines and for inventory purposes.

5.5.4 MINISTRY OF HEALTH COLLABORATION

The department supported the MOH in the roll out of helpdesk solutions at Ndeke House following the successful helpdesk training held in 2012. The ministry plans to deploy servers in provincial sites in the second quarter. They have indicated a willingness to seek the assistance of ZISSP to conduct training and as a resource for support.

5.5.5 IT MAINTENANCE

Following months of discussions and vendor evaluation, the department has finally narrowed the search to two companies with the desired credentials to meet ZISSP servicing needs. With a Service Level Agreement (SLA) in place, the hardware will be serviced in a timely manner; there will be an extended warranty on machines to meet the project life cycle and facilitate implementation of a systematic way of taking inventory.

5.6 MAJOR CHALLENGES AND RESPONSES

Challenges	Solutions
1. Competing activities for the Deputy Director of Clinical Care and Diagnostic Services who is now coordinating clinical mentorship resulting in delay in development of treatment protocols, job aides and flow charts for mentors.	Propose to MOH that clinical mentorship be a subject under the Quality Improvement Technical Working Group to improve coordination since it is a strategy for QI.
2. Lack of and incomplete baseline data in some health facilities hampering initiation of QI projects to track the 5 MOH QI core indicators.	The CCSs should facilitate collection of baseline data in collaboration with DHIOs.
3. Grantees were still sending incomplete reports without proper documentation, despite having trained them in report writing and documentation. This delayed the disbursement process, as they still had to be asked to send the required documentation before processing their payments	The team embarked on technical support activities through email and site visits. During these visits, capacity building activities based on identified gaps were addressed

5.7 KEY ACHIEVEMENTS

A summary of key achievements are:

- Successfully met the quarterly mentorship target of 750 mentoring sessions for health workers from October 2012 to March 2013.
- Developed a step-by-step guide for program officers/managers in health planning.
- Mentored 125 program officers from five provinces in DQA.
- Developed ZMLA curriculum in Strategic Information Management Training and trained 33 trainers in this curriculum.

6. FOCUS AREAS FOR SECOND QUARTER, 2013

Below are the key activities planned for the next quarter:

6.1 COMMUNITY HEALTH COORDINATORS

- Provide technical support supervision to NHCs/HCACs/SMAGs.
- Train SMAGs in 9 districts
- Train PHO,DHO and HCs as trainers in the use of simplified guide to community health planning
- Orientation of NHC to simplified community health planning guide

6.2 GRANTS PROGRAM

- Train grantees in BCC
- Conduct technical support supervision to grantees
- Disburse funds to grantees
- Conduct National GST meeting

6.3 MANAGEMENT SPECIALISTS

- Technical assistance to MCDMCH to orient staff in planning
- Technical support to MOH to develop a DQA to standardize the process of conducting DQA at all levels
- Provide routine annual support to the annual planning process at national (MOH/MCDMCH) and provincial levels
- Complete trainings and mentoring in the last ZMLA module in North Western, Central, Lusaka, Eastern, Northern and Luapula Provinces
- Recruit a consultant to evaluate the impact of the first phase of the ZMLA activities across 18 cohorts
- Conduct a curriculum and program review to prepare for the second phase of ZMLA recruitment.

6.4 CLINICAL CARE

- MOH TWG to continue providing technical support supervision to provincial and district QI committees
- Conduct QI training of health workers in the provinces

- Monitor performance improvement of the five MOH QI indicators in the five selected Model Health Facilities in each province and conduct the impact assessment of QI projects including mentorship
- Scale up of clinical mentorship by all the CCTs at all levels including collaboration with EmONC, IMCI and malaria teams to leverage resources.

ANNEX I: ZISSP INDICATOR MATRIX

No.	Indicator	LOP target	LOP achievement as of March 2013	LOP achievement as of September 2012	LOP achievement as of March 2012	Annual Target	January 2012-December 2012	USAID reporting year October 2011 to September 2012	SAPR results reported (October 2011 to March 2012)	October 2011 to December 2011)	Quarter 2 (January - March 2012)	Quarter 3 (April - June 2012)	Quarter 4 (July - September 2012)	Quarter 1 (October 2012 - December 2012)	Quarter 2 (January 2013 - March 2013)
1.1.1	Number of policies, guidelines, procedures, or system changes that are identified, reviewed, adopted, institutionalized, and/or implemented with ZISSP support.	n/a	16	16	14	n/a		16	14	0	0	0	2	0	0
2.2.1a	Number of health care workers who successfully complete an in-service training program within the reporting period														
	Clinical Mentorship	9,200	5,322	3,617	1,505	2,400	3,692	2,995	883	498	385	921	1,191	1,195	510
	Health Systems Strengthening														
	(MLA)	2,304	1,409	663	331	980	1,026	663	331	224	107	120	212	587	159
	(Planning, PMP, MBB, HR, CHA Supervisors)	1,813	1,766	1270	626	557	848	738	94	94	0	77	567	204	292
	Males		1,144	855	389			533	67	67	0	52	414	129	160
	Female		622	415	237			205	27	27	0	25	153	75	132
2.2.2	Number of new health care workers who graduated from a pre-service training institution within the reporting period	580	307	307	0	330	307	307	0	0	0	307	0	0	0

No.	Indicator	LOP target	LOP achievement as of March 2013	LOP achievement as of September 2012	LOP achievement as of March 2012	Annual Target	January 2012-December 2012	USAID reporting year October 2011 to September 2012	SAPR results reported (October 2011 to March 2012)	October 2011 to December 2011)	Quarter 2 (January - March 2012)	Quarter 3 (April - June 2012)	Quarter 4 (July - September 2012)	Quarter 1 (October 2012 - December 2012)	Quarter 2 (January 2013 - March 2013)
	Males		145	145	0			145	0	0	0	145	0	0	0
	Female		162	162	0			162	0	0	0	162	0	0	0
2.2.3	Number of people trained in family planning and reproductive health with USG funds	900	384	313	65	200	319	270	22	22	0	99	149	71	0
	Health Workers	360	195	172	65	80	130	129	22	22	0	43	64	23	0
	Males		63	52	23			40	11	11	0	8	21	11	0
	Female		132	120	42			89	11	11	0	35	43	12	0
			0												
	Community	540	189	141	0	120	189	141	0	0	0	56	85	48	0
	Males		96	68	0			68	0	0	0	25	43	28	0
	Female		93	73	0			73	0		0	31	42	20	0
			0												
2.2.4	Number of people trained in maternal/newborn health through USG supported programs	3,750	1,606	1209	540	1,190	1,403	1,084	415	78	337	243	426	397	0
	Health Workers (EMoNC Providers)	340	253	233	131	120	164	177	75	33	42	82	20	20	0
	Males		101	95	48			72	25	10	15	44	3	6	0
	Female		152	138	83			105	50	23	27	38	17	14	0
			0												

No.	Indicator	LOP target	LOP achievement as of March 2013	LOP achievement as of September 2012	LOP achievement as of March 2012	Annual Target	January 2012-December 2012	USAID reporting year October 2011 to September 2012	SAPR results reported (October 2011 to March 2012)	October 2011 to December 2011)	Quarter 2 (January - March 2012)	Quarter 3 (April - June 2012)	Quarter 4 (July - September 2012)	Quarter 1 (October 2012 - December 2012)	Quarter 2 (January 2013 - March 2013)
	Health Workers (SMAG Master Trainers)	410	151	151	36	150	151	151	36	0	36	115	0	0	0
	Males		58	58	11			58	11	0	11	47	0	0	0
	Female		93	93	25			93	25	0	25	68	0	0	0
			0												
	Community health volunteers(SMAGs)	3,000	1,202	825	373	920	1088	756	304	45	259	46	406	377	0
	Males		541	368	170			338	140	16	124	24	174	173	0
	Female		661	457	203			418	164	29	135	22	232	204	0
			0												
2.2.5	Number of people trained in child health and Nutrition through USG supported programs	2,148	1,800	1590	920	366	934	1,223	553	366	187	377	293	77	133
	Health Workers	1,488	1,249	1064	597	96	731	871	404	217	187	257	210	77	108
	Males		650	544	292			438	186	93	93	142	110	41	65
	Female		599	520	305			433	218	124	94	115	100	36	43
			0												
	Community	660	551	526	323	270	203	352	149	149	0	120	83	0	25
	Males		267	253	151			166	64	64	0	63	39	0	14
	Female		284	273	172			186	85	85	0	57	44	0	11

No.	Indicator	LOP target	LOP achievement as of March 2013	LOP achievement as of September 2012	LOP achievement as of March 2012	Annual Target	January 2012- December 2012	USAID reporting year October 2011 to September 2012	SAPR results reported (October 2011 to March 2012)	October 2011 to December 2011)	Quarter 2 (January - March 2012)	Quarter 3 (April - June 2012)	Quarter 4 (July - September 2012)	Quarter 1 (October 2012 - December 2012)	Quarter 2 (January 2013 - March 2013)
			0												
2.2.6	Number of children who received DPT3 vaccine by 12 months of age in ZISSP districts	2,047,000	1,302,825	1,081,175	526,645	398,000		1,081,175	526,645			512,325	0	0	221,650
2.2.7	<i>Percent of children who received DPT3 vaccine by 12 months of age</i>	74%	1	1	132%	73%		125%	132%			125%	0	0	0
2.2.8	Number of children under 5 years of age who received Vitamin A from USG-supported programs	12,351,000	5,002,355	3,715,299	3,715,299	2,456,000		3,715,299	3,715,299	0	0	0		0	1,287,056
2.3.1	Number of people trained with USG funds to deliver IRS	7,201	5,457	5457	4,528	915	929	929	0	0	0	59	870	0	0
	Supervisors		531	531	472	60	59	59	0	0	0	59	0	0	0
	Male		421	421	371			50	0	0	0	50	0	0	0
	Female		110	110	101			9	0	0	0	9	0	0	0
			0												
	Spray Operators		4,926	4926	4056	855	870	870	0	0	0	0	870	0	0
	Male		3,420	3420	2844			576	0	0	0	0	576	0	0
	Female		1,506	1506	1212			294	0	0	0	0	294	0	0
			0												
2.3.2	Number of houses sprayed with IRS with USG funds	4,953,712	2,018,631	2,018,631	2,018,631	531,791		Data will be available in March 2013	916,293 (86%)			Data will be available in March 2013	n/a	0	0

No.	Indicator	LOP target	LOP achievement as of March 2013	LOP achievement as of September 2012	LOP achievement as of March 2012	Annual Target	January 2012-December 2012	USAID reporting year October 2011 to September 2012	SAPR results reported (October 2011 to March 2012)	October 2011 to December 2011)	Quarter 2 (January - March 2012)	Quarter 3 (April - June 2012)	Quarter 4 (July - September 2012)	Quarter 1 (October 2012 - December 2012)	Quarter 2 (January 2013 - March 2013)
			0	0											
2.3.3	Number of houses targeted for spraying with IRS with USG funds	3,635,464	531,791	531,791	531,791	460,000		Data will be available in March 2013	531,791			Data will be available in March 2013	n/a		
			0												
2.3.4	Number of health workers trained in IPTp with USG funds	1,656	473	387	83	360	390	387	83	43	40	0	304	46	40
	Males		162	116	34	NA	128	116	34	18	16	0	82	30	16
	Female		311	271	49	NA		271	49	25	24	0	222	16	24
			0												
2.3.5	Number of people trained in malaria case management with ACTs with USG funds		0												
	Community Health Workers	1,512	815	662	262	540	542	542	142	0	142	55	345	0	153
	Males		630	528	201			422	95	0	95	54	273	0	102
	Female		185	134	61			120	47	0	47	1	72	0	51
			0												
1.1.1.2	Number of updated program manuals, clinical guidelines, protocols, or training curricula are in place and in use for specific high-impact service areas (HRH, FP, EmONC, Malaria, Planning, CHN, HIV/AIDS)	n/a	13	12	9	n/a		12	9			1	2	1	0

No.	Indicator	LOP target	LOP achievement as of March 2013	LOP achievement as of September 2012	LOP achievement as of March 2012	Annual Target	January 2012-December 2012	USAID reporting year October 2011 to September 2012	SAPR results reported (October 2011 to March 2012)	October 2011 to December 2011)	Quarter 2 (January - March 2012)	Quarter 3 (April - June 2012)	Quarter 4 (July - September 2012)	Quarter 1 (October 2012 - December 2012)	Quarter 2 (January 2013 - March 2013)
			0												
3.2.1	Number of people trained in BCC/IEC methods or materials in ZISSP target districts.	3280	1,085	535	0	450	804	535	0	0	0	274	261	269	281
	Male		720	364	0		538	364	0	0	0	193	171	174	182
	Female		365	171	0			171	0	0	0	81	90	95	99
			0												
1.2.1	Malaria incidence in selected districts	97 per 1000	356	355.9		208 per 1000		355.9	355.9			3559			

ANNEX 2: TRAININGS CONDUCTED IN QUARTER I

Technical Area	Type of Training	Province	District	Total Number Trained	Male	Female
MNCH/ HR	Facility IMCI	Western	Lukulu, Kalabo and Shang'ombo	22	15	7
	RED	Southern	Sinazongwe, Kalomo and Gwembe	36	18	18
	Nutrition/F-IYCF	Eastern	Lundazi	25	18	7
	Long Term Family Planning	Copperbelt	Luanshya, Masaiti and Lufwanyama	28	3	25
	Community Based Distributors	Southern	Gwembe	31	24	7
	Adolescent Health/Peer Education	Northern	Mpika and Nakonde	25	16	9
	EmONC	Northern	Nakonde Mbala and Chilubi	20	11	9
Clinical Care	Clinical Mentors	Eastern		18	9	9
Management and Leadership	Zambia Management and Leadership Academy TOT on Strategic Information			33	27	6
Malaria	Standard Operation procedures	Eastern		21	14	7
	Malaria Case Management	Eastern, Northern, Lusaka, Muchinga and Luapula	Nyimba, Luangwa, Chongwe, Mpika, Mbala, Nakonde, Mansa, Chilubi, Chienge, Nakonde, Mambwe and Lundazi	153	102	51
Community	Safe Motherhood Action Group	Western Southern and Eastern	Lukulu, Kalomo, Nyimba and Lundazi	300	161	139
Community/ BCC	SMAG RDL facilitators	Luapula, Eastern, Copperbelt, North – Western and Southern	Mansa, Mambwe, Nyimba, Luanshya, Mwinilunga and Kalomo	42	25	17

Technical Area	Type of Training	Province	District	Total Number Trained	Male	Female
	SMAG RDL leaders/ listening groups	Luapula, Eastern, Copperbelt, North – Western and Southern	Mansa, Mambwe, Nyimba, Luanshya, Mwinilunga and Kalomo	300	155	145
	Drama	Eastern, Luapula and Copperbelt	Mambwe, Mansa and Luanshya	60	38	22
Capacity Building	Gender	National		292	160	132