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ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

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Contents

Contents.....	ii
List of Figures.....	iii
Acronyms	iv
Executive Summary	vii
0. Introduction.....	1
1. TASK ONE: Support for the Central Ministry.....	1
1.1 Human Resources for Health.....	1
1.2 Family Planning And Adolescent Health	3
1.3 Expansion of Adolescent Health Knowledge and Skills.....	6
1.4 Emergency Obstetric and Neonatal Care	6
1.5 Child Health	7
1.6 Nutrition Interventions	10
1.7 Saving Mothers Giving Life Endeavor	12
TASK TWO: Support to the provinces and districts	13
2.1 Clinical Care and Quality Improvement.....	13
2.2 Management Specialists.....	17
2.3 Malaria	22
3 TASK THREE: Improve Community Involvement.....	28
3.1 Community Health	28
3.2 Grants Program.....	29
3.3 Behavior Change Communication	31
4 Crosscutting Program And Management Support.....	33
4.1 Monitoring and Evaluation	33
4.2 Knowledge Management	34
4.3 Capacity Building and Gender.....	34
4.4 Finance and Administration	35
4.5 Information Technology	36
5 Challenges and Solutions	37
6 Focus Areas for Fourth Quarter	37
7 Annex I: Indicator Matrix	39

List of Figures

Figure 1: Number of health workers trained in LAFP (January 2013 - September 2013).....	4
Figure 2: Number of Trained Community Based Distributors (January 2013 – Sept. 2013)	5
Figure 3: Number of Health Workers Trained in EmONC (January 2013 – Sept. 2013)	6
Figure 4: Number of Health Workers Trained in RED Strategy (Jan. 2013 - Sept. 2013)	8
Figure 5: Number of Health Workers trained in IMCI (Jan. 2013 - Sept. 2013)	9
Figure 7: Number of Community Health Workers Trained in IYCF (Jan. 2013 to Sept. 2013)	11
Figure 8: Number of Health Workers Trained in QI (Jan. 2013- Sept. 2013).....	14
Figure 9 (right):	16
Figure 10: Ratings of the four, two-day ZMLA mentorship sessions (n=200)	20
Figure 11 (left):	22
Figure 12: Number of Health Workers Trained in FANC (Jan. 2013 to Sept. 2013)	25
Figure 13: FANC training for health workers: Average pre- and post-test scores by province	26
Figure 14: Number of Health Workers Trained in FANC (Jan. 2013 to Sept. 2013)	26
Figure 15: Malaria case management training: average pre and post-test results	26
Figure 16: Number of Community Health Workers Trained in ICCM (Jan. 2013 to Sept. 2013)	27

Acronyms

ACNM	American College of Nurse-Midwives
ADH	Adolescent Health
AID	Active Infection Detection
AIDS	Acquired Immune Deficiency Syndrome
AIRS	Africa Indoor Residual Spraying
APAS	Annual Performance Appraisal System
ART	Anti-retroviral Treatment
BCC	Behavior Change Communication
BHFHI	Baby Friendly Health Facility Initiative
BRITE	BroadReach Institute for Training and Education
CBD	Community Based Distributor
CBGMP	Community-Based Growth Monitoring and Promotion
CCP	Johns Hopkins Bloomberg School of Public Health Center for Communications Programs
CCS	Clinical Care Specialists
CCT	Clinical Care Teams
CDC	Center for Disease Control and Prevention
CDMO	Community District Medical Officer
CHA	Community Health Assistant
CHC	Community Health Coordinators
CHV	Community Health Volunteer
CHW	Community Health Worker
C-IYCF	Community Infant and Young Child Feeding
DCCT	District Clinical Care Teams
DCMO	District Community Medical Office
DDMS	Disease Data Management System
DHMT	District Health Management Team
DHO	District Health Offices
DHRA	Directorate of Human Resource Administration
DTSS	Directorate of Technical Support Services
DQA	Data Quality Audit
EHT	Environmental Health Technicians
EmONC	Emergency Obstetric and Neonatal Care
FANC	Focused Ante-Natal Care
FGD	Focus Group Discussion
FP	Family Planning
GFC	Groups Focused Consultations
GNC	General Nursing Council
GIS	Geographical Information System
GPS	Global Positioning System
HBLSS	Home-Based Life Saving Skills
HCAC	Health Center Advisory Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCZ	Health Practitioners Council of Zambia
HR	Human Resource
HRIS	Human Resource Information System
HRHSP	Human Resource for Health Strategic Plan

ICATT	IMCI Computerized Adaptation and Training Tool
iCCM	Integrated Community Case Management
ICC	Interagency Coordinating Committee
IDI	In Depth Interview
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IPA	Institute for Poverty Action
IRS	Indoor Residual Spraying
IRM TWG	Insecticide Resistance Management Technical Working Group
ISMS	International Site Management System
IT	Information Technology
IUCD	Intra-Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
LAFP	Long Acting Family Planning
LSTM	Liverpool School of Tropical Medicine
KAP	Knowledge, Attitude and Practice
MAIYCN	Maternal, Adolescent, Infant and Young Child Nutrition
MCDMCH	Ministry of Community Development Mother and Child Health
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MTEF	Mid Term Expenditure Framework
MS	Management Specialists
NFNC	National Food and Nutrition Commission
NHA	National Health Accounts
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan
NIPA	National Institute for Public Administration
NMCC	National Malaria Control Center
NMCP	National Malaria Control Program
NMSP	National Malaria Strategic Plan
NZP+	Zambia National Association of People Living with HIV
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PA	Performance Assessment
PDA	Personal Digital Assistants
PHO	Provincial Health Offices
PMI	Presidential Malaria Initiative
PMP	Performance Management Package
PPAZ	Planned Parenthood Association of Zambia
PCCT	Provincial Clinical Care Teams
QI	Quality Improvement
RDL	Radio Distance Learning
RDT	Rapid Diagnostic Testing
RED	Reaching Every Child in Every District
RTT	Resource Tracking Tool
SAPR	Semi-Annual Performance Report
SHA	Systems for Health Accounts
SMAG	Safe Motherhood Action Groups
SMGL	Saving Mothers Giving Life Endeavor
SLA	Service Level Agreement

SOP	Standard Operating Procedures
TBA	Traditional Birth Attendant
TOR	Terms of Reference
TOT	Training of Trainers
TSS	Technical Support Supervision
TWG	Technical Working Group
UNZA	University of Zambia
USAID	United States Agency for International Development
UTH	University Teaching Hospital
WHO	World Health Organization
WISN	Workload Indicator on Staffing Needs
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZMLA	Zambia Management and Leadership Training

Executive Summary

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

The report highlights ZISSP activities during the third quarter of 2013 (July – September). Below is a summary of the major activities carried out under the various program areas.

Human Resource for Health: ZISSP presented the final Human Resource Information System to the MOH, trained 46 MOH staff in the system, and initiated a pilot of the system in six sites (hospitals and provincial offices). In August, ZISSP provided support to the Directorate of the Human Resources Administration to hold a quarterly performance review meeting. The draft Zambia Health Workers Retention Scheme evaluation report is in its final stages of review within ZISSP. ZISSP posted a Human Resource Technical Officer at the MCDMCH.

Maternal, Neonatal and Child Health: The MOH, with support from ZISSP, trained 28 health care workers and 19 nurse tutors and clinical instructors in long-acting family planning (LAFP) methods and conducted post-training follow-up support visits to support health workers in LAFP as well as community volunteers who were trained as community based distributors. ZISSP provided support to train 15 peer educators from 11 health facilities in Mpika District. ZISSP provided financial and technical support to MCDMCH to train 22 health workers in Emergency Obstetric and Neonatal Care. ZISSP also supported technical support supervision visits to three Direct Entry Midwifery Schools that benefited from the 2012 skills lab management training and related donations. ZISSP supported training of 38 health workers and 45 community health volunteers (CHV) in the Reaching Every District (RED) strategy to increase immunization coverage. ZISSP also supported three post-training follow-up visits, reaching 80 percent of health staff and 75 percent of CHVs previously trained in the RED strategy. ZISSP supported the Integrated Management of Childhood Illnesses (IMCI) training for 27 health workers. ZISSP provided financial and technical support to support training using the IMCI Computerized Adaptation and Training Tool for 25 nurse tutors and clinical teachers drawn from 14 public and private nursing schools. In the third quarter, ZISSP provided technical nutrition and financial support in the following areas: material development and review; infant and young child feeding; Vitamin A supplementation during Child Health Week; commemoration of World Breastfeeding week; and planning for nutrition actions in the MCDMCH 2014 plans.

Clinical Care: Capacity-building was provided through scheduled and regular technical support supervision combined with coaching by the higher-level QI committees to the lower-level QI committees. Institutionalization of QI is taking shape, as demonstrated by the overwhelming submission of abstracts to the national QI conference, held on 11th to 12th September 2013 in Lusaka. ZISSP supported the QI training of 197 health workers from three provinces and supported maternal mortality reviews by QI committees and clinical care teams (CCT) in three provinces. Six Provincial CCTs provided clinical mentorship to 22 District CCTs (DCCTs) with ZISSP support.

Management: ZISSP provided technical and financial support to Provincial Medical Offices to undertake performance review meetings following the national launch of the 2013 planning cycle by MOH and MCDMCH. ZISSP's support for preparatory meetings in target districts accelerated the action plan finalization process. The Zambia Management and Leadership Academy (ZMLA) program conducted a qualitative mid-term evaluation of the program in August 2013. The evaluation solicited feedback from program participants and mentors, among others, that would provide information for making further improvements to the ZMLA training model and accompanying training materials. The findings from the evaluation were disseminated and discussed at the ZMLA Program Review meeting. ZMLA graduated the first group of 367 trainees at completion of the first year of program implementation.

Malaria: In preparation for the 2013 spray season, ZISSP completed the geocoding exercise in three districts, supported distribution of the IRS commodities, and supported training for 59 district indoor residual spraying (IRS) supervisors and cascaded training for 864 spray operators from 20 districts. ZISSP also supported the Zambian government to conduct five focused antenatal care trainings for 174 health workers and malaria case management trainings for 214 health workers. ZISSP provided financial support to train NMCC and ZISSP entomologists and technicians on the capability of the Disease Data Management System (DDMS) as a database and tool for analysis, reporting, and decision-making.

Community: ZISSP supported the MCDMCH to train 446 Neighborhood Health Committee and Health Center Advisory Committee members in community health planning using the draft simplified community planning guide. An additional 404 Safe Motherhood Action Group members received training in the third quarter. SMAG Radio Distance Learning groups were monitored to learn how they are progressing with the radio program. ZISSP supported training for 366 drama group members to strengthen their behavior change communication mobilization skills to increase IRS uptake. ZISSP conducted 22 in-depth interviews and 12 focus group discussions to gather information on engaging traditional leaders to determine current strengths, weaknesses and opportunities to engage traditional leaders as change agents.

0. Introduction

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

ZISSP works to:

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

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

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

This report describes project activities undertaken from July 1st through September 30th 2013. The first section of this report focuses on the activities carried out in the third quarter by the various technical teams. The second section explores the challenges faced and the solutions put forward to address them. The third section of the report outlines the focus areas for the fourth quarter of 2013.

1. TASK ONE: Support for the Central Ministry

1.1 Human Resources for Health

Human Resource Information System development: The human resources (HR) function at the MOH consists of tracking employee data, which traditionally includes personal histories, skills, capabilities, accomplishments and personal emoluments (e.g. pay and other conditions of service). These tasks require an effective and efficient Human Resource Information System (HRIS) in place for timely reports. The aim of the HRIS is to have an up-to-date HR database system for MOH which will collect, maintain, analyze and produce relevant reports on the health personnel.

In August 2013, the developed system was presented to MOH management. Decisions were made to have the system piloted at some health facilities prior to its full rollout to all provinces and major hospitals. In addition, a recommendation was made for training HR staff on the MOH HRIS.

From 11th to 17th August 2013, ZISSP facilitated the training of 46 HR staff (21 females, 25 males) in the MOH HRIS. During this training workshop, six pilot sites were identified, namely: Ministry of Health Headquarters, Provincial Medical Office-Luapula Province, University Teaching Hospital (UTH), Kitwe Central Hospital, Monze Mission Hospital and Kabwe General Hospital.

In September 2013, ZISSP facilitated visits to the six identified sites by combined teams of HR and Information Technology (IT) staff for the purpose of initiating the HRIS pilot. At each pilot site, the teams oriented senior management and other key staff on the MOH HRIS. They assisted the sites with identifying interns for HRIS data entry, and they also installed the HRIS system at each site. ZISSP facilitated the temporal employment and deployment of the interns for different durations, dependent on the workload, for commencement of the data entry exercises at each site. The work by interns is expected to be concluded in the fourth quarter of 2013.

Quarterly performance review meetings: The Directorate of Human Resources and Administration (DHRA) decided to include departmental quarterly performance review meetings in the ZISSP work plan as part of a process for systems strengthening. The meetings are also part of the process for the DHRA to assess and monitor its own performance against the yearly work plans, as well as the performance targets as set out in the Human Resources for Health Strategic Plan (HRHSP) (2011 – 2015). This review is a self-study to reflect on activities in the area of HR management, staff training and development, HR planning and other primary functions. The focus of the process is to evaluate the department's mission and strategic goals. The concentration is also an evaluation of the primary activities of the department, which are essential to the delivery of services as well as to the achievement of the objectives, goals and mission as specified in the HRHSP 2011-2015.

In August, ZISSP provided support to the DHRA to hold a quarterly performance review meeting to review the DHRA second quarter performance. Participants presented the following notable key achievements for the second quarter: Timely processing of all retirement cases targeted for processing in the quarter under review; most of the employees who were on the Health Board salary scales have since been included on the MOH payroll; payroll disparities in all the provinces were identified and are being corrected; all provinces generally maintained industrial harmony; the increased number of approved study leaves were conveyed to provinces; and transfers were processed for over 69% of staff (Classified Employees & Civil Servants) eligible for transfer to MCDMCH.

Support to the Zambia Health Worker Retention Scheme: The Zambia Health Worker Retention Scheme (ZHWRS) has been in operation since 2003 and was previously financed mainly through donor support and the Zambian government. Since 2011, ZISSP has been supporting the payment of allowances to 119 members on the ZHWRS in the 27 ZISSP-supported districts. From ZHWRS inception, there had never been a comprehensive evaluation to assess the scheme's effectiveness and to measure its impact against the intended objectives defined in the ZHWRS guidelines of 2010.

From March to June 2013, ZISSP and MOH, with support of Abt Headquarters staff, conducted an evaluation of the ZHWRS, which involved data collection, entry and analysis. During the third quarter of 2013, Abt Associates Headquarters produced an initial evaluation report from and sent the report to ZISSP for review. The HRH Specialist and the ZISSP M&E Team have been working to finalize the report. The draft report is in its final stages of review within ZISSP. The report will then be subjected to final review in October 2013 by the MOH and members of the Recruitment and Placement Sub Committee of the Human Resources Technical Working Group (TWG).

ZISSP also provided technical support to the MOH for production of Terms of Reference (TOR) to facilitate the development of the ZHWRS Sustainability Strategy, which is due in the last quarter of 2013. The TORs are in the final stages of review by Abt Associates Headquarters.

During the third quarter of 2013, ZISSP provided financial and technical support to the MCDMCH. This support included the recruitment of a Technical Officer who will facilitate capacity-building and efficient management of the ZHWRS at MCDMCH. The Technical Officer commenced work in August 2013.

Support to the Human Resources Technical Working Group: The MOH set up the HR TWG to form a participatory forum for cooperation and participation between the MOH and key stakeholder institutions involved in matters concerning Human Resources for Health (HRH). The stakeholders include government ministries and cooperating partners, associations and regulatory bodies in the health sector. The rationale for setting up the HR TWG was to consolidate and build on the consensus of MOH decision-making in alignment with the HRHSP. The HR TWG also served as a channel for maintaining and strengthening communication lines between the involved parties. The HR TWG members hold monthly meetings, where they receive reports and review the performance of the HR TWG on the strategic objectives in line with the HRHSP. ZISSP has been providing financial and technical support to strengthen the operations of the HR TWG, including support for monthly meetings.

During the third quarter, the HR TWG held two meetings (in July and September) to orient members on the MOH HRIS under development. One meeting also included a presentation of research findings by Innovation for Poverty Action (IPA), which focused on the motivation of community health assistants during recruitment under the Community Health Assistants (CHA) programme. The IPA research also documented and examined the first six months of the CHA program roll-out at the Health Post and community levels. (The study compared two months post-deployment and at six months post-deployment). The study results will strengthen existing processes and will inform national scale up of the CHA program. HR TWG members were happy with the developments.

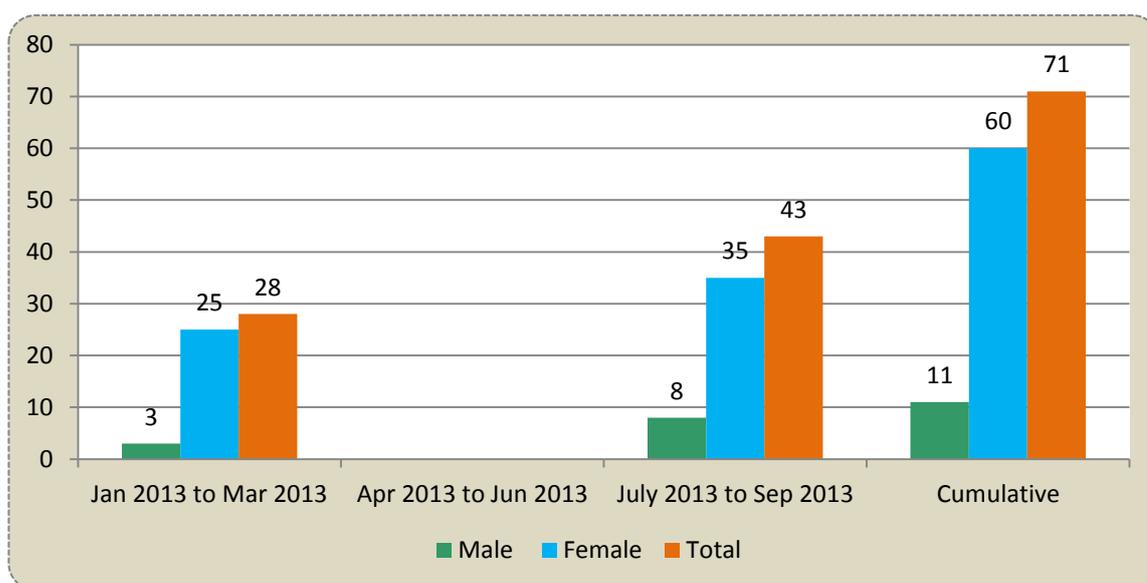
1.2 Family Planning And Adolescent Health

Expansion of Access to and Use of Long Acting Family Planning Services: In the third quarter, ZISSP supported MCDMCH to train 28 health workers (3 males, 25 females) from Luangwa, Chongwe, Lusaka, and Mbala Districts in long acting family planning (LAFP) methods. The

training equipped health workers with knowledge and skills to provide quality family planning counseling and clinical services.

ZISSP also provided support to MCDMCH to train 19 nurse tutors and clinical instructors (5 males, 14 females) in the provision of LAFP methods, including how to insert and remove implants (Jadelle) and intra-uterine contraceptive devices (IUCDs). Over the life of project, ZISSP has trained a cumulative total of 183 healthcare workers (56 males, 127 females) from 32 districts (including 24 ZISSP target districts), and 81 nurse tutors and clinical instructors in LAFP (Figure 1).

Figure 1: Number of health workers trained in LAFP (January 2013 - September 2013)



In the past quarter, ZISSP provided technical and financial support to conduct post-training follow-up visits to 16 health workers trained in LAFP methods. The technical supportive supervision (TSS) visits, conducted in Kapiri Mposhi, Mkushi and Serenje Districts, determined the how well the health workers applied their new knowledge and skills acquired during the training. The visits also served as a way for trained health workers to share successes and identify challenges, which served as a basis for discussion on identification of solutions or recommendations for improvement. Of note, one health worker had conducted 277 Jadelle implant insertions and 36 IUCDs insertions since her LAFP training, and had also performed 26 Jadelle removals. Challenges that were identified included few clients requesting for IUCD (most prefer Jadelle to an IUCD due to myths and misconceptions about the IUCD), non-availability of basic equipment to insert LAFP methods, and lack of mentorship for the trained providers.

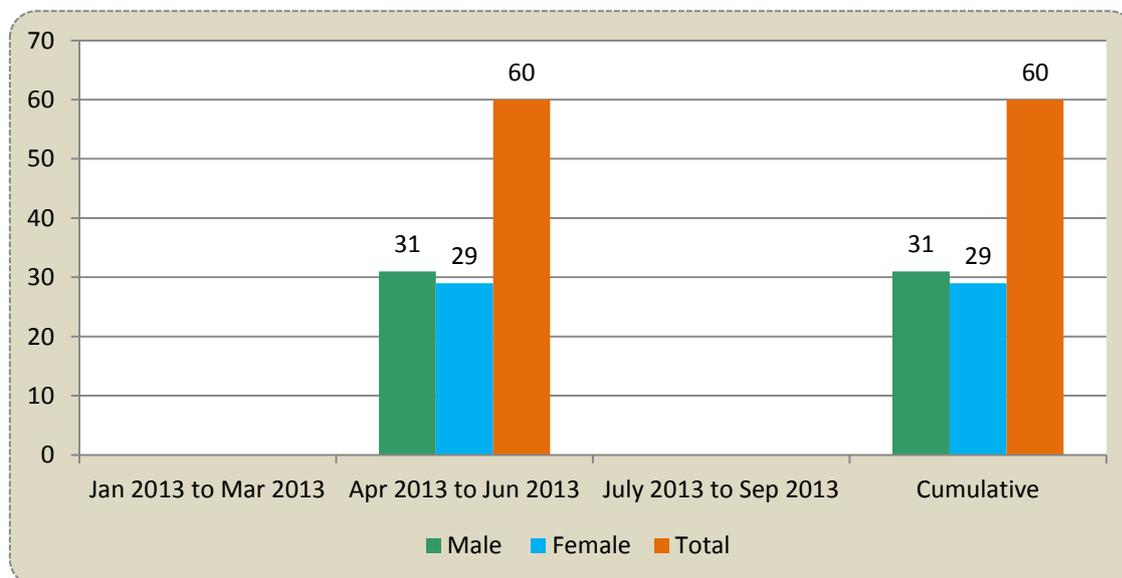
A rapid assessment is underway to determine the extent that health workers trained by ZISSP in LAFP are applying their new knowledge and skills. ZISSP has finalized the methodology of the assessment and the data-collection tool, and the assessment will be completed by the end of December 2013. The report will be shared with stakeholders in 2014.

ZISSP has continued to provide technical and financial support to MCDMCH to finalize the review and update of family planning training manuals for health care workers. The validation of the training manuals is planned for the next FP TWG meeting, scheduled for November 2013.

To date, ZISSP has held four meetings with the General Nursing Council (GNC) and MOH to discuss the integration of LAFP into the nursing and midwifery curricula. In October 2013, ZISSP is planning a consultative meeting for key stakeholders (including principal tutors, clinical instructors, national trainers, and LAFP providers) to discuss further integration of LAFP into the nursing and midwifery pre-service curricula in order to reach a consensus on the way forward.

Community Based Distribution Services: ZISSP has supported MCDMCH to train 249 (122 female, 127 male) community based distributors (CBDs) in 13 ZISSP target districts. In August 2013, ZISSP provided support to MCDMCH to conduct post-training follow-up visits to trained CBDs in Nyimba, Mambwe and Lundazi Districts. The objective was to provide technical supportive supervision (TSS) for 24 community volunteers trained as CBDs and to find out how the trained CBDs are applying their new knowledge and skills acquired during training. Identified challenges included an inadequate supply of commodities (oral contraceptives and condoms) and lack of supervision for CBDs. To address these challenges, ZISSP will provide support to MCDMCH to develop a CBD supervision manual and tools, which do not exist, in the next quarter. ZISSP will also provide support to develop a CBD orientation package for managers at provincial, district and health center levels.

Figure 2: Number of Trained Community Based Distributors (January 2013 – Sept. 2013)



ZISSP provided technical and financial support to review and update the CBD training manuals for community volunteers. In September 2013, ZISSP supported a stakeholders' meeting to review and update the CBD manuals. The validation of the training manuals is planned to take place during the next FP TWG meeting, scheduled for November 2013.

1.3 Expansion of Adolescent Health Knowledge and Skills

MCDMCH seeks to increase the number of trained peer educators within a small geographical area in order to identify lessons learned that may be applied elsewhere. To support MCDMCH to meet this objective, ZISSP provided support to train 15 peer educators (8 females, 7 males) from 11 additional health facilities in Mpika District in addition to the 27 facilities supported in Nakonde and Mpika. The training equipped the participants with knowledge and skills to share sexual and reproductive health information with adolescents and young people.

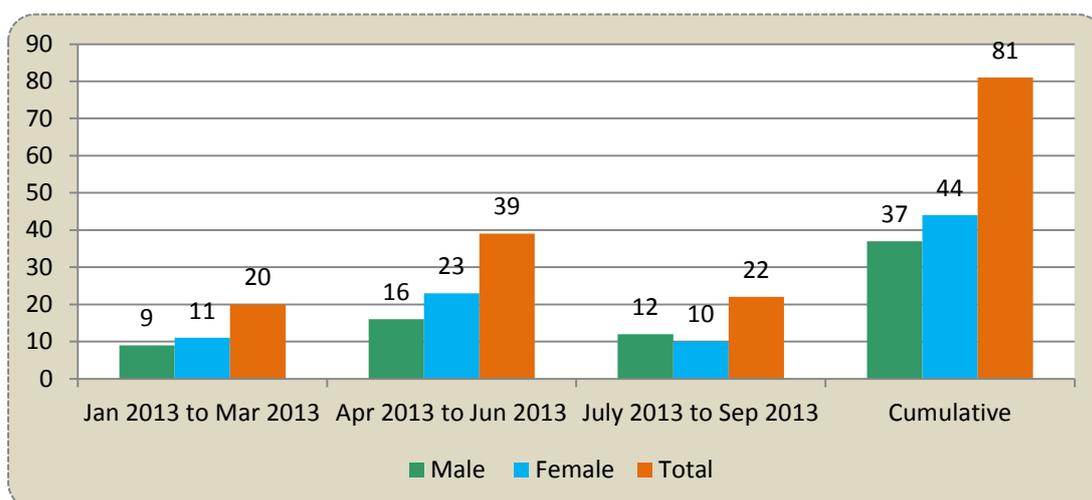
In order to harmonize the messages and standardize peer education training in Zambia, ZISSP hired a consultant to consolidate the peer education training manuals into a national peer education training package. The pilot peer education training was conducted in Nakonde, and the consultant has since developed a final draft package. The training manuals are expected to be ready for submission to the MCDMCH in October 2013.

The consultant hired to develop the Adolescent Health (ADH) Communication Strategy has incorporated feedback information provided by adolescents, which was gathered through focus group discussions conducted in Kafue, Solwezi and Mansa Districts. The final draft ADH Communication Strategy is in the process of finalization and is expected to be validated in the next quarter. The strategy will be implemented alongside the adolescent health standards and guidelines to support the national ADH Strategic Plan.

1.4 Emergency Obstetric and Neonatal Care

Contribute to the Expansion of Emergency Obstetric and Neonatal Care Services: In the past quarter, ZISSP provided financial and technical support to MCDMCH to train 22 health workers in Emergency Obstetric and Neonatal Care (EmONC) (12 males, 10 females) from Chiengi, Nchelenge, Solwezi, and Mwinilunga Districts. ZISSP has trained 81 health workers from 11 ZISSP target districts (37 males, 44 females) in the past year (Figure 3). The training equipped health workers with the knowledge and skills to manage emergency obstetric complications such as neonatal resuscitation, assisted breech and vacuum deliveries, management of shock and post-partum hemorrhage (PPH), and the use of magnesium sulphate for management of eclampsia, all which contribute highly to maternal and neonatal morbidity and mortality in Zambia.

Figure 3: Number of Health Workers Trained in EmONC (January 2013 – Sept. 2013)



Since the inception of the project, ZISSP has trained 334 health workers (144 males, 190 females) in EmONC, representing 98% of the life of project target (340) and covering 25 ZISSP target districts.

In the third quarter, ZISSP supported post-training follow up visits to 40 EmONC-trained health workers in Luangwa, Chongwe, Nakonde and Chilubi Districts. The purpose of the TSS was to assess how the trained providers are applying the knowledge and skills in clinical practice.



Photo 1: A trainer demonstrates vacuum extraction while participants observe.

Most trained providers at health center level are able to perform a number of procedures, including manual removal of retained placenta, breech delivery, use of magnesium sulphate, and evacuation of retained products using manual vacuum aspiration as treatment for incomplete abortion. Application of these skills has contributed to the reduction of referrals to second-level hospitals. However, follow-up visits identified continuing problems with the consistent use of the partograph and adherence to infection prevention practices. In the next quarter, ZISSP will focus on mentorship for trained EmONC providers.

Strengthening Midwifery Education: ZISSP continued to support the GNC with strengthening midwifery education through uplifting standards in skills labs. In the last quarter, ACNM visited the Roan, Nchanga and Chipata Midwifery schools to observe progress following the improvement of the skills labs. Roan and Nchanga schools were observed as both doing well, and have increased their intakes as a result of equipping skill labs. Chipata had a problem of inadequate space for skills lab.

ZISSP also supported TSS to three Direct Entry Midwifery Schools that benefited from the 2012 skills lab management training and related donations (skills lab models, simulators and equipment). Luanshya and Nchanga schools are doing well. Both schools have since increased their intake for midwifery, and are taking proper care of the donated models, simulators and equipment. In Chipata, the skills lab is still being used by both nursing and midwifery students, which makes it difficult to set up exclusive stations for midwifery and use of models and equipment for them.

In the next quarter, ZISSP will extend support to three additional nursing and midwifery schools (Livingstone, Ndola and Chilonga), providing skills lab training through GNC and purchasing models, simulators and equipment for them.

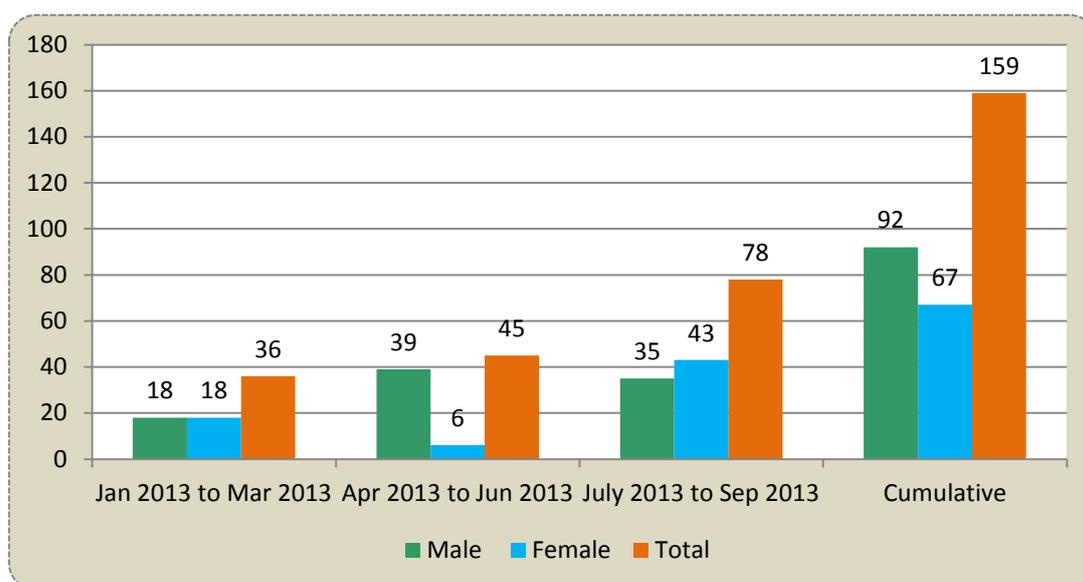
1.5 Child Health

Improve Immunization Services: ZISSP provides financial and technical support to MCDMCH to improve routine immunization services by training health workers in the Reaching Every

Child in Every District (RED) strategy and providing on-site problem solving technical assistance. ZISSP is also investing in capacity-building of community health volunteers (CHVs) in the application of the RED strategy principles to strengthen facility-community linkages to improve access to and utilization of immunization services. To address issues of access to and utilization of immunization services, ZISSP targeted districts in Southern, Western, Central and Lusaka Provinces with technical assistance for planning related to child health.

During the quarter, 78 health workers (35 males, 43 females) and 45 CHVs (27 males, 18 females) in Chongwe District (Lusaka Province) were trained in the RED strategy (Figure 4). ZISSP also supported three post-training follow-up visits, reaching 80 percent of health staff and 75 percent of CHVs previously trained in the RED strategy. Improved health worker and volunteer capacity in the RED strategy has resulted in progressive improvements in immunization coverage rates in Sinazongwe, Kalomo, Gwembe and Mkushi Districts. Issues that have negatively impacted immunization coverage include: postponement of outreach services due to inadequate or inconsistent monthly allocation of funds to health facilities by MOH; late payment of allowances; transport challenges (inadequate fuel supplies for district transport and lack of motorized transport for facility-based staff resulting in poor access to communities); stock-outs of vaccines (attributed to discrepancies in population numbers); and inappropriate cold chain maintenance practices.

Figure 4: Number of Health Workers Trained in RED Strategy (Jan. 2013 - Sept. 2013)



During the post training follow-up visits, all CHVs demonstrated the use of the community register, recording all households with pregnant women and under-five children and recording all interventions provided. The registers were found to be most reliable system for tracking and following up defaulters, and were also used for activity plan development and report writing. Efforts by CHVs have resulted in progressive reduction in DPT3 drop-out rates in four districts (Mkushi, Sinazongwe, Kalomo and Gwembe). A key barrier to access and utilization of immunization services was seasonal shifting during the floods and fishing periods. Challenges experienced by CHVs that compromise community mobilization and service provision include long distances, lack of transport, and lack of supervision of CHVs.

Supplementation of Vitamin A and Deworming: MCDMCH, in collaboration with the National Food and Nutrition Commission (NFNC), provides Vitamin A supplementation, growth monitoring and deworming to children under five during bi-annual Child Health Week activities. Given the late disbursement of monthly grants from MOH to district health offices and short notice for preparation in 2013, a number of districts were challenged with logistics, behavior change communication (BCC) materials and human resources to support these activities.

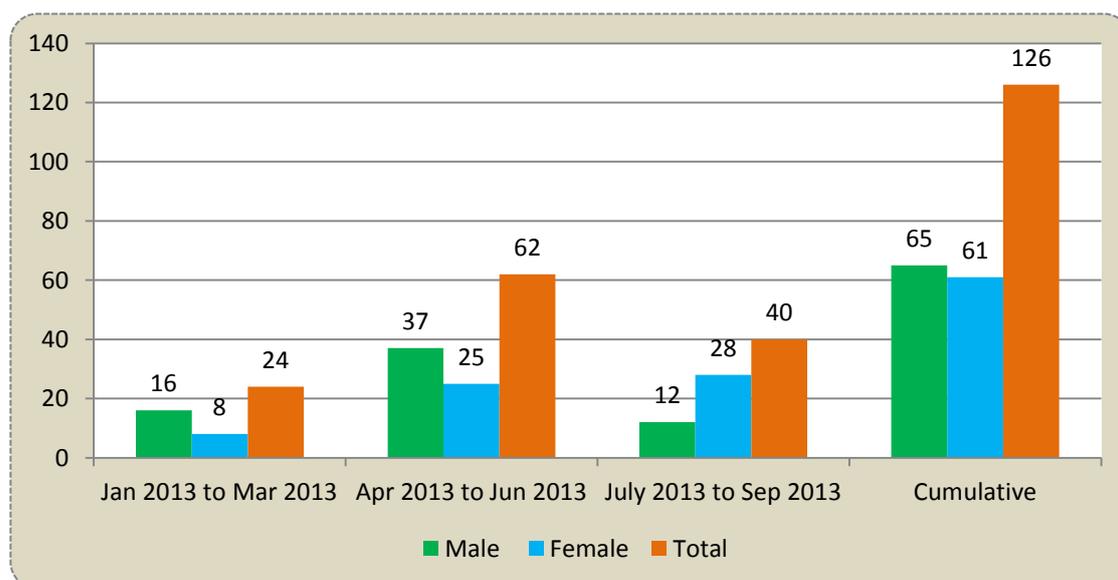
To support the Child Health Week campaign, ZISSP supported 20 districts across five provinces (Southern, Lusaka, Central, Copperbelt and Eastern) on the basis of their low coverage in DPT3, measles and Vitamin A supplementation, providing national-level technical and transport support. Data entry, analysis and report-writing of the Child Health Week support is currently in progress.



Photo 2: An infant receives Vitamin A supplementation during Child Health Week.

Improving Quality of Care for Sick Children: During the third quarter, ZISSP supported the Integrated Management of Childhood Illnesses (IMCI) training for 27 health workers (17 males, 10 females) from six districts of Western and Southern Provinces. The training improves the knowledge and skills of healthcare workers to manage sick children using an integrated case management approach. ZISSP achieved 100% of the annual target, reaching 126 health workers from nine districts of North Western, Western and Southern Provinces. Since project inception, ZISSP has supported training of 531 health workers (285 males, 246 females) in facility-based IMCI in 26 (of 27) ZISSP districts (Figure 5).

Figure 5: Number of Health Workers trained in IMCI (Jan. 2013 - Sept. 2013)



Strengthening teaching of IMCI in pre-service training institutions: The World Health Organization (WHO) recommends that 60 to 80 percent of health workers who manage sick children are trained in IMCI. Zambia has struggled to meet this saturation target due to movement of staff and to inadequate financial resources to conduct in-service IMCI trainings. Therefore, in order to scale up the number of IMCI-trained health workers, a more effective (and cheaper) strategy has been introduced to strengthen the teaching of IMCI to pre-service students using innovative methodologies. ZISSP has supported in-service training using the IMCI Computerized Adaptation and Training Tool (ICATT), which reaches larger numbers of health workers through group or individual training, using fewer human and financial resources.

In July 2013, ZISSP provided financial and technical support to support training using ICATT for 25 nurse tutors and clinical teachers (16 males, 9 females) drawn from 14 public and private nursing schools. This is a second IMCI training course using ICATT that has been supported by ZISSP.

Post-IMCI Training Mentorship: In the third quarter, ZISSP supported IMCI post-training follow-up visits and mentorship to 36 healthcare workers from Kalomo, Sinazongwe and Gwembe Districts. The visits reinforced health workers' skills to improve the outcomes of sick children. Findings included that:

- Assessment for general danger signs was at 75 percent for Kalomo and Gwembe
- Gwembe District Health Management Team received adequate ratings in three areas of case management: anemia (67 percent), HIV and AIDS (57 percent) and immunization and vitamin A (100 percent).
- Essential IMCI drugs (Amoxicillin, Gentamycin, Cotrimoxazole, Coartem, low osmolality oral rehydration salts (ORS) and zinc tablets) were in good stock in most of the health facilities in all three districts.

Key recommendations from the visit include the need for District Health Management Teams to budget and procure supplies and equipment to support case management (e.g., supplementary pediatric formulations for IMCI drugs, weighing scales, ARI timers, under five cards, pediatric IV sets and NG tubes), to re-enforce IMCI charting skills, and to establish Oral Rehydration Therapy (ORT) corners.

Improving Newborn Care Practices: In 2013, the development process of the Newborn Care Scale-up Framework for Zambia was completed, and focus shifted to operationalizing implementation of evidence-based interventions that will save newborn lives across the continuum of care. ZISSP provided technical support to the finalization and launching of the framework to stakeholders and policymakers. Following the launch, ZISSP collaborated with stakeholders to provide technical support to develop Essential Newborn Care Guidelines and to adapt the WHO training materials.

1.6 Nutrition Interventions

Maternal, Adolescent, Infant and Young Child Nutrition Training Packages: ZISSP supported the NFNC and the MCDMCH to initiate development of training packages for the maternal, adolescent, infant and young child nutrition (MAIYCN) training packages. ZISSP supported two stakeholder meetings to review and update the current draft guidelines on MAIYCN,

focusing on the First 1000 Critical Days Program. In the next quarter ZISSP will support finalization and validation of the guidelines.

Infant and Young Child Feeding Trainings: ZISSP supported the training of 25 health workers in IYCF (16 males, 9 females) in Nyimba District and supported training of 89 community volunteers (45 males, 44 females) in community-IYCF and community based growth monitoring and promotion (CBGMP) from Nyimba and Lundazi Districts (Figure 7). The training equipped volunteers with the knowledge and skills to identify and counsel mothers of children in need of nutritional interventions, and to provide referrals to the next level of health care.

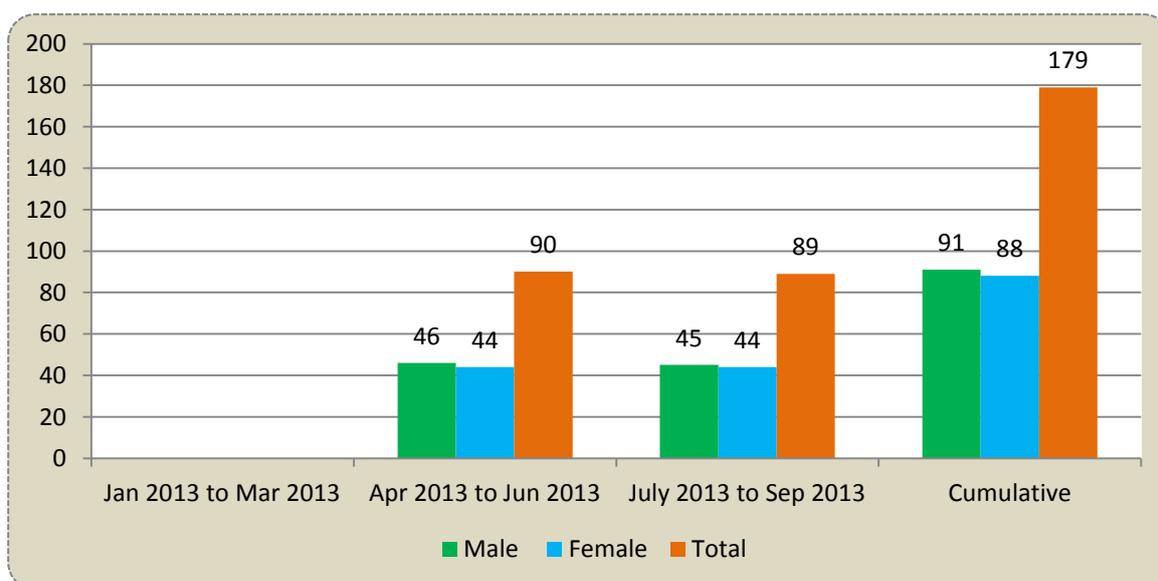
ZISSP supported post-training follow-up visits to 106 health workers and community volunteers (57 males and 49 females) that were trained in IYCF from Masaiti, Chiengi and Nchelenge Districts.

The health workers and the community volunteers demonstrated both knowledge and skills acquired during the training. In general, the main challenge which came up was the lack of cooking demonstration utensils.



Photo 3: A mother is supported with breastfeeding by a trained IYCF volunteer during a post-training follow up visit in Nchelenge district.

Figure 6: Number of Community Health Workers Trained in IYCF (Jan. 2013 to Sept. 2013)



World Breastfeeding Week: ZISSP provided support for the launch of the 2013 World Breastfeeding Week in Mwanse community in Lundazi District. The launch used various methods of communication to reach the community with high-impact, effective messages on sustainable and successful breastfeeding and optimal complementary feeding practices.

Methods included a phone-in program on the local radio station, drama performances, songs and dance. Approximately 100 local people were reached with breastfeeding and complementary feeding messages.



Photo 4 (top right): School pupils of Mwanse Lundazi during Breastfeeding Week march past.

Photo 5 (bottom right): A local drama group performs during the breastfeeding week launch in Lundazi.



1.7 Saving Mothers Giving Life Endeavor

ZISSP continued to support coordination of Saving Mothers Giving Life (SMGL) partner activities through the district coordinators and to provide technical support for various SMGL-related activities, including district monthly partners' meetings, maternal death reviews and post-training follow-up of Safe Motherhood Action Groups (SMAGs). ZISSP also hired a provincial-based coordinator based in Eastern Province to assist SMGL coordination across the two targeted districts. In the next quarter, ZISSP will extend its support to three additional districts (Samfya, Choma and Chipata) during phase II of the SMGL-Endeavour project.

TASK TWO: Support to the provinces and districts

2.1 Clinical Care and Quality Improvement

Institutionalization of Quality Improvement: In quarter three, ZISSP made efforts to hold a consultative meeting with the new director for Clinical Care and Diagnostic Services at the Ministry of Health to sensitize him on the benefits of establishing a National Quality Improvement (QI) Steering Committee. However, the meetings have been postponed to the fourth quarter.

To enhance institutionalization of QI at provincial, district and health institutional levels, ZISSP continued to facilitate technical support supervision by higher-level quality improvement committees to established lower-level QI committees in the third quarter. To date, all 10 provinces have received QI support visits by ZISSP. Notably, the visits to Muchinga and Northern in the third quarter were funded by the MOH, showing evidence of ownership of the supervision process.

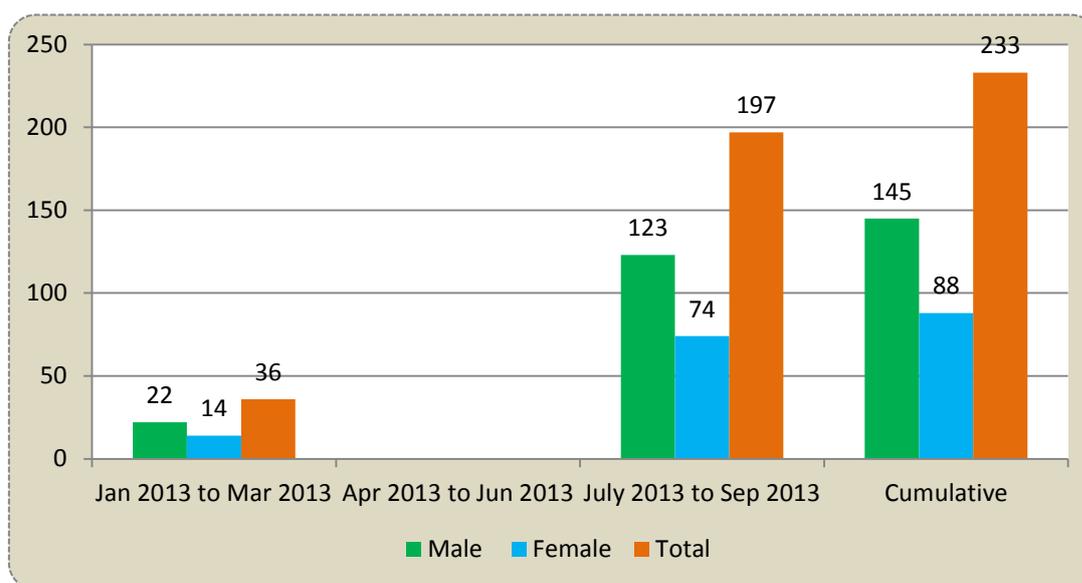
Institutionalization of QI is taking shape, as demonstrated by the overwhelming submission of abstracts to the national QI conference, held on 11th to 12th September 2013 in Lusaka under the theme: "Institutionalising Quality Improvement in Health Service Delivery." ZISSP leveraged resources to co-fund the conference (with MOH, Centre for Infectious Disease Research Zambia and HealthQUAL International USA). Over 150 delegates attended representing all levels of the health system across the 10 provinces.

Conference presenters included QI experts from the MOH, Health Practitioners Council of Zambia (HPCZ), Centers for Disease Control and Prevention (CDC), and ZISSP. Selected health facilities presented case studies on their implementation of QI projects, including Choma General Hospital ("Use of Quality Improvement Analytical Tools for Problem Solving") and Lundazi District Hospital ("Improving Obstetric Care through Use of Completed Partographs").

Accepted abstracts described QI activities that were implemented in various health facilities across Zambia, including "Reduction in the Incidence of Neonatal Sepsis" (Lewanika General Hospital, Mongu), "Improving Clients' Waiting Time" (Monze ART clinic), "Strengthening Laboratory Support System to Improve Patient Case Management" (Livingstone General Hospital), and "Using Quality Improvement Approach to Reduce 'Lost to follow-up' of pregnant mothers" (Mtendere Mission Hospital/AIDSRelief).

Quality Improvement Training: The QI Technical Working Group noted that most QI committees have only one or two members trained in QI, indicating a high unmet need for training. In quarter three, ZISSP supported the QI training of 197 health workers (123 males, 74 females) from three provinces) (Figure 8). The trainings in Lusaka and Western Provinces focused on health workers from health facilities. In Central Province, training targeted the District Health Management Team (DHMT) in response to their specific request for training. The DHMT is using their enhanced skills for supervision of QI projects in health facilities in the district. The completion of these trainings increases the number of health workers trained by ZISSP to date to 813 (489 males, 324 females).

Figure 7: Number of Health Workers Trained in QI (Jan. 2013- Sept. 2013)



In July, ZISSP engaged a consultant to refine the QI training package. Work will be complete by mid-November 2013. Although ZISSP does not have a set target for training health workers in QI, training continues to be a priority in recognition that QI is a cross-cutting initiative. Training as many service providers as possible will enhance institutionalization of QI into health service delivery.

Quality Improvement Committees: Formation of QI Committees at all levels is an ongoing activity across Zambia to promote sustained institutionalization of QI into health service delivery. In the third quarter, most provincial QI Committees focused their efforts in providing TSS and coaching to already-established committees. Particular focus was placed on those committees that had already initiated some QI projects that could be submitted for presentation at the national QI conference.

Following the conference, the focus returned to supporting formation of committees. For example, the Lusaka Provincial QI Committee offered technical support to the formation of a QI committee at Luangwa District Health Office and for activation of QI committees at both UTH and Levy Mwanawasa Hospital. At UTH the Deputy Medical Superintendent will chair the meetings, comprised of all departmental heads, and each department will form QI sub-committees. This approach, with clear organizational support from the beginning, is expected to result in stronger ownership by management. However, a remaining challenge is that most QI committee members have yet to be trained in QI.

Technical Support Supervision to Quality Improvement Committees: The national QI TWG has prioritized capacity-building for QI committees at all levels, focusing on the following skills: (1) identification of quality gaps in health service delivery; (2) initiation and implementation of QI projects; (3) monitoring and evaluating QI; (4) documenting achievements; and (5) sharing best practices. Capacity-building was provided through scheduled and regular TSS combined with coaching by the higher-level QI committees to the lower-level QI committees. The QI TWG provided TSS to three provincial QI committees (Muchinga, Northern and Western) during the third quarter. In addition, five provincial QI committees (Copperbelt, Eastern, Luapula, Southern, and Western) provided TSS to 35 district QI

committees in their respective provinces. ZISSP also supported 17 district QI committees in three provinces (Copperbelt, Southern, and Western). During the visits, provincial and district QI committees transferred QI skills (see five skills above) when supervising QI projects implemented by health facility QI committees.

Development of Quality Improvement Job Aids and Treatment Protocols: ZISSP embarked on the development of QI job aids in the third quarter. The tools, which will be distributed to QI committees at all levels, are expected to enhance operationalization and sustainability of QI within health service delivery. The first drafts of the job aids have been submitted to the QI TWG for ratification. ZISSP will print the job aids in the coming quarter.

At the MOH's request, ZISSP supported three MOH consultants from UTH to participate in the development of National Clinical Care Audit Guidelines. The ZISSP Clinical Care Specialists (CCS) from Central and Southern Provinces and the Clinical Care Team Leader also participated in the exercise.

The MOH also convened a workshop (with support from ZISSP) to develop flow charts and job aids for common health conditions in internal medicine, surgery, paediatrics, psychiatry, anaesthesia, physiotherapy, ear nose and throat, oncology, nursing care and radiology. These tools will serve as quick reference materials for Clinical Care Teams (CCTs) and mentees at the service delivery point.

Mortality Reviews and Clinical Meetings: ZISSP has supported the monitoring of maternal and under-five mortality through the provincial and district QI committees, which collaborate with the provincial and district clinical care teams. Two indicators (maternal and under-five mortality) were selected on the basis of their direct reflection of the quality of clinical case management at any level. ZISSP not only provides logistical support to provincial and district structures to facilitate these mortality reviews, but also supports the structures to follow up identified gaps in health service delivery through QI projects, clinical meetings and mentorship.

In the third quarter, ZISSP supported maternal mortality reviews by QI committees and clinical care teams in Eastern, Muchinga and North-Western Provinces. In Muchinga Province the Provincial Health Office invited all districts to a joint review of all 28 maternal deaths that occurred between January and June 2013. Causes of deaths included puerperal sepsis, malaria in pregnancy and hypertension in pregnancy. Health systems factors contributing to the high number of maternal deaths in the province included the following: lack of focused antenatal care in most of the referral health centers; home deliveries by untrained traditional birth attendants (TBAs) (some of whom were administering herbal drugs); unskilled attendants; lack of clear communication mechanisms for referrals; and delayed consultation and referral. ZISSP noted that the report did not mention the availability and role of SMAGs. SMAGs were also not mentioned in the recommendations, nor did the recommendations include clinical mentorship (although clinical symposia was mentioned as one of the strategies to improve health service delivery).

In Eastern Province, ZISSP facilitated and supported a maternal mortality review of two cases at the Kamoto Community Mission Hospital (Mambwe District) and Chipata General Hospital. The Provincial QI Committee in North-Western Province also facilitated review of maternal mortality in four districts (Solwezi, Mufumbwe, Mwinilinga and Zambezi).

Complete documentation of cases, including missing records, proved to be a challenge during the North-Western reviews.

Evaluation of the Provincial Review Meetings: ZISSP has engaged a consultant to evaluate the effect of the provincial quarterly review meetings to enhance effectiveness. This evaluation is being done in collaboration with the Monitoring and Evaluation (M&E) team at ZISSP. The report will be finalized in the fourth quarter.

Survey on ART Accredited Health Facilities: A review of the draft knowledge, attitudes and practice (KAP) survey report on the ART accreditation program revealed that the data collected had some inadequacies. In response, the HPCZ developed a set of new data collection tools with full participation from ZISSP and a consultant. ZISSP is currently working with HPCZ to finalize the report.

Clinical Mentorship: A draft concept paper has been developed to monitor and evaluate the outcome and effect of clinical mentoring in the five identified model health facilities in each of the nine provinces. The evaluation will demonstrate the effect of clinical mentorship and QI in improving health service delivery in these facilities based on a set of indicators that will be selected in 2014. The concept paper is currently undergoing review.

ZISSP has continued to support the clinical care mentorship of health workers provided through the multi-disciplinary CCTs. However, the major challenge is the high attrition rate of trained team members at both the province and district levels.

ZISSP supported six Provincial CCTs in Central, Copperbelt, Eastern, North-Western, Southern and Western to provide clinical mentorship to 22 District CCTs in their respective provinces. Non-communicable diseases were covered in three provinces (Eastern, North-Western and Southern) where ZISSP (through the CCSs) linked specialists from tertiary hospitals to mentor doctors in the district hospitals. ZISSP also supported eight District CCTs (DCCTs) in two provinces (Central and Western) to hold 12 mentorship needs-identification meetings.

ZISSP supported 68 DCCTs in eight provinces (Central, Copperbelt, Eastern, Lusaka, Muchinga, Northern, Southern and Western). Luapula Province was not reached in the third quarter because ZISSP had just filled the position of the CCS. The number of DCCTs supported was higher than the previous quarter, which had reached 49 DCCTs.

In the first nine months of 2013, ZISSP has supported an cumulative total of 1830 mentorship sessions provided to 1,400 health workers (763 male, 637 female)(Figure 9 & Table I).

Figure 8 (right):
Number of Mentorship sessions (Jan. 2013 to Sept. 2013)

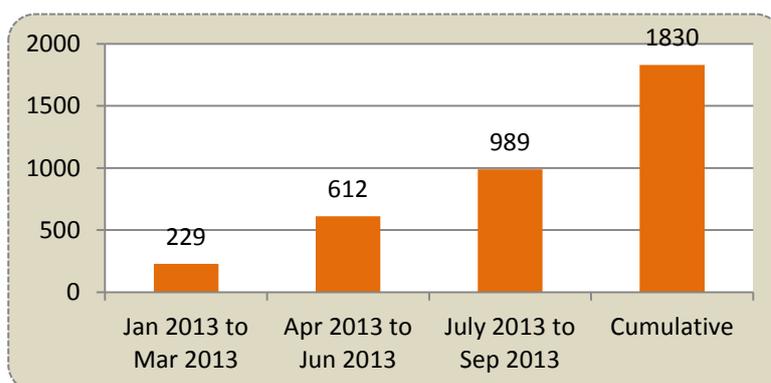


Table 1: Mentorship provided to health workers (Jan 2013 - Sept. 2013)

Province	Male	Female	Total Mentees	Mentorships
Southern	182	111	293	455
Central	129	95	224	277
Copperbelt	94	121	215	250
Eastern	71	38	109	137
Luapula	1	0	1	1
Lusaka	18	27	45	74
Muchinga	26	19	45	51
North Western	41	20	61	82
Northern	58	41	99	116
Western	143	165	308	387
Grand Total	763	637	1400	1830

2.2 Management Specialists

Support for the Ministry Of Health Annual Planning Process: ZISSP continued to work with the MOH and MCDMCH headquarters during the development of 2014-2016 medium-term plans and review of their health institutions' plans (provinces, districts, hospitals, training institutions and statutory boards). As part of the national-level support in planning, ZISSP provided financial and logistical support to senior officers from MCDMCH to participate in the review of the consolidated action plans for the District Community Medical Offices (DCMOs). This support provided an opportunity for the "new" ministry to have practical experience with the review exercise and also gave MCDMCH officers the opportunity to provide further guidance to DCMOs on community-level health interventions. Both ministries have completed the consolidation of their health institution's plans and have submitted these plans to the Ministry of Finance and National Planning for review and budget consideration.

Support for the Provincial Annual Planning Process: ZISSP has continued to provide technical and financial support to the provincial-level planning process. During the third quarter, ZISSP provided technical and financial support to Provincial Medical Offices to undertake performance review meetings following the national launch of the 2013 planning cycle by MOH and MCDMCH. The preparatory meetings provided a forum for program managers to review performance in their individual program areas based on what they had set out to do in the previous year, using the previous year's plan as the benchmark. Program officers also reviewed the performance of indicators for key health interventions such as HIV and AIDS, tuberculosis, malaria, nutrition, and child and maternal health, and compared these with the national picture provided during the national launch. During this process, program officers used the "Step-by-Step Guide to Planning" (developed by MOH with ZISSP support in 2013) to identify and select priority health programs. These priority programs were

shared during provincial planning launch meetings with districts, hospitals and other health institutions as part of provincial technical planning updates.

In addition, ZISSP also provided financial, logistical and technical support to Provincial Health Offices to hold planning meetings with their program officers to develop their 2014-2016 provincial action plans. An average of 20 program officers per province participated in these meetings, which produced provincial health action plans for the 2014-2016 Medium-Term Expenditure Frameworks (MTEF). As a follow-up to this process, ZISSP technical teams combined efforts with the ZISSP and MOH and MCDMCH teams from central and provincial-level teams to review action plans for the health institutions and to provide on-site coaching. These activities resulted in the finalization and submission of health plans to the central ministries for consolidation into the national health plans.

Support for the District Annual Planning Process: ZISSP continued to provide technical and financial support to the ZISSP target districts prior to and during the district annual planning process. This district-level support is part of continued systems strengthening efforts to the overall MOH planning process. Following the process undertaken by the provincial-level teams, the districts also used the “Step-by-Step Guide to Planning” to review performance in the previous year and to identify key health priorities for 2014-2016 MTEF.

New innovations in the planning process were used in different provinces. For example, Lusaka’s Luangwa and Chongwe Districts co-funded both the pre-planning and the review meetings, and included hospital and health center staff from the onset. This innovation of holding combined meetings as opposed to separate meetings as per the planning guidelines assisted the districts to speed up the process of planning and reduced the cost of undertaking separate meetings for districts and health centers.



Photo 6: Chongwe District Information Officer with a Japanese volunteer (also a data officer) consolidates district data during development of the district action plan.

ZISSP’s support for preparatory meetings in target districts accelerated the action plan finalization process in individual districts. For example, Lundazi District and Copperbelt Province were both able to submit finalized plans at the end of the review meeting. ZISSP also observed that districts that undertook action plan reviews prior to the annual planning process, and then received on-site mentoring during action plan development, performed better on two measures: (a) the speed at which they completed the development of their action plans, and (b) in terms of the overall quality of action plans. This was observed in both Copperbelt and Eastern Provinces.

The major challenge observed during this year’s review process was that some districts were not ready for the review exercise. This challenge was more prevalent in provinces with high numbers of newly-created districts. (For example, the government formed two new districts in Western Province, increasing from seven to nine). Problems arose from

segregation of data from the “parent” districts and then the use of the data to develop the new district’s unique plans. New districts did not have the capacity and/or staff for planning, leading to the expectation that parent districts should develop action plans for the new districts in addition to developing their own plans. The increased responsibility was further complicated in some cases where the district had been sub-divided into three, meaning the parent district had to develop three different action plans.

In the fourth quarter, ZISSP will continue to provide technical assistance to support district- and provincial-level planning by both ministries. In particular, the assistance will support the target districts to conduct quarterly reviews of their action plans and to update their plans based on performance levels.

Support to National Health Accounts Survey and Resource Mapping: The report-writing for the National Health Account (NHA) survey, which was undertaken in 2012 for 2007-2010 expenditures, has been completed with technical and financial support from ZISSP. In the next quarter, ZISSP will provide technical assistance to MOH to print the report in readiness for dissemination through the Sector Advisory Group or Stakeholder Consultative Meeting. This report will form the basis for the forthcoming NHA survey planned for 2011-12 expenditures, which is expected to commence in the fourth quarter. To date, MOH and MCDMCH have developed a joint proposal for the next NHA survey.

The NHA (2011-12) will use the new NHA tool, called SHA2 (Systems for Health Accounts). To introduce the application of this tool, the World Health Organization has hired a consultant to orient the University of Zambia (UNZA)-affiliated enumerators and the Zambian NHA team, which includes accountants, planners, and Management Specialists (MS) from central and provincial medical offices. ZISSP will co-fund the orientation course. The training, tentatively set for 4th to 8th November 2013, will be followed by data collection.

Participants in the NHA SHA2 training will also be trained in the Resource Tracking Tool (RTT), which was developed in 2011 with ZISSP support. The Department of Economics at UNZA has supported analysis of the data collected through the RTT, has adjusted the tool with input from the MOH and MCDMCH, and has developed an ACCESS database incorporating NHA fields. Using similar fields with those of the NHA should make it easier to import expenditure data into the main NHA tools and accelerate the data collection process. MCDMCH and MOH would like this tool to be placed at district level to capture expenditure data on NHA sub-accounts both at district level and at community level. Submission of these data annually to headquarters will help with policy decisions.

Support for the Bi-Annual Performance Assessment: ZISSP provided technical and financial support to the MOH Directorate of Technical Support Services (DTSS) to finalize the alignment of performance standards to the revised performance assessment (PA) tools. (The revised PA tools, completed in 2012, had not been used by districts, hospitals and health centers during the first quarter of the PA process due to the delay in realignment of the standards with the tools). The revised PA tools and accompanying standards have since been disseminated and have been in use since September for the third and fourth quarter PA activities. ZISSP’s provincial MS are providing financial and technical assistance to the Provincial Medical Offices to orient districts and hospitals to the revised tools. To date, the MS have oriented 174 people (113 males, 61 females) from Central, Northern, Lusaka and North Western Provinces to the new tools.

MOH has requested provincial and district program officers to compile a list of issues identified during the use of the revised tools and to forward these issues to the DTSS for action. Preliminary comments are that the tool has not included minimum standards and indicators for non-communicable diseases and disaster risk reduction. Program officers also indicated that the indicator on gender still remains vague.

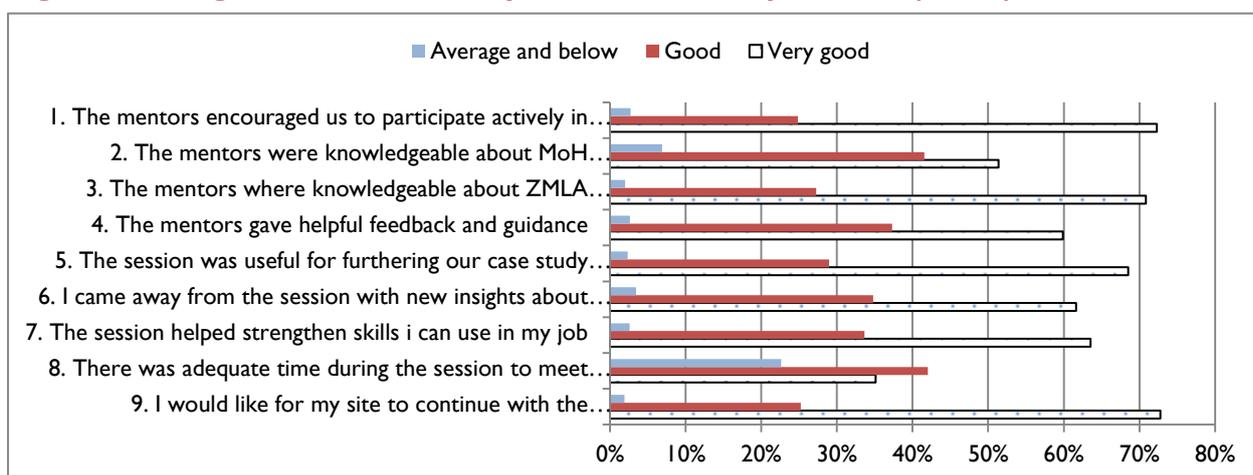
In the fourth quarter, PA activities will continue in most provinces. ZISSP field staff will continue to participate in PA activities and will provide on-site coaching in specific management functions that require further strengthening.

Data Quality Assessment Guide Development: ZISSP provided technical and financial support to the MOH M&E unit to develop Data Quality Assessment (DQA) guidelines that will provide a standardized process for conducting DQAs at all levels. Building on the work initiated in the second quarter, ZISSP hired a consultant to work on the first draft of the guide. The draft has since been completed and was submitted to both MOH and ZISSP. The guide is now ready for implementation. Prior to implementation, however, the MOH would like to conduct a Training of Trainer’s (TOT) workshop for provincial program officers, which include Senior Health Information Officers and MS from ten provinces. The TOT is scheduled for November 2013. Following the TOT, the guide will initially be implemented in three selected provinces (Southern, Central and Eastern) and six districts which include three non-ZISSP districts.

Support for the Zambia Management and Leadership Program: The Zambia Management and Leadership Academy (ZMLA) program conducted a qualitative mid-term evaluation of the program in August 2013. The evaluation solicited feedback from program participants and mentors, among others, that would provide information for making further improvements to the ZMLA training model and accompanying training materials. The survey was undertaken in five provinces (Central, Copperbelt, North Western, Northern and Lusaka). Data were collected through focus group discussions and in-depth interviews with 36 key informants.

One of the major findings from the survey revealed that 100% of respondents felt they were adequately trained to meet their management and leadership responsibilities. The survey also looked at participants’ perceptions with the mentorship sessions (n= 200 participants), which indicated that participants felt that mentoring sessions were very good (Figure 10).

Figure 9: Ratings of the four, two-day ZMLA mentorship sessions (n=200)



Findings of the evaluation were presented in the ZMLA Program Review Meeting held in Chisamba from 2nd – 6th September 2013. Twenty-eight participants (17 males, 11 females) attended from the MOH, MCDMCH, National Institute for Public Administration (NIPA), ZISSP, BroadReach Institute for Training and Education (BRITE) and BroadReach Health Care (BRHC). The meeting reviewed the ZMLA program performance after the first year of implementation. Meeting activities included sharing the findings from the mid-term review with participants; reviewing the training modules for content, consistency in the layout and delivery of material; and review of the current mentorship activities under the ZMLA program. The meeting produced a list of recommendations for improving the content, flow and delivery of the training materials. Work is underway to incorporate these recommendations in the modules.

To ensure sustainability of ZMLA after close of the project, participants resolved that the project should ensure full engagement of the government at national and implementation levels (i.e., provinces, districts, and hospitals). Identified mechanisms to support sustainability included using some of the existing government processes to deliver mentorship sessions, such as the PA process. The MOH intends to use PA reports as a proxy for evaluating program impact, as this is the process through which comprehensive problem analysis can be appropriately measured. As a next step, it was recommended that the program begins to incorporate some of the ZMLA concepts into the existing PA process. Another sustainability approach is the use of NIPA, which has an existing role in delivering management capacity-building programs on behalf of the government and therefore is well-positioned ensure the continuation of the ZMLA concept. In the fourth quarter, the program will design a strong mentoring system which will incorporate one-to-one mentorship at provincial level by MS and their government counterparts.

ZMLA graduation for the first training cohort: ZMLA graduated the first group of 367 trainees at completion of the first year of program implementation. At a very colorful graduation ceremony (organized by NIPA, MOH, ZISSP and BRITE), higher diplomas were awarded to 177 trainees (123 males, 54 females). The remaining 190 participants did not meet all the diploma requirements, but will receive certificates of attendance at the end of the year.

The graduation event was held at the NIPA main campus in the morning, while a press and media reception was held at the government complex in the evening. One of the graduates, Senior Chief Kanongesha of North-Western Province, gave a very inspiring speech on how the ZMLA program has changed his way of managing community health problems. He commended the project for having included him and other chiefs in the program.

“This has enabled me to be part of the Mwinilunga District planning activities for community health programs for the first time. I, therefore, urge district health teams to consider chiefs in their health programs.”

In the fourth quarter, the program will recruit another 225 trainees for the second phase of ZMLA training. The trainees will be selected from 18 remaining ZISSP target districts in ten provinces. This group is expected to complete and graduate from the program by September 2014.



Photo 7: ZMLA graduates at the NIPA main campus, held on 27 September 2013.

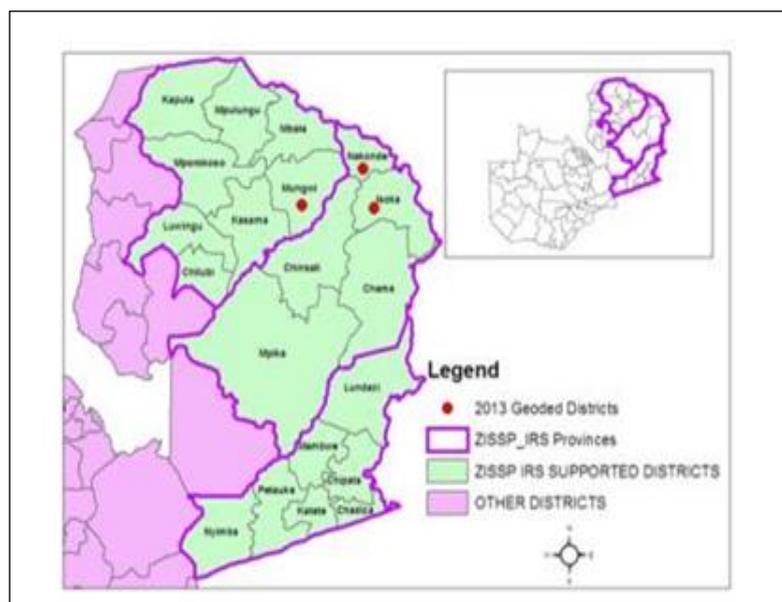
2.3 Malaria

Training of Supervisors: ZISSP supported the National Malaria Control Center (NMCC) to conduct two TOT sessions for Eastern, Muchinga, and Northern Provinces covering all 20 Presidential Malaria Initiative (PMI)/ZISSP-supported districts. Fifty-nine district indoor residual spraying (IRS) supervisors (50 males, 9 females) were trained, preparing them to train spray operators as well as to manage the monitoring and supervision tasks that go with the spray operations. Pre-test results averaged 65 percent (range 42 – 89), while post-test results averaged 76 percent (range 52 – 99). Supervision is a key component of IRS as its purpose is to ensure that high quality IRS is delivered, resulting in high coverage.

Training of Spray Operators: A successful IRS campaign is possible if the correct dosage of insecticide is applied appropriately on the wall surface. In order to achieve this, the appropriate training of spray operators is required. Cascade training was conducted immediately before the beginning of the 2013 spray campaign and was facilitated by the same supervisors who were trained as trainers. ZISSP provided technical and financial support to the National Malaria Control Centre (NMCC) to train 864 spray operators (583 males, 281 females) in the 20 PMI-supported IRS districts in Eastern, Muchinga and Northern Provinces.

Monitoring and supervision: ZISSP supported the monitoring and support supervision for the cascade training for 20 districts to ensure that IRS guidelines are followed during the trainings and that corrective measures are taken immediately whenever technical deficiencies are noticed.

Geocoding of Housing Structures: ZISSP trained 80 enumerators (36 males, 44 females) from three districts (Mungwi, Isoka and Nakonde) and completed the geocoding exercise using the Global Positioning System (GPS)-enabled handheld computers, also called personal digital assistants (PDAs).



The number of structures enumerated were 13,378 in Mungwi, 24,376 in Isoka and 26,432 in Nakonde (Figure 11). The information from this process is necessary for planning and effective implementation of IRS as it is used to estimate the required quantities of insecticides as well as the deployment of spray operators.

Figure 10 (left):

Location of the three districts where GPS was used to enumerate structures for IRS planning.

Distribution of IRS commodities: IRS operations require adequate and timely procurement and supply of materials and supplies to ensure that field operations are not hampered. Major

commodities include insecticides, pumps and personal protective equipment. ZISSP supported NMCC to distribute all the needed IRS commodities to the 20 PMI-supported IRS districts to ensure that they were delivered in good time (Table 2).

Table 2: Distribution of IRS supplies this quarter

No.	District	Quantity of OPs delivered (bottles)
A.	Eastern Province	
1	Chipata	13,920
2	Katete	10,236
3	Mambwe	3,360
4	Chadiza	7,992
5	Lundazi	9,120
6	Nyimba	4,992
7	Petauke	11,448
	Sub-Total	61,068
B.	Muchinga Province	
1	Chama	5,376
2	Chinsali	4,848
3	Isoka	3,684
4	Mpika	4,452
5	Nakonde	4,188
	Sub-Total	22,548
C.	Northern Province	
1	Chilubi	5,376
2	Kaputa	6,600
3	Kasama	6,624
4	Mbala	4,008
5	Mporokoso	3,468
6	Mpulungu	3,216
7	Mungwi	2,784
8	Luwingu	4,248
	Sub-Total	36,324
	Totals	119,940

The President's Malaria Initiative Visit to Eastern Province: The PMI team visited African Indoor Residual Spraying (AIRS)/ZISSP projects in Nyimba, Petauke and Chipata to evaluate the performance of projects and also to meet with the beneficiaries. During the visit, the PMI team and partners met with the district medical officers and toured the IRS centers, hospital, pharmacy and laboratory to find out about the project's performance and to learn about challenges experienced in the implementation of the projects.

Orientation of Provincial Medical Officers and District Medical Officers in IRS Logistics Management: To ensure that PMI-funded IRS commodities are well-managed, ZISSP supported NMCC to

develop IRS Logistics Standard Operating Procedures (SOPs) to guide the store officers and IRS Managers in their day-to-day logistics activities. ZISSP also supported NMCC to orient PMOs and DMOs from Eastern, Muchinga and Northern Provinces in IRS Logistics SOPs so that they could effectively oversee the IRS implementation process.

Support to Technical Working Group Meetings: ZISSP continues to support NMCC to ensure that relevant TWGs continue to provide technical guidance to the National Malaria Control Program (NMCP). During the reporting period, ZISSP provided technical and financial support to three TWGs, namely, IRS, Insecticide Resistance Management, and the Malaria Case Management TWGs. The IRS TWG met at the NMCC in August to compile information required for the review of the National Malaria Strategic Plan (NMSP) 2011-2015 and discussed the on-going preparations for the 2013 spray campaign.

The Malaria Case Management TWG met in Chisamba to update the 2010 malaria diagnosis and treatment guidelines as well as to compile information needed for the review of the NMSP 2011-2015. One recommendation coming from the group is the use of injectable Artesunate as an alternative treatment of choice in severe malaria.

The Insecticide Resistance Management TWG met in Lusaka in July to receive updates from various stakeholders on their activities with insecticide resistance management. In addition, the newly introduced National Health Research Bill, whose objective is to provide a framework for development, regulation, financing and coordination of health research involving human participants, was explained to the stakeholders. The technical advisory committee met soon after the Insecticide Resistance Management TWG to discuss the level of insecticide resistance in the country. Preliminary indicators so far point to the fact that pyrethroid susceptibility has started showing up in some parts of the country. The technical advisory committee further suggested the need for rotation of insecticides in order to manage resistance.

Mid-Term Review of the National Malaria Strategic Plan: The mid-term review of the NMSP 2011-2015 assessed progress in the two-and-a-half year period (2011-2013) of NMSP 2011-2015 implementation and identified recommendations for better performance and impact. ZISSP provided technical and financial support to two TWGs (Case Management and IRS) to assess progress towards the attainment of the goals, objectives, and targets of the NMSP 2011-2015. The TWGs also conducted a rapid analysis of the Strengths, Weaknesses, Opportunities and Threats of the plan. Based on the level of performance of the NMSP 2011-2015, the TWGs recommended improvements to strategies and objectives and developed key activities for the proposed extension of the NMSP 2011-2015 to 2016.

Disease Data Management System Training for Entomology Staff: As Zambia continues to implement and scale up its malaria control program, it is critical that programmatic, monitoring, and surveillance data be managed in such a way to allow informed decisions to be made. ZISSP aims to develop a sustainable entomology M&E scheme that allows seamless integration of field activities, sample processing, data capture, querying, and reporting. ZISSP provided financial support to train NMCC and ZISSP entomologists and technicians (4 males, 2 females) on the capability of the Disease Data Management System (DDMS) as a database and tool for analysis, reporting, and decision-making. The DDMS is a piece of software designed to support the decision-making process that will enable national vector-borne disease control programs to monitor progress and identify issues in real time, so that limited resources can be used intelligently and efficiently to solve

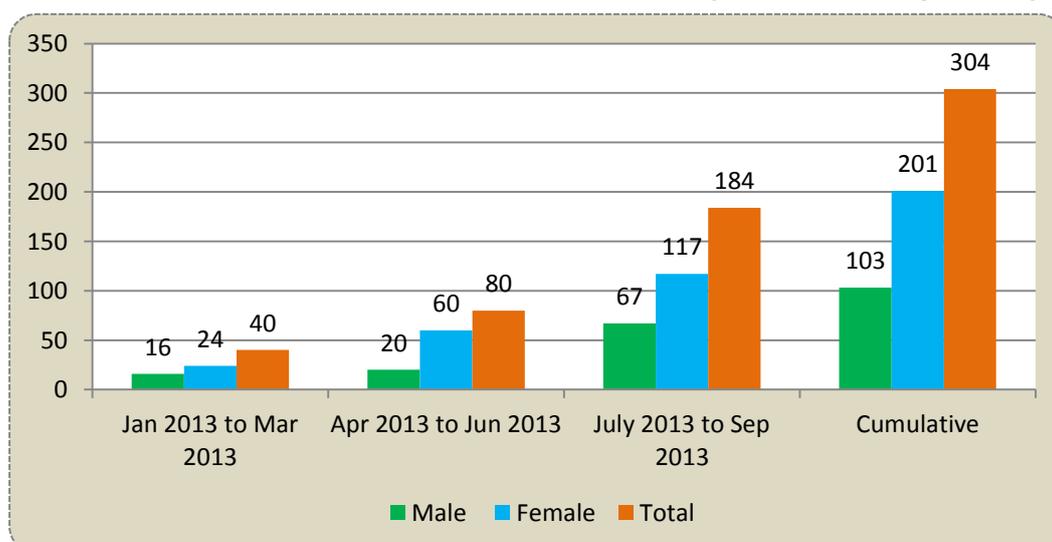
problems. To this end, the NMCC has decided to implement the DDMS for their entomological surveillance data.

Maintenance of the National Laboratory and Insectary: ZISSP provided technical and logistical support to the NMCC to maintain a breeding mosquito colony for entomological monitoring, including paying monthly wages for one insectary technician and procuring daily routine commodities such as washing detergents and sugar. The purpose of the insectary is to provide a source of mosquitoes of known genetic traits and to use these mosquitoes in monitoring the quality of spraying, the efficacy of insecticides on walls, and vector resistance. Plans to have a pre-fabricated insectary installed at NMCC have advanced. The tender for the expression of interest for the insectary has been done, and the evaluation of the tender is in process.

Distribution and Delivery of Integrated Entomological Surveillance Commodity Kits: NMCC, in partnership with ZISSP and Akros, performed hosting capability appraisals to ascertain the suitability of districts to deploy monthly surveillance. New sentinel sites were established in nine districts in preparation for the next transmission season (Chadiza and Lundazi (Eastern Province); Chinsali and Isoka (Muchinga Province); and Chilubi, Luwingu, Kaputa, Mporokoso and Mungwi (Northern Province)). Each district received integrated entomological surveillance operational equipment to assist the District Health Offices with the sole purpose of malaria integrated entomological surveillance. Delivery of these commodities to these districts signified the official transfer of ownership of the integrated entomological surveillance equipment from ZISSP to these respective districts. The future efficient and effective execution of integrated entomological surveillance operations require a sufficient commodities to be procured and delivered in good time to ensure that field activities are not derailed.

Focused Antenatal Care Trainings: ZISSP provided financial and technical support to the MCDMCH to conduct five trainings in focused antenatal care (FANC) for 184 (67 male, 117 female) doctors, clinical officers, midwives and nurses in six provinces (Figure 12).

Figure 11: Number of Health Workers Trained in FANC (Jan. 2013 to Sept. 2013)



The training equipped health workers with the knowledge and ability to critically analyze and make decisions about clinical antenatal cases. Trainings were based on adult learning methodologies and therefore were interactive and maintained participants' attention. The pre- and post-test scores showed that participants' knowledge increased as a result of the training (Figure 13).

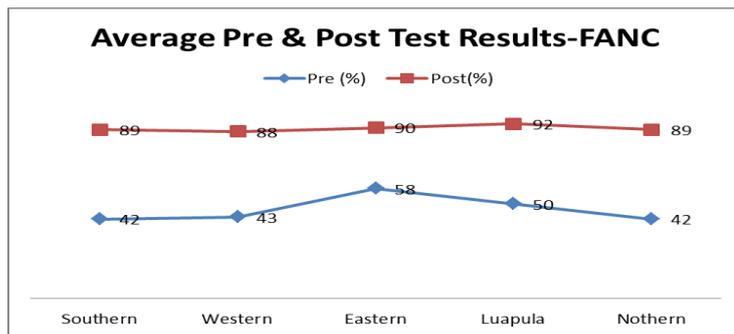
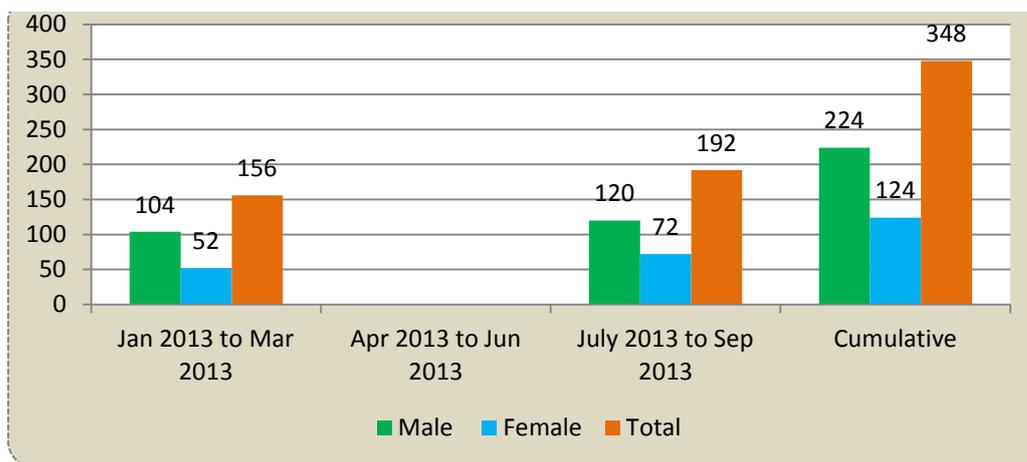


Figure 12: FANC training for health workers: Average pre- and post-test scores by province

Malaria Case Management Trainings for Health Workers: With ZISSP support, the MOH and the NMCC trained 192 (72 Female, 120 males) health workers in malaria case management guidelines from five provinces during the quarter (Figure 14). These trainings used participatory learning methodologies suitable for adult learning.

Figure 13: Number of Health Workers Trained in FANC (Jan. 2013 to Sept. 2013)



The following two areas were given particular attention:

- Management of malaria as malaria, and not the treatment of fevers as malaria (improved treatment compliance)
- Ensuring availability of malaria commodities (rapid diagnostic tests (RDT), microscopy reagents and antimalarial medicines) in all service delivery points through collaboration with all health workers at both district and health facility levels.

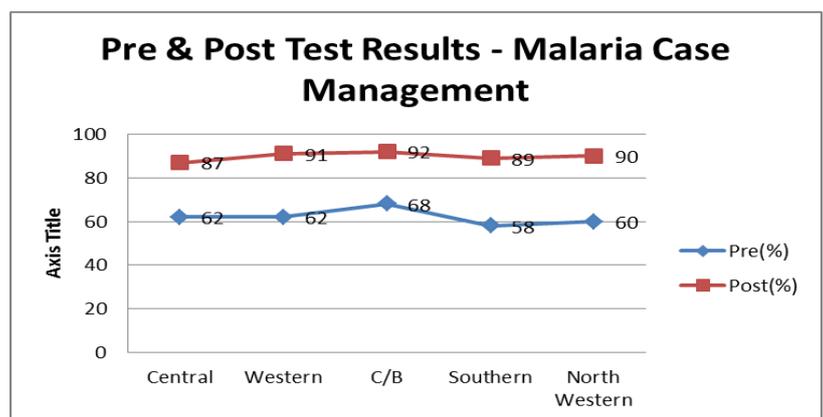
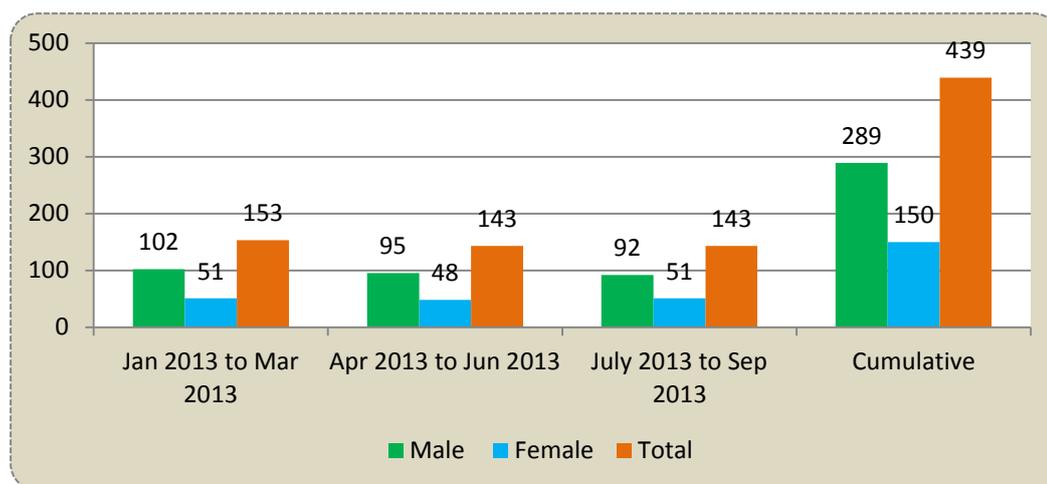


Figure 14: Malaria case management training: average pre and post-test results

Figure 15 shows the increase in knowledge after the training.

Integrated Community Case Management Trainings: ZISSP supported MCDMCH to train 143 (51 females, 92 male) CHWs and 62 (30 female, 32 male) integrated community case management (iCCM) facility supervisors from six districts (Figure 16). The training equipped supervisors with the knowledge and skills in iCCM for effective supervision and provision of support to the trained CHWs. CHWs learned to identify signs of common childhood illness, to test children with fever for malaria and to identify malnutrition. The training also transferred skills to CHWs on how to give basic treatment (ORS solution and zinc for diarrhea; antimalarial medicine for children with fever who test positive for malaria; and/or an antibiotic for children with cough or difficult breathing).

Figure 15: Number of Community Health Workers Trained in ICCM (Jan. 2013 to Sept. 2013)



Malaria Active Infection Detection: The Active Infection Detection (AID) program, first introduced in five health facilities in Lusaka in 2011, is now running in 23 health facilities across the district. Akros, with the Lusaka DCMO, has successfully transitioned 15 of these facilities into the Lusaka DCMO 2013 action plan and budget; the remaining eight health facilities remain USAID funded.

A new district, Mumbwa, has been identified for rural expansion of AID activities to assist the NMCP to identify and target interventions in areas of relatively low transmission as they push towards malaria elimination. Over 150 CHWs have been trained in the district, 39 of these were female while 118 were male. Further plans are being made for another 100 to be trained in the coming year.

3 TASK THREE: Improve Community Involvement

3.1 Community Health

Training of Neighborhood Health Committees: ZISSP supported the MCDMCH to train 446 Neighborhood Health Committee (NHC) and Health Center Advisory Committee (HCAC) members in community health planning using the draft simplified community planning guide. The training aims to improve the community's participation in identifying issues that affect their health and finding possible solutions.

The training participants (299 males, 147 females) were affiliated with 16 health facilities across six districts (Kapiri Mposhi, Nchelenge, Sinazongwe, Mbala, Nakonde and Gwembe). While the majority of participants were men, the number of women participant increased as compared to past trainings.



Photo 8 (right): Members of the HCAC working on the bubble chart during the planning exercise – Lunsenfwa Rural Health Center in Kapiri Mposhi District.

Supervision of Neighborhood Health Committees: Community Health Coordinators (CHCs) conducted quarterly support supervision visits to review the implementation status of community health related activities. CHCs visited 22 NHCs in Mbala, Mpika, Mwinilunga, Ikelenge, Lufwanyama, Luangwa and Serenje Districts. Community action plans were available in most of the centers, and some NHCs had implemented at least one activity from the action plans. A good example is Chinemu Health Center in Lufwanyama, where the NHC built a mother's shelter using local resources and are conducting growth monitoring activities. There was an improvement in the submission of community health reports by NHCs to health facilities, although reports are not submitted regularly. Poor record-keeping is still a challenge in most NHCs.

Training of Safe Motherhood Action Groups: ZISSP supported the MCHMCH to train 404 SMAG members (213 males, 191 females). Trainees were affiliated with 18 centers across five districts (Lufwanyama, Luanshya, Mbala, Mwinilunga and Ikelenge). To date, ZISSP has supported training of 3,017 SMAG (1,362 males and 1,655 females) members, achieving more than 100 percent of the End of Project target of 3000.

Safe Motherhood Action Group Post-Training Follow Up: In conjunction with the American College of Nurse-Midwives (ACNM), the Community Health Team conducted phase two post-training follow-up visits to Safe Motherhood Action Groups (SMAGs) in Lukulu, Luangwa, Luanshya, Mwinilunga, Mpika and Serenje Districts. The teams visited 24 health facilities. As part of the visits, the teams reviewed the work of SMAGs and assessed their training and experiences in the Home-Based Life Saving Skills (HBLSS) and SMAG approaches. The teams also took the opportunity to review service statistics and ascertain

the level of change before and after introducing and/or strengthening the SMAGs training and community work activities.

Findings show that the Mother and Baby Registers were in use but required refresher training for SMAGs. Health facility staff has been making efforts to provide technical support to SMAGs. Data-capturing of data coming from the health centers to the district and provincial levels continues to be a challenge. In the fourth quarter, ZISSP, in conjunction with ACNM, will conduct the last round of follow-up visits to Saving Mothers Giving Lives (SMGL) districts.



Photo 9: SMAG members perform a role play at a community meeting at Lumsambwa Zone – Muchinka RHC in Serenje.

Technical Support Supervision to SMAGs: CHCs provided TSS to SMAGs at eight health facilities in two districts and held meetings with 155 SMAG members (72 males, 83 females). A number of SMAGs had been submitting monthly reports, though not regularly. There was also evidence that community meetings had taken place. SMAGs recorded an increase in pregnant women attending antenatal care, which was attributed to regular community meetings. Despite progress in handling maternity cases, some rifts continue to exist between SMAGs and TBAs arising from the fact that TBAs had been benefitting financially and in kind in the past from the deliveries they conducted.

3.2 Grants Program

Grant Funds Disbursement: In the previous quarter, ZISSP disbursed K555,290.30 to grantees for various health promotion activities, conducted monitoring visits to project sites and held stakeholder meetings. To date, the program has disbursed K3,357,472.27 to 10 grant recipient organizations, representing 83 percent of the K4,027,794.13 targeted for disbursement from August 1, 2012 to January 31, 2014. In the fourth quarter, ZISSP will continue to disburse funds to grantees.

Technical Support Supervision to Grantees: ZISSP continued to provide TSS to the grantees to monitor (a) if they are performing according to the planned milestones and activities, and (b) whether the quality of activities is meeting adequate technical standards.

Below is a summary of the highlights from the supervisory visits:

- Grantees are networking with other partners on the ground. Group Focused Consultation (GFC) has partnered with Planned Parenthood of Zambia (PPAZ), National AIDS Council and Southern African AIDs Information and Dissemination Service to develop information, education and communication (IEC) materials for adolescent reproductive health. The partner organizations are using GFC as a route to disseminate

IEC materials in communities. Mpika Diocese Home Based Care has partnered with Churches Health Association of Zambia to provide RDTs.

- SMAG reports reflect an increase in institutional deliveries. At Chifusa Rural Health Center in Kalomo District, the number of institutional deliveries increased by 53 in the month of August from a monthly average of 15 deliveries. The increase in institutional deliveries, however, has brought about other challenges such as demand for larger labor wards and more health center staff.
- There is an improvement in male involvement in maternal health. At Nameto Health Center in Kalomo District, most pregnant women were accompanied by their male partners for HIV testing and other safe motherhood activities.
- Church leaders have expressed their appreciation of the work of the SMAGs and have shown motivation in taking a more active role in health promotion regarding safe motherhood.
- The availability of bicycles has improved the mobility of caregivers, which has in turn increased access to community health care. In Mpika District, malaria agents were able to reach far-flung areas (including fishing camps) for RDT and malaria case management. In Mwinilunga District, support group members were using bicycles to collect drugs from the district health office whenever there were delays in mobile ART.
- Community-based volunteers are addressing health provision gaps in areas that are not easily accessible by health centers and District Health Offices (e.g., Nabwalya and Chiundaponde in Mpika District).
- Grantee activities are encouraging other organizations to participate in health promotion activities in the communities. In Sailunga Chiefdom in Mwinilunga District, the local chapter of the National Association of People Living with HIV (NZP+) established support groups and prompted World Vision Zambia to introduce mobile ART services in the area. The formation of the support groups by Mwinilunga NZP+ has also shown the following benefits: (a) PLWHIV have publicly disclosed their status, and HIV associated stigma is slowly being reduced in the communities; (b) Support group members have facilitated the establishment of income generation activities, such as gardening and raising goats, which improves their nutritional status; (c) Support group members support one another in ART adherence.
- There is an improvement in the utilization rate of funds by grantees. (An exception is Keepers Zambia Foundation, which only utilized about 62 percent of their funds by the end of their extended grant period).

The New Granting Cycle: Following the recommendation for funding the new grantees by the National Grants Support Team, ZISSP conducted a meeting to orient the new grantees to ZISSP focus areas and to introduce the monitoring and evaluation plan. During the meeting, ZISSP supported grantees to finalize their scopes of work and budgets, a step that facilitated the development of grant agreements and other award documents.

After finalizing the award documents, ZISSP conducted a meeting to prepare for the upcoming training of new grantees in grants management and organizational capacity building. The preparatory meeting reflected on challenges and recommendations from previous trainings in order to improve the next training. In the fourth quarter, ZISSP will conduct the planned training for grantees.

Close Out Process For First Cycle Grantees: To date, ZISSP has supported 10 organizations through the grants program. The grantees are expected to close their grants during the

period September 2013 to January 2014. ZISSP has engaged a consultant to support the process in order to ensure the smooth close-out of grants. In the fourth quarter, the consultant will conduct a meeting to orient grantees to the close-out process, which will be followed by field visits to the grantees. Organizations that meet the no-cost extension selection criteria will be given a follow-on grant.

3.3 Behavior Change Communication

Radio Distance Learning Program for SMAGs: SMAG Radio Distance Learning (RDL) groups were monitored to learn how they are progressing with the radio program. Three RDL groups were visited in Mambwe and Nyimba Districts. In Nyimba, the Chipembe RDL group has creatively applied the knowledge they obtained from the program. The SMAG RDL groups use community outreach to engage mothers and discuss safe motherhood issues in that community. SMAG RDL groups have been invited by traditional leaders to use traditional fora to discuss traditional practices that inhibit uptake of safe motherhood services available in the community.

In an effort to systematically monitor the implementation of the RDL in the BCC model districts, ZISSP has developed process monitoring tools and created a SPSS database for data management and analysis.

Drama Capacity-Building Strategy Development: In the quarter under review, a total of 366 drama group members were trained to strengthen their BCC mobilization skills to increase IRS uptake. The training reached participants from 22 districts in Northern, Muchinga and Eastern Provinces.

The training promoted the use of drama as a mobilization tool to address barriers inhibiting uptake of IRS in the community. The need for such a training emerged from resistance to IRS by some community members, leading to poor IRS performance in some districts. Reasons for opposition stated by community members included; inadequate time for households to prepare themselves, spraying during the rainy season, side effects of the chemicals due to lack of compliance for IRS procedure by community members; and traditional and cultural barriers. In addition to the drama training, the district team worked with community radio stations to produce radio programs that reinforced the IRS messages.

The last quarter also saw additional training of drama groups in Luanshya District (Fisenge Health Center and Baluba Health Post) and Mansa District (Ndoba and Musaila Health Centers). In total, 49 drama group members were trained in the BCC model districts.

Develop An Integrated Health Took Kit: ZISSP conducted 22 in-depth interviews (IDIs) and 12 focus group discussions (FGDs) to gather information on engaging traditional leaders to determine current strengths, weaknesses and opportunities to engaging traditional leaders as change agents. The IDIs and FGDs were held in six districts (Mansa, Kalomo, Lufwanyama, Nyimba, Chongwe and Solwezi). Prior to the IDIs and FGDs, information was gathered on how traditional leaders have previously been engaged as change agents in Zambia using a rapid desk review of the existing national reports, case studies and documents.

ZISSP remains with 10 IDIs at the national level. At the completion of data collection, an analysis of the information will contribute towards the development of a toolkit for Engaging Traditional Leaders in promoting integrated health high impact maternal and child health services in Zambian Communities.

Develop a Report on Engaging Traditional Leaders in Community Health: ZISSP contracted a consultant to develop a report on the engagement of traditional leaders in community health. To date, the consultant has completed a “zero draft” report, which ZISSP has reviewed and provided feedback on to the consultant.

The report highlights the work that ZISSP has done with traditional leaders and compiles lessons learned. The report synthesizes CHCs reports, which document how traditional leaders and community leaders have been involved as agents of change and in community mobilization for health services. The report details what can be done to strengthen the process of engaging traditional leaders on how to complement government efforts to change community behaviors in accessing health services.

4 Crosscutting Program And Management Support

4.1 Monitoring and Evaluation

Program Monitoring and Evaluation Database: ZISSP successfully migrated the M&E data from Excel to MS ACCESS/MS SQL, a process which has improved data integrity and security. The new system has reduced data entry errors and reduced time spent cleaning the data prior to generating the reports. This new database is expected to improve access to and use of data by program staff.

The system of the M&E team working very closely with the Finance Department on tracking cash flow requests for each month has proven to be a success because this has encouraged timely submission of the completed training register forms.

Data Mapping: The new ZISSP M&E database can generate maps for the locations of different trainings and mentorship activities implemented by ZISSP since the start of the project. To enable this feature, ZISSP procured ARC GIS software, which links the mapped data to the ACCESS database. The maps will be updated on a quarterly basis by a GIS specialist at ZISSP.

Reporting: The M&E team reviewed and summarized the findings of the mid-term evaluation report and identified the some gaps and areas of concern raised during the evaluation. This review process will help the program staff develop 2014 plans which ZISSP can respond to but for those which are beyond ZISSP's mandate, ZISSP will advise how best they be addressed.

Technical Support: The M&E team reviewed several TOR documents for program assessments across multiple technical areas (family planning, adolescent reproductive health, EmONC, ZMLA, evaluation of model sites, and TOR for the review of provincial quarterly performance meetings).

The M&E team also reviewed and finalized several reports, including the Child Health Corner Report, the ZHWRS Evaluation Report, and the Assessment of the Baby-Friendly Health Facility Initiative (BFHFI).

The M&E team worked with Abt Headquarters to prepare a presentation on the role of SMAGs in improving IPT uptake in Zambia, which will be made in Washington DC at the American Society of Tropical Medicine and Hygiene meeting in November. The M&E team worked with MOH to review Health Management Information System (HMIS) data to be used in the analysis of the role that SMAGs play in uptake.

The M&E team provided technical support to 11 ZISSP grantees in developing their M&E databases and management tools. Grantees received technical support supervision focused on program implementation and quality of the data collected.

The M&E team continued to strengthen the working relationship with the MOH through participating and providing technical assistance at TWG meetings and cooperating partner and stakeholder meetings.

4.2 Knowledge Management

Technical Briefs and Success Stories: ZISSP has employed a technical writer whose main job is to review and revise program documents, including draft reports and deliverables, and complete them according to set standards. The teams are currently working on technical briefs which will be printed as part of the ZISSP promotional materials.

ZISSP continued to compile and review success stories from program staff to showcase the effect of the program interventions on health in Zambia. Eleven success stories have since been printed and distributed to staff to share with partners. More success stories have been written by the program staff and are currently being reviewed by the technical writer.

Feedback from MDMCH on ZISSP success stories:

“Monday the 19th August was one those typical days at MCDMCH when management was faced with many requests for trainings and yet the PS’ concern was that she heard very little on what has changed after all those marathons of training. The mood was tense – like anybody’s head would be chopped! At that moment the secretary was sorting out the ZISSP delivered success stories which caught the eyes of the PS. ‘Well at least someone or some people are saying something which is comforting from these stories,’ she remarked. At this moment as attention shifted from that uncertainty to more informative issues, program officers who were waiting in her office said that they were saved by the bell (the ZISSP success stories). That day I wished I had my ZISSP ID on!!!”

During the quarter under review, the Communications Specialist travelled to Western Province with the MS Team Leader and the Director of Planning from the MCDMCH. The aim was to give guidance during the MOH and MCDMCH planning for the year.

Project Communication Strategy: The first draft of the project communication strategy on ZISSP deliverables has been submitted to senior management for their review and their comments. The team gave their feedback and now the team is working to improve the content as per the recommendations.

4.3 Capacity Building and Gender

A number of capacity-building activities were carried over from the second quarter into the third quarter. This challenge arose due to delay by specialists in focus areas or delay in consultant deliverables (e.g. completion and piloting of the Adolescent Reproductive Health Communication Strategy and the Simplified Community Planning Guidelines).

Gender: The consultant completed the review of the Gender Analysis Report. The report was submitted to SMT for review, and then returned to the consultant for final completion.

Since the commencement of the ZISSP-supported gender club at the Ndola Community Health Assistant School, the Capacity Building unit has continued to provide technical support to ensure that gender activities occur. During the quarter, a meeting was held with the club to plan ways through which messages could be conveyed to not only a larger

student population but also to communities. Messages will focus on the role that gender plays in both development and in health-seeking behavior of communities.

The Capacity Building Specialist was requested by MCDMCH to provide technical support towards the completion of its Gender Based Violence policy, which was unattended since 2011. The draft policy is now at final review stage following submission to the two ministries, MOH and MCDMCH.

Training Activities: The Capacity Building Specialist supported the following training activities:

- Technical support during training sessions with communities in the use of the revised Simplified Community Planning Tool in the five pilot provinces.
- Support for the FP and ADH units towards the proposed LAFP and ADH components in the pre-service nursing curricula.
- Led the process of materials development and subsequent pilot training of peer educators in ADH. Following the training, observations were incorporated into the draft curriculum by the consultant. The document will be ready for SMT review as soon as the facilitator's manual is completed.

4.4 Finance and Administration

During the quarter ending 30 September 2013, the Finance and Administration Department focused on the following;

- Continued provision of logistics for the implementation of planned activities for the quarter.
- Provided the required financial and logistical support in securing storage, receipt and distribution of IRS bulk materials for the timely commencement of the spray activities during the period to the earmarked districts.
- Carried out assets and inventory recording and reconciliation to ensure accurate reporting.
- Outsourced storage facility from a third party for project material storage for redistribution.
- Implemented Online ROV reporting through the International Site Management System (ISMS) in order to improve on efficiency and availability of accounting data.
- Provided field financial support to grantees.

Overall Budget and Expenditure: As of 30 September 2013, ZISSP spent a cumulative total of US\$57,157,565 against the current obligations of \$64,254,474. Cumulatively, ZISSP has spent 64.88 percent of the total project estimated amount of \$88,092,613.

Human Resources: ZISSP has a total of 103 staff including four senior management staff. The remaining 99 staff is comprised of 57 technical staff, 17 finance and administrative staff and 25 drivers.

During the quarter, ZISSP recruited five staff: an EmONC Specialist, a Malaria Clinical Training Coordinator, a HRH Technical Officer, a Technical Writer and a CHC based in Western Province. In addition, ZISSP identified suitable candidates for the positions of Program and Executive Assistant and SMGL Liaison Coordinator, who will report on 14th October and 1st November 2013, respectively.

The recruitment process to fill the vacancy for the CCS in Western Province is still in progress, and a recruitment company has been engaged to assist with the process. In the meantime, the duties and responsibilities of the CCS are being fulfilled by a consultant, a former ZISSP employee.

There were no separations during the quarter.

4.5 Information Technology

IT Inventory: During the third Quarter, efforts to get a clear IT inventory were stepped up. This process was conducted using the following means:

- Report from the IT maintenance vendor appointed to provide quarterly machine clean servicing
- Physical count on assets at the Lusaka and NMCC sites
- Physical count by the provincial coordinators and staff from the provincial offices.

The next stage will be to carry out physical verifications in collaboration with the Administration Manager and selected provincial sites have been identified for visits. On completion of this exercise, the inventory will be uploaded into an ACCESS Database. The database will act as more structured repository that will also produce reports on inventory status.

Service Level Agreement and Repairs: In a bid to have equipment within the organization in working order, ZISSP has contracted Netcom under a service level agreement (SLA) to provide quarterly IT servicing and general machine cleanup. This SLA is intended to prolong the lifespan of the equipment and reduce on the need for the organization to purchase new hardware, especially as the project winds down in 2014.

The focus of the SLA in the 4th quarter will be to upgrade the software in all user machines and also ensure that backups for provincial staff are up to date.

Bandwidth Usage Assessment and Upgrades: During the quarter, a review on the bandwidth usage was undertaken, together with a market survey on the cost of internet connectivity to review the competitiveness of ISAT (our current Internet Service Provider). Discussions and trials were also undertaken with Abt IT HQ to find ways of optimizing traffic between the Zambia and US offices. The following are the highlights:

- ISAT upgraded all VSAT equipment in readiness for implementing an MPLS network for ZISSP in the fourth quarter.
- A market survey revealed that keeping ISAT as our ISP, allowing them to implement an MPLS network would reduce the cost of internet at the provincial offices.
- Assessment on data and voice costs for travelling staff was conducted and quotations for a fixed data and voice plan obtained from Airtel and Zamtel. This is aimed at implementing accountability measures with regard to usage of company resources.
- HQ also started the implementation of a bandwidth optimization program using riverbed ® technology, however, lack of hardware and failure of the test virtue environment has not generated the desired results.

5 Challenges and Solutions

CHALLENGES	SOLUTIONS
Delayed recruitment of CCS for Luapula	In the next quarter, ZISSP will support the new CCS for Luapula to establish structures for mentorship and QI to enhance implementation of activities and quick scale up
Delayed establishment of a QI structure at policy level and mentorship structures at national level for mentorship in specialized fields to provinces	ZISSP will continue to pursue avenues to get these structures in place for sustainability of these programs
Delayed completion of treatment charts and job aids for clinical mentors and mentees due to competing needs by MOH	To lobby for support to finish the exercise

6 Focus Areas for Fourth Quarter

Management and Leadership:

- Co-fund orientation of the NHA team from national and provincial levels in the new NHA (SHA2) tool.
- Provide TA to MOH and MCDMCH to conduct a TOT on the newly-developed Data Quality Audit Guide.
- Incorporate changes from the ZMLA program review meeting into the 2014 work plan and budget.
- Recruit and initiate trainings and mentorship sessions for new ZMLA trainees from two provinces in the first module (Problem Definition, Strategic Planning and Problem Solving Frameworks and Tools).

Clinical Care:

- Complete and finalize the KAP survey for ART accreditation.
- Complete the evaluation of the effectiveness of quarterly review meetings and submit recommendations to MOH.
- Print QI job aids for QI committees at all levels.
- Print treatment flow charts and job aids for clinical mentors and mentees.
- Provide technical support supervision to provincial and district QI committees (through the MOH QI TWG).
- Hold QI training for health workers in the provinces.
- Scale up clinical mentorship by all CCTs at all levels, including collaboration with EmONC, IMCI and malaria teams to leverage resources.
- Complete a protocol for the evaluation of clinical mentorship and QI in Model Health Facilities.

Human Resource for Health:

- HRIS - Conduct M&E visits to the pilot sites. During these visits the following will be undertaken.
 - Merging of data
 - Data cleaning and verification of HRIS
 - Production of HRIS Database reports

- Discussion with HR and management of challenges found by pilot sites
- Collection of system bugs noticed during pilot
- Develop post-pilot plan after interns leave
- Review of the ZHWRS Evaluation Study report by members of the HRTWG and finalisation of the evaluation report.
- Dissemination of the findings of the ZHWRS Evaluation study to stakeholders.
- Development of the ZHWRS Sustainability Strategy and reviews of the strategy.
- Performance Management Package (PMP) Training for Lusaka Province.
- Undertake an audit of the ZHWRS.

Capacity Building:

- Complete the summarized gender guideline and commence preparations to roll it out to PHOs and DHOs.
- Work with the MOH and MCDMCH to facilitate completion and approval of the GBV policy document.

Grants Program:

- Facilitate the training of new grantees in grants management, organizational capacity building and BCC.
- Disburse funds to grantees (both current and new grantees).
- Provide technical support supervision to grantees to ensure that activities are implemented according to Abt/ZISSP standard guidelines.
- Facilitate close out processes of the 10 grant recipient organizations that were funded in the first cycle.

Behavior Change Communication:

- Develop the traditional leader's toolkit.
- Finalize the Annual Report on Engagement of Traditional Leaders in Community Health.
- Consolidate and package BCC materials to be used by Provincial Health Promotion Officers.
- Conduct a TOT for senior health promotion officers, CHCs and Provincial AIDS Coordinating Advisors in the BCC planning package.
- Develop a research protocol for the end line survey.
- Support community radio stations to produce and air IPTp programs.

Community Health Planning:

- Conduct post-training follow up in Chongwe and Kapiri Mposhi Districts.
- Finalize the Simplified Community Health Planning Guide.

Safe Motherhood Action Groups:

- Conduct a final follow-up and technical support visit to SMGL districts (ACNM/ZISSP)
- Procure support materials for 800 SMAGs members.
- Liaise with MCDMCH on adaption of HBLSS curriculum

7 Annex I: Indicator Matrix

No.	Indicator	LOP Target	LOP achievement	Achievement January - September 2013	Quarter 3 (July - Sept 2013)
2.2.1	Number of health care workers who successfully complete an in-service training program within the reporting period				
	Clinical Mentorship	9,200	6,373	1,830	989
	Health Systems Strengthening (MLA)	1,642	1,688	438	
	(Planning, PMP, MBB, HR, CHA Supervisors)	1,813	2,534	1,060	695
	Males		1,635	651	434
	Female		899	409	261
2.2.2	Number of new health care workers who graduated from a pre-service training institution within the reporting period	580	307	0	0
	Males		145	0	0
	Female		162	0	0
2.2.3	Number of people trained in family planning and reproductive health with USG funds	710	515	131	43
	Health Workers	360	266	71	43
	Males		96	11	8
	Female		170	60	35
	Community	540	249	60	0
	Males		127	31	0
	Female		122	29	0
2.2.4	Number of people trained in maternal/newborn health through USG supported programs	3,574	3,549	1,943	575
	Health Workers (EmONC Providers)	340	334	81	22
	Males		138	37	12
	Female		196	44	10

	Health Workers (SMAG Master Trainers)	410	198	47	0
	Males		75	17	
	Female		123	30	
	Community health volunteers(SMAGs)	3,000	3,017	1,815	553
	Males		1,362	821	249
	Female		1,655	994	304
2.2.5	Number of people trained in child health and Nutrition through USG supported programs	1,664	2,254	587	207
	Health Workers	1,124	1,524	383	118
	Males		802	217	47
	Female		722	166	71
	Community	540	730	204	89
	Males		358	105	45
	Female		372	99	44
2.2.6	Number of children who received DPT3 vaccine by 12 months of age in ZISSP districts	2,280,980	1,424, 692	343,517	343,517
2.2.7	Percent of children who received DPT3 vaccine by 12 months of age	74%	62%	63%	63%
2.2.8	Number of children under 5 years of age who received Vitamin A from USG-supported programs	11,560,079	7,324,633	2,129,564	2,129,564
2.3.1	Number of people trained with USG funds to deliver IRS	7,201	6,383	926	926
	Supervisors		593	62	62
	Male		472	51	51
	Female		121	11	11
	Spray Operators		5,790	864	864
	Male		4,003	583	583
	Female		1,787	281	281

2.3.2	Number of houses sprayed with IRS with USG funds	Target not set	2,478,934	0	0
2.3.4	Number of health workers trained in IPTp with USG funds	1,656	737	304	184
	Males		249	103	67
	Female		488	201	117
2.3.5	Number of people trained in malaria case management with ACTs with USG funds	1,512	1,101	439	143
	Community Health Workers	1,512	1,101	439	143
	Males		817	289	92
	Female		284	150	51
3.2.1	Number of people trained in BCC/IEC methods or materials in ZISSP target districts.	3280	2,219	1,415	810
	Male		1,429	891	534
	Female		790	524	276