



USAID
FROM THE AMERICAN PEOPLE

ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

QUARTERLY REPORT

JANUARY - MARCH 2014

April 2014

This publication was produced for review by the United States Agency for International Development. It was prepared by the Zambia Integrated Systems Strengthening Program (ZISSP).



The Zambia Integrated Systems Strengthening Program is a technical assistance program to support the Government of Zambia. The Zambia Integrated Systems Strengthening Program is managed by Abt Associates, Inc. in collaboration with American College of Nurse-Midwives, Akros Research Inc., Banyan Global, Johns Hopkins Bloomberg School of Public Health-Center for Communication Programs, Liverpool School of Tropical Medicine, and Planned Parenthood Association of Zambia. The project is funded by the United States Agency for International Development, under contract GHH-I-00-07-00003. Order No.GHS-I-11-07-00003-00.

Recommended Citation: Zambia Integrated Systems Strengthening Program; April 2014. *Zambia integrated Systems Strengthening Program Quarterly Report for January - March 2014*. Bethesda, MD: Zambia Integrated Systems Strengthening Program, Abt Associates, Inc.

Submitted to: William Kanweka, USAID/COR
Lusaka, Zambia

Kathleen Poer, COP
Zambia Integrated Systems Strengthening Program

DISCLAIMER

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



Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | T. 301.347.5000 | F. 301.913.9061
| www.abtassociates.com



Table of Contents

List of Tables and Figures.....	iii
Acronyms	iv
Executive Summary	vi
Introduction	1
I. TASK ONE: Support for the Central Ministry	1
I.1 Human Resources for Health (HRH).....	1
I.2 Family Planning.....	4
I.3 Adolescent Health (ADH)	6
I.4 Emergency Obstetric and Neonatal Care (EmONC)	7
I.5 Child Health	8
I.6 Nutrition.....	10
II. TASK TWO: Support to the provinces and districts	12
2.1 Clinical Care and Quality Improvement.....	12
2.1.1 Quality Improvement.....	12
2.1.2 Clinical Care Mentorship	16
2.2 Management and Leadership	18
2.3 Malaria.....	22
2.3.1 Support for Indoor Residual Spraying (IRS) Program in 20 Districts.....	22
2.3.2 Malaria Prevention and Case Management	24
2.3.3 Malaria Surveillance System (AID Step 3) in Lusaka and Mumbwa Districts	27
III. TASK THREE: Improve Community Involvement.....	28
3.1 Engaging communities in community health planning.....	28
3.2 Safe Motherhood	28
3.3 Grants Program.....	29
3.4 Behavior Change Communication (BCC)	30
IV. Crosscutting Program And Management Support.....	32
V. Challenges and Solutions	36
VI. Focus Areas for Second Quarter	38
Annex I: Indicator table – Life of Project and quarterly targets and achievements	42
Annex II: Training data by type of training and gender of participants.....	46

List of Tables and Figures

Table 1: Examples of challenges arising at the DHRA quarterly performance review meeting, with next steps.... 2

Figure 1: Number of Health Workers Trained on PMP, January - March 2014 and June 2010 - March 2014..... 3

Figure 2: Number of CBDs trained in FP, January - March 2014 and June 2010 - March 2014 5

Figure 3: Number of Health Workers Trained in RED, January - March 2014 and June 2010 - March 2014 8

Figure 4: Number of Health Workers Trained in Quality Improvement - January - March 2014 and June 2010 - March 2014..... 14

Figure 5: Number of Mentorship Sessions Conducted, January - March 2014 and June 2010 - March 2014..... 17

Figure 6: A geocoding exercise was undertaken in quarter one in Katete and Chadiza Districts. 22

Figure 7: Number of CHVs trained in iCCM, January-March 2014 and June 2010- March 2014 26

Acronyms

ACNM	American College of Nurse-Midwives
ADH	Adolescent Health
AID	Active Infection Detection
AIDS	Acquired Immune Deficiency Syndrome
AIRS	Africa Indoor Residual Spraying
APAS	Annual Performance Appraisal System
ART	Anti-retroviral Treatment
BCC	Behavior Change Communication
BHFI	Baby Friendly Health Facility Initiative
BRITE	BroadReach Institute for Training and Education
CBD	Community Based Distributor
CCO	Clinical Care Officers
CCP	Johns Hopkins Bloomberg School of Public Health Center for Communications Programs
CCS	Clinical Care Specialists
CCT	Clinical Care Teams
CHA	Community Health Assistants
CHC	Community Health Coordinators
CHV	Community Health Volunteer
CHW	Community Health Worker
CIDRZ	Center for Infectious Disease Research in Zambia
DCCT	District Clinical Care Teams
DCMO	District Community Medical Office
DDMS	Disease Data Management System
DFID	United Kingdom Department for International Development
DHRA	Directorate of Human Resource Administration
DMO	District Medical Office/r
DOPE	Development Organization for People Empowerment
DQA	Data Quality Audit
EHT	Environmental Health Technicians
EmONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program on Immunization
FANC	Focused Ante-Natal Care
FP	Family Planning
GNC	General Nursing Council
GIS	Geographical Information System
HCAC	Health Center Advisory Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resource
HRH	Human Resource for Health
HRIS	Human Resource Information System
iCCM	Integrated Community Case Management
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IRS	Indoor Residual Spraying
IT	Information Technology

IYCF	Infant and Young Child Feeding
LAFP	Long Acting Family Planning
LSTM	Liverpool School of Tropical Medicine
M&E	Monitoring and Evaluation
MAIYCN	Maternal, Adolescent, Infant and Young Child Nutrition
MCDMCH	Ministry of Community Development Mother and Child Health
MCH	Maternal and Child Health
MDSR	Maternal Death Surveillance Response
MOH	Ministry of Health
NFNC	National Food and Nutrition Commission
NHA	National Health Accounts
NHC	Neighborhood Health Committee
NIPA	National Institute for Public Administration
NMCC	National Malaria Control Center
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PMI	President's Malaria Initiative
PMO	Provincial Health Offices
PMP	Performance Management Package
PPAZ	Planned Parenthood Association of Zambia
PCCT	Provincial Clinical Care Teams
QI	Quality Improvement
RDL	Radio Distance Learning
RED	Reaching Every Child in Every District
SHA2	Systems for Health Accounting
SMAG	Safe Motherhood Action Groups
SMGL	Saving Mothers Giving Life Endeavor
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TWG	Technical Working Group
UNZA	University of Zambia
USAID	United States Agency for International Development
WHO	World Health Organization
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZMLA	Zambia Management and Leadership Training

Executive Summary

The USAID-funded Zambia Integrated Systems Strengthening Program (ZISSP) commenced the final year of implementation in January 2014. During the first quarter, ZISSP continued to work closely with the Ministry of Health (MOH) and 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 also worked with communities to foster increased use of public health services.

This report presents activities conducted in the first quarter, from January 1st through March 31st, 2014. During the quarter, increased emphasis was placed on finalizing program deliverables and discussing plans for sustainability and handover of ZISSP activities to government ministries. Quarter I and Life of Project targets and achievements are listed in Annex 1, while quarter one training numbers are presented in Annex 2. Highlights from quarter one included the following:

- **Human Resources for Health:** ZISSP support enabled the MOH to hold a quarterly performance review meeting attended by 38 human resource staff and to train 45 people on the Performance Management Package and the Annual Performance Appraisal System. The rollout phase of the MOH Human Resources Information System to health facilities also commenced in quarter one.
- **Maternal, Neonatal and Child Health:** ZISSP trained 30 additional Community-Based Distributors for family planning, and enabled the MCDMCH to conduct post-training mentorship for 16 peer educators in Nakonde and Mpika Districts. ZISSP conducted training and post-training mentorship in six districts for Emergency Obstetric and Neonatal Care (EmONC) providers, and site assessments of three additional midwifery schools were conducted in readiness for skills lab management training. Gaps in immunization systems were addressed through training 43 Provincial EPI Core Group members, 32 District Community Medical Office staff, and 52 community volunteers in the Reaching Every District (RED) strategy. ZISSP revitalized oral rehydration therapy corners in health facilities in Kalomo District, and continued to support mentorship for health providers and community volunteers in infant and young child feeding.
- **Clinical Care:** ZISSP finalized the quality improvement (QI) training package for the MOH/MCDMCH, and oriented national and the provincial QI trainers to the restructured manuals. In Western Province, the provincial QI Committee held a collaborative meeting to discuss the transition plan for ZISSP-supported clinical mentoring and QI programs. Five provincial QI Committees conducted technical support supervision visits of 12 health facilities; five provincial Clinical Care Teams (CCTs) provided technical support to 15 district CCTs; and 30 district CCTs conducted mentorship with 599 health workers.
- **Management:** ZISSP and MOH finalized the report for the 2013 annual planning process, which documented the process and identified innovations as well as challenges. Thirty-eight program officers (mainly District Health Information Officers) received training in the new Data Quality Audit (DQA) guide. ZISSP continued to support preparations for the National Health Accounts survey for the 2011 and 2012 expenditure period. ZISSP supported provinces and districts to hold preparatory meetings prior to the performance assessment activities. A total of 182 trainees are currently participating in the second phase of the Zambia Management and Leadership Academy (ZMLA) training.

- **Malaria:** ZISSP supported monitoring and supervision visits to the 20 indoor residual spraying (IRS) districts, and also conducted a needs assessment as part of planning for the 2014 spray season. Sixty trained enumerators conducted a geocoding exercise in Chadiza and Katete Districts; these data will be used to estimate the required quantities of insecticides and deployment of spray operators. ZISSP provided financial support to the National Malaria Control Center (NMCC) to collect mosquitoes for susceptibility studies in ten districts. ZISSP supported training of 120 health providers in focused antenatal care (FANC), 66 community volunteers in integrated community case management (iCCM) for malaria, and 60 volunteers from Mumbwa District on the Step 3 protocol used in rural areas to help the MOH target areas for malaria elimination. NMCC handed-over a district-based electronic entomological surveillance database to 18 sites in 14 districts.
- **Community:** ZISSP continued to support the strengthening of community health planning systems, providing training and post-training support to Neighborhood Health Committee (NHC) and Health Center Advisory Committee (HCAC) members. As part of ZISSP's coordination role for the Saving Mothers, Giving Life (SMGL) program and wider safe motherhood initiatives, four districts conducted Maternal Death Surveillance Review meetings; over 1000 Safe Motherhood Action Group (SMAG) members from ten districts received technical support supervision. New SMAG groups were formed and started to receive training through the Radio Distance Learning (RDL) program. Finally, ZISSP disbursed ZK 1,816,832.77 to 14 grantees for various activities.

ZISSP provided financial and technical support for various Technical Working Groups (TWGs) operating under the MOH and MCDMCH. These groups discussed (among other things) updated guidelines and protocols (e.g., the family planning guidelines and protocols; maternal, adolescent, infant, and young child nutrition (MAIYCN) guidelines; malaria treatment guidelines; etc.), training packages (e.g., the Community Based Distributor training manuals; peer educator training manuals; training materials for IRS spray operators; etc.), and other strategic issues (e.g., the Zambia Health Worker Retention Scheme [ZHWRS] sustainability strategy; selection of insecticides for IRS; QI operational plans; etc.) ZISSP also continued to second staff at national and provincial levels to support capacity-building and systems strengthening within the MOH, MCDMCH and NMCC, and continued to support the provision of salaries for health workers under the ZHWRS in selected districts.

Introduction

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

ZISSP works to:

- Improve planning, management, and service delivery, particularly in relation to six high-impact programs
- Strengthen Zambian leadership, ownership, and capacity
- Expand the range of government and non-government actors involved in health planning
- Improve the use and relevance of health services in communities and target districts by strengthening “bottom-up” community participation in developing health plans
- Increase impact by emphasizing tangible results and incorporating gender as part of all program activities.

The program’s technical approach: (1) works horizontally to improve planning and management at each level of the health system, (2) improves the integration of private health sector resources in the national system, (3) addresses gender- and age-related barriers to care, and (4) strengthens the specific program areas of HIV and AIDS, family planning, maternal and neonatal health, child health and nutrition, and malaria.

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).

This report describes project activities undertaken from January 1st through March 31st, 2014. Sections I through IV of this report focus on the activities carried out in the first quarter by the various technical teams. Section V explores the challenges faced and the solutions put forward to address them. Section VI outlines the focus areas for the second quarter of 2014.

I. TASK ONE: Support for the Central Ministry

I.1 Human Resources for Health (HRH)

Quarterly Performance Review Meetings: The Directorate of Human Resources and Administration (DHRA) under the MOH decided to include departmental quarterly performance review meetings in the ZISSP work plan as part of a process for systems strengthening. The meetings are part of the process for the DHRA to assess and monitor its own performance against the yearly work plans, as well as the performance targets as set out in the Human Resources for Health Strategic Plan (2011 – 2015). This review is a self-study to reflect on activities in the area of human resource (HR) management, staff training and development, HR planning and other primary functions. The focus of the process is to

evaluate the department's mission and strategic goals. The concentration is also an evaluation of the primary activities of the department, which are essential to the delivery of services as well as to the achievement of the objectives, goals and mission as specified in the strategic plan.

From February 10-12, 2014, ZISSP provided financial and technical support to the DHRA to hold a quarterly performance review meeting attended by 38 HR staff (23 males, 15 females) from the MOH Headquarters, provinces and major hospitals¹. Meeting objectives included reviewing performance progress for the last quarter of 2013, sharing challenges and best practices and introducing the new Director and Assistant Director – HRA, who had just been transferred to the Ministry. The meeting participants agreed upon several follow-up points arising from various challenges discussed during the meeting (Table 1), and resolved to review progress on the follow up points at the next meeting.

Table 1: Examples of challenges arising at the DHRA quarterly performance review meeting, with next steps

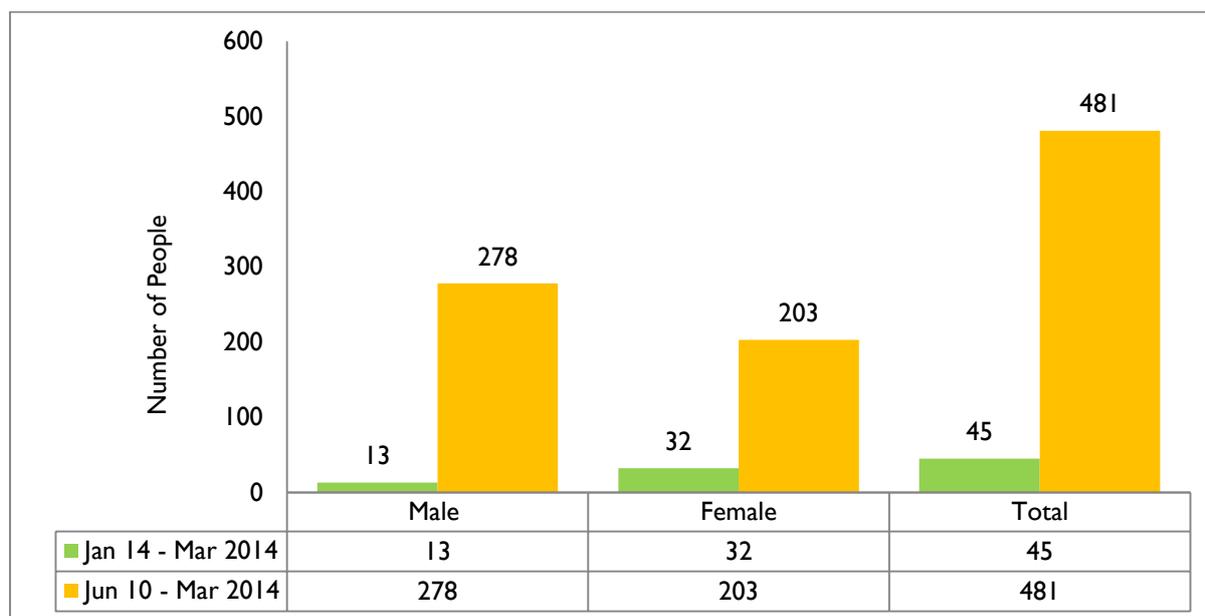
NO	CHALLENGES	STEPS TAKEN / TO BE TAKEN TO ADDRESS THE CHALLENGES
1	Payroll distortions within MOH facilities	Conduct payroll audits
2	Structural inadequacies for critical positions not funded	Request for treasury authority for creation and funding of such positions
3	Conflicting activities between the MOH and MCDMCH	Request both Ministries to interact when implementing activities at the Provincial Medical Office (PMO) levels.
4	Implementation of PMP still a challenge due to inadequate funding	Requested for funds for PMP implementation through MOH HQ as well as cooperating partners
5	Some jobs in some facilities still did not have job descriptions	MOH HQ should be informed in writing of such jobs to enable development of job descriptions.
6	Lack of funding to pay gratuities for staff on the ZHWRS and inadequate absorption of eligible staff onto the ZHWRS	A review of the ZHWRS policy would be required.

The DHRA plans to hold at least one additional meeting in 2014 and is currently exploring funding options from other partners, such as the United Kingdom Department for International Development (DFID) and the Clinton Health Access Initiative. To sustain this activity after ZISSP ends, the DHRA intends to include these meetings in their departmental annual action plans for the year 2015.

Performance Management Package: ZISSP provided technical and financial support to enable the MOH to train 45 health staff (17 males, 28 females) on the Performance Management Package (PMP) and the Annual Performance Appraisal System (APAS). The PMP improves organizational and individual performance by introducing a new work culture of work-planning and target-setting and introduces the open appraisal system (called APAS) as a new instrument for assessing individual performance. The 45 participants were drawn from Levy Mwanawasa General Hospital and the Lusaka Provincial Medical Office (PMO). Since June 2010, ZISSP has provided technical and financial support for training a total of 481 MOH staff (278 males, 203 females) on the PMP (Figure 1), while MOH has trained additional persons using government funds.

¹ Districts did not attend as they are under MCDMCH, not under MOH.

Figure 1: Number of Health Workers Trained on PMP, January - March 2014 and June 2010 - March 2014



ZHWRS Audit: ZISSP provided technical and financial support to facilitate the audit of the ZHWRS in January 2014. The audits are part of a routine process to verify the existence of staff on the ZHWRS at the facilities designated as hard-to-reach and to establish those owed end-of-contract gratuities by the scheme. The key findings of the audit included the identification of cases where health workers are on the ZHWRS payroll but not working at the assigned facilities for various reasons, which leads to a potential loss of funds by the government due to paying these persons in error. The audit also found cases where staff who are currently working in the hard-to-reach facilities are not on the ZHWRS payroll due to lack of financial capacity of the scheme. In addition, thirty ZHWRS members, whose contracts had ended, had not been paid their gratuities due to lack of funding.

ZHWRS allowances under ZISSP: During the period under review, ZISSP reimbursed the MCDMCH and MOH for the allowances paid to the 119 health workers on the ZHWRS who are working in the 27 ZISSP-supported districts. The allowances reimbursed were for the period between January to June 2013. After this period, 37 scheme members had their contracts either not renewed or terminated as they were no longer eligible for support. In the light of this, ZISSP will only support 82 members for the subsequent reimbursement covering the period July to December 2013.

ZHWRS Sustainability Strategy: ZISSP continued to provide both technical and financial support towards processes to develop the ZHWRS Sustainability Strategy, which will provide the government with a strategic policy direction towards the implementation of an efficient, cost effective and sustainable retention scheme for health workers working in the rural and hard-to-reach areas in Zambia. On January 22, 2014, ZISSP supported a meeting of the *Recruitment and Placement Subcommittee* of the HR TWG to review the initial draft report on the ZHWRS Sustainability Strategy. The subcommittee was mandated to undertake this review and provide their input into the findings and recommendations of the report.

Following this process, the ZHWRS Sustainability Strategy draft report recommendations were then presented to the HR TWG on March 27, 2014 for their review. Recommendations include shifting the ownership and operation of the ZHWRS to the Cabinet Office and the MCDMCH; decentralization of the management of the ZHWRS (accompanied with an operational plan and budget); conducting research on how to merge the ZHWRS into other existing HRH strengthening initiatives (such as the Results Based Financing initiative) and the creation of a cost-benefit analysis; and creating an evidence base on non-monetary incentives in order to establish the opportunity costs of motivating health workers to work in the hard-to-reach areas of Zambia. The meeting resolved to adopt the report in principle. Any additional comments on the report will be submitted by the TWG members to the consultant by April 3, 2014 to facilitate its finalization. Due to the strategic nature of the report's recommendations, the HR TWG agreed to have the report presented to senior management at the MCDMCH and MOH for approval and further guidance. The report will also be presented at the next Sector Advisory Group meeting to be held in May 2014.

Sponsoring senior DHRA staff for a Harvard HRH course: The ZISSP HRH Specialist assisted the MOH Director-HRA and the Assistant Director- HR and Development with the application processes to attend a two-week training program on *Strengthening Human Resources for Health* at the Harvard School of Public Health (USA) scheduled to take place from June 16 to 27, 2014. The training is part of staff capacity building and systems strengthening for the MOH and will be fully supported by ZISSP. The participants have since been accepted and are in the process of applying for visas with the U.S. Embassy in Zambia.

Human Resources Information System (HRIS): ZISSP supported the commencement of the rollout phase of the MOH HRIS to all health facilities under MOH. The aim of an HRIS is to provide the MOH with an up-to-date HR database system which will collect, maintain, analyze and produce relevant reports on health personnel for informed decision making. The HRIS was designed in 2012 and successfully piloted in 2013 with ZISSP support.

During this quarter, combined teams of HR staff and Information Technology (IT) staff from MOH Headquarters visited health facilities in Eastern, Central, Western, Muchinga and Northern provinces. During these visits, the teams oriented PMOs, health facility management staff, HR staff, key registry staff and the data entry interns on the new MOH HRIS. (The interns, who were identified with assistance from the teams, will be recruited by ZISSP to assist with the initial HR data entry onto the MOH HRIS.) The teams also installed the system onto suitable computers provided by the individual health facilities visited. The rollout is expected to be finalized in quarter 2.

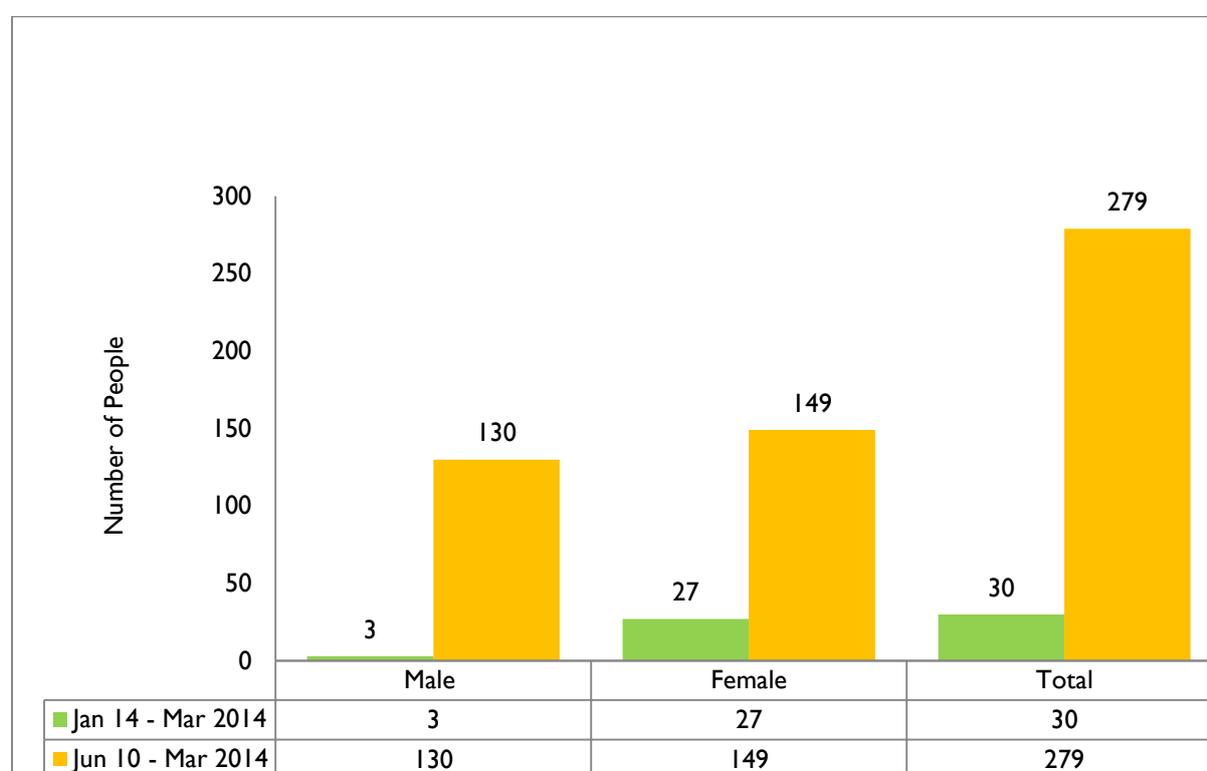
1.2 Family Planning

National guidelines, protocols, and training materials: In 2012, ZISSP provided technical and financial support to MCDMCH to review and update the family planning (FP) guidelines and protocols and the FP and Community Based Distributor (CBD) training manuals. Two consultants were hired in 2013 to review and update these documents. In March 2014, ZISSP supported a stakeholder's meeting to review the draft documents that were submitted by the consultants. Final feedback has been given to the consultant to address gaps that were identified by stakeholders during the meeting, before final validation and approval by MCDMCH can be done. This process will be completed in the next quarter.

Assessment of long-acting family planning (LAFP) trainings: ZISSP hired a consultant in 2013 to conduct a rapid assessment of LAFP trainings supported by ZISSP to assess the retention and application of knowledge, skills and attitudes in LAFP services for 49 trained health workers sampled from 40 health facilities. The report generates recommendations for improving implementation of LAFP by trained staff. Following submission of the report by the consultant in quarter 4 of 2013, ZISSP and Abt have been reviewing the contents to prepare the report for submission to MCDMCH for approval.

CBD training: ZISSP trained 30 community volunteers (3 males, 27 females) from selected health facilities in Luangwa District as CBDs during the quarter under review. Cumulatively ZISSP has trained 279 CBDs since project inception (Figure 2).

Figure 2: Number of CBDs trained in FP, January - March 2014 and June 2010 - March 2014



Other FP activities: The following activities were planned for quarter one but could not be implemented because funds were not remitted to PPAZ on time:

- Support a training of trainers (TOT) in LAFP for 20 health workers in order to increase the pool of LAFP provincial trainers
- Support a pre-training needs assessment in selected facilities in two ZISSP target districts, in readiness for LAFP training
- Support LAFP training for 20 health care providers from Chiengi, Nchelenge and Mansa Districts
- Support CBD training for 30 community volunteers in selected health facilities from Chongwe District
- Support the General Nursing Council (GNC) to conduct review meetings to strengthen the LAFP component in the midwifery curriculum

These activities have shifted to the second quarter.

1.3 Adolescent Health (ADH)

ADH Communication Strategy: ZISSP supported the MCDMCH to conduct an orientation meeting to build capacity to roll out implementation of the ADH Communication Strategy. The meeting was attended by civil society organizations, youth-led organizations, youths, representatives from various ministries (Ministry of Education, Ministry of Youth and Sport), and Maternal and Child Health Coordinators from the Lusaka District Community Medical Office (DCMO). The meeting built consensus with partners on the implementation, monitoring and evaluation of the ADH Communication Strategy. Following printing in May, the strategy will be launched by the MCDMCH with other documents, followed by dissemination to provinces and districts/facilities.

Post-training mentorship: ZISSP provided financial and technical support to the MCDMCH to conduct post-training mentorship in Nakonde and Mpika Districts to sharpen the skills of 16 trained peer educators (9 males, 7 females). The mentorship visits were facilitated by provincial mentors from MCDMCH and a team from ZISSP (ADH Team Lead and Capacity-Building Specialist) focused on technical support, mentoring, and addressing specific challenges. In Nakonde, the team observed youth-focused activities initiated by trained peer educators attached to Chilolwa, Waitwika and Mwenzo Rural Health Centers, such as counseling centers, HIV prevention and behavior change communication (BCC) activities, and prevention of substance abuse. The team identified the challenge of high attrition rates, which were due to trained youth continuing with higher education and/or relocating. For example, at one health facility, only one out of the five trained peer educators was working.

Support for the ADH TWG: ZISSP provided financial and technical support to the MCDMCH to conduct the first quarter ADH TWG meeting held at the Ministry's Headquarters. The TWG meeting served as an opportunity for partners to give updates on various issues pertaining to ADH (including the communication strategy, the Adolescent-Friendly Health Services Standards and Guidelines, and the peer education training manual). The quarter one meeting included a presentation from a Master's degree student on teen pregnancy in Zambia and a presentation by Society for Family Health on new FP contraceptive methods not yet on the Zambian market. The TWG recommended an ad hoc meeting for further review of the peer educator's training manual.

Other planned activities: The following activities were not implemented because of delayed funding from ZISSP to PPAZ:

- Provide technical and financial support to MCDMCH to conduct a ten-day TOT in ADH for 20 health care providers from the 27 ZISSP target districts to increase the pool of district-level trainers
- Provide technical and financial support to MCDMCH to conduct a six-day training for 30 peer educators in theater drama in Nakonde and Mpika Districts
- Print 500 copies of the ADH Communication Strategy

These activities have shifted to the second quarter.

I.4 Emergency Obstetric and Neonatal Care (EmONC)

Contribute to the Expansion of EmONC Services: ZISSP provided financial and technical support to MCDMCH to conduct mentorship in EmONC to four doctors (3 males, 1 female) selected from district hospitals (Chongwe, Kapiri Mposhi, Mpika and Serenje) where there are no specialists to perform emergency obstetric surgery. The doctors received mentorship on caesarian section, laparotomy for ectopic pregnancy, and general management of emergency obstetric cases. Doctors had the opportunity to participate in performing a hysterectomy and repair of vesico-vaginal fistulas. The doctors also participated in a maternal review clinical meeting to appreciate the review process in the Maternal Death Surveillance Response (MDSR). The mentored doctors improved their skills through one-to-one coaching by a specialist.

Post-training mentorship: ZISSP supported on-site mentorship in Nakonde District for eight trained EmONC providers (2 males, 6 females) in the use of partograph, neonatal resuscitation, intrapartum care, and use of magnesium sulphate. The visit also served as an opportunity to review and improve clinical protocols because some facilities were found with the wrong case management guidelines displayed.

ZISSP also supported post-training technical support supervision visits to 12 healthcare providers (6 males, 6 females) in Solwezi and Mwinilunga Districts to assess how the trained providers are applying the knowledge and skills in clinical practice and to identify gaps. It was gratifying to note that most of the trained providers at the health center level were able to perform a number of procedures (such as manual removal of retained placenta, breech delivery, use of magnesium sulphate, and evacuation of retained products using manual vacuum aspiration as treatment for incomplete abortion). The application of these skills has contributed to the reduction of referrals to second-level hospitals. Mwinilunga District was performing well because the medical officer at the district hospital is an EmONC trainer and mentor; he provides regular technical supportive supervision and mentorship. In Solwezi District, the team observed that problems continue with the consistent usage of the partograph and adherence to infection prevention practices. ZISSP will provide support for mentorship in Solwezi in the second quarter.



Photo 1: A mentee prepares oxytocin for active management of the third stage of labor just before conducting a delivery at Nawaitwika Rural Health Center in Nakonde.

Strengthening Midwifery Education: ZISSP (through ACNM) provided support to the GNC and MOH to conduct technical supportive supervision visits to Ndola, Livingstone and Chilonga midwifery schools (which previously received support in upgrading their skills lab). Ndola midwifery school was found to be lagging behind and will require further technical supportive supervision from GNC and ZISSP. Chilonga and Livingstone were impressive with their management and maintenance of the skills labs.

ZISSP (through ACNM) also provided support to GNC and MOH to conduct site assessments with three additional midwifery schools (Chikankata, Kitwe and St Paul's) in readiness for skills lab management training for tutors and clinical instructors, and the upgrading of skills labs through provision of models, simulators and equipment (scheduled for later in 2014).

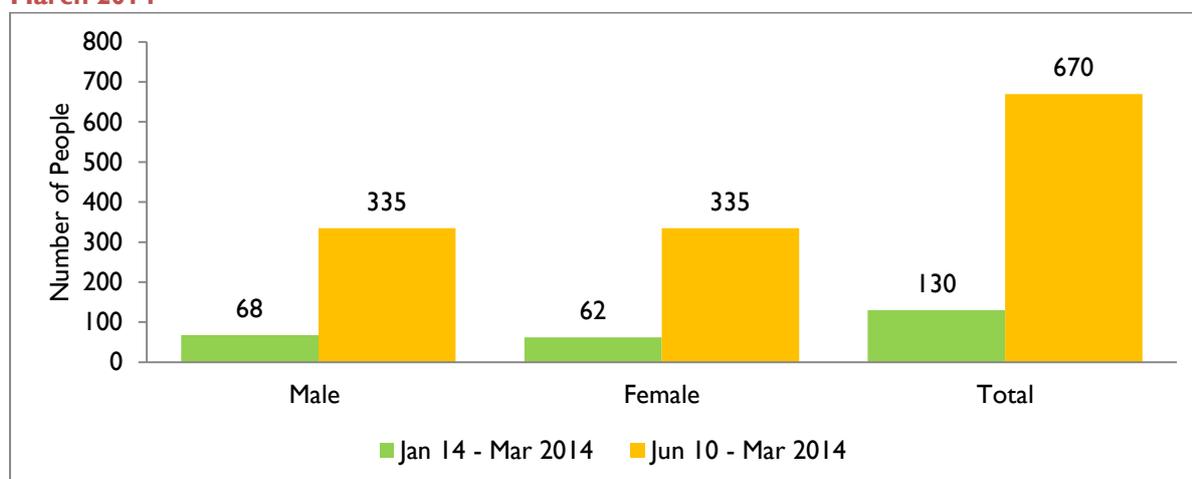
Other EmONC activities: Due to competing priorities at MCDMCH, ZISSP had to postpone the planned support for EmONC training of 20 health workers from Solwezi, Mwinilunga, Zambezi and Luanshya Districts. This activity has been re-scheduled to the second quarter.

1.5 Child Health

Improving the Expanded Program on Immunization (EPI): Stakeholders conducted a situation analysis of the *Reaching Every Child in Every District* strategy (RED) in 2012 to determine the immunization coverage in seven selected districts². The analysis revealed challenges, including insufficient knowledge and skills among healthcare providers, inadequate supportive supervision, postponement of outreach activities (for various reasons), and inadequate maintenance of cold chain equipment (e.g., lack of spare parts, lack of skilled staff for cold chain maintenance, etc.) ZISSP provided technical assistance in July 2013 to MCDMCH to develop an improvement plan. Remedial activities included the on-site orientation on key activities of the RED strategy for key district-level staff (DCMOs, MCH Coordinators and Cold Chain Officers) and provincial-level staff (Provincial Nursing Officer, Nutritionist, Health Education Officer and Cold Chain Officer) to comprise an “EPI Core Group”. The trained core group will provide technical assistance to the DCMOs to orient health center staff and community volunteers on the use of Community Child Health Registers, filling a gap identified on field visits and in the ZISSP mid-term review.

In the first quarter of 2014, ZISSP provided technical and financial support to MCDMCH to implement the improvement plan. RED strategy training was conducted for 130 Provincial EPI Core Group members (68 males, 62 females). From inception, ZISSP has trained 670 health workers in RED Strategy (Figure 3).

Figure 3: Number of Health Workers Trained in RED, January - March 2014 and June 2010 - March 2014



² Kalomo, Sinazongwe, Mazabuka, Lukulu, Shangombo, Kaputa and Mansa

The EPI Core Group then facilitated RED strategy training for 32 DCMO staff (11 males, 21 females), equipping them with knowledge and skills in planning, implementing and monitoring of child health activities. The institutionalization and use of the Community Child Health Registers was the core topic of the cascaded training. District-level MCDMCH trainers (with technical assistance from ZISSP) trained 52 community volunteers (41 males, 11 females) using hands-on interactive teaching and learning approaches. The volunteers developed skills in the use of community registers, data analysis and use, and report-writing.

Improving Quality of Care for Sick Children: In 2013, ZISSP conducted an assessment on the functionality of oral rehydration therapy (ORT) corners and the feasibility of providing comprehensive child health services through the ORT corners. The assessment showed that ORT corners had the potential to be revitalized with low-cost technological inputs, appropriate skills training and task-shifting. ZISSP supported the purchase and distribution of



Photo 2: Arrival of ORT corner supplies in Kalomo District.

utensils and equipment³ for 38 health facilities in Kalomo District in quarter one. ZISSP also provided on-site technical support to five pilot health centers in Kalomo District to establish model comprehensive child health corners in order to improve the integrated management of sick children. Observing staff and caretaker interaction in the ORT corners, the Clinical Officer in-charge at Chifusa Rural Health Center said, “The improved management approach through the ORT corner strengthening has improved staff and caretaker

confidence to care for sick children in the health facility and at home.”

Post-Training Mentorship: ZISSP provided financial and technical support to MCDMCH to conduct mentorship in Mkushi and Serenje Districts for 25 healthcare workers trained in Integrated Management of Childhood Illness (IMCI). These visits built on findings from the initial post-training follow up visits and on the performance assessment reports, which identified gaps in service provision. During the visit, providers received technical guidance focused on how to conduct a holistic assessment and how to record and chart findings.



Photo 3: A clinical officer prepares oral rehydration therapy for a sick child.

Observations included the following:

- In Mkushi District, most of the health workers welcomed and greeted the caretakers and created an open atmosphere for caretaker/health worker interaction.
- Taking the temperature of the infant/child and weighing were not always done, nor always recorded in the patient’s case records.
- Most health centers have an inadequate number of staff trained in IMCI, leading to staff work overload.

Most health providers appreciated the mentorship visit as it provided an opportunity for them to improve their skills. Provincial and district mentorship teams noted that there was an increasing demand from health workers to be

³ Including a range of cups, spoons, buckets, ORT corner record books, tables, chairs and reed mats

mentored in order to improve their skill competency. The visiting team recommended that District Clinical Care Teams (DCCTs) provide on-going mentorship and supportive supervision to promote the continued effective provision of IMCI services at the health centers.

Improving Newborn Care Practices: Following the launch of the Newborn Care Framework in 2013, three Newborn Care TWG meetings have been held to review and update the existing Essential Newborn Care Guidelines. Interventions that have now been included in the guidelines include “kangaroo mother care”, neonatal resuscitation, and prevention and treatment of infections. Updated guidelines also include the use of 7.1% chlorhexidine digluconate for cord care, support for breastfeeding, conducting frequent assessments of well-being, and detection of complications (e.g., feeding difficulty and jaundice). Provision of these interventions across the health system should help assist Zambia’s efforts to attain significant reductions in newborn morbidity and mortality.

1.6 Nutrition

Maternal, Adolescent, Infant and Young Child Nutrition (MAIYCN) Guidelines: ZISSP has been providing support to the MOH, MCDMCH and the National Food and Nutrition Commission (NFNC) to review and update the MAIYCN guidelines that are focusing on the *First 1000 Critical Days* program. In quarter I of 2014, ZISSP supported the hiring of a local



Photo 4: Stakeholders review the MAIYCN guidelines.

consultant to review and update the MAIYCN guidelines. Upon submission of the first draft of the guidelines by the consultant, ZISSP provided technical and financial support for a stakeholder’s meeting attended by experts from the NFNC and from multiple government ministries (MCDMCH, Agriculture, Education, Labor and Social Security, and Local Government). The meeting reviewed the guidelines and produced feedback for the consultant, who is currently incorporating this into the second draft of the guidelines. The consultant is expected to submit the next draft in April for final review by stakeholders.

The delay in the finalization of the MAIYCN guidelines prevented ZISSP from undertaking two activities planned for Quarter I: Provision of technical and financial support to MOH, MCDMCH and NFNC to conduct one, five-day training of 16 master trainers in MAIYCN, and to train 100 health workers in nutrition activities (4 trainings of 25 participants in each of 4 districts).

Infant and Young Child Feeding (IYCF) Mentorship Visits: ZISSP supported mentorship visits to 117 IYCF service providers (52 males, 65 females) from 35 health facilities in four ZISSP target districts⁴ to identify strengths, gaps, challenges and lessons learned at facility and community levels. Of the 117 receiving mentorship, 102 were community volunteers (46 males, 56 females) and 15 were health workers (6 males, 9 females). The health workers and the community volunteers demonstrated good knowledge and skills in feeding practices. The major challenge highlighted was the fact that the community reduced their visits to the

⁴ Masaiti, Solwezi, Serenje and Nchelenge

health center in the rainy season. Many caregivers were not taking children to service points (health centers or outreach points) because of seasonal migration to farms, where health services were either not available or inaccessible.



Photo 5: A mother receives support from an IYCF volunteer in Masaiti District.

Training in IYCF Mentorship Skills: ZISSP supported the training of 22 district nutritionists and Maternal and Child Health Coordinators (6 males, 16 females) from 16 ZISSP-supported districts⁵ in mentorship skills as a way of ensuring the sustainability of the mentorship activity for IYCF activities in the districts. The training empowered staff at the district level to improve their mentorship skills in IYCF and contribute to the pool of district mentors, in addition to strengthening their skills focused on the integration of nutrition activities into the existing district-level mentorship activities.

Baby-Friendly Health Facility Initiative (BFHFI): ZISSP had two planned activities for Quarter I that were postponed while waiting for the MCDMCH dissemination of the BFHFI assessment report (finalized by ZISSP in 2013). The postponed activities include support for an orientation meeting for 50 health care providers from 25 selected health facilities in five ZISSP target districts (two, five-day trainings) and the provision of financial support to MCDMCH and NFNC to monitor BFHFI mother support groups in 25 health facility catchment areas in five selected ZISSP target districts.

⁵ Lukulu, Nyimba, Zambezi, Ndola, Mwinilunga, Chinsali, Mpika, Nchelenge, Mansa, Kabwe, Nakonde, Solwezi, Sinazongwe, Masaiti, Sinazongwe, Lufwanyama and Lusaka

II. TASK TWO: Support to the provinces and districts

2.1 Clinical Care and Quality Improvement

The clinical care team has the following two priority areas for 2014:

- 1) Institutionalizing quality improvement (QI) at all levels of the health care system.
- 2) Institutionalizing clinical care mentorship in health service delivery.

2.1.1 Quality Improvement

ZISSP has been working with the two government ministries to enhance institutionalization of QI in health service delivery. Since 2010, ZISSP's health systems support to incorporate QI in health service delivery has enhanced the MOH's vision to provide equity of access to cost-effective quality health care close to the family. With ZISSP support, the establishment of QI structures at national, provincial, district and health facility levels (in line with the national QI operational guidelines) has enhanced sustainability and institutionalization of this process.

National QI Steering Committee: In first quarter of 2014, ZISSP planned to provide support for the quarterly national QI Steering Committee meetings. However, the meeting was not held because this committee was not yet in place as a result of the delay in the submission of the committee membership list to the permanent secretary for ratification (the identification of membership was done in December 2013). ZISSP met with the MOH Deputy Director-Clinical Care and Diagnostic Services, who gave assurances that he would follow up.

Support to QI TWG: ZISSP supported the first quarter QI TWG meeting in 2014, where the group discussed the MOH 2014 annual QI operational plan. The 2014 plan focuses on the following activities: QI mentorship/technical support visits to six provinces per quarter; facilitation of provincial QI/performance review meetings in two provinces per quarter; supporting training of health workers in QI for Level 2 and 3 hospitals (one training per quarter); supporting training of tutors in nurse training schools (two trainings); conducting operational research; review/update the QI content in the pre-service curriculum; and the planning for the QI conference.

A sub-committee meeting was also held to discuss three issues: (a) QI project reporting tools for the lower-level QI committees; (b) a pilot of the five national QI core indicators by MOH; and (c) technical guidance on the application of the QI mortality indicators to QI projects. The TWG reviewed the QI project reporting tools for the QI committees at provincial, district and health facility levels. The tools will support the institutionalization of QI reporting to the MOH QI Unit, so that the Unit can analyze reports on QI projects and present information to the QI TWG and national QI Steering Committee for monitoring performance and for holding managers accountable for performance. Once the sub-committee shares the tools with the larger QI TWG members, then the tools will be circulated to QI committees in the provinces for use at provincial, district and health facility levels for reporting

The sub-committee also selected hospitals for piloting the measurement of the QI indicators through QI project implementation. Southern Province hospitals were assigned the mortality (maternal and under five) indicators; Western province facilities will look at the

proportion of confirmed malaria cases; and Copperbelt Province will look at anti-retroviral therapy (ART) retention in care at 12 months and HIV testing at 12 months for HIV-exposed babies.

The sub-committee meeting also discussed the need to strengthen mortality indicators through provision of guidance on process indicators. The following guidance was discussed:

- Maternal mortality indicator: The proposed process indicators would be: the use of partographs to monitor progress of labor and the identification of high-risk pregnant women
- Under-five mortality indicator: The process indicators would focus on clinical case management of the top causes of under-five mortality (malaria, pneumonia and diarrhea)

Consensus will be reached on the process indicators once it is tabled for the next QI TWG meeting in quarter two.

Evaluation of QI support: In view of the end of ZISSP's contract in December 2014, ZISSP has planned to evaluate the effectiveness of QI and clinical mentorship support on health service delivery in selected sites. The study will focus on the selected MOH QI core indicators at the five model health facilities in each of the ten provinces, with data extracted from the MOH Health Management Information System (HMIS) for the period 2011-2013. The study will compile case studies to compliment the quantitative data on the QI core indicators from QI projects in various health service delivery areas. In quarter one, ZISSP finalized the concept paper with technical assistance from the Abt home office. The evaluation will inform stakeholders and the MOH/MCDMCH on how QI strategies (such as clinical mentorship) can enhance QI in health service delivery.

Engagement of the MOH/MCDMCH on transitioning ZISSP support: ZISSP had planned to transition the support for QI and clinical mentoring activities to the MOH/MCDMCH through the engagement of the Clinical Care Directorate. The strategy was to work through the various TWGs to advocate and mobilize resources to fund QI activities and quarterly performance review meetings. (The performance review meetings are a forum for sharing best practices and challenges related to quality in health service delivery and making recommendations).

In quarter one, ZISSP's planned national-level meeting with the two ministries was not held due to competing priorities for the MOH. However, ZISSP was able to make progress at the lower levels. In Western Province, the provincial QI Committee held a collaborative meeting with key PHO and DHO managers, district- and health-facility-level QI Committee representatives, and implementing partners to review progress and to discuss the transition plan for ZISSP-supported clinical mentoring and QI programs. The workshop assessed various QI projects that are being implemented in health facilities and provided a forum for districts and institutions to share QI projects' best practices, challenges and lessons learned. While some QI projects were still in the implementation stage, a number of QI projects reported achievements, including the following examples:

- Mangango Mission Hospital increased the percentage of in-patients with written nursing care plans from 20.5% in July 2013 to 62.8% in December 2013.
- Limulunga Rural Health Center in Mongu reduced the ART defaulter rate from 45% in May 2013 to 7% in February 2014.

- Kalabo District Hospital reduced the post-operative wound infection rate from 37% in May 2013 to 7% in December 2013.

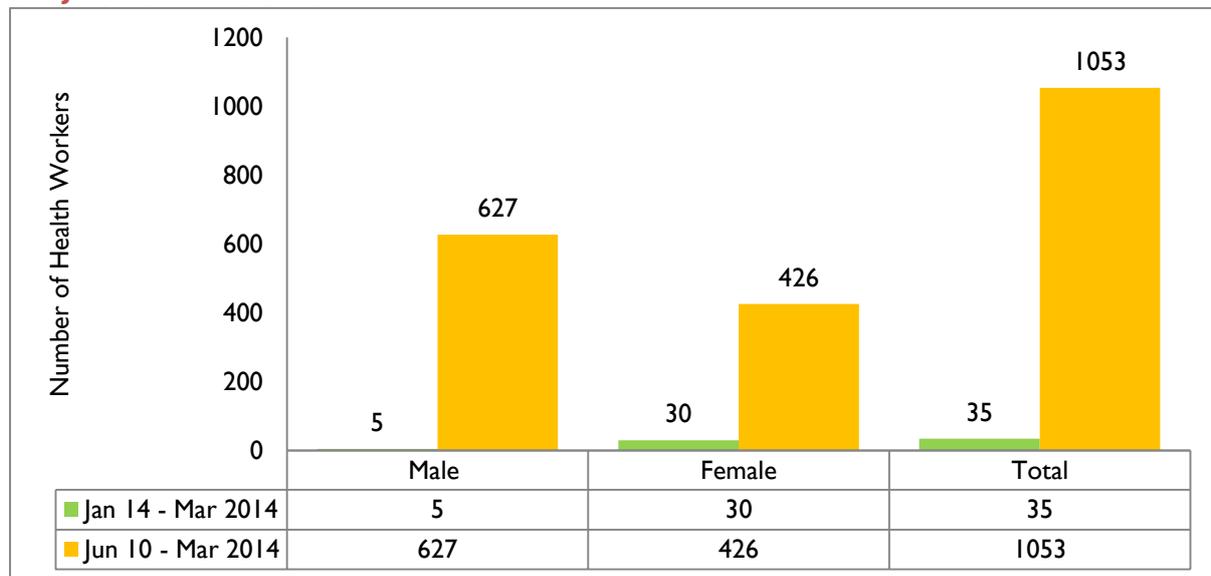
To further enhance the institutionalization of QI, this type of forum for sharing QI information requires support at all levels of the health system complemented by leveraged resources from stakeholders (including cooperating partners).

Support for QI training: ZISSP has realigned the content of and finalized the QI training package for the MOH/MCDMCH, with support from an Abt home office expert. The MOH (through the QI TWG) requested ZISSP to support the orientation of the national and the provincial QI trainers to the restructured manuals, so that the trainers would be able to use the new version. The orientation process was facilitated by the Abt expert with support from the QI TWG members.

The orientation workshop was attended by 29 participants (16 males, 13 females), including the 14 TWG members and the national and master trainers. This workshop focused on understanding the experiential learning cycle to effectively deliver the training course, *Quality Improvement for Health Care Providers in Zambia*, using the revised trainer guide and using higher-level facilitation skills such as openers and closers, power points, and flip charts to enhance learning. Approximately 50% of the participants scored a 100% on the post-assessment, indicating that over the course of the four days, participants became familiar with the terminology associated with the principles to guide adult learning, the experiential learning cycle, and training techniques. The orientation workshop also provided the QI team the opportunity to review the material in more depth as well as receive feedback about the material from participants. The expert will incorporate all grammatical, editorial, and graphical revisions to finalize the training manuals in readiness for printing.

ZISSP also provided financial support to the training of 35 members of QI committees (5 males, 30 females) during the quarter under review from health facilities in Lusaka District, bringing the total cumulatively trained in the past two years to 1,053 (627 males, 426 females) (Figure 4).

Figure 4: Number of Health Workers Trained in Quality Improvement - January - March 2014 and June 2010 - March 2014



Technical support supervision to QI committees: ZISSP provided financial and technical support (through the seconded Clinical Care Specialists [CCSs]) to enable the technical support supervision visits by provincial QI committees to 12 health facilities spread over five provinces⁶. The Luapula provincial QI committee provided technical support supervision to QI committees in four health facilities in three districts with ZISSP financial and technical support, observing a number of initiated QI projects. ZISSP also supported technical support supervision visits by two district-level QI committees in Northwestern Province to health facility QI committees. Challenges observed included low number of staff and/or high staff turnover, data inconsistencies and inadequate documentation of the QI projects. Despite these challenges, most of the facilities had initiated QI projects that address the national QI indicators and other health service delivery gaps.

Over the years, the provision of technical support supervision has resulted in successful QI project implementation, including the following examples:

- Munyumbwe Rural Health Center (Gwembe District, Southern Province) reported 99% confirmed malaria cases in 2012, an increase from below 50% in 2011. The Rural Health Center also increased the rate of fully immunized under-one-year-olds from 57% in August 2013 to 100% in December 2013.
- Muchinka Rural Health Center (Central Province) increased institutional deliveries from 1% in 2011, 4% in 2012 and 22% in 2013.

Maternal and under-five mortality reviews: In quarter one, ZISSP provided technical and logistical support through the provincial and district QI committees to facilitate maternal and under-five mortality reviews in three provinces (Southern, Luapula and Western). Five maternal mortality occurrences, four under-five mortality occurrences and two still births were reviewed. Health workers in remote, rural health centers face challenges performing appropriate case management practices (e.g., in investigations and in rehydration of dehydrated children) and late referrals, with both factors identified as major contributors to under-five mortality by the team in Western Province. QI committees also use mortality data to identify performance gaps which become the basis of their QI projects.

ZISSP is using a systems-strengthening strategy that builds capacity of the QI committee structures to conduct objective audits spanning the entire period that the deceased patients were under care. Looking at the entire period will help identify important deficiencies in the health service delivery which could then be addressed through QI strategies (such as clinical mentorship).

Support to Performance Assessment and Technical Support Supervision: The MOH performance assessment process, which is implemented biannually, provides an opportunity for the identification of health service delivery gaps that can be targeted by QI. In quarter one, ZISSP provided financial support for the performance assessment process by assigning two CCSs to provide technical assistance (assessing health service delivery in clinical areas) at selected health facilities in seven districts. Positive findings include the use of the partograph to monitor deliveries, high ANC attendance rates, and enrolment of all eligible clients onto ART. To address some of the observed challenges and clinical performance gaps (e.g., in cases where patients were not managed according to guidelines, or when data was incomplete and therefore not usable for decision-making), the CCS provided technical support supervision and mentorship to health facility staff.

⁶ Central, Luapula, Northwestern, Southern and Western

2.1.2 Clinical Care Mentorship

ZISSP continued to support clinical mentorship systems strengthening for the MOH and MCDMCH, collaborating with the Directorate of Clinical Care and Diagnostic Services to institutionalize clinical care mentorship through a decentralized and multidisciplinary approach. The process emphasizes needs-based clinical mentorship to address process and systems issues hindering provision of quality health care (e.g., logistics management, referral systems, etc.)

Formation of the National Clinical Care Team for mentorship: ZISSP has diligently promoted the formation of the National Clinical Care Team (NCCT), a structure that will provide mentorship in specialized fields to the provincial and district CCTs. The appointment letters and the list of proposed NCCT members (compiled by MOH Deputy Director Clinical Care and Diagnostic Services and the ZISSP Clinical Care Team Leader) have not yet been ratified by the MOH, holding up the NCCT formation. In quarter one, ZISSP met with the director, and there are indications that this will be concluded in quarter two.

Development of mentorship tools: To assist health workers with making appropriate diagnoses of various conditions, ZISSP collaborated with the MOH to develop treatment flow charts and job aides for multidisciplinary mentors and mentees. This activity, which was initiated in 2012, has dragged because of coordination challenges arising from competing priorities and staffing changes in the MOH Directorate of Clinical Care and Diagnostic Services. The charts have been completed and will be consolidated into a chart booklet for the MOH to ratify before the final printing.

Training of clinical mentors: Since 2010, ZISSP supported training of 550 (339 males, 211 females) provincial and district-level multi-disciplinary mentors who constitute the CCTs. In 2014 ZISSP has shifted support to focus on strengthening established CCTs to enhance effective mentoring and sustainability.

Support for the Clinical Care Officers (CCO) meetings: As the coordinators of both mentorship and QI at district level, CCOs are very important in planning for district-level implementation of these two activities. ZISSP supported CCO meetings in two provinces (Southern and Eastern). In Southern Province, the meeting was also attended by the Center for Infectious Disease Research in Zambia (CIDRZ) and the Centers for Disease Control and Prevention (stakeholders that support mentorship and QI through the PMO).

At the provincial meetings, CCOs were oriented on their roles and responsibilities as coordinators and familiarized with the mentorship tools and QI coaching documents. CCOs shared best practices, challenges and lessons learnt. Challenges reported include the lack of regular funds for mentoring visits and the observation that few service providers at primary health care level have been trained in IMCI. It was also noted that erratic meetings⁷ prevented some district CCTs (DCCTs) from reviewing health service delivery health information to identify mentoring needs (needs-based mentorship is prescribed in the

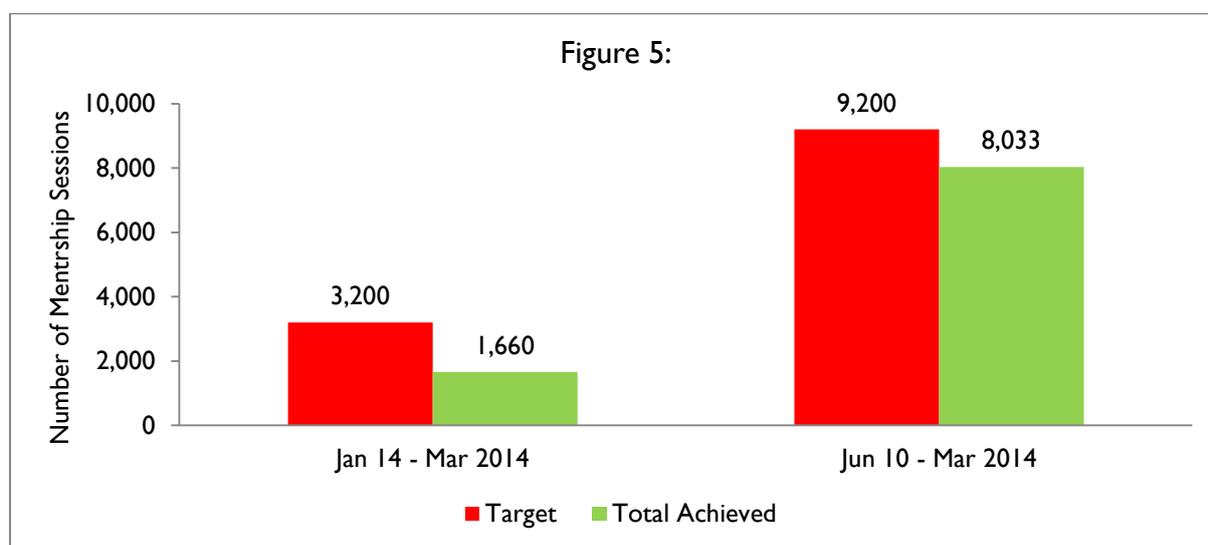
⁷ The meetings happen at model sites (funded by ZISSP). However, in other sites where the other meetings (as well as mentorship) were budgeted to occur with government resources have been affected by delayed and/or inadequate government funding.

national operational guidelines). This observation indicates a need for further strengthening the DCCTs.

Provincial CCT Technical Support Supervision to DCCTs: With logistical support from ZISSP, the provincial CCTs (PCCTs) have been providing regular technical support to DCCTs in order to build their knowledge and mentoring skills. In quarter one, ZISSP provided financial support (through the CCS) to facilitate five PCCTs (Eastern, Copperbelt, Northwestern, Central and Lusaka) to provide technical support to 15 DCCTs. A total of 42 healthcare workers were mentored in various clinical areas, including surgical operations and conducting Caesarian sections. In Copperbelt, the PCCT provided technical support supervision to the DCCTs during mentoring sessions in five model health facilities.

Clinical mentorship: While there are many strategies for QI, one of the chief strategies is clinical mentorship, which addresses knowledge and skills gaps in all clinical and support functions. In quarter one, ZISSP supported 30 DCCTs to conduct mentorship in seven provinces⁸ with 599 health workers (292 males, 307 females). Mentorship covered various clinical and supportive functional areas, including FANC and post-natal care, FP, EmONC, PMTCT, ART management, IMCI, malaria, pharmacy, laboratory, and nursing care. ZISSP has supported 1,660 total mentorship sessions the first six months of this fiscal year (October 1, 2013 - March 31, 2014), achieving 55% of the annual target of 3,200 sessions. To date, a total 8,033 clinical mentorship sessions have been conducted (Figure 5) since June 2010.

Figure 5: Number of Mentorship Sessions Conducted, January - March 2014 and June 2010 - March 2014



Clinical meetings: Support for clinical meetings is a strategy used by ZISSP to enhance the quality of health service delivery. Health facility-based clinical meetings provide a mechanism for continuous staff development and an opportunity to provide updates on current clinical case management protocols in various fields to health workers. Topics are identified based on the major causes of morbidity and mortality. Clinical meetings address weaknesses in case management observed in a facility.

⁸ Central, Lusaka, Northern, Muchinga, Western, Luapula and Western

In quarter one, ZISSP supported seven DCCTs in four provinces (Luapula, Lusaka, Southern and Western,) to conduct nine clinical meetings. The following topics were covered in these meetings: differential diagnosis of TB; management of nephrotic syndrome in children; TB/HIV management; HIV viral load testing and PCR (under laboratory services); diagnosis and management of African Trypanosomiasis; case management of severe malaria; ART with a focus on the use of Atripla (TDF/FTC/EFV); and management of pediatric pneumonia.

2.2 Management and Leadership

MOH Annual Planning Process (2013) Report: ZISSP, in collaboration with the MOH headquarters, drafted and finalized the report for the 2013 annual planning process. Key issues and innovations described in the report include the following:

- The *Step-by-Step Guide to Planning* (which increases the skills of managers in problem definition and priority setting) was finalized, printed and rolled out through the 2013 planning process to both provinces and districts.
- From the onset of planning in Chongwe and Luangwa Districts, hospital and health center staff were included so that they could assist the districts to accelerate the planning process; this also reduced the cost of undertaking separate meetings for districts and health centers.
- Pairing of districts in Copperbelt from the onset of planning to work together and review each other's plans resulted in early completion of the action planning process in the province.

If replicated in the 2014 action planning process, these innovations could result in further improvements to the district planning processes.

The 2013 report also identified challenges, such as the creation of new districts. In cases where a new district did not have key staff, the “parent” district⁹ had to develop the plans on behalf of those new districts, delaying completion of action plans. A second challenge was the lack of clarity from government on the mode of operation for the realignment of responsibilities between the MOH and MCDMCH.

In 2014, ZISSP will continue to provide the required routine technical support to the planning process using the new innovations initiated in 2013, with a focus in the 27 ZISSP districts.

Support DQA Guideline development, and orient provincial program officers to the guide: ZISSP continued work initiated in 2013 and finalized the DQA Guide. The guide standardizes the process of auditing health information in the health system, and also ensures that the data collected, reported and utilized by the health system is authentic and of good quality so as to effectively direct decision-making at patient/client, health service delivery and health system management levels. The process of printing the guide on behalf of MOH was also started.



⁹ The new district was a sub-division of the “parent” (the original, larger) district.

ZISSP supported the orientation of the provincial and district officers from four provinces in the application of the newly-developed guide. As of March 2014, 38 program officers (31 males, 7 females) from Northern, Muchinga, Southern and Eastern Provinces (out of the targeted 100 from all provinces) had received training in the DQA guide. Workshop participants, mainly District Health Information Officers (DHIOs), were drawn from 10 ZISSP target districts¹⁰, although other non-ZISSP districts from the same provinces also sent participants.

In the next quarter, ZISSP will focus on completing the orientation of 62 DHIOs in the remaining six provinces. Orientation of MOH staff in all provinces is expected to drive the standardization of DQA activities in the health institutions. MOH regards this manual as a gold standard and would like to see this guide being used by all partners in all subsequent DQA activities in health institutions.

Support to the NHA: In quarter 1, ZISSP continued to provide support to MOH, MCDMCH and University of Zambia (UNZA) (Department of Economics) to prepare for the NHA survey for the 2011 and 2012 expenditure period. In February, ZISSP hired an external consultant from Health Finance and Governance project¹¹ to provide an in-depth training to the Zambian NHA core team (comprised of members from the MOH, MCDMCH and UNZA) in the Systems for Health Accounting (SHA2) methodology, which will be used for the first time. The consultant trained 31 officers (21 males, 10 females), including 12 research assistants. By the end of the training, all data collection tools were adapted to be Zambia-specific, the survey proposal was refined, and a plan of action was completed. The technical assistance received was highly appreciated by the local NHA team, who are looking forward to the next level of assistance which will consolidate their skills in using the Health Accounting Production tool.

The NHA exercise has commenced and is expected to take a total of 21 days. In the next quarter, ZISSP will provide external assistance during the data analysis, expected to take place in May 2014.

As part of the previous NHA exercise, ZISSP piloted a resource tracking tool. Based on the pilot experience, ZISSP and UNZA counterparts wrote an abstract entitled "Innovative tools for collecting and reporting health expenditure data on a routine basis: Key lessons from Zambia", which has been accepted for an oral presentation at the 10th International World Health Economics Association conference (July 13-17, 2014 in Dublin, Ireland). ZISSP will sponsor one of its staff and an officer from UNZA Department of Economics to attend the conference as part of the continued capacity-building efforts to the government. The two participants hope to learn from experiences from other countries about resource tracking on health expenditures. These lessons will be useful to Zambia as the country plans to implement universal health coverage and a social health insurance scheme.

Support to the Bi-Annual PA and Technical Support Process: ZISSP continued to provide technical support to the MOH in the area of performance monitoring to ensure the delivery of quality health services at all levels of the health care delivery system. During the first quarter, ZISSP provincial teams provided technical and financial support to the provinces and ZISSP target districts to hold preparatory meetings prior to the PA activities

¹⁰ The ten districts by province are as follows: Eastern (Nyimba, Lundazi, Mambwe); Southern (Kalomo, Sinazongwe, Gwembe); Muchinga (Nakonde, Mpika); Northern (Mbala, Chilubi)

¹¹ For more information on this USAID-funded project, go to <http://www.hfgproject.org/about-hfg/>

for the first quarter. (ZISSP placed special focus on teams from the ZISSP target districts, who were receiving this technical support for the first time.) The meetings ensured adequate preparedness for the upcoming PA in their facilities and helped to build the capacity of PMOs and DCMOs to conduct the exercise in their districts.

During the quarter, ZISSP provided technical support in four target districts from Southern (Kalomo, Sinazongwe) and Eastern (Mambwe and Nyimba) Provinces. In Western Province, the PMO fully funded the district PA preparatory meetings for Sesheke, Shangombo, and Mulobezi Districts including Sichili Hospital, a demonstration of ownership of the program. Following these meetings, provincial management specialists joined their district counterparts to undertake PA in health facilities to demonstrate the practical aspect of conducting the exercise to build capacity at district-level. In Eastern Province, Mambwe District appreciated ZISSP transport logistical support¹², which enabled the team to undertake PA at health facilities in the district.

“We appreciate your participation in our PA, your technical on-site mentorship, and more importantly, for contributing to the success of this PA by allowing us to use the ZISSP vehicle. It would not have been possible to complete the activity on schedule without a vehicle.”
- Dr. Gideon Zulu, District Medical Officer for Mambwe District.

PA, conducted bi-annually at different levels of the health care system, provides an opportunity for ZISSP teams and government counterparts to identify performance gaps in health service delivery that affect health program indicators. Through PA, appropriate interventions are identified and implemented to address the identified weaknesses through a follow up bi-annual technical support supervision.

In January, 2014, ZISSP provided financial support to MOH Directorate of Technical Support Services to review feedback from the field regarding the PA process. The major concerns were that the current tools were too long and the process takes too much time to complete. Another concern was the difficulty in carrying out self-assessments, especially in health centers which are frequently manned by only one staff member. As a result of this meeting, the directorate began the process of adjusting the current PA indicator system, using the World Health Organization’s (WHO) six health system building blocks and in line with the National Health Strategic Plan. This should help to make the tools more focused and less time consuming to actually use.

In the next quarter, MOH would like to develop an orientation package for program managers on conducting PA. This package will enhance the program manager’s understanding and appreciation of the importance of the current performance monitoring system. The MOH has also started developing an evaluation form for the PA process which will be linked to ZMLA concepts as a way to ensure application of the ZMLA concepts in the current PA process. MOH has requested ZISSP to support their efforts in developing and the implementation of these new innovations.

¹² ZISSP transport support for this exercise was a one-off stop-gap effort. Mambwe has received support from other government departments to undertake their activities in the past and it is assumed that the district will continue this solution until they receive their own vehicle from MCDMCH.

Support the Roll-Out of ZMLA: ZISSP, with its implementing partner BRITE, has continued to rollout the second phase of ZMLA trainings in the remaining 18 ZISSP target districts. A total of 182 trainees (133 males, 49 females) out of the planned 198 have been enrolled and are currently in training. At the end of quarter one, two workshops (out of the four total course workshops) covering four modules¹³ were completed in collaboration with the National Institute for Public Administration (NIPA). The third workshop started in March 2014, with participants from six target districts (two districts from each of the following provinces - Copperbelt, Central and Northwestern). Training will continue in the remaining provinces in quarter 2.

This second phase of ZMLA training has incorporated various programmatic feedback provided in the 2013 program review meeting. In the current trainings, all trainees receive the first mentorship immediately after the completion of the module. These mentorships are conducted and spearheaded by the provincial Management Specialists (MSs) in all provinces. This approach has addressed the high trainee drop-out experienced in the first phase of the ZMLA implementation. Secondly, for any trainee who would like to obtain a higher diploma in management and leadership, they have to complete individual projects to demonstrate their knowledge and skills from the ZMLA program.



Photo 6: During trainings, ZMLA trainees participate in team-building activities. Strong teams assist managers to increase productivity and morale of employees and are a necessary element for the success of their health programs. Above, cohort 24 participates in a team building exercise during a ZMLA training in Kabwe District.

¹³ (1) Problem Definition/ Strategic Planning; (2) Problem-Solving Frameworks; (3) Basic Principles of Supply Chain and Clinical Operations; and (4) Strategic Information Management

2.3 Malaria

2.3.1 Support for Indoor Residual Spraying (IRS) Program in 20 Districts

Transitioning IRS activities to Africa Indoor Residual Spraying (AIRS): From May 2014, all IRS activities under ZISSP will be transitioned to AIRS. To date, ZISSP has led the provision of technical assistance to the NMCC in all components of IRS with the exception of environmental compliance and procurement, which have been carried out by AIRS. IRS activities that will remain under ZISSP are those being led by the subcontractors LSTM and Akros. ZISSP will also finalize the prefabricated insectary. As a result of these developments, the team spent much of the time in quarter one developing a revised work plan in line with the requirements of AIRS.

Monitoring and supervision of IRS: ZISSP supported the monitoring and supervision visits to the 20 IRS districts to: ensure that district supervision of IRS meets minimum standards; give guidance and recommendations (with demonstrations) on site as appropriate to IRS spray operators and supervisors; supervise and validate data collection and entry for each district visited; and ensure that IRS guidelines and techniques are well understood and put into practice during implementation. The final part of the monitoring and support supervision was done in January, with the teams collecting final invoices from vendors, ensuring submission of all data, and finalizing final payment for the spray teams. At this point, most districts were on schedule with completion of spray activities.

During monitoring visits, teams observed that improvements in the spray operators' daily coverage was positively impacted by the involvement of Neighborhood Health Committees and local community leaders in sensitization. The team also noted that the deployment of the spray operators and the spraying technique had improved from the previous season. Community members also expressed satisfaction with the spraying activities (based on informal interviews). In districts that had run out of insecticides, their stocks were replenished from stock provided from Eastern Province.

Geocoding of housing structures: ZISSP trained 60 enumerators (36 males, 24 females) from Chadiza and Katete Districts and completed the geocoding exercise using the Global Positioning System-enabled handheld computers, also called personal digital assistants. The number of structures enumerated in Chadiza was 19,673, while the number for Katete will be compiled when the activity finishes in mid-April (Figure 6). The information from this process is necessary for planning and effective implementation of IRS as the data are used to estimate the required quantities of insecticides as well as the deployment of spray operators.

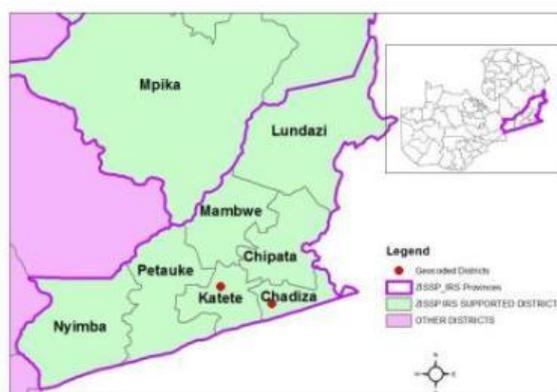


Figure 6: A geocoding exercise was undertaken in quarter one in Katete and Chadiza Districts.

IRS commodities needs assessments: Quantification and forecasting of IRS commodities (insecticides, pumps and personal protective equipment) are crucial in estimating the total

commodity needs and costs for the successful implementation of the IRS program. ZISSP conducted a needs assessment in February 2014 to identify the funding needs and gaps for the procurement of the IRS commodities to be used in the 2014 spray season and to plan procurements and shipment delivery schedules (to ensure a sustained and effective supply of IRS commodities). The assessment covered the 20 IRS districts supported under the President's Malaria Initiative (PMI) in Eastern, Northern and Muchinga and also included nine additional districts in Luapula and Central Provinces that will be funded by DFID beginning in the 2014 spray season.

Several relevant findings from the assessment are listed below:

- Some districts determined targets in an ad hoc manner to spread the spraying over many catchment areas, rather than focusing on specific areas using the number of structures as the denominator.
- It was difficult to estimate the spares required for the pumps, due to lack of proper cleaning or oiling of pumps.
- Most districts have limited space in their stores, and were apprehensive about space consumed by empty bottles that had not been collected for disposal.
- Several districts envisioned the possible scale-up of IRS to reach more households.

Post-spray inventory audit: From February through March, ZISSP conducted a post-spray inventory audit in the 20 PMI-supported districts to: assess the IRS stores, storage practices, and inventory management systems, soak pit standards, maintenance issues and all relevant procedures; identify any gaps or areas requiring improvement in any of the supply chain areas; and ensure compliance in environmental and operational activities relevant to the IRS campaign. One major outcome of the audit was that the districts felt that the Disease Data Management System (DDMS) did not give them the chance to access information that they needed immediately at district level.

Support to IRS TWG meetings: During the reporting period, ZISSP provided technical and financial support to the IRS TWG, which met at the NMCC in March. Among other agenda items, the TWG received an overview of the entomological studies currently under implementation and reviewed progress on the IRS operation manual. The TWG discussed the choice of insecticides to be used in 2014, and endorsed the use of Actellic 300s for IRS in the whole country.

The TWG monitored the development of the training materials for spray operators. As part of this process, the TWG selected a task force to examine the revised cascade training schedule and agree on the number of days required for the training. Members recommended that once the task force completed their review, then the TWG would call an extraordinary meeting for endorsement of the schedule.

The TWG also established another task force to follow up with NMCC on the concept document that would enable members to understand the link between the new policy directions of malaria elimination (which the MOH will soon put in place) and the revised National Malaria Strategic Plan.

Maintenance of the national laboratory and insectary: ZISSP continued to provide technical and logistical support to the NMCC to maintain the insectary, which provides a source of mosquitoes of known genetic traits for use in monitoring the quality of spraying,

the efficacy of insecticides on walls, and vector resistance. In quarter I, ZISSP continued to support a breeding mosquito colony for entomological monitoring, including paying monthly wages for one insectary technician and procuring the required daily routine commodities such as washing detergents and sugar. Plans to have a pre-fabricated insectary installed at NMCC have advanced: PMI has approved the construction, and the company has been informed to start the site works and to procure construction materials.

Conduct WHO contact bioassay studies in sentinel sites for IRS quality assurance and insecticide decay rates: ZISSP provided financial support to the entomological teams at NMCC to conduct contact bioassay in three established sentinel sites, namely Kasama, Isoka and Katete. For IRS quality assurance, the contact bioassays were performed within 24 hours and 48 hours post-spray in eight houses with different surfaces. The susceptible Kisumu strain from the NMCC insectary was used. All the contact spots were marked and maintained for consecutive decay rate evaluation. The results showed that the quality of IRS spraying was good and that the non-porous surfaces had exhibited a lethal contact within 30 minutes of exposure time compared to porous surfaces where knock down was less than 20% within exposure time. However, all surface types achieved 100% mortality at 24 hours of holding time post exposure. The insecticide, pirimiphos-methyl, is still efficacious on all the wall surfaces types in all the sentinel sites and has maintained a mortality rate of 100% at 90 days post spray.

Reconnaissance study in DFID-supported districts in Zambia: DFID has contributed resources to PMI for the full IRS implementation in 2014 in nine additional districts that are at high risk for malaria transmission. Seven districts are located in Luapula Province and two districts are in Central Province (Serenje and Mkushi). This activity was a field operation conducted between February and March 2014, which preceded the selection of sentinel sites (using a specific set of criteria) and involved generation of entomological baseline information in all nine DFID districts.

After the field activities were completed, three districts were earmarked for sentinel sites (Milenge, Mwense and Serenje). Plans are underway to deploy resources and equipment so the sites are operationalized at least two months before spraying starts.

Vector susceptibility studies in PMI- and government-supported districts: ZISSP provided financial support to NMCC to collect mosquitoes for susceptibility studies in Mpika, Mbala, Mpulungu, Luwingu, Kafue, Mazabuka, Mungwi, Petauke, Chinsali and Mafinga Districts. Mosquitoes collected from these districts were transported to NMCC where bioassays were completed. This information will be shared at the Insecticide Resource Management TWG meeting scheduled for May 2014 and will be used when deciding the choice of insecticide for the 2015/2016 spray season.

2.3.2 Malaria Prevention and Case Management

FANC trainings: ZISSP provided financial and technical support to the MCDMCH to conduct four trainings for 120 health providers (48 males, 72 females) in FANC. Participants included doctors, clinical officers, midwives and nurses selected from four provinces (Western, Eastern, Luapula, and Central). The training equipped health workers with the knowledge and ability to critically analyze and make decisions about clinical antenatal cases. Trainings were interactive and based on adult learning methodologies. The pre- and post-test average scores showed that participants' knowledge increased as a result of the training.

FANC follow-up activity: ZISSP supported MCDMCH to conduct a supervisory visit to Nyimba District to follow up 12 healthcare providers (9 males, 3 females) who participated in the August 2013 FANC training. The primary objectives of the visit were to assess the compliance to FANC Guidelines in the management of antenatal mothers and to conduct an inventory of health workers oriented to FANC in selected health facilities in the district.



Photo 7: Nyimba River bridge submerged (16 km from Nyimba, and 4 km to the Msima Health Post).

During the visit, the team also reviewed safe motherhood registers and the Health Information Aggregate Form 2 data tools to verify the quality of reported data. Because of flooding, certain facilities were inaccessible during the visit, so the teams made a return trip to complete the assessment.

The visiting team used tools to assess various health facility variables that affected the quality of FANC service delivery, including privacy and confidentiality during the antenatal visit; whether the examination rooms were able to offer comfort during client counseling, examination and history taking; antenatal equipment inspection (vaccine fridges, blood pressure machines, examination couch, blood pressure machine); and the utilization of essential laboratory services (e.g., urinalysis, hemoglobin estimation, rapid syphilis test and rapid protein reagent, and HIV testing).

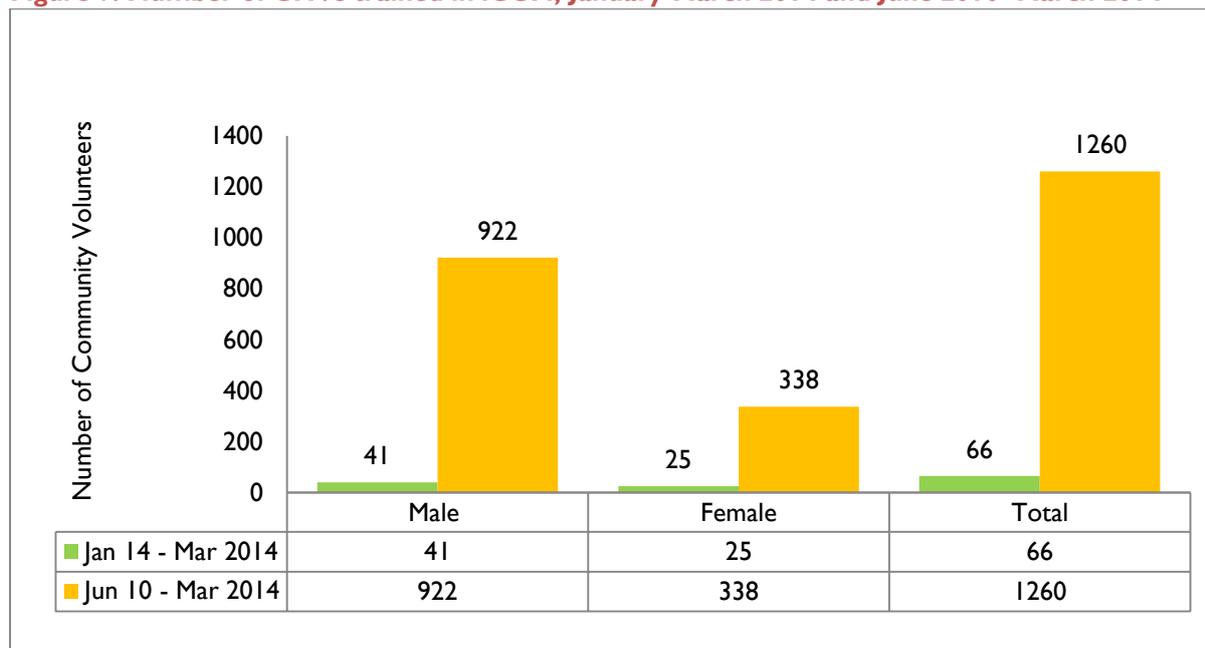
The following FANC implementation challenges were noted in Nyimba District:

- *Cold chain:* Most fridges were not working at the time of visit (especially those that use kerosene), with working fridges only at Nyalugwe and Mukopeka Health Centers.
- *Infection prevention:* There was an absence of hand-washing provisions (sinks or buckets with taps).
- *Emergency preparedness:* Emergency trays or trolleys were not prepared in the maternal and child health department.
- *Adherence to guidelines:* There was a lack of referencing to the safe motherhood guidelines in the management of major antenatal disorders and infections.
- *Documentation:* Services rendered (e.g., conditions that need attention) were poorly documented in the safe motherhood registers.
- *Data management and reporting:* There were major differences between the numbers reported and the actual physical count from the registers.

Support to Malaria Case Management TWG meetings: During the reporting period, ZISSP provided technical and financial support to the Malaria Case Management TWG, which met twice in quarter I. The TWG finalized updating the malaria treatment guidelines and the training materials related to the guidelines in response to the latest WHO guidelines on malaria in pregnancy and the general management of severe malaria. Changes included the addition of Artesunate as an alternative antimalarial in the management of severe malaria.

Integrated Community Case Management (iCCM) trainings: ZISSP supported MCDMCH to train 66 community health volunteers (CHVs¹⁴) (41 males, 25 females) in iCCM. Participants came from Kalomo and Shangombo Districts. CHVs learned to identify signs of common childhood illnesses, to test children with fever for malaria, and to identify malnutrition. The training also transferred skills to CHVs on how to give basic treatment (e.g., oral rehydration solution and zinc for diarrhea; antimalarial medicine for children with fever who test positive for malaria; and/or an antibiotic for children with cough or difficult breathing). Since inception, ZISSP has trained 1,260 CHVs (922 males, 338 females) in iCCM (Figure 7).

Figure 7: Number of CHVs trained in iCCM, January-March 2014 and June 2010- March 2014



ICCM Evidence Review Symposium: ZISSP participated in an iCCM Evidence Review Symposium in Accra, Ghana from March 3rd to 5th, sending the team leader for Community (Bernard Kasawa) and the malaria training coordinator (Elijah Mvula). The symposium reviewed the current state-of-the-art of iCCM implementation by bringing together researchers, donors, government staff, implementers and partners to review the map of the current landscape and status of evidence in key iCCM program areas in order to draw out priorities, lessons and gaps for improving child and maternal-newborn health.

Based on the evidence presented during the symposium, several recommendations could be applicable to Zambia for future iCCM implementation. These include determining frequency of refresher trainings for CHWs on iCCM; testing cell phone data collection and inventory management by Community Health Workers (CHWs) or Community Health Assistants (CHAs); implementing Geographic Information System mapping of CHWs and CHAs relative to health centers and posts and population settlements; strengthening capacity of NHCs and CHAs to supervise CHWs; and exploring opportunities to train private pharmacists and lower level drug vendors in iCCM. In particular, ZISSP can assist MCDMCH to review supervisory tools and document supervision of CHWs at health centers. Two key messages emerging from the symposium could increase utilization of iCCM in a more cost

¹⁴ In this case, CHVs include CHWs trained under the six-week MOH course as well as other CHVs who had not previously undergone the ICCM intervention training.

efficient way with maximum impact, namely: deploying services to areas of greatest need, and assessing demand barriers and addressing them through community engagement and mobilization.

2.3.3 Malaria Surveillance System (AID Step 3) in Lusaka and Mumbwa Districts

The Active Infection Detection (AID) (Step 3) program has been implemented in Lusaka District since 2011. In quarter 1, the program continued with plans to shift to the use of electronic tools to collect data at the clinic and during field responses. The electronic tools will allow for the faster and easier collection of cleaner data, and could be a good mechanism for providing feedback to the clinics for the month's activities.

Mumbwa District expansion: AID Step 3 is also expanding in Mumbwa District. In quarter 1, an additional 66 CHWs (41 males, 25 females) in Mumbwa District were trained on the Step 3 protocol for use in rural areas to help the MOH target areas for malaria elimination. The onset of the rainy season has proved challenging for the DCMO, with malaria cases rapidly increasing in certain areas. This poses a challenge for the health facilities to follow up at the community level. To address this challenge, partners in the district (such as World Vision) assisted district personnel with identifying specific problem areas using the trained CHWs and boosting the number of testing points in areas with the high cases. The Step 3 data provide information on which communities to target, and World Vision provides additional resources (transport for the DCMO to these communities for service provision).

Installation and handover of the database for an integrated entomological surveillance: NMCC, in partnership with ZISSP and Akros Global Health, installed and handed-over a district-based electronic entomological surveillance database to 18 sites in 14 districts. This database system provides a standardized platform for practical use by field-level personnel to capture and store information pertaining to district-based entomological surveillance collections. Information compiled on this platform will be utilized to generate outputs related to specific entomological indicators/parameters that, when triangulated with morbidity/mortality surveillance data and community perception qualitative data, will provide insight into the overall impact of the impact vector control interventions on the reduction of malaria transmission.

During the installation exercise, site assessments were carried out to appraise the capability and suitability for these districts/sites to continually deploy monthly surveillance sessions. The 14 districts that have received the integrated entomological surveillance database are: Chadiza, Chipata and Lundazi (Eastern Province); Chinsali and Isoka (Muchinga Province); Chilubi, Luwingu, Kaputa, Mporokoso and Mungwi (Northern Province); Mongu (Western Province); Kazungula (Southern Province); Ndola (Copperbelt Province) and Kafue (Lusaka Province).

III. TASK THREE: Improve Community Involvement

3.1 Engaging communities in community health planning

Training of Neighborhood Health Committees (NHC): During the period under review, ZISSP continued to collaborate with MCDMCH and supported the training of NHC and Health Center Advisory Committees (HCAC) members in community health planning using the *Simplified Guide to Community Health Planning* manuals. The training highlighted the need for communities to be active players during the identification of issues that most affected their health and to find possible solutions. The 62 training participants (46 males, 16 females) were affiliated with two health facilities across Zambezi District. Although there is an observed increase in the number of women participating, the majority of participants continue to be men.



Photo 8: Community members from Zambezi District participate in community mapping at Headman Kanyungulu's village as part of health planning under Chileng'a Rural Health Center.

Supervision of community health planning activities: To review the implementation status of community health related activities, ZISSP Community Health Coordinators (CHCs) visited 25 health centers in six districts (Mansa, Nchelenge, Sinazongwe, Gwembe, Kalomo, Mbala) and met 411 NHC members (242 males, 169 females). The CHCs observed



Photo 9: Headman Kanyungulu at his village with participants during the community meeting.

positive progress: community action plans were available in most of the centers, and some NHCs had implemented at least one activity from the action plans even in cases where activities were not funded. (For example, the NHCs from Senga Hill Health Center in Mbala District have been implementing malaria sensitization activities at community level even without funding from the health center.) While there has been an improvement in the submission of community health activity reports by NHCs to health facilities, reports were still not submitted regularly and most NHCs had poor record-keeping practices.

3.2 Safe Motherhood

Saving Mothers, Giving Life Endeavour (SMGL): ZISSP continued to support coordination of activities related to the Saving SMGL initiative in Kalomo, Mansa, Lundazi, and Nyimba Districts. In quarter I, Provincial and District MDSR meetings were conducted

in Lundazi, Chipata, Nyimba and Mansa Districts, where six maternal deaths were reviewed, five of which were facility deaths and one community-based. Some of the identified avoidable factors included staff negligence at the health center in monitoring the progress of labor, delay in seeking care, and poor referral systems from the health center to a Level I hospital. In one case, the cause resulted from a retained placenta as the staff did not have the skill to deal with the problem.

SMAG Technical Support Supervision: CHCs and SMGL Coordinators provided technical support supervision to 1,176 SMAG members (511 males, 665 females) from 69 health facilities in 10 districts (Chongwe, Kalomo, Lundazi, Luanshya, Luangwa, Mansa, Mbala, Nyimba, Serenje and Sinazongwe). A number of SMAGs had been conducting community meetings focusing on topics related to maternal and neonatal health, and submitting monthly reports, although submission of reports was not regular. SMAGs reported positive changes in safe motherhood behaviors in their communities, including:

- increases in antenatal care attendance, attributed to regular community meetings
- increase in the number of families with birth plans
- increased male participation in ANC activities

As an example, records at Kacholola Rural Health Center showed that 87% of women that attended the first antenatal visit were accompanied by their male partners (a large improvement compared to rates of less than 30% in the past), 75% of deliveries were at health facilities, and 100% of women attended postnatal care at six weeks.

Challenges reported by SMAGs included little support from health center staff during community meetings and rifts between SMAG members and traditional birth attendants (TBAs). (TBAs had been benefitting financially in kind in the past from the deliveries they conducted.) Distances to health centers continue to hinder pregnant women from accessing services.

Job aids distribution to SMAGs: CHCs distributed materials (T-shirts, reflective vests, umbrellas, bags, chitenges, books, pens, etc.) to support the work of SMAGs in Mbala, Shangombo and Luanshya Districts.

Training in mentorship for SMAG activities: In order to build confidence in staff to mentor SMAGs and ultimately strengthen SMAG performance, ZISSP collaborated with ACNM to conduct mentorship training for 37 staff (17 males, 20 females) from ten provincial centers, districts and health centers. The training presented the newly-developed data collection documents (pregnancy and birth registers, SMAGs Community Activity Reporting Forms [SCARF], and SMAG technical support supervision and monitoring tools) and the finalized SMAG training manual to promote quality mentorship and technical supervisory skills.

3.3 Grants Program

Funds disbursement: In quarter one, ZISSP disbursed ZK1, 816,832.77 to 14 grantees for various activities, which included training of SMAG members, peer educators, NHCs and

CBDs¹⁵. Grantees also conducted inception and program advocacy meetings to increase engagement of community leaders and other stakeholders in community health activities.

Cumulatively, the program has disbursed ZK5, 361,792.92 to 17 grant recipient organizations (67% of the target of ZK8, 079,892.40 to be disbursed by August 30, 2014).

Cost extension of grants for first cycle grantees: Following the approval of the cost extension of grants by USAID, ZISSP drafted and sent award documents to the Abt Contracts Office for review and approval. Once the documents are approved by the Contracts Office, ZISSP will disburse funds to the five grantees earmarked for a cost extension.

Technical support supervision to grantees: In quarter I, ZISSP conducted technical support supervision visits to grantees to monitor the grantees' progress in accomplishing planned activities within the approved budget and achieving the objectives set out in the grant proposals. During these visits, ZISSP provided technical assistance to grantees to ensure they are performing according to planned milestones and adequate technical standards. The following was noted:

- Grantees were networking with other partners in the district. For example, the Adolescent Reproductive Health Advocates had challenges accessing three program sites (Nyala, Sikunduko and Kakulunda) on their own, but overcame this challenge through collaboration with District Education Board Secretary's office that helped to provide a better means of transport to allow the grantee to do its work.
- Grantees were networking with other partners in the district for enhanced collaboration and coordination of activities. Grantees were working in close partnership with the DCMOs on grant implementation, including the training of community volunteers (SMAGs, CBDs, NHCs and peer educators), to ensure uniformity and conformity to policy guidelines.
- ZISSP grantees were collaborating with one another. For instance, in Luangwa District, CIDRZ and Luangwa Child Development Agency collaborated on CBD agent's referrals for clients requiring blood pressure checks and pregnancy to health facilities, making it possible for clients receive the services they needed.
- In Kalomo District, Mumuni Center provided technical support to the local chapter of the National Association of People Living with HIV for report writing.
- Some grantees had weak financial practices (e.g., not updating the cashbook and bank reconciliation daily and monthly, respectively, or weak filing systems).
- Development Organization for People Empowerment (DOPE) did not have trained staff to implement the SMAG Radio Distance Learning (RDL) program. In response, the ZISSP CHC for Northwestern Province will provide technical assistance to DOPE and the DMO in RDL implementation process.

3.4 Behavior Change Communication (BCC)

SMAG RDL Program: In January 2014, 18 new SMAG RDL groups (12 members each) were formed to expand the coverage of safe motherhood activities within their health center catchment areas. Training commenced through re-airing 10 programs by end of

¹⁵ Numbers reached by grantee activities are included in relevant technical areas of this report.

March of the 26 RDL programs in Mansa, Nyimba, Kalomo, Mambwe, Masaiti and Mwinilunga. Prior to the program's start, SMAG RDL groups received materials including the listeners guide, attendance registers, SMAG flip charts, and radios.

In Masaiti, the DCMO has used this opportunity to expand the reach of the SMAG program to health facilities beyond those supported by ZISSP. The district mobilized local resources to purchase radios and train more RDL groups. Over 10 additional SMAG RDL groups have been formed, trained and are actively operational. The Masaiti Community Development Medical Officer, Dr Evaristo Nkunka, stated, "The district has very low maternal health indicators, and we as a district felt this is an opportunity to reach as many volunteers as possible to ensure that wide coverage of community members are reached with safe motherhood messages and are encouraged to adopt positive safe motherhood practices."

Information, Education and Communication (IEC)/BCC capacity-building: ZISSP collaborated with the MOH, MCDMCH and other implementing partners such as the Communication Support for Health project to strengthen IEC/BCC Committees and district-level BCC planning. Strategies included an orientation workshop which has targeted 40 IEC/BCC committees from 40 districts (27 ZISSP districts and 13 additional districts with MCDMCH). In quarter 1, an orientation was conducted for 29 committees, and the activity will continue to quarter 2. The objectives of the orientation were threefold:

- Orient the IEC/BCC committees to the health promotion guidelines and assist in planning/ implementation of health promotion activities at district and community levels
- Develop IEC/BCC terms of reference that will be incorporated into the provincial and national level terms of reference for the Health Promotion TWGs
- Identify sustainable linkages within the already existing district structures to enhance the IEC/BCC committee and the Health Promotion Officer's accountability to their responsibilities.

Emerging from this workshop were the following next steps:

- Finalize and print the terms of reference for the IEC/BCC committees
- Need to provide continued technical assistance to support the next two-to-three quarterly meetings to provide guidance and mentoring in order to:
 - Further clarify the terms of reference and disseminate to the IEC/BCC committee members
 - Review the work plan/ action plans to focus more on the roles and functions of the IEC/BCC committees and identify strategies to integrate it in the district plans
 - Ensure that the District Development Coordination Committee buys-in and supports the IEC/BCC committee's action plans, budgets for meetings (so that they are sustained after the end of ZISSP support), and ensures that other activities are covered under the district's consolidated plans and budget.
 - Once the district IEC/ BCC committees are established, functional and meeting quarterly, the Health Promotion Unit at MCDMCH will apply lessons learned from their capacity building and scale up training to the remaining districts.
- Share with the committees a standardized system for monitoring and reporting system for IEC/BCC.

Traditional leaders as change agents: The draft Traditional Leader's Toolkit was completed and ready for pre-testing during the orientation of the traditional leaders in the second quarter.

IV. Crosscutting Program And Management Support

4.1 Monitoring and Evaluation

Program monitoring and evaluation (M&E) database: The M&E team upgraded the program database from an Excel-based database to Microsoft ACCESS to improve data reporting and accuracy. Following the successful implementation of the ACCESS database system, ZISSP embarked on data migration from the Excel database to Microsoft ACCESS. This process has since been completed and has significantly improved data reporting, accuracy, integrity and security. The new system has reduced time spent in data cleaning prior to generating the reports, data accuracy and improved usage by program staff.

Data mapping: ZISSP generated maps for its program training and mentorship data using the new M&E database, which has been designed in such a way that maps can show different variables such as province, district, gender and facility. ZISSP uses ARC Geographical Information System (GIS) software to generate and update program training and mentorship maps internally. This has been made possible by linking the new ACCESS database to the ARC GIS software.

Data Quality Audit: One of the key roles of M&E is to conduct DQAs to validate the data submitted by program staff. The M&E team conducted DQA field visits in Copperbelt Province. During this exercise, 18 health facilities were visited across four districts and 137 health workers were audited. Of the 137 health workers who were either mentored or trained, 75% (103) were still working at their station at the time of the audit while 17% (23) had been transferred and 5% (7) were either retired or resigned.

Technical support: The M&E team provided technical support during the finalization of a number of program assessments that were carried out across multiple technical areas. These reports included LAFP; Knowledge, Altitude and Practices related to the ART Accreditation process; and the review of the provincial quarterly performance meetings. The M&E team continued to provide technical support to build capacity among the grantees in management and reporting of data. The M&E team provided support to six grantees in developing their M&E data management tools. The technical support supervision was focused on data quality, management and reporting. Finally, the M&E team continued to strengthen the working relationship with the MOH, MCDMCH and other stakeholders through participating and providing technical assistance at TWGs and other meetings.

Strengthening management of research activities: M&E worked closely with the program staff and the team from the Abt home office in developing concept papers for several program assessment and documentation of program activities which included: ZMLA process evaluation, RDL evaluation, QI, SMAGs, IRS, nutrition, TWGs, community health planning and capacity building. These concepts papers were still undergoing finalization at the end of quarter I, with some changing scope to ensure that the final studies and documentation are strategic and valuable for government ministries. ZISPP collaborated with the USAID Deliver Project in the development of a concept on a joint data assessment

evaluation exercise regarding the reported imbalance in confirmed malaria cases versus ACT consumption between 2012 and 2013. ZISSP also created a research committee, comprised of the Director-Technical Support, Technical Writer and the M&E team to provide oversight and coordination of the assessment and process documentation reports planned for 2014.

Reporting: During the quarter, the M&E team also continued tracking training registers on a monthly basis by working closely with the Finance Department. This process has strengthened the follow-up system in tracking training registers.

The M&E team has continued using the data management flow chart, which has since improved the data tracking and data management. The flow chart shows the systematic step-by-step process of data submission and verification and acts as a quality improvement for the data management. This improved system has improved timely generation of required data for the program staff, the ZISSP senior management team, and USAID.

The M&E team was instrumental in the finalizing the 2014 work plans and budgets. Being the final year of the program, the M&E team also reviewed the life of program achievements and guided the program staff in planning and strategies for achieving the end of program achievement.

The M&E team also participated in a training organized by USAID on the USAID DevResult reporting system.

The Performance Monitoring Plan with the Quarter I results for all indicators is found in **Annex 1**. The number of people receiving technical training support from ZISSP can be found in **Annex 2**.

4.2 Knowledge Management

All ZISSP reports, curricula, guides, presentations and other deliverables produced in quarter I received a technical review by ZISSP's technical writer as part of the document finalization process. The technical writer mentored ZISSP staff and grantees on writing skills as part of the review process.

The technical writer also worked with team leads to develop six technical briefing papers in each of the major health systems strengthening areas of the contract (malaria; community health; clinical care; health management; HRH; and maternal, new-born and child health and nutrition) and one all-encompassing technical briefing paper on ZISSP's work. The papers were submitted to the Senior Management Team for review. Those receiving approval were sent to Abt for formatting, while others are currently undergoing further revision.

In quarter I, ZISSP field staff continued to collect success stories to showcase the effect of the program interventions on health in Zambia. With support from the technical writer, twenty success stories were finalized in quarter one and sent to Abt for formatting.

ZISSP staff and community grantees developed nine technical abstracts, which were submitted to three international conferences in 2014 (World Conference in Health Economics, AIDS 2014, and the Health Systems Research Symposium). An abstract submitted to the World Conference in Health Economics on the piloting of the resource

tracking tool has been accepted. Acceptance notifications are anticipated in April for the eight abstracts submitted to other conferences. ZISSP and MOH counterparts also proposed two organized sessions for the Health Systems Research Symposium, but unfortunately neither was accepted.

4.3 Capacity Building and Gender

The Capacity Building Specialist supported four main work plan activities related to capacity-building and gender, as described below, providing technical support and working with focus area staff. The activities were completed in line with the activity plans set out for the quarter.

Capacity building: The Capacity-Building Specialist provided support to team leaders on the completion process for the following materials:

- The *National Peer Education Training Manual for Adolescents* (facilitator and participant guides), which were sent to the ADH TWG for further review and approval
- The *Simplified Guide to Community Health Planning*, which was sent to MCDMCH for approval

The Capacity Building Specialist also provided technical support at the following training activities:

- Skills training for QI Trainers (Kabwe, March 2014)
- IYCF mentorship for nutritionists and MCH Coordinators (Ndola, March 2014)

The Capacity-Building Specialist's role also entails following up on the status of field-based application of skills using new curricula. In March 2013, a new curriculum for training peer educators was developed, and this curriculum was used in the fourth quarter of 2013 to train adolescents in peer education. In order to assess the extent to which the curriculum met set objectives, the Capacity-Building Specialist, working with the Adolescent Reproductive Health Specialist, undertook a visit in February 2014 to follow up the trained youth in Mpika and Nakonde. The visits identified that, while activities were already taking place, there was high turnover of trained youth, which had a negative impact on the desired success of the youth program. A possible solution would be to change the eligibility of potential peer educator trainees to include students who had completed at least Grade 9 and had opted to stay in their respective communities, as they were less likely to emigrate than Grade 12 graduates who had higher chances of being accepted into colleges, universities and employment.

Gender: The gender assessment report, entitled "Addressing Gender Based Constraints to Health Service Uptake," was completed by an external consultant during the quarter. The report was sent to the gender point-person at MOH, where it awaits further MOH approval and signatures in readiness for roll out to provinces and districts in quarter 2. ZISSP will continue to follow up with MOH to expedite this approval process, while recognizing that the gender point-person has other responsibilities in the ministry and does not have other gender persons to assist her.

The Capacity Building Specialist facilitated a two-day gender training for 288 new intakes to the CHA School in Ndola. Following the training, the Capacity Building Specialist provided technical support during the formation of an elected student Gender Steering Committee, which promotes and sustains activities in the school throughout the year. Subsequent to

these initial activities, the Capacity Building Specialist will continue to provide monthly technical support visits to ensure that gender activities are integrated into both school extracurricular activities and as part of the students' interactions with communities in practical sites.

4.4 Finance and Administration

During the quarter ending 31 March, 2014, the Finance and Administration Department focused on the following activities:

- Financial year-end closing and reporting
- Continued provision of financial support for program implementation
- Provided field financial support to grantees
- Provided the required logistical support for the implementation of quarter's planned activities
- Supported IRS program implementation in procurement and logistics provision
- Carried out the equipment inventory verification

Overall budget and expenditure: As of 31 March 2014, ZISSP spent a cumulative amount of US\$ 69,615,809 against the current obligations of US\$ 84,489,701. Cumulatively, ZISSP has spent 79% of the total project estimated ceiling of US\$ 88,092,613.

Human resources: ZISSP has a total of 101 staff, including four senior management staff, 56 staff holding technical positions, 17 finance and administrative staff, and 24 drivers. During the quarter, one employee (Director-Technical Support) separated from ZISSP through resignation. This vacancy was filled through promotion of an internal staff member. The company unfortunately also lost one staff member due to death, i.e., Clementina Kachinda, who was Communications Specialist.

Recruitment is in progress for replacements for the positions of Director-Technical Support, Clinical Care Specialist (Western Province) and Driver (Central Province). In order to speed up the grants program and to make it run more efficiently and effectively to meet the target, additional staff are being recruited for the positions of Grants Capacity Building Officers (x 2) and a Grants Accountant. A Data Entry Assistant is also being recruited to maintain the International Site Management System which was introduced last year for tracking staff project advances and keeping these up-to-date.

Information technology (IT): AGI is an Abt initiative to improve access to online resources within the organization. As part of the preparations to use the system, IT has been involved in enrolling users to the system. For those enrolled, access to applications (such as Oracle for timesheets) is now faster; this has resulted in a reduction in labor adjustments.

The IT department overhauled the Local Area Network and networking devices. This has involved updating software on computer devices and replacing faulty cables in the building, with patch cables and fly leads supplied to replace the worn out cables over the years. IT also facilitated the movement of the SMGL offices from Kalomo to Choma. The infrastructure has now been set up and is fully operational.

V. Challenges and Solutions

CHALLENGES	SOLUTIONS
Constant transfers of staff in senior positions from the DHRA leads to loss of institutional memory, loss of momentum for implementation of key programs and loss of morale.	ZISSP will focus on orienting the new staff, as control of staff transfers is beyond ZISSP control.
There is a lack of computers in some health facilities to facilitate effective rollout of computerized systems such as HRIS, and ZISSP cannot procure.	If a hospital does not have a new computer, they are using an old one for the present time. Some MOH health facilities have been able to purchase computers. ZISSP will advocate to government and PMOs to consider purchasing computers and/or replacing old computers for all health facilities.
Sustainability to maintain the momentum of implementation of key ZISSP programs (such as rollout of HRIS within the DHRA and undertaking M&E visits) is hindered by lack of adequate government financial resources.	Roll-out for HRIS in Copperbelt might not occur in 2014 due to lack of government resources, but ZISSP will continue the provision of support to the other provinces. ZISSP will advocate to DHRA to source funding to facilitate the rollout and related activities.
Some planned quarter 1 FP and ADH activities were delayed due to delayed funding from ZISSP to PPAZ	The issue has been resolved and PPAZ has now received funding. The activities have been shifted to quarter 2 for implementation.
The MOH has not yet handed over the coordination of the Nutrition TWG meetings to the MCDMCH, preventing the regular coordination meetings from being held.	The hand-over by MOH is expected in Quarter 2. ZISSP has postponed the planned activity (supporting two Nutrition TWG meetings) in the meantime.
MOH and MCDMCH are slow to respond with the approval/ratification/endorsement of documents produced by ZISSP.	Continued advocacy, but recognizing that it is difficult to directly influence ratification/approval/endorsement by Ministers and Permanent Secretaries.
Delayed integration of entomological surveillance activities into	Send reminder using MOH Permanent Secretary instructions for

District Integrated Annual Activity and budget plans due to limited funds.	entomological surveillance integration to PMOs/DCMOs and the Environmental Health Technicians (EHTs). Continue discussions with PMOs, DCMOs, and E around this matter during subsequent field/onsite visits.
Regarding entomological surveillance, there has been a delayed delivery of specimen from the field to NMCC due to lack of consistent transport arrangements at district level.	<ul style="list-style-type: none"> • Use ZISSP offices/FEDEX as a stop-gap measure • Continue discussions with DCMOs locally supported options to enhance sustainability.
While ZISSP has made significant progress in developing the MOH's QI and clinical mentorship programs, institutionalization of QI and clinical mentorship at all levels is a long term process that cannot be fully achieved by December 2014.	<ul style="list-style-type: none"> • Use the quarterly collaborative meeting to advocate for resource mobilization and integration of QI in all TWGs and participation of MCDMCH in the national QI TWG. • Use ZISSP's QI evaluation study results as a tool to advocate for improved funding to the QI Unit at the MOH/MCDMCH.
<ul style="list-style-type: none"> • Clinical mentorship coordination at national level is still a big challenge which threatens sustainability of the gains made over the years. There is limited ownership and support to clinical mentorship program by the MOH/MCDMCH at all levels. • Inadequate implementing partner coordination and collaboration on clinical mentorship at provincial and district levels, and inadequate utilization of multi-disciplinary CCTs by implementing partners. 	ZISSP will re-engage the MOH/MCDMCH on the formation of the national QI steering committee and the multi-disciplinary CCT.
Inadequate government funding support for QI activities poses a challenge to sustainability, including funding for the QI unit at the MOH and funding to support information-sharing fora on QI efforts at provincial and district levels.	ZISSP CCCs will provide technical assistance to the 2014-16 planning process at all levels to ensure that QI and mentorship are incorporated in the district action plans with funds allocated.
Onset of NHA survey data collection exercise in Lusaka Province, scheduled for March 2014, was delayed due to delayed release of funding by the government ministries. Data collection could not start elsewhere until it is launched in Lusaka Province.	Continued engagement with MOH and MCDMCH to identify a solution.

VI. Focus Areas for Second Quarter

HRH

- Assist new management under the DHRA to understand the history and progress made on ZISSP supported HRH programs to ensure continued and sustainable DHRA support.
- As part of new DHRA management's orientation, support them to participate in PMP visits for monitoring and evaluation to Northwestern Province.
- In light of senior DHRA staff turnover, refocus capacity-building with the continuing staff to take on responsibilities to ensure continuity. One example is ensuring that there is a clear responsibility assigned to a DHRA position for organizing and taking minutes of the HRTWG monthly meetings and sub group meetings to ensure that these activities do not stop as a result of staff turn-over.
- Facilitate attendance of *Strengthening Human Resources for Health* training at the Harvard School of Public Health, by Director-HRA and Assistant Director- HRA (June 2014).
- Monitor the finalization process of the ZHWRS Sustainability Strategy; ensure that the strategy is presented at the next Sector Advisory Group (SAG) meeting.
- Monitor the submission status of required documentation for ZHWRS to ensure that the remaining reimbursement for 2013 by ZISSP is provided to MCDMCH.
- Provide support to facilitate a meeting of HR staff from those districts that were not recently visited as part of the ZHWRS audit to collect their information for inclusion into a comprehensive status report on the ZHWRS, which will be provided to Senior Management at MCDMCH for decision-making purposes.
- Support visits by MOH IT and HR staff teams to roll out the HRIS in Southern, Luapula, North Western and Lusaka Provinces.
- Internally manage the HR issues related to ZISSP's employment of interns for HRIS data entry services at MOH health facilities (e.g., issuing contracts, payment, etc.).

FP

- Support a TOT in LAFP for 20 health workers in order to increase the pool of LAFP provincial trainers.
- Support a pre-training needs assessment in selected facilities in three ZISSP target districts (Chiengi, Nchelenge and Mansa) in readiness for LAFP training, and then support LAFP training for 40 health care providers.
- Support CBD training for 300 community volunteers in selected health facilities from 10 ZISSP target districts, with post-training follow up visits.
- Support the GNC to conduct three review meetings to strengthen the LAFP component in the midwifery curriculum.
- Develop two FP success stories to illustrate program effects.
- Support two meetings to orient 50 provincial, district and facility managers and supervisors to the CBD program, increase awareness and strengthen technical supportive supervision.
- Support a five-day training of health workers from selected health facilities as CBD supervisors.

ADH

- Print the ADH Communication Strategy and Adolescent-Friendly Health Services Standards and Guidelines (for a future launch and dissemination by the MCDMCH).
- Support a TOT for 20 healthcare providers in ADH (from all 27 districts).
- Support the training of 30 peer educators in drama theater (Nakonde and Mpika).
- Provide support for a TOT for 20 peer educators in Sexual and Reproductive Health and Rights and HIV prevention strategies from all 27 districts.

EmONC

- Support GNC/MOH to review and update the Direct Entry Midwifery curriculum.
- Support EmONC training for 20 health workers from Solwezi, Mwinilunga, Zambezi and Luanshya Districts.
- Support MCDMCH to finalize and print EmONC flow charts for health facilities.
- Support MCDMCH to conduct a TOT in EmONC in order to increase the pool of trainers at provincial level.
- Support GNC to upgrade skills labs and train tutors and clinical instructors in skills lab management at Chikakanta, Kitwe and St Paul's midwifery schools.
- Develop EmONC success stories and technical briefs to illustrate and share program outputs.
- Provide support to MCDMCH to hire a consultant to develop a national database for EmONC-trained providers.
- Continue providing mentorship in the use of the partograph, prevention and management of post-partum hemorrhage, and emergency obstetric surgery.

Child health

- Support technical supportive supervision visits to selected health centers to document experiences on management of expanded ORT corners in improving the health outcomes of sick children.
- Support the orientation of MNCH staff in Essential Newborn Care Guidelines from selected ZISSP target districts (contingent on finalization of the guidelines).
- Orient 22 DCMO staff in the RED strategy and the use of the community registers.
- Train 148 CHWs in use of the RED community registers (Central, Western, Luapula Provinces).
- Monitor immunization activities in low-performing districts.
- Conduct IMCI mentorship visits in Western, Eastern, Southern and Lusaka Provinces.
- Hold orientation meeting for selected health workers and hospitals from across the country on the Essential Newborn Care Guidelines.
- Monitor and provide technical support supervision for implementation of the IMCI Computerized Adaptation and Training Tool at 12 nursing schools.

Nutrition

- Print and disseminate the MAIYCN guidelines and training package, and provide technical and financial support to MOH, NFNC and MCDMCH to train 25 MAIYCN TOTs.
- Document the process of ZISSP-supported activities in IYCF and growth monitoring and promotion activities in Nyimba and Lundazi Districts.
- Provide technical and financial support to MOH, MCDMCH and NFNC to present nutrition priorities during the national and ten provincial planning launch meetings (so that nutrition activities are including in plans and budgets).
- Support MOH, MCDMCH and NFNC to facilitate hosting two Nutrition TWG meetings to improve coordination and collaboration of nutrition activities.
- Provide technical and financial support to MOH/MCDMCH and NFNC to monitor Child Health Week activities in nine ZISSP target districts in three provinces.
- Provide technical and financial support to MOH, NFNC and MCDMCH to train 100 health workers in nutrition activities (4 trainings of 25 participants in each of 4 districts).
- Support an orientation meeting on BFHFI for 50 health care providers from 25 selected health facilities in five ZISSP target districts (two, five-day trainings), and provide financial support to MCDMCH and NFNC to monitor BFHFI mother support groups in 25 health facility catchment areas in five selected ZISSP target districts.
- Provide technical and financial support to MCDMCH to conduct mentorship to 150 IYCF-trained CHVs and 100 trained health workers in ten selected ZISSP target districts.

- Provide financial support to purchase materials and utensils to promote and support implementation of nutrition activities in 25 selected communities from five ZISSP target districts.

Malaria

- Handover the IRS activities, currently under ZISSP, to AIRS.
- Prepare materials to train the 30 drivers in safe handling of IRS commodities.
- IRS: develop the key performance indicators for all stores officers.
- IRS: conduct onsite mentorship to all stores officers in inventory management.
- Prepare, print, laminate and distribute dichotomous keys for EHTs.
- Conduct monthly back up support and mentoring for EHTs and CHWs, including timely delivery of specimens to NMCC.
- Distribute new equipment for insecticide resistance management to the new sentinel sites in Luapula and Central Provinces.
- Facilitate secondary level specimen processing /PCR of field mosquito samples at Macha.
- Construct entomological surveillance species composition maps.
- Conduct onsite quality assurance (blinded field sampling) by entomological consultants and entomologists from NMCC and the Tropical Disease Research Center.

Management and Leadership

- Provide technical assistance to the MOH and MCDMCH for the 2014 annual planning process.
- Finalize orientation of 62 program officers from seven districts in the DQA guide.
- Support printing of ZISSP-developed documents on behalf of MOH (DQA guide and the *Step-by-Step Guide to Planning*).
- Provide technical and financial support to MOH for NHA survey data collection, with support from a Short Term Technical Advisor from Abt home office.
- Finalize phase 2 ZMLA trainings and prepare group for graduation.
- Initiate ZMLA End of Project Performance Evaluation.

Clinical Care

- Conduct evaluation of QI support to MOH/MCDMCH (develop protocol and data collection tools; identify QI case studies; collect and analyze data).
- Support the MOH to print the QI training manuals and to finalize, print and distribute treatment flow charts, QI job aids and the national QI training manuals.
- Support the completion of the QI project reporting tools for the QI committees and facilitate distribution (through the QI TWG).
- Provide technical support to identify appropriate proxy indicators that can help measure the two national QI mortality indicators (through the QI TWG).
- Document QI projects in model sites as success stories.
- Participate in the Annual QI Conference.
- Convene a quarterly collaborative meeting with MOH and MCDMCH.
- Support routine provincial and district QI and mentorship activities (quarterly provincial QI meetings; provincial QI technical support supervision; MDSR/under five mortality reviews; district QI committee meetings; district QI committee conduct technical support supervision to health facilities; provincial and district clinical mentorship; and clinical meetings).
- Financial support provided to the Health Professions Council of Zambia for the dissemination of health care standards to the provinces and districts.

Community Health

- Print copies of the *Simplified Guide to Community health Planning* manuals, and orient MCDMCH and MOH staff in the use of the guide to support community health planning processes.
- Conduct technical supervision visits with NHC and SMAG members.
- Provide technical support supervision to SMGL districts for SMAG activities, FANC, postnatal care, FP, EmONC and QI processes.
- Finalize purchasing and distribution of SMAG materials.
- Facilitate provincial and district SMGL partners' meetings; document SMGL activities and progress made.
- Orient district and zonal committees in MDSR, provide technical and financial support for district MDSR meetings, and strengthen MDSR operations at facility and community levels.
- Disburse funds to grantees and provide technical support supervision.
- Conduct grants close-out orientation meeting for grantees, and write final progress report on 2nd cycle grant funded activities.
- Conduct the end line evaluation for drama and RDL programs.
- Conduct technical support supervision for SMAGs RDL activities (in collaboration with MCDMCH).
- Conduct two national-level meetings (in collaboration with Communication Support for Health CSH) to hand over and advocate for utilization of BCC tools, BCC Framework and the Traditional Leaders Toolkit, and IEC/BCC committees to the TWG and U.S. government partners

M&E

- Conduct data quality audit (M&E team).
- Provide technical support to the upcoming assessment and program documentation (Research Committee, including M&E team).
- Finalize the cleaning of the project database.
- Assist in finalizing the technical briefing papers.

Capacity Building

- Facilitate the training and post-training visits of communities in *Simplified Guide to Community Health Planning*, targeting those communities and districts that have not yet been trained.
- Conduct post-training visits and mentorship to centers and communities that were trained in adolescent reproductive health.
- Conduct monthly supervisory and technical support visits to the Ndola and Mwachisompola CHA schools.

Annex I: Indicator table – Life of Project and quarterly targets and achievements

Indicator Number	Indicator Definition	LOP Target	LOP Achievement	January 2014 - March 2014 Target	January 2014 - March 2014 Achievement
2.2.1 a	Number of health care workers who successfully complete an in-service training program within the reporting period				
	Clinical Mentorship	9,200	8,033	800	599
	Health Systems Strengthening (MLA)	1,642	2,163	165	375
	Health Systems	1,493	2,432	83	180
	Males		1,611		119
	Female		821		61
	Performance Management Package		481		45
	Males		278		13
	Female		203		32
	Planning		162	23	0
	Males		128		
	Female		34		
	Strategic Information		441	20	30
	Males		296		23
	Female		145		7
	Marginal Budgeting for Bottlenecks		44	15	0
	Males		34		
	Female		10		
	Financial Management		208		86
	Male		165		69
	Female		43		17
	Human Resource Information		45	13	0

Indicator Number	Indicator Definition	LOP Target	LOP Achievement	January 2014 - March 2014 Target	January 2014 - March 2014 Achievement
	Males		25		
	Female		20		
	Work Load Indicators of Staffing Needs (WISN)	100	71	6	0
	Males		36		
	Female		35		
	Record Management	100	84	6	0
	Males		46		
	Female		38		
	Strengthening Human Resource for Health (Training at Harvard School)	6	4	0	0
	Males		2		
	Female		2		
	Community Health Coordinators Supervisor			0	0
	Males				
	Female				
	Gender	500	862		19
	Males		505		14
	Female		357		5
2.2.2	Number of new health care workers who graduated from a pre-service training institution within the reporting period	580	595	N/A	0
	Males		145		
	Female		162		
2.2.3	Number of people trained in family planning and reproductive health with USG funds	710	565		50
	Health Workers	260	286	10	20
	Males		79		4
	Female		207		16

Indicator Number	Indicator Definition	LOP Target	LOP Achievement	January 2014 - March 2014 Target	January 2014 - March 2014 Achievement
	Community	450	279	23	30
	Males		130		3
	Female		149		27
2.2.4	Number of people trained in maternal/newborn health through USG supported programs	3,574	3,592		
	Health Workers (EMoNC Providers)	340	334	10	0
	Males		141		
	Female		193		
	Master Trainers		23		0
	Males		15		
	Female		8		
	Health Workers (SMAG Master Trainers)	234	198	8	0
	Males		75		
	Female		123		
	Community health volunteers (SMAGs)	3,000	3,037	170	20
	Males		1,372		10
	Female		1,665		10
2.2.5	Number of people trained in child health and Nutrition through USG supported programs	1,664	2,490		
	Health Workers Grand Total		1,660	25	152
	Males		900		75
	Female		860		77
	Community - Infant and Young Child Feeding	540	824	30	0
	Males		358		0
	Female		372		
2.3.1	Number of people trained with USG funds to deliver IRS	7,201	6,363		

Indicator Number	Indicator Definition	LOP Target	LOP Achievement	January 2014 - March 2014 Target	January 2014 - March 2014 Achievement
	Supervisor		588		0
	Male		467		
	Female		121		
	Spray Operators		5,775		0
	Male		4,013		
	Female		1,762		
2.3.4	Number of health workers trained in IPTp with USG funds	1,656	947	81	120
	Males		321		48
	Female		626		72
2.3.5	Number of people trained in malaria case management with ACTs with USG funds				
	Community Health Workers	1,512	1,260	54	66
	Males		922		41
	Female		338		25
3.2.1.a	Number of people trained in BCC/IEC methods or materials in ZISSP target districts. (ZISSP)	3,280	2,743	354	402
	Male		1,761		402
	Female		982		252

Annex II: Training data by type of training and gender of participants

Technical Area	Type of Training	Province	District	Total Number Trained	Male	Female
MNCH/ HR	Performance Management Package (PMP)	Lusaka	Lusaka	45	13	32
	Tot on Long Acting Family Planning Methods	Central	Kabwe	20	4	16
	Community Based Distributors of family planning methods	Lusaka	Luangwa	30	3	27
	Adolescent Health/Peer Education	Central, Copperbelt, Eastern, Lusaka, Northern, Muchinga, Southern, western	Lusaka, Mansa, Kabwe, Nyimba, Mpika, Mongu Nakonde	19	14	5
	Health Workers REDs	Central Southern	Kabwe, Kalomo, Choma	130	68	62
	Health Workers IYCF	Copperbelt	Ndola	22	6	16
Clinical Care	Clinical Mentorship Sessions	All		599		
Management and Leadership	Zambia Management and Leadership Academy			357		
Management Specialist	Financial Management	All		86	69	17
	Strategic Information	Muchinga, Northern and Southern	Choma, Chama, Chinsali	30	23	7
Malaria	IPTp FANC	Central, Eastern, Luapula and Western	Serenje, Mongu, Chipata, Mambwe	120	48	72
	Integrated Community Case Management	Southern and Western	Kalomo Shangombo	66	41	25
Community	Safe Motherhood Action Group	Eastern	Lundazi	20	10	10
BCC	SMAG RDL leaders/ listening groups	Luapula, Lusaka, Northwestern and Southern	Kalomo, Lusaka, Mansa, Mwinilunga	131	72	59
	Drama			0	0	0
	BCC Framework	Central, Eastern, Lusaka, Muchinga, Southern and Western	Choma, Chipata, Chinsali, Nakonde, Kafue, Kabwe, Lusaka, Lukulu	271	180	91