



ZPCT II

Zambia Prevention, Care and
Treatment Partnership

Quarterly Progress Report :June 1 - September 30, 2009

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

LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DHOs	-	District Health Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MoH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	President's Emergency Plan for AIDS Relief
PHOs	-	Provincial Health Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT	-	Zambia Prevention Care and Treatment Partnership



EXECUTIVE SUMMARY

Quarterly Progress Report :June 1 - September 30, 2009

MAJOR ACCOMPLISHMENTS OF THIS QUARTER:

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 01, 2009 to May 31, 2014) US\$ 124,099,097 contract with USAID through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial health offices (PHOs), and district health offices (DHOs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART.

This first quarterly report includes all activities from June to September 2009 a period of four months instead of three in order to move the reporting to the USAID quarterly system. ZPCT II started collecting clinic data from August 2009. The following key start-up activities were completed:

- Environmental Assessment and Mitigation Plan was submitted to USAID for approval
- Branding Strategy and Marketing Plan was submitted to USAID for approval
- Year one work plan and budget submitted to USAID and was approved
- Contract shell for ZPCT II agreements was finalized
- Partner sub contracts with CARE, MSH, CHAZ, KCTT, EMG, SI and SAWSO were developed and finalized
- Four new districts (Kapiri Mposhi, Kaputa, Masaiti, and Mpongwe) were selected in consultation with the PHOs and DHOs for scale up, bringing the total number of districts under ZPCT II for year to 39, out of the total 42.
- A total of 56 recipient agreements (39 with DHOs, 5 with PHOs, 1 with UTH and 11 with hospitals) to provide support to 39 districts was signed this quarter.
- Environmental assessments were conducted in all the 52 new facilities that will be supported this year
- 209 of the 256 ZPCT II positions were recruited, leaving 47 open positions at the end of the reporting period
- Transitioned ZPCT provincial offices to ZPCT II project offices
- Handed over ZPCT laboratory and IT equipment to ZPCT II
- Launched ZPCT II project in collaboration with the MoH

Also, this quarter, ZPCT II supported implementation of HIV/AIDS services in 270 health facilities in 39 districts in the five target provinces, with 242 of these facilities now reporting results.

Key activities and achievements for this reporting period include:

- CT services were provided in 240 out of 242 reporting health facilities, with 43,258 individuals receiving CT services in these facilities.
- PMTCT services were provided in 233 facilities. 24,755 women received PMTCT services and 3,780 were provided with a complete course of ARV prophylaxis.
- Technical assistance for delivery of clinical palliative care services was provided in 242 of the 270 targeted health facilities. 112,645 individuals received palliative care from these 242 reporting facilities.
- ART services were available in 36 supported districts. This quarter, a total of 4,509 new clients (including 367 children) were initiated on antiretroviral therapy through 110 ART sites of which 50 are

static and 60 are outreach sites. Of the 110 ART sites, 106 report independently and four sites report through the bigger facilities. By the end of this reporting period 83,519 individuals were receiving antiretroviral therapy at all ZPCT II supported sites and of these, 5,880 were children.

- 52 new facilities in the 39 districts were assessed for site preparation, prior to finalizing the agreements. Based on the assessments, implementation plans were developed for all 270 facilities in collaboration with PHOs, DHOs, and facility management.
- ZPCT II staff conducted a joint assessment visit to Kapiri Mposhi District in Central Province with Médecins Sans Frontières (MSF), to assess 17 health facilities supported by MSF. Following the site visits, MSF and ZPCT II developed a draft implementation plan for each health facility, outlining the support required to transition facilities from MSF to ZPCT II

ZPCT II Project Target / Indicator Table

Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Aug-Sep 2009) ¹
1.1 Counseling and Testing (Projections from ZPCT service statistics)				
•	Service outlets providing CT according to national or international standards	370	270	240
•	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	118,333	43,258
•	Individuals trained in CT according to national or international standards	2,316	520	0
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)				
•	Service outlets providing the minimum package of PMTCT services	359	259	233
•	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167	24,755
•	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214	3,780
•	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150	0
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)				
•	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	270	242
•	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000	112,645
•	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000	8,607
•	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600	0
•	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	270	242
•	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667	843
•	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600	0
•	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,683	1118
•	Service outlets providing ART	130	107	106
•	Individuals newly initiating on ART during the reporting period	115,250	19,167	4,509
•	Pediatrics newly initiating on ART during the reporting	11,250	1,667	367

¹ Although this ZPCT II Q1 progress report covers the time period of June through September 2009, data is captured for the months of August and September only, because June and July data was captured under ZPCT.

ZPCT II Project Target / Indicator Table

Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Aug-Sep 2009) ¹
	period			
•	Individuals receiving ART at the end of the period	146,000	79,732	83,519
•	Pediatrics receiving ART at the end of the period	11,700	5,726	5,880
•	Health workers trained to deliver ART services according to national or international standards	3,120	600	0
1.4 Male Circumcision (ZPCT II projections)				
•	Service outlets providing MC services	50	16	X
•	Individuals trained to provide MC services	260	100	X
2.1 Laboratory Support (Projections from ZPCT service statistics)				
•	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96	81
•	Individuals trained in the provision of laboratory-related activities	375	80	0
•	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	635,500	156,740
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)				
•	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506	X
•	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285	X
•	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120	X
3 Capacity Building for PHOs and DHOs (ZPCT II projections)				
1.	Local organizations (PHOs and DHOs) provided with technical assistance for HIV-related institutional capacity building	47	-	X
4 Public-Private Partnerships (ZPCT II projections)				
2.	Private health facilities providing HIV/AIDS services	30	6	X

PROGRAM AND FINANCIAL MANAGEMENT

Partner Collaboration:

Partner subcontracts were developed between Family Health International (FHI) and each of the ZPCT II international partner organizations of Management Sciences for Health (MSH), CARE International, Emerging Markets Group (EMG), Social Impact (SI), and the Salvation Army World Service Office (SAWSO). In addition, subcontract development was completed with local partners, Kara Counseling and Training Trust (KCTT) and the Churches Health Association of Zambia (CHAZ). The details on the sub partners are outlined below:

Management Sciences for Health (MSH) is a partner responsible for providing technical leadership and assistance within ZPCT II and at national level in laboratory and pharmaceutical services. MSH is functional under ZPCT II and already on the ground providing the service.

CARE International will take the lead in mobilizing communities to access HIV/AIDS services, as well as continue to enhance existing referral networks and develop new ones to achieve full coverage in ZPCT II provinces. CARE will also manage ASWs and lay counselors, and work with community and faith based organizations (CBOs and FBOs) to build their capacity to coordinate volunteers and deliver community-level services. During this quarter, CARE Zambia hired and placed the ZPCT II/CARE community program manager. CARE Zambia completed interviews for all the ZPCT II/CARE

positions this quarter and the recruitment and placement of these positions will be completed in the next quarter.

Social Impact (SI) is responsible for the development and monitoring of the gender strategy. Next quarter a consultant will conduct an assessment to start this process.

Emerging Markets Group is responsible for implementing the capacity development of the provincial and district health offices to eventually take over management of the ZPCT II activities. EMG has completed hiring of the two positions and they will start next quarter.

Churches Health Association of Zambia (CHAZ) will work with ZPCT II through mutually identified church-run facilities to provide strategic services to enhance MoH service delivery goals. The subcontract awarded to CHAZ under ZPCT II, will support seven mission health facilities: St. Kalembe Health Center in Kabompo District, Luwi Health Center in Mwinilunga District and Chitokoloki Mission Hospital in Zambezi District (North Western Province), Chilubula Mission Health Center in Kasama District (Northern Province), Mambilima Mission Health Center in Mwenze District, Lubwe Mission Hospital in Samfya District and St. Paul's Mission Hospital in Nchelenge District (Luapula Province). The subcontract with CHAZ was signed this quarter.

KARA Counseling and Training Trust (KCTT) is responsible for training of facility and community-based health workers in counseling and testing (CT) services under ZPCT II. A subcontract was developed and signed with KCTT to facilitate the CT training activities

University Teaching Hospital Male Circumcision Unit (UTH MC) will provide training and mentoring for male circumcision starting with the 16 facilities identified for this year. UTH is supported through the recipient agreement process that was signed this quarter. UTH will oversee the trainings being rolled out and provide mentoring while the training is being implemented by an external firm.

Health Facility Support

Recipient agreements: ZPCT II is providing programmatic, financial and technical support to 270 facilities across 39 districts of the five provinces through a recipient agreement mechanism with the DHOs, PHOs and UTH. The recipient agreements with the PHOs, DHOs, hospitals, and UTH are supported through a mechanism to provide the assistance agreed upon mutually without direct granting of funds to the recipients or any government institution. FHI will directly manage these funds. This quarter, 56 recipient agreements were signed with 39 DHOs, 11 hospitals, five PHOs, and one with UTH. These agreements will run from August 1, 2009 to May 31, 2010. In addition to subcontracts, two MOUs were signed with local partners Ndola Catholic Diocese, and Mpatamatu home based care in strengthening community ART programs.

Renovations and Environmental Site Assessments: ZPCT II plans on supporting renovations in 79 health facilities across 39 districts, for year one. Environmental Site Assessments for all 79 facilities were done in the first quarter and are currently on file. Tender document development, tender advertising and contract signing is planned for completion by late second quarter. Refurbishment works should start late in the second quarter and be completed early in the fourth quarter.

Procurement

During this quarter, requisition for procurement request of all equipment requested in the recipient agreements was finalized and procurement process was initiated.

Gender

Social Impact will conduct a gender assessment next quarter. An update on the gender activities will be included in all future quarterly reports in this section.

Prevention

Prevention activities will be scaled up in the next quarter, building on the already operational prevention activities initiated by ZPCT through the ART and community programs. An update on the prevention activities will be included in all future quarterly reports in this section.

Human Resources

ZPCT II positions were advertised in June 2009. This included positions for EMG and CARE. Interviews for most ZPCT II positions were conducted between July and August 2009. The majority of ZPCT I staff were re-hired into ZPCT II. These staff took up their new positions under ZPCT II only from 1st October. The data entry clerk positions (GRZ seconded) were also advertised in the month of July. All the 130 positions were filled in August 2009. 217 of the 256 positions have been filled.

Information Technology (IT)

As part of ZPCT II startup activities, a computerized asset management tool was procured under ZPCT and two IT staff attended training on the tool because they will be very involved in the rollout, deployment and day to day support of the software. Also a comprehensive update of the inventory of all IT equipment in ZPCT offices was done to determine which equipment would be transitioned to ZPCT II, as well as new equipment requirements for staff was completed and orders were sent out for new computer equipment. As indicated to USAID, a new phone system is being procured for ZPCT II to minimize inter office trunk call costs. The order for the new telephone system was sent out during this quarter.

Finance

FHI finance was involved in setting up financial reporting system attuned to the contract mechanism. The system is meant to accommodate timely submission of invoices to USAID.

KEY ISSUES AND CHALLENGES

Training

- Start up of trainings under ZPCT II have been delayed this quarter mainly due to the process that needed to be put in place for the approval of consultants and facilitators and the availability of trainers

Community Mobilization

- There has been a delay in the community mobilization start up due to transition to the new partner and having staff placed in the provinces in order to initiate the community mobilization and referral network activities. These components were functional until end September and will be reinitiated next quarter.

CT/PMTCT:

- Staff shortages exacerbated by the high turn over through staff rotations, transfers, retirements and deaths continue to persist which is affecting service delivery in all areas of services. Strategies to address this challenge with providing support for transport reimbursements for off duty facility staff working extra shifts, training and placement of more community cadres in CT, PMTCT, CC/ART continues
- CD4 count machines continue to pose several challenges of breakages, lack of reagents and due to lack of experts delays in getting them fixed. In addition, non availability of motor bike riders in some districts. To address this, ZPCT II continued to liaise with DHOs / PHOs to ensure that more motorbike riders were trained to support sample referral.
- There was a national shortage of DBS bundles which adversely affected DBS sample collection ZPCT II continued to address the issue by redistributing the bundles from low use facilities with excess stocks to high volume facilities as an interim measure.
- Shortage of HIV test kits occurred in some facilities which are not yet on the HIV test kits management logistics system and facilities or districts which send late their monthly HIV test kit consumption reports to their district health offices. As a result they do not receive their orders from medical stores limited.

Laboratory and Pharmacy

- There continued to be an erratic supply of Roche DBS blood collection kits from MSL. There was a stock out until late in the quarter and various facilities are still finding challenges in accessing this commodity from MSL. In addition, in spite of a resolution to supply three month's worth of Roche

Amplicor kits to the PCR laboratory, there has continued to be an erratic supply due to stock outs at MSL.

- Routine preventive maintenance of diagnostic equipment is not being done consistently even with MoH vendor contracts in place. This results in frequent equipment breakdowns thereby interrupting laboratory testing in the facilities.
- Occasional lapses in the transport system at MSL combined with some order delays from the districts continued
- An uninterrupted supply of commodities ensures continued service delivery across all elements of care. ZPCT continued to actively participate in national level forecasting and quantification activities to ensure that the facilities' needs are taken into account.

DELIVERABLES FOR THIS QUARTER

- Workplan was submitted and approved
- M&E plan is completed and will be submitted next quarter
- Environmental Plan was submitted. Approval pending
- Marking and Branding Plan was submitted. Approval pending

ANTICIPATED ACTIVITIES FOR NEXT QUARTER

ZPCT II will continue to partner with MoH and other partner organizations at the provincial and district levels and with staff and management in the supported facilities. ZPCT II plans to roll out the signing of the MoUs with each of the five provinces next quarter.

- Grants manual under contracts to be submitted to USAID for approval
- Approval for training facilitators and consultants to be submitted to USAID for approval
- Maryce Ramsey, gender consultant from Social Impact is scheduled to be here for three weeks in November to conduct the gender assessment for this project.
- John Pollock, Project Team Leader, MSH will be here in November to participate in the ZPCT II partners meeting, to orient MSH staff and to provide management support.
- Michael Reeves, Development Specialist, EMG will be in town to participate in the ZPCT II partners meeting that will kick start the partner agreements, to orient the local EMG staff and to provide management support. (coming from EMG core funds)
- Leine Stuart will come in November/December to participate in the ART Update Seminar to present on prevention for positives and the chronic care approach to HIV/AIDS management.

TRAVEL/TDY

During this quarter, two ZPCT II laboratory technical staff travelled to Kampala, Uganda to attend a regional Division of AIDS (DAIDS) training event on Good Clinical Laboratory Practice (GCLP), Advanced Assay Validation and Advanced Quality Management. This five-day training was designed to refresh laboratory professionals on practices which promote standard and acceptable laboratory practices, as well as the validation of current technologies to authenticate working systems for patient care and research.

QUARTERLY PROGRESS UPDATE

I. PROGRAM OVERVIEW

The Public Sector HIV/AIDS Service Delivery Support Program in Zambia (ZPCT II) is a five year (June 1, 2009 – May 31, 2014) Task Order between Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. Presidents Emergency Plan for AIDS Relief (PEPFAR). ZPCT II is working with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system by maximizing access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services. ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation.

ZPCT II is scaling up support from the 35 districts supported under ZPCT to all 42 districts in the five target provinces of Central, Copperbelt, Luapula, Northern and North Western. In year one, 270 facilities across 39 districts will be covered. ZPCT II is also further diversifying, consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching to the household level, regardless of location. At the same time, ZPCT II is working to increase the Ministry of Health's (MoH's) capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT's Quality Assurance/Quality Improvement (QA/QI) systems into day-to-day operations at all levels. We will continue to implement ZPCT's quality- and performance-based plan to graduate districts from intensive technical assistance by the project's end.

ZPCT II is continuing to strengthen the broader health sector by improving/upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory/pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the capacity of the PHOs and DHOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

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- ZPCT II staff conducted a joint assessment visit to Kapiri Mposhi District in Central Province with Médecins Sans Frontières (MSF), to assess 17 health facilities supported by MSF. Following the site visits, MSF and ZPCT II developed a draft implementation plan for each health facility, outlining the support required to transition facilities from MSF to ZPCT II

II. TECHNICAL ACTIVITIES

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

1.1: Expand counseling and testing (CT) services

ZPCT II collaborated with the DHOs/PHOs in supporting CT services in all the supported provinces. During this period, comprehensive technical assistance was provided to 240 CT sites. A complete list of ZPCT II CT sites is available in *Annex B*.

1.1.1. CT Training:

There were no CT trainings conducted during this reporting period. All trainings under ZPCT II are scheduled to begin in the next quarter.

1.1.2. CT Services:

Technical assistance to CT service providers (i.e. HCWs and lay counselors) in order to strengthen CT services, maintain a high uptake of testing and collection of same day results and strengthen the linkage to clinical care for ART services.

Technical assistance during this period focused on:

- Strengthening paediatric CT: ZPCT II strengthened routine CT for children in care with a paediatric CT uptake maintained in a number of the supported facilities. For instance, Nchanga North hospital in Chingola maintained a 100% paediatric CT uptake. During this period, 19,106 clients were counseled, tested and received their HIV test results. Out of this, 2,146 tested positive.
- Administration of QA/QI tools: QA/QI tools were administered to sustain provision of high quality CT services.
- Linkage of CT to ART: Strengthening of CT/ART linkage is ongoing. ART sites seem to perform much better than non-ART sites in terms of linkages between CT and ART. As an ongoing process, ZPCT II continued to work with the facility staff to ensure an improvement in the CT/ART linkage for the non-ART sites with particular focus on improving feedback from ART sites whenever clients are referred from the non-ART sites. Clients are also being encouraged to report back to the referring facilities whenever attended to at the ART sites.
- Documentation of services in general: ZPCT II continued to strengthen the documentation of services provided in the facilities.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services

ZPCT II is working closely with MoH to support PMTCT services at the existing PMTCT sites. During this period, 233 sites were providing PMTCT services. A total number of 45,518 clients were provided with PMTCT services, 5,990 were positive and 6,775 received a complete course of full HIV prophylaxis. With the continued implementation of the national “opt-out” strategy, a very high PMTCT uptake was maintained in the supported facilities. As an ongoing activity, ZPCT II supports provision of quality PMTCT services by strengthening provision of more efficacious ARV regimens for PMTCT, same day testing and results, DBS and CD4 sample referral networks as well as hemoglobin monitoring for HIV positive mothers.

The areas of focus in PMTCT during this reporting period included:

- Strengthening CD4 sample referral: This remained a priority area of concern although the process was negatively affected by several challenges as noted below.
- Provision of more efficacious regimes for PMTCT: The WHO three tiered approach continued to be emphasized in all the supported facilities. Out of the 5,990 pregnant women who tested positive, 2,655 had CD4 count done and 836 were eligible for HAART. 463 eligible women were initiated on HAART. ZPCT II continues to emphasize the need to have pregnant women considered as a priority in terms of having them initiated on HAART at the ART sites.
- Mother baby pair follow-up: The follow up of mother-baby pairs is ongoing. Cotrimoxazole prophylaxis was being initiated at six weeks for the HIV exposed infants with collection of DBS samples at the same time. However, this was negatively affected by the stock outs of DBS bundles during this period.
- Strengthening male involvement: ZPCT II encourages the supported facilities to make efforts in involving male partners in PMTCT services. Luapula Province leads in male involvement at about 60% while the other provinces still require to make more effort aimed at strengthening male involvement.

1.3: Expand treatment services and basic health care and support

ART Services

During this quarter, 110 health facilities were providing ART services at the ZPCT II supported facilities. However, the number of sites reporting data independently is 106, while four of the ART sites are reporting through the static ART sites. The four sites will also be reporting independently, once fully accredited and ART numbers are received. This process is dependent on the pace of Medical Council of Zambia. A complete list of ZPCT II ART sites is available in *Annex B*.

A total of 4,509 new clients (including 367 children) were initiated on antiretroviral therapy this quarter with a total of 83,519 currently receiving treatment – with 5,880 children.

ART on-going activities:

- Accreditation of ART sites: ZPCT II continues to support facilities with the accreditation process exercised by the Medical Council of Zambia (MCZ). The assessment for accreditation of sites is done in phases and MCZ is about to resume this exercise after the revised accreditation guidelines were approved. The revised guidelines are user friendly and have realistic standards. In addition, ZPCT II printed 600 copies of the revised ART accreditation guidelines and the newly introduced ART Provider Certification Guidelines which are part of the mandatory documents for accreditation. These are due for dissemination after the official launch on 7th October, 2009.
- HIV nurse prescriber program: ZPCT II worked in collaboration with General Nursing Council (GNC), MoH, CIDRZ, AIDSRelief, and the University of Alabama at Birmingham, in the development of the curriculum and implementation of this pilot programme which commenced on June 15, 2009. A total of five mentors from ZPCT II supported provinces (one from each province) participated in this orientation. The 10 mentees supported by ZPCT II underwent a six week classroom based and practicum in Lusaka health facilities (two weeks of didactic training and four weeks in the facilities). Currently, there is work in progress of the ten months practicum together with their respective provincial mentors. Both ZPCT II and GNC are following up this activity closely.
- ART updated seminar: ZPCT initiated the process of the 2009 ART update seminar. This is an annual HIV/AIDS updated ART conference that draws many keys partners/stakeholders and clinicians for updates/reviews and discussions on the HIV and ART programs as implemented in Zambia by partners working in collaboration with the MoH and the National AIDS Council of Zambia. ZPCT II is consulting various stakeholders and partners on the proposed theme and program schedule for this event. The actual seminar will be held next quarter.

Clinical Palliative Care Services

ZPCT II is working across all health facilities to strengthen and improve palliative care for PLHA. During this quarter, 242 health facilities were reporting of the 270 targeted for ZPCT II assistance in this area provided clinical palliative care services. A total of 112,645 clients were receiving antiretroviral care and support at ZPCT II supported sites

- ASWs Training Package: ZPCT II updated the training package for Adherence Support Workers on the module on TB and TB-HIV. This was done in order to improve the TB/HIV collaboration activities and also to take into account the new WHO recommendations on TB Infection Control measures and intensified case finding of TB both at the facility and in the community.

1.4: Scale up male circumcision (MC) services

Male Circumcision (MC): ZPCT attended various preparatory national meetings hosted by MoH as it is now geared to take a lead in the implementation of MC activities. ZPCT is part of the MC TWG which was formally launched on 26th September, 2009. The organization has also joined several sub committees including the service delivery, training and quality assurance and the research and monitoring/evaluation subcommittees which all feed in to the national MC TWG. Additionally, ZPCT/FHI has also adapted tools and indicators for the MC programme. These tools were adapted from FHI/Kenya, PEPFAR's "Next generation Indicators Reference Guide" and WHO.

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

Laboratory Services

Currently 111 facilities are being strengthened for laboratory services by providing technical assistance, supporting renovations, equipment maintenance, training and procurement of equipment. 81 of these laboratories are now fully operational with an additional 25 performing minimal laboratory support. Technical

assistance is routinely provided to support laboratory needs including additional ART sites (both static and outreach).

- **PCR laboratory:** The ZPCT II is expanding specimen referral system to transport dry blood spot samples from health facilities offering MCH services in the five target provinces to Arthur Davison Children's Hospital for early infant diagnosis of HIV in children less than 18 months old. Samples are being batched at the district hubs and transported by express mail service (EMS) operated by the Zambia postal service to ADCH PCR laboratory in Ndola. PCR laboratory serves as a referral center for the five ZPCT II supported provinces. During this quarter, all five provinces sent in DBS specimens for analysis.

The laboratory has seen a significant increase in the total number of DBS specimens received during this quarter. A total of 2,446 DBS specimens were received from 174 facilities (29 are non ZPCT II supported facilities) in 35 districts in the five provinces. 2,431 were tested of which 274 were positive.

- **Specimen Referral:** Technical assistance in laboratory services is provided to all ZPCT II supported health facilities throughout the five target provinces. The specimen referral system for CD4 which was set up to provide laboratory services even in the most outlying areas experienced some challenges during this quarter. The main reasons for this were interrupted equipment functionality, inadequate staffing at referral laboratories, incorrect implementation of the motorcycle policy, and especially the recent central stock-out of EDTA containers.

In addition, Becton Dickinson (BD), the vendor for the FacsCount equipment, conducted one day trainings on the use of the newly approved CD4% reagents for use on the BD FacsCount for laboratory technologists in all the provinces. This replaced the testing profile where absolute CD4 numbers are analysed. This exercise was completed for all ZPCT II sites that have CD4 machines and 69 facility staff from 58 facilities in 31 districts received this orientation.

Pharmacy Services

ZPCT II is providing technical support to pharmaceutical services in all the supported health facilities, including; provision of basic pharmacy equipment, furniture, and renovations to enhance pharmaceutical service delivery, training and technical assistance.

- **ARTServ dispensing tool:** ZPCT II provides technical support to selected ART sites on the use of the updated ARTServ dispensing tool. This tool is used by pharmacy staff to record data of clients on ART, including drug regimens, side effects and drug dispensing dates. This tool is installed in 72 ART sites supported by ZPCT II and mentoring and support continues to be provided in its application.

During the quarter ZPCT II participated in the integration of the ARTServ dispensing tool with SmartCare, the national approved HMIS system for the ART program. The pilot installation of the integrated system is at seven MoH sites, three are supported by ZPCT II (Liteta district, Kabwe Mine and Kabwe general hospitals). This exercise is being done in collaboration with the CDC and JSI. The pilot is scheduled to run until the end of the year with an evaluation planned for early 2010.

- **RUTF Program:** ZPCT II coordinates the MoH/CHAI collaboration program to provide nutritional support in the form of RUTF (Plumpy Nut) to infants and children with HIV/AIDS in ten sites across the five provinces. Five of the 10 supported sites implementing the program received RUTF this quarter including Ndola Central, Kitwe Central, Arthur Davidson, Nchanga North, and Solwezi General Hospitals. This quarter, 382 children were enrolled on the program.

2.2: Develop the capacity of facility and community-based health workers

Trainings

There were no trainings conducted this quarter in any of the technical and program areas. As part of the site preparation that ZPCT II conducted jointly with the PHOs, DHOs, and facilities, training needs were determined for each facility.

Funding and target numbers for trainings is included in the five PHO recipient agreements, UTH recipient agreement, and partner subcontract budgets. This is a step ZPCT II is taking to decentralize trainings to the DHOs and hospital management, allowing DHOs to incorporate ZPCT II support for trainings within their larger district action plans. The PHOs will need to play an active role in working with the districts in planning the implementation of these trainings as the training budgets are incorporated in the PHO RAs. This quarter, ZPCT II participated in the planning meetings held in Central, Copperbelt, Northern and North Western provinces to orient the PHOs and DHOs on the new training strategy.

ZPCT II solicited training institutions and consultants through the print media to have a pool of trainers in implementation of the planned trainings for year one. Based on the selected providers, ZPCT II will submit a list to USAID for approval. In the next quarter, ZPCT II will develop contracts for the approved training providers to be engaged in the selected trainings.

All trainings under ZPCT II are scheduled to begin in the next quarter.

2.3: Engage community/faith-based groups

The community component of this program is being picked up by CARE as the new partner under ZPCT II and Care is in the process of designing and rolling out this component. Community activities will begin next quarter.

Objective 3: Increase the capacity of the PHOs and DHOs to perform technical and program management functions.

The activities under this objective have not been initiated yet. EMG has completed hiring of the two positions and they will start next quarter. Activities under the sub objectives below will begin next quarter.

3.1: Increase the capacity of PHOs and DHOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

3.3: Increase the problem solving capabilities of PHOs, DHOs and health facility managers to address critical HIV/AIDS program and service delivery needs

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

The activities under this objective have not been initiated as yet. Assessments to identify public-private partners will be initiated in the next quarter.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners. The activities under this objective have not been initiated yet

III. PROGRAM AND FINANCIAL MANAGEMENT

During this quarter, the following program and financial management activities took place:

A) ZPCT II Partners

Partner subcontracts were developed between Family Health International (FHI) and each of the ZPCT II international partner organizations namely, Management Sciences for Health (MSH), CARE International, Emerging Markets Group (EMG), Social Impact (SI), and the Salvation Army World Service Office (SAWSO). In addition, subcontract development was completed with local partners, Kara Counseling and Training Trust (KCTT), and the Churches Health Association of Zambia (CHAZ).

- Management Sciences for Health (MSH): MSH is a partner responsible for providing technical leadership and assistance within ZPCT II and at national level in laboratory and pharmaceutical services. MSH is functional under ZPCT II and already on the ground providing the service. The laboratory and pharmacy activities for this quarter is detailed under objective 2 – 2.1
- CARE International: CARE Zambia is the lead in mobilizing communities to access HIV/AIDS services, and, to enhance existing referral networks and expand to new districts to achieve full coverage under ZPCT II. CARE Zambia will also oversee and manage ASWs and lay counselors working in the community, and work with CBOs and FBOs to build their capacity to coordinate volunteers and deliver community services. CARE Zambia will be responsible for the payment of transport reimbursements for the community volunteers from next quarter.

During this quarter, CARE Zambia hired and placed the ZPCT II/CARE Community Program Manager and completed interviews for all the ZPCT II/CARE staff positions. Recruitment and placement of these vacancies will be completed in the next quarter.

- Social Impact: (SI): SI is responsible for developing the gender strategy. Next quarter a consultant will conduct a gender assessment to lay the ground work for the strategy.
- Emerging Markets Group (EMG): EMG is responsible for capacity building of the public sector. EMG has completed hiring of the two staff and they will start next quarter
- Churches Health Association of Zambia (CHAZ): CHAZ will work with FHI in ZPCT II through mutually identified church-run facilities to provide strategic services to enhance MoH service delivery goals. The subcontract awarded to CHAZ under ZPCT II, will support seven mission health facilities: St. Kalemba Health Center in Kabompo District, Luwi Health Center in Mwinilunga District and Chitokoloki Mission Hospital in Zambezi District (North Western Province), Chilubula Mission Health Center in Kasama District (Northern Province), Mambilima Mission Health Center in Mwense District, Lubwe Mission Hospital in Samfya District and St. Paul's Mission Hospital in Nchelenge District (Luapula Province).
- The subcontract was signed this quarter and the ZPCT II/CHAZ Program Officer conducted needs assessment to facilitate the kind of support to be included in the subcontract. As part of strengthening the support to CHAZ, in implementing the proposed subcontract, a full time Program Officer and Accountant, were recruited in September 2009.
- KARA Counseling and Training Trust (KCTT): KCTT is responsible for training of facility and community-based health workers in counseling and testing (CT) services under ZPCT II. During this quarter, FHI worked with staff from KCTT to develop a subcontract to facilitate the CT training activities.

Under this signed subcontract for year one, KCTT will organize and facilitate 12 basic CT trainings for HCWs and lay counselors, 10 couple counseling trainings for HCWs and lay counselors, 5 CT refresher trainings for HCWs, 5 counseling supervision for HCWs, and 5 youth counseling trainings for HCWs. These trainings will be implemented across all the five ZPCT II provinces.

B) Health Facility Support

Recipient agreements and subcontracts: ZPCT II is providing programmatic, financial and technical support to 270 facilities across 39 districts of the five provinces through a recipient agreement mechanism with the district health offices, (DHOs) the provincial health offices, (PHOs), UTH, local sub partners and through additional contractual mechanisms with international partners. The recipient agreement with the PHOs, DHOs, hospitals, and UTH are supported through a mechanism to provide the assistance agreed upon mutually without direct granting of funds to the recipients or any government institution. Hence, FHI will manage these funds allocated to the respective districts.

This quarter, 56 recipient agreements were signed with 39 DHOs, 11 hospitals, five PHOs, and one RA with UTH. These agreements will run from August 1, 2009 to May 31, 2010.

During this quarter, subcontracts with international and local partners were completed. In addition to subcontracts, two MOUs were signed with local partners Ndola Catholic Diocese, and Mpatamatu home based care in strengthening community ART programs. The MoUs do not incorporate any funding support to the Dioceses.

A complete list of recipient agreements/subcontracts is listed under Annex C.

C) Renovations and Environmental Site Assessments:

ZPCT II plans on supporting renovations in 79 health facilities across 39 districts, for year one. Environmental Site Assessments for all 79 facilities were done in the first quarter and are currently on file. Tender document development, tender advertising and contract signing is planned for completion by late second quarter. Refurbishment works should start late in the second quarter and be completed early in the fourth quarter.

D) Procurement

During this quarter, requisition for procurement request of all equipment requested in the recipient agreements was finalized and procurement process was initiated.

E) Human Resources

A total of 256 ZPCT II positions were advertised in June 2009. This included positions for 217 FHI, 22 MSH, 15 CARE, and two EMG. Interviews for most ZPCT II positions were conducted between July and September 2009. The majority of ZPCT I staff were re-hired into ZPCT II. The 204 recruited staff will take up their new positions under ZPCT II effective 1st October, 2009. The remaining positions will be recruited in the next quarter.

The data entry clerk positions (GRZ seconded) were also advertised in the month of July. All the 130 positions were filled in August 2009.

Plans are underway to provide an overall orientation to staff on ZPCT II. Collaborative performance objectives are being developed with all staff through the respective directorate to set clear goals of performance across ZPCT II during this start-up phase. A standard operating procedures manual is being developed by ZPCT II to provide guidance on human resource related issues for all staff seconded to the project from within the ZPCT II partnership.

F) IT

As part of ZPCT II startup activities, a computerized asset management tool was procured under ZPCT and two IT staff attended training on the tool because they will be very involved in the rollout, deployment and day to day support of the software. Also a comprehensive update of the inventory of all IT equipment in ZPCT offices was done to determine which equipment would be transitioned to ZPCT II, as well as new equipment requirements for staff was completed and orders were sent out for new computer equipment. As indicated to USAID, a new phone system is being procured for ZPCT II to minimize inter office trunk call costs. The order for the new telephone system was sent out during this quarter.

G) Finance

FHI finance was involved in setting up financial reporting system attuned to the contract mechanism. The system is meant to accommodate timely submission of invoices to USAID.

IV. STRATEGIC INFORMATION (M&E and QA/QI)

The Strategic Information unit (SI) continued providing technical support to MoH aimed at strengthening systems for M&E of HIV/AIDS programs. During this quarter, the unit continued making regular data quality assessments of SmartCare system. Through the use of a data quality report tool (DQR), the SI team continued to update and make necessary corrections on the system. Currently, 61 out of 86 facilities with SmartCare are ready to start generating routine reports from., not all facilities are producing these reports because the process of comparing the paper-based ARTIS generated reports and those from SmartCare is still ongoing. However, the updating of records both in SmartCare and ARTIS registers is ongoing for all facilities 86 facilities.

In addition to the SmartCare data quality exercise, the SI unit conducted a data audit for the period, July 2008 to June 2009. A total of 43 sites were audited and the results consistently indicated an improvement in data quality and a decline in the magnitude of errors. This is a result of continued technical support provided by ZPCT II and the hiring of data clerks who have greatly contributed to improved documentation.

V. KEY ISSUES AND CHALLENGES

Training:

Start up of trainings under ZPCT II have been delayed this quarter mainly due to the process that needed to be put in place for the approval of consultants and facilitators and the availability of trainers

Community Mobilization:

- There has been a delay in the community mobilization start up due to transition to the new partner and having staff placed in the provinces in order to initiate the community mobilization and referral network activities. These components were functional until end September and will be reinitiated next quarter.

CT/PMTCT:

- Limited human resource: Staff shortages have persisted in the supported facilities. This continued to be exacerbated by the high staff turn-over through staff rotations, transfers, retirements and deaths. However, ZPCT II continued to work with DHOs/PHOs to continue providing limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services as well as to train more community cadres in PMTCT. The trained community cadres supplement the efforts of HCWs in providing PMTCT services.
- Challenges in assessing CD4 count: Several CD4 count machines were reported to have broken down while others had no reagents during this period including the ones at Ndola central hospital, Kasama general hospital, Puta HC and Kawambwa district. This was coupled with the shortages of EDTA bottles and CD4 count reagents in some of the supported districts including Copperbelt province. ZPCT II continued to follow up challenges to ensure that they were addressed accordingly. However, due to few experts in Zambia, repair of the CD4 machines was taking longer than expected. The procurement process of the EDTA bottles also seemed to be a very lengthy one. In addition, there were reports of non availability of motor bike riders in some districts. To address this, ZPCT II continued to liaise with DHOs / PHOs to ensure that more motorbike riders were trained to support sample referral
- Shortage and erratic supply of DBS bundles: There was a national shortage of DBS bundles which adversely affected DBS sample collection across the five provinces. ZPCT II continued to address the issue by redistributing the bundles from low use facilities with excess stocks to high volume facilities as an interim measure.
- Shortage of HIV test kits. This mostly occurs in some facilities which are not yet on the HIV test kits management logistics system and facilities or districts which send late their monthly HIV test kit consumption reports to their district health offices. As a result they do not receive their orders from medical stores limited. ZPCT II will continue to mentor facility staff on early reporting and submission of reports to district offices and medical stores. ZPCT II will also continue to work in collaboration with JSI Deliver to strengthen the entire process of HIV Logistics system.

Clinical Care/ART

- Baseline and monitoring tests: Stock outs of EDTA bottles, delayed repair of broken down laboratory equipment and in some cases lack of qualified laboratory personnel are some of the challenges that are being faced in carrying out baseline tests. In some cases the clinicians are not ordering these tests and giving priority for patients initiating ART compared to those being monitored.
- Reporting of adverse drug reactions (ADR): The revised pharrma-covigilance registers, from the Pharmaceutical Regulatory Authority (PRA) was printed this quarter and will be made available to health facilities in the next quarter. So, there has been some challenge regarding documentation of adverse drug reactions.

Laboratory and Pharmacy

- Overall, there has been a great improvement in the availability of commodities and most facilities are accessing supplies. The Supply Chain Management System (SCMS) project redesigned the ART Laboratory Commodities Logistics system, addressing all the issues from the evaluation, and held a refresher TOT during the quarter. The ARV, PMTCT Drug and HIV test logistics systems respectively continue to be used in the facilities facilitating the access to supplies.
- However, there continued to be an erratic supply of Roche DBS blood collection kits and Roche Amplicor kits from MSL. There was a stock out until late in the quarter adversely affecting continuity of service provision. EDTA blood collection containers during the quarter also adversely affected service delivery specifically for CD4 analysis. ZPCT II continues to work with the partners to ensure supported facilities are included in the national quantification exercises to facilitate their inclusion in the procurement of supplies for service delivery. In addition, mentoring is provided to district and facility staff on procedures to access supplies from MSL.
- Routine preventive maintenance of diagnostic equipment is an issue and is still not being done consistently even with MoH vendor contracts in place. This results in frequent equipment breakdowns thereby interrupting laboratory testing in the facilities. ZPCT II will continue to draw on the strengths of the vendor-trained (Biogroup, BD and SG) ZPCT II laboratory staff in preventive maintenance to deal with minor faults and only call the engineers for major issues. This helps to curtail the long turn around time for equipment maintenance.
- Occasional lapses in the transport system at Medical Stores Limited (MSL) logistics combined with some order delays from the districts still continues. As a result, ZPCT II assistance to transport critical supplies to support sites continued to be requested, but not as frequent as previous quarters. However, this is only possible when there is pre-arranged travel to destination sites. ZPCT II is constantly working with facility staff to ensure that orders are submitted according to the delivery schedule requirements that MSL has issued. This has reduced on the number of stock outs experienced in some facilities.
- An uninterrupted supply of commodities ensures continued service delivery across all elements of care. ZPCT II continued to actively participate in national level forecasting and quantification activities to ensure that the facilities' needs are taken into account.

VI. ANTICIPATED ACTIVITIES FOR NEXT QUARTER

ZPCT II will continue to partner with MoH and other partner organizations at the provincial and district levels and with staff and management in the supported facilities. ZPCT II plans to roll out the signing of the MOUs with each of the five provinces next quarter.

*A summary of the plans for the next quarter (October – December, 2009) is provided in **Annex D**.*

VII. TDYs FOR THIS QUARTER

During this quarter, two ZPCT II laboratory technical staff travelled to Kampala, Uganda to attend a regional Division of AIDS (DAIDS) training event on Good Clinical Laboratory Practice (GCLP), Advanced Assay Validation and Advanced Quality Management. This five-day training was designed to refresh laboratory professionals on practices which promote standard and acceptable laboratory practices, as well as the validation of current technologies to authenticate working systems for patient care and research.

A complete list of travel plans for the next quarter is available in **Annex E**.

VIII. DELIVERABLES FOR THIS QUARTER

- a. Workplan was submitted and approved
- b. M&E plan was submitted. Approval is pending
- c. Environmental Plan was submitted. Approval is pending
- d. Marking and Branding Plan was submitted. Approval is pending

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ANNEX A: Achievements Towards Targets/Indicator Table

ZPCT II Project Target /Indicator Table				
Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Aug-Sep 2009)²
1.1 Counseling and Testing (Projections from ZPCT service statistics)				
•	Service outlets providing CT according to national or international standards	370	270	240
•	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	118,333	43,258
•	Individuals trained in CT according to national or international standards	2,316	520	0
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)				
•	Service outlets providing the minimum package of PMTCT services	359	259	233
•	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167	24,755
•	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214	3,780
•	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150	0
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)				
•	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	270	242
•	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000	112,645
•	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000	8,607
•	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600	0
•	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	270	242
•	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667	843
•	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600	0
•	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,683	1118
•	Service outlets providing ART	130	107	106
•	Individuals newly initiating on ART during the reporting period	115,250	19,167	4,509
•	Pediatrics newly initiating on ART during the reporting period	11,250	1,667	367
•	Individuals receiving ART at the end of the period	146,000	79,732	83,519
•	Pediatrics receiving ART at the end of the period	11,700	5,726	5,880
•	Health workers trained to deliver ART services according to national or international standards	3,120	600	0
1.4 Male Circumcision (ZPCT II projections)				
•	Service outlets providing MC services	50	16	x
•	Individuals trained to provide MC services	260	100	x
2.1 Laboratory Support (Projections from ZPCT service statistics)				
•	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96	81

² Although this ZPCT II Q1 progress report covers the time period of June through September 2009, data is captured for the months of August and September only, because June and July data was captured under ZPCT.

ZPCT II Project Target /Indicator Table

Objective	Indicator	Project Targets (LOP)	Year One Workplan Targets	Achievements Q1 (Aug-Sep 2009) ²
•	Individuals trained in the provision of laboratory-related activities	375	80	0
•	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	635,500	156,740
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)				
•	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506	x
•	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285	x
•	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120	x
3 Capacity Building for PHOs and DHOs (ZPCT II projections)				
3.	Local organizations (PHOs and DHOs) provided with technical assistance for HIV-related institutional capacity building	47	-	x
4 Public-Private Partnerships (ZPCT II projections)				
4.	Private health facilities providing HIV/AIDS services	30	6	x

ANNEX B: ZPCT II Supported Facilities and Services

Central Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	◆	◆	◆	◆	◆ ²		
	2. Mahatma Gandhi HC	◆ ¹	◆	◆	◆	◆ ²		
	3. Kabwe Mine Hospital	◆	◆	◆	◆	◆	◆	⊙
	4. Bwacha HC		◆	◆	◆	◆	◆	
	5. Makululu HC	◆ ¹	◆	◆	◆		◆	
	6. Pollen HC	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	◆ ¹	◆	◆	◆		◆	
	8. Chowa HC		◆	◆	◆	◆	◆	
	9. Railway Surgery HC		◆	◆	◆		◆	
	10. Katondo HC	◆ ¹	◆	◆	◆		◆	
	11. Ngungu HC	◆ ¹	◆	◆	◆		◆	
	12. Natuseko HC	◆ ¹	◆	◆	◆		◆	
	13. Mukobeko Township HC		◆	◆	◆		◆	
	14. Kawama HC		◆	◆	◆		◆	
	15. Kasavasa HC		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	◆	◆	◆	◆	◆ ²		⊙
	17. Chibefwe HC		◆	◆	◆		◆	
	18. Chalata HC	◆ ¹	◆	◆	◆		◆	
	19. Masansa HC	◆ ¹	◆	◆	◆		◆	
	20. Nshinso HC		◆	◆	◆		◆	
	21. Chikupili HC		◆	◆	◆		◆	
<i>Serenje</i>	22. Serenje DH	◆	◆	◆	◆	◆ ²		⊙
	23. Chitambo Hospital	◆	◆	◆	◆	◆	◆	⊙
	24. Chibale RHC		◆	◆	◆		◆	
	25. Muchinka RHC		◆	◆	◆		◆	
	26. Kabundi RHC		◆	◆	◆		◆	
	27. Chalilo RHC		◆	◆	◆			
	28. Mpelembe RHC	◆ ¹	◆	◆	◆			
	29. Mulilima RHC		◆	◆	◆			
<i>Chibombo</i>	30. Liteta DH	◆	◆	◆	◆	◆ ²		⊙
	31. Chikobo RHC		◆	◆	◆	◆	◆	
	32. Mwachisompola Demo Zone		◆	◆	◆	◆	◆	
	33. Chibombo RHC		◆	◆	◆		◆	
	34. Chisamba RHC	◆ ¹	◆	◆	◆		◆	
	35. Mungule RHC		◆	◆	◆		◆	
	36. Muswishi RHC		◆	◆	◆		◆	
	37. Chitanda RHC		◆	◆	◆		◆	
<i>Kapiri</i>	38. Kapiri Mposhi DH	◆	◆	◆	◆			⊙
	39. Mukonchi RHC	◆	◆	◆	◆			
	40. Chibwe RHC		◆	◆	◆			
	41. Lusemfwa RHC		◆	◆	◆			
	42. Kampumba RHC	◆ ¹	◆	◆	◆			
	43. Mulungushi RHC		◆	◆	◆			
	44. Chawama UHC		◆	◆	◆			

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Mposhi</i>	45. Kawama HC		◆	◆	◆			
	46. Tazara UHC		◆	◆	◆			
	47. Ndeke UHC		◆	◆	◆			
	48. Nkole RHC	◆ ¹	◆	◆	◆			
	49. Chankomo RHC		◆	◆	◆			
	50. Luansimba RHC		◆	◆	◆			
	51. Mulungushi University HC		◆	◆	◆			
	52. Chipeco RHC		◆	◆	◆			
	53. Waya RHC	◆ ¹	◆	◆	◆			
	54. Chilumba RHC		◆	◆	◆			
Totals		22	54	54	54	11	29	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
◎ Planned MC sites in ZPCT II	2 = Referral laboratory for CD4

Note: the grey shaded health facilities are new sites for ZPCT II in year one

Copperbelt Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	◆	◆	◆	◆	◆ ²		
	2. Arthur Davison Hospital	◆	◆	◆	◆	◆ ²		
	3. Lubuto HC	◆ ¹	◆	◆	◆	◆	◆	
	4. Mahatma Ghandi HC	◆ ¹	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	◆ ¹	◆	◆	◆	◆	◆	
	6. Mushili Clinic		◆	◆	◆		◆	
	7. Nkwazi Clinic		◆	◆	◆		◆	
	8. Kawama HC		◆	◆	◆		◆	
	9. Ndeke HC		◆	◆	◆		◆	
	10. Dola Hill UC		◆	◆	◆		◆	
	11. Kabushi Clinic		◆	◆	◆		◆	
	12. Kansenshi Prison Clinic	◆ ¹	◆	◆	◆		◆	
	13. Kaloko Clinic		◆	◆	◆		◆	
	14. Kaniki Clinic	◆ ¹	◆	◆	◆		◆	
	15. Kavu Clinic	◆ ¹	◆	◆	◆	◆	◆	
	16. New Masala Clinic	◆ ¹	◆	◆	◆		◆	
	17. Pamodzi-Sathiya Sai Clinic		◆	◆	◆		◆	
	18. Railway Surgery Clinic		◆	◆	◆		◆	
	19. Twapia Clinic	◆ ¹	◆	◆	◆		◆	
<i>Chingola</i>	20. Nchanga N. GH	◆	◆	◆	◆	◆ ²		
	21. Chiwempala HC	◆ ¹	◆	◆	◆	◆ ²		
	22. Kabundi East Clinic	◆ ¹	◆	◆	◆	◆	◆	
	23. Chawama HC		◆	◆	◆		◆	
	24. Clinic 1 HC	◆ ¹	◆	◆	◆			
	25. Muchinshi Clinic	◆ ¹	◆	◆	◆		◆	
	26. Kasompe Clinic		◆	◆	◆			
	27. Mutenda HC							
<i>Kitwe</i>	28. Kitwe Central Hospital	◆	◆	◆	◆	◆ ²		
	29. Ndeke HC	◆ ¹	◆	◆	◆	◆ ²		
	30. Chimwemwe Clinic	◆ ¹	◆	◆	◆	◆ ²		
	31. Buchi HC	◆ ¹	◆	◆	◆	◆	◆	
	32. Luangwa HC	◆ ¹	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	◆ ¹	◆	◆	◆	◆	◆	
	34. Bulangililo Clinic	◆ ¹	◆	◆	◆		◆	
	35. Twatasha Clinic		◆	◆	◆		◆	
	36. Garnatone Clinic			◆	◆		◆	
	37. Itimpi Clinic		◆	◆	◆		◆	
	38. Kamitondo Clinic		◆	◆	◆		◆	
	39. Kawama Clinic	◆ ¹	◆	◆	◆	◆	◆	
	40. Kwacha Clinic		◆	◆	◆		◆	
	41. Mindolo 1 Clinic		◆	◆	◆		◆	
	42. Mulenga Clinic		◆	◆	◆		◆	
	43. Mwaiseni Clinic		◆	◆	◆	◆	◆	
44. Wusakile GRZ Clinic		◆	◆	◆	◆	◆		
45. ZAMTAN Clinic	◆ ¹	◆	◆	◆	◆	◆		
46. Chavuma Clinic	◆ ¹	◆	◆	◆		◆		

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	47. Kamfinsa Prison Clinic	◆	◆	◆	◆		◆	
	48. Mwekera Clinic		◆	◆	◆		◆	
	49. ZNS Clinic	◆ ¹	◆	◆	◆			
<i>Luanshya</i>	50. Thompson DH	◆	◆	◆	◆	◆ ²		
	51. Roan GH	◆	◆	◆	◆	◆	◆	
	52. Mikomfwa HC		◆	◆	◆		◆	
	53. Mpatamatu Sec 26 UC	◆ ¹	◆	◆	◆	◆	◆	
<i>Mufulira</i>	54. Kamuchanga DH	◆	◆	◆	◆	◆ ²		
	55. Ronald Ross GH	◆	◆	◆	◆	◆ ²		
	56. Clinic 3 Mine Clinic		◆	◆	◆		◆	
	57. Kansunswa HC		◆	◆	◆		◆	
	58. Clinic 5 Clinic		◆	◆	◆		◆	
	59. Mokambo Clinic		◆	◆	◆		◆	
	60. Suburb Clinic							
<i>Kalulushi</i>	61. Kalulushi GRZ Clinic	◆	◆	◆	◆	◆ ²		
	62. Chambishi HC	◆ ¹	◆	◆	◆	◆	◆	
	63. Chibuluma Clinic		◆	◆	◆			
<i>Chililabombwe</i>	64. Kakoso District HC	◆	◆	◆	◆	◆ ²		
	65. Lubengele UC	◆ ¹	◆	◆	◆	◆	◆	
<i>Lufwanyama</i>	66. Mushingashi RHC		◆	◆	◆		◆	
	67. Lumpuma RHC	◆ ¹	◆	◆	◆		◆	
	68. Shimukunami RHC	◆ ¹	◆	◆	◆		◆	
<i>Mpongwe</i>	69. Kayenda RHC							
	70. Mikata RHC							
	71. Ipumba RHC							
<i>Masaiti</i>	72. Kashitu RHC							
	73. Jelemanu RHC							
	74. Masaiti Boma RHC							
Totals		38	66	66	66	28	49	

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Referral laboratory for CD4

Note: the grey shaded health facilities are new sites for ZPCT II in year one

Luapula Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	◆	◆	◆	◆	◆	◆	
	2. Kabole RHC	◆	◆	◆	◆	◆	◆	
	3. Chipungu RHC							
<i>Kawambwa</i>	4. Kawambwa DH	◆	◆	◆	◆	◆ ²		⊙
	5. Mbereshi Hospital	◆	◆	◆	◆	◆ ²		⊙
	6. Kawambwa HC		◆	◆	◆	◆	◆	
	7. Mushota RHC		◆	◆	◆		◆	
	8. Munkanta RHC							
<i>Mansa</i>	9. Mansa GH	◆	◆	◆	◆	◆ ²		
	10. Senama HC	◆ ¹	◆	◆	◆	◆ ²		
	11. Central Clinic		◆	◆	◆	◆	◆	
	12. Matanda RHC		◆	◆	◆		◆	
	13. Chembe RHC	◆	◆	◆	◆	◆	◆	
	14. Buntungwa RHC		◆	◆	◆		◆	
	15. Chipete RHC		◆	◆	◆			
	16. Chisembe RHC		◆	◆	◆	◆		
	17. Chisunka RHC		◆	◆	◆			
	18. Fimpulu RHC		◆	◆	◆			
	19. Kabunda RHC		◆	◆	◆		◆	
	20. Kalaba RHC		◆	◆	◆		◆	
	21. Kalyongo RHC		◆	◆	◆			
	22. Kasoma Lwela RHC		◆	◆	◆		◆	
	23. Katangwe RHC		◆	◆	◆		◆	
	24. Kunda Mfumu RHC		◆	◆	◆			
	25. Luamfumu RHC		◆	◆	◆		◆	
	26. Mabumba RHC		◆	◆	◆		◆	
	27. Mano RHC		◆	◆	◆		◆	
	28. Mantumbusa RHC		◆	◆	◆		◆	
	29. Mibenge RHC		◆	◆	◆		◆	
	30. Moloshi RHC		◆	◆	◆		◆	
	31. Mutiti RHC		◆	◆	◆			
	32. Muwang'uni RHC		◆	◆	◆		◆	
33. Ndoba RHC		◆	◆	◆		◆		
34. Nsonga RHC		◆	◆	◆		◆		
35. Paul Mambilima RHC		◆	◆	◆				
<i>Milenge</i>	36. Mulumbi RHC		◆	◆	◆			
	37. Milenge East 7 RHC							
	38. Kapalala RHC							
<i>Mwense</i>	39. Mambilima HC (CHAZ)	◆ ¹	◆	◆	◆	◆ ²	◆	
	40. Mwense Stage II HC	◆ ¹	◆	◆	◆	◆ ²		
	41. Chibondo RHC			◆	◆		◆	
	42. Chipili RHC		◆	◆	◆		◆	
	43. Chisheta RHC			◆	◆		◆	
	44. Kalundu RHC			◆	◆		◆	
	45. Kaoma Makasa RHC		◆	◆	◆		◆	
	46. Kapamba RHC		◆	◆	◆		◆	
47. Kashiba RHC		◆	◆	◆		◆		

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	48. Katuta Kampemba RHC		◆	◆	◆		◆	
	49. Kawama RHC		◆	◆	◆		◆	
	50. Lubunda RHC		◆	◆	◆		◆	
	51. Lukwesa RHC		◆	◆	◆		◆	
	52. Luminu RHC			◆	◆			
	53. Lupososhi RHC			◆	◆			
	54. Mubende RHC		◆	◆	◆			
	55. Mukonshi RHC		◆	◆	◆			
	56. Mununshi RHC			◆	◆		◆	
	57. Mupeta RHC			◆	◆		◆	
	58. Musangu RHC		◆	◆	◆		◆	
	59. Mutipula RHC			◆	◆		◆	
	60. Mwenda RHC	◆	◆	◆	◆	◆	◆	
<i>Nchelenge</i>	61. Nchelenge RHC	◆	◆	◆	◆	◆	◆	
	62. Kashikishi RHC	◆	◆	◆	◆		◆	
	63. Chabilikila RHC	◆	◆	◆	◆	◆	◆	
	64. Kabuta RHC	◆	◆	◆	◆	◆	◆	
	65. Kafutuma RHC	◆	◆	◆	◆	◆	◆	
	66. Kambwali RHC	◆	◆	◆	◆		◆	
	67. Kanyembo RHC	◆	◆	◆	◆	◆	◆	
	68. Chisenga RHC	◆ ¹	◆	◆	◆	◆	◆	
	69. Kilwa RHC	◆ ¹	◆	◆	◆	◆	◆	
		70. St. Paul's Hospital (CHAZ)	◆	◆	◆	◆	◆ ²	
<i>Samfya</i>	71. Lubwe Mission Hospital (CHAZ)	◆	◆	◆	◆	◆ ²		
	72. Samfya Stage 2 Clinic	◆ ¹	◆	◆	◆	◆	◆	
	73. Kasanka RHC							
Totals		22	60	68	68	23	41	2

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Referral laboratory for CD4

Note: the grey shaded health facilities are new sites for ZPCT II in year one

North-Western Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	◆	◆	◆	◆	◆ ²		
	2. Solwezi GH	◆	◆	◆	◆	◆ ²		
	3. Mapunga RHC		◆	◆	◆		◆	
	4. St. Dorothy RHC	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC		◆	◆	◆		◆	
	6. Meheba D RHC		◆	◆	◆		◆	
	7. Mumena RHC		◆	◆	◆		◆	
	8. Kapigimpanga HC							
	9. Kanuma RHC							
	10. Kyafukuma RHC							
	11. Lwamala RHC							
<i>Kabompo</i>	12. Kabompo DH	◆	◆	◆	◆	◆ ²		⊙
	13. St. Kalemba RHC (CHAZ)	◆ ¹	◆	◆	◆	◆	◆	
	14. Mumbeji RHC		◆	◆	◆		◆	
	15. Kasamba RHC		◆	◆	◆			
<i>Zambezi</i>	16. Zambezi DH	◆	◆	◆	◆	◆ ²		
	17. Zambezi UHC			◆	◆		◆	
	18. Mize HC		◆	◆	◆		◆	
	19. Chitokoloki Mission (CHAZ)	◆ ¹	◆	◆	◆	◆ ²		
<i>Mwinilunga</i>	20. Mwinilunga DH	◆	◆	◆	◆	◆ ²		⊙
	21. Kanyihampa HC		◆	◆	◆		◆	
	22. Luwi Mission (CHAZ)	◆ ¹	◆	◆	◆	◆		
	23. Ikelenge RHC		◆	◆	◆			
	24. Lwawu RHC		◆	◆	◆			
<i>Mufumbwe</i>	25. Mufumbwe DH	◆ ¹	◆	◆	◆	◆ ²		
	26. Matushi RHC		◆	◆	◆			
	27. Kashima RHC							
	28. Mufumbwe Clinic							
<i>Chavuma</i>	29. Chiyeke RHC	◆ ¹	◆	◆	◆		◆	
	30. Chivombo RHC							
	31. Chiingi RHC							
	32. Lukolwe RHC							
<i>Kasempa</i>	33. Kasempa UC	◆ ¹	◆	◆	◆		◆	
	34. Nselauke RHC		◆	◆	◆			
Totals		12	26	25	27	10	12	2

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Referral laboratory for CD4

Note: the grey shaded health facilities are new sites for ZPCT II in year one

Northern Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	◆	◆	◆	◆	◆ ²		
	2. Kasama UHC		◆	◆	◆		◆	
	3. Location UHC	◆ ¹	◆	◆	◆		◆	
	4. Chilubula Mission (CHAZ)	◆	◆	◆	◆	◆ ²		
	5. Lukupa RHC		◆	◆	◆		◆	
	6. Lukashya RHC							
	7. Misengo RHC							
	8. Chiongo RHC							
	9. Chisanga RHC							
	10. Mulenga RHC							
	11. Musa RHC							
<i>Nakonde</i>	12. Nakonde RHC	◆	◆	◆	◆	◆ ²		
	13. Chilolwa RHC		◆	◆	◆		◆	
	14. Waitwika RHC		◆	◆	◆		◆	
	15. Mwenzo RHC		◆	◆	◆		◆	
	16. Ntatumbila RHC							
	17. Chozi RHC							
<i>Mpika</i>	18. Mpika DH	◆	◆	◆	◆	◆ ²		⊙
	19. Mpika HC		◆	◆	◆		◆	
	20. Mpepo RHC		◆	◆	◆			
<i>Chinsali</i>	21. Chinsali DH	◆	◆	◆	◆	◆ ²		⊙
	22. Chinsali HC		◆	◆	◆		◆	
<i>Mbala</i>	23. Mbala GH	◆	◆	◆	◆	◆ ²		⊙
	24. Mbala UHC		◆	◆	◆		◆	
	25. Tulemane UHC	◆ ¹	◆	◆	◆		◆	
	26. Senga Hills RHC	◆ ¹	◆	◆	◆			
<i>Mpulungu</i>	27. Mpulungu HC	◆ ¹	◆	◆	◆		◆	
<i>Isoka</i>	28. Isoka DH	◆	◆	◆	◆	◆ ²		⊙
	29. Isoka UHC		◆	◆	◆			
	30. Muyombe	◆ ¹	◆	◆	◆			
<i>Mporokoso</i>	31. Mporokoso DH	◆	◆	◆	◆	◆ ²		⊙
	32. Mporokoso UHC	◆ ¹	◆	◆	◆			
<i>Luwingu</i>	33. Luwingu DH	◆	◆	◆	◆	◆		⊙
	34. Namukolo Clinic		◆	◆	◆			
<i>Kaputa</i>	35. Kaputa RHC	◆	◆	◆	◆			
	36. Nsumbu RHC							
Totals		16	27	27	27	9	11	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Referral laboratory for CD4

Note: the grey shaded health facilities are new sites for ZPCT II in year one

A total of 110 ART sites (60 outreach sites, and 50 static sites)

ANNEX C: List of ZPCT II Signed Recipient Agreements/Subcontracts/MoUs

Recipient Agreements/Subcontracts			
Province/District/Hospitals	Award Period	Amount Awarded	Obligated Amount to Date
Central			
1. Central PHO	September 1, 2009 – May 31, 2010	\$701,052	\$701,052
2. Chibombo DHO	August 1, 2009 – May 31, 2010	\$60,418	\$60,418
3. Kabwe DHO	August 1, 2009 – May 31, 2010	\$83,570	\$83,570
4. Kabwe GH	August 1, 2009 – May 31, 2010	\$57,612	\$57,612
5. Kapiri Mposhi DHO*	August 1, 2009 – May 31, 2010	\$347,990	\$347,990
6. Mkushi DHO	August 1, 2009 – May 31, 2010	\$39,062	\$39,062
7. Serenje DHO	August 1, 2009 – May 31, 2010	\$113,780	\$113,780
Copperbelt			
8. Arthur Davison CH	August 1, 2009 – May 31, 2010	\$100,344	\$100,344
9. Chililabombwe DHO	August 1, 2009 – May 31, 2010	\$42,822	\$42,822
10. Chingola DHO	August 1, 2009 – May 31, 2010	\$120,456	\$120,456
11. Copperbelt PHO	September 1, 2009 – May 31, 2010	\$995,936	\$995,936
12. Kalulushi DHO	August 1, 2009 – May 31, 2010	\$36,717	\$36,717
13. Kitwe Central Hospital	August 1, 2009 – May 31, 2010	\$31,047	\$31,047
14. Kitwe DHO	August 1, 2009 – May 31, 2010	\$213,983	\$213,983
15. Luanshya DHO	August 1, 2009 – May 31, 2010	\$50,535	\$50,535
16. Lufwanyama DHO	August 1, 2009 – May 31, 2010	\$14,589	\$14,589
17. Masaiti DHO*	August 1, 2009 – May 31, 2010	\$72,202	\$72,202
18. Mpatamatu HBC**	September 1, 2009 – May 31, 2010	\$0	\$0
19. Mpongwe DHO*	August 1, 2009 – May 31, 2010	\$49,107	\$49,107
20. Mufulira DHO	August 1, 2009 – May 31, 2010	\$65,345	\$65,345
21. Nchanga North	August 1, 2009 – May 31, 2010	\$12,659	\$12,659
22. Ndola Catholic Diocese**	September 1, 2009 – May 31, 2010	\$0	\$0
23. Ndola Central Hospital	August 1, 2009 – May 31, 2010	\$19,243	\$19,243
24. Ndola DHO	August 1, 2009 – May 31, 2010	\$158,114	\$158,114
25. Roan GH	August 1, 2009 – May 31, 2010	\$21,838	\$21,838
26. Ronald Ross	August 1, 2009 – May 31, 2010	\$41,542	\$41,542
Luapula			
27. Chienge DHO	August 1, 2009 – May 31, 2010	\$98,495	\$98,495
28. Kawambwa DHO	August 1, 2009 – May 31, 2010	\$83,829	\$83,829
29. Luapula PHO	September 1, 2009 – May 31, 2010	\$579,846	\$579,846
30. Mansa DHO	August 1, 2009 – May 31, 2010	\$102,693	\$102,693
31. Mansa GH	August 1, 2009 – May 31, 2010	\$80,225	\$80,225
32. Milenge DHO	August 1, 2009 – May 31, 2010	\$56,528	\$56,528
33. Mwense DHO	August 1, 2009 – May 31, 2010	\$64,829	\$64,829
34. Nchelenge DHO	August 1, 2009 – May 31, 2010	\$95,924	\$95,924
35. Samfya DHO	August 1, 2009 – May 31, 2010	\$57,831	\$57,831
Northern			
36. Chinsali DHO	August 1, 2009 – May 31, 2010	\$9,761	\$9,761
37. Isoka DHO	August 1, 2009 – May 31, 2010	\$35,507	\$35,507
38. Kasama DHO	August 1, 2009 – May 31, 2010	\$147,898	\$147,898
39. Kasama GH	August 1, 2009 – May 31, 2010	\$57,612	\$57,612
40. Kaputa DHO*	August 1, 2009 – May 31, 2010	\$65,594	\$65,594
41. Luwingu DHO	September 1, 2009 – May 31, 2010	\$16,728	\$16,728
42. Mbala DHO	August 1, 2009 – May 31, 2010	\$39,807	\$39,807
43. Mbala GH	August 1, 2009 – May 31, 2010	\$54,486	\$54,486
44. Mpika DHO	September 1, 2009 – May 31, 2010	\$13,544	\$13,544
45. Mpulungu DHO	August 1, 2009 – May 31, 2010	\$9,445	\$9,445
46. Mporokoso DHO	August 1, 2009 – May 31, 2010	\$35,094	\$35,094
47. Nakonde DHO	August 1, 2009 – May 31, 2010	\$85,122	\$85,122
48. Northern PHO	September 1, 2009 – May 31, 2010	\$551,735	\$551,735
North-Western			

49. Chavuma DHO	September 1, 2009 – May 31, 2010	\$194,070	\$194,070
50. Kabompo DHO	August 1, 2009 – May 31, 2010	\$22,683	\$22,683
51. Kasempa DHO	August 1, 2009 – May 31, 2010	\$22,847	\$22,847
52. Mufumbwe DHO	August 1, 2009 – May 31, 2010	\$133,047	\$133,047
53. Mwinilunga DHO	August 1, 2009 – May 31, 2010	\$19,662	\$19,662
54. North-Western PHO	September 1, 2009 – May 31, 2010	\$412,146	\$412,146
55. Solwezi DHO	August 1, 2009 – May 31, 2010	\$153,312	\$153,312
56. Solwezi GH	August 1, 2009 – May 31, 2010	\$54,250	\$54,250
57. Zambezi DHO	September 1, 2009 – May 31, 2010	\$11,541	\$11,541
Lusaka			
58. University Teaching Hospital	September 1, 2009 – May 31, 2010	\$61,055	\$61,055
59. Management Science for Health	June 1, 2009 – May 31, 2010	\$9,589,414	\$1442,345
60. CARE International	June 1, 2009 – May 31, 2010	\$12,434,993	\$906,480
61. Emerging Markets Group	June 1, 2009 – May 31, 2010	\$1,653,120	\$151,621
62. Social Impact	June 1, 2009 – May 31, 2010	\$351,464	\$74,880
63. Salvation Army	June 1, 2009 – May 31, 2010	\$211,976	\$13,543
64. Churches Health Association of Zambia	August 1, 2009 – May 31, 2010	\$227,418	\$227,418
65. KARA Counseling and Training Trust	September 1, 2009 – May 31, 2010	\$387,329	\$387,329

* New District Health Offices

** Memorandum of Understanding (MoU)

ANNEX D: Activities Planned for the Next Quarter (Oct –Dec 2009)

Objectives	Planned Activities	2009		
		Oct	Nov	Dec
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Provide improved follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in old and initiate in new sites	x	x	x
	Administer QA/QI tools	x	x	x
	Implement youth friendly CT and provide youth centered job aids	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.			
	Refer uncircumcised male clients for MC in all ZPCT II supported sites	x	x	x
	Conduct mobile CT for World AIDS Day			x
1.2: Expand prevention of mother-to-child transmission (PMTCT) services	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester	x	x	x
	Strengthen male involvement in PMTCT	x	x	x
	Strengthen family planning integration in HIV/AIDS services			
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for PMTCT	x	x	x
	Administer QA/QI tools	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis and DBS sample collection at six weeks for HIV exposed babies	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
Work in collaboration with CARE to promote and strengthen male involvement in PMTCT service	x	x	x	
	Continue to strengthen DBS sample collection	x	x	x
1.3: Expand treatment services and basic health care and support	Scale-up ART to new health facilities and districts	x	x	x
	Administer QA/QI tools	x	x	x
	Implementation of enhanced TB/HIV collaboration activities	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
1.4: Scale up male circumcision (MC) services	Male circumcision trainings for health workers and implementation of service delivery activities	x	x	x

Objectives	Planned Activities	2009		
		Oct	Nov	Dec
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Hold laboratory/pharmacy unit meeting from November 9 – 13, 2009		x	
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other tests	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management		x	x
	Strengthen CD4 sample referral in supported facilities	x	x	x
	Administer QA/QI tools			
	Hold stakeholders' meetings on the review of the ART pharmacy and ART laboratory SOPs	x	x	x
	Strengthen the implementation of the HIV EQA DTS program for quality assurance for HIV testing.	x	x	x
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the PHOs and DHOs to perform technical and program management functions.				
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Initiate the process for identifying and assessing the six private sector facilities for year one		x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
M&E and QA/QI				
	Strategic information review meeting		x	
	Revise the QA/QI tools	x	x	
	Conduct DEC QA/QI orientations in the five provinces		x	x
	Training SI/M&E staff on geographical information systems		x	x
	Conduct semi annual data audits			x
Program Management				
Program	Conduct a program management unit team meeting with the program and finance staff from the provinces			x
	ZPCT II partners meeting		x	
	Development of tender documents and signing of contracts for new renovations		x	x
Finance	Grants manual to be submitted for approval		x	
	Prepare for audit	x	x	
HR	Complete the hiring for remaining vacancies	x	x	
	Staff orientations for new staff	x	x	
	Complete staff probation evaluations	x	x	x

ANNEX E: Travel /TDY Plans for the Next Quarter (Oct-Dec 2009)

Person Traveling	Purpose of Travel	Oct – Dec 2009
Kwasi Torpey (ZPCT II)	Technical support to ZPCT II	6 weeks Oct - Nov
John Pollock (MSH)	Technical support to MSH	
Maryce Ramsey (SI)	Gender strategy assessment	3 weeks in Nov
Michael Reeves (EMG)	Project Management start-up TA (<i>Through EMG corporate funds</i>)	
Leine Stuart (FHI)	Technical assistance to ZPCT II	29 Nov to 11 Dec