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# ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

# QUARTERLY REPORT

## APRIL - JUNE 2012

**July 2012**

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### **DISCLAIMER**

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# ACRONYMS

AID	Active Infection Detection
AIDS	Acquired Immunodeficiency Syndrome
AMSTL	Active Management of the Third Stage of Labor
APS	Annual Program Statement
BCC	Behavioral Change Communication
CBGMP	Community Based Growth Monitoring and Promotion
CCS	Clinical Care Specialists
CCT	Clinical Care Team
CDC	Center for Diseases Control
CEDPA	Centre for Development and Population Activities
CHA	Community Health Assistant
CHC	Community Health Coordinator
CHV	Community Health Volunteer
CHW	Community Health Worker
CO	Contracting Officer
CP	Cooperating Partner
DEMS	Direct Entry Midwifery Schools
DHO	District Health Office
DHIO	District Health Information Officer
DHS	District Health Survey
DIM	District Integrated Meeting
DMO	District Medical Officer
DQA	Data Quality Audit
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
EHT	Environmental Health Technicians
EHO	Environmental Health Officers
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency Obstetric and Newborn Care
FANC	Focused Antenatal Care
F&A	Finance and Administration
FP	Family Planning
GIS	Geographical Information System
GPS	Global Positioning System
GRZ	Government of Zambia
GST	Grant Support Team
HBLSS	Home-based Life Saving Skills

HCAC	Health Center Advisory Committee
HCM	Human Capital Management
HIA	Health Information Aggregation
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HRM	Human Resource Management
HS2020	Health Systems 2020
HSSP	Health Services and Systems Program
IBP	Implementing Best Practices
IMaD	Improving Malaria Diagnostics
IMCI	Integrated Management of Childhood Illnesses
IMPAC	Integrated Management of Pregnancy and Child Birth
IPT	Intermittent Preventive Therapy
IRMTWG	National Insecticide Resistance Management Technical Working Group
ITN	Insecticide Treated Net
IRS	Indoor Residual Spraying
ISMS	International Site Management System
IVM	Integrated Vector Management
IYCF	Infant and Young Child Feeding
JAR	Joint Annual Review
JSI	John Snow Incorporated
LLIN	Long Lasting Insecticidal Net
LTFP	Long Term Family Planning
MBB	Marginal Budgeting for Bottlenecks
MIS	Malaria Indicator Survey
MLA	Management and Leadership Academy
M&E	Monitoring and Evaluation
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MOP	Malaria Operational Plan
MOU	Memorandum of Understanding
MNCH	Maternal Newborn and Child Health
MS	Management Specialist
MSL	Medical Stores Limited
MTC	Malaria Transmission Consortium
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan
NIPA	National Institute for Public Administration
NMCC	National Malaria Control Centre

NFNC	National Food and Nutrition Commission
NHA	National Health Accounts
NTWG	Nutrition Technical Working Group
PA	Performance Assessment
PDA	Personal Digital Assistant
PHO	Provincial Health Office
PIM	Provincial Integrated Meeting
PIR	Performance Indicator Reference
PPH	Postpartum Hemorrhage
PRI	Performance Indicator Reference
PMEC	Payroll Management Establishment Control
PMEP	Performance Monitoring and Evaluation Plan
PMI	President's Malaria Initiative
PMP	Performance Management Package
PMTCT	Prevention-of-Mother-to-Child Transmission (of HIV)
PPAZ	Planned Parenthood Association of Zambia
PPP	Public Private Partnership
PSMD	Public Service Management Division
QI	Quality Improvement
RCQH	Regional Center for Quality Health Care
RDL	Radio Distance Learning
RDT	Rapid Diagnostic Tests
RED	Reach Every Child in Every District
RFA	Request for Applications
RH	Reproductive Health
SMAG	Safe Motherhood Action Group
SMGL	Saving Mothers Giving Life
TSS	Technical Support Services
UNZA	University of Zambia
USAID	United States Agency for International Development
UTH	University Teaching Hospital
VSI	Ventures Strategies Innovation
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZPCT	Zambia Prevention, Care and Treatment

# EXECUTIVE SUMMARY

This quarterly report covers the period April to June 2012. The key objective is to provide an update of the USAID funded Zambia Integrated Systems Strengthening Program (ZISSP) activities for the quarter. The report highlights key achievements, activities undertaken, and challenges by the various ZISSP technical areas in HIV/AIDS, malaria, family planning, maternal health, newborn and child health and nutrition. Overall, the report includes ongoing program activities and their respective outcomes as well as key ZISSP planned activities for July to September 2012.

A significant proportion of program activities realized substantive achievements during the quarter under review.

Generally, ZISSP provided technical support to national, provincial and district health planning launches through facilitation of data analysis aimed at illustrating trends in performance indicators for health programs over the past three years. The support from ZISSP also enabled MOH identify major priority focus areas for the various health programs for the next Mid Term Expenditure Framework (MTEF) 2013-15 planning cycle.

The **Zambia Management and Leadership Academy (ZMLA) program** was successfully launched by ZISSP in collaboration with BRITE and Ministry of Health (MOH). The launch took place in Lusaka and was attended by high-level stakeholders from the MOH, USAID, MERCK, National Institute for Public Administration (NIPA), partner organizations and media representatives. The beneficiaries of the ZMLA were represented by Senior Chief Kanongesha who travelled all the way from North-Western Zambia.

1. Under **Clinical Care Specialist (CCS) technical area**, a good example of the effect of ZISSP efforts is that the MOH funded 75% of the training budget for the provincial Quality Improvement (QI) trainers from five provinces (Eastern, Luapula, Muchinga, Northern, and North-Western), a positive indication of ownership for the training programs. This is a significant step towards sustainability and institutionalization of quality improvement in the MOH at all levels.

ZISSP through the CCS for Southern Province successfully submitted an abstract to the 2012 International AIDS Conference (IAC) in Washington at which ZISSP will present a poster presentation on “**Supporting Clinical Care Teams (CCTs) to improve the Quality of Antiretroviral Treatment (ART) Services in the Southern Province.**”

2. In the **Management Specialist technical area**, 38 MOH Planners and Information Officers were trained in the use of the customized Marginal Budgeting for Bottlenecks (MBB) toolkits. The MBB toolkit will officially be used as a planning tool. To assist MOH in conducting subsequent trainings, the first manual which provides a step-by-step guidance on how to conduct the training has already been developed.

The Management Specialist from Eastern Province worked with the Provincial Health Office to hold a stakeholders' meeting to form a steering committee in the province to not only improve collaboration and coordination of activities with other stakeholders, but will also provide a forum for leveraging resources amongst different partners supporting health programs.

3. Regarding the **Maternal, Neonatal and Child Health technical area**, ZISSP supported the National Food and Nutrition Commission (NFNC) to host two multi-sectoral meetings for the Ministries of Education, Health, Agriculture and Livestock and Community Development, Mother and Child Health. The meetings provided guidance on the implementation of the multi-sector food and nutrition strategic plan.
4. ZISSP also successfully conducted an audit of the Zambia Health Workers Retention Scheme (ZHWRS) in all the provinces. The audit revealed inconsistent payments of the scheme allowances with some staff being underpaid and others being overpaid.
5. Under **Malaria**, ZISSP supported the National Malaria Control Center (NMCC) to train 59 district-level trainers from the 20 Indoor Residual Spraying (IRS) districts in IRS techniques, implementation, and supervision. ZISSP also supported NMCC to develop nine Standard Operating Procedures (SOPs) to be used at both the central and district levels. The SOPs will be finalized and implemented during the 2012 spray season.
6. The **Community Team** finalized the pre-grantee award processes which included pre-award surveys and financial risk assessments. The purpose was to assess the adequacy of potential grantees' accounting policies and procedures and grants management practices.
7. The **Behavior Change Communication (BCC)** framework was finalized and submitted to MOH for approval. The framework has since been approved and selected provinces were used to pre-test the framework before dissemination and distribution to provincial and district stakeholders implementing BCC at the community level.
8. Finally, the **Monitoring and Evaluation team** in conjunction with a team from USAID Zambia and the Pretoria Office implemented a Data Quality Audit (DQA) exercise. So far, ZISSP has undergone two data quality audits. The first audit focused on verifying malaria, health and nutrition data while the second audit focused on verification of DPT3 and Vitamin A data, for the November Child Health Week.

In this past quarter, ZISSP continued to strengthen the ability of MOH to effectively plan, budget, manage, supervise and report all activities in the health system thereby increasing the utilization of key health services. Overall, ZISSP's agenda underscores the importance of undertaking regular capacity building exercises and onsite mentorship for MOH officers at national, provincial and district levels.

# I. INTRODUCTION

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

During the second quarter of 2012, ZISSP's focus was primarily around facilitating various trainings and mentorship programs of MOH personnel across Zambia in an effort to strengthen existing local health systems. Therefore, ZISSP was directly involved in the revising various MOH training tools and guidelines such as the guidelines on the customised Marginal Budgetting for Bottlenecks (MBB) manual.

The first section of this report will focus on the activities carried out in the second quarter by the various technical teams; the second section will explore the challenges and the solutions put forward to address the various challenges; and the third section of the report will outline the focus areas for the third quarter of 2012.

## I.1 PROGRAM OBJECTIVES

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

## I.2 ZISSP COMPOSITION

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

## 2. TASK ONE: SUPPORT FOR THE CENTRAL MINISTRY

### 2.1 HUMAN RESOURCES FOR HEALTH

#### 2.1.1 IMPROVE CAPACITY OF THE MINISTRY OF HEALTH (MOH) TO RECRUIT, DEPLOY AND RETAIN ESSENTIAL HEALTH WORKERS

ZISSP included in its 2012 work plan a routine audit of the retention scheme which will be undertaken annually to ensure that the healthcare workers on the retention scheme are in their various work stations. In the second quarter of 2012, ZISSP conducted a retention scheme audit for all provinces. During the exercise, ZISSP distributed the Zambia Health Workers Retention Scheme (ZHWRS) guidelines and forms to the human resources officers.

The audit revealed inconsistent payments of the scheme allowances with some staff being underpaid and others being overpaid; the MOH is working to rectify these anomalies. A number of healthcare workers on the scheme did not have pay slips and 13 of the 119 scheme members receiving ZISSP support were no longer at their respective stations and were deleted from the payroll. Efforts are underway to replace these healthcare workers with suitable candidates. Most of the human resource officers were also found to have inadequate IT skills. This underscores the importance of undertaking regular targeted capacity building exercises and onsite mentorship for human resources officers at provincial and district levels.

#### 2.1.2 SUPPORT FOR NATIONAL LEVEL PLANNING, IMPLEMENTATION AND EVALUATION OF HUMAN RESOURCES FOR HEALTH

The Directorate of Human Resources and Administration holds departmental quarterly performance review meetings as part of a process for systems strengthening and to assess and monitor its own annual performance as well as the performance targets set out in the Human Resources Strategic Plan (2011 – 2015). In April 2012, ZISSP provided technical and financial support to the MOH's Directorate of Human Resources and Administration to undertake a performance review for the first quarter of this year. The meeting evaluated the mission and strategic goals and the primary activities of the department which are essential to delivering Human Resources for Health (HRH) services and achieving set goals and objectives.

A number of gaps such as the need for improved IT skills amongst HR staff were identified during the meeting and were included in the list for the capacity building exercises. The meeting also noted the need to monitor the implementation of the

Performance Management Package (PMP) closely and finalize the development and updating of job descriptions for various cadres.

ZISSP provided support to MOH human resources staff to participate in the planning launch meetings in North-Western, Copperbelt, Southern, Western and Eastern Provinces to ensure that the MOH HRH priorities for 2013 were well articulated by the provincial staff; priorities included the roll-out of the implementation of the PMP. Two ZISSP staff also participated in the planning launches to articulate ZISSP's HRH support for 2013.

### **2.1.3 HUMAN RESOURCE MANAGEMENT SKILLS IMPROVEMENT**

ZISSP provided support to the MOH to undertake a number of activities aimed at facilitating the continuation of the PMP roll-out. ZISSP provided technical support in developing a standard two-day PMP workshop program and also facilitated the preparation of individual performance assessment folders for six directors at the MOH head office. All the necessary appraisal forms will be retained in the permanent secretary's office.

ZISSP also supported a capacity building workshop for 25 HRH staff (13 females, 12 males) to address some of the gaps identified earlier such as inadequate IT skills, inadequate understanding of the civil service conditions of service and insufficient skills to manage training functions. This is the first of two such workshops planned for 2012.

## **2.2 FAMILY PLANNING AND ADOLESCENT HEALTH**

### **2.2.1 STRENGTHENING PROVISION OF LONG-TERM FAMILY PLANNING (LTFP) SERVICES**

The unmet need for family planning in Zambia is 27% and family planning contraceptive prevalence is 34% according to the Zambia Demographic and Health Survey (ZDHS) 2007. This underscores the need to scale up family planning services country wide and also to ensure that healthcare workers in Zambia are providing quality services.

ZISSP supported two post-training follow-ups of twelve healthcare providers and eight nurse tutors and clinical instructors who were previously trained in long term family planning (LTFP) methods. The healthcare providers and nurse tutors were drawn from Kabwe School of Nursing and Midwifery, University Teaching Hospital (UTH) School of Nursing and Midwifery, Maina Soko Military Hospital, and health centers in Lukulu and Shangombo districts. This brings the number of post-training follow-ups of healthcare providers conducted in 2012 to three out of the four planned for the year.

The aim of these technical supportive supervision visits was to assess the knowledge and skills retention on insertion and removal of Jadelle and intrauterine devices (IUDs) and to identify challenges and monitor progress in program implementation at the nursing and midwifery schools.

Though 25 healthcare providers were trained as trainers of LTFP previously, a significant proportion (approximately 46%) is not active and as a result, ZISSP funded the training of 21 healthcare providers (17 female, 4 male) from 10 provinces as trainers of LTFP methods included 19 nurses and midwives and two medical doctors. The training provided the HCWs with clinical skills that will enable them to build the capacity of other healthcare workers to provide LTFP services. To date, a total of 45 healthcare workers have been trained as trainers for LTFP methods, but only 36 are active.

The MOH, with support from ZISSP, trained 20 healthcare workers from Kalomo, Gwembe, Sinazongwe, Choma and Livingstone districts in LTFP methods. These healthcare workers were equipped with knowledge and skills to enable them to provide quality family planning information and services. Thirty-eight healthcare workers have been trained in LTFP methods this year with ZISSP support (50% of the annual target). ZISSP has, in total, supported the training of 75 (56 females, 19 males) healthcare workers in LTFP in 13 of the 27 target districts since the inception of the project.

### **2.2.2 STRENGTHENING PROVISION OF COMMUNITY-BASED FAMILY PLANNING (FP) SERVICES**

In 2011, the MOH and its partners identified the need to review existing community-based distribution (CBD) training materials and to develop comprehensive national training manuals aimed at standardizing and ensuring quality community-based FP service provision throughout Zambia. ZISSP in collaboration with the MOH and other cooperating partners reviewed and finalized the CBD training materials, which will be used for training in the 27 target districts in 2012 to expand access to FP services and address the unmet need.

ZISSP funded two 10-day trainings of 56 community members (24 male, 32 females) from Nyimba, Mambwe, Lundazi, Mkushi, Serenje and Kapiri Mposhi Districts as community based distributors of family planning methods. This is 47% of the annual target for 2012. The training equipped the participants with knowledge and skills to enable them to counsel community members on family planning methods distribute oral contraceptives and barrier methods (female and male condoms) and also refer

community members to health facilities for further assistance. This will assist the districts to ensure that family planning methods are more accessible to community members.

### **2.2.3 TRAINING OF HEALTH PROVIDERS IN ADOLESCENT HEALTH**

ZISSP provided technical and financial support to the Ministry of Community Development, Mother and Child Health in the training of 58 healthcare providers (25 females and 33 males) and other relevant stakeholders from Southern, Luapula, and Muchinga Provinces in adolescent health (95% of the target for 2012). The training equipped the participants with knowledge, attitudes and skills to increase access and utilization of health services by adolescents in the facilities where they work.

Prior to the training of facility level healthcare workers, ZISSP provided support to train 19 healthcare workers as trainers in adolescent health (79% of annual target), eight of these are female. The training covered nine of the 10 provinces and is the first ever training for provincial level adolescent health trainers with an average of two trainers per province. Prior to this training, there were only four active national level trainers. Further training of adolescent health trainers is required to ensure that each province has an adequate number of trainers.

As a follow-up to the orientation of healthcare providers in adolescent health, the MOH and the Ministry of Community Development, Mother and Child Health in partnership with ZISSP, trained 26 (9 females and 17 men) peer educators from Muchinga Province in reproductive health and HIV prevention strategies. This represents 43% of the number of peer educators to be trained with ZISSP support this year. The participants were equipped with knowledge and skills to share information with adolescents and young people on adolescent health and HIV prevention. ZISSP is piloting the peer educator concept in Muchinga Province in order to learn lessons that can be applied everywhere. Therefore, more peer educator trainings will be conducted in this province this year.

## **2.3 EMERGENCY OBSTETRIC AND NEONATAL CARE**

### **2.3.1 TRAINING OF HEALTHCARE PROVIDERS IN EMERGENCY OBSTETRIC AND NEWBORN CARE**

ZISSP provided financial and technical support to complete the Emergency Obstetric and Neonatal Care (EmONC) training in Saving Mothers Giving Life (SMGL) districts. Thirty-nine healthcare providers from Lundazi and Nyimba districts were trained in EmONC. This brings the total number of healthcare workers trained in EmONC in

the four SMGL districts this year to 81 (36 females, 45 males) and represents 67% of the number of healthcare workers who have been trained with ZISSP support in 2012. Two hundred and twenty-six healthcare workers have received EmONC training with ZISSP support since the inception of the project, representing 67% of the life of project target and covering the 27 districts, 15 of which are ZISSP target districts. These EmONC trained healthcare workers will be able to identify and manage emergency maternal and neonatal conditions, thus contributing to the reduction of maternal and neonatal morbidity and mortality.

In the second quarter of 2012, ZISSP supported post-training technical supportive supervision (TSS) to EmONC trained healthcare providers in Southern and Central Provinces. The purpose of the TSS was to assess EmONC services being provided, identify gaps and areas that need mentorship and provide support accordingly.

Most of the visited sites had adequate basic EmONC equipment except for Manual Vacuum Aspiration (MVA) kits. At Macha Mission Hospital and Lubunda Rural Health Center (RHC), the EmONC providers had not performed any EmONC procedures after the training but no reasons were given for this. These providers require further mentorship.

In Namwala, the providers successfully conducted various EmONC procedures including cervical tear repair. The EmONC-trained provider at Sinazeze RHC, despite being the only HCW there and overwhelmed with work, successfully performed two breech deliveries without the need to refer to the hospital as was the case before she was trained.

### **2.3.2 STRENGTHENING MIDWIFERY SERVICES**

In 2011, ZISSP undertook an assessment of the skills laboratories at the three Direct Entry Midwifery (DEM) schools (Roan, Nchanga, and Chipata) and came up with a list of equipment that was required for these schools. ZISSP through its sub-contractor American College of Nurse/Midwives (ACNM) purchased the required equipment. This was followed by the training of ten nurse tutors and clinical instructors, nine of whom were female, on the use of models and equipment for the skills laboratories.

ZISSP provided technical and financial support to the MOH and the General Nursing Council (GNC) to carry out supervision visits and give technical support to the tutors and clinical instructors from Roan and Nchanga DEM schools that were trained in skills lab management in October 2011. This exercise was conducted in collaboration with a consultant from ACNM. The ZISSP Reproductive Health Specialist, GNC staff and the

ACNM consultant provided mentorship on the use of newly acquired models and management of skills labs. The nurse tutors and clinical instructors require additional TSS in the use of Zoe models, high fidelity simulation and implementation of skills lab management framework.

### **2.3.3 SAVING MOTHERS GIVING LIFE ENDEAVOR (SMGL)**

ZISSP has been providing support to the Saving Mothers Giving Life (SMGL) endeavor through several means including training of healthcare workers in EmONC, and capacity building for Safe Motherhood Action Groups (SMAGs) through the training of healthcare workers as trainers and equipping community members with knowledge and skills to provide SMAG services. In addition, ZISSP has seconded four healthcare providers, three of whom are female, to each of the SMGL district as SMGL district coordinators.

In this past quarter, all the SMGL district coordinators provided support to their respective districts in partner coordination for various activities. The coordination efforts also included working with the Communication Support for Health (CSH) for the “Change Champions” campaign, support for Central Statistical Office (CSO) to undertake verbal autopsies of maternal newborn and child health (MNCH); support for SMARTCARE training by EGPAF and support to MCHIP for the “Helping Babies Breathe” (HBB) program.

The district coordinators also collaborated with cooperating partners (e.g., Plan International in Mansa) to conduct SMAG post-training follow up visits. In Kalomo, the coordinator mentored healthcare workers from seven facilities in EmONC.

## **2.4 CHILD HEALTH**

### **2.4.1 INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES**

The results of performance assessments conducted in a number of districts revealed poor case management practices for sick children according to the quarterly MOH/PA reports of 2011. Facility Integrated Management of Childhood Illnesses (IMCI) is training on “caring for the sick child in a health facility” aimed at improving frontline health workers’ skills in managing sick children using an integrated case management process.

In the second quarter, ZISSP facilitated the training of 98 healthcare workers (nurses, clinical officers and environmental health technologists) in facility-IMCI selected from the health centers of Mpika and Nakonde Districts (24), Serenje and Mkushi districts

(23), Mansa and Nchelenge districts (24) and from Lundazi (5), Mambwe (4), Chadiza (3) and Nyimba (15).

The IMCI training saturation in these districts ranges from 87 - 92%. This brings the total number of healthcare workers trained in IMCI with ZISSP support this year to 146 in nine districts of Northern, Central, Eastern and Luapula Provinces. ZISSP collaborated with CARE International to train 48 of the 146 in IMCI. This represents 152% of the target for 2012. The over-achievement is partly explained by the fact that two IMCI trainings have been conducted in collaboration with CARE International. Since the inception of the project, ZISSP has supported the training of 269 healthcare workers in F-IMCI in 15 districts.

Clinical mentorship is a means of fostering provision of quality health services in facilities. ZISSP supported the training of 23 healthcare providers (10 females, 13 male) from 11 districts in Northern, Central, Lusaka and Eastern Provinces in the principles of clinical mentorship with a focus on IMCI and the expanded program on immunization (EPI). These mentors will work with their respective district clinical care teams in providing IMCI and EPI mentorship for improved case management of sick children and immunization services.

ZISSP also provided support for the IMCI post-training initial follow-up visits to 11 health workers in Mbala and six in Chilubi Districts to assess the strengths and weaknesses in IMCI service delivery in health facilities with IMCI trained health workers and to provide technical support supervision where necessary. The majority of the HCWs assessed performed well in all the areas of assessment except HIV. Further mentoring is required to address this weakness.

#### **2.4.2 EXPANDED PROGRAM ON IMMUNIZATION (EPI)**

In May 2012, ZISSP supported the training of 35 facility based health workers (20 females, 15 male) from Lufwanyama, Luanshya and Masaiti Districts in the Reach Every District (RED) strategy. Fifty percent of the planned RED strategy trainings have been conducted this year. During the period under review, the ZISSP Child Health Specialist also provided technical support for the preparations of the under-15 years measles campaign that included support to the pre-campaign orientation of 350 provincial and district staff.

ZISSP also provided financial support to the MOH to secure services of a logistician to support the logistics preparation of the measles campaign. The logistician assessed existing stock levels of EPI supplies (vaccines, needles, syringes, etc.) and quantified the

requirements, defined the cold storage space required to accommodate the extra measles vaccines, drew up a distribution plan, and orientated the Child Health Technical Working Group in all these areas. In addition, he reviewed and refined the district micro-plans for the measles campaign which was used as a basis for the pre-campaign orientation of provincial and district staff.

### **2.4.3 CAPACITY BUILDING TO STRENGTHEN NUTRITION INTERVENTIONS AND LINKAGES**

ZISSP supported the MOH to train 25 healthcare worker, of whom 11 were females, from North-Western, Luapula, Copperbelt, Northern and Eastern Provinces as trainers for Community Infant and Young Child Feeding (C-IYCF) and community-based growth monitoring and promotion (CBGMP). Since the inception of the project, ZISSP has trained 74 healthcare workers from five provinces as trainers of CIYCF and CBGMP in order to empower their respective districts to conduct local community trainings.

ZISSP also supported the MOH to train 150 community members, 90 of whom are male, from Nakonde, Zambezi, Lufwanyama, Luangwa and Lundazi Districts (30 participants per district) in C-IYCF and CBGMP. The participants were equipped with knowledge and skills to counsel, identify, and refer mothers with children in need of nutritional interventions. This brings the total number of community members trained this year to 180, representing 67% of the annual target. To date, ZISSP has supported the training of 330 community members in CBGMP and CIYCF in 11 ZISSP target districts.

ZISSP provided support to the MOH to train 76 healthcare workers from Lufwanyama, Lundazi, and Nakonde in nutrition and HIV counseling, bringing the total trained in 2012 to 102 (47% of the annual target). ZISSP also supported the MOH to train 24 healthcare workers from Luangwa District in IYCF bringing the total number trained with ZISSP support in 2012 to 144 (83 males, 61 female) in six districts, representing 67% of the annual target. Since the inception of the project, ZISSP has supported the MOH to train 217 healthcare workers from 12 districts in IYCF.

ZISSP also provided financial and technical support to the MOH to undertake Baby-Friendly Health Facility Initiative assessments in five districts, Mpika, Mbala, Solwezi, Masaiti and Mwinilunga. A consultant is currently analyzing the findings and will provide a detailed report of the assessments in the third quarter.

#### **2.4.4 STRENGTHENING OF THE NATIONAL FOOD AND NUTRITION COMMISSION (NFNC) MULTI - SECTORIAL STRATEGIC PLAN**

ZISSP supported the National Food and Nutrition Commission (NFNC) to host two multi-sectoral meetings for the Ministries of Education, Health, Agriculture and Livestock and Community Development, Mother and Child Health. The meeting provided guidance on the implementation of the multi-sector food and nutrition strategic plan and the 1000 critical days program.

# 3. TASK TWO: SUPPORT TO THE PROVINCES AND DISTRICTS

## 3.1 QUALITY IMPROVEMENT AND CLINICAL CARE

### 3.1.1 DECENTRALISATION OF QUALITY IMPROVEMENT TRAINING TO THE PROVINCES

ZISSP through the Quality Improvement Technical Working Group (QI TWG) supported the MOH to develop quality improvement operational guidelines in 2011 and reviewed the existing QI training package. The consultant hired by ZISSP for a technical review of the quality improvement guidelines and training package submitted the final products to the QI TWG in March 2012. In April, ZISSP supported the MOH by fully funding the training of 26 provincial trainers from five provinces (Central, Copperbelt, Lusaka, Southern and Western) eleven were males and eight females and seven were trainers from cooperating partners (CDRZ, AIDS relief and EGPAF). After the first pilot training, the gaps identified in the training package were addressed and changes incorporated before the follow up trainings.

Meanwhile the final drafts of the QI guidelines and the training manuals have been submitted to the Abt Home Office for editing and formatting in preparation for the launch in August 2012.

The second training of provincial QI trainers for the remaining four provinces (Eastern, Luapula, Northern, and North-Western) took place in June 2012 in Kabwe during which 27 participants (20 males and seven females) Participants from the following cooperating partners were trained: CHRESO Ministries, MGIC-AIDS Relief, Centre for Infectious Disease and Research in Zambia (CIDRZ), and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). This training was funded by MOH which covered 75% of the budget, while ZISSP contributed 20% and the rest of the funding was from EGPAF. The funding from MOH was a positive indication of ownership for the program and a step towards sustainability and institutionalization of quality improvement in the MOH at all levels. This brings the total number of provincial QI trainers trained to 64 participants (43 males and 21 females) this includes the ZISSP CCSs. These in turn will roll out trainings to the districts and health facilities in their provinces. The trainings will commence in the fourth quarter. The decentralization of the trainings to the

provinces will enhance sustainability and establish a system that will allow for rapid scale up of training in a more cost-effective manner.

### **3.1.2 PARTICIPATION IN THE NATIONAL QUALITY IMPROVEMENT TECHNICAL WORKING GROUP**

ZISSP participated in two meetings of the QI TWG which followed the first pilot training of provincial QI trainers to incorporate the lessons learnt from the trainings. ZISSP in collaboration with MOH and CDC also held a meeting with Healthqual International to discuss areas of collaboration and resource leveraging with CDC in providing QI technical assistance to MOH. Healthqual International is an NGO based in the USA which provides technical assistance in quality improvement in the health sector to service providers in many countries funded by CDC. ZISSP was also represented through the QI TWG in a meeting with the MOH Permanent Secretary and Healthqual International. This was aimed at sensitizing the Permanent Secretary on the draft operational guidelines which stipulate that the permanent secretary chairs the National QI Steering Committee to ensure QI is institutionalized in all activities by all directorates at MOH.

### **3.1.3 INSTITUTIONALISATION OF CLINICAL CARE MENTORSHIP IN THE PROVINCES THROUGH THE ESTABLISHMENT OF CLINICAL CARE TEAMS**

In 2011, ZISSP collaborated with MOH to support the review of the national clinical care mentorship guidelines and to develop a new clinical mentorship training curriculum suitable for all health services and programs. This review was aimed at harmonization and decentralization of clinical mentoring to the provinces. The MOH is now implementing an integrated mentorship approach aimed at improving the overall quality of health services at all levels.

The multi-disciplinary clinical care teams are designed to facilitate clinical mentoring and other staff professional development initiatives, including facility-based clinical meetings. ZISSP supported the establishment of seven multi-disciplinary Provincial Clinical Care Teams (PCCTs) and 50 District Clinical Care Teams (DCCT) in Central, Copperbelt, Lusaka, Northern, North-Western, Southern and Western Provinces. However, Eastern and Luapula Provinces are yet to form functional CCTs at provincial and district levels. This delay has been perpetuated by unfilled ZISSP seconded Clinical Care Specialist (CCSs) positions in these two provinces.

The revised clinical mentorship guidelines and training manuals were submitted to the MOH for ratification before bulk printing and dissemination by the MOH scheduled for the fourth quarter in 2012. Formation of the national multi-disciplinary CCT has been

deferred to the fourth quarter after the official dissemination. The multidisciplinary CCTs conducted the activities highlighted below during this past quarter.

#### **3.1.4 TRAINING OF MULTI-DISCIPLINARY CLINICAL MENTORS**

Since the review of the clinical mentorship guidelines in 2011, ZISSP has supported the training of 458 multi-disciplinary mentors (254 males and 204 females) for all the nine provinces at provincial and district levels. Six of the nine provinces (Central, Copperbelt, Northern, North-Western, Southern and Western) completed the training of mentors. However, ZISSP will continue its support in mentorship trainings in Eastern, Luapula, Lusaka and any other province to cover up on attrition of mentors in the third and fourth quarters.

#### **3.1.5 PROVINCIAL CLINICAL CARE TEAMS OFFER TECHNICAL SUPPORT TO DISTRICT CLINICAL CARE TEAMS**

ZISSP supported five PCCTs (Central, Copperbelt, North Western, Southern and Western) to provide technical support to 17 DCCTs. This is an ongoing activity which aims at building the capacity of the DCCTs to identify health service delivery areas, health facilities and health workers that need clinical mentoring. This process has helped ensure cost-effectiveness in implementing the clinical mentorship program by providing mentoring based on identified needs. The PCCTs for Central and Copperbelt Provinces facilitated a clinical symposium on HIV for DCCTs. Some cooperating partners, hospital staff and an HIV/ AIDS specialist from the University Teaching Hospital Center of Excellence were in attendance. The PCCT facilitates the coordination of specialized technical mentorship or any other staff professional development from the National Clinical Care Team (NCCT) to the DCCT. This is done by the PCCT requesting for mentors (from the NCCT) in special fields that are not available in the province on behalf of the DCCTs.

#### **3.1.6 DISTRICT CLINICAL CARE TEAM MENTORING MONTHLY PLANNING MEETINGS**

One of the requirements of the CCTs at the district level is that they hold regular mentoring evaluation and planning meetings during which the previous mentoring reports, performance assessment and even Health Information Management System reports are reviewed to identify gaps in health service programs, specific health facilities and health workers that require mentoring. This is to enhance use of data for decision making and to facilitate focused and needs-based mentoring.

ZISSP supported 30 DCCTs to hold mentorship monthly planning meetings in five provinces (Central, Copperbelt, Lusaka, Southern, Western).

**Fig 1: Mentorship sessions for health workers**



Three hundred and eighty-four health workers (55% were males and 45% females) were mentored in 435 mentorship sessions across five provinces (see Figure 1. above), against a set target of 600 for the quarter. In addition, 437 mentorship sessions from the previous quarter were reported in the current period under review. This brings the cumulative total to 1,755 against the annual target (Oct. 2011 to Sept. 2012) of 2,400 representing 73% achievement towards the annual target of mentorship sessions for health workers.

Health workers were mentored in the following areas: antiretroviral therapy (ART), TB, Prevention of Mother To Child Transmission (PMTCT) of HIV, Emergency Obstetric and Neonatal Care (EmONC), Focused Antenatal Care, children's clinic card and immunizations, malaria lab diagnosis and case management, SMART CARE, ART logistics management, Integrated Management of Childhood Illnesses , pharmacy, out-patient general case management, use of the partograph in labor, hypertension, mental health, quality control for laboratory tests (HIV, RPR and Rapid Diagnostic Test for malaria), diabetes mellitus and hypertension in pregnancy, nursing procedures which included nasogastric feeds, drug administration, bed baths, vulva swabs and carrying out handovers, caring for the critically ill patients, nursing care plans, preparation of patient before referral and infection prevention.

Eastern and Luapula Provinces still had no ZISSP seconded CCS to coordinate mentoring of health workers. However, through the established CCTs in the provinces and districts significant headway has been made to attain the annual target for 2012 currently at 73% achievement.

### 3.1.7 DOCUMENTATION AND MEASURE OF THE IMPACT OF CLINICAL MENTORING

To document the impact of clinical mentorship, ZISSP has identified a strategy of selecting three model health facilities in each province, preferably from the ZISSP target districts which should meet the following criteria:

- Have a minimum of three health workers
- Be an ART site offering comprehensive HIV services
- Be easily accessible
- Offer services in MCH, FP, deliveries
- Have qualified health workers

Clinical mentoring will be done on a regular basis with documentation on identified indicators which will be evaluated every quarter in each province. Northern, Southern and Western Provinces have completed the selection process of model health centers. The remaining provinces are in the process of concluding the selection.

ZISSP through the CCS for Southern Province has successfully submitted an abstract which was accepted for poster presentation at the International AIDS conference to be held in July 2012 in Washington, DC, US. The poster presentation entitled “Supporting Clinical Care Teams to improve quality of ART services in the Southern Province of Zambia” discusses the successes made in improving provision of ART services at one health facility through mentoring of health workers.

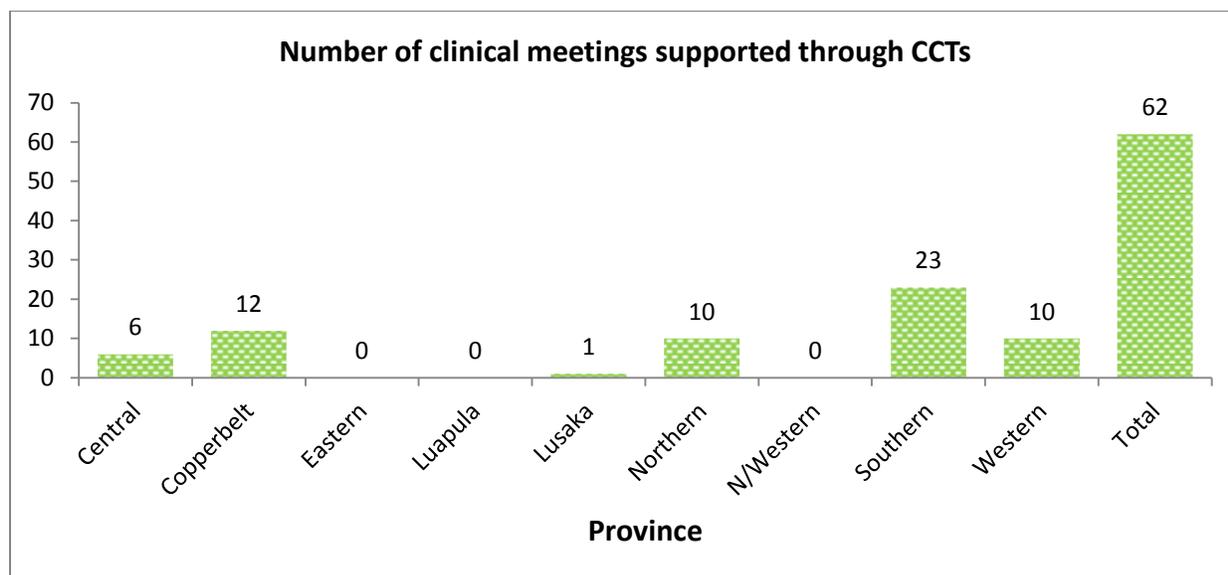


Southern Province CCS Nancy Zyongwe

### 3.1.8 SUPPORT TO CLINICAL MEETINGS

Holding facility-based clinical meetings is one strategy for continuous staff professional development and also an opportunity to provide updates to health workers on current clinical case management protocols in various fields. In the second quarter, ZISSP through the CCTs at provincial and district levels supported and facilitated 62 clinical meetings in six provinces (see Figure 2 below).

**Fig. 2: Support to clinical meetings**



The following topics were covered in these meetings: interpretation of the under-5 card, children mortality reviews, cleft palate reconstruction surgery, laboratory presentation, post-partum hemorrhage and its management, maternal mortality reviews, management of normal labor, pre-eclampsia and eclampsia management, management of ante-partum hemorrhage, quality improvement and nursing care plans.

### **3.1.9 PROVINCIAL QUARTERLY PROGRAM PERFORMANCE REVIEW**

Provincial quarterly performance reviews are a quality improvement strategy to evaluate various health program indicator performances together with district, provincial health program managers, and cooperating partners in the province. Each district makes a presentation of their performance on selected indicators in HIV, TB, malaria, maternal and child health, nutrition, health care financing and human resources for health for the period under review. This is also accompanied by an analysis of the performance highlighting achievements, challenges and the measures put in place to address the latter. Districts also share measures that they had put in place that led to the achievements; this enables other districts to learn best practices and challenges.

Ideally this activity should also be conducted with health facilities within the districts. In this second quarter, four provinces (Central, Northern, Southern and Western) of the nine provinces conducted the review meetings to evaluate health program performance at provincial level, Level 2 Hospitals and the districts in their provinces from 2009 to 2011. The meetings also served as a forum for cooperating partners to share their experiences, achievements, challenges and future plans. Following these

meetings, districts identified areas for improvement and formulated action points for follow up during 2012.

### **3.1.10 PARTICIPATION IN PERFORMANCE ASSESSMENT**

Conducting a biannual performance assessment is another quality improvement evaluation strategy for health programs. This is conducted by the provinces for the districts and selected health facilities. ZISSP provides financial support for its entire technical staff seconded to the provinces to participate in this exercise. During the second quarter, ZISSP supported Lusaka and North-Western Provinces which were still completing the performance assessment exercise which started in the first quarter 2012.

### **3.1.11 FACILITATION AND PROVISION OF TECHNICAL ASSISTANCE TO MOH 2013-15 MEDIUM TEAM EXPENDITURE FRAMEWORK PLANNING CYCLE**

Effective planning is cardinal to realization of the National Health Strategic Plan. MOH leads an annual work planning process that begins at national level through the development of technical updates. The process is rolled out to the provinces and the districts up to the health facility level. ZISSP supported the clinical care unit at MOH to identify priority focus areas for the 2013 planning cycle and participated in the preparation of the updates on the quality improvement program and clinical care mentoring.

All the CCSs seconded to the provinces by ZISSP attended the national MOH annual planning meeting to participate and contribute in the technical update dissemination meeting on the priority focus areas for 2013, which are institutionalization of quality improvement and clinical mentoring of health workers as a strategy for quality improvement. Focus priority areas were also given for adult and paediatric ART, PMTCT, malaria, TB, nutrition, maternal and child health.

Prior to the provincial launch of the annual planning cycle, ZISSP through the CCSs provided technical assistance during the provincial planning launch preparations in seven of the nine provinces through preparation of updates in the clinical areas in line with the provincial health indicator profile. This was done by analyzing the indicators in various clinical program areas using HMIS and PA reports to show the trends so that this would be the basis for districts to identify their priority focus areas for interventions in 2013.

The CCSs in the provinces later provided technical support to the district planning launches through facilitation of data analysis to show trends in health program

performance indicators for the past three years and identification of major priority focus areas for the various health programs for the next Mid Term Expenditure Framework (MTEF) 2013-15 planning cycle.

## **3.2 MANAGEMENT SPECIALISTS**

### **3.2.1 SUPPORT TO MINISTRY OF HEALTH FOR THE ANNUAL PLANNING PROCESS**

ZISSP continued to provide technical support to the MOH annual planning process to improve the quality of action plans and budgeting at all levels of the health care delivery system. In the second quarter, ZISSP was actively involved in the preparation of the central MOH annual planning launch that was held in April. ZISSP technical teams worked in collaboration with MOH headquarters to develop technical planning updates for 2013-2015 key health priorities which included maternal, child health, malaria, HIV&AIDS, nutrition and other MOH priority programs were shared during the provincial planning meetings. ZISSP also developed a standard format for technical presentations which was adopted and used by MOH program managers to present their technical planning updates. This strategy helped link the goals and objectives of the National Health Strategic Plan (NHSP), performance level and the suggested priorities.

In addition, ZISSP assisted MOH to revise the checklists for reviewing district and hospital action plans in line with the amendments made to the planning handbooks. The checklists are used to monitor adherence to planning guidelines and to ensure a standard approach to planning at all levels. These tools have been sent to the provinces for use during the forthcoming provincial action planning review meetings. ZISSP will continue to work with MOH to develop the checklist for the provinces, training institutions and statutory boards based on the revised guidelines.

In the third quarter, support will be provided to MOH to consolidate the health sector plan for onward submission to Ministry of Finance and National Planning (MOFNP) for budget consideration.

### **3.2.2 TECHNICAL SUPPORT TO PROVINCIAL MEDICAL OFFICES (PMO) FOR THE ANNUAL PLANNING PROCESS**

At provincial level, ZISSP provided technical and financial support to nine provinces to hold three day meetings to review their performance against the previous plans, review national updates received from the central level and align them to their situations. These meetings resulted in better preparedness by the provincial offices to

launch planning meetings in their various health institutions. The provincial offices adopted the format from the MOH headquarters on how to present their updates resulting in a standard way of material presentation across all program areas.

In the third quarter, ZISSP will support the action plan review meetings which will be held in all the provinces. This process should see the finalization of the action planning process by all institutions and submission of consolidated plans to MOH headquarters for funding consideration.

### **3.2.3 TECHNICAL SUPPORT FOR TRAINING IN CUSTOMIZED MARGINAL BUDGETING FOR BOTTLENECKS TOOLKIT**

Health Systems 2020 (HS 2020) in collaboration with ZISSP provided technical support to the MOH to conduct the first training in the customized marginal budgeting for bottlenecks (MBB) toolkit for Lusaka and Central Provinces. A total number of 44 (Male 34 and Female 10) MOH Planners and Information Officers were trained in the use of the customized MBB toolkit, out of these five was ZISSP staff. This process saw the official use of the MBB toolkit as a planning tool in the two provinces. Performance of these provinces will determine how the phasing-in will be managed in the remaining provinces. To assist MOH in conducting subsequent trainings, the first manual which provides step-by-step guidance on how to deliver the customized MBB training has been developed and submitted to MOH for review before it can be shared for input from the provinces and districts that have already gone through the first training.

ZISSP Plans to support the printing of this manual on behalf of the MOH and to provide TA for the roll out of the MBB concepts to other provinces based on the MOH phase-in program.

### **3.2.4 SUPPORT FOR THE IMPLEMENTATION OF THE NATIONAL HEALTH ACCOUNTS SURVEY AND RESOURCE MAPPING**

The National Health Accounts (NHA) survey was conducted in April 2012. ZISSP provided logistical and technical support to the MOH and the Department of Economics at the University of Zambia to collect data in the study sites in all the provinces. ZISSP will continue to support the NHA survey by facilitating data analysis through an Abt consultant. The data entry exercise will be completed by the first week of August 2012, followed by data analysis which should commence on 13<sup>th</sup> August for ten days. As part of capacity building of the Zambian NHA team, the consultant held a meeting in June with the team and provided technical guidance on how the process can best be managed to speed up the completion of the data entry exercise.

The Management Specialists also conducted resource mapping in 27 target districts testing the newly developed resource tracking tool to determine its appropriateness as an institutionalization tool. This tool will be used by MOH to collect expenditure data at district level annually before the full-fledged NHA survey takes off. MOH has planned to train district and provincial accountants on the use of this suggested resource tracking database.

### **3.2.5 MANAGEMENT STRENGTHENING**

In the second quarter, ZISSP provided financial and technical support to all the nine provinces to develop their annual statistics bulletins which provide a summary of annual data at provincial level comparing district performance and achievements in key health indicators. If well utilized, these analyses have the potential to encourage greater efficiency in the allocation of resources, as well as identification of appropriate actions to be undertaken to address identified health problems.

Western, Eastern, Lusaka, and Southern Provinces have submitted their final draft documents which are currently being reviewed while Copperbelt, North-Western, Luapula, Northern and Central Provinces are still consolidating and writing their reports. This activity is expected to be completed in the third quarter.

ZISSP is supporting the production of these documents on behalf of the Provincial Medical Offices. Despite delays in completing this activity, all provinces were able to share data with their institutions during the 2012 provincial planning launch meetings which formed the basis for selecting priority health programs for 2013-2015.

### **3.2.6 PERFORMANCE ASSESSMENT TOOLS REVISION**

MOH has submitted the curriculum vitae for their preferred consultants who will consolidate a report to ensure the proposed changes in the revised PA tools are in line with the appropriate program activities/protocols. ZISSP has commenced the process of hiring the consultants on behalf of MOH to begin working on the tools. The MOH will finalize revisions to these tools by August so that they can be used by relevant institutions during the second round of the Performance Assessment activities expected to begin by September 2012 in all the provinces. The new tools will facilitate improved performance assessments and ultimately improved service delivery at all levels of the health care system.

### **3.2.7 STRENGTHENING PARTNER COLLABORATION AT PROVINCIAL AND DISTRICT LEVELS**

In the second quarter, the Management Specialist from Eastern Province worked with the Provincial Health Office to hold a stakeholders' meeting as a follow-up to the one held in February this year where a steering committee was established. The focus of

the meeting was to introduce the office bearers and to share terms of reference with the main cooperating partner's body. The committee which is expected to remain in office for three years is being chaired by a representative from John Snow Incorporated (JSI). The committee's key functions were defined as follows:

- A. Organizing meetings for both the main body and the steering committee
- B. Developing and regularly updating the Partner's database.
- C. Resource mobilization
- D. Consolidation of work plans to ensure joint planning and implementation of common activities.

The formation of this steering committee in the province will not only improve coordination and collaboration of health programs but will also provide a forum for leveraging resources amongst different partners supporting health programs.

## 3.2.8 MANAGEMENT AND LEADERSHIP

### 3.2.8.1 PROGRAMME LAUNCH

In June, ZISSP in collaboration with BroadReach Institution for Training and Education (BRITE) and MOH held an official launch for the Zambia Management and Leadership Academy (ZMLA) program. The launch took place in Lusaka and was attended by high-level stakeholders from the MOH, partner organizations and media representatives. Close to 120 guests attended the launch whose objectives were to gain support for the program and to share with collaborating partners what ZISSP and BRITE have done in support of government efforts to build capacity among key MOH managers at national, provincial, district and facility levels.

Among the dignitaries in attendance were the MOH Acting Permanent Secretary, Dr. Christopher Simoonga; USAID Deputy Health Team Leader, Dr. Jorge Velasco; BroadReach/BRITE Founding Partner, Dr. Ernest Darkoh; ZISSP Chief of Party, Kathleen Poer; National Institute for Public Administration Executive Director, Answell Saka; and Senior Chief Kanongesha of Mwinilunga, a beneficiary of the ZMLA program.



*Senior Chief Kanongeshe unveiling the ZMLA logo with assistance from the Ministry of Health Deputy Permanent Secretary Dr. Christopher Simoonga while USAID Deputy Health Team Leader, Dr. Jorge Velasco, and BroadReach Healthcare Founding Partner, Dr. Ernest Darkoh, look on.*

### 3.2.8.2 MANAGEMENT AND LEADERSHIP ACADEMY TRAININGS AND MENTORSHIP ROLL-OUT

ZISSP and its sub-contractor BRITE rolled-out the mentorship component of the ZMLA program. Mentorship, a key element of the training approach was conducted for 16 out of the 18 active cohorts (covering all provinces except Luapula Province and the following districts; Luangwa, Kapiri Mposhi, Mbala, Kalabo, Kalomo, Luanshya, and Mwinilunga). Several visits to reinforce concepts such as problem analysis and prioritization taught in the workshop were led by mentoring teams from MOH, National Institute for Public Administration (NIPA) and BRITE/ZISSP. The mentoring provided participants with opportunities to apply ZMLA course content to the case studies, focusing on improvement of maternal health at select facilities and within their day-to-day work.



*Mentoring session in ZMLA for Luangwa district cohort by NIPA and ZISSP trainers in May 2012*

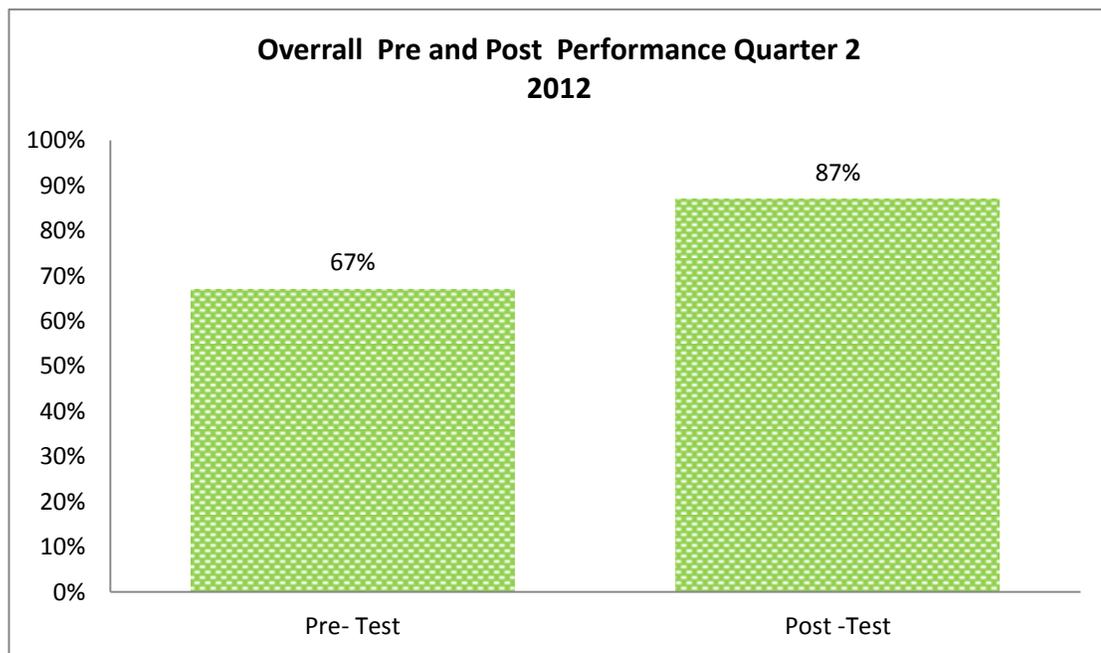
Additionally during the quarter, the second workshop was rolled-out to six of 18 active cohorts from Lusaka, Northern and Central Provinces. The districts included Luangwa, Mbala, and Kapiri Mposhi. This workshop focused on project/program management and organizational structure (Module 3 of the ZMLA curriculum). To date, 76 (Female 24 and Male 52) of the 331 (23%) MOH managers enrolled in the ZMLA program have attended the second workshop. The second round of training was not done according to schedule due to delays in finalizing the mentorship program and the competing government programs.

Once the launch of the 2012 planning cycle had taken place, districts were expected to complete the planning exercise before undertaking other activities. Due to increased demand from those who had missed their trainings in their provinces and districts, ZISSP/BRITE managed to deliver one “make-up” training in July, where 15 participants were trained. These participants will now continue the course as part of their own cohorts.

Since the start of the ZMLA program, 407 participants have attended ZMLA workshops against a life of the program target of 2,304 (representing 18% of the target) in 2014. Once the planning process has been concluded in all the provinces, efforts will be made to complete the second round of trainings for the remaining 12 cohorts and to initiate mentorship activities based on the second training module and third round of trainings in the next two modules- Human Resources, Budgeting and Finance.

Participants complete pre and post-tests at each workshop to help track knowledge gained. This process has **demonstrated** an increase in knowledge among trainees after the workshops (See fig 1).

**Fig 3: Average score -pre and post-test MLA training results – Workshop 2**



In the third quarter, ZISSP in collaboration with BRITE will conduct the second workshop for the remaining 12 enrolled cohorts, and will offer a “make-up” workshop to participants who missed the training. Mentoring visits will continue in the same provinces and districts and additional mentors will be trained to support the program. The next set of modules on Human Resources and Budget and Finance will be finalized in preparation for the roll-out of the third workshop and complete the development of an interactive course website. ZISSP and BRITE will also work with MOH to roll-out a survey to measure the impact of case study work at select facilities.

### **3.3 MALARIA**

#### **3.3.1 INDOOR SPRAYING NEEDS ASSESSMENT**

To effectively plan for a successful indoor residual spraying (IRS) campaign, MCC conducts a needs assessment annually just after the end of the previous spray season to identify and address the gaps. An analysis of the current situation is conducted by the IRS TWG and ways to achieve the desired situation are determined.

ZISSP was mandated to support the implementation of IRS in 20 districts in three provinces (Eastern, Muchinga and Northern). However, the National Malaria Control Center (NMCC) expanded the assessment to cover all 72 districts.

ZISSP provided technical and financial support to NMCC to undertake needs assessments in all the 72 districts with the purpose to systematically gather information that would assist the National Malaria Control Program (NMCP) and the IRS implementing districts to determine their requirements for implementing IRS activities. The data was scrutinized and validated by the NMCC before it was used to quantify the requirements for insecticides, personnel protective equipment, and other logistical needs for the 2012 IRS season.

#### **3.3.2 REVISION AND STANDARDIZATION OF TRAINING MATERIALS FOR INDOOR RESIDUAL SPRAYING**

Zambia has been implementing IRS for malaria control as part of an integrated vector control management (IVM) strategy consistently since 2003. A number of changes in the epidemiological picture, the entomological profile and IRS techniques have been implemented. Against this background, ZISSP provided technical and financial support to undertake a review and standardization of all IRS training materials for district level trainers and the spray operators. The IRS technical working group reviewed the training materials and ensured that the modules developed were standardized and simplified for the provincial and district trainers.

#### **3.3.3 TRAINING IN IRS**

Developing a cadre of trainers for IRS is one of the most important activities of the malaria control program. The aim is to build capacity at district level to ensure that all districts follow national standards. ZISSP supported NMCC to train 59 ( 40 males and 19 females) district-level trainers as trainers (TOT) from the 20 IRS districts in IRS techniques, implementation, and supervision. There were two TOT sessions. The district-level trainers are then responsible for the training of spray operators.

The trainers are not just responsible for training spray operators before the spray operations commence but also provide technical support supervision to the districts to

ensure that the spraying of household structures is conducted in accordance with the IRS guidelines.



*Participants at the 2012 IRS TOT preparing to have a spraying training session in Kabwe, Central*

### **3.3.4 TRAINING SUPERVISORS AND ENUMERATORS IN GEOCODING**

Strengthening of the NMCP by using geographic information system (GIS) mapping tools has enhanced the NMCC's capacity to plan, manage and report on its interventions such as the IRS. Enumeration of household structures has been incorporated into the NMCP as part of the geographic reconnaissance necessary to ensure that the correct number of structures targeted including their location is recorded.

The information captured was used to estimate the required quantities of insecticides as well as the deployment of spray operators. ZISSP trained 13 supervisors (11 males and 2 females) and 67 enumerators (42 males and 25 females) from three districts to geo-code the IRS target household structures using GPS-enabled handheld computers, also called personal digital assistants (PDAs.) Two districts (Chipata and Mambwe) completed the geo-coding process while Kaputa is currently conducting geocoding.

Extracting data from the PDAs will be done in the third quarter and a report will be completed by the end of August.

### 3.3.5 DEVELOPMENT OF IRS LOGISTICS STANDARD OPERATING PROCEDURES

Availability of IRS commodities at the right time and in the right quantities is essential in the smooth running of the IRS program. To achieve the efficiency in the management of the IRS commodities from the supplier to the beneficiary, all the important procedures in the IRS inventory management need to be standardized, so that all staff involved in IRS commodity management will perform according to the guidelines. The standardization of the procedures will enhance IRS commodity tracking and accountability.

ZISSP supported NMCC to develop nine standard operating procedures (SOPs) to be used at both the central and district levels. These SOPs will be finalized and implemented during the 2012 spray season.

**Table 3.1: SOPs developed at national and district levels**

National Level		District Level	
1.	SOP for Selection/ Forecasting/ Quantification of IRS Commodities.	1.	SOP for Receiving IRS Commodities
2.	SOP for Receiving IRS Commodities	2.	SOP for Storage of IRS Commodities
3.	SOP for Storage of IRS Commodities	3.	SOP for Issuing IRS Commodities
4.	SOP for Distribution of IRS Commodities to Districts	4.	SOP for Recordkeeping
5.	SOP for Recordkeeping	5.	SOP for Disposal of IRS Waste
6.	SOP for Disposal of IRS Waste	6.	SOP for Internal Audit
7.	SOP for Internal Audit	7.	SOP for Temperature Control
8.	SOP for Temperature Control	8.	SOP for Security of IRS Commodities
9.	SOP for Security of IRS Commodities		

### 3.3.6 ENTOMOLOGY INVESTIGATIONS FOR INSECTICIDE RESISTANCE

Following the evidence of resistance to DDT and pyrethroids in selected districts in Zambia, the need to intensify resistance monitoring in all areas where IRS is being implemented was identified. ZISSP provided technical and financial support for entomological insecticide resistance monitoring in Petauke, Nyimba, Katete and Chipata in Eastern Province and in Kitwe, Luanshya, Ndola and Mufulira in Copperbelt Province. Results of the resistance monitoring revealed that DDT resistance is still widespread in Copperbelt Province among *An. gambiae* s.s while the *An. funestus* s.s mosquitoes are susceptible to DDT in Eastern Province. Both *An. gambiae* and *An.*

funestus have shown varying degrees of resistance to all pyrethroids in Copperbelt and Eastern Provinces.

The outstanding feature in the trends of resistance was that *An. funestus* s.s was found to be resistant to carbamates but susceptible to DDT and organophosphates (OPs) in the Eastern Province. However, both *An. funestus* and *An. gambiae* are susceptible to OPs.

In the same quarter, ZISSP supported NMCC to conduct molecular identification of the mosquitoes at Macha Research Trust (MRT) and provided the following vector distribution: In Eastern, Muchinga, Luapula and Western Provinces *An. funestus* s.s was the major vector while in Northern, North Western and Copperbelt Provinces; there was an equal distribution of *An. funestus* and *An. gambiae*.

### **3.3.7 COLLECTION OF MOSQUITOES FOR MICROARRAY**

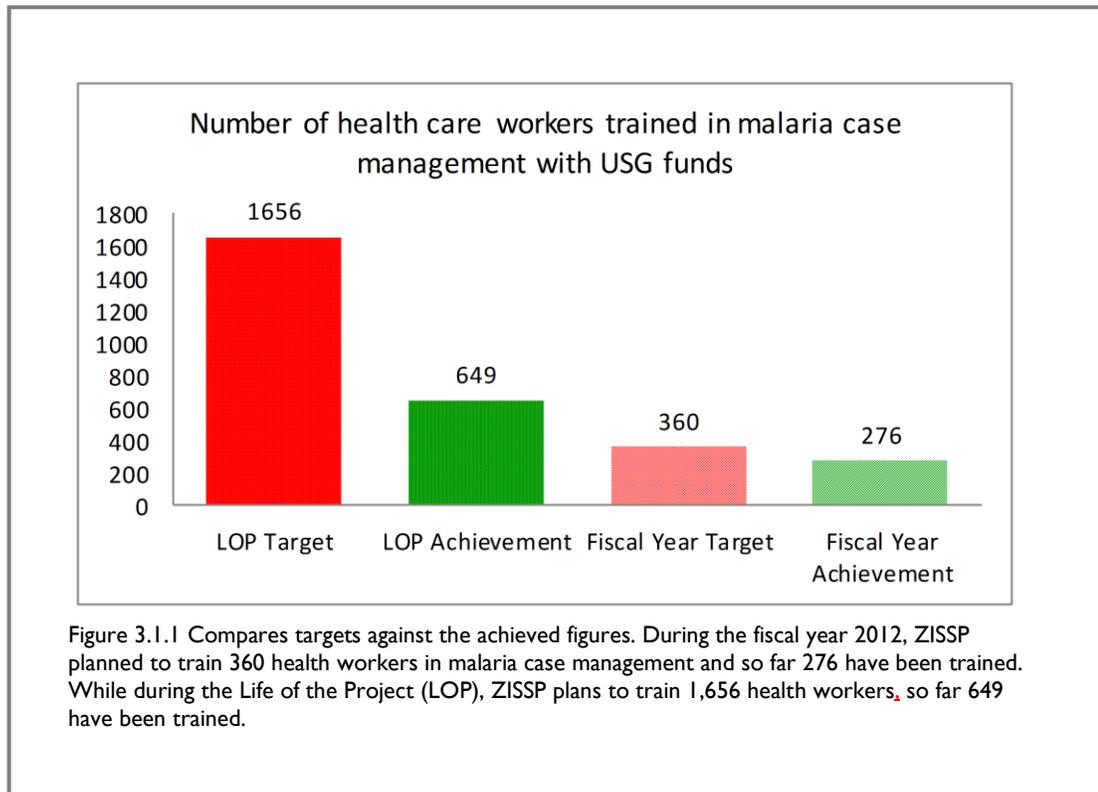
The insecticide resistance management technical working group (IRMTWG) recommended that in order for the malaria control program to effectively monitor and manage insecticide resistance, the NMCC should develop a spatio-temporal entomological profile that identifies areas with insecticide resistance and the underlying resistance factors. To do this, ZISSP and NMCC identified six sentinel sites (Kasama, Katete, Kasempa, Kaoma, Kitwe and Luangwa) and started to collect indoor resting vector mosquitoes from these sites, transporting them to the central laboratory at the NMCC where they lay eggs. During this past quarter, ZISSP supported NMCC to finalize the collection of mosquitoes from all the sites. Preliminary results show cross resistance to carbamates and pyrethroids using P450 monooxygenase mechanism in Eastern Province while in the Copperbelt, there is cross resistance to DDT and pyrethroids using *kdr* and P450 monooxygenase mechanisms.

### **3.3.8 TRAINING OF HEALTH WORKERS IN MALARIA CASE MANAGEMENT**

NMCC made revisions to the guidelines for diagnosis and treatment of malaria to reflect the updated policy recommendations. These guidelines will serve as an important source of reference material in the general malaria case management. To continue building the capacity of health providers in malaria case management, orientation to the 2010 malaria guidelines was identified as a key vehicle to familiarize health workers with the new guidelines. During the quarter, ZISSP trained 28 health workers (24 males and 4 females) from Nyimba District in the latest malaria guidelines. Emphasis was placed on the new guidelines of using Artemether-Lumefantrine as a first line drug for simple malaria and confirming of malaria cases using rapid diagnostic tests (RDTs). A three-day orientation meeting was held. One of the days was committed to practical training in the local health facilities where demonstrations on history taking,

physical examination and performing an RDT were done. A session to brainstorm the causes and solutions to the stock-outs of malaria commodities was conducted. The post-test evaluation indicated that there was improved knowledge in case management among the participants from an average of 55 percent (pre-test) to 75 percent (post-test). These interventions should help to improve malaria case management in Nyimba District resulting in reduced malaria incidence.

Figure 3.2.1 Shows the number of health workers trained in malaria case management



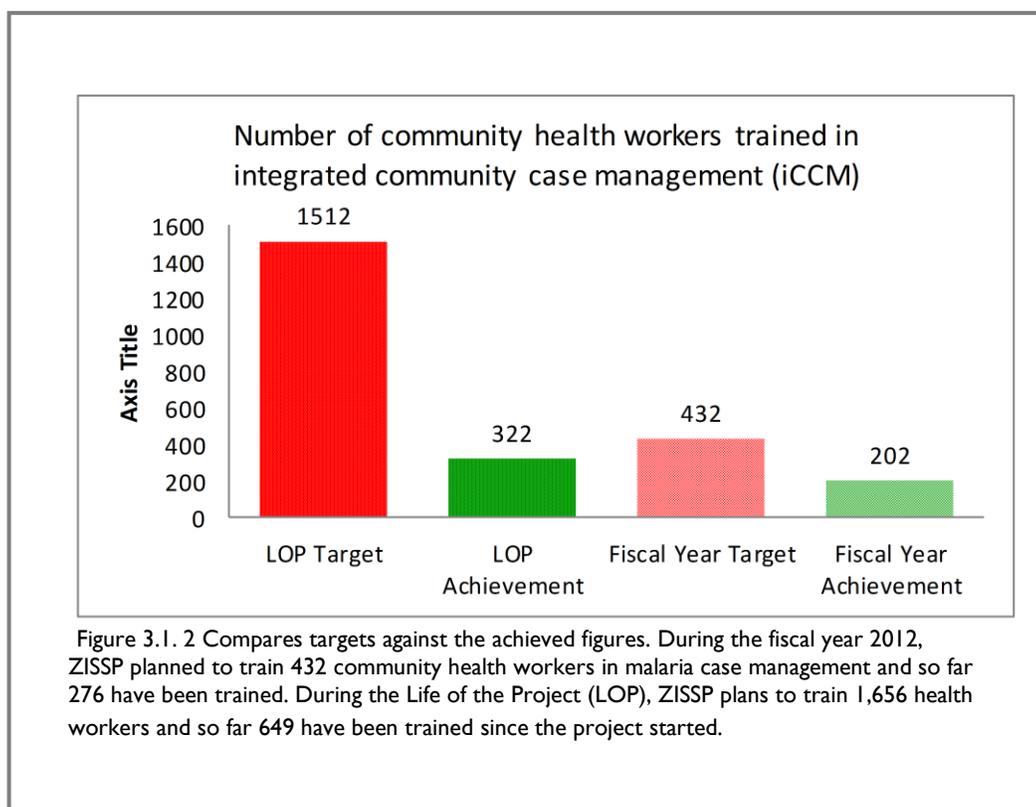
### 3.3.9 TRAINING OF COMMUNITY HEALTH VOLUNTEERS IN COMMUNITY CASE MANAGEMENT

Integrated Community Case Management (iCCM) is a health care delivery strategy that enables trained health workers or volunteers to assess, classify, treat, and refer sick children at community level who reside beyond the reach of fixed health facilities. It has the potential to increase the coverage of treatment for common but serious childhood infections (malaria, pneumonia and diarrhea) in populations with poor access to health services and thus accelerating progress toward the United Nations' Millennium Development Goals (MDGs).

ZISSP in collaboration with the Child Health Unit at the MOH has been implementing iCCM in the selected ZISSP districts. ZISSP trained 58 Community Health Workers

(CHW) (57 males and 1 female) in iCCM in Serenje District. Through the Community Health Coordinator (CHC) seconded to Central Province, ZISSP will support the district health office to ensure that the CHWs are well supervised and provided with all the commodities needed to manage under five children with malaria, pneumonia and diarrhea as per iCCM guidelines. The CHC will monitor the supply of commodities and ensure that the district has enough RDTs and drugs for malaria diagnosis and treatment at the community level. These interventions will improve community case management of malaria, pneumonia and diarrhea in Serenje District ultimately contributing to reducing infant mortality rate.

Fig 3.1.2 Number of community health workers trained in iCCM



### 3.3.10 MALARIA ACTIVE INFECTION DETECTION IN LUSAKA DISTRICT

Akros Research has continued to work collaboratively with NMCC, Lusaka District Health Office (DHO), and partner agencies to expand the scope of the Active Infection Detection (AID) program. A great achievement has been the phased handover of the five initial clinics that started AID in early 2011 to the Lusaka DHO. The Lusaka DHO has taken responsibility for financing and supervising this activity in the coming years. This has allowed ZISSP and Akros to focus on expanding the program into an

additional five clinics in Lusaka District. The staff at the clinics has now been trained and is undertaking AID activities.

### **3.3.11 MONITORING AND EVALUATION ACTIVITIES – IRS**

The current IRS method of collecting data is manual and therefore, it is slow, labor intensive and error-prone. To address this issue, ZISSP in collaboration with the NMCC developed an electronic data capture solution for rapid collection and dissemination of IRS data; this was piloted in Chibombo District. Akros Research together with NMCC and Chibombo District finalized the database which consisted of data collected electronically during the 2011-12 spray season in Chibombo District. The data can be extracted using any time period and all data are spatially linked.

In the meantime, Akros has supported NMCC to develop an alternative electronic data capture system using mobile phones. This system boasts a number of additional features which include easy reporting of data from the field to the central level. This will resolve some of the issues encountered when using the PDAs.

# 4. TASK THREE: IMPROVE COMMUNITY INVOLVEMENT

## 4.1 COMMUNITY HEALTH

### 4.1.1 TRAINING COMMUNITIES IN THE REVISED PLANNING HANDBOOK

In the second quarter of 2012, training of the Health Center Advisory Committees (HCAC) and Neighborhood Health Committee (NHC) members in community health planning was conducted in Mbala, Mkushi, Chongwe, Zambezi and Solwezi Districts. A total of 60 members of HCAC and NHC participated in the training. ZISSP supported the MOH to train **444** participants in community engagement in planning since 2011. The participants for the trainings were drawn from 43 health centers in the five districts to build capacity of community health groups in health planning. In the next quarter, Community Health Coordinators (CHCs) will continue to provide technical support supervision to the trained groups to ensure that community health activities are implemented within acceptable standards.

#### **4.1.2 TECHNICAL SUPPORT SUPERVISION FOR HCACS AND NHCS**

CHCs conducted quarterly support supervision visits to review the implementation status of community health related activities and to help communities initiate the process of planning for the next phase in Lufwanyama, Kapiri Mposhi, Nyimba, Luangwa, Mwinilunga, Sinazongwe, Lukulu, Nakonde, Mbala and Mansa Districts. A total of 36 NHCs/HCACs were visited in the five districts. The selected communities were making steady progress, 22 out of the 36 NHC groups facilitated the development of community action plans which were being implemented in their communities. This represents 80% of the target for the year 2012. This is **26.67%** of the target of **135** HCACs/NHCs to be covered during the whole project period. A total of 2,446 community members (1,125 males, 1,321 females) were reached with health promotion messages on malaria, family planning, HIV/AIDS and child health and nutrition. At Fungulwe Health Center in Lufwanyama District, the NHCs concentrated more on health promotion regarding malaria, as the disease is endemic in this area.

The technical support supervision (TSS) visits also revealed that a total of 15 NHCs/HCACs from Lukulu and Kapiri Mposhi Districts started working on community plans in readiness for the 2013 planning cycle.

The major weaknesses identified during the supervision visits indicated that although NHCs/HCACs facilitated the implementation of community activities, they rarely recorded minutes mostly due to lack of the appropriate skills and stationery supplies. This resulted in poor follow up and support by health centers, district staff and other stakeholders. The CHCs provided capacity building addressing the identified weaknesses, including documentation, report writing and submission of reports to health centers. CHCs will continue to provide TSS to community groups in the next quarter.

#### **4.1.3 TRAINING OF SAFE MOTHERHOOD ACTION GROUPS (SMAGS)**

Community Health Coordinators (CHCs) trained 320 Safe Motherhood Action Groups (SMAGs) in Saving Mothers Giving Life (SMGL) districts; Nyimba, Lundazi, Kalomo and Mansa. The trainings will eventually contribute to the reduction of maternal mortality rates by creating demand for safe motherhood services at health facilities in these districts.

The CHCs also provided training and learning materials to facilitators and participants. In addition to improving learning and teaching, the materials are used as reference

guides for effective implementation of the program by SMAGs in the field. The materials included the following;

- Facilitator’s Guide
- Take Action Card Booklet
- Take Action Large Picture Cards
- Baby Information
- Mother Information

In the next quarter, the Community Team will provide TSS to trained SMAGs to ensure quality in the implementation of safe motherhood activities.

The trainings represent 34.8% of the target of 920 for the year 2012. Since inception, ZISSP has trained 380 participants in safe motherhood, which represents 12.66 % of the project target of 3,000.

#### **4.1.4 DEVELOPMENT OF TECHNICAL SUPERVISION TOOLS TO SUPPORT THE COMMUNITY HEALTH ASSISTANCE (CHA) PROGRAM**

ZISSP engaged a consultant to develop technical supervision tools to support the MOH CHA program. The supervision tools will be used by district and health center supervisors to assess and monitor the performance of CHAs and provide them with technical support once they are deployed to their various stations of work.

#### **4.1.5 TRAINING OF TRAINERS (TOT) FOR COMMUNITY HEALTH ASSISTANCE (CHA) PROGRAM SUPERVISORS**

Following the development of the supervision tools by the consultant, ZISSP in collaboration with the MOH organized the Supervisors’ Training of Trainers (TOT) to strengthen the performance of the CHAs’. Eighteen participants including the ZISSP CHCs and the MOH Health Promotion Officers from seven provinces, Northern, Southern, Western, North western, Central, Eastern and Copperbelt attended the training. Topics included;

1. The Healthcare system in Zambia
2. Behavioral sciences
3. Health promotion
4. Environmental health
5. Disease prevention, control, and primary healthcare
6. Reproductive and child health
7. Introduction to the human body
8. Basic procedures (reception and needs of client, wound care, etc.)
9. Common medical conditions
10. Diagnostic procedures

## 11. First aid and common surgical conditions

In the next quarter, the district and health center field supervisors will be trained by the provincial trainers.

### **4.1.6 PARTICIPATION IN THE PROVINCIAL AND DISTRICT PLANNING LAUNCHES**

The ZISSP CHCs from Southern, Northern, Central, North Western and Luapula Provinces participated in the preparations and implementation of provincial planning launches and ensured that the ZISSP community priority areas were integrated within the overall provincial and district health management teams' action plans for 2013 to foster ownership and sustainability. The priority areas included; grants program implementation, scaling up of SMAG program, community engagement in service delivery and health promotion and education.

In the next quarter, the Community Team will continue giving assistance to the health centers during the review of the district plans in ZISSP target districts.

## **4.2 GRANTS PROGRAM**

### **4.2.1 DEVELOPMENT OF NATIONAL GRANTS SUPPORT TEAM (GST) REVIEW CHECKLIST**

During the reporting period, the ZISSP Community Unit collaborated with the Planning Unit to develop a checklist as part of standard guidelines for use by the national Grants Support Team (GST) as they finalized the pre-grantee selection package from Provincial and District GSTs.

### **4.2.2 NATIONAL GRANT SUPPORT TEAM SELECTION REVIEW MEETING**

The ZISSP Community Team supported a selection review meeting for the National GST to review the selection package from Provincial and District GSTs and to finalize the scope of work and budgets for grantees and other support documentation required for USAID approval. This represents 50 % of the target of two for the year. The second review meeting for the National GST will be conducted in the next quarter.

### **4.2.3 PRE AWARD SURVEY FOR SELECTED GRANTEES**

The Community Team finalized the pre-grantee award processes which included pre-award surveys and financial risk assessments. This was done using financial questionnaires filled out by selected grantees. The purpose was to assess the adequacy

of potential grantees' accounting policies and procedures and grants management practices. The questionnaires also provided information for risk rankings of the grantees to guide mitigation measures and ensure that ZISSP funds are expended prudently and are accounted for appropriately.

ZISSP performed pre-award surveys for all the 11 grantees in the second quarter. This represents 100 % of the annual target (11). Over the life of project, ZISSP plans to conduct 29 pre-award surveys. What has been achieved so far represents 37.93% of the entire project's target.

#### **4.2.4 GRANTEE SELECTION MEMO AND DRAFT GRANT AGREEMENTS**

The ZISSP Community Team developed the grantee selection memo for USAID's consent to fund grantees. The memo outlines the various selection processes an application goes through before approval for funding. The memo also outlines the scope of work and final budget for each of the selected grantees. The selection memo has been submitted to Senior Management Team for review and submission to USAID for approval.

The team drafted grant agreements, including policies and regulations which will guide the implementation of projects in line with USAID standard requirements. The agreements will be finalized when USAID gives consent to fund the grantees. The finalization of grant agreements will be followed by an orientation of recipient organizations to the ZISSP monitoring and evaluation plan. This will be followed by disbursement of funds to the grantees.

### **4.3 BEHAVIOR CHANGE COMMUNICATION (BCC)**

#### **4.3.1 DISTANCE RADIO LEARNING PROGRAM FOR SMAG**

ZISSP in collaboration with the MOH has been developing a radio distance learning program on key safe motherhood messages. During the second quarter, three scripts (eight to ten) of the SMAG radio program entitled "Safe Motherhood in our Community," were developed. Three radio programs (three to five) have since been completed.

In addition, a draft assessment tool to assess the knowledge and skill levels of the SMAG before implementation of the program has been developed pending pre-test and finalization. This tool will be administered to pre-test the SMAG knowledge and

skills before the SMAG training. After airing 13 programs, the same tool will be administered to evaluate the knowledge and skill levels.

The community radio station journalists and managers were trained in the second quarter. A total of 13 journalists (5 female and 7 males) and 14 station managers (3 Female and 11 males) were given knowledge and skills on how to identify and report accurately and competently on health issues tailoring them to audiences and community needs. The training focused on the need for journalists to understand the power and role of the media in health promotion, making health stories newsworthy, radio research and mapping of key stakeholders such as audiences, sources and sponsors as well as mobilizing resources for community radio stations.

In quarter three, development of scripts and radio program will continue. Completion of the 26 radio programs is expected by end of September and the SMAG radio program will be launch in the third week of October. Competition guidelines for best stories for community radio stations will be developed in the next quarter.

#### **4.3.2 INTERMITTENT PREVENTIVE TREATMENT (IPT) FORMATIVE RESEARCH**

The report on the results of the IPT formative research which was conducted to collect information on factors that facilitate and factors that inhibit the timely use of IPT and antenatal care (ANC) has been finalized and ready for dissemination to all stakeholders. In the next quarter, the results will be disseminated and stakeholders will be engaged in discussing the findings to strengthen current and future programming.

The target audience for the dissemination meeting will include national level malaria BCC implementers, MOH provincial level Senior Education Officers and District Medical Officers from the districts where IPT data were collected.

#### **4.3.3 BEHAVIOR CHANGE COMMUNICATION FRAMEWORK**

During quarter two, the BCC framework was finalized and submitted to MOH for approval. The framework has been approved and selected provinces which included Luapula, Copperbelt, North Western and Western were used to pre-test the framework. This was done through the provincial and district launches. The framework was utilized as a guide for planning at HCAC level. Feedback of the results of the pretests has not yet been shared.

In the next quarter, the BCC framework results will be disseminated to national level stakeholders before bulk printing, and subsequent dissemination and distribution to provincial and district stakeholders implementing BCC at the community level.

#### **4.3.4 INVENTORY OF BEHAVIOR CHANGE COMMUNICATION MATERIALS**

During the second quarter, the inventory research was completed and preliminary results disseminated to the ZISSP technical staff. The report of the inventory has been finalized and the results will be disseminated to the various BCC stakeholders at the national level and districts where data was collected from. The districts are Luangwa, Chongwe, Nyimba, Lundazi, Kalabo, and Mambwe. The report on the inventory is expected to inform the planning for dissemination of health promotion and BCC messages.

#### **4.3.5 DEVELOPMENT OF THE DRAMA CAPACITY BUILDING STRATEGY**

The ZISSP BCC team called for proposals from interested and skilled Agencies with relevant experience in capacity building of master trainers and developing manuals and guides for training community drama groups. Two bidders have been identified, one to train 36 drama master trainers and the other to develop a video on training drama groups to be used as reference material by the master trainers as they train the community theatre groups.

In the next quarter, the contractual process for the two consultants will be done. The guide manual for training master trainers and community groups will be developed, including a video for reference.

#### **4.3.6 DISTRICT HEALTH PROMOTION GUIDELINES REVIEW**

The revised District Health Promotion Guidelines which was done by ZISSP in collaboration with MOH and the BCC technical working group (TWG) has been finalized, and awaits approval by MOH and dissemination at district level. The health promotion guidelines will provide guidance to district focal point persons on planning, implementation, monitoring and evaluation of all health promotion activities at district and community level.

# 5. CROSSCUTTING PROGRAM AND MANAGEMENT SUPPORT

## 5.1 MONITORING AND EVALUATION

### 5.1.1 PERFORMANCE MONITORING AND EVALUATION PLAN (PMP)

Monitoring and evaluation (M&E) plays an important role guiding program planning, implementation and decision making. It further shows achievement against target. M&E depends on the accuracy, reliability, timeliness and verification of data captured. The M&E team in collaboration with USAID finalized the revised Performance Monitoring and Evaluation Plan (PMEP) which contains the Performance Indicator Reference (PIR) sheet, providing a detailed definition for each indicator, data collection process, data sources, frequency of reporting data, data management protocol, and data collections tools.

ZISSP PMEP depends heavily on the existing data sources from the Health Management Information System (HMIS), the Zambia Demographic and Health Survey (ZDHS), and the Malaria Indicator Survey (MIS). Standard data collection forms specific to training and mentorship activities were rolled-out which has made the data collection analysis and tracking progress toward planned targets easier. A qualitative data collection tool has been developed to standardize the documentation and tracking of qualitative indicators.

### 5.1.2 PROGRAM MONITORING

Tracking of program activities and providing quality assurance are major activities that the M&E team implemented in this past quarter. To strengthen the M&E processes, the M&E Unit enforced the implementation of standard data collection tools by introducing the Certificate of Completion. The Unit worked very close with the Finance and Administration Department to verify the training registers and the daily attendance register.

### **5.1.3 MONITORING AND EVALUATION DATABASE**

The M&E team continued entering, cleaning and updating the database. In addition, the team developed a qualitative data collection tool to help program staff track the indicator in a standardized way. The Certificate of Completion which was introduced has improved the submission of data by the program staff. This has, to a larger extent, improved the compilation of backup source documents.

The M&E data processing and management guidelines which provide details of the data collection processes for the PMEP and Program Indicator Reference (PIR) sheet, standard data collecting process, time of submission, data entry/cleaning, data audit, and back-up process which further strengthens and improves data management.

### **5.1.4 DATA QUALITY ASSESSMENT**

ZISSP in conjunction with a team from USAID Zambia and the Pretoria Office implemented a Data Quality Audit (DQA) exercise. So far, ZISSP has undergone two data quality audits. The first audit focused on verifying malaria, health and nutrition data for the period October 2010 to September 2011 in Chongwe District. The second audit focused on verification of DPT3 and Vitamin A data for the November 2011 Child Health Week (CHWk) and January to March 2012 for DPT3 and Vitamin A data. This was done in Luanshya and Masaiti Districts. However, ZISSP is still waiting for a written report on the findings from the USAID M&E team. Despite the report not being ready, ZISSP managed to implement some of the findings which were highlighted in the debriefing. These include: clearly labeling the files, setting up a filing system for the participation forms, developing an M&E data management protocol policy, and compiling data source documents.

### **5.1.5 TECHNICAL SUPPORT**

One of the major roles of the M&E unit is to provide technical support to the MOH and the ZISSP program staff. The unit provided support to the review of the measles campaign materials and participated in MOH National Planning launches. The M&E team also worked with the different program staff and reviewed the provincial statistical bulletins, drafted the assessment tool for the behavior change communication baseline of the radio distance learning program and reviewed the grants technical proposals.

### **5.1.6 DATA COLLECTION**

ZISSP has made headway in implementing the data collection for the baseline survey. Meetings have been held with the consultant who is currently reviewing secondary data. ZISSP agreed with the consultant that the data to be collected for the program indicators will be done internally by the ZISSP M&E team. However, the consultant will collect data from the provincial, district and facility sources. The PMEP with input from USAID and senior management was finalized and will be submitted to USAID in the third quarter.

### **5.1.7 REPORTING AND ABSTRACTS**

The M&E unit compiled and submitted the semi - annual (October 2011 to March 2012) progress report to USAID which outlined ZISSP's program targets and achievements. In addition, the unit worked with the program staff to develop and submit seven abstracts to demonstrate some of the successful activities which the program has done since its inception: the American Public Health Association (APHA) and the XIX International AIDS Conference. The abstracts submitted to the International AIDS Conference include: "Supporting Clinical Care Teams to Improve Quality of ART Services in the Southern Province of Zambia" and "A Model for Integrated Service Delivery and Improved HIV Case Management," both of which were accepted in the previous quarter while the those submitted to APHA include: "Measuring the Competencies and Skills of Midwives in an Accelerated Training Program in Zambia and " "Challenges of Implementing Intermittent Preventive Treatment in Zambia for Malaria Prevention in Pregnancy" were accepted this past quarter. However, the Zambia Management and Leadership Academy's "An Innovative Approach to Building Management and Leadership Capacity within the Zambian Health Sector" abstract which was submitted to APHA was not accepted.

### **5.1.8 RESEARCH ACTIVITIES**

The M&E team and the program staff have been working with the consultant in report writing for the Intermittent Preventive Therapy (IPT) formative research, and Direct Entry Midwives (DEM) assessment. The aim of the IPT formative research is to establish factors that inhibit malaria prevention efforts during pregnancy in Zambia, as well as provide insight into broader issues around ANC barriers and facilitators to accessing antenatal services early in pregnancy. The findings of the research will be used to inform the development of messages and other communication products that are relevant to addressing the findings. The DEM assessment is aimed at evaluating the DEM training program and performance-based analysis on capabilities of the certified

midwives. The findings will be used to validate recommendations to enhance the quality of training and practice for the program. The IPT formative report was submitted to Senior Management and will be disseminated to MOH, USAID, and other partner in the next quarter. For the DEM assessment, the draft report was submitted by the consultant and comments were provided by ZISSP to the consultant to incorporate.

## **5.2 KNOWLEDGE MANAGEMENT**

### **5.2.1 TECHNICAL BRIEFS AND SUCCESS STORIES**

To showcase the impact of the program on the ground, eight success stories were written and circulated in the quarterly report 2 from malaria, 2 from EmONC, 2 from Community, 1 from MS and 1 from HRH. Team leaders of the various technical areas were guided on how best to write success stories. This was done by inviting USAID to make a presentation on the concept of success stories and how to write them. Another presentation was made by the unit during a ZISSP program staff meeting to re-emphasize what had been presented by the USAID and to help the teams distinguish between a success story and a technical brief.

The unit has been editing and improving success stories which were sent to USAID for review. A total number of eight success stories were sent to the USAID Communications Specialist.

### **5.2.2 INFORMATION SHARING AND TOOLS**

The Knowledge Management Unit continued sharing the various routine reports with all staff including Trip reports, technical presentations from various teams, consolidated monthly reports and the Year 2 second quarter report. ZISSP is using the Dropbox and NXPowerlite approach to improve accessing information, both at the central office and by provincial staff.

### **5.2.3 COMMUNICATION STRATEGY**

The ZISSP Knowledge Management Unit shared an internal discussion guide with the technical teams to begin the process of developing a communication strategy for the program to answer the questions: “What is ZISSP trying to achieve with its internal communication?” and “What should be done to improve internal communication?”

ZISSP also provided input in the development of the new communication strategy for the MOH. The strategy is meant to improve the way the ministry communicates with its stakeholders, cooperating partners and other interest groups.

## **5.3 CAPACITY BUILDING**

### **5.3.1 COMMUNITY HEALTH ASSISTANT SUPERVISORS CURRICULUM AND DEVELOPMENT**

The Capacity Building Specialist provided technical support in the training of trainers from the provinces using a curriculum that was developed in the first quarter. The main aim of TOT training was to create a national pool of trainers. The training included the following major topics: Overview of the CHA strategy, Content of the CHA curriculum focusing on the eight health packages, Orientation on the CHA supervision manual, Building relationships, communication and conflict management, Education Through Listening (ETL) Supervision tools M/E for CHA and the Implementation guidelines.

Those trained will subsequently provide training to facility in-charges at provincial level in the same topics. Provincial trainers will undergo the same training as the trainers, except that they will also have to test the tools in selected Health posts during the training. The participants included ZISSP Community Health Coordinators and Senior Health Education Officers (SHEOs) from MOH. Tutors from the Community Health Assistants (CHA) were included on two fronts, first as facilitators of a special model of learning called 'Education through Listening' (ETL) and secondly as participants of the supervisor's training.

### **5.3.2 FINAL COMMUNITY HEALTH ASSISTANTS SCHOOL INSPECTION, AFFILIATION AND EXAMINATIONS**

ZISSP provides supervisory and quality assurance to the CHA School through the Capacity Building Unit. The unit through repeated meetings with the University of Zambia (UNZA) successfully conducted a school inspection which resulted in the CHA School's affiliation and subsequently eligibility for UNZA administered examinations. The examinations were held between 8<sup>th</sup> and 14<sup>th</sup> June 2012 with a total of 307 students (156 females and 151 male) being presented for final examinations out of 314. The results are expected to be ratified and published in July.

### **5.3.3 TECHNICAL SUPPORT TRAINING**

The Capacity Building Unit provided technical support during the training of Community Infant and Young Child Feeding (c-IYCF) and the TOTs in quality improvement for healthcare workers held in Nakonde and Kabwe respectively. The technical support offered included facilitation strategies and approaches, methodologies of delivering training and overall training guidance.

### **5.3.4 GENDER STRATEGY**

The unit, working together with a consultant from the Center for Development and Population Activities (CEDPA), developed a gender strategy for ZISSP through a participatory process involving ZISSP team members. The gender strategy has since been finalized and presented to the senior management team. An electronic copy has also been disseminated to all staff in the provinces to assist provincial staff articulate issues of gender in the MOH 2013 action planning process. The purpose of the strategy is to guide the integration of gender in all ZISSP programming.

## **5.4 FINANCE AND ADMINISTRATION**

During the quarter ended 30 June 2012, the Finance and Administration Department focused on the following:

- Rolling-out of tom cards for fuel to all the provinces to ensure tight controls on expenditure
- Continued developing Service Level Agreements for frequently purchased items to ensure value for money through quantity discounts and reduction in time spent on looking for repeat quotations.
- Intensified the follow up on outstanding project advances with staff to ensure minimal accrued expenditure and increased burn rate for the end of quarter.
- Established an advance tracking system to ensure timely disbursement of funds and liquidations.
- Established a consultancy tracking system to ensure quick turnaround time

### **5.4.1 OVERALL BUDGET AND EXPENDITURE**

As of 30 June 2012, ZISSP spent a cumulative total of \$28,392,594.99 against the current obligations of \$42,201,555.00. Cumulatively, ZISSP had spent 32% of the total project estimated amount of \$88,092,613.

## 5.4.2 HUMAN RESOURCES

ZISSP has a total of 94 staff including four senior management staff, 56 technical staff, 13 finance and administrative staff, and 25 drivers.

The project recruited one Communications Specialist and one Clinical Care Specialist for Eastern Province.

We are in the process of the recruitment of the Provincial Coordinator for Eastern Province, Clinical Care Specialist for Luapula Province, Monitoring and Evaluation Assistant and an Assistant Accountant.

## 5.5 MAJOR CHALLENGES AND RESPONSES

Challenges	Solutions
Attendance at some ZMLA workshops and mentorship sessions was lower than expected due to competing activities and late participant notification by MOH.	ZMLA make up workshops are being arranged to provide the opportunity for those that missed to continue with the program.
Lack of clarity on which ministry, between the Ministries of Health and Community Development, Mother and Child Health, is the lead for implementation of various child and reproductive health activities.	ZISSP to engage both ministries to clarify which ministry will take the lead.
Lack of transport for the SMGL District Coordinators to undertake activities at health facility level.	The coordinators need to liaise closely with cooperating partners in their districts and the district medical offices to leverage existing transport.
Inadequate definition of the SMGL District Coordinator's role and reporting mechanism.	Terms of reference and reporting templates have been developed in collaboration with USAID and CDC.
Inadequate collaboration between NHCs and local leaders is negatively affecting the implementation of health promotion activities at community level.	There is need for NHCs/HCACs to engage local leadership in community health activities at the planning stage of these activities. ZISSP will conduct regular assistance visits to the districts on community planning and engagement activities
Delays in the pre-award processes have affected the progress of the grants program implementation which is now over one cycle behind.	The Community Team is proposing to concentrate the grants program in the 11 initially identified district to save time as there will be no need to implement other preparatory activities such as the inventory of health service organizations and the orientation of District GSTs should the grants program expands to new districts that were earmarked for the second and third grants cycles

## 6. FOCUS AREAS FOR THIRD QUARTER, 2012

Below are the key activities planned for the next quarter by each of the major ZISSP technical programs areas:

### **MATERNAL, CHILD HEALTH AND NUTRITION, FAMILY PLANNING, AND HUMAN RESOURCES**

#### **HRH**

- Provide technical and financial support for implementing the Workload Indicators of Staffing Needs (WISN).
- Hold one HRH quarterly performance review meeting.
- Undertake one capacity building program based on the capacity needs assessment of 2011.
- Provide technical support for the 2013 MOH planning cycle.
- Initiate the process of developing the HRH communication strategy.
- Provide support to the process of providing the MOH direct access of PMEC data.
- Continue providing technical and financial support for the ZHWRS.
- Provide technical and financial support for the PMP roll out.

#### **FAMILY PLANNING AND ADH**

- Conduct training of 40 healthcare workers in LTFF.
- Undertake a national TOT for community-based family planning provision.
- Facilitate training of 64 family planning community-based distributors.
- Facilitate training of 30 healthcare workers and 30 peer educators from Nakonde District in adolescent health.
- Conduct a needs assessment in the 27 ZISSP target districts in gender and youth friendly services.
- Facilitate the development of the ADH communication strategy.
- Provide support for the 2013 MOH planning cycle.

#### **EmONC**

- Provide support for 2 EmONC trainings for healthcare providers from two selected provinces with preceding site assessments.
- Provide support for post-training supportive supervisory visits.
- Provide support for developing the protocol for the EmONC impact survey.

- Undertake EmONC manager’s orientation for selected districts.
- Provide support for the 2013 MOH planning cycle.

## **CHILD HEALTH AND NUTRITION**

- Conduct training in computerized IMCI for 24 nurse tutors from various nursing schools.
- Undertake baseline assessments for implementing comprehensive child health corners in three districts.
- Support IYCF trainings for healthcare workers from Shangombo and Sinazongwe districts and C-IYCF/CBGMP trainings for community health promoters from the same districts.
- Conduct trainings for healthcare workers in nutrition and HIV.
- Provide support for the 2013 MOH planning cycle.

## **MALARIA**

- IRS spray operator training
- Delivery of IRS commodities
- Entomological studies
- Geo-coding of target districts
- Training of health workers in focused antenatal care ( FANC)
- Training of health workers in malaria case management
- Training of CHWs in iCCM
- Continue AID in Lusaka District

## **QUALITY IMPROVEMENT AND CLINICAL CARE**

- Initiate the training of 540 DHO/hospital staff (15 in each of the 27 target districts) in QI to institutionalize QI at all levels of health service delivery.
- Support and facilitate three-day provincial quarterly inter-district performance reviews.
- Facilitate district QI teams in providing technical assistance for a one day self-assessment exercise at five health facilities in each of the 27 target districts.
- Support and facilitate MOH dissemination/launch of the clinical mentorship and quality improvement guidelines and the revised training packages.
- Facilitate provincial and district CCTs planning meetings for clinical mentorship, multi-disciplinary health staff professional development for QI through clinical mentorship and clinical meetings.
- Review treatment protocols and develop flow charts for common conditions for hospitals and health centers to equip DCCTs for clinical mentorship.

- Print, laminate and distribute treatment protocols and flow charts for common conditions to the provinces, districts and health facilities.
- Support the Health Professions Council of Zambia (HPCZ) through provincial Clinical Care Teams to re-assess ART sites which were accredited two years ago. This will also provide useful information for follow up clinical mentorship from these ART sites.

### **COMMUNITY HEALTH COORDINATORS**

- Provide technical support supervision to NHCs/HCACs/SMAGs.
- Conduct pre-assessments of community based activities and services to the non SMGL ZISSP districts for the SMAGs program.
- Train SMAGs in non SMGL ZISSP districts on safe motherhood program implementation districts.
- Conduct training of district and health center field supervisors to over-see the performance of the CHAs’.
- Provide technical input during planning launches in ZISSP districts to ensure that the ZISSP Community Unit priority program areas are integrated in the MOH plans at all levels.
- Provide technical assistance during the implementation of regularly scheduled MOH events, such as the measles campaign and breast feeding week.

### **GRANTS PROGRAM**

- Seek approval from USAID to fund grantees.
- Select consultant and train grantees in grant management.
- Facilitate implementation of activities by grantees.
- Provide technical support supervision to grantees.

### **BCC**

- Continue with developing SMAG radio program scripts and programs.
- Disseminate IPT and inventory study results and BCC framework.
- Develop the assessment tool and the monitoring and evaluation plan for the radio programs.
- Develop guidelines for best stories about health issues for the community radio stations.

### **MANAGEMENT SPECIALISTS**

- Support provincial planning review meetings in all the nine provinces to ensure plans address the real problems facing districts and to ensure ZISSP and other partners’ plans become part of the overall MOH plans.

- Provide technical and financial support to MOH to finalize revisions to the PA tools.
- Hire consultant on behalf of MOH to analyze NHA data.
- Engage consultant for MOH to enter data from resource tracking tool, analyze and generate a report.
- Conduct second round of MLA trainings and provide mentorship to MLA participants as reflected in the roll-out plan.

## **MONITORING AND EVALUATION**

- Compile fiscal annual performance (APR), Portfolio, PEPFAR and third quarter reports.
- Finalize the ZISSP baseline survey.
- Updating, cleaning the database and data verification.
- Finalize the DEM assessment report.
- Conduct field data quality assessment and audits.
- Provide technical support in the preparation of the 2012 ZDHS.
- Provide technical support to program staff in developing technical briefs and success stories.
- Develop a ZISSP communication strategy.
- Conduct monthly CHA supervision training of CHA supervisors in provinces

**ANNEX A: ZISSP Quantitative USAID Indicator Achievements – June 2010 to June 2012 and April 2012 to June31, 2012**

Indicator	LOP target	LOP achievement	Annual Target	USAID reporting year cumulative achievement (Oct 2011 - June 2012)	Breakdown of 2012 achievement by period		Total Balance to be achieved in Quarter 4 Achieved
					SAPR results reported (October 2011 to March 2012)	Quarter 3 (April - June 2012) Achieved	
Malaria incidence in selected districts	97 per 1000	355.9	208 per 1000	355.9	355.9	3559	
Number of health care workers that successfully complete an in-service training program within the reporting period (Clinical Care)	3,000	2814	2,400	1755	883	872	645
Number of health care workers that successfully complete an in-service - Health Systems Strengthening (MLA, Planning, PMP, Budget for Bottlenecks, HR)	4224	1108	1460	576	425	151	884
Males		735		403	301	102	
Female		373		173	124	49	
Number of health care workers that successfully complete an in-service - Health Systems Strengthening (CHA supervisors)	400	-	207	0	0	0	0
Males		-		-	0	0	
Female		-		-	0	0	
Number of people that successfully complete pre – service training program within the reporting period (Community Health Assistant)	580	307	330	307	-	307	-23
Males		151		151	-	151	
Female		156		156	-	156	
Number of people trained in family planning and reproductive health with USG funds	940	144	200	157	22	135	43
Health Workers	400	114	80	71	22	49	9

Indicator	LOP target	LOP achievement	Annual Target	USAID reporting year cumulative achievement (Oct 2011 - June 2012)	Breakdown of 2012 achievement by period		Total Balance to be achieved in Quarter 4 Achieved
					SAPR results reported (October 2011 to March 2012)	Quarter 3 (April - June 2012) Achieved	
Males		41		29	11	18	
Female		73		42	11	31	
Community	540	30	120	86	0	86	34
Males		12		36	0	36	
Female		18		50	0	50	
Number of people trained in maternal/newborn health through USG supported programs	3,690	865	1190	725	481	244	465
Health Workers (EMoNC Providers)	540	530	120	205	122	83	-85
Males		256		90	45	45	
Female		274		115	77	38	
Health Workers (SMAG Master Trainers)	150	151	150	151	36	115	-1
Males		58		58	11	47	
Female		93		93	25	68	
Community health volunteers(SMAGs)	3,000	419	920	369	323	24	551
Males		192		167	145	8	
Female		227		202	178	16	
Number of people trained in child health and nutrition through USG-programs	2108	1470	366	1124	574	550	-758
Community Volunteers	620	513	270	339	149	190	-69
Males		248		161	64	97	
Female		265		178	85	93	
Health Care Providers	1488	957	96	785	425	360	-689
Males		163		379	182	197	
Female		121		406	243	163	

Indicator	LOP target	LOP achievement	Annual Target	USAID reporting year cumulative achievement (Oct 2011 - June 2012)	Breakdown of 2012 achievement by period		Total Balance to be achieved in Quarter 4 Achieved
					SAPR results reported (October 2011 to March 2012)	Quarter 3 (April - June 2012) Achieved	
Number of children who received DPT3 vaccine by 12 months of age in ZISSP districts	2,047,000	836,948	398,000	324,948	-	324,948	73,052
Number of children under 5 years of age who received Vitamin A from USG-supported programs	12,353,000	Data will be ready in Sept 2012	2,458,000	1,785,000 (as of June 2011)	-	1,785,000 (as of June 2011)	673,000
Number of houses sprayed with IRS with USG funds	3,466,934	531,791	531,791	Data will be available in March 2013	-	0 (Data by March 2013)	
Number of houses targeted for spraying with IRS with USG funds	4,953,712	2,018,631	896,529 (85% of 1,054,740)	916293(86%)	-	916293(86%)	-19,764
Total number of residents of sprayed houses	TBA	TBA	4,930,910	5,039,611	-	5,039,611	-108,701
Number of health workers trained in IPTp (FANC) with USG funds	1,656	118	360	118	78	40	242
Males		46		46	30	16	
Female		72		72	48	24	
Number of people trained in malaria case management with ACTs with USG funds	3,168	827	792	707	522	140	85
Community Health volunteers (ICCM)	1512	372	432	252	149	58	180
Males		230		156	76	57	
Female		142		96	73	1	
Health Care Providers	1,656	455	360	455	373	82	-95
Males		318		318	252	66	
Female		137		137	121	16	

**ANNEX B: ZISSP IRS Indicators Achievements – June 2010 to June 2012 and April 2012 to June31, 2012**

Type of people trained	Number of people trained with USG funds to deliver IRS in by year, target and achievement											
	EOP		2014		2013		2012		2011		2010	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
	7,201	4,152	915	-	915	-	915	59	2,060	1,888	2,396	2,205
Supervisors	444	164	60	-	60	-	60	59	105	105	159	-
Male		127		-		-		50		77		-
Female		37		-		-		9		28		-
Spray Operators	6,767	3,988	855	-	855	-	855	***iii	1,955	1,783	2,237	2,205
Male		2,975		-		-		-		1,219		1,756
Female		1,013		-		-		-		564		449

**ANNEX C: ZISSP Quantitative Program Indicator Achievements – June 2010 to June 2012 and April 2012 to June31, 2012**

Indicator	LOP target	LOP achievement	Annual Target	USAID reporting year cumulative achievement (Oct 2011 - June 2012)	Breakdown of 2012 achievement by period		Total Balance to be achieved in Quarter 4 Achieved
					SAPR results reported (October 2011 to March 2012)	Quarter 3 (April - June 2012) Achieved	
Number of improvements to health laws, policies, regulations, guidelines, or systems that MOH adopts, implements, or institutionalizes with USG support		15		9	8	3 <sup>iii</sup>	
Number of ZISSP districts that have functional Clinical Care Teams	27	13	7	0	10	3	-6
Number of people trained in BCC/IEC methods or materials in ZISSP target districts.	3280	29	450	29	0	131	421
Males		15		15	0	90	
Female		14		14	0	41	
Proportion of target facilities in ZISSP districts that have functional SMAGs that are promoting safe motherhood interventions in the community	100%	11%	20%	11%	0	11%	9%
Number of ZISSP target districts that routinely monitor district action plans and revise activities and budgets to reflect performance and resources	27	4 <sup>iv</sup>	9	4	0	4	5
Proportion of MLA participants (MOH managers) enrolled for 15 months that complete all 4 training sessions <sup>v</sup>	540	0	270	0	0	0	270

## ANNEX D: ZISSP Qualitative Indicators Achievements – June 2010 to June 2012 and April 2012 to June31, 2012

Indicator description	Progress description
	June 2010 to March 2012
Evidence that the MOH identifies, review, adopts, institutionalizes and/or implements health policy, guideline, procedure, or system changes with USG support	ZISSP provided technical support to MOH and identified, reviewed, adopted, institutionalized and/or implemented clinical guidelines or training curriculum and materials for: Community Based Distributors of Family Planning Methods, Zambia Management and Leadership Academy, mentoring training package, Quality improvement guidelines and training package, 6 different Planning Guidelines for specific types of MOH institution, National Resource Tracking Tool and Resource Tracking Tool
	<div style="text-align: center;">March 2012 to June 2012</div> <p>ZISSP developed the Behavioral Change Communication framework to provide guidance for planning and implementation of BCC activities at district and community level to ensure harmonization and consistency of the BCC interventions by all stakeholders during the period under review.</p> <p>Under Human Resource for Health, ZISSP provided technical support and piloted the Workload Indicators of Staffing Needs (WISN) in order to improve systems Kalingalinga Clinic, Chawama, Chilenge and University Teaching Hospital (UTH). The results of the pilot phase are out and under the review. In preparation for the rollout of the tool, key staff from all provinces will be oriented on the WISN in September 2012. WISN is an analytical planning tool developed by the WHO used to determine staffing required at a health facility based on workloads. In 2011, a Technical Committee, to provide expert knowledge to the key steps of the WISN was formed. In addition a UTH WISN working group was formed and is responsible for the application and analysis of findings for UTH as one of the Pilot sites in the Pilot Phase. The Technical Committee and the Working group were oriented on the tool and have been responsible for monitoring the data collection and analysis using the tool for the sites selected in the Pilot phase namely.</p> <p>Presidents Malaria Initiative (PMI) has supporting NMCC to implement IRS program in selected districts since 2007. In 2012, the PMI regional office conducted an audit of IRS commodities. Gaps were identified in the way store keepers and IRS managers manage IRS commodities. In trying to strengthening IRS management system, ZISSP in collaboration with NMCC to developed Standard Operating Procedures (SOPs) for IRS commodities.</p>
Evidence that updated program manuals, clinical guidelines, protocols, and training curricula are in place and in use for specific high-impact service areas	ZISSP has developed a number of guidelines, training curricula in collaboration with MOH. Notable of the recently developed curricula include Quality Improvement for health care providers, Mentorship for health Care providers, Family Planning and Community Based Distributors of family planning products. Other training guides which have been developed include, MLA, Planning guides for different health care levels, training evaluation tool, Standard Operation Procedures, BCC framework. All these are in place and are being used by MOH.
Evidence of progress toward implementation of the Adolescent Health strategy and standards in ZISSP target districts	ZISSP in collaboration with the Ministry of Health has putting up different strategies to help in the implementation of the Adolescent Health Strategy and the standard. ZISSP has since developed the Adolescent Health Communication strategy which will be used to lobby for the implementation of the strategy. Other strategies include training of trainers in all the provinces. The role of these trainers is to orient health providers in ADH in their respective provinces and plan for the implementation of the ADH strategy. ZISSP has also developed the tools

	to be used in monitoring the implementation of the ADH strategy. To support the health providers in the provision of adolescent health services, ZISSP is also supporting the training of peer educators. The peer educators will share sexual and reproductive health and rights information and HIV prevention messages with adolescents and young people.
Evidence of improvements to systems and processes related to community engagement in health planning	ZISSP facilitated the review of the community planning guidelines in terms of community structures composition and roles and responsibilities. ZISSP through the Community Health Coordinators is working closely with the Provincial and District staff in offering quarterly TSS and supervision in order to ensure ownership and sustainability of the program activities. ZISSP trained 444 (326 males and 118 females) Health Center Advisory Committee (HCAC) members in Health Planning. The main objective of the trainings is build capacity among the HCAC members is improve community engagement in health planning.

<sup>i</sup> Training will commence in July

<sup>ii</sup> Data will be available in Sept 2012

<sup>iii</sup> ZISSP developed the Behavioral Change Communication framework to provide guidance for planning and implementation of BCC activities at district and community level to ensure harmonization and consistency of the BCC interventions by all stakeholders and piloted the Workload Indicators of Staffing Needs (WISN). ZISSP in collaboration with NMCC developed the Standard Operation Procedures to strengthening the management of IRS implementation.

<sup>iv</sup> Four district that is Chongwe, Mwinilunga, Chilubi and Mbala are routinely monitoring district action plans and revise activities and budgets to reflect performance and resources

<sup>v</sup> Data will be available in March 2013