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# ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

# QUARTERLY REPORT JULY - SEPTEMBER 2012

**September 2012**

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# QUARTERLY REPORT

## July - September 2012

### **DISCLAIMER**

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

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# ACRONYMS

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

GRZ	Government of Zambia
GST	Grant Support Team
HCAC	Health Center Advisory Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HRM	Human Resource Management
HS2020	Health Systems 2020
IMCI	Integrated Management of Childhood Illnesses
ICATT	IMCI Computerized Adaptation and Training Tool
IPT	Intermittent Preventive Therapy
ITN	Insecticide Treated Net
IRS	Indoor Residual Spraying
IVM	Integrated Vector Management
IYCF	Infant and Young Child Feeding
LTFP	Long Term Family Planning
MBB	Marginal Budgeting for Bottlenecks
MCDMCH	Ministry of Community Development and Mother and Child Health
MIS	Malaria Indicator Survey
MLA	Management and Leadership Academy
M&E	Monitoring and Evaluation
MOFNP	Ministry of Finance and National Planning
MOH	Ministry of Health
MNCH	Maternal Newborn and Child Health
MS	Management Specialist
MSL	Medical Stores Limited
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan
NIPA	National Institute for Public Administration
NMCC	National Malaria Control Centre
NFNC	National Food and Nutrition Commission
NHA	National Health Accounts
NTWG	Nutrition Technical Working Group
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PCV	Peace Corp Volunteers
PCCT	Provincial Clinical Care Teams
PDA	Personal Digital Assistant
PHO	Provincial Health Office
PIR	Performance Indicator Reference

PPE	Personal Protective Equipment
PPH	Postpartum Hemorrhage
PRI	Performance Indicator Reference
PMEP	Performance Monitoring and Evaluation Plan
PMI	President's Malaria Initiative
PMP	Performance Management Package
PMTCT	Prevention-of-Mother-to-Child Transmission (of HIV)
PSMD	Public Service Management Division
QI	Quality Improvement
RDL	Radio Distance Learning
RDT	Rapid Diagnostic Tests
RH	Reproductive Health
SMAG	Safe Motherhood Action Group
SMGL	Saving Mothers Giving Life
SOP	Standard Operating Procedures
TB	Tuberculosis
TOT	Training of Trainers
TSS	Technical Support Services
TWG	Technical Working Group
UNZA	University of Zambia
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WISN	Workload of Staffing Needs
ZDHS	Zambia Demographic Health Survey
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZMLA	Zambia Management leadership Training

# EXECUTIVE SUMMARY

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

The following report highlights ZISSP activities during the third quarter of 2012. The main activities included strengthening high-impact health services for HIV/AIDS, malaria, family planning, maternal, new born and child health and nutrition. Below is a summary of the major activities carried out under the various program areas;

**Maternal, Neonatal and child health:** ZISSP funded two 10-day trainings of 56 community members from Mbala and Nakonde Districts as community based distributors of family planning methods. The trainings equipped the participants with knowledge and skills to enable them provide family planning services within their communities.

ZISSP also supported the MOH to train 83 community members (39 males and 44 females), from the three districts (Serenje, Lukulu, and Sinazongwe) in Community Infant and Young Child Feeding (C-IYCF) and Community Based Growth Monitoring and Promotion (CBGMP). The participants were equipped with knowledge and skills to counsel, identify, and refer mothers with children in need of nutritional interventions to the next level of health care.

**Clinical Care:** In quarter three, 1,008 health workers were mentored by 38 DCCTs in seven provinces as a result, a total of 1,156 mentorship sessions were successfully conducted. At the end of quarter three, a total 2,995 mentorship sessions had been conducted against an annual target of 2,400.

ZISSP finalized the development of mentorship and quality improvement guidelines and the training manuals. They will be dissemination in the next quarter.

**Management:** ZISSP carried out trainings in financial management meant to improve the skills of non-financial managers in financial management for improved management and utilization of the resources. These trainings revealed gaps in the financial management procedures used by managers which included the fact that most of the non-financial managers are not familiar with

the Financial Management and the Procurement Acts, despite being overall custodians of health resources in their districts.

**Malaria:** The Malaria team finalised entomological studies which gave an insight to the vector distribution and species mapping in the country. The results of distribution of vector species reviewed that *Anopheles funestus* is the main vector in Eastern, Northern, Muchinga and Luapula Provinces. The studies were done in Kaputa, Mungwi, Mpika, Chinsali, Isoka, Nakonde, Mbala, Mpulungu, Kasama, Luwingu, Mporokoso, Chama, Lundazi Kawambwa and Mansa Districts.

The results from insecticide resistance monitoring also demonstrated that the *An. funestus* population exhibited resistance to carbamates but susceptible to DDT and Organophosphates. These results will be used to select insecticides to be used in the 2013 spray season.

**Community:** During the reporting period, ZISSP awarded grants to 11 organizations. Five of these organizations, which included Community Integrated Health Education Program, Thandizani Community Based HIV/AIDS Care and Support, Kalomo Mumuni Center, Childfund Zambia and Keepers Zambia Foundation received funds to initiate their grant activities. A total of ZMK70, 721,500 (\$15,374.24) was disbursed to grantees for startup activities and stakeholder meetings to come up with project implementation strategies.

Under the Behavioral Change Communication (BCC), the Provincial and District Public Health Officers were oriented in the BCC framework. The purpose of the orientation was to strengthen the competence of the provincial and district health promotion personnel in BCC coordination and operationalizing the BCC framework to the Health Centre Advisory Committees.

**Monitoring and Evaluation:** In an effort to strengthen the data quality and reporting systems, the M&E team has continued to provide guidance on data quality checks, reviewing the PMP and the data collection tools. The unit has developed and shared both the quantitative and qualitative data collection tools which capture evidence on progress toward training targets and qualitative indicators.

ZISSP also assisted the MOH to produce various publications which included;

- Quality improvement guidelines and training manuals
- Clinical mentorship guidelines and training manuals
- Adolescent Health Communication Strategy
- Development of Newborn Care Guidelines
- Misoprostol guidelines
- Provincial Statistical Bulletins
- Eight planning hand books
- Nine Malaria Standard Operating Procedures (SOPs)

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

# I. INTRODUCTION

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

During the third quarter of 2012, ZISSP facilitated trainings and mentorship programs for MOH personnel. ZISSP also assisted the MOH to produce various publications.

The first section of this report focuses on the activities carried out in the second quarter by the various technical teams. The second section explores the challenges faced and the solutions put forward to address them. The third section of the report outlines the focus areas for the four 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 system while also increasing the utilization of high-impact health services.

## I.2 ZISSP COMPOSITION

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

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

### 2.1. HUMAN RESOURCES FOR HEALTH

#### 2.1.1. RETENTION OF ESSENTIAL HEALTH WORKERS

The Ministry of Health (MOH) has now started to take administrative responsibility of managing the Zambia Health Workers Retention Scheme (ZHWRS). The scheme has a total of 1125 members and 119 of these are supported through ZISSP for the duration of the contract. ZISSP has up to date provided this support which includes preparation of retention allowances and bonuses and notification of Human Resources Management Office on staff whose contracts have expired and managing the overall retention scheme audit.

In the third quarter, ZISSP also worked with the MOH to finalize terms of reference for a consultant who will evaluate the impact of the ZHWRS on selected health outcomes. The development of data collection tools and data collection will be undertaken in the fourth quarter of 2012.

#### 2.1.2. HUMAN RESOURCES FOR HEALTH DEVELOPMENT

In August 2012, ZISSP provided technical and financial support to the MOH's Directorate of Human Resources and Administration (DHRA) to hold a performance review meeting for the second quarter of 2012. The meeting reviewed the progress in the implementation of the DHRA's 2012 work plan and reiterated the need to continue the capacity building trainings of Human Resource (HR) staff, based on the needs previously identified, as a means of improving the efficiency of human resource management.

In July 2012, the ZISSP Human Resource Specialist provided technical support during Workload Indicators of Staffing Needs WISN Technical Committee meetings at which stakeholders reviewed the challenges experienced during the pilot phase of the WISN implementation and agreed on the way forward for the project implementation. One such challenge is the fact that the Health Management Information System (HMIS) data does not isolate workload according to healthcare worker cadre. A long term solution would be to revise the HIMIS to include this data. In the interim, interviews with technical experts will provide the required information.

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

In August 2012, ZISSP funded the training of the ZISSP HRH Specialist and the MOH Director of Human Resources and Administration in Strengthening Human Resources for Health at the Harvard School of Public Health. The two participants acquired knowledge and skills which could be applied in responding to the human resources challenges within MOH and also shared with other participants experiences on country specific initiatives being under taken to resolve human resources problems.

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

### **2.2.1. STRENGTHENING LONG-TERM FAMILY PLANNING SERVICES**

The MOH, with support from ZISSP, trained 49 healthcare workers from seven districts of Eastern and North-Western Provinces in Long-Term Family Planning (LTFP) methods. These healthcare workers were equipped with knowledge and skills to enable them provide quality family planning counseling and clinical services. The healthcare workers are expected to contribute to increasing the contraceptive prevalence rate beyond the Zambia Demographic and Health Survey (ZDHS) 2007 figure of 34 per cent. Eighty-three (19 Male and 64 Female) healthcare workers have been trained in LTFP methods this year with ZISSP support against a target of 80. ZISSP has, in total, supported the training of 172 (120 females, 52 males) healthcare workers in LTFP in 22 of the 27 target districts since the inception of the project.

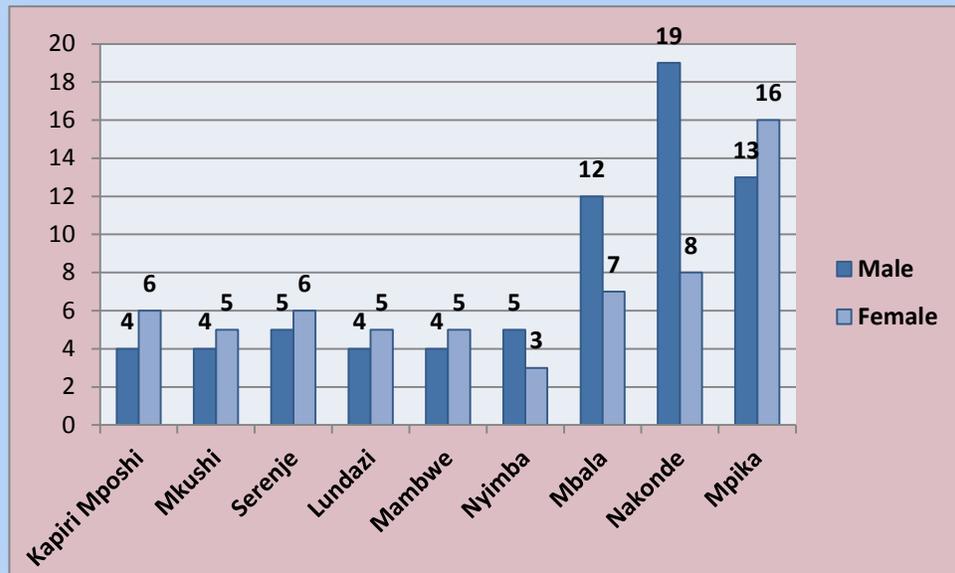
ZISSP provided financial and technical support to the MOH to train 21 nurse tutors and clinical instructors, eight of whom are male, from eight nursing and midwifery training schools in LTFP methods. They will, in turn, teach nursing and midwifery students the LTFP skills so that as the students graduate, they already have the skills and will not require in-service training.

ZISSP has developed terms of reference and selected a consultant for an assessment of the impact of LTFP training for healthcare workers and nurse tutors trained in LTFP from the project inception to date. Data collection will be undertaken in the fourth quarter of 2012.

## 2.2.2. COMMUNITY- BASED FAMILY PLANNING SERVICES

ZISSP funded three 10-day trainings of 85 community members from Mbala, Mpika and Nakonde Districts as community based distributors of family planning methods. The training equipped the participants with knowledge and skills to enable them provide family planning services within their communities. From the project inception to date, ZISSP has supported the training of 141 community members as community based distributors in nine of the 27 target districts. The gender disaggregation of these trainings is shown in the figure below.

Figure I: Community Based Distributors Trained by Gender and District



### **2.2.3. ADOLESCENT HEALTH SERVICES**

ZISSP supported the Ministry of Community Development, Mother and Child Health (MCDMCH) to train 20 healthcare providers (10 female and 10 male) and stakeholders from Muchinga Province in Adolescent Health. The training equipped the participants with knowledge, attitudes and skills to improve delivery of health services to adolescent clients. ZISSP has, this year, supported 15 districts to train 77 healthcare providers (44 male, 33 female) in adolescent health against a target of 60. In addition, ZISSP facilitated the training of 11 healthcare workers as trainers in adolescent health bringing the total trained this year to 30 (14 male, 16 female), from all the ten provinces, against a target of 24.

ZISSP also facilitated the training of 51 peer educators from Mpika and Nakonde in reproductive health and HIV prevention strategies. This year, ZISSP has trained 77 peer educators (40 male, 37 female) against a target of 60; all were drawn from the two target districts in Muchinga Province as ZISSP seeks to have many young people in a small geographical area trained as peer educators in order to learn lessons that may be applied elsewhere.

ZISSP selected a consultant to develop an adolescent health communication strategy that will be used in conjunction with the Adolescent Health Strategic Plan and Adolescent Health Standards to guide implementation of adolescent health activities in Zambia.

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

### **2.3.1. EMERGENCY OBSTETRIC AND NEONATAL CARE TRAINING**

ZISSP supported the Emergency Obstetric and Neonatal Care (EmONC) training for 20 healthcare workers from Masaiti and Luanshya Districts. This brings the total number of healthcare workers trained in EmONC in 2012 to 102 (47 male, 55 female) in six districts. Having trained 74 healthcare workers from eight districts in the last quarter of 2011, ZISSP has attained over 100% of the set target of 120 for the fiscal year. Since the inception of the project, ZISSP has trained 233 healthcare workers representing 72% of the life of project target and covering the 29 districts, 17 of these are ZISSP target districts.

The 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. One such success is narrated by Thabo, an EmONC trained midwife from Nyimba who says, “I am a trained midwife but I’m much better

after this training.” Two weeks after EmONC training, Thabo was able to save a woman who was bleeding severely due to a retained placenta by performing a procedure she learnt during EmONC training (manual removal of a placenta).



*Thabo Kwaleyela, in the middle, smiles as she shares her story.*

During the quarter under review, ZISSP supported post-training supportive supervision (TSS) for 41 EmONC trained healthcare providers in Southern, Luapula and Northern Provinces. The purpose of the TSS was to assess EmONC services being provided, identify gaps and areas that need mentorship and provide support. Two areas that repeatedly appear as gaps requiring further attention are the use of partograph to monitor labor and observing infection prevention procedures. However, most of the EmONC trained providers at health center level are able to perform a number of procedures such as breech delivery which, prior to the training, they would have referred to the next level of healthcare delivery.

### **2.3.2. SAVING MOTHERS GIVING LIFE ENDEAVOR (SMGL)**

As part of the support to the Saving Mothers Giving Life Endeavor (SMGL), ZISSP has seconded one healthcare provider to each of the four SMGL districts as SMGL district coordinators and are working with Peace Corp Volunteers (PCV) attached to each of the districts. ZISSP hired a healthcare worker to serve as a provincial-based coordinator to assist in the SMGL coordination in Eastern Province because the province has two districts under the endeavor.

In this past quarter, all the SMGL district coordinators supported their districts to coordinate partner activities and provided technical support for various SMGL-related activities such as maternal death reviews and post-training follow-up of safe motherhood action groups. In Nyimba, the coordinator was tasked to coordinate retrospective maternal death verification, during a verbal autopsy exercise undertaken

by the Central Statistical Office, in specific areas where maternal deaths were identified.

## **2.4. CHILD HEALTH**

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

In the third quarter, ZISSP facilitated the training of 48 healthcare workers (nurses, clinical officers and environmental health technologists) from five districts in facility-based Integrated Management of Childhood Illnesses (IMCI). The training imparted knowledge and skills to these healthcare workers to manage sick children using an integrated case management process. This brings the total number of healthcare workers trained in IMCI with ZISSP support this year to 194, against a target of 96 in nine districts of Northern, Central, Eastern and Luapula Provinces. Since the inception of the project, ZISSP has supported the training of 317 healthcare workers in F-IMCI in 15 districts.

ZISSP also supported the IMCI post-training initial follow-up visits to 24 healthcare workers from Nakonde and Mpika Districts to assess the strengths and weaknesses in IMCI service delivery in health facilities with IMCI trained health workers and to provide technical supportive supervision where necessary. The majority of the HCWs assessed did not perform well in most areas except for assessment of general danger signs and fever. Further mentoring is required to address these weaknesses.

ZISSP supported the training of 21 nurse tutors and clinical instructors, ten of whom are females, drawn from 12 nurse training institutions as trainers in IMCI using the IMCI Computerized Adaptation and Training Tool (ICATT). This training provides a platform to train more healthcare workers and nursing students in IMCI since it is a computer-based system; one instructor can train more students at any given time.

In the quarter under review, ZISSP sought to assess the feasibility of expanding existing child health oral rehydration therapy (ORT) corners to provide more comprehensive child health services beyond ORT. To this effect, terms of reference for a consultancy to undertake this assessment were developed and a consultant selected. The consultant, together with the ZISSP Child Health team and the MOH and MCDMCH, developed assessment tools. Data collection will be undertaken in the fourth quarter and recommendations will be provided.

#### **2.4.2. EXPANDED PROGRAM ON IMMUNIZATION**

ZISSP provided technical and financial support to the MCDMCH to prepare and undertake the nation-wide measles campaign over a two week period in September. This was a campaign targeting children aged 6 months to 14 years (46.6% of the Zambian population) for immunization against measles. In addition to measles vaccination, the children were to receive Vitamin A supplementation, de-worming through Mebendazole administration and Oral Polio Vaccines (in 30 districts determined to have a high risk for polio).

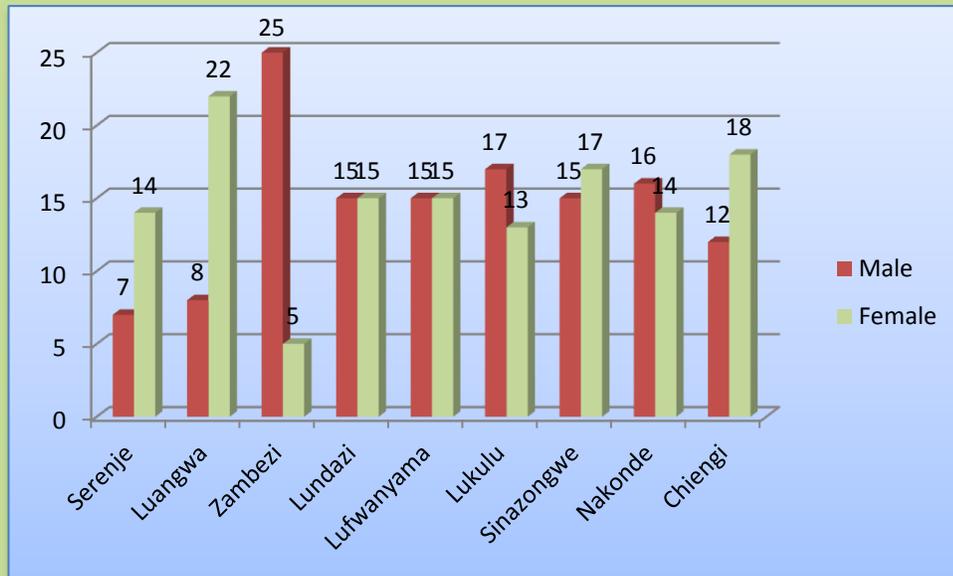
ZISSP hired a logistician for a period of 60 days to assist with preparations for the campaign including quantification of cold storage space required for the extra measles vaccines. ZISSP also funded the National Food and Nutrition Commission, MOH and MCDMCH to travel to various districts to provide technical support during the campaign period. Several ZISSP staff, including provincial-based staff also provided technical assistance during the measles campaign which included compiling data for the vaccination coverage (proportion of children reached against set targets).

#### **2.4.3. NUTRITION INTERVENTIONS**

ZISSP supported MOH to train 48 healthcare workers in Infant and Young Child Feeding (IYCF) bringing the total number trained with ZISSP support in 2012 to 182 (101 males, 81 females) in 19 districts, representing 84% of the annual target. Since the inception of the project, ZISSP has supported the MOH to train 217 healthcare workers in IYCF.

In the quarter under review, ZISSP supported the MOH to train 83 community members (39 males and 44 females), from the three districts (Serenje, Lukulu, and Sinazongwe) 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 to the next level of health care. From the inception of the project to date, ZISSP has supported the training of 414 community members in CBGMP and CIYCF in 14 ZISSP target districts.

**Figure 2: Community Volunteers Trained in CIYF by Gender and District, 2012**



ZISSP supported the MOH to train 100 healthcare workers working within HIV care and treatment settings from 14 districts of North-Western, Western Southern and Lusaka Provinces in Nutrition and HIV Counseling, bringing the total trained in 2012 to 201 against a target of 216. The healthcare providers received knowledge and skills to provide nutrition counseling for people living with HIV.

ZISSP supported post-training mentorship for healthcare workers and community members trained in IYCF and GMP in Chiengi and Nakonde Districts. In Chiengi, 73 healthcare workers and community volunteers from nine health facilities were mentored. In Nakonde, 37 healthcare workers and community volunteers in five health facilities were mentored.

#### **2.4.4. NATIONAL FOOD AND NUTRITION COMMISSION SUPPORT**

ZISSP supported the National Food and Nutrition Commission (NFNC) to develop guidelines and policy briefs on the “1,000 most critical days” program. This is a program that aims to provide nutrition interventions early in a child’s life (from pregnancy to the first two years of life). In addition, financial support was rendered for the NFNC to launch Breastfeeding Week activities in several districts.



*Breastfeding Week Launch, Chongwe District*

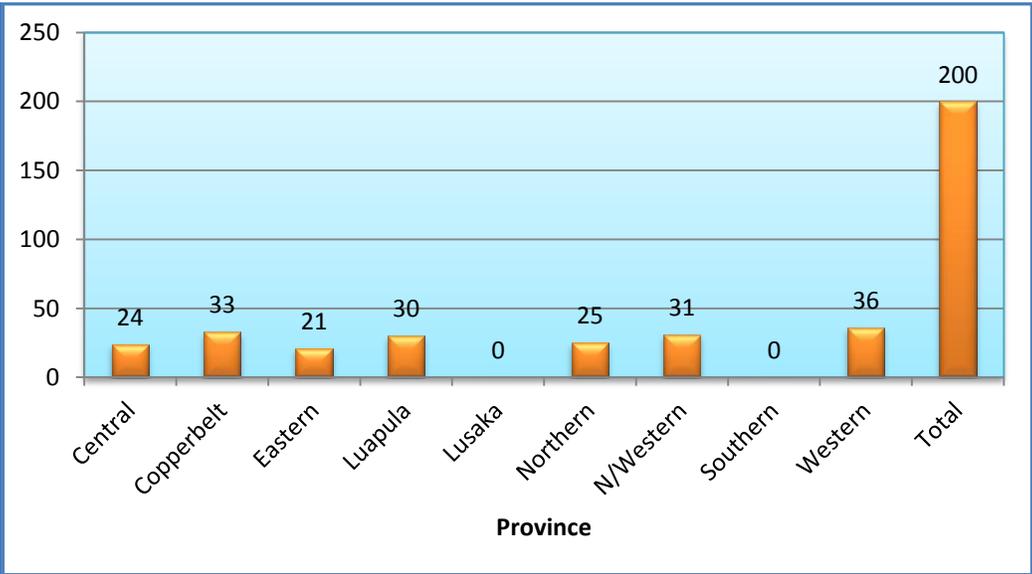
# 3. TASK TWO: SUPPORT TO THE PROVINCES AND DISTRICTS

## 3.1. QUALITY IMPROVEMENT AND CLINICAL CARE

### 3.1.1. DECENTRALISATION OF QUALITY IMPROVEMENT TRAINING

In quarter three ZISSP initiated support to roll out quality improvement training for provincial and district managers and health workers from institutions in all the ten provinces in the country. **200** health workers at provincial, district and health facility levels were trained in seven provinces (Central, Copper belt, Eastern, Luapula, Northern, North-Western and Western Provinces). This is against the targeted **540** by the end of the year representing **39%** achieved so far This is because of the MOH 2013 planning cycle in quarter two that saw a lot of the scheduled trainings cancelled and postponed in most provinces The rest of the **329** health workers will be trained in all 10 provinces by the 64 provincial trainers by the end of the year 2012 to meet the target. The approach to decentralize 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 and sustainable manner.

Figure 3: Number of Health Workers Trained in QI by Province



When the editing and formatting of the quality improvement guidelines and training manuals that were sent to Abt Headquarters is completed, the documents will be submitted to the Ministry of Health for ratification before the final bulk printing and the national launch. Cooperating partners such as CIDRZ have also trained health workers in the health facilities they are supporting in Lusaka and Southern Provinces using the recently developed training materials.

### **3.1.2. NATIONAL QI TECHNICAL WORKING GROUP**

ZISSP participated in a quality improvement technical working group meeting which was convened to discuss the coordination of the roll out trainings in the provinces which require technical assistance from trained trainers. In addition all the provincial trainings will be coordinated by the QI unit under the Directorate of Clinical Care and Diagnostic Services at the MOH.

During the quarter, HealthQUAL International a CDC funded project which provides technical assistance in health service delivery quality improvement invited the MOH, ZISSP and some members of the QI TWG to participate in a study tour. The objectives of the tour were for participants to gain direct knowledge in the management and implementation of QI programs through a carefully designed program composing of on-site visits to a multi-disciplinary grouping of HIV treatment and care facilities operating first-class quality management programs. The other objective was to appreciate the importance of stakeholder contribution in QI programs. The tour provided information and hands on experience on strategies for incorporating quality in all health service delivery programs and the importance of identifying a few indicators for each program that can be tracked at all levels of the health care system. The QI TWG will incorporate some of the lessons learnt from the study tour in which ZISSP participated as a key MOH partner.

### **3.1.3. INSTITUTIONALISATION OF CLINICAL CARE MENTORSHIP**

The clinical mentorship guidelines and training manuals were sent for bulk printing and will be launched by MOH before the end of 2012. ZISSP has continued to facilitate the decentralization and institutionalization of clinical care mentorship in the districts through establishment of multi-disciplinary clinical care teams at provincial and district levels.

In quarter three, four provincial clinical care teams (PCCTs) provided technical assistance to 26 district clinical care teams (DCCTs) as a means of strengthening the

mechanism to build the capacity for utilization of available health information in the district to identify the mentoring needs.

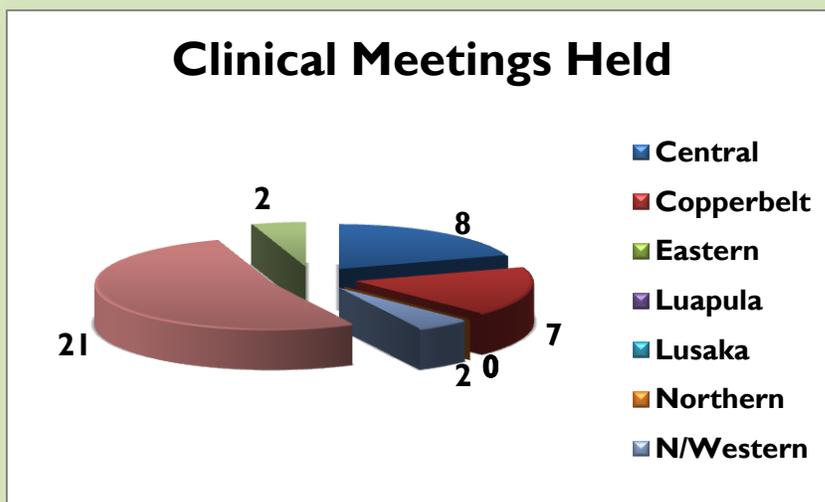
In addition 7 PCCTs also conducted mentorship in collaboration with the DCCTs to 211 health workers in the quarter as knowledge and skills transfer strategy to the mentors (DCCT members). District CCTs are considered to be functional if they are consistently conducting mentorship planning meetings, facilitating clinical symposia/clinical meetings and mentoring health workers monthly or at least twice in a quarter.

ZISSP supported 56 mentorship review and planning meetings which were held by the DCCTs in 5 provinces (Central, Copperbelt, North-Western, Southern and Western). In these meetings the DCCTs use health program indicators from performance assessment and health management information system (HMIS) reports to identify the health service delivery gaps that require mentorship.

### 3.1.4. CLINICAL MEETINGS

Facility-based clinical meetings are one strategy for continuous staff professional development and they are also an opportunity to provide updates to health workers on current clinical case management protocols in various fields. In the third quarter, ZISSP supported 39 DCCTs to conduct 40 clinical meetings and one clinical symposium in five provinces (see Figure below).

Figure 4: Support to Clinical Meetings



The following topics were covered during the meetings: HIV related malignancies, ART adverse effects, use of TDF/FTC as first-line ART, Cotrimoxazole prophylaxis to HIV clients, use of the partograph to monitor the progress of labor, syndromic management of STIs, infection prevention, and emergency management of acute trauma patients.

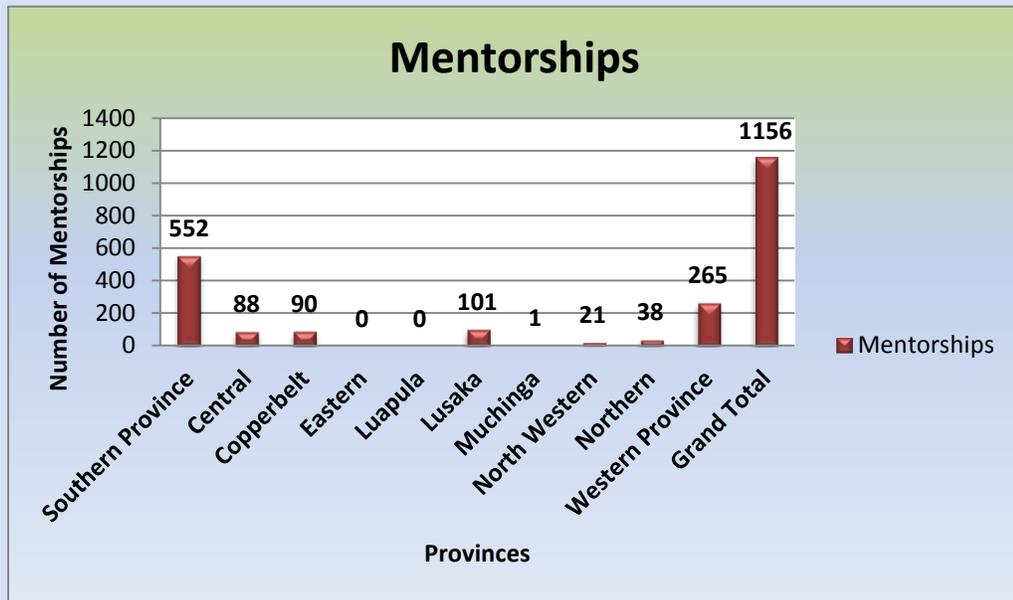
### **3.1.5. TRAINING OF MULTI-DISCIPLINARY CLINICAL MENTORS**

ZISSP had in the past one year supported training of 554 multi-disciplinary mentors who constitute the provincial and district CCTs. In the period under review 85 health workers were trained in mentoring in three provinces (Central, Copperbelt and Luapula). This brings the total mentors trained this year to 138 against a target of 375 by the end of the year representing 37%. Central Province has a cumulated total of 71 mentors trained while Copperbelt has 117 mentors trained and Luapula Province has 60. ZISSP could not conduct trainings in two provinces Luapula and Eastern which had no ZISSP seconded CCSs to coordinate the training apart from competing MOH activities in quarter two. These two provinces will ensure they conduct at least two trainings each while other provinces like Lusaka, Southern, Western, Northern and Copperbelt have planned to do one training each before the end of the year 2012.

### **3.1.6. CLINICAL MENTORING OF HEALTH WORKERS**

In quarter three, 1,008 health workers were mentored by 38 DCCTs in seven provinces of which 528 are male (52%) and 480 are female (48%). As a result a total of 1,156 mentorship sessions were successfully conducted. At the end of quarter three, a total 2,995 mentorship sessions had been conducted against an annual target of 2,400.

Figure 5: Mentorship Sessions for Health Workers



Luapula Province has no ZISSP seconded CCS to coordinate the district CCTs to perform their functions whereas Eastern Province has a CCS who was appointed in July. ZISSP made efforts to get multi-disciplinary mentors trained and DCCTs constituted the two provinces by hiring a consultant to facilitate these processes, but following the trainings, the mentorships done in Eastern province were reported outside third quarter while Luapula on two occasions postponed the mentoring exercise. However, the established CCTs in the other provinces made significant effort towards meeting the annual target for 2012.

For a long time, primary health care workers have not had anyone to consult when faced with challenging clinical conditions. This has contributed to poor quality of patient case management at this level of care resulting in poor treatment outcomes. Clinical mentorship is a quality improvement strategy that has been identified to transfer knowledge and skills to frontline health workers using multi-disciplinary clinical care teams (CCTs) at all levels. For this reason it is imperative that we demonstrate the impact of this quality improvement strategy through documentation of evidence.

Three Model health facilities have been identified in each of the 8 provinces and a few indicators selected which will be tracked through HMIS on a quarterly basis. Among the indicators identified are: the proportion of confirmed Malaria, proportion of HIV positive pregnant women receiving ARV prophylaxis and any ART indicator to be determined by each CCS. However, there has been delays in concluding on the indicators because the MOH QI TWG were also in the process of identifying five indicators to be used to monitor quality improvement, the CCSs have not been able to collect the base line data until the MOH indicators are communicated to the provinces. ZISSP will fully participate in the identification of these MOH core indicators.

A concept paper on guidance to evaluate the impact of clinical mentoring on health indicator performance was submitted to a consultant at Abt.

### **3.1.7. QUARTERLY PROGRAM PERFORMANCE REVIEW**

Provincial quarterly performance reviews are a quality improvement strategy which focuses on the review of identified health program indicators with program managers from the districts and cooperating partners in each province.

In the third quarter, Northern Province conducted a review meeting which focused on TB indicators with the District Medical Officers, district TB program officers, laboratory technologists, pharmacists and the provincial program officers. ZISSP supported this meeting to identify not only the TB related health service delivery gaps and address them through mentorship but also other related programs such as diagnostic counseling and testing (DCT), adult and Paediatric ART, and in general TB/HIV linkages. Districts were employed to adhere to the national standard TB treatment guidelines. Kaputa district reported that Rifampicin was being substituted with Ciprobid due to lack of 4-Fixed Dose Combinations. Gaps identified include weak TB/HIV collaboration and the significant drop in TB case notifications which will be followed up through clinical mentorship and clinical meetings by the DCCTs in the respective districts with technical support from the PCCT.

In the fourth quarter, ZISSP will not only support provincial review meetings but will facilitate a process to consolidate and analyze all the key findings from the reviews conducted during the year as well as follow-up of status of implementation of the recommendations arising from the meetings.

### **3.1.8. PARTICIPATION IN PERFORMANCE ASSESSMENT**

The biannual performance assessment is another quality improvement strategy.

In the third quarter, ZISSP in North-Western Province facilitated a performance assessment follow up technical support to Kasempa and Mufumbwe districts based on the following identified gaps; more clinical malaria than confirmed in both districts, most clients on ART did not have their CD4 count taken regularly or according to the guidelines, referral feedback is still poor in both districts and the prolonged stock outs of RDTs. The CCS worked alongside the clinical officers and nurses in Mufumbwe at the hospital.

### **3.1.9. SUPPORT TO MOH 2013-15 MID TERM PLANNING CYCLE**

ZISSP through the seven CCSs in the provinces provided technical assistance to the districts in their respective provinces to assist them analyze health management information system for planning and to ensure prioritization of poorly performing health program indicators in their 2013 work plans. The CCSs also facilitated the review of the district and hospital action plans.

## **3.2. MANAGEMENT SPECIALISTS**

### **3.2.1. SUPPORT FOR THE MOH ANNUAL PLANNING PROCESS**

ZISSP assisted the MOH headquarters in preparing the annual action plan for the 2013-2015 period. ZISSP technical teams worked with program officers from MOH headquarters and MCHMCH to assist with the actual development of the MOH departmental action plans which included maternal, child health, malaria, HIV/AIDS, nutrition and other priority programs. ZISSP also provided technical and financial support to consolidate the overall MOH sector plan which has since been completed. The final plan was presented to Ministry of Finance and National Planning (MOFNP) for budget consideration. The plan will eventually be presented to Parliament during the first week of October 2012 for approval.

### **3.2.2. MARGINAL BUDGETING FOR BOTTLENECKS TRAINING**

During the second quarter of 2012, the Health Systems 20/20 project (HS 20/20) and ZISSP supported the MOH to conduct the first training in the marginal budgeting for bottlenecks (MBB) toolkit (a decision making tool) for districts in Lusaka and Central Provinces. As follow up, HS 20/20 developed a manual which provides step-by-step guidance on how to deliver the customized MBB training. This was submitted to the MOH- MBB team for review.

The MOH and ZISSP have since provided feedback and comments to the first draft manual. One of the key comments was that MOH would like the trainers to also develop a training manual in MBB which should be used in subsequent trainings. ZISSP will support this effort by hiring a consultant on behalf of MOH to develop the training manual in MBB. This work will begin in the fourth quarter of 2012.

### **3.2.3. NATIONAL HEALTH ACCOUNTS SURVEY AND RESOURCE MAPPING**

ZISSP engaged an international consultant to support data analysis for the National Health Accounts (NHA). ZISSP also provided logistical and technical support to the MOH and the Department of Economics at the University of Zambia to collect data in the survey sites in all the provinces. The activity which lasted 12 days was not concluded due to information gaps involving selected key partner organizations such as UNFPA, UNICEF and USAID who had not yet submitted their completed NHA questionnaires.

In 2011, ZISSP assisted MOH to develop a tool that would be used to collect NHA data on annual basis outside the full NHA fledged survey activity, as the first step towards institutionalization of the NHA. During the second quarter, the tool was piloted alongside the NHA survey to test its appropriateness as NHA institutionalization tool, which was also the second objective of the 2012 NHA survey. Data collected from the districts using this newly developed tool has been entered and will be analyzed along with the NHA survey data. Therefore, the NHA survey report will provide details on the performance of the tool and make appropriate recommendations for its future use as a NHA institutionalization tool.

The consultant worked closely with the NHA team and provided technical guidance on how the process can best be managed to speed up the completion of the data analysis exercise as part of building their capacity in this area.

### **3.2.4. PERFORMANCE ASSESSMENT TOOLS REVISION**

ZISSP engaged a consultant on behalf of MOH to finalize revisions of the Performance Assessment (PA) tools so that these could be used by relevant institutions in all the provinces during the second round of the PA activities which started in September 2012. The consultant incorporated all the comments received from the first two consultative meetings held during the first and second quarters and a debriefing meeting organized by MOH was held on 13<sup>th</sup> September 2012 to review progress and to provide further guidance to the consultant on how to proceed with the work.

In the fourth quarter, ZISSP will provide financial and technical support to MOH-Directorate of Technical Support Services (DTSS) to hold a consensus meeting for key stakeholders and to share the revised tools, receive feedback and agree on the way forward. The revised tools are supposed to improve PA and ultimately improve service delivery at all levels of the health care system.

### **3.2.5. DEVELOPMENT OF PROVINCIAL STATISTICS BULLETINS**

ZISSP continued to provide technical and financial support to ten provinces to develop their annual statistics bulletins. Western, Eastern, Lusaka, Luapula, Northern and Muchinga developed their final documents which are ready for printing. Copperbelt, North-Western, and Central Provinces are revising their documents based on the comments provided. Southern Province requires further support to complete their provincial statistical bulletin. The MOH-Monitoring and Evaluation Unit reviewed the document and provided technical guidance to the Southern Province team who is in the process of incorporating all the comments. The bulletin should be ready for printing during the fourth quarter 2012. These documents will continue to be used as resource references during quarterly performance reviews and re-planning for the following quarter.

### **3.2.6. CAPACITY BUILDING IN MANAGEMENT FUNCTIONS**

#### **3.2.6.1. DATA MANAGEMENT TRAININGS**

ZISSP provided technical and financial support to Copperbelt, Western and Central Provinces for the training of district staff in basic information management. A total of 62 program officers from three target districts (Luanshya, Lukulu and Serenje) were trained (38 males and 24 females) bringing the overall total of program officers trained in data quality audits to 358 (235 males and 123 females) since the trainings were initiated in the fourth quarter of 2011.

ZISSP also supported Mpika, Serenje and Luangwa Districts to hold data quality audit exercises following trainings in data quality audits held during the first half of the year. These activities are aimed at providing onsite coaching and mentoring in data management as part of re-enforcing skills which should result in improved information management. Staff from health facilities was included in these activities and those in need of special attention were followed up in their facilities for further coaching.

### **3.2.7. FINANCIAL MANAGEMENT TRAININGS**

ZISSP supported four provinces (Southern, Western, Central and North Western) to train non-financial managers at provincial and district levels in basic financial management. A total of 122 managers who authorize payments in their institutions went through a five day training using MOH approved curriculum. In addition, another 20 newly recruited accountants were trained in the government financial processes and procedures, bringing the total to 131 managers (102 males and 29 females) trained in government approved financial procedures since February, 2012. Facilitators for these trainings were mobilized from MOH and other government departments such as the Drug Enforcement Commission (DEC) and Anti-Corruption Commission (ACC) by provincial MOH/ZISSP teams.

Some of the observations made by the facilitators during the trainings were that most of the non-financial managers are not familiar with the approved government financial management and the procurement acts, despite being overall custodians of health resources in their districts.

In quarter four, ZISSP plans to support Eastern, Copperbelt, Northern, and Muchinga Provinces with additional trainings for their provincial and target district staff in the next quarter. Onsite supervision will be provided to re-enforce skills learned during the trainings in those districts where training was already undertaken earlier.

### 3.2.8. MANAGEMENT AND LEADERSHIP

#### 3.2.8.1. ZAMBIA MANAGEMENT AND LEADERSHIP ACADEMY TRAININGS AND MENTORSHIP

ZISSP and its sub-contractor BRITE conducted 19 activities which included nine workshops, eight mentorships and two trainings of mentors) for all the 18 cohorts.



*A National Institute for Public Administration trainer - Michael Sinkala conducting a training session in Luapula*

A total of 149 participants attended the second workshop of module three that covers project and program management fundamentals. One hundred twenty-two participants attended a mentorship session. Mentorship is a key element of the program that focuses on improving maternal health and also builds the capacity of the participants to apply the skills within their day-to-day work. Each cohort consists of four case study groups and uses the Zambia Management and Leadership Academy (ZMLA) tools and principles to define the problem in maternal and child health services, atomize them and gather solutions to address the problem. Two trainings of mentors consisting of 33 senior government officials were also conducted in this quarter, aimed at increasing the pool of mentors who are more readily available to do the work for the program.

#### Summary of trainings and mentoring sessions held during the quarter

Event Type	Number Held (% of planned)		Attendees (% of Planned)			
	Actual	Target %	Actual	Target %	F	M
Workshops	9	100%	148	72%	42	106
Mentorships	8	44%	122	84%	36	86
Training of Mentors	2	100%	33	92%	8	25

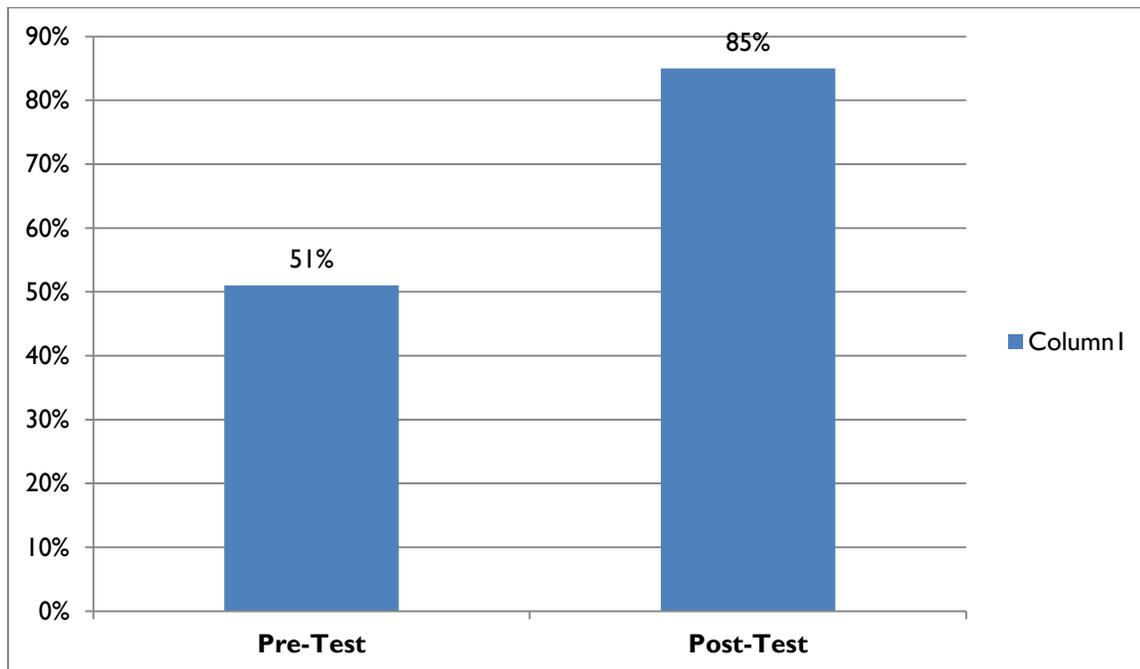
The MOH in collaboration with the ZISSP and BRITE teams finished developing modules four, five and six (HR, Finance and Strategic Information) curricula which will be implemented starting October 2012 until the end of the 1<sup>st</sup> quarter of 2013.

Due to increased demand from those who missed their trainings in their provinces and districts, ZISSP/BRITE managed to deliver one “make-up” training during the quarter, where 15 participants were trained. These participants will now continue the course in their respective cohorts.

Since the start of the ZMLA program, 615 participants (including mentors) have attended ZMLA workshops against a life of the program target of 980 (representing 63% of the target).

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 figure below).

**Figure 6: Average Participant Pre- and Post-test Scores for Workshop 2 (Module Three)**



The ZMLA website was launched ([www.mlzambia.com](http://www.mlzambia.com)), and an interactive forum will be launched in the next quarter after thorough functionality tests are conducted.

### **PLANNED ACTIVITIES FOR THE FOURTH QUARTER ACTIVITIES**

- Provide a consultant to MOH to finalize NHA data analysis and draft the first NHA report
- Provide a consultant to MOH to develop a training manual in MBB
- Provide technical mentoring and coaching to district/hospital program officers in all 10 provinces during TSS visits to re-enforce skills in program management functions
- Provide financial support to ten Provincial Health Offices (PHOs) to print provincial statistics bulletins
- Provide technical and financial support to Eastern, Northern and Copperbelt Provinces to hold trainings in financial management for non-financial managers
- In collaboration with BRITE, conduct trainings in the modules four, five, and six for all the 18 cohorts.

## **3.3. MALARIA**

### **3.3.1. IRS TRAINING FOR SPRAY OPERATORS**

ZISSP supported the National Malaria Control Center (NMCC) to train 870 ( 579 males and 291 females) spray operators from 20 districts in three provinces of Muchinga, Eastern and Northern. The NMCC refers to this process as cascade training because the district-level trainers transfer the skills to their local spray operators. During the cascade training, which took 18 days, ZISSP provided resources to the provincial IRS teams and master trainers for support and supervision of all the 20 districts.



*Participants at the 2012 IRS Cascade drilling session in Petauke, Eastern Province*

### **3.3.2. GEOCODING TRAINING**

ZISSP trained 27 supervisors (24 males and 3 females) and 108 enumerators (70 males and 38 females) from five districts namely; Chipata, Mambwe, Kaputa, Luwingu and Mporokoso. All the five districts have completed the geocoding exercise using the Global Positioning System (GPS)-enabled handheld computers, also called personal digital assistants (PDAs).

The information from this process is necessary for planning and effective implementation of IRS as it is used to estimate the required quantities of insecticides as well as the deployment of spray operators.

### **3.3.3. IRS Commodity Management**

The US Government's President's Malaria Initiative (PMI) through the Africa Indoor Residual Spraying (AIRS) program procured IRS insecticides and Personal Protective Equipment (PPE) for 20 PMI supported districts in Eastern, Northern and Muchinga Provinces. ZISSP distributed the commodities to ensure that the insecticides reached

the districts before the onset of the rains. All the chemicals received at central level were stored at Medical Stores Limited (MSL) before distribution.

The following IRS commodities have been received and distributed to 20 districts:

Item description	Quantity received and distributed
FICAM	140,040
ACTELLIC	52,416
Hudson spray pump	416
Repair Kits	80
Nozzles (8001)	290
Nozzles (8002)	580
Respirator Parts	886
Hard Hat 4PT PLASTIC SUSPENSION	780
Replacement Shields CS	78
BRACKET THAT FITS AN A5901	810
Gumboots	650
Gloves PVC	1,388
Overalls	1,340
Standard towels	1,040
Face clothes	1,055
Mutton Cloth 100% cotton	1,050
Socks	1,930
Black Plastic Rolls	98

### 3.3.4. IRS STANDARD OPERATING PROCEDURES

ZISSP supported the development of eight central levels and nine district level Standard Operating Procedures (SOPs). The table below shows SOPs for the national and district levels.

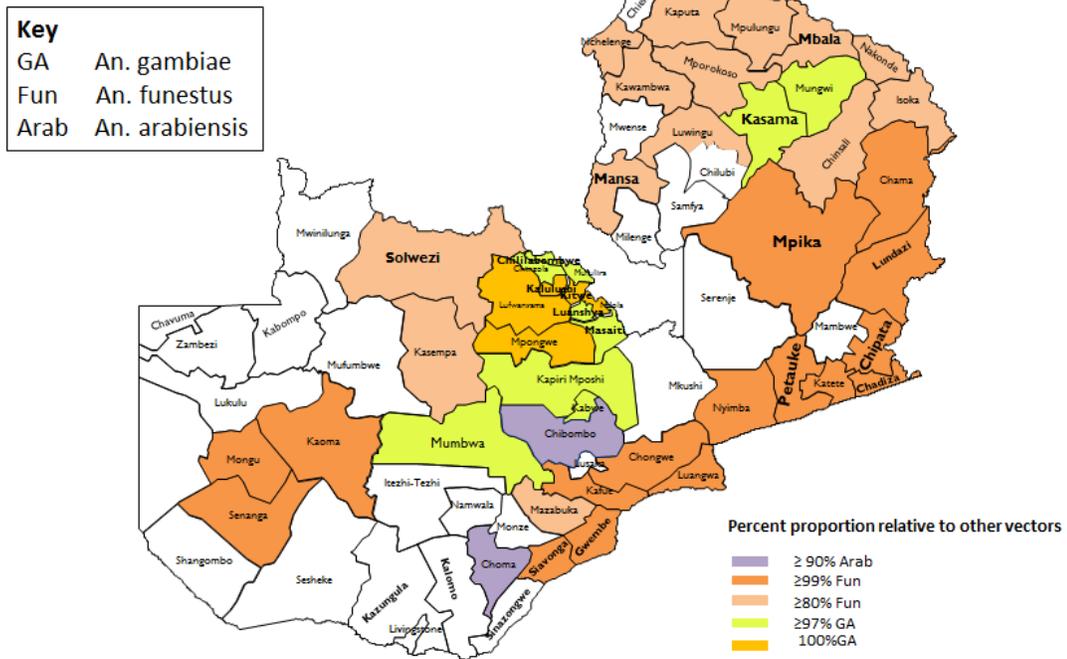
**Table 3.1: SOPs at national and district levels**

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

### 3.3.5. INSECTICIDE RESISTANCE

ZISSP provided technical and financial support for entomological insecticide resistance monitoring and species mapping in Kaputa, Mungwi, Mpika, Chinsali, Isoka, Nakonde, Mbala, Mpulungu, Kasama, Luwingu, Mporokoso, Chama, Lundazi Kawambwa and Mansa. The results of distribution of vector species reviewed that *Anopheles funestus* is the main vector in Eastern, Northern, Muchinga and Luapula Provinces. The results also demonstrated that the *An. funestus* population exhibited resistance to carbamates but susceptible to DDT and Organophosphates in Eastern and Copperbelt Provinces. The resistance profiles of *An. gambiae* could not be determined due to fewer mosquitoes collected. However, the population from Isoka showed very mild resistance to deltamethrin, mortality at 24hours post exposure was 94%.

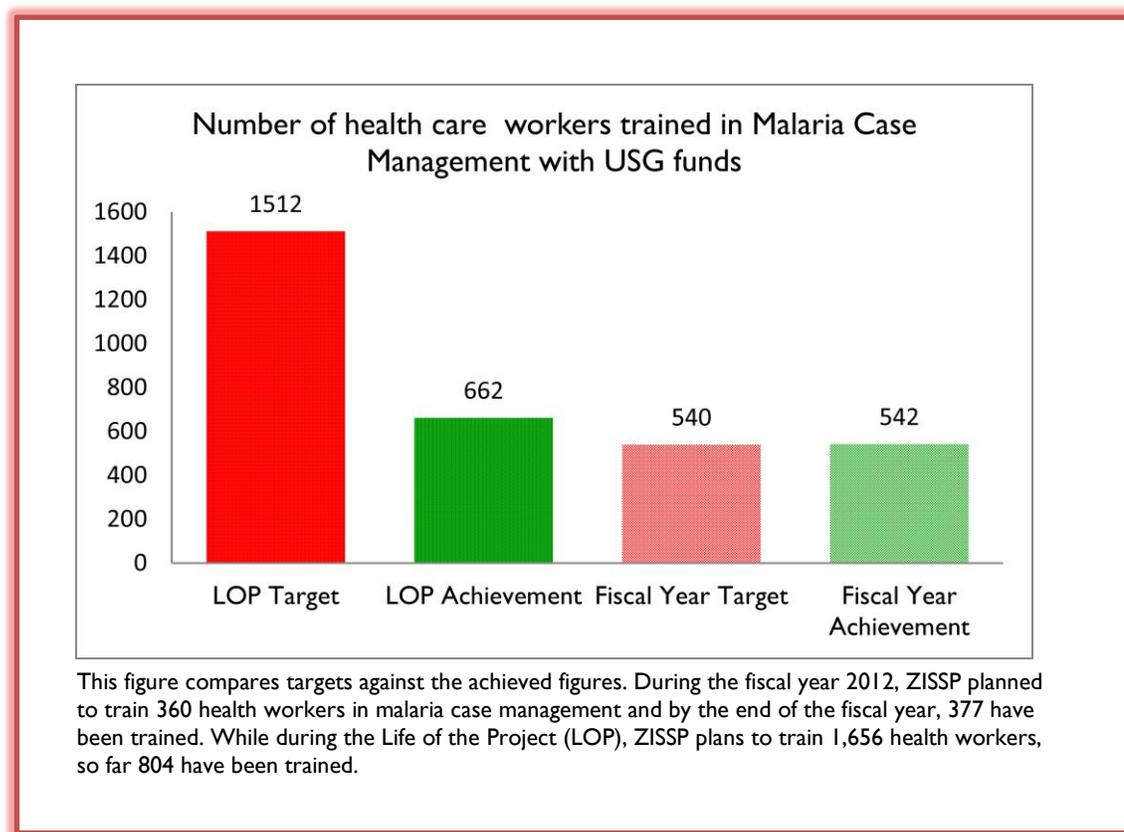
## Vector Distribution Map



### 3.3.6. MALARIA CASE MANAGEMENT TRAINING

In the third quarter, ZISSP in collaboration with NMCC trained 155 health workers (90 males and 65 females) from Lusaka, Kasama, Mungwi and Mporokoso districts in the latest malaria guidelines. During the two day orientation meeting, emphasis was placed on the new guidelines of confirming malaria cases using rapid diagnostic tests (RDTs) before treatment. In the same training, demonstrations on history taking, physical examination and performing an RDT were done. Malaria diagnosis and treatment is expected to improve as a result of this training.

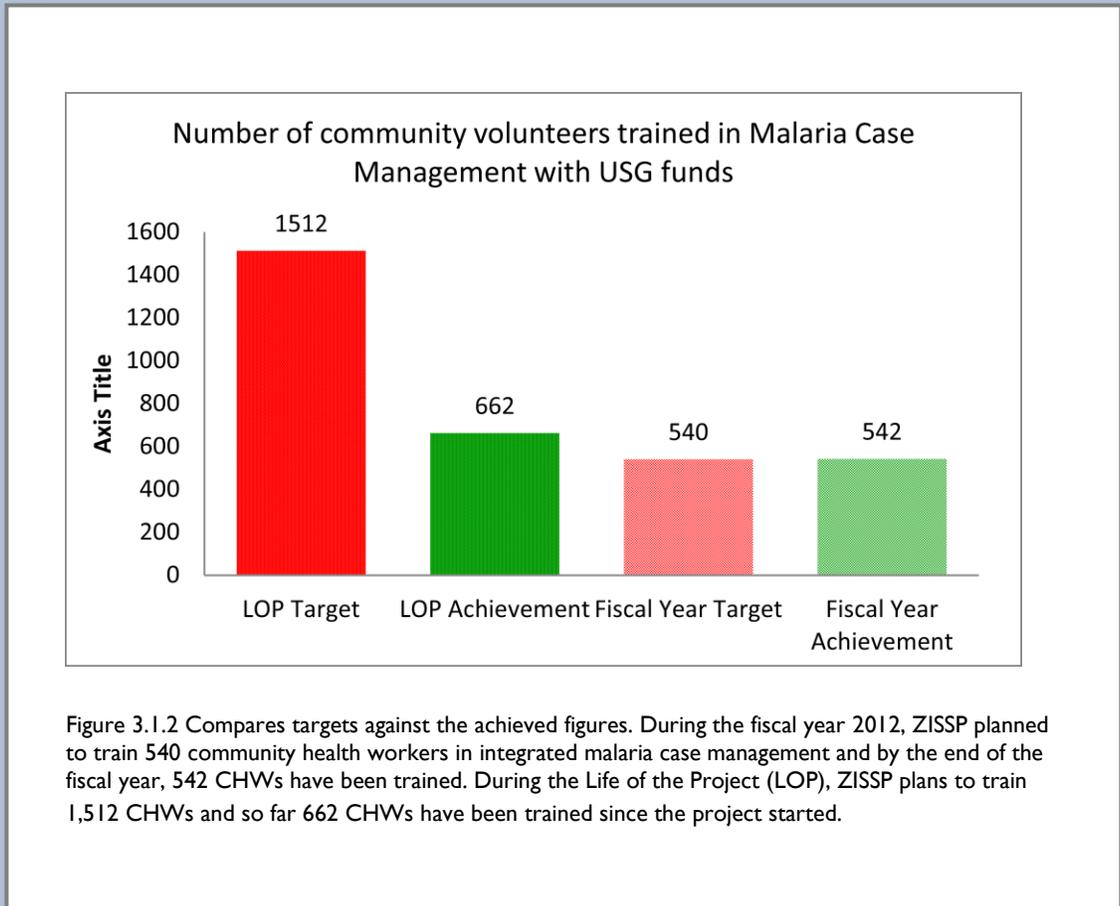
**Figure 7: Number of Health Workers Trained in Malaria Case Management**



### **3.3.7. COMMUNITY CASE MANAGEMENT TRAINING**

ZISSP in collaboration with the MOH Child Health Unit has been implementing Integrated Community Case Management (iCCM) in the selected districts. A total of 54 supervisors (34 males and 20 females) from six districts (Mbala, Masaiti, Luangwa, Nyimba, Lukulu and Sinazongwe) were trained in iCCM. During the same period, 291 (184 males and 107 females) Community Health Workers (CHWs) were trained in iCCM. Through the Community Health Coordinators (CHC) in Northern, Copperbelt, Eastern and Lusaka Provinces, ZISSP will support the district health offices 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. These interventions will improve community case management of malaria, pneumonia and diarrhea in the six districts and ultimately contribute to the reduction of infant mortality rate.

Figure 8: Number of CHWs Trained in iCCM

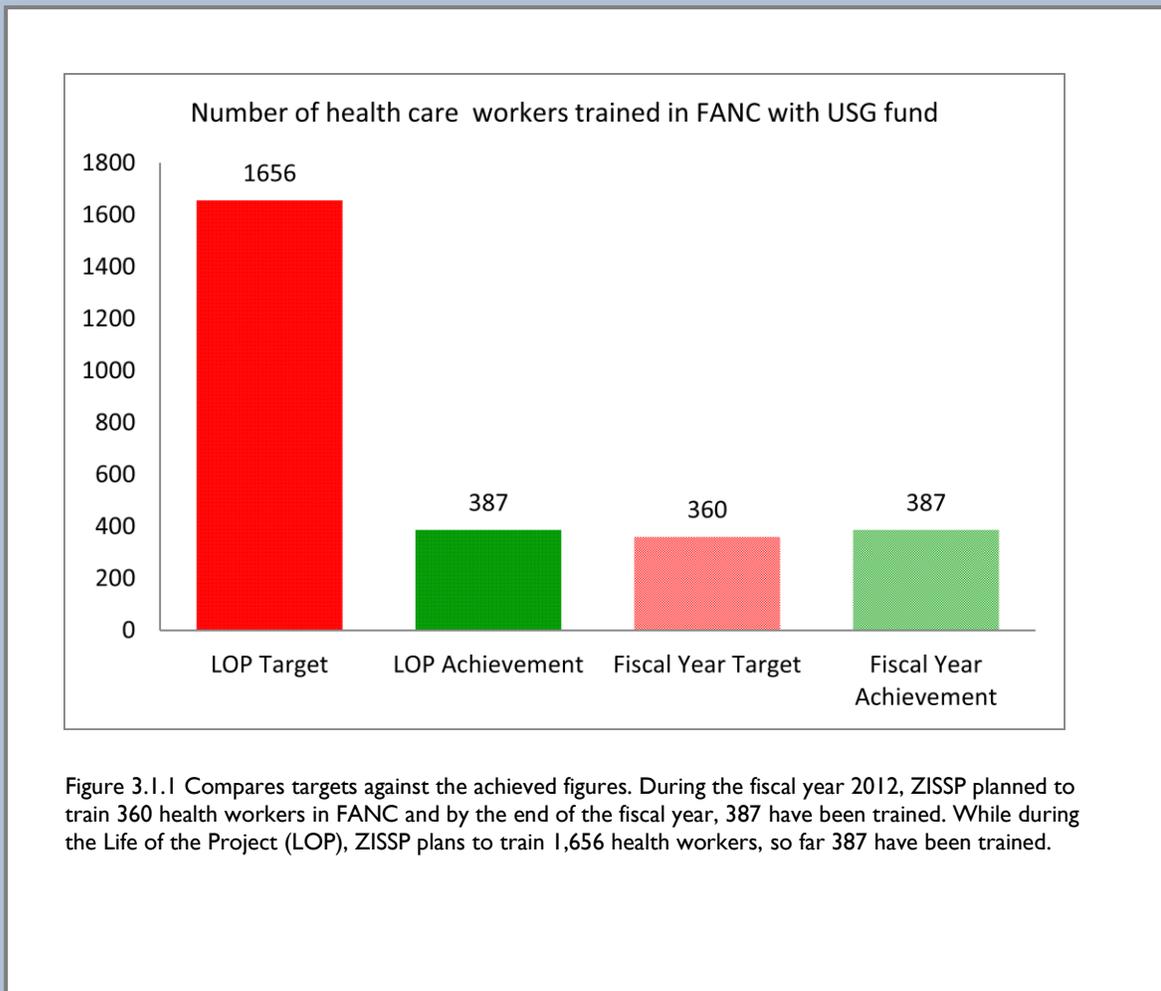


### 3.3.8. FOCUSED ANTENATAL CARE TRAINING

According to the survey that was conducted by the MOH with support from the Zambia Integrated Systems Strengthening (ZISSP), forty one percent (41%) of health workers in the selected districts have been oriented to Focused Antenatal Care (FANC) within the last two years. This poses a challenge as many health workers may not be familiar with the latest guidelines. FANC promotes provision of quality antenatal care by a skilled provider and ensures that the number of antenatal visits is at least four. Under this package women receive three doses of an effective antimalarial, insecticide treated nets (ITNs), anemia screening and treatment during these routine antenatal visits.

It is against this background that ZISSP trained 304 (221 females and 83 males) in the revised FANC guidelines. The target groups were the Clinical Care Teams and Maternal and Child Health Coordinators from all the districts. These trained health workers will mentor other health workers in their health facilities in the latest FANC guidelines.

**Figure 9: Number of Health Care Workers Trained in FANC**



### 3.3.9. TRAINING IN MANAGEMENT OF INSECTICIDE POISONING

In 2010, resistance monitoring tests revealed that pyrethroid resistance is widespread in Copperbelt, Eastern and emerging in Northern and Muchinga Provinces. The NMCC and all stakeholders recommended replacement of pyrethroids with other classes of insecticide called carbamates and organophosphates.

These classes of insecticides, which will be used during the 2012 spray campaign, are more toxic to human beings than pyrethroids.

During the quarter under review, ZISSP trained 84 (62 males and 22 females) health workers in 13 districts in Northern, Eastern and Muchinga Provinces. The training prepared clinicians to respond to toxic reactions to the chemicals.

#### PARTICIPANT CATEGORY BY PROFESSION

Health Cadre	Number	Percent (%)
Medical Doctors	04	05
Medical Licentiate	05	06
Clinical Officers	30	35
Nurses	42	50
Others	03	04
<b>Total</b>	<b>84</b>	<b>100</b>

### 3.3.10. MALARIA ACTIVE INFECTION DETECTION

The Lusaka District Health Office (DHO) working in collaboration with Akros Research and NMCC has now taken the responsibility of financing and supervising activities of Active Infection Detection (AID) in five clinics in the coming years. As a result, there is a phased hand over of five clinics to Lusaka DHO and training of staff at the clinics in undertaking AID activities. ZISSP and Akros are now focused on expanding the program in additional five clinics in Lusaka District.

### **3.3.11. IRS MONITORING AND EVALUATION**

The revised IRS monitoring and supervision data collection tool will now capture data on the number of structures targeted and sprayed by catchment area in response to the recommendations by the PMI audit team which requires that districts collect data based at sub-district level. Data by catchment area will be aggregated to get the district performance. This will improve monitoring and evaluation of the district performance in that NMCC will be able to track the coverage at sub-district level.

Some of the key IRS data such as number of targeted structures, number of structures sprayed, and number of people protected by district take time to be compiled. This data may be required for informed decision making. As a way of improving data availability, the IRS needs assessment questionnaire has been revised to capture this information.

## **4. TASK THREE: IMPROVE COMMUNITY INVOLVEMENT**

### **4.1 COMMUNITY HEALTH**

#### **4.1.1 REVISED PLANNING HANDBOOK TRAINING**

In the third quarter, training of the Health Center Advisory Committees (HCAC) and Neighborhood Health Committee (NHC) members in community health planning was conducted in Lundazi and Kapiri Mposhi Districts. The purpose of the training was to build the capacity of community health groups in health planning. A total of 70 (49 male, 21 female) members of HCAC and NHC from six health centers participated in the training. ZISSP has supported the MOH to train 514 HCAC members in community engagement in planning since 2011.

#### **4.1.2 HCACS AND NHCS SUPERVISION**

CHCs conducted quarterly support supervision visits to review the implementation status of community health related activities. A total of seven NHCs were visited. This

brings the total number visited this year to 58 against the target of 45. This represents 128.9% of the target for the year 2012, which translates to 43.0% of the target of 135 HCACs/NHCs to be visited during the e of the project. The extra achievement was made possible by the MOH planning season, which resulted in CHCs and their provincial counterparts reaching out to more community groups to prepare them for the planning process.

The monitoring teams observed that NHCs were implementing one or more health promotion activities from their 2012 work plans. Most NHCs had finalized their 2013 work plans in readiness for consolidation in the health center plans. The team also recorded an improvement by NHCs on report writing and submission to health centers.

Community Health Coordinators (CHCs) will continue to supervise the trained groups to ensure that community health activities are implemented in accordance with the planned activities

#### **4.1.3 SAFE MOTHERHOOD ACTION GROUPS BASELINE STUDY**

ZISSP conducted pre-assessments on the key indicators in health centers before conducting the training in Safe Motherhood Action Group (SMAG) program. The assessment was carried out in 15 health centers covering three districts, namely Mpika, Luangwa and Luanshya. The aim of the assessments is to establish baseline data which will enable future follow-up to evaluate effect of the SMAG program. Assessments done now stands at 100% (41) health facilities planned for in 2012

Since initiation of the SMAG program, ZISSP has conducted such assessments in 10 districts. This process will continue in all the sites where ZISSP will be supporting MOH to implement the SMAG program. The indicators being tracked include; institutional deliveries, maternal deaths, neonatal deaths and referrals from community to health center. In the next quarter, ZISSP will analyze results of this baseline data at central level.

#### **4.1.4 SAFE MOTHERHOOD ACTION GROUPS TRAINING**

ZISSP through the provincial CHCs supported MOH to train 422 SMAGs in Lukulu, Mwinilunga, Luangwa, Luanshya and Mpika Districts. The work of the SMAGs is aimed at creating demand for safe motherhood services at health facilities thereby contributing to the reduction of maternal mortality rates.

ZISSP has trained 756 (338 male, 418 female) SMAG members since January 2012; representing 82.2% of the target of 920 for the year 2012. Since inception, ZISSP has trained 851 SMAG members in safe motherhood, which represents 28.4% of the project target of 3,000. ZISSP also initiated the tender process for the procurement of materials for trained SMAGs in order to support their work. This will be completed in the next quarter. In quarter four, the community team will continue with the training of 400 more SMAGs in Saving Mothers Giving Life (SMGL) districts of Nyimba, Lundazi, Kalomo and Mansa. The team will also provide TSS to trained SMAGs to ensure quality in the implementation of safe motherhood activities.

#### **4.1.5 COMMUNITY HEALTH ASSISTANCE SUPERVISORS TRAINING**

Following Training of Trainers (TOT) for the community health assistant (CHA) supervisors which was conducted in the second quarter, MOH in collaboration with ZISSP trained CHA Supervisors, who are expected to monitor the performance of the CHAs. A total of 207 participants including district staff and health center in charges from seven provinces; Northern, Southern, Western, North-Western, Central, Eastern and Copperbelt attended the training.

In the next quarter, CHCs in collaboration with the CHA supervisors will provide TSS to CHAs in their respective stations.

#### **4.1.6 MEASLES CAMPAIGN**

The ZISSP through the CHCs provided technical and financial support to 14 District Health Offices during the preparation of the measles campaign, to ensure it was implemented effectively and efficiently. The technical support was in the form of stakeholders' meetings to mobilize resources and plan for the event. Partners agreed to do their part during the campaigns; for instance; schools agreed to ensure all eligible children receive the vaccination at the school on the appointed dates. Traditional leaders agreed to explain the importance of measles immunization to their subjects in order to encourage positive behavior related to child health; religious leaders provided information on the measles campaign to their followers.

ZISSP also supported drama, radio programs and door to door campaigns to reinforce social mobilization aimed at creating demand for the immunizations. Additionally, CHCs conducted exit interviews and administered audit checklist questionnaires which will guide future programming.

In the next quarter, ZISSP will participate in post measles campaign meetings to share successes and challenges with a view of improving the implementation of future events.

#### **4.1.7 INVOLVEMENT OF LOCAL LEADERSHIP IN HEALTH**

In quarter three, ZISSP supported MOH to conduct meetings for traditional, faith based and other opinion leaders in Lundazi, Mambwe, Nyimba, Kalomo, Mkushi, Chilubi, Lukulu, Shangombo and Kalabo Districts. The purpose of the meeting was to mobilize the local leadership and strengthen health promotion as regards the measles campaign so that every child between 6 months to 15 years is reached and vaccinated against measles. The meeting also addressed health issues related to high impact health services like malaria, family planning, reproductive health. The outcome of these meetings was that the local leadership agreed to come up with a plan of action on how they will continue to participate in health promotion in their communities. A total of 166 (111 males and 55 females) leaders attended the meetings.

In the next quarter, ZISSP will continue to work with MOH to strengthen the involvement of local leaders as change agents in health. ZISSP will engage a consultant to analyze reports from provinces on how they have worked with traditional leaders in the promotion of high impact health services. Based on this analysis, ZISSP through the consultant will develop a toolkit that will standardize training of traditional leaders to understand their role as change agents in health.



*Participants of the traditional leaders' meeting in Chilubi District, Northern Province*

## **4.2 GRANTS PROGRAM**

### **4.2.1 GRANTS MANAGEMENT TRAINING**

During the reporting period, MKM Consult Limited was contracted to train grantees in grants management. ZISSP through the contractor has trained the 11 selected grantees in grants management to enable them implement their activities in line with USAID standard guidelines, including cost principles, procurement procedures, financial and programmatic reporting and other mandatory standard provisions. Grants Selection Teams (GSTs) also participated in the training in order for them to strengthen their skills in effective monitoring and support of grant activities. This brings the total number trained to 56 (42 males, 14 females). This figure represents 93% of the target of 60. The shortfall was as a result of the extension of the period of the measles campaign by the Ministry of Health, which coincided with the training period. Some of the GST members and grantees were part of the campaign and had to miss the training, so as to participate in the campaign. In order to meet the shortfall, a plan was put in place for GSTs and grantee representatives to orient officers who did not attend the training.

In the next quarter, the contractor will train grantees in organizational capacity building, based on gaps identified by GSTs during field appraisals. The grantees will also be trained in Behavior Change Communication (BCC).

### **4.2.2 ORIENTATION MEETING FOR GRANTEEES**

ZISSP conducted a meeting for participants drawn from the 11 grant recipient organizations. The purpose was to orient grantees to the ZISSP focus areas, implementation framework, and M&E plan. Grantees were also oriented to the monthly advance disbursement system, including the cash advance status report. A total of 32 (23 males, 9 females) participants attended the meeting, in which ZISSP pointed out that grantees were expected to ensure compliance as they implemented activities, and that they were to aim for impact in their grant activities, especially in relation to community health.

### **4.2.3 GRANT FUNDS DISBURSEMENT**

A total of ZMK 70, 721,500 (\$15,374.24) was disbursed to grantees for startup activities, including stakeholders' meetings. This represents 2% of the total amount of ZMK 3,520,000,000 to be disbursed this year, and 1.58% of the total amount of ZMK 4,487,433,626.20 to be disbursed during the entire grant period of August 2012 to July,

2013. In the next quarter, ZISSP will continue to provide monthly advances and technical support supervision to grantees.

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

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

ZISSP in collaboration with the MOH and the Ministry of Community Development Mother and Child is in the process of developing a Distance Learning Radio (RDL) program for SMAGs to promote community engagement and dialogue and reinforce safe motherhood messages. In the third quarter, twelve English scripts were developed (script 11 to 22) and programs nine and ten recorded.

Additionally, English scripts one to seven have been translated into Nyanja while scripts eight to 13 are being translated. Programs one and two were recorded. English scripts one to four are being translated into Bemba, Luvale, Kaonde, Lozi and Lunda.

Before the end of November 2012, all the 26 English scripts will have been completed and 15 programs recorded. At the same time, six Nyanja programs will be recorded in readiness for the RDL program launch. In preparation for the launch, Eastern and Lusaka Province District Health Promotion focal persons will be trained in how to form and manage SMAG listening groups.

#### **4.3.2 IPT PREVENTIVE FORMATIVE RESEARCH**

In the last quarter, dissemination of Intermittent Preventative Treatment (IPTp) in pregnancy for malaria results commenced in the month of September and is on-going till first week of October. The purpose of the dissemination is to inform the relevant stakeholders about the research results of the IPTp and to engage them in discussing the use of the results in the 2013 planning cycle in the districts. The dissemination is targeting participants from the Malaria Task Force, district and Health Centre health providers particularly the maternal and Child Health (MCH) Coordinators and Health Centre Advisory Committees and Traditional Leaders. Districts that have been covered so far are Zambezi, Solwezi, Luangwa, Chongwe and Nyimba. The last district to be covered in the fourth quarter is Mambwe.

In the next quarter, the ZISSP team will meet with MOH at national level to share the outcome of the dissemination and to strategize on the activities for the community IPTp campaign.

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

During quarter three, a total of 70 male and 23 female provincial and district MOH staff were oriented to the BCC framework. The purpose of the orientation was to strengthen the competence of the provincial and district health promotion personnel in BCC coordination and operationalizing the BCC framework.

In the next quarter, the districts are expected to form and orient IEC/BCC technical committees in the BCC framework. This will be followed by the rolling out of the BCC framework to Health Centres in the ZISSP districts to strengthen BCC planning and implementation at community level. The BCC framework is currently being printed and will be distributed to the target audience who are the MOH health promotion staff and the BCC implementing partners at National Provincial and District level. The dissemination of the key contents of the framework is expected to be shared at the launch of the planning cycle next year.

### **4.3.4 BCC MATERIAL INVENTORY**

During the third quarter, the inventory research results were disseminated to all the research sites which included Luangwa, Chongwe, Nyimba, Lundazi, and Mambwe with the exception of Kalabo. The results will appraise the health promotion stakeholders to strengthen the planning for appropriate BCC strategies.

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

In the last quarter, the training of the master trainers for drama was conducted and completed. The purpose of this training was to create a cadre of competent master trainers with the mastery, knowledge and skills to build the capacity of the district community drama groups to conduct effective health communication. A total of 36 master trainers were trained. Participants were drawn from Eastern, Copperbelt, Luapula, North-Western and Central Provinces and had a theatrical background with various levels of experience and capacity. The next round of trainings for master trainers in the remaining provinces will be done in the year 2013. The master trainers are expected to train a critical mass of the community drama groups in their respective provinces. Such a system will ensure sustainability and cost effectiveness in training drama groups.

In the next quarter, the training manuals will be revised and finalized based on the feedback from the initial training. A video, reference toolkit and a discussion guide will

also be developed to ensure accurate and consistent dissemination of key messages by the community drama groups.



*Participants during a discussion session to review elements of community theatre*

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

The MOH health promotion unit is still in the process of reviewing the district health promotion guidelines. Once this is completed ZISSP will facilitate a stakeholder meeting to build consensus and finalize the document.

# 5. CROSSCUTTING PROGRAM AND MANAGEMENT SUPPORT

## 5.1. MONITORING AND EVALUATION

### 5.1.1. PERFORMANCE MONITORING AND EVALUATION PLAN

The M&E team in collaboration with the USAID continued to monitor and review activities by the various program areas. The team paid particular attention to the Performance Indicator Reference (PIR) sheet, fine tuning the indicator definitions to reflect both the standard guidelines and realities on the ground. For each indicator, the data collection process, data sources, frequency of reporting data, and data collections tools were developed. The revised Performance Management Evaluation Plan (PMEP) was finalized and will be submitted to USAID.

### 5.1.2. PROGRAM MONITORING

The team developed and reviewed the qualitative data collection tools to track qualitative program indicators. To fortify and standardize M&E processes, the team participated in the review of the revised Health Management Information System (HMIS) routine data collection tools and the compiled data collection procedure manuals. The team further provided technical support during the implementation of the measles and Child Health Week (CHWk) campaign.

### 5.1.3. MONITORING AND EVALUATION DATABASE

The M&E team continued to review and update both the electronic and paper-based database and reinforced implementation by introducing the Certificate of Completion (COC) after submission of training registers by the program staff. The reinforcement of the COC coupled with the verification of the expenditure reports provided by the finance department improved the submission of training registers by program staff.

The team introduced the filing process for COC to the respective program staff, showing the summary of the number of people trained. The file also works as a verification tool against the database. This process also provides a spot check for the forms which are submitted.

#### **5.1.4. DATA COLLECTION**

In an effort to strengthen the data quality and reporting systems, the M&E team continued to provide guidance on data quality checks, reviewing the PMEP and the data collection tools.

#### **5.1.5. DATA QUALITY ASSESSMENT**

As part of strengthening the data management system, the M&E unit conducted an internal data quality audit in Central Province by assessing both the program indicators and the HMIS data at district and facility levels. The objective of the internal data quality audit is for data verification, i.e., improve the quality, storage, and collection process. The unit shared the audit findings which highlighted some of the challenges with the respective personnel both at provincial and district levels.

#### **5.1.6. TECHNICAL SUPPORT**

During the previous quarter, the M&E team reviewed the Provincial Statistical Bulletins for Central, Copperbelt, Lusaka, Northern, Luapula, Eastern and Southern Provinces. The Provincial Statistical Bulletin provides information on the performance of the province by district. This information helps in the planning process.

Quality Improvement (QI) is one strategy that ZISSP has adopted in carrying out its core functions of systems strengthening under clinical care. The team provided technical support to the QI from the Center for Disease Control (CDC), MOH and ZISSP. The team trained some facility staff in Nyimba and Lundazi Districts.

To enhance data capture and reporting on Safe Motherhood Action Groups (SMAGs) the M&E team developed a data collection tool to be used at all levels, i.e., facility up to the national level. The tool will help capture data on process indicators that are aimed at increasing facility/institutional deliveries, family planning uptake, and antenatal attendance.

#### **5.1.7. RESEARCH ACTIVITIES**

The M&E team worked very closely with both the program staff and consultants to implement research projects aimed at assessing program impact. The unit reviewed concept notes, research data collection tools and helped design research methodologies.

The unit provided technical support in the design and implementation of a baseline survey for the Child Health Corner. The survey will help determine the integration of other child health services at the Oral Rehydration Therapy (ORT) corner.

The M&E team also reviewed concept notes for the rapid assessment on the impact of Long-Term Family Planning (LTFP) trainings for nurse tutors, clinical instructors and other healthcare providers. The team further guided the process of drafting the scope of work and the terms of reference for the consultant to evaluate the impact of the Zambia Health Workers Retention Scheme (ZHWRS).

The team reviewed draft assessment reports on the Baby Friendly Hospital Facility Initiative (BFHFI) and the Direct Entry Midwives (DEM) program.

## **5.2. KNOWLEDGE MANAGEMENT**

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

The Knowledge Management unit continued to compile and review the success stories from program staff to showcase the impact of the program interventions. The team submitted 23 success stories, covering EmONC (2), SMAGs (2), malaria (3), planning (2), adolescent health (1) and BCC training (1). A number of the other stories which include Kaputa HMIS (1), HRH (1), EmONC (1), SMGL (2), Planning (3), SMAGS (1) and MLA (1) are being reviewed.

The Communications Specialist (CS) visited Northern Province and wrote success stories on the Indoor Residual Spraying (IRS) cascade trainings. The CS also visited North-Western Province and wrote articles on ZISSP's support in the province such as training of district planners under the Zambia Management Leadership Academy program, nutritional support under the IYCF and SMAGs.

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

The team shared technical presentations from various teams and consolidation of monthly reports with all staff. ZISSP uses the Dropbox and NXPowerlite approach as a means for technical staff to easily access information, especially reports, both at the central office and at provincial offices.

## **5.3. CAPACITY BUILDING**

### **5.3.1. CHA SCHOOL ACTIVITIES AND PROGRAMS**

The Capacity Building unit developed a curriculum for supervisors of the Community Health Assistants (CHA) and 207 CHA supervisors from 47 districts in seven provinces were training based on this curriculum. The CHA supervisors will work under specific MOH guidelines as set out in the supervisor's manual and in conformity with the targets to be set by the MOH headquarters.

During the same period, the Capacity Building Specialist successfully led the negotiation process for the affiliation of the CHA School to the University Of Zambia School Of Medicine under the Examination Council of Health Sciences (ECOHS). The school was affiliated and subsequently students examined by the ECOHS. This, in effect means the CHA certificate will be underwritten by the University of Zambia.

The Capacity Building team provided monthly supervisory visits at the CHA School during which times technical guidance and capacity building were provided to the CHA School in over the entire period of curriculum implementation.

The Capacity Building unit has also during the month of September facilitated the review of the first pilot curriculum in preparation for its implementation during the second intake scheduled for commencement of training in October 2012.

### **5.3.2. TECHNICAL SUPPORT TRAINING**

The Capacity Building Specialist supported the MOH Director- Human Resource with the possible options for achieving efficiency and effectiveness in the utilization of available resources in training of CHA students. The meeting was informing a process of possible policy shift from providing training at one school (Ndola's Community Health Assistant's School) to multiple institutions as a strategy to contextualize training to recipient communities. With the current approach, students from non-Bemba speaking provinces have had serious challenges learning and communicating in predominantly Bemba speaking settings.

The team provided technical support during the training of impact assessment of Emergency Obstetric and Newborn Care (EmONC) trainers in Northern Province. The trained health workers were from Mbala and Mpika district. In Mbala district the health centers which were visited were Kaka, Mwamba, Tulemane, Mbala District Hospital, and Senga Hill in Mbala Districts, while in Mpika, the facilities included Mpepo, Kopa, Mukwikile, Muwele Chibansa, and Mpumba.

### **5.3.3. GENDER STRATEGY**

The team, working with a consultant from the Center for Development and Population Activities (CEDPA), finalized the gender strategy for ZISSP and submitted this to USAID and all ZISSP staff. The strategy includes guidelines and recommendations for where to integrate gender into ZISSP's 2013 and beyond work plan activities and program areas.

## **5.4. FINANCE AND ADMINISTRATION**

During the quarter ending 30 September 2012, the Finance and Administration Department focused on the following:

- Support for the IRS implementation season by;
  - Procuring materials and equipment, both local and international
  - Establishing an efficient system for paying allowances to spray operators and their supervisors through a mobile payment mechanism
- Trained accounts staff in new accounting software which is scheduled to be implemented in October 2012
- Trained drivers in defensive driving
- 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
- Oriented all staff on revised changes to finance and administrative procedures

### **OVERALL BUDGET AND EXPENDITURE**

As of 30 September 2012, ZISSP spent a cumulative total of \$33,929,248.30 against the current obligations of \$42,201,555.00. Cumulatively, ZISSP has spent 38.5% of the total project estimated amount of \$88,092,613.

### **HUMAN RESOURCES**

ZISSP has a total of 96 staff including four senior management staff, 58 technical staff, 13 finance and administrative staff, and 25 drivers.

The project recruited one procurement specialist whose time is shared equally with Africa Indoor Residual Spring (AIRS) project, a clinical care specialist for Luapula Province (reporting to work in next quarter), and a monitoring and evaluation assistant.

One employee, a driver separated from Abt voluntarily while two employees, the Administration Manager and the Research Monitoring and Evaluation Manager gave notice to separate from the organization in the next quarter. The recruitment process to fill the above vacancies has begun.

Additionally, due to the volume of work, the accounts section was increased by two. The recruitment of an Accountant and an Assistant Accountant is in progress.

## 5.5. MAJOR CHALLENGES AND RESPONSES

Challenges	Solutions
The untimely release of funds in the grants monthly disbursement system has potential to delay the progress of the grants program.	<ul style="list-style-type: none"> <li>• Grantees have been asked to submit their reports and cash advance requests by 22<sup>nd</sup> of the month. This will give enough time to the Grants Manager to review reports, prepare the cash flow and other documentation for funds requests.</li> <li>• The Community Team is proposing that ZISSP Finance Office identifies a staff member to focus on grantee requests, to disburse funds in time for grantees to implement their activities in good time</li> </ul>
Inadequate storage space at central and district levels for IRS commodities	<ul style="list-style-type: none"> <li>• Work with NMCC to expand the storage space at both levels.</li> </ul>
Constant rescheduling of planned activities to pave way for implementation of un-confirmed central level priority health programs; examples include the extension of the measles campaigns activities, rescheduling of PA activities in some Provinces from HQ-PHO and SAG meetings.	<ul style="list-style-type: none"> <li>• Activities rescheduled for November in some Provinces (Lusaka) due to PA activities in all Provinces.</li> </ul>
Increase in number of drop-outs from ZMLA activities. Eastern Province only had 50% of ZMLA participants turn up for the second training session (Project/program	<ul style="list-style-type: none"> <li>• Make up trainings being planned during the month of October. MSs and BRITE to discuss how this can be improved upon.</li> </ul>

management).	
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## 6. FOCUS AREAS FOR FOURTH 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**

- Evaluation of the ZHWRS.
- Developing training modules for human resource management.
- Developing the Human Resources Information System.

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

- Impact assessment of LTFP training.
- Community-based distributor training.
- Final editing of FP and CBD training manuals
- Developing the Human Resources Information System.

#### **EmONC**

- Provide technical and financial support for EmONC training in selected districts.
- Launch of the Misoprostol guidelines.
- Skills lab management training for Direct Entry Midwifery Schools

#### **CHILD HEALTH AND NUTRITION**

- Developing the Human Resources Information System.
- Facility IMCI training in selected districts.
- Provision of technical support for the development of Newborn Care Guidelines
- Assessment of Feasibility of expanding ORT corners to provide more comprehensive services.
- Training in IYCF and Nutrition and HIV in one district.
- Assessment of IYCF training

#### **MALARIA**

- IRS district implementation
- Complete the delivery of IRS commodities
- Supervision and Monitoring of IRS implementation
- Insecticide resistance studies

- Residual efficacy studies
- Extraction of geocoded data from PDAs and Map Production for five districts
- Continue AID in Lusaka District
- Training of health workers in focused antenatal care ( FANC)
- Training of health workers in malaria case management
- Training of CHWs in iCCM

## **QUALITY IMPROVEMENT AND CLINICAL CARE**

- Train the remaining 340 DHO/hospital staff (15 in each of the 27 target districts) in QI
- Support and facilitate three-day provincial quarterly inter-district performance reviews.
- Facilitate the provision of technical assistance to district QI teams for a one day self-assessment exercise at five health facilities in each of the 27 target districts.
- 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.
- To support the Health Professions Council of Zambia (HPCZ) re-assess ART sites which were accredited two years ago through provincial Clinical Care Teams. Support and facilitate an ART accreditation KAP survey with HPCZ.

## **COMMUNITY HEALTH COORDINATORS**

- Provide technical support supervision to NHCs/HCACs/SMAGs.
- Train 400 SMAGs in safe motherhood in SMGL ZISSP districts
- Provide technical assistance during the implementation of the World AIDS Day.
- Participate in post measles campaign review meetings to share successes and challenges with a view of improving the implementation of future events.
- Analysis of the SMAGs pre assessment results at central level
- CHCs will continue to offer technical support to CHA supervisors to ensure that they are conducting TSS to CHAs in their stations

## **GRANTS PROGRAM**

- Facilitate the disbursement of monthly advances to grantees
- Provide technical support supervision to grantees.

- Training of grantees in organizational capacity building and Behavior Change Communication (BCC).

### **MANAGEMENT SPECIALISTS**

- Provide a consultant to MOH to finalize NHA data analysis and draft the first NHA report
- Provide a consultant to MOH to develop a training manual in MBB.
- Provide technical mentoring and coaching to district/hospital program officers in all 10 provinces during TSS visits to re-enforce skills in program management functions
- Provide financial support to ten Provincial Health Offices (PHOs) to print provincial statistics bulletins
- Provide technical and financial support to Eastern, Northern and Copperbelt Provinces to hold trainings in financial management for non-financial managers
- In collaboration with BRITE, conduct trainings in the modules four, five, and six for all the 18 cohorts.

ANNEX A: ZISSP Quantitative USAID Indicator Achievements

LOP, SAPR, Quarter 3, Quarter 4 2012 and FY 12 (Oct 2011 – Sept 2012)

Indicator	LOP target	LOP achievement	Annual Target	USAID reporting year cumulative achievement (Oct 2011 - Sep 2012)	Breakdown of 2012 achievement by period		
					SAPR results reported (October 2011 to March 2012)	Quarter 3 (April - June 2012) Achieved	Quarter 4 (July - Sept 2012) Achieved
Number of health care workers who successfully completed an in-service training program (clinical mentoring)							
Clinical mentorship	3,000	3,617	2,400	3,530 <sup>i</sup>	883	1,195 <sup>ii</sup>	1,452 <sup>iii</sup>
Health Systems Strengthening (HSS) - MLA	2,304	615 <sup>iv</sup>	980	615	331	120 <sup>v</sup>	164
Health Systems Strengthening (HSS) - (Planning, PMP, MBB, HR, CHA Supervisors)	1,813	1,270	557	738	94	77	567 <sup>vi</sup>
Males		855		533	67	52	414
Female		415		205	27	25	153
Trained in Abstinence and Be Faithful (AB)	3,280	535	540	535	0	274	261
Males		364		364	0	193	171
Female		171		171	0	81	90
Number of people that successfully complete pre – service training program within the reporting period (Community Health Assistant)	580	307	330	307	0	307	0
Males		151		151	0	151	0
Female		156		156	0	156	0
Number of people trained in family planning and reproductive health <sup>vii</sup>	900	313 <sup>viii</sup>	200	270 <sup>ix</sup>	22	99	149
Health Workers	360	172	80	129	22	43	64
Males		52		40	11	8	21
Female		120		89	11	35	43
Community	540	141	120	141	0	56	85
Males		68		68	0	25	43
Female		73		73	0	31	42
Number of people trained in maternal/newborn health <sup>x</sup>	3,750	1,209 <sup>xi</sup>	1190	1,084 <sup>xii</sup>	415	243	426
Health Workers (EMoNC Providers)	340	233	120	177	75	82	20
Males		95		72	25	44	3
Female		138		105	50	38	17
Health Workers (SMAG Master Trainers)	410	151	150	151	36	115	0
Males		58		58	11	47	0

Indicator	LOP target	LOP achievement	Annual Target	USAID reporting year cumulative achievement (Oct 2011 - Sep 2012)	Breakdown of 2012 achievement by period		
					SAPR results reported (October 2011 to March 2012)	Quarter 3 (April - June 2012) Achieved	Quarter 4 (July - Sept 2012) Achieved
Female		93		93	25	68	0
Community health volunteers(SMAGs)	3,000	825	920	756	304	46	406
Males		192		338	140	24	174
Female		227		418	164	22	232
Number of people trained in child health and nutrition	2,148	1,590 <sup>xiii</sup>	366 <sup>xiv</sup>	1,223 <sup>xv</sup>	533	377	293
Health Care Providers	1488	1,064	96	871	404	257	210
Males		544		438	186	142	110
Female		520		433	218	115	100
Community Volunteers	660	526	270	352	149	120	83
Males		253		166	64	63	39
Female		273		186	85	57	44
Number of children who received DPT3 vaccine by 12 months of age in ZISSP districts	2,047,000	836,948 <sup>xvi</sup> (CHU to 3/12) 1,081,175 <sup>xvii</sup> (HMIS to 6/12)	398,000 (77% of all children under one year)	836,948 (CHU to 3/12) 1,081,175 (HMIS to 6/12)	524,880 <sup>xviii</sup> (125% of the program target and 94% of all children under one year)	0	0
Number of children under 5 years of age who received Vitamin A from USG-supported programs	12,351,000	3,715,299 <sup>xix</sup>	2,456,000 (88% of all children under 5 years)	1,930,299 <sup>xx</sup> (79% of the program target and 69% of the population of children under 5 years)	0	0	0
Number of people trained with USG funds to deliver Indoor Residual Spray (IRS)	7,201	5,022 <sup>xxi</sup>	915	929	0	59	870
Supervisors		531	60	59	0	59	0
Male		421		50	0	50	0
Female		110		9	0	9	0
Spray Operators		4,926	855	870	0	0	870
Male		3,420		576	0	0	576
Female		1,506		294	0	0	294
Number of houses sprayed with IRS with USG funds		2,018,631		916,293 (86%)	-	0 (Data by March 2013)	N/A

Indicator	LOP target	LOP achievement	Annual Target	USAID reporting year cumulative achievement (Oct 2011 - Sep 2012)	Breakdown of 2012 achievement by period		
					SAPR results reported (October 2011 to March 2012)	Quarter 3 (April - June 2012) Achieved	Quarter 4 (July - Sept 2012) Achieved
Number of houses targeted for spraying with IRS with USG funds	(85% of 5,556,223) <sup>xxii</sup> 4,953,712 <sup>xxiii</sup>		(85% of 1,054,740) <b>896,529</b>	-	-	-	-
Number of health workers trained in IPTp (FANC) with USG funds	1,656	387	360	387	83	0	304
Males		116		116	34	0	82
Female		271		271	49	0	222
Number of people trained in malaria case management with ACTs with USG funds							
Community Health volunteers	1,512	662	540	542	142	55	345
Males		528		156	76	54	273
Female		134		96	73	1	72
Health Care Providers	1,656	455	360	455	373	82	
Males		318		318	252	66	
Female		137		137	121	16	

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<sup>i</sup>Of the 3,530, 2,995 were mentored under clinical care while 535 were in BCC framework and fall under “other preventions” and “abstinence and be faithful”. Total number of mentorship sessions done 622 in 2011 fiscal year, 883 as of March 2012, and 2,112 as September 2012. The total number of mentorship in the FY12 fiscal year is 2, 995. However, 2,186 (1,160 males and 1,026 females) frontline health workers were mentored.

<sup>ii</sup>Of the 1,195, 921 were mentored under clinical cares while 274 were trained in BCC framework and fall under “other preventions” and “abstinence and be faithful”.

<sup>iii</sup>Of the 1,452, 1,191 were mentored under clinical cares while 261 were trained in BCC framework u fall under “other preventions” and “abstinence and be faithful”

<sup>iv</sup>Attendance at some ZMLA workshops sessions was lower than expected due to competing activities by MOH

<sup>v</sup>120 include 35 participants who were not included but they were trained because they were not MOH supervisors. However, after the revision of the indicator, they were included.

<sup>vi</sup>207 are the CHA supervisor , 187 were trained in data quality audit, 131 in financial management, 44 from HRH

<sup>vii</sup>Training of nurse tutors, health care workers and community based distributors in long term family planning.

<sup>viii</sup>Of the 313, 172 Health workers (52 males/ 120 females) and 141 community bases distributors (68 males/ 73 females)

<sup>ix</sup> Of the 270, 129 (40 males/ 89 females) are health workers and 141 (68 males/ 73 females) are community bases distributors

<sup>x</sup>Training of health workers in EmONC, master trainers/districts trainers in EmONC in Safe Motherhood and community member in Safe Motherhood

<sup>xi</sup>Of the 1,209, 233 (95 males/ 138 females) are EmONC health worker providers, 151 (58 males/93 females) are EmOMC health master trainers/ district health master trainers and 825 (368 males/457 females) Community health volunteers(SMAGs)

<sup>xii</sup>A total of 1,084 was achieved against the target of 1,190 because some scheduled trainings had to be postponed.

<sup>xiii</sup>Of the 1,590 who were trained, 1,064 (544 males/ 520 females) were health care workers and 526 (253 males/ 273 females) were community health workers.

<sup>xiv</sup>The target of 366 was only set based on trainings on Integrated Management Child Illness, Reach Every District Strategy. However, in the process, some training in Nutrition, Infant and Young Child Feeding were introduced.

<sup>xv</sup>Of the 1,223 who were trained, 871 (438 males/ 433 females) were health care workers and 352 (166 males/ 186 females) were community health workers.

<sup>xvi</sup>836,948, (In October 2011, the reported number was 512,000 and in April 2012 a total of 324,948) Data which was reported in the October 2011 to March 2012 SAPR, this data was collected from the from the Child Health Unit of Ministry of Health

<sup>xvii</sup>1,081,175 data collected from the HMIS from June 2010 to June 2012.

<sup>xviii</sup> This data has been collected from the HMIS data from July 2011 to June 2012.

<sup>xix</sup> The initial data which was reported in 2011 was 1,785,000. However, after verification with the HMIS the number is 1,838,893 for the period (October 2010 to March 2011) The 3,715,299 total is the total of the initial 1,785,000 which was reported and the 1,930,299 for the period October 2011 to March 2012.

<sup>xx</sup> This number of children who received the Vitamin A in last six months prior to the reporting (October 2011 to March 2012) prior to the reporting is (1,930, 299). This 79% of the program target of 2,456,000 but 69% of the national population of children under five years of age.

<sup>xxi</sup>The data is comprised of those trained in 2010 (2,205), 2011 (1,888) and 2012 (929) spraying period.

<sup>xxii</sup>There is need to adjust the EOP target since there has been some adjustment in the number of districts from 35 to 20

<sup>xxiii</sup>There is need to adjust the EOP target since there has been some adjustment in the number of districts from 35 to 20