



QUARTERLY REPORT

JULY- SEPTEMBER 2011

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

Kathleen Poer, COP
Zambia Integrated Systems Strengthening Program



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

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ACRONYMS

ACS	Active Case Surveillance
AID	Active Infection Detection
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavioral Change Communication
CBGMP	Community Based Growth Monitoring and Promotion
CCS	Clinical Care Specialists
CCT	Clinical Care (Mentorship) Team
CDC	Center for Diseases Control
CHA	Community Health Assistant
CHC	Community Health Coordinator
CHW	Community Health Worker
CO	Contracting Officer
CP	Cooperating Partner
DEMS	Direct Entry Midwifery Schools
DHO	District Health Office
DHIO	District Health Information Officer
DMO	District Medical Officer
EHT	Environmental Health Technicians
EHO	Environmental Health Officers
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency Obstetric and Newborn Care
FANC	Focused Antenatal Care
F&A	Finance and Administration
FP	Family Planning
GIS	Geographical Information System
GRZ	Government of Zambia
GST	Grant Support Team
HCM	Human Capital Management
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HRM	Human Resource Management
HSSP	Health Services and Systems Program
IMaD	Improving Malaria Diagnostics
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Therapy
IRS	Indoor Residual Spraying
IVM	Integrated Vector Management
IYCF	Infant and Young Child Feeding

LTFP	Long Term Family Planning
MLA	Management & Leadership Academy
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOP	Malaria Operational Plan
MOU	Memorandum of Understanding
MNCH	Maternal Newborn and Child Health
MS	Management Specialist
MTC	Malaria Transmission Consortium
NHSP	National Health Strategic Plan
NMCC	National Malaria Control Centre
NFNC	National Food and Nutrition Commission
PA	Performance Assessment
PDA	Personal Digital Assistant
PHO	Provincial Health Office
PMEC	Payroll Management Establishment Control
PMEP	Performance Monitoring and Evaluation Plan
PMI	President's Malaria Initiative
PMP	Performance Management Package
PPAZ	Planned Parenthood Association of Zambia
PPP	Public Private Partnership
PSMD	Public Service Management Division
QI	Quality Improvement
RDT	Rapid Diagnostic Test
RED	Reach Every Child in Every District
RFP	Request for Proposals
RH	Reproductive Health
SMAG	Safe Motherhood Action Group
TSS	Technical Support Supervision
USAID	United States Agency for International Development
WHO	World Health Organization
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program

EXECUTIVE SUMMARY

This report provides an account of program implementation under the Zambia Integrated Systems Strengthening Program (ZISSP) in the period July 1 to September 30, 2011. It highlights achievements made through close collaboration with the Zambian Ministry of Health (MOH). The report also notes challenges experienced, as well as the plans for the next quarter.

Key activities under support to the central Ministry of Health program areas were as follows:

- ZISSP supported the MOH Human Resources Department to advance the provincial rollout of training for the MOH Performance Management Package (PMP). This package strengthens the MOH's human resources performance appraisal and management systems. It highlights accountability and responsibility within each job and identifies the knowledge and management skills that workers require in order to improve performance.
- ZISSP also continued to support the Zambia Health Worker Retention Scheme (ZHWRS) through the human resources for health (HRH) specialist and retention scheme administrator who provided data for payroll, attended to queries from scheme members, prepared contracts for new and renewing participants in the scheme, and updated the ZHWRS database.
- The family planning (FP) and adolescent reproductive health specialist organized training for 15 public sector providers from the Northern Province in long term FP. The team also completed a review of the Technical Supportive Supervision and Performance Assessment Tools in an effort to increase access to long acting FP methods by targeted clients.

During this quarter, the malaria team:

- Supervised and provided financial support to 35 districts to conduct training for IRS sprayers. The IRS sprayers are trained in each district by a cadre of trainers that ZISSP and the NMCC worked to establish in the previous quarter through a series of training of trainers events.
- Established six sentinel sites (Kasama, Katete, Kasempa, Kaoma, Kitwe and Luangwa) where the team will collect mosquito eggs and send genetic material for analysis in order to learn more about the entomological profile of mosquito populations. This will assist the NMCC to better understand insecticide resistance and the underlying genetic mutations that contribute to resistance of malaria vectors to the chemicals used for indoor residual spraying.
- Assisted the NMCC and the Environment Council of Zambia to incinerate insecticide waste in four provinces, Luapula, Western, Copperbelt and Southern Provinces. This activity followed the steps for sound management of IRS insecticides stipulated by the Environmental Safeguards and Storage Guidelines for IRS.
- Orientated 40 health workers in Southern province to the 2010 malaria clinical guidelines.
- Trained 24 community health volunteers (CHVs) in Integrated Community Case Management (ICCM) in Mkushi district.
- Developed training materials on management of insecticide poisoning for clinicians.

In the clinical care technical area, ZISSP provided technical and financial support to review the MOH quality improvement (QI) training package in order to align it to the existing national QI guidelines. In addition, ZISSP provincial staff provided technical assistance for the planning launch meetings at district level in three provinces: Eastern, Southern and Western. The clinical care specialists (CCSs) reviewed

the district and health institutions' work plans to ensure compliance with the standard MOH planning guidelines.

The community team oriented the staff of health centers and Health Center Advisory Committees (HCAC) and Neighborhood Health Committees (NHCs) members on the revised planning handbook and guidelines designed to help engage community representatives in health planning. This training and the recently updated guidelines aim to improve the involvement of communities in planning, implementation, and monitoring of health programs.

This quarter, the behavior change team collaborated with Communications Support for Health (CSH) and the MOH to train ZISSP Community Health Coordinators (CHCs) as well as program officers from ZPCT II and SHARe II with knowledge and skills that will enable them to develop local health campaigns and competently manage behavior change interventions. The training will assist the CHCs to lead capacity building for BCC that targets district-level health promotion officers and community partners.

In the past quarter, the ZISSP management specialists in each province were primarily engaged in the following tasks.

- Assisted the Provincial and District Health Offices to conduct meetings with collaborating partner strengthen collaboration at provincial and district levels. These meetings enable the MOH, local nongovernmental organizations (NGOs) and international implementing partners to understand the work of all agencies working in the area, find ways to better mesh activities, and improve implementation and coordination.
- Provided technical support to the districts for the annual planning process and particularly helped to assure that the DHOs were able to use national planning tools and templates correctly.
- Assisted PHO and DHO teams to use data to identify priority health interventions for the 2012 action plan.
- Participated in revising the MOH performance assessment tools used at the national, provincial, and district level.
- Trained trainers and mentors for the Zambia Management and Leadership Academy. ZISSP subcontractor, BroadReach Institute for Training and Education (BRITE) led the training.

The monitoring and evaluation (M&E) team cleaned the program indicator and training database to ensure that the routine tracking of program achievements against targets is accurate and complete. ZISSP produced a tracking sheet for program indicators. The M&E team also provided technical support to the grant unit in the development of a training intervention for grant recipients. During the quarter, the capacity-building specialist assisted the MOH to develop curriculum for quality improvement, and to refine curriculum for community-based distributors (CBDs) of family planning (FP) products. The capacity-building specialist supported training interventions in malaria, mentorship, and the HRH programs in Western, Southern and Eastern provinces.

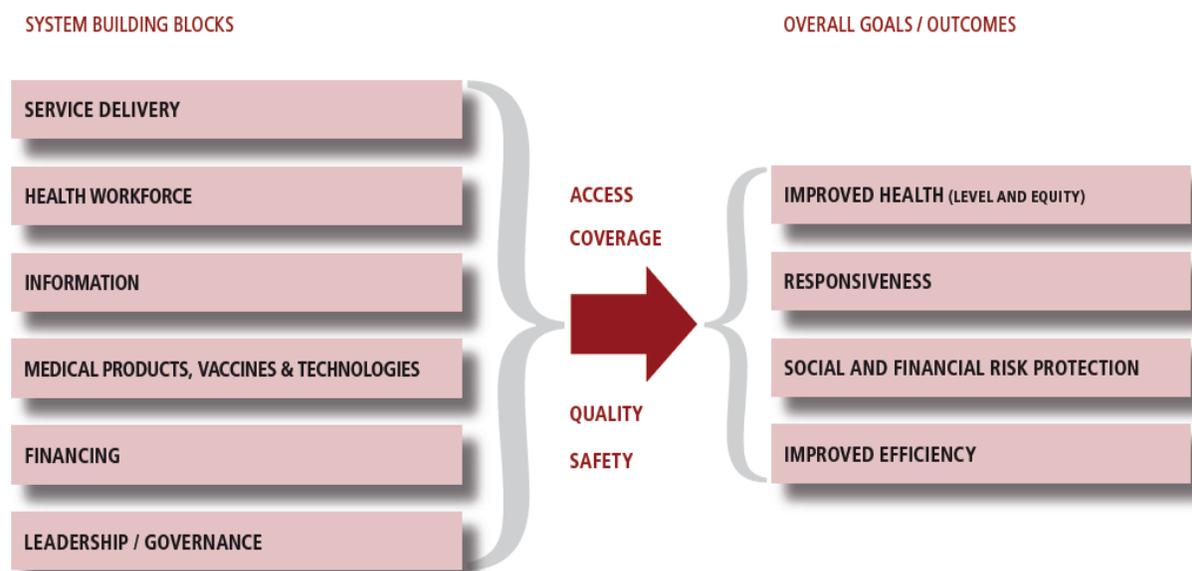
One of the challenges faced in this past quarter was a lack of sufficient personnel in the M&E team. The Community Health Coordinators reported delays in some activities that depended on input from different partners. Although all 35 ZISSP supported IRS districts were fully prepared for the 2011 indoor residual spray season, they were not able to begin actual spray activities because the World Bank had not disbursed funds for implementation.

I. INTRODUCTION

This report presents Zambia Integrated Systems Strengthening Program’s (ZISSP) performance progress during the period July to September 30, 2011. The report outlines the key program achievements and the challenges experienced during the implementation period.

ZISSP seeks to increase the use of high-impact health services through a health systems strengthening approach. ZISSP views health systems strengthening from the perspective of the World Health Organization’s concept of six building blocks that comprise the system. ZISSP works to strengthen the individual building blocks and the linkages between the blocks. The intent is to improve the six health system building blocks and manage their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes. ZISSP focuses primarily on service delivery, the health workforce, information, and leadership and governance. In its work in each building block, the project seeks to address the drivers of health system performance: inputs, policies & regulations, organizational structure, and the behavior of health system actors.

FIGURE I: WHO HEALTH SYSTEM BUILDING BLOCKS



ZISSP works closely with the MOH to support activities in the National Health Strategic Plan (NHSP) and annual plan. In addition, ZISSP works at all levels of the health system – national, provincial, district and community – to build capacity to deliver high impact health services and to improve the use of health services.

I.1 PROGRAM OBJECTIVE

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

I.2 TECHNICAL AREAS

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

I.3 ORGANIZATION OF ZISSP ACTIVITIES

ZISSP organizes its activities under the following four tasks:

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

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

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

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

I.4 STRATEGIC APPROACH

ZISSP provides technical support and capacity building to the MOH to enable achievement of program results. To achieve results under each task, ZISSP has adopted the following five main strategies:

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

I.5 THE ZISSP TEAM

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

2. TASK ONE: SUPPORT FOR THE CENTRAL MINISTRY

2.1 HUMAN RESOURCES FOR HEALTH

2.1.1 ZAMBIA HEALTH WORKER RETENTION SCHEME

ZISSP is working with the MOH to improve the administrative and financial management of the ZHWRS. The current scheme requires management assistance for recordkeeping and administration. Out of the 1,550 available retention posts, the MOH and its partners have filled 991 posts. ZISSP supports the retention allowances for 119 workers in the project's 27 target districts. Last quarter, the Ministry of Justice approved the operating agreement for the ZHWRS between the MOH and ZISSP. Following the approval, ZISSP was able to move forward with its commitment to the human resources for health (HRH) strategic plan objective of retaining health professionals in rural areas. ZISSP updated the ZHWRS database and payroll and prepared contracts for new entrants to the scheme. ZISSP disbursed a total of ZMK 1,500,000,000 to the MOH to reimburse the ZHWRS basket for 115 health care workers for the first two calendar quarters of 2011. ZISSP reimbursed the MOH for eleven of the 115 posts for less than 6 months allowances because the contracts expired before June 2011. ZISSP did not reimburse the MOH for allowances for four health care workers because the contracts were invalid. The ZISSP-supported ZHWRS administrator assisted the MOH to transfer ZHWRS data to Excel in order to prepare for conversion of the database into Navision. This new software will simplify management of the ZHWRS data and the generation of the payroll.

2.1.2 PERFORMANCE MANAGEMENT PACKAGE

The Public Service Reform Package (PSRP) introduced the Annual Performance Appraisal System as a new performance management system. The Government of Zambia also designed an over-arching Performance Management Package (PMP) in order to improve accountability and efficiency in the public sector. The PMP seeks to identify and develop required knowledge and management skills to improve the performance of civil servants. The MOH began to implement the PMP in the health sector in 2010. In 2011, the MOH is expanding PMP to the provinces and districts. This quarter, ZISSP provided technical and financial support to the provincial health offices in Copperbelt, Luapula, Eastern, Northern, and Central provinces to roll out training and implementation of the PMP.

2.1.3 CAPACITY NEEDS ASSESSMENT

In 2007, the MOH recruited university graduates for new positions that are responsible for human resource management and development in the provincial and district health offices. The majority of these recruits had little or no previous civil service experience. Between January and February 2010, the MOH introduced a five-day induction program on the various aspects of the civil service operations, which included human resource management and training functions, as well as conditions of service. However, interviews with key staff at the central MOH level and interactions with human resource (HR) staff from the provinces make it apparent that the induction alone was not sufficient to establish effective HR functions. For instance, poor recordkeeping has caused much frustration and loss of morale on the part of the affected health personnel, which ultimately affects service delivery. ZISSP conducted a capacity needs assessment for HR staff, which identified weaknesses and documented possible solutions and growth opportunities to move the HR and registry staff in the MOH and their performance into a

new direction. Some of the challenges cited during the assessment were the ineffective and inefficient human resource and records management at all levels. To address this, the report recommends that HR personnel needed to develop a culture of reading and reviewing the policies and consulting management on the interpretation of policy documents. All registry staff need training in records management.

2.1.4 HUMAN RESOURCE MANAGEMENT

ZISSP desires to assist the MOH in improving HR management through various channels. In quarter three, ZISSP supported two MOH staff to participate in the Harvard training on “Strengthening Human Resources for Health.” This experience provided the participants with new and innovative ways of addressing human resource policy and management issues. The course also provided the participants with a forum to share experiences with HR managers from other countries on their country specific initiatives to resolve HR problems. The participants recommended that senior officers at the MOH and Public Service Management Division attend the course each year.

2.2 FAMILY PLANNING

2.2.1 TRAINING IN LONG TERM FAMILY PLANNING

ZISSP assessed five rural health centers in Mbala, Mpika and Nakonde districts to determine their suitability to provide long-term family planning (LTFP) methods. The assessment noted that most health facilities in the province do not have skilled health providers to provide LTFP. The assessment also identified lack of basic equipment for inserting and removing Jadelle and IUDs and adherence to infection control measures. Following the assessment, ZISSP assisted the MOH to train 15 public sector health providers from Northern Province (9 males and 6 females) in LTFP. ZISSP drew the health providers from the four ZISSP target districts in Northern Province (Mpika, Mbala, Nakonde and Chilubi). The additional health workers increase in the availability of LTFP in the 14 facilities with trained staff.

Jane Nkhosi, a clinical instructor from the Lusaka School of Nursing, appreciated the training and had this to say: *“The training has helped me a lot. The last workshop I attended on family planning was many years ago. I am better equipped now to guide students with confidence.”*

2.2.2 TRAINING OF NURSE TUTORS IN LONG TERM FAMILY PLANNING

In order to strengthen the pre-service training for FP, ZISSP trained 14 nurse tutors in LTFP. To date, 41 nurse tutors received training in LTFP methods from ZISSP. The nurse tutors impart knowledge and skills to pre-service student nurses and midwives who in turn provide a wide range of family planning methods in both urban and rural areas when they complete their training.

2.2.3 COMMUNITY-BASED DISTRIBUTION OF FAMILY PLANNING

Expanding community-based distribution (CBD) of FP services will increase the availability of FP services and address the unmet need for FP services, which the 2007 DHS estimated at 27 percent. The MOH and its partners identified the need to review existing CBD training materials and to develop comprehensive national training manuals to standardize and improve the quality of community-based FP services.

To respond to this need, ZISSP collaborated with the MOH to review the CBD training materials that ZISSP will now use to train the CBDs in 27 target districts. The participants noted that the review process requires a second meeting in the fourth quarter to finalize the updates to the CBD training materials.

2.2.4 DEVELOPMENT OF ADOLESCENT HEALTH STRATEGY

The MOH program officer submitted the draft Adolescent Health (ADH) Strategy strategic plan to the MOH Directorate of Policy and Planning for a final review before MOH endorsement. The plan outlines priority strategies for strengthening adolescent health. The MOH expects to launch the plan in December 2011.

2.2.5 DEVELOPMENT OF STANDARDS FOR DELIVERY OF ADOLESCENT-FRIENDLY HEALTH SERVICES

As a sequel to the development of the ADH strategy, the MOH plans to develop standards for the delivery of adolescent-friendly health services. This quarter, ZISSP supported the MOH to develop the first draft of the adolescent health standards. The national standards will serve as a guide to all organizations providing health services to adolescents and youths. The MOH also plans to develop a communication strategy to support the ADH strategy. The ADH specialist drafted a concept note for the ADH communication strategy. The MOH and its adolescent health partners will develop the communication strategy with expertise from the BCC technical specialists.

2.3 EMERGENCY OBSTETRIC AND NEONATAL CARE

2.3.1 TRAINING OF HEALTH CARE WORKERS IN EMERGENCY OBSTETRICS AND NEONATAL CARE

Despite notable achievements in reducing maternal mortality in Zambia, most health care facilities remain challenged with inadequate numbers of staff trained in emergency obstetric and neonatal care (EmONC), lack of equipment, and low rates of birth with skilled attendants. The goal of the EmONC program is to empower health workers with the clinical and midwifery skills required to manage obstetric and neonatal emergencies in order to reduce maternal and neonatal morbidity and mortality. The MOH plans to scale up EmONC services to all 72 districts to ensure that the services reach three quarters of health care facilities in Zambia by 2014. Currently 300 sites among Zambia's 1,300 health facilities in Zambia are EmONC sites.

ZISSP works with the MOH to ensure that health facilities are capable of offering high-quality EmONC services through systematic training of health workers in EmONC in the 27 target districts. In the first quarter of 2011, ZISSP identified 148 potential EmONC sites in the 27 target districts. Subsequently, the project developed a plan to train the health care workers in these sites. ZISSP undertook an exercise to select two new sites for EmONC clinical practicums. This quarter, Kitwe Central and Chipata General Hospital joined the existing EmONC practicum sites of University Teaching Hospital and Ndola Central Hospital.

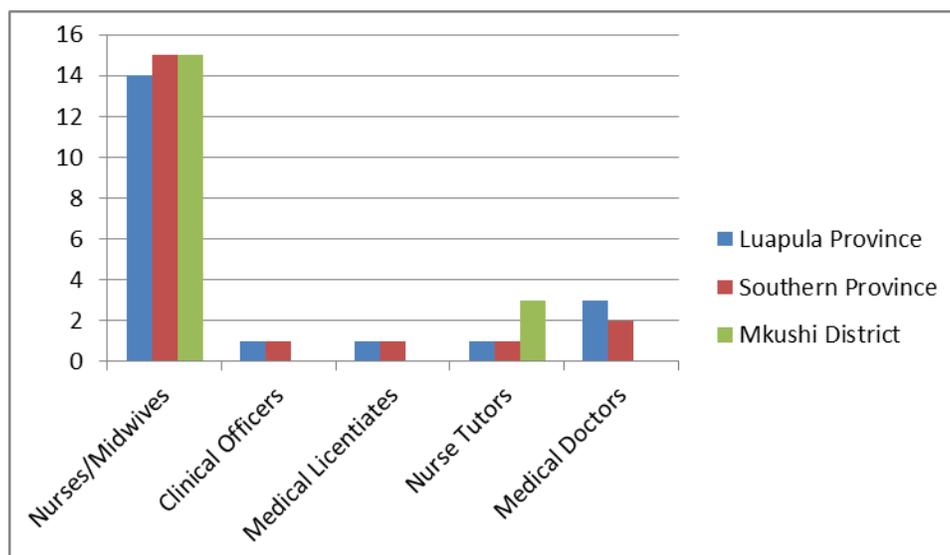
In the prior quarter, ZISSP identified and trained 22 health care workers from 6 provinces (all except Northern, North-Western and Western Provinces) to be new EmONC trainers in order to ensure that adequate trainers were available to implement the EmONC training plan. These trainers were drawn from level 1 (5 trainers), level 2 (7 trainers), and level 3 (10 trainers) facilities.

In the third quarter, ZISSP provided technical support to ensure that the new EmONC training sites are well prepared to offer EmONC practical trainings to health workers in order to strengthen EmONC services. ZISSP handed over new EmONC training materials donated by USAID through ZISSP to the two training sites. ZISSP supported the MOH to identify EmONC coordinators for each training site and discussed their roles. The team also reviewed the training materials and equipment at each site and developed a list of training items still required for each training site.

2.3.2 SITE AND EQUIPMENT ASSESSMENTS

In order to prepare provinces for training in EmONC, ZISSP supported site and equipment assessments prior to training. In this quarter, ZISSP supported this exercise for Northern and Central Provinces. The exercise revealed that most facilities have adequate delivery rooms; however only 40% of facilities assessed had received new equipment from the MOH. Other challenges noted included poor staffing levels, lack of emergency transport, inadequate EmONC equipment, lack of drugs and supplies, poor road networks, long distances between basic EmONC and comprehensive EmONC facilities, and lack of mothers' waiting shelters. This quarter, ZISSP worked in collaboration with other partners, to train 58 health care workers from Mkushi District (10 health institutions), Luapula Province (15 health institutions across 7 districts) and Southern Province (14 health institutions in 3 districts.) In addition, ZISSP initiated a fourth EmONC training for Northern Province; 20 health care providers received theoretical training in EmONC and the practical portion of the course ends in October 2011. The health care workers trained this quarter were from health centers, district hospitals, training schools (midwifery and the Direct Entry Midwifery Program) and provincial health offices.

FIGURE 1: NUMBER OF HEALTH PERSONNEL TRAINED IN EMERGENCY OBSTETRIC AND NEONATAL CARE – JULY-SEPTEMBER 2011



Overall, the trainings succeeded in providing the health care providers with the necessary skills and knowledge to manage obstetric emergencies. However, during the training for Southern Province, only 60% of participants obtained a pass mark of 70% or more. As a result, the participants with low scores need post-training mentorship in order to improve their EmONC skills, knowledge and application.

2.3.3 DIRECT ENTRY MIDWIFERY PROGRAM

The MOH established the two-year Direct Entry Midwifery (DEM) program as a pilot program in January 2008 in three schools: Chipata, Roan and Nchanga Schools of Midwifery. The aim of the DEM program was to accelerate production of certified midwives to meet the Millennium Development Goals (MDGs) Four and Five.

In 2009 – 2010, the MOH assessed the DEM program to identify training-related gaps and the value of the internship process to DEM training. However, this assessment did not provide adequate evidence to answer the question on whether the DEM program has responded to the demand for midwifery

services. Furthermore, the 2009-2010 assessment did not assess the capabilities of the certified midwives following the completion of their two-year training plus one year of work experience.

This year the MOH requested an assessment of the performance of certified midwives in order to strengthen the training program and to provide an evidence to guide a decision on whether to continue, modify, or expand the DEM program. The MOH proposes to carry out an assessment of the first graduates of the DEM program who now have one year of work experience. ZISSP worked with the MOH and the Clinton Health Access Initiative to develop a proposal to evaluate the DEM program in this expanded manner. The MOH and partners plan the evaluation for the fourth quarter of year 2011.

2.3.4 COMMUNITY MOBILIZATION FOR BETTER MATERNAL AND NEONATAL OUTCOMES

Home-Based Life Saving Skills (HBLSS) is a proven community program that helps pregnant women, families, and their caregivers recognize a complication, know what to do when they see that complication, and take life-saving actions while transporting the woman or newborn to a health facility. In order to prepare families and communities to access facility delivery for normal and emergency maternal and newborn care, ZISSP is working with ACNM and the MOH to adapt the HBLSS curriculum to the Zambian context and introduce it in communities. Discussions held between ZISSP and MOH concluded that Safe Motherhood Action Groups (SMAGs) were probably the best vehicle for introducing this concept. In order to provide a better understanding as to how the curriculum could best be adapted to the Zambian context, the ZISSP and MOH team decided that a baseline community assessment be conducted in selected health facilities and their surrounding communities.

ZISSP and the MOH developed community assessment tools to collect data from health center staff, community volunteer groups and groups of women with children under the age of five years. Six rural health facilities in Masaiti District participated in the community assessment. Seven health center staff, 64 community volunteers and 79 mothers with children under 59 months provided answers to the assessment questions. The following are the findings from the assessment:

- Only one of the six rural health center (RHC) had a functional mother's shelter.
- Four of the six health centers had active SMAGs.
- Some reasons given why some mothers were not utilizing the health facility for antenatal care and delivery were:
 - Not feeling at ease seeing a male midwife where this was the case.
 - Having inadequate clothing for mother and baby to wear to the facility.
 - Having to travel long distances from homes to health care facilities.

ZISSP will collaborate with its partner, ACNM, and the MOH to adapt the HBLSS curriculum to the Zambian context. ZISSP sees HBLSS as a training strategy for the Safe Motherhood Action Groups that addresses the topics identified in the UNICEF training manual for SMAGs while also providing clear teaching aides for the SMAG members to use with communities.

2.4 CHILD HEALTH

2.4.1 INTEGRATED MANAGEMENT CHILDHOOD ILLNESS (IMCI)

Integrated Management of Childhood Illness (IMCI) is one of the key strategies to reduce mortality and morbidity in children under-five years by improving the case management skills of health workers at the primary care level. The MOH desires to have 80% of health care workers in primary care health facilities trained in IMCI in order to have a positive impact on child morbidity and mortality. This quarter, ZISSP

trained 27 health care workers in IMCI (24 from Chongwe and Mambwe, 3 from Mkushi). This brings the total number of health care workers trained in IMCI with ZISSP support in 2011 to 99.

ZISSP also provided support for a post-training initial follow-up visit for participants from Chongwe (26) and Luangwa (8). The project also discovered that the number of health workers that require IMCI training in certain facilities in Chongwe was three times the initial estimate provided by the district. As a result, there is clearly a need for additional IMCI training sessions to attain 80% recommended saturation in these districts.

During the post-training assessment, the team noted that the pharmacy technologist who participated in the facility IMCI training earlier this year helped to re-enforce the rational use of drugs and to strengthen the supply of recommended IMCI drugs to health facilities.

2.4.2 EXTENDED PROGRAM FOR IMMUNIZATION (EPI)

Immunization is critical to achieving the MDGs. In April 2011, ZISSP supported the MOH to conduct a situation analysis of Reach Every Child in Every District (RED) strategy implementation and identify challenges to effective implementation. The assessment provided clear information to strengthen the RED training manual, as well as the planning and monitoring tools for immunization services. The assessment found that there was no standardized duration of training for health staff and community volunteers on the RED strategy. Following this assessment, ZISSP provided technical assistance to review and update the training package for the RED strategy as well as refine the EPI integrated supervisory tool. In addition, the team developed a small orientation guide for Community Health Workers (CHWs) as this was absent in the standard training package. The Child Health Unit will use the revised training package during the planned orientation of provincial, district, and health facility staff as well as community volunteers.

2.4.3 LAUNCH OF THE WORLD BREASTFEEDING WEEK

ZISSP supports the MOH and the National Food and Nutrition Commission to strengthen Zambia's nutrition program. The strategy focuses on building the capacities of the health workers and community health volunteers to assess, counsel, and support infant and young child nutrition. This quarter, ZISSP supported the launch of the World Breastfeeding Week in Kabwe District. Hundreds of men, women and children converged at Makululu grounds on 4th August 2011 to commemorate World Breast Feeding Week under the campaign theme "Talk to me about breastfeeding, anytime and anywhere!". Though traditionally women have taken the lead to disseminate breastfeeding and infant and young child feeding messages, at this event, the men from Makululu and the surrounding community rose to the challenge and took the lead to disseminate these messages. ZISSP also funded infant and young child feeding orientations for health care workers from privately owned/run health facilities in Lusaka, Kabwe, Kitwe, Livingstone, and Ndola during Breastfeeding Week.

2.4.4 TRAINING OF HEALTH WORKERS AND COMMUNITY VOLUNTEERS IN INFANT AND YOUNG CHILD FEEDING

With the assistance of a short-term nutrition consultant, ZISSP developed an ambitious training plan to train 72 health care workers and 150 community members in infant and young child feeding (IYCF) and community-based growth monitoring and promotion (CB GMP) within a three-month period. ZISSP provided technical and financial support to train 73 health care workers from three districts (Mwinilunga, Mbala, and Masaiti) in IYCF. Pre- and post-test results indicate that knowledge and skills acquisition took place. In Mbala, the pre-test assessment scores ranged from 24 – 63% with an average of 48.4% and the post-test results ranged from 57 – 93% with an average of 75.7%. One hundred and fifty community members completed an innovative combination of community IYCF and CB GMP. Community members came from six districts, Solwezi, Mwinilunga, Ikelenge (sub district of Mwinilunga), Mbala, Mpika and Masaiti.

3. TASK TWO: SUPPORT TO THE PROVINCES AND DISTRICTS

3.1 CLINICAL CARE

3.1.1 QUALITY IMPROVEMENT TRAINING PACKAGE

ZISSP supported the MOH and collaborated with other stakeholders to develop a national quality improvement (QI) operational guideline in second quarter. This guideline responded to the observation that facilities have not institutionalized performance improvement in the routine activities due to the lack of operational guidelines. This quarter, ZISSP facilitated the review of the QI training curriculum and materials to align them to the new operational guidelines.

The QI training package recognizes that existing strategies for QI need to be included in the curriculum in order to institutionalize QI. Key directorates at MOH helped to integrate these existing strategies in the training package. The new package still uses the Performance Improvement Approach (PIA) as the core of the quality improvement strategy. The PIA uses a framework to track implementation of activities at health facility level by utilizing input, process, and output indicators. The Performance Assessment focuses on outcome indicators and complements PIA activities in facilities. The curriculum review team recognized the QI training curriculum should link PIA and Performance Assessment.

ZISSP plans to assist the MOH to convene a follow-up workshop in the next quarter to consolidate the training package for the provincial level trainers. The provincial trainers will cascade the training to managers in the districts and other frontline health workers.

3.1.2 SENSITIZATION OF MOH POLICY AND PROGRAM MANAGERS TO QUALITY IMPROVEMENT

After the development of the QI national guideline and revision of the QI training curriculum, the QI TWG decided to advocate with policy makers and program managers at the MOH to build support for the QI initiatives in order to promote sustainability. The TWG sensitized policy makers and managers to the importance of institutionalizing QI in all programs at all levels to realize the MOH vision “to provide equity of access to cost effective quality health care to all Zambians as close to the family as possible.” ZISSP supported a two and a half day workshop for policy makers and program managers. The participants appreciated the initiative taken to sensitize them on QI and pledged to support the program. The next step is to engage a mix of program officers in QI activities.

3.1.3 FIRST NATIONAL QUALITY IMPROVEMENT CONFERENCE

ZISSP is an active participant in the QI TWG. Last quarter, the TWG prepared for a national QI conference held in October 2011 to advocate with all stakeholders for the initiatives proposed by MOH to strengthen and institutionalize QI. The conference theme was “Better Health Outcomes through Quality Improvement” and its objectives were:

1. To provide leadership and ensure a formal strategy of quality assessment and improvement in health care service delivery.
2. To demonstrate the importance of data to guide decisions that will improve quality of health care.

3. To enable participants to share quality improvement best practices.

The MOH requested that ZISSP make a presentation to highlight the USAID support to the MOH to strengthen systems for quality improvement. The conference will provide an opportunity for ZISSP to identify areas of collaboration with other stakeholders who are working in the area of QI in the health sector.

3.1.4 PROVINCIAL QUARTERLY PROGRAM PERFORMANCE REVIEW

The Health Information Management System (HMIS) has been in place for many years and the Ministry trained health workers to use the system. However, the recent organizational restructuring means that some newly recruited program officers have not been oriented to HMIS. This makes it difficult for new staff members to use HMIS data to manage programs.

The province clinical care teams and ZISSP clinical care specialists identified the use of indicators reported through HMIS as a weakness in the staff of health facilities, districts and provinces. To address this problem, the provincial clinical care teams planned to hold quarterly performance review meetings with health facility and district personnel to discuss performance on program indicators reported through HMIS. The objective is to build the capacity of facility-level health workers to analyze their own information for planning and management purposes. However, because the districts did not have funds to organize a meeting of all facility managers, the provincial CCT decided to invite district program managers to present their program indicators for discussion in a provincial meeting. This process will help district managers and CCT members build the capacity to focus on program performance when working with health workers and program managers in facilities. The provincial CCTs expect that the district managers will use their new skills to build the capacity of health facility staff by introducing the review of HMIS indicators to District Integrated Meetings.

During this past quarter, Luapula province held a program performance review meeting with technical and financial support from ZISSP. Managers and program officers attended from all the seven districts and the level 2 hospital. The participants discussed health performance indicators in comparison to standards and targets in HIV/AIDS (counseling and testing, ART, PMTCT, Early Infant Diagnosis), TB, malaria, maternal and child health (EPI and nutrition), and human resource programs. Next quarter ZISSP plans to support similar meetings in Copperbelt and Central Provinces.

3.1.5 PARTICIPATION IN PERFORMANCE ASSESSMENT AND TECHNICAL SUPPORT SUPERVISION

ZISSP provides financial and technical support for performance assessments. The PA is a bi-annual evaluation strategy to evaluate outcome indicators for service delivery programs. The PA enables managers at all levels to identify specific areas for technical support supervision.

Provinces and districts face challenges to conduct focused and effective performance assessments because some program officers do not clearly understand the relevance of performance assessment as a QI strategy and do not adequately prepare for the exercise. Teams must review the previous performance assessments, HMIS data, clinical mentorship and technical support supervision reports in order to prepare for the performance assessment. Districts and provinces often omit the preparation step in the performance assessment process.

In this quarter, the six CCSs supported and facilitated the performance assessment process. In addition the CCSs for Western and Central Provinces facilitated the performance assessment preparatory meetings to review various reports and develop the PA implementation plan.

The following are the highlights from the performance assessment activity across the provinces:

- Central Province: At Kabwe Mine Hospital, the team found expired drugs on emergency trays and instituted corrective measures. The team also noted that a very high proportion of sampled patient

files that had an incomplete history, physical examination, and an inappropriate diagnosis. It recommended mentoring for clinical officers.

- Copperbelt Province: The CCS facilitated the verification of the self-assessment findings by the health facility and DHO with those by the provincial performance assessment team.
- Southern Province: The CCS led a PA team in Siavonga and Mazabuka. The team confirmed that clinical care teams were fully functional and documented their work with clinical mentorship and clinical meeting reports. The PA noted that clinical case management of patients had improved compared to the previous PA findings. Of particular note, records review showed good adherence to the guidelines for malaria, HIV, IRH and child health. Sites implemented the opt-out policy for HIV testing of pediatric in-patients with varying degrees of success. Patients treated for malnutrition received tests more frequently than other patients did. In the pharmacy the stocks on hand were not balancing with the stock control cards which were had not been updated.
- Lusaka Province: The CCS facilitated technical support supervision to act on findings from the performance assessment conducted in the first quarter. Based on gaps noted in the management of psychiatric patients in the districts, the CCS identified Chainama Hills Hospital as a key location to provide technical support supervision, mentorship, and clinical meetings with health workers in the districts. The CCS identified and trained one officer as a mentor. To address the high tendency for clinicians to diagnose malaria clinically in the pediatric department at the University Teaching Hospital, the CCS proposed to pilot RDTs for malaria diagnosis in the department. The CCS could not find a solution for UTH MCH department's inability to provide focused antenatal care because of the high cost of urine sticks and the high patient load. Kafue district requires continued support in improving the HMIS reports generated by health facilities. The CCS will provide further support by facilitating a district integrated meeting and data audit.

3.1.6 REVIEW OF PERFORMANCE ASSESSMENT TOOLS

This quarter, the MOH decided to revise the performance assessment tools in order to make the exercise more effective and improve its value for quality improvement. The ZISSP CCSs participated in the review at the provincial level while the QI and CCS team leader collaborated with colleagues at the MOH to comment on the performance assessment tool.

3.1.7 ESTABLISHMENT OF MULTI-DISCIPLINARY CLINICAL CARE TEAMS FOR CLINICAL MENTORSHIP

Zambia began to implement formal clinical mentoring in health sector in Zambia in 2008. The initial program targeted health workers in HIV-related programs. Different MOH partners took varied approaches to mentoring and developed their own training packages. Based on this experience, the MOH identified the need to mentor primary care health workers because they rarely had anyone to consult with when faced with difficulty and challenging health conditions. Mentoring in primary care facilities sought to improve the quality of case management for patients. This quarter, ZISSP collaborated with other partners to support the MOH to harmonize the different approaches to mentoring and to develop a broad mentoring guideline and training package. Clinical care will improve through better case management, but it also requires systems strengthening such as pharmaceutical logistical management, nursing care, diagnostic services, health information. Therefore, the MOH decided to form multi-disciplinary clinical care mentoring teams (CCTs) at all levels. ZISSP provided technical and financial support to MOH to train the trainers in mentoring in eight provinces using the revised training package.

During this quarter, ZISSP supported the formation of 62 multi-disciplinary CCTs at the provincial and district levels. The CCTs will mentor health care providers at the provincial and district levels. The

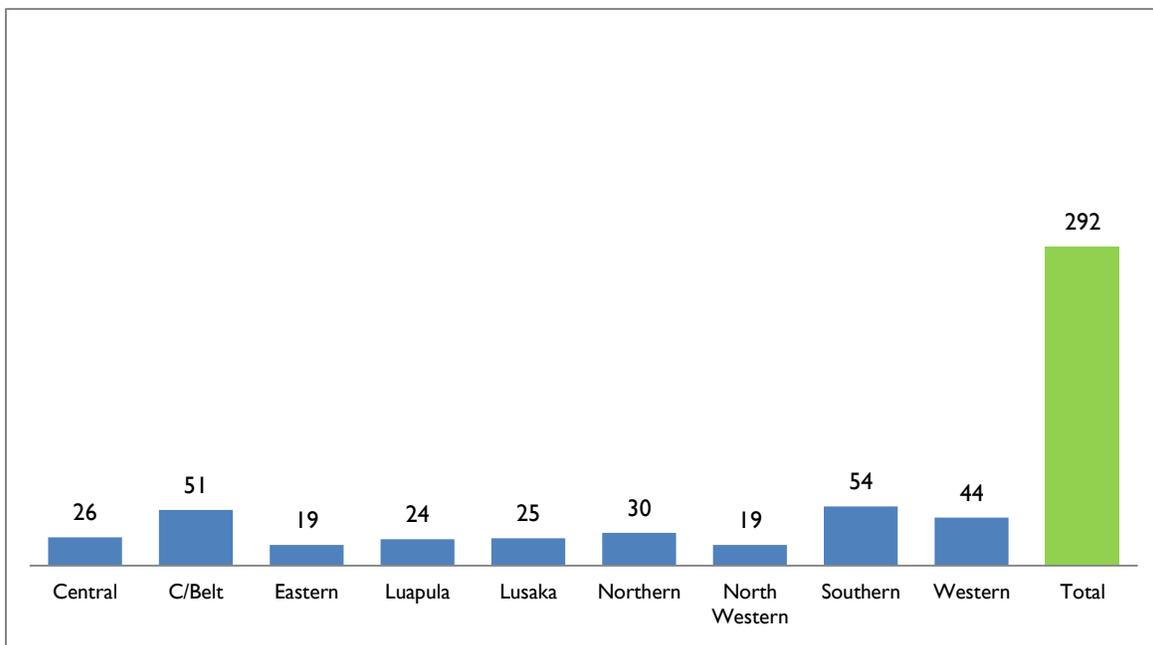
multi-disciplinary clinical care teams formed comprises the clinicians, nurses, health information officers, pharmacy and laboratory personnel.

3.1.8 TRAINING OF TRAINERS AND MENTORS

ZISSP conducted 13 training programs across the nine provinces as shown in the figure below. This year, ZISSP trained 319 mentors; 27 of those participants are trainers for mentoring, and 292 participants are mentors. Mentoring of health providers is one of the key MOH strategies that ZISSP supports to transfer relevant knowledge and skills to providers in a cost effective and sustainable manner. At PHO level, program officers form a multi-disciplinary clinical care team to coordinate, monitor and evaluate the mentoring program in the districts and health institutions in the province. Mentoring of the health providers occurs in health facilities so it provides an opportunity not only to transfer skills to the health provider, but also to identify and address any barriers that may hinder delivery of quality clinical care services. Building clinical care teams based in the district or provincial health offices promotes the sustainability of the mentorship program because the systems and capacity for mentoring rest within the MOH rather than in the team of an external implementing partner. In addition, the mentors are closer to the providers who require mentoring, therefore mentoring can be more frequent and mentors are accessible for consultation.



FIGURE 2: NUMBER OF PROVINCIAL AND DISTRICT HEALTH OFFICE STAFF MEMBERS TRAINED AS MENTORS – JULY TO SEPTEMBER 2011

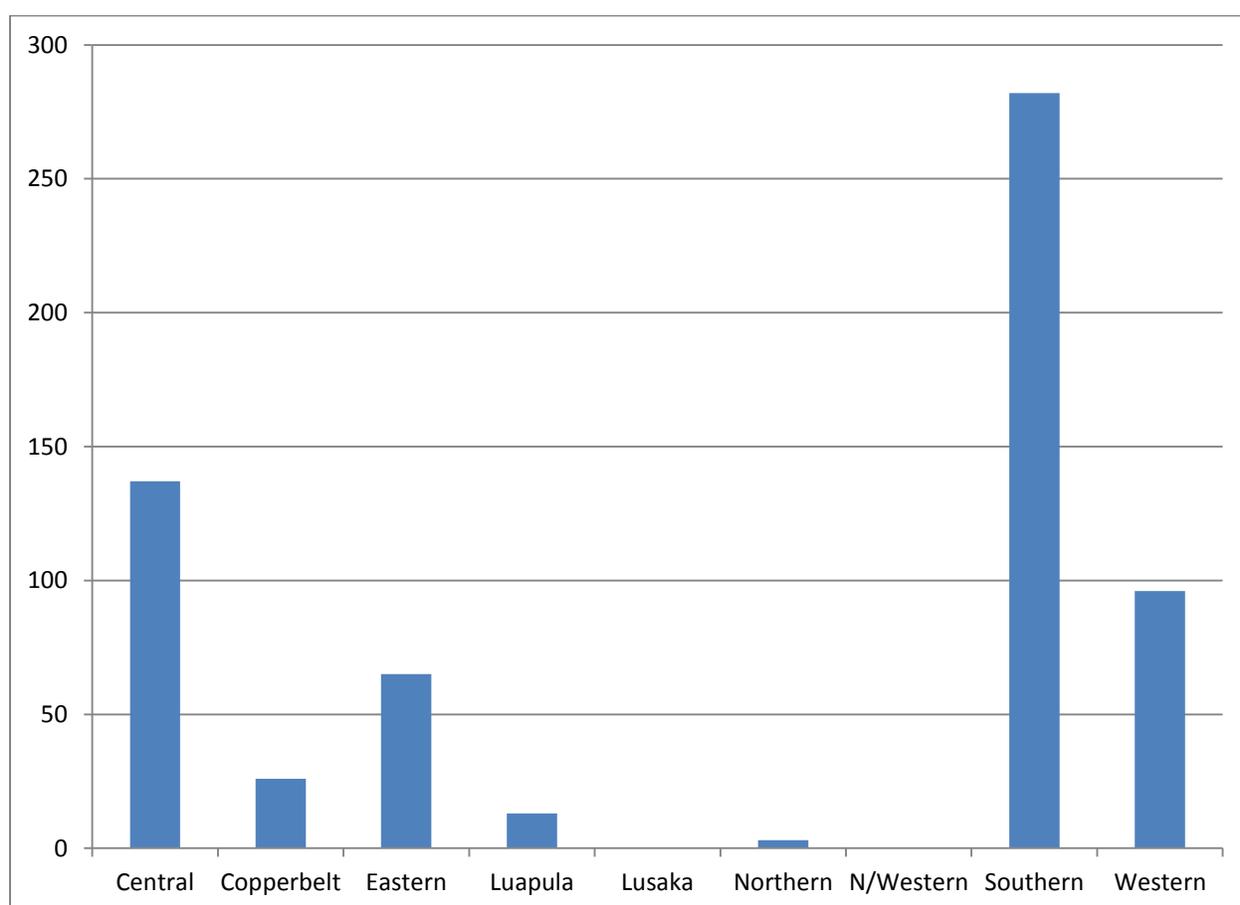


3.1.9 CLINICAL MENTORING OF HEALTH WORKERS

During the quarter, ZISSP CCSs coordinated activity plans and budgets to support provincial and district CCTs to conduct clinical mentoring in health facilities. Two hundred forty-two (242) health workers received mentoring in clinical areas which included: clinical case management in ART, TB, male circumcision, malnutrition, malaria, IMCI, antenatal care, intra-partum care (monitoring labor and the use of a partograph), general patient case management (history taking and physical examination of patients,) nursing care, laboratory quality, and pharmaceutical logistics management.

This clinical mentoring occurred in seven provinces as shown in figure 3. This brings the cumulative total of health workers mentored from April to September 2011 to 622 against the annual target of 600.

FIGURE 3: NUMBER OF HEALTH PERSONNEL MENTORED BY PROVINCE – JULY TO SEPTEMBER 2011

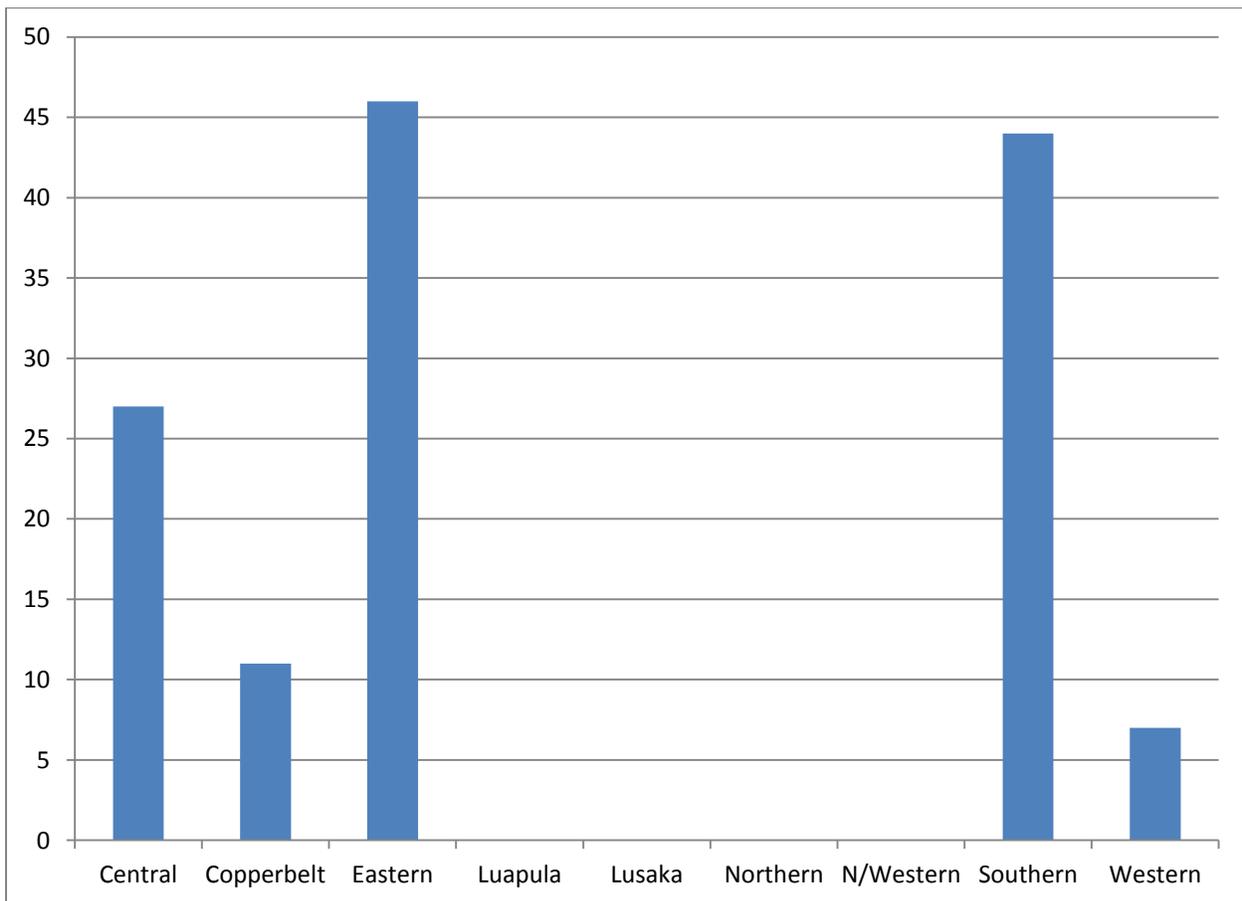


This is a major accomplishment for the team bearing in mind that there was a delay in initiating mentorship of health workers due to the need to review the national mentorship guidelines and the training package. ZISSP had no mentoring data for Northwestern province because there was no CCS in place during the reporting period. The Lusaka CCS was on maternity leave for the majority of the reporting period.

3.1.10 CLINICAL MEETINGS

The shortage of qualified health workers to attend patients compromises the quality of clinical case management of patients, especially at primary health care level. Many health workers also lack the opportunity for consultation on difficult cases. The ZISSP CCS team uses clinical meetings as another strategy to provide continuous professional staff development and improve the quality of clinical case management. Clinical meetings occur in facilities and provide updates on case management protocols by presenting educative and interesting case studies. This quarter, ZISSP supported 135 clinical meetings in four provinces: 27 in Central, 11 in Copperbelt, 46 in Eastern, 44 in Southern and 7 in Western Provinces.

FIGURE 4: NUMBER OF CLINICAL MEETINGS HELD BY PROVINCE – JULY-SEPTEMBER 2011



Building multidisciplinary CCTs in the districts to conduct clinical mentoring and facilitate clinical meetings promotes systems the MOH can sustain. The CCSs at the PHO will continue support the province and district CCTs to provide mentoring and to facilitate focused, participatory clinical meetings.

3.1.11 PARTICIPATION IN THE 2011-2013 MINISTRY OF HEALTH PLANNING CYCLE

In order to ensure needs-based planning for health programs, the MOH identifies focus areas in all health programs each year. Program managers from the central MOH provide technical updates that

identify the priorities for each year based on proven cost-effective interventions and prevailing national level statistics. The CCSs disseminated the technical updates to the districts and health institution managers in their provinces. The districts and managers transmitted the updates to their health facilities and departments. During the quarter, CCSs in three provinces, Eastern, Southern and Western, provided technical assistance to the district planning launches with health facilities. During this exercise, some districts had difficulty analyzing their performance in the preceding three years. The lack of performance data undermined the district's ability to evaluate trends that help to identify priorities for planning for the next three years. The challenges arose because some districts had incomplete data that hindered thorough analysis. In other districts, the challenge arose because newly recruited health information officers are not yet conversant with the HMIS. In this case, the CCSs assisted with the relevant analyses. The CCSs worked to ensure that the districts and health facilities included priority health problems in their 2011-2013 work plans.

3.2 MANAGEMENT SPECIALISTS

3.2.1 STRENGTHENING PARTNER COLLABORATION AT PROVINCIAL AND DISTRICT LEVELS

Many stakeholders commented this quarter that ZISSP efforts to organize partners collaboration meetings in provinces and districts are useful and beneficial. During the third quarter, ZISSP provided technical and financial support to Southern, Eastern, and North-Western Provinces to hold these partner collaboration meetings. The meetings are a platform for partners to share information on program implementation, achievements and to identify areas that require joint efforts. Prior to the meetings, there were few opportunities for such discussions.

The meetings continue to show positive outcomes. For example, in the Southern Province the meeting revealed that the only one of the six laboratories in Kalomo and Kazangula assessed by the JICA SHIMA (Scaling –up of Quality HIV and AIDS Care Services Management) project consistently provided quality and reliable laboratory results. This raised concern regarding the quality of laboratory services provided in the province. As a result, the SHIMA project has since initiated training for laboratory personnel and assisted with equipment maintenance in all six districts. In Eastern Province, the meeting occurred when the PHO was finalizing the provincial health plan and this enabled partners to participate in the planning process. As a result, partners pledged support for some of the provincial priority activities which did not have adequate funding in the 2012 Action Plan.

“These meetings are helpful. Many times we as a district health team have been misunderstood by many stakeholders... we really have had no forum to share our own challenges with them”
– Planner- Lukulu District

In both Eastern and North West and Western Provinces, the cooperating partners meetings led to the formation of Stakeholder Steering Committees such as: the Health Stakeholders Referral Committee in Kabompo; Chavuma Health Steering Committee; Health Stakeholders Committee in Zambezi District; and Health Stakeholders Committee and Partner Coordinating Committee in Eastern Province.

The committees are an important step toward making better collaboration more routine and sustainable, and give evidence of how much partners have valued the effort.

3.2.2 TECHNICAL SUPPORT TO DISTRICTS FOR THE ANNUAL PLANNING PROCESS

Although institutions go through the planning process annually, they continue to face challenges in developing acceptable plans. Program officers often fail to use existing information to guide decisions and set priorities. Planning participants also sometimes lack sufficient skills to use new planning

concepts such as the activity-based budgeting, logical frameworks, cost frameworks, and bottleneck analysis.

During the past quarter ZISSP built upon work initiated the previous quarter and collaborated with PHOs in all the nine provinces, to provide onsite coaching for planning to districts and to provincial and district hospitals. The coaching focused particularly on using data, priority setting, identifying high impact health interventions to address identified health problems, and assisting program officers to work through the various planning processes, tools, and formats.

ZISSP specialists participated in the provincial teams that conducted the technical review and finalization of the action plans of individual health institutions. The ZISSP support in all provinces helped to expedite the completion and submission of 2012-2014 health plans to the MOH for budget consideration.

In the second quarter, ZISSP assisted the MOH to develop a Provincial Planning Handbook. In this quarter, the project collaborated with the MOH central level to orient the PHOs on how to use the new planning guide. This new guide enabled provinces to produce action plans for the first time, in contrast to prior planning cycles when they only used templates provided by MOH but did not have a complete planning manual. The central MOH now expects that plans from the provinces will focus on providing better support to health institutions for delivery of services.

3.2.3 STRENGTHENING MANAGEMENT AND USE OF DATA

Data management and use remains a major challenge for program officers in provinces, districts and hospitals. ZISSP continued to support PHOs and DHOs to analyze their data to prepare for performance assessments, and during the planning process. ZISSP supported provincial and district integrated meetings that give PHOs and DHOs the opportunity to review their performance on key health indicators such as maternal and child health, malaria, HIV/AIDS, nutrition, outpatient attendance. The review meetings seek to identify and resolve program challenges at district or province level, and also contribute to data quality improvement.

In the second quarter, ZISSP supported two district integrated meetings (Kafue and Mambwe) and one provincial integrated meeting (Lusaka.) The three meetings revealed problems with data analysis and interpretation at health center and district level which affect the district's performance. For example, in Kafue District Health Center, staff presented immunization coverage of ranging from 150%- 370% under child health indicators.

To address the challenges with data quality, ZISSP trained program officers on data quality audits in Eastern, North Western, Western and Lusaka Provinces. Thirty-four program officers received this training in the third quarter. The training seeks to improve data quality and usage, which will lead to better planning. Trainers observed that the program officers participating in the training had not understood or appreciated their role in data management because they think the responsibility lies only with the senior health information officer and/or the monitoring and evaluation staff. In addition, because program officers lacked training for data management, they lacked the skills to verify, validate, analyze and interpret data to assess program performance. In the next quarter, ZISSP will provide training for data quality audits in the remaining provinces in order to increase the capacity of program officers in the PHO, DHO and hospitals levels in data management and use.

3.2.4 REVISION OF PERFORMANCE ASSESSMENT TOOLS

Performance assessment is a systematic process in which MOH managers use established tools to review the performance of institutions in relation to an accepted set of standards. The original idea behind this process was to monitor performance in relationship to the National Health Strategic Plan. However, over time the National Health Strategic Plan (NHSP) has changed. As a result, the Performance Assessment tools need revision in order to focus on the new NHSP priorities. The MOH

decided to revise the performance assessment tools to make them more responsive and action-oriented.

MOH received ZISSP support to initiate the revision of the PA tool by consulting with key stakeholders from the central MOH, PHO, DHO, hospital, training institution, and health center level. The first phase involving the MOH-central level is complete. The next step will draw comments from the provinces, districts, hospitals, training institutions and health centers in November 2011. The MOH will then share the revised tools with a wider audience to build consensus before completing the revisions.

3.2.5 TRAINING OF TRAINERS AND MENTORS FOR THE MANAGEMENT AND LEADERSHIP ACADEMY

One of ZISSPs key activities in the management domain is to strengthen management and leadership skills of provincial, district and hospital level managers through short courses to build leadership and management skills. During the first half of 2011, ZISSP and its subcontractor BRITE worked with the MOH to design the management and leadership academy curriculum. The design used a consultative process to involve MOH central level directors and provincial, district and hospital level managers from all provinces. The purpose of the meetings was to: enable stakeholders to understand the proposed MLA activities; gather opinions regarding relevance of the proposed strategy to the Zambian health sector; share the MLA curriculum previously designed for other countries; and provide an opportunity for stakeholders to include topics that they felt should be added to the curriculum. The first consultative meetings received positive reactions and the findings shaped a draft of the MLA curriculum. This quarter, ZISSP visited seven out of nine provinces (Luapula, Northern, Northwestern, Central, Copperbelt; Western, and Southern) to share the draft curriculum with stakeholders from the PHO, DHO, hospitals, and nursing schools and to solicit final comments. Based on the comments, ZISSP refined the curriculum.

In September, ZISSP trained the trainers for MLA. The 33 participants included 10 trainers from National Institute for Public Administration, three from University of Zambia, 9 PHO managers, and 10 mentors from the ZISSP management specialist team. The training served two purposes. First, it tested the curriculum on the trainers to get feedback for further refinement of the curriculum. Second, it trained the trainers in the presentation of the curriculum. Participant feedback after the training indicated that the course is very useful and appropriate for the intended level.

3.2.6 SUPPORT TO IMPLEMENTATION OF THE PERFORMANCE MANAGEMENT PROGRAM

The ZISSP management specialists support the Ministry plans to extend training for the MOH Performance Management Package (PMP) in the provinces and districts. During the quarter, the management specialists coordinated the PMP training program in Northern, Copperbelt, Eastern and Central Provinces that trained 216 managers from the provinces, districts, and hospitals. These managers will be responsible to roll-out the PMP training to line staff in their respective institutions. The PMP intends to improve staff motivation and performance by establishing better performance appraisal systems and a regular process to review job expectations and identify the skills that staff need to perform their roles.

3.3 MALARIA

3.3.1 SUPERVISION AND FINANCIAL SUPPORT TO 35 TARGET DISTRICTS IN IRS CASCADE TRAINING

Indoor residual spraying is a technical process that demands thorough training of all involved personnel in order to achieve the intended impact. Well-trained spray operators help to ensure a successful IRS program. The NMCC and District Health Office train spray operators through district trainers each

year before the commencement of the spray operations. The trainings provide spray operators with the skill and knowledge to spray structures correctly and thus protect the community against malaria.

During the quarter, ZISSP provided financial and technical support to 35 districts to train 1,783 spray operators. The NMCC refers to this process as cascade training because the district-level trainers transfer the skills to their local spray operators. In June 2011, ZISSP trained district-level IRS trainers in the 35 districts. During the cascade training, ZISSP provided resources to the provincial IRS teams to ensure that they supported and supervised all the 35 districts. The supervision of the cascade training ensures that the spray operators learn to conform to the national and WHO guidelines.

3.3.2 CREATION OF SIX SENTINEL SITES FOR ENTOMOLOGICAL INVESTIGATIONS

The National Malaria Control Program (NMCP) in Zambia implements an integrated vector management (IVM) strategy for malaria vector control. The recent massive expansion of vector control activities for malaria employed two main interventions. Campaigns delivered long lasting insecticidal nets (LLINs) while indoor residual spray operations used DDT and pyrethroids. Both methods have proven excellent vector control strategies and are frequently deployed together to achieve maximum impact. The choice between these two interventions recently reflected program capacity and malaria levels, rather than entomological criteria. Increasingly, vector control strategies must be more complex and driven by local entomological data.

Until 2011, IRS in Zambia used DDT and pyrethroids as insecticides for malaria control. This contributed to the 53% drop in malaria parasite prevalence among children between the years 2002 and 2008. However, the emergence of resistance in the *Anopheles* species in Zambia threatens their continued efficacy.

Responding to insecticide resistance is not easy or cheap largely because the approved compounds used to control adult mosquitoes are so limited. There are only four insecticide classes currently registered. Of these, only pyrethroids remain uncontroversial with regard to human and environmental toxicity and this is the only class currently licensed for use in ITNs.

In July 2011, ZISSP supported NMCC to convene a meeting to formalize the establishment of the Insecticide Resistance Management Technical Working Group (IRMTWG) whose main responsibility is to coordinate national insecticide resistance management. Although the MOH has not yet formalized the establishment of IRMTWG, the group felt that the IRMTWG should begin functioning immediately because of the recent findings of high insecticide resistance in some parts of the country and the serious threat this presents to malaria control in Zambia. Thus, the IRMTWG held its first insecticide resistance discussion and pesticide selection meeting on July 14, 2011. The members reviewed the insecticide deployment criteria for the 2011 IRS season, and produced a map showing the insecticides selected for each district based on the data available on insecticide resistance of malaria vectors.

The IRMTWG also agreed that in order for the control program to effectively monitor and manage insecticide resistance, the NMCC should develop a spatiotemporal entomological profile that identifies areas with insecticide resistance and the underlying resistance mechanisms. To do this, NMCC identified six sentinel sites (Kasama, Katete, Kasempa, Kaoma, Kitwe and Luangwa). ZISSP will support the NMCC to collect indoor resting vector mosquitoes from the six sites and transport them to the central laboratory at the NMCC where they lay eggs. The team sends the eggs to University of Liverpool for microarray studies. The microarray data will allow comparison of the genetic structures and gene flow of vector mosquitoes from different selected sentinel sites.

To date, the mosquitoes from the Katete sentinel site produced three batches of eggs that NMCC staff sent to Liverpool. ZISSP plans to support the NMCC to collect mosquitoes from the remaining sites in order to develop comprehensive data before the start of this year's IRS. This data will establish a

baseline for insecticide resistance trends and will support the 2012 plan for insecticide resistance management.

3.3.3 DISTRIBUTION OF IRS INSECTICIDES TO FOUR PROVINCES

The US Government's President's Malaria Initiative (PMI) procured IRS commodities and provided environmental compliance support to 35 target districts through RTI International. However, ZISSP has the mandate to distribute the IRS commodities including insecticides. Since IRS is a highly technical process and time bound activity, it is important that the insecticide reach the districts at the right time to assure successful implementation of the program.

ZISSP supported NMCC to distribute insecticides to the 35 ZISSP supported districts. The aim was to ensure that the chemicals reached the districts before the onset of the rains. All the chemicals received at central level were stored at Medical Stores Limited (MSL) before being distributed to the 35 districts.

Chemicals used in IRS can be hazardous to individuals and to the environment. These chemicals may be toxic, corrosive, flammable and reactive and therefore their safe transportation is key. Therefore, a trained team with knowledge of IRS safety procedures led this activity.

During the exercise, the team travelled to all the IRS districts in the four provinces, Luapula, Western, Copperbelt and Southern Provinces. Before starting off, the team ensured that the number of sachets matched the distribution list. The distribution list was derived from the needs assessment report. For each trip, the team counted and loaded the chemicals (which included carbamates and pyrethroid) from MSL in their original packs and transported them to the District Medical Offices. The team issued an official delivery note for all chemicals delivered, The NMCC and the ZISSP staff worked with DHO staff to assure the correct, complete details were approved by the DHOs in the delivery note. The chemicals delivered will be used during the 2011 IRS campaign which will be launched in mid-October 2011.

3.3.4 INCINERATION OF INSECTICIDE WASTE IN FOUR PROVINCES

In 2010, the NMCC conducted IRS activities in 54 districts using DDT and pyrethroids. To prevent environmental contamination in IRS, ZISSP worked with the NMCC to put procedures in place for safe handling and storage of insecticides.

Earlier in 2011, ZISSP worked with NMCC to collect and export the DDT waste from the 15 DDT districts for destruction by an approved facility in South Africa. The NMCC obtained a certificate of destruction for all DDT waste. Subsequently, a team collected pyrethroid waste from all the 54 IRS districts and supervised the incineration. Each team included an experienced IRS manager from one of the DDT districts, an officer from the Zambia Environmental Management Agency (ZEMA) and a ZISSP staff member. The team went to all 54 IRS districts in Northern, Western, Copperbelt, and Eastern Provinces. It collected the used pyrethroid sachets, boxes, and drums, weighed and packed the waste in boxes, and then transported the boxes to the central district with an approved incinerator. The team then incinerated the waste in the presence of the ZEMA officer as required by law.

3.3.5 TRAINING OF HEALTH WORKERS IN 2010 MALARIA GUIDELINES IN SOUTHERN PROVINCE

Adherence to case management guidelines remains a challenge for many health workers, because new guidelines require laboratory diagnosis of malaria using Rapid Diagnostic Tests (RDTs) or microscopy. In the past, clinicians frequently started treatment based upon a clinical diagnosis when fever plus signs and symptoms suggested malaria. The NMCC revised the Guidelines for Diagnosis and Treatment of Malaria in Zambia to reflect new policy recommendations. The third-edition guidelines provide useful updated information to all health workers on the diagnosis and management of malaria at all levels of the health care system. The guidelines have also new information such as a chapter on malaria prophylaxis for special populations. Ideally, the guidelines become an important reference for general malaria

management. However, evidence shows that disseminating new clinical guidelines without trainings does not change clinical practice because many health workers put the guidelines on the shelf without reading. ZISSP worked with the NMCC to orient health workers to the 2010 malaria guidelines while disseminating them to facilities.

Since April 2011, ZISSP and the NMCC collaboratively oriented 205 health workers to the revised 2010 malaria guidelines. During the third quarter, ZISSP oriented 60 health workers to the guidelines. The group included district clinical care team members, tutors from training institutions, and senior clinical officers from district hospitals. The orientation emphasized the use of Artemether-Lumefantrine as a first line drug regimen for simple malaria and use of RDTs for diagnosis. The three-day orientation included a one-day practicum in the local health facilities to demonstrate history taking, physical examination, and using RDTs. The post-test evaluation indicated improved knowledge in case management among the participants as pre-test scores moved from an average of 60% to 80% after the orientation. With these interventions, the NMCC hopes to see a marked improvement in malaria case management that could eventually reduce malaria incidence.

3.3.6 TRAINING OF COMMUNITY HEALTH VOLUNTEERS IN COMMUNITY CASE MANAGEMENT

In Zambia, studies show that up to 80% deaths of children under- five years of age may occur at home with little or no contact with health providers. This makes it important to strengthen the linkage between health services and communities, to improve family and community practices, and to support and strengthen community capacity to respond to illness. The WHO recommends integrated community case management (iCCM) as a strategy to provide good home care and promote survival, reduce morbidity, and foster healthy growth and development.

During the quarter, ZISSP provided financial and technical support to the Child Health Unit of MOH to train 24 CHVs in iCCM in Mkushi district. Through the CHC, ZISSP will support the Mkushi District Health office to ensure that the CHVs are well supervised and provided with all the commodities needed to manage under -five children with malaria, pneumonia and diarrhea as per iCCM guidelines. With these interventions, ZISSP and the DHO hope to see marked improvement in community case management of malaria, pneumonia and diarrhea in Mkushi District resulting in reduced infant mortality rate.

3.3.7 TRAINING OF CLINICIANS IN MANAGEMENT OF INSECTICIDE POISONING

In 2010, NMCC suspected resistance to DDT in the major malaria vector *An. gambiae* s.s. Resistance monitoring tests revealed that DDT resistance is widespread in Copperbelt and emerging in Eastern Province. The NMCC and all stakeholders recommended replacement of DDT with other classes of insecticide called carbamates and organophosphates.

Chemicals used in IRS can be hazardous to individuals and to the environment. These chemicals may be toxic, corrosive, flammable and reactive. If these pesticides are used or wastes are disposed of inappropriately, it is dangerous for spray operators and others. The carbamates and organophosphates suggested to replace DDT in the 2011 spraying season are more toxic than DDT to human beings.

During this quarter, ZISSP assisted the NMCC to develop materials to train clinicians in case management of insecticide poisoning. To speed up implementation, ZISSP hired a consultant to lead the activity. The training materials include a power point presentation, a participant's manual, a flow chart, and questions for evaluating participants. The materials highlight the background of insecticides and their use in Zambia. They describe the mechanisms of toxicity for the four classes of insecticides used in Zambia. The materials emphasize the clinical presentation, treatment, and monitoring of patients with insecticide poisoning at all levels of care, especially at the health center and first level facilities.

To date, ZISSP worked with NMCC to train clinicians in Northern and Luapula Provinces. In total ZISSP trained 70 clinicians in the districts of these provinces that will use carbamates: Mpika, Kasama, Mbala, Mansa, Kawambwa, Nchelege and Chilubi. The training prepares clinicians to respond to toxic reactions to these chemicals.

4. TASK 3: IMPROVE COMMUNITY INVOLVEMENT

4.1 COMMUNITY RESOURCE MAPPING

The community health team focused heavily this quarter on community mapping in 9 selected districts. The main purpose of the activity was to provide ZISSP with information to guide ZISSP in planning the community-level interventions. Further, the information collected may also increase understanding within the health sector of the potential to involve community groups in health, as well as their challenges and capacity building needs. The mapping process collected data from districts, health centers, and communities. In addition, it collected specific BCC data at provincial level. The questions focused on the high-impact health programs supported by ZISSP: FP, malaria, child health and nutrition, adolescent reproductive health, EmONC, and BCC programs and activities in communities. The assessment also asked about the structure of community groups relevant to health, their understanding of their roles and responsibilities, and sought to identify synergies and linkages between community groups and health facilities.

The assessment used a qualitative approach that combined in-depth-Interviews and focus group discussions for data collection. The mapping showed that men hold the position of chairperson in Health Center Advisory Committees (HCAC) and Neighborhood Health Committee (NHC) in two of every three instances. The report also shows that the staff members at the district health offices and health centers understand the concept of community involvement in the planning process but they have not informed community representatives about the how the HCAC and NHCs should participate in planning. The mapping data for availability of services shows that although districts offer most health services, the distance to facilities is still a major barrier. Specific services cited by almost all communities as unfilled needs included: adolescent reproductive health, nutrition, and dental services.

The mapping findings will guide development of strategies to address the key challenges in ZISSP program areas at community level. The strategies will focus on building capacity of community groups for involvement in health activities including planning, behavior change communication, and community-based service delivery.

4.1.1 TRAINING IN COMMUNITIES FOR THE REVISED PLANNING HANDBOOK

In a continued effort to address gaps in engaging communities in the health planning process, ZISSP and the DHOs collaborated to conduct planning workshops with Health Center Advisory Committees (HCAC) and Neighborhood Health Committees (NHCs). The workshops presented the guidelines for engaging communities in planning and emphasized the importance of involving communities in identifying priority health issues, and developing community plans for inclusion in the health center and district

plans. When communities participate in health planning this can increase their understanding the role they can play in addressing local health care issues.

In the quarter, ZISSP trained 12 districts (Gwembe, Kalabo, Luanshya, Luangwa, Mambwe, Mwinilunga, Nakonde, Nchelenge, Nyimba, Serenje, Sinazongwe, and Shangombo) on the community planning guidelines. Nine districts included community plans in their 2012 - 2014 district plans. The districts included budgets for the activities in their plans, but they can also easily solicit financial support from organizations working within the districts if they do not receive government funding. When the district includes community health plans in the district plans, this provides the district with a better understanding of health issues at the community level and prepares the district to fulfill its mandate to support and monitor the implementation of community activities. In the next quarter, ZISSP will undertake more technical support visits to all other districts to ascertain the implementation of the community-based activities.

4.1.2 COORDINATION FOR IMPLEMENTATION OF SAFE MOTHERHOOD ACTION GROUPS

ZISSP is working closely with the MOH and taking a lead among other collaborating partners to assure that the SMAGs program is well coordinated and provides a platform address issues related to safe motherhood and newborn health. In the past quarter, ZISSP supported the MOH to conduct a one-day meeting of organizations and institutions involved in implementing or interested in SMAG activities. The meeting enabled partners to provide an overview on their SMAGs activities and experiences. The partners described the type of materials and methodology used in training of SMAGs, their geographic coverage and the degree of saturation, the incentives given to SMAG members, and future scale-up plans. The following were the outputs from the meeting:

- The MOH agreed to establish a platform where all key partners supporting SMAG initiatives are well coordinated.
- The implementing partners agreed to implement SMAG activities conform to the standards that are to be subsequently developed.
- The participants formed teams that are responsible to draft documents that will show the key elements of the MOH strategy for implementation of the SMAGs program. The elements of the strategy will include: standardization of training materials and processes; a supervision and monitoring mechanism; branding of materials for SMAGs; development of BCC methodologies and approaches; scaling-up the program and a proposed package of incentives; and a sustainability plan.

In the next quarter, the team will consolidate the products generated by each sub-group, strategize on implementation of SMAG activities, and share the draft strategy with the MOH provincial teams to promote ownership and support. ZISSP plans to start implementing the new MOH strategy in all its 27 districts. ZISSP will identify existing trainers for SMAGs and the coverage of SMAG activities in the districts. This information will guide ZISSP support to the scale up of SMAG implementation.

4.1.3 BEHAVIOR CHANGE PROGRAM CAPACITY BUILDING

This quarter, ZISSP collaborated with Communications Support for Health (CSH) and MOH to prepare the community health coordinators and program officers from ZPCT II and SHARe II with BCC knowledge and skills. The training prepares them to:

- apply a strategic framework for developing health campaigns,
- competently manage the entire process of behavior change interventions including formative research,

- participate in BCC strategic development,
- develop materials and communication activities,
- train district health promotion officers in behavior change so that they can then train BCC agents and partners at community level.

It was important to train the nine ZISSP community health coordinators because, they will build the capacity of communities and local organizations to develop and implement local behavior change and communication interventions. These interventions are an important strategy to increase the demand for and utilization of services. The CHCs will collaborate with the provincial health promotion specialist and the provincial AIDs coordinators to build social mobilization and BCC coordinating committees in the selected districts. These committees will organize the health campaigns in the district.

4.1.4 RADIO LEARNING PROGRAM DESIGN WORKSHOP

ZISSP supports the MOH in efforts to strengthen and scale up the SMAGs program by contributing to program leadership and coordination. SMAGs are an important bridge to link communities to health services and health centers. The SMAG delivers essential information on safe motherhood to the communities and facilitates referral to health centers. To support SMAGs, ZISSP plans a radio program on key safe motherhood messages that will complement and extend initial training that SMAG members receive. The radio program is a form of continuing education for the SMAGs. It will transfer additional knowledge and communication skills. It will also provide timely, on-going information to SMAGs members, give examples of positive behaviors, and empower SMAG members to describe culturally relevant preventive and promotive practices such as male involvement, institutional delivery, and referral services.

This quarter, ZISSP collaborated with the MOH to conduct a workshop to develop the design document for the Radio Learning Program for SMAGs. Participants to the workshop included representatives of the MOH, SMAGs, community-based organizations, NGOs, UNICEF, UNFPA, USAID-funded health projects, community radio stations, radio production houses and media broadcasters. The purpose of the workshop was to develop a design document that will guide the development of the radio program, gain buy-in, draw upon the technical expertise of partners; and agree a process to finalize the design. The workshop participants reaching consensus that the design document must include: purpose and measurable objectives of the Radio Learning Program, content, program format and duration. The team developed a program format to set the structure of each episode. The design plans for 26 episodes. The MoH draft manual for SMAGs and national policy on maternal, newborn, child Health and HIV/AIDS formed the basis for identifying content. In addition, each episode will focus on levels of skills building, including tools and practices that are useful to SMAGs, such as community mapping, community mobilization, communication skills, planning and recordkeeping. Other key cross-cutting issues include: gender based violence, male involvement, HIV/AIDS, hygiene, income generating activities, and alcohol abuse.

In the next quarter, the team plans to complete the design document and a production house will develop scripts.

4.1.5 SUPPORT TO MOH COMMUNITY HEALTH ASSISTANT PROGRAM

ZISSP supports the MOH in its effort to develop the national strategy for community health workers and to build the new cadre of community health assistants (CHAs) in order to bring services closer to families. ZISSP also supports the MOH to implement its community health worker strategy. The project works with the MOH training unit to review the first CHA's training program and to attend to emerging administrative issues in order to ensure that the training meets an acceptable standard. Through monthly supervisory visits, ZISSP continues to give advice on both classroom and practical training in facilities and communities in which students work.

Last quarter, ZISSP played a key role in revising the CHA supervision manual and incorporating the checklist for supervisory visits. The project also helped to review and streamline the role and responsibilities of the CHA to avoid conflicts with the role of neighborhood health committees (NHCs). To help assure that the CHA training program maintains acceptable standards in its theoretical and practical teaching programs, ZISSP helped to monitor the training of CHA students. At the national level, ZISSP staff members provided input on the management of the program, and strategies for smooth administration, and management of human resource issues.

4.1.6 THE ZISSP GRANTS PROGRAM

This quarter, the ZISSP grant specialist completed key documents that will guide the implementation of the granting program. By working closely with MOH and other stakeholders, ZISSP produced the following documents: Grants Manual, Analysis Plan, Annual Program Statement (APS), and the Orientation Package for Grants Support Teams.

Last quarter, ZISSP submitted the draft APS to USAID for review and approval. Once approved, ZISSP will use the APS to solicit applications from prospective grantees. This step will initiate the grants cycle. The purpose of the APS is to define the scope of work and provide application guidelines to prospective grantees. The APS provides equal opportunity for competition by potential grantees. The APS is targeting one district from each of the nine provinces. ZISSP expects to disburse approximately US\$1 million in the first grant round, and 10-25 organizations could benefit from the grant program.

In order to efficiently and effectively manage the grants, ZISSP worked with the MOH to develop the concept of grant support teams (GST) at national, provincial, and district levels. The GSTs will be responsible for key steps in the grant process and will contribute to local ownership of the grant program. In the quarter, the ZISSP grants manager established the GST national, provincial and district levels. The GSTs include staff from ZISSP, MOH central level, PHO and DMO. The teams will appraise and select grant applicants, and monitor grant implementation and financial performance. The composition and functions of the grants support teams will vary by level. In the next quarter, ZISSP plans to orient s for all grants support teams GSTs. With the orientations having been implemented, the APS will be advertised and the process of granting will then commence.

4.1.7 SUPPORT FOR NATIONAL EVENTS: SAFE MOTHERHOOD WEEK

Safe Motherhood Week encourages the MOH and partners to renew awareness of safe motherhood. The 2011 theme was: "Zambia cares, no woman should die while giving life". The national event launch occurred at the Waitwika Palace in Nakonde District under the leadership of the Honorable Minister of Health with the presence of Her Royal Highness Chieftainess Nawaitwika.

During the commemoration of Save Motherhood Week, ZISSP supported nine districts to plan and implement related activities. In Nakonde district, 53 SMAG members (37 males, 16 females) received special orientation to conduct door to door sensitization messages during the week. Sensitization messages on safe motherhood practices received a spotlight at sports events such as football and netball, and on radio programs and drama performances.



Her Royal Highness Chieftainess Nawaitwika addressed the crowd during the Safe Motherhood National Launch in Nakonde

5. CROSSCUTTING PROGRAM AND MANAGEMENT SUPPORT

5.1 MONITORING & EVALUATION

One task of program monitoring is to document that the team implements planned activities and collects the necessary information using standard forms and processes. The M&E team is also responsible for timely reporting on key program indicators to show program performance. These routine tasks require standard tools and systems.

During the past quarter, the M&E team worked to clean training and program data in the Performance Monitoring and Evaluation Plan (PMEP) database. The team summarized the PMEP data in a concise tracking sheet that displays achievements against the targets. The M&E team enters electronic training and activity implementation information from the hard copy data submitted by the program staff. The semi-annual and annual progress reports for the Country Operational Plan, annual Malaria Operational Plan, portfolio review, quarterly progress reports, and the ZISSP final report flow from the PMEP database.

This quarter, ZISSP received proposals for the baseline survey. The purpose of the baseline is to benchmark the status of ZISSP's target districts health programs before interventions bring about changes. Although ZISSP is already implementing many interventions, these not have significant effects on the baseline data because the ZISSP PMEP heavily relies on existing data sources such the HMIS, the Zambia Demographic Health Survey, the Malaria Indicator Survey (MIS) and Child Health Week data.

ZISSP conducts quantitative and qualitative studies required to provide program staff members, the MOH, and USAID with an in-depth analysis of specific issues related to HIV/AIDS, FP, malaria and maternal, neonatal, child health and nutrition services. So far ZISSP has worked with the MOH in conducting three research activities: the RED Strategy Assessment, Malaria in Pregnancy Assessment and Community Mapping.

5.1.1 KNOWLEDGE MANAGEMENT

This quarter ZISSP initiated development of technical briefs for all programmatic areas and received success stories from the child health reproductive health and malaria technical teams. Both the technical briefs and success stories are important tools for showing USAID's support to the MOH through ZISSP.

To promote better information sharing, ZISSP introduced new tools to facilitate routine file transfer to the provincial staff. NX Lite compression software shrinks files sent by email to their smallest possible size before transmission. Dropbox software sends automatic updates of shared files to a collaboration group once any change occurs in a shared file. This quarter, the IT team observed a marked improvement in the usage of the shared network drive introduced in the previous quarter. More staff are storing and accessing relevant program information from this platform. The project is also began to develop personnel profiles of all ZISSP staff. This document gives a brief description of each staff members' education, experience and main responsibilities at ZISSP.

5.1.2 CAPACITY BUILDING

The Capacity Building Officer assists the ZISSP team and MOH to revise and develop training modules and curriculum. During the past quarter, the capacity building specialist assisted in the development and

review of curricula for QI and for community-based distributors of family planning products. The officer also provided technical support to develop a training manual for the grant support teams that will oversee the grants process in districts and provinces. The capacity building specialist supported training events for malaria, mentorship, and human resources management in Western, Southern and Eastern Provinces. ZISSP developed and piloted a training evaluation tool that is now ready for use for all training activities.

The ZISSP capacity building specialist provided support to improve the quality of training at the Ndola Community Health Assistant (CHA) School. He also helped to develop regulations for student entry and exit. In addition, the specialist serves as a member of the strategic supervisory team which provides monthly technical support for the CHA training. ZISSP works closely with the Health Professions Council of Zambia (HPCZ), Clinton Health Access Initiative (CHAI), and General Nursing Council of Zambia (GNC), as well as other stakeholders to plan for curriculum development and capacity building activities. This quarter, ZISSP helped to plan for an impending review of the Direct Entry Midwifery curriculum and health standards.

The capacity building specialist now also serves as the gender focal point person within ZISSP. He represented ZISSP at the recent Gender-based Violence and Child Sex Abuse workshop organized to develop an MOH sector policy on gender-based violence and child sex abuse issues.

5.2 FINANCE AND ADMINISTRATION

5.2.1 SYSTEMS STRENGTHENING

During the quarter, the finance and administration team focused on strengthening internal operational systems to improve program accountability. The team introduced more detailed and transparent systems for the payment of allowances and reimbursements during trainings; established a vendor database to improve procurement procedures; and introduced a clear work schedule to ensure timely financial reporting. The finance team conducted an initial review of work plans budgets for 2012.

5.2.2 TRAININGS AND MEETINGS

The Finance & Administration Director attended a one week orientation at the Abt Associates office in Bethesda, Maryland. This program identified a number of areas for improvement in operational and reporting systems and outlined the steps to implement the changes.

5.2.3 OVERALL BUDGET AND EXPENDITURES

As of September 30, 2011, ZISSP had spent a cumulative total of \$14,603,447 against current obligations of \$26,270,555.00. The remaining obligated funds as at September 30, 2011 were \$11,667,077. Table 1 presents further detail on expenditures by funding type. The monthly average expenditure rate from July to September 2011 was 1,271,857. If this rate of expenditure were to continue, the remaining funds would carry the program through slightly more than 9 months.

TABLE I: ZISSP CUMULATIVE EXPENDITURES BY FUNDING SOURCE AND TYPE

		Obligations	Expenditures	Balance
MCH		6,756,846	3,690,749	3,066,097
FP		5,682,000	2,619,328	3,062,672
Nutrition		1,936,000	893,501	1,042,499
	Malaria BCC		722,482	
	Malaria Tx		1,800,163	
	Malaria IRS		2,591,208	
	Malaria ACS		246,917	
Malaria total		4,795,709	5,360,769	(565,060)
HIV - MC		200,000	42,418	157,582
HIV - AB		1,000,000	212,090	787,910
HIV - OP		1,000,000	212,090	787,910
HIV - CT		400,000	84,836	315,164
HIV - Adult TX		2,000,000	590,519	1,409,481
HIV - PED TX		400,000	118,104	281,896
HIV - HSS		1,700,000	630,679	1,069,321
HIV - SI		400,000	148,395	251,605
Total HIV	\$ 7,100,000.00			
		Obligations	Expenditures	Balance
Total		26,270,555	14,603,478	11,667,077

5.3 HUMAN RESOURCES

ZISSP has a total staff of 94, including 4 senior management staff, 51 technical staff, and 14 finance and administrative staff and 25 drivers. In the quarter under review, the project recruited an administrative manager, a community health coordinator for Lusaka, a management specialist for Luapula, and a clinical care specialist for Northwestern province, and a monitoring and evaluation team leader. ZISSP had nearly finalized the recruitment of the clinical care specialist for Luapula and Eastern Province.

There are openings also recruiting a monitoring and evaluation officer, communications specialist and 4 District Coordinators for the Saving the Mother's Lives Initiative for Mansa, Nyimba, Lundazi, and Kalomo.

5.4 CHALLENGES AND RESPONSES

Challenges	Steps taken to address the challenge
Out of pocket allowance issue remains a challenge.	DSA is provided where possible to ameliorate the issue. However, this is not possible where accommodation alone is more than the 300,000 ZK limit.
Implementation of the grants program, BCC Inventory and the BCC frame work required input from many different partners to lay the groundwork	Several consultations with the concerned partners discussed the best ways to proceed with planned activities especially those related to grants and BCC inventory.
ZISSP has supported all the 35 IRS districts to prepare	ZISSP assisted the NMCC to hold weekly IRS meetings

them for the 2011 IRS spray season but they have not yet received the funds from World Bank for implementation

to brainstorm with partners regarding funds for 2011 IRS season. ZISSP has also ensured that all districts include IRS and other malaria interventions in their 2012 action plans

6. FOCUS AREAS FOR NEXT QUARTER

CHILD & REPRODUCTIVE HEALTH

- Support the adaptation of the World Health Organization's Workload Indicated Staffing Need tool use to collect and update HR data.
- Participate in a comprehensive analysis of the findings of the capacity needs assessment in order to design evidence-based interventions and activities for implementation in 2012.
- Train healthcare providers in long-term family planning methods
- Finalize the draft standards for the provision of adolescent health services
- Finalize the adolescent health strategy
- Finalize the communication strategy
- Support the evaluation of the Direct Entry Midwifery program
- Orient clinical instructors and tutors on the use of skills labs equipment
- Support EmONC training for Northern, Central and Western Provinces
- Support onsite mentorship for healthcare providers recently trained in EmONC
- Train healthcare workers from Eastern Province in IMCI
- Provide supervision to community members and healthcare workers trained in IYCF and GMP
- Finalize of the editing of the CBGMP training materials based on the observations made during training
- Finalize nutrition supportive supervision and mentorship tools for monitoring

MALARIA

- Assist with national policies, guidelines, tools, and attend conferences
- Hold a consensus meeting to approve IRS logistics training materials
- Follow-up with the MOH on the expansion of the insectary
- Build capacity for entomological investigations in 18 districts to monitor IRS outcomes
- Supervise the 2011 IRS campaign
- Provide refresher training to province and district MCH managers on focused antenatal care and malaria in pregnancy

- Carry out impact assessment studies and other surveys
- Collect and analyze malaria data from selected facilities in Ndola District

CLINICAL CARE SPECIALISTS

- Participate and support monthly national QI TWG meetings at MoH
- Train 12 HWs in each of 9 provinces in QI
- Train 10 hospital staff in each of the 27 target districts in QI
- Continue to revamp DHO QI tool for self-assessment and technical committee reviews
- Facilitate one-day provincial quarterly QI and technical committee meetings with program officers and stakeholders
- DHMTs to facilitate formation or revitalization of the health facility QI teams
- CCSs facilitate district QI teams to provide TA for a one day self-assessment exercise at 5 health facilities in each of the 27 target districts

COMMUNITY HEALTH COORDINATORS

- Finalize the mapping report and conduct a national dissemination on mapping results
- Complete the training for districts on how to engage communities in development of the annual action plan
- Conduct technical support visits to all health centers, Health Center Advisor Committees and Neighborhood Health Committees trained in community health planning
- Review all district plans to ascertain whether they include community plans.
- Print the planning hand book.
- Facilitate the process for developing the MOH national strategy on addressing safe motherhood issues through the work of SMAGs
- Collaborate with the Provincial Health Promotion Specialist and the Provincial AIDs Coordinators to build Social Mobilization/BCC Coordinating Committees in focal districts, which will be responsible for coordination of all health campaigns in 27 districts.
- Develop the design for the Radio Learning Program and develop the scripts
- Provide technical expertise for the monthly meetings and TSS provided to the Ndola CHA training school to support the new program
- Orient the grants support teams from all provinces, advertise the annual program statement, and conduct bidders meetings in 9 districts to mark the beginning of the granting process
- Work with traditional leaders to build their involvement in BCC activities that address national health issues.
- Conduct formative research on IPTp
- Support the dissemination of IRS and ITN materials through the MOH and various stakeholders at provincial, district and community level
- Initiate discussions on gender with Ministry of Gender (MOG), MOH, NAC

MANAGEMENT SPECIALISTS

- Field test and finalize development of resource mapping tool for district level
- Support MOH to review the PA tools and accompanying standards
- Train program officers in data quality audits in remaining provinces.
- Deliver MLA training in 5 Provinces and districts.
- Deliver monthly mentorship sessions in Northern and Central provinces and accompanying districts where MLA trainings have been undertaken.
- Participate in bi-annual PA/TSS activities and provide mentorship on management functions based on identified gaps

MONITORING & EVALUATION

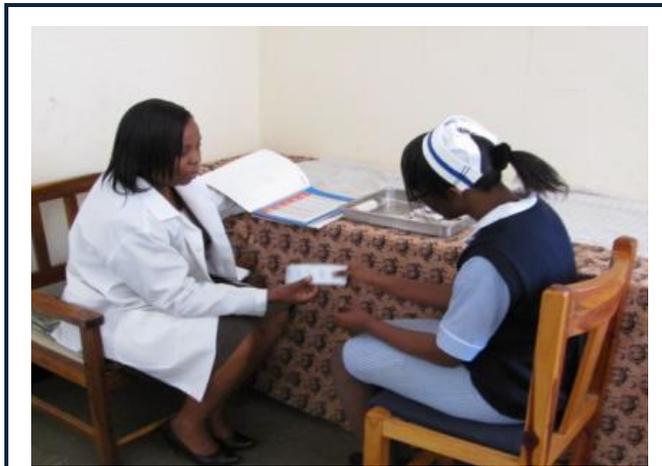
- Support all program technical areas to track training, monitor indicator achievement, and address communications needs.
- Plan the annual report
- Continue to supervise the Ndola school
- Develop a ZISSP gender strategy (subject to CEDPA input and advise)

7. SUCCESS STORIES

7.1 NURSE TUTORS AND CLINICAL INSTRUCTORS ASSIST TO SCALE UP FAMILY PLANNING SERVICES

Zambia's fertility rate is high at 6.2 births per woman, while the contraceptive prevalence is 30% and 27% of women report an unmet need for family planning service. (ZDHS 2007). The Ministry of Health and its partners observed that Nurse-Tutors and Clinical Instructors could be a key cadre to help increase access to family planning services in Zambia. Through their role as teachers and mentors for students in the pre-service institutions, they can build better skills among new graduates.

During the period from December 2010 to July 2011, the Ministry of Health received financial and technical support from the USAID-funded ZISSP program and other partners to train 34 nurse-tutors and clinical instructors from 17 training schools across the country in long-term family planning (LTFP) methods. Prior to this, few tutors were trained in LTFP.



Trained nurse tutor from Lusaka School of nursing student in family planning counseling

The trained teaching staff will impart the acquired knowledge and skills to pre-service student nurses and midwives who can then provide a wide range of contraceptive choices including long-term family planning methods in both urban and rural areas when they complete their trainings.

Betty Mwinga, one of the trained nurse tutors from the Lusaka School of Nursing commented: "The training was an eye opener. I have more knowledge on family planning and can now teach students better. More healthcare providers will be equipped with knowledge and skills to provide family planning services."

Jane Nkhosi, a clinical instructor from the same school equally appreciated the training and said: "The training helped me a lot. The last workshop I attended on family planning was many years ago. I am better equipped now to guide students with confidence." Training of nurse tutors and clinical instructors in long term family planning methods will increase access to a more complete range of family planning services and may ultimately contribute to the reduction of maternal mortality.

7.2 MEN SUCCESSFULLY TAKE THE LEAD IN DISSEMINATING MESSAGES ON OPTIMAL BREAST FEEDING PRACTICES

Hundreds of men, women and children converged at Makululu grounds on August 4, 2011 to commemorate World Breast Feeding Week in Zambia. This annual event takes place in the first week of August. The theme this year was "Talk to Me about Breastfeeding, Anytime and Anywhere," and it included activities encouraging both men and women to support breastfeeding and the timely

introduction of appropriate complementary foods. Makalulu is the largest unplanned settlement in Zambia, and this community in Kabwe district has high levels of malnutrition and HIV among its population of 27,021.

Traditionally, women in Zambia lead efforts to encourage breastfeeding and proper feeding practices. However, this year the men of Makululu and the surrounding community demonstrated their support for the cause by leading the event's activities. The National Food and Nutrition Commission led the planning for the World Breastfeeding Week launch. The NFNC organizers observed that

calls to have men take a leading role in promoting positive practices in Infant and young child feeding are now bearing fruit. Mr. Jossy Phiri, Media officer from NFNC commented: "The response of men in Makululu, who have turned out in their numbers is very impressive. Not only have they enjoyed the games, like I have, but it is clear that they are genuinely enthused by the chance of participating in their children's wellbeing. Much more should be done to ensure that we shift our focus and begin to see breastfeeding as a child-centered activity that any gender will take pleasure in supporting."

Drama performances, songs, and dances engaged the audience and delivered messages on optimal feeding practices for infants and young children, as well as pregnant and lactating women. In line with national guidelines, the messages also touched on the importance of exclusive breast feeding for the first six months of life for both HIV-positive and HIV-negative women.

Male involvement in infant and young child feeding is lacking in many countries, including Zambia. However, engaging males to support appropriate feeding practices is essential given the significant influence they have over their household and their spouses. With increased support from men in the community, women are more likely to adhere to recommended practices.

For supporting this event, the Zambia Integrated System Strengthening Program (ZISSP) received recognition from the Director of National Food and Nutrition Commission and the Provincial Permanent Secretary. ZISSP supported the Central Provincial Health Office and Kabwe District Health Management Team to organize community events for the commemoration. ZISSP staff members helped to write scripts for drama sketches, organized rehearsals, and transported community volunteers to the launching site. Listening with keen interest, a District Health Office staff member noted: "The involvement of males in the re-enforcement of optimal breastfeeding messages has de-mystified breast feeding practices in HIV exposed babies".



7.3 MEETING TO REPOSITION THE SMAGS PROGRAM

On August 15, ZISSP helped to organize a one-day meeting with MOH to bring together organizations interested in Safe Motherhood Action Groups (SMAGs). The organizers hoped that the meeting would

assist the MOH, ZISSP and other partners develop and agree on mechanisms for better coordination and scale-up of the SMAG program.

Implementers report that SMAGs yield positive results in addressing safe motherhood issues. The meeting promoted sharing information on SMAG activities, experience, materials used to train SMAGs, incentives, the status of SMAG roll-out, and future scale-up plans.

Despite recent gains in implementing the SMAG program, the group identified many gaps and challenges which include:

- Unclear definition of what is meant by saturation and inadequate information on the existing gaps
- Lack of a standard training process and materials
- Lack of a standard system for supervision, and standard indicators for monitoring and evaluation
- The need for integration of programs such as PMTCT into the SMAGs program
- The need for a sustainability plan that links with incentives

The meeting identified the following action points for repositioning the SMAGs program in Zambia:

1. Establish a SMAG TWG sub-group under the Safe Motherhood TWG convened by MoH.
2. Develop a map of SMAGs across Zambia to ascertain the breadth of coverage, main activities, numbers trained, and number still active
3. MOH to develop a consistent program-wide brand for SMAGs: with a standard color, logo
4. Develop an appropriate name for sub-SMAGs – e.g. Village Action Groups.
5. Identify potential private partners who may have interest in SMAGs activities and could support incentives
6. Standardize the M&E format for consistent collection of data by SMAGs
7. Review the SMAGs training manuals and other materials to support SMAGs activities and develop a strategy to support training of sub-SMAGs by the main SMAGs
8. Develop a BCC toolkit and other related materials for SMAGs to support their BCC activities
9. Address the identified action as priorities for 2012 Action.

8. PERFORMANCE INDICATORS

No.	Indicator	Type of indicator	2010		2011	
			Year 1		Year 2	
			Target	Achieved	Target	Achieved
	I.1.1: Human Resources for Health					
I.1.1	Proportion of the health care workers supported through the ZHWRS in 27 target districts retained for the first and second year (cohort)	P	N/A	N/A	119	119
I.1.2	Proportion of provinces with evidence that PMEC data is used by the PMO HR and management team for decisions	P	N/A	N/A	9	Data not Available
	I.1.2: Family Planning and Adolescent Reproductive Health					
I.1.3	Number of new acceptors of long term modern FP methods in the prior quarter in ZISSP target districts ⁱ	P	N/A	N/A	TBD	38,565 [July to September 2011 data]
I.1.4	Proportion of target districts submitting HMIS data for FP services on time each quarter	P	100%	100%	100%	100%
I.1.5	Proportion of the ZISSP target districts implementing an ARH communication strategy ⁱⁱ	P	N/A	N/A	N/A	N/A
	IIP and PPR Indicators					
I.1.6	Number of facility providers trained in FP/RH counseling, service delivery, and/or guidelines	IIP/PPR	N/A	0	82	15
I.1.7	Number of community-based providers trained in FP/RH counseling, service delivery, and/or guidelines ⁱⁱⁱ	IIP/PPR	N/A	N/A	540	0
I.1.8	Proportion of deliveries in EmONC facilities in ZISSP districts attended by a trained medical provider	P	N/A	N/A	60%	Data not available
I.1.9	Number of new EmONC facilities in ZISSP target districts each year	P	N/A	N/A	30	17
I.1.10	Proportion of pregnant women who received at least one antenatal care (ANC) visit in the first 20 weeks of their pregnancy	P	N/A	N/A	30%	14% [Proxy data from January to September 2011 – HMIS]
	IIP and PPR Indicators					
I.1.11	Number of health workers trained in the EmONC curriculum in ZISSP target districts ^{iv}	IIP	N/A	N/A	80	30
I.1.12	Number of health care facility providers trained in maternal/newborn health through USG-supported programs in: 1. ZISSP target districts 2. None ZISSP target districts	IIP	N/A	N/A	80 237	30 20
I.1.13	Number of community members trained in home-based life - saving skills (HBLSS) ^v	IIP	N/A	N/A	TBD	50

No.	Indicator	Type of indicator	2010		2011	
			Year 1		Year 2	
			Target	Achieved	Target	Achieved
I.1.14	Number of community health volunteers trained in maternal/newborn health through USG-supported programs ^{vi}	IIP/PPR	N/A	N/A	TBD	0
I.1.4: Child Health and Nutrition						
I.1.15	Proportion of target communities with c-IMCI interventions in ZISSP target districts. ^{vii}	P	N/A	N/A	75%	Baseline
I.1.16	Proportion of facilities with a saturation level of IMCI-trained providers in ZISSP target districts	P	N/A	N/A	TBD	Baseline
IIP and PPR Indicators						
I.1.17	Number of children under 12 months of age who received DPT3 from USG-supported programs	IIP/PPR			398,000	483,000
I.1.18	Number of children under 5 years of age who received Vitamin A from USG-supported programs	IIP/PPR			2,383,000	1,785,000 (as of June 2011)
I.1.19	Number of community-level health workers trained in child health	IIP	N/A	N/A	120	174
I.1.20	Number of health care providers trained in child health care and child nutrition through USG-supported health area programs.	IIP/PPR	N/A	N/A	96	169
Task 1.2: Strengthen the ability of the NMCC, MOH, provinces, and districts to plan, manage, and monitor IRS and other malaria interventions						
I.2.1	Rate of malaria incidence in targeted IRS areas	P			200 per 1000	0
IIP and PPR Indicators						
I.2.2	Number of housing units and structures sprayed with IRS with USG funds	IIP/ PPR	1,242,254	1,102,338	1,459,948	Data by March 2012
I.2.3	Proportion of targeted structures sprayed with IRS with USG funds	MOP	85%	89%	85%	Data by March 2012
I.2.4	Number of women who have completed a pregnancy in the last two years that received two or more doses of IPTp	MOP	75%	70% (MIS)	75%	Data by March 2012
I.2.5	Proportion of children under 5 years with suspected malaria that received treatment with ACT within 24 hours of onset of their symptoms	MOP	40%	19% (MIS)	45%	MIS data in 2012
I.2.6	Proportion of households with at least one ITN and/or sprayed with IRS in the last 12 months	MOP	80%	73% (MIS)	85%	MIS data in 2012
I.2.7	Number of health workers trained in malaria case management with USG funds	IIP	N/A	N/A	360	373
I.2.8	Number of health workers trained in FANC	IIP	N/A	N/A	360	0
I.2.9	Number of people (PMOs, DMOs, Drivers, Store Keepers, IRS Supervisors and Spray Operators) who have been trained with USG funds to deliver IRS (disaggregated by type of training)	IIP	N/A	N/A	2,396	1,888

No.	Indicator	Type of indicator	2010		2011	
			Year 1		Year 2	
			Target	Achieved	Target	Achieved
1.2.10	Number of community health workers or volunteers trained in malaria case management or prevention with USG funds (disaggregated male/ female)	PPR	N/A	N/A	540	120
	Task 2: Improve management and technical skills in orders to increase use of quality health services in provinces and target districts					
2.1	Number of MOH managers that participate in Management and Leadership Academy (MLA) course (disaggregated by system levels, gender) ^{viii}	P	N/A	N/A	N/A	Data not available
2.2	Proportion of MLA participants enrolled for one year that complete all 4 training sessions (disaggregated by system levels, gender)	P	N/A	N/A	N/A	Data not available
2.3	Proportion of MLA participants enrolled for one year that complete at least 10 out of 12 mentoring sessions	P	N/A	N/A	N/A	Data not available
	COP Indicator					
2.4. a	Number of health care workers that successfully complete an in-service training program within the reporting period i.e. management/human resource mentoring sessions, strategic information (disaggregated by type of training)	COP	N/A	N/A	240	Planning [90] HR –PMP [406] Data quality [34]
2.4. b	Number of health care workers that successfully complete an in-service training program within the reporting period (clinical mentoring sessions) (disaggregated by type of training)	COP	N/A	N/A	600	Clinical mentoring [622]
	Task 3: Improve community involvement in production of health in target districts					
3.1	Proportion of target communities in 27 districts that have community groups that participate in the annual health plan process	P	N/A	N/A	TBD	Data not available
3.2	Proportion of target communities with SMAGs in 27 districts	P	N/A	N/A	90	Data not available
3.3	Number of NHCs, SMAGs and community groups in ZISSP target districts that implement at least one BCC activity in their action plan	P	N/A	N/A	TBD	Data not available
3.4	Proportion of grantees implementing activities in accordance with their grant agreement and financial reporting requirements	P	N/A	N/A	80%	Data not available
	Task 4: Ensure service delivery and other activities are effectively integrated at all appropriate levels in the health system through joint planning and in-kind activities with partners and appropriate public private partnerships (PPP); PPPs established in target districts to expand access to high-impact health services and improve targeting of public sector resources; GDA-type partnerships established					
4.1	Number of private companies engaged in HIV/AIDS, FP, Malaria, MNCH and Nutrition services through PPP-type partnerships	P	N/A	N/A	TBD	
4.2	Number of districts that develop action plans with support from ZISSP	P	N/A	N/A	54	

Legend:

- P Project Indicator
- IIP Investing In People Indicator
- PPR Performance Progress Report Indicator
- COP Country Operational Plan Indicator
- MOP Malaria Operational Plan Indicator

ⁱ The number of new acceptors is not reported by type of family planning methods. This indicator measures the total of all new acceptors of family – Proxy data - HMIS.

ⁱⁱ This indicator will be measured beginning year 3 of the project after the communication strategy is developed.

ⁱⁱⁱ The Ministry was revising training materials for community-based distributors and therefore asked that this training be deferred until 2012.

^{iv} We will combine indicator 1.1.11 with indicator 1.1.12 and split the reporting domain by ZISSP target district and none ZISSP target district to avoid double counting

^v This indicator should be deleted

^{vi} This indicator should replace 1.1.13 on training of community members in HBLSS / SMAGs

^{vii} We will revise or delete indicator 1.1.15 and 1.1.16

^{viii} Indicator 2.1, 2.2, and 2.3 will be measured in year 3 because the MLA program started late because of the issue of out of pocket allowance by the MOH staff.