



Quarterly Progress Report October 1 - December 31, 2010

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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
DMOs	-	District Medical 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	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
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 II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS 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 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MoH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention 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 and male circumcision (MC).

This quarter, ZPCT II supported implementation of HIV/AIDS services in 298 public and six private health facilities across 41 districts in the five provinces. Key activities and achievements for the October to December 2010 reporting period include:

- CT services were provided in 298 public and six private health facilities. 103,781 individuals received CT services exclusive of those reached with PMTCT. The COP target includes those reached with PMTCT and that total is 150,216;
- PMTCT services were provided in 289 public and six private facilities. 46,435 women received PMTCT services, out of which 4,451 were HIV positive and were all provided with a complete course of ARV prophylaxis. The total number of HIV positive pregnant women who received ARV prophylaxis to reduce the risk of MTCT during this period was 4,946.
- ZPCT II provided technical assistance in all technical areas with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 298 public and six private health facilities. A cumulative number of 169,726 individuals received palliative care from these facilities;
- ART services were provided in 134 health facilities (68 are static and 66 are outreach sites. 132 ART sites report independently while 2 report through bigger facilities). A total of 7,434 new clients (including 618 children) were initiated on antiretroviral therapy. Cumulatively, 122,365 individuals are currently on antiretroviral therapy and of these 8,447 are children;
- 941 health care workers were trained in one of the following; basic CT, couple counseling, counseling supervision, child counseling, youth CT, PMTCT, family planning, ART/OI management, adherence counseling, dry blood spot, ART commodity management for laboratory and pharmacy, male circumcision, and equipment use and maintenance;
- 218 community volunteers were trained in one of the following; basic CT, couple counseling, counseling supervision, child counseling, youth CT, and adherence counseling;
- Mumbwa District in the Central Province was added as a new district for scale up for year three, bringing the total number of districts under ZPCT II to 41, out of the targeted 42 districts;
- 52 new MoH facilities were included in the current recipient agreements amended this quarter for year three (January - December 2011) across the five provinces, bringing the total number of facilities that will be supported to 350;
- MOUs were signed with six private sector sites, three in the Central, and three in the Copperbelt provinces, bringing the total number of supported private facilities to 12;
- This quarter, the remaining six of the planned 79 year one refurbishments were completed in December 2010. Contracts for all targeted 43 year two refurbishments have been signed and works have commenced. Preparation for the environmental site assessments and tender documents for the targeted 84 refurbishments for year three have commenced and is ongoing.

ANNEX A: ZPCT II Project Achievements August 1, 2009 to December 31, 2010

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
		1.1 Counseling and Testing (Projections from ZPCT service statistics)						
	Service outlets providing CT according to national or international standards	370	298(6)	296	298 (6 PPP sites) ¹			298 (6 PPP sites)
	Individuals who received HIV/AIDS CT and received their test results	728,000	518,191	84,581	245,076	48,174	55,607	103,781
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ²	1,300,000	757,365	151,081	352,701	48,174	102,042	150,216
	Individuals trained in CT according to national or international standards	2,316	825	301	319	49	87	136
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	289(6)	287	289 (6 PPP sites)			289 (6 PPP sites)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	239,174	66,500	107,625		46,435	46,435
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	30,338	8,183	11,870		4,946	4,946
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1946	840	838	92	271	363
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	298(6)	296	298 (6 PPP sites)			298 (6 PPP sites)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ³	560,000	176,934	96,412	171,913	66,805	102,921	169,726

¹ The private sector sites are in addition to the MOH sites.

² New generation COP indicator includes PMTCT

³ **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	13,653	10,581	13,350	6,643	6,550	13,193
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	971	364	399	59	95	154
	Service outlets providing ART	130	126 (6 PPP sites)	128	126 (6 PPP sites)			126 (6 PPP sites)
	Individuals newly initiating on ART during the reporting period	115,250	42,519	13,489	17,474	3,109	4,325	7,434
	Pediatrics newly initiating on ART during the reporting period	11,250	3,364	1,379	1,346	303	315	618
	Individuals receiving ART at the end of the period	146,000	122,365	90,148	122,365	48,619	73,746	122,365
	Pediatrics receiving ART at the end of the period	11,700	8,447	6,664	8,447	4,261	4,186	8,447
	Health workers trained to deliver ART services according to national or international standards	3,120	971	364	399	59	95	154
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	298(6)	296	298(6)			298(6)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	8,053	2,009	3,803	747	717	1,464
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	971	364	399	59	95	154
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	7,527	3,479	2,866	673	429	1,102

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
		1.4 Male Circumcision (ZPCT II projections)						
	Service outlets providing MC services	50	23	22	23			23
	Individuals trained to provide MC services	260	136	60	32	9	3	12
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	2,264	N/A	1,918	1,358		1,358
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	83(3)	103	83 (3 PPP sites)			83 (3 PPP sites)
	Laboratories with capacity to perform clinical laboratory tests	N/A	114 (6 PPP sites)	117	114 (6 PPP sites)			114 (6 PPP sites)
	Individuals trained in the provision of laboratory-related activities	375	421	42	229	72	22	94
	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	1,613,968	444,850	726,418			315,915
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	829	287	345	60	37	97
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	483	161	184	0	0	0
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	430	70	143	62	59	121
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	0	5	4			4
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	6	12	12			6

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
		Gender						
	Number of pregnant women receiving PMTCT services with partner	N/A	59,797	N/A	27,777		12,044	12,044
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	55,142	N/A	29,714	10,100	4,117	14,217

PROGRAM AND FINANCIAL MANAGEMENT

Partner Collaboration:

ZPCT II collaborated with its sub partners through activities at national, district, community and health facility levels as follows:

- Management Sciences for Health (MSH): MSH worked towards strengthening the MoH health system focusing on laboratory and pharmaceutical systems at national, district and the health facility levels through training and technical support.
- CARE International: CARE Zambia provided support to the comprehensive HIV/AIDS services including prevention, care and treatment, through training and supporting community volunteers, and strengthening the continuum of care through referral networks.
- Social Impact: (SI): SI contributed towards mainstreaming gender in health facility service delivery and community prevention, care and treatment activities.
- Cardno Emerging Markets: Cardno worked with MoH in building the capacity of PMOs and DMOs to provide technical and program management oversight including enhanced problem solving, mentoring, supervision, and monitoring of HIV/AIDS programs.
- Churches Health Association of Zambia (CHAZ): CHAZ provided support towards the expansion, and scaling up and integration of prevention, care and treatment services through nine mission health facilities in three provinces supported by the ZPCT II program.
- KARA Counseling and Training Trust (KCTT): KCTT enhanced the capacity of facility and community based health workers in providing better quality services through trainings in counseling and testing (CT) services under ZPCT II program.
- University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributed towards implementation of male circumcision services in ZPCT II supported health facilities through training and technical support.

Health Facility Support

Recipient agreements (RAs): This quarter, ZPCT II amended 45 recipient agreements with five PMOs and 40 DMOs to include additional support for equipment and renovations critical to supporting the expansion of HIV/AIDS services in the five supported provinces. One new RA was completed with Mumbwa District in Central Province bringing the total number of DMO RAs to 41. ZPCT II also added 52 new facilities towards the expansion under the year three workplan, in the 41 supported districts bringing the total to 350 MoH health facilities.

The amendment to the KCTT and CARE subcontracts were completed to include additional activities for year three.

Renovations: During this quarter, the remaining six of the planned 79 year one refurbishments were completed in December 2010. Contracts for all targeted 43 year two refurbishments have been signed and works have commenced. Preparation for the environmental site assessments and tender documents for the targeted 84 refurbishments in year three have commenced and is ongoing.

Environmental Impact Mitigation

ZPCT II monitored the management of medical waste and ensured environmental compliance of the supported renovations. Using guidelines developed for the field offices to formalize and strengthen implementation and monitoring of medical waste management and disposal, ZPCT II provincial staff monitored and documented health facility practices and adherence to the Environmental Protection and Pollution Control Act, as an ongoing activity.

Facility Graduation and Sustainability Plan

This quarter, three districts (Chingola, Chililabombwe and Mufulira in Copperbelt Province) were graduated in collaboration with the respective district offices having met the graduation criteria measured using the quality assurance graduation tools. This brings the total number of graduated districts to 15. ZPCT II continued providing technical and financial support to all the graduated districts with scaled back technical assistance, following the graduation process in line with the project sustainability plan. ZPCT II continued to support the remaining facilities in working towards graduation as per plan.

Procurement

Procurement for year two is ongoing. Documentation for year two equipment over \$5000 was submitted to USAID and approval was granted during this reporting period. Other equipment for year two were procured and distributed to the provincial offices.

Prevention

Implementation of prevention activities is ongoing at community and facility level in all supported facilities. Activities include retesting negatives, scaling up male circumcision services (including integration with counseling and testing), Prevention with Positives (PwP), general counseling and testing, prevention of mother to child transmission, youth and mobile CT.

Gender

The ZPCT II gender strategy was finalized and shared with MoH during this quarter. Discussions are ongoing with the MoH planning unit and MoH human resources gender focal person on the next steps. This includes the launch and sharing of the strategy with the larger stakeholder agencies and with the MoH provincial offices. Gender activities which include promoting male involvement and screening for gender violence are ongoing at the service delivery points.

Human Resources (HR)

Six positions were filled from the 23 vacancies noted in the last quarter. Recruitment efforts are on-going to replace for positions that have fallen vacant resulting from resignations experienced this quarter. A number of staff development and training activities were conducted for ZPCT II staff. Staff retention is an ongoing problem as the new USAID projects are starting up. This quarter, annual performance appraisals for all ZPCT II staff were conducted during the period under review. Performance outcomes from this process informed the training plans for ZPCT II staff that will be implemented in the next quarter.

Information Technology (IT)

This quarter, IT contracted an electrical contractor to carry out surveys in all the provincial offices to review the current electrical power setup. The purpose of these assessments was to determine whether the offices have adequate lightening protection, electrical installation and the current electrical backup systems (stand by generator sets, UPS and inverters). The report, currently being completed by the consultant, will determine the next steps. The IT team also completed pilot installation of the telephone billing software in the Lusaka office. The software will assist with management of telephone costs and is able to monitor and allocate call costs to individual callers. This quarter, IT completed the full implementation of web2SMS technology in all the 23 pilot health facilities, and resolved all problems encountered in the last quarter.

Finance

The finance unit from Lusaka and provincial offices had a unit meeting to review the internal financial systems. An internal financial audit review was conducted by FHI headquarters. A financial review was conducted in North Western Provinces.

KEY ISSUES AND CHALLENGES

1. National level issues

Staff shortage

Staff shortage at the facility level is an ongoing issue across all five provinces, especially in the rural health centers where staffing levels are much lower. To assist the MoH address this challenge, ZPCT II continues to support task shifting initiatives such as training and placing community volunteers in all the facilities it supports; collaboration with MOH and GNC in a pilot of training of HIV nurse prescribers as well as supporting transport reimbursements for health care workers who work extra shifts when off-duty. Other measures include lobbying the PMOs and DMOs to ensure staff are made available as a pre-condition for ZPCT II purchasing expensive laboratory equipment.

Supply chain issues

It was noted that there were times that insufficient quantities of reagents and commodities were being delivered by Medical Stores Ltd (MSL) as well as delays in delivery by Medical Stores Ltd (MSL) continued to affect availability of DBS kits needed for early infant diagnosis.

Renovations

Demand for HIV /AIDS services is out stripping available space in existing infrastructure which has not and will not likely expand in the short-to-medium term. Government is not financially supporting expansion of existing infrastructure. ZPCT II support is limited to minor renovations. USAID rules and regulations do not allow ZPCT II to do construction; the project is therefore unable to support necessary infrastructure improvements needed to accommodate the increase in demand for services, which would entail construction. ZPCT will continue to support limited renovations. Lengthy DMO tender procedures are another factor affecting pace of renovations; ZPCT II continually negotiates with partners to quicken the pace of renovations. Lack of credible contractors in the rural areas is also an ongoing challenge. There are frequent delays in the selection of contractors and opening of tender bids. ZPCT II works with the PMOs and DMOs to adjust the timelines to meet their needs as well.

Accreditation of ART sites

Accreditation of ART sites was temporarily halted by the Medical Professions Council of Zambia until after they have conducted a re-orientation of the assessors on the accreditation guidelines. This is expected to resume in the next quarter.

Revision of clinical care/ART QA/QI tool

The 2010 MoH National ART guidelines were launched this quarter. The ART QA/QI tools were successfully revised in line with the new guidelines. The newly revised ART QA/QI tool places stronger emphasis on patient case file reviews.

Revision of clinical care/ART job aids

Most ART sites have outdated CC/ART job aids. The MoH only launched the revised 2010 national ART guidelines in December, 2010. This will serve as the basis for developing up to date job aids in the next quarter.

2. ZPCT II - Programmatic Challenges:

▪ Renovations

Key challenges for renovations this quarter included shortage of building materials.

▪ CD4 sample referral and laboratory maintenance

A number of issues continue to pose logistical challenges in the sample referral system and laboratory equipment maintenance and repair. This includes shortage of motorbike riders, timely access to fuel, laboratory equipment breakdown, including motorbike breakdowns and delays in repairs and return to facilities after repair.

- **Reagent stock outs**

Intermittent stock outs of CD4 reagents were observed. Reasons for the stock outs included incorrect compilation and late submission of usage reports by health facilities, staff shortages to complete monthly usage reports, poor knowledge of the ordering system with new staff. ZPCT II is working with the health facility staff in addressing this issue through on site orientation and training.

- **Early infant diagnosis (EID)**

Gaps in the ordering system at facility level include late or incorrect submission of orders, insufficient quantities being ordered and delays in delivery by Medical Stores Ltd continued to affect availability of DBS kits needed for early infant diagnosis.

Turnaround time for EID without the SMS system continues to be from two weeks to three months. Utilization of the two pilot SMS systems continued to be more efficient with a turnaround time of two to ten days. However, there are still some challenges with the SMS system. The CHAI system is slow in synchronizing PCR results with the PCR database because of the high number (341) of facilities in the data base. The UNICEF system which relays is sometimes delayed because results are delivered directly to HCW's phones, which may not be readily accessible to ensure onward transmission of results to patients.

Staff commitment at the PCR laboratory at ADCH by rotational staff has been difficult due to length of time to reimburse for the extra shifts. ZPCT II has planned to train additional staff to increase the pool of people available to provide services to the laboratory in addition to streamlining the reimbursement process.

- **Commodity stock outs**

Brief stock outs of commodities were experienced this quarter mainly because of delays in health facilities submitting orders to Medical Stores Ltd. The commodities affected include: HIV test, reagents for CD4 (five facilities), selected chemistry tests, and selected ARV drug formulations, notably TDF/3TC. ZPCT II worked with MoH and other partners to ensure that the new ordering system was working efficiently and that the facility staff adhered to the guidelines. Five facilities experience CD4 reagents stock outs.

- **Internal Quality Control**

Challenges with access to stationery for the implementation of the IQC program have been noted in some facilities. For example, Ndola Central Hospital reported not being able to access the stationary they required for IQC materials. Adequate stationery has been budgeted for by ZPCT II to ensure smooth implementation of IQC.

- **Male involvement**

While male involvement in PMTCT is increasing, it still remains a challenge in some facilities, particularly in urban areas. ZPCT II is exploring other strategies such as those in the ZPCT II gender strategy to enhance male involvement.

- **Male circumcision services**

Scaling up of male circumcision in some facilities, particularly health centers has been affected by lack of ownership of the MC program by the PMOs, DMOs and the facilities still remains largely donor driven and as such is considered an out of duty activity. ZPCT II is engaging MoH at all levels, and ensuring provincial, district and facility staff have copies of and understand national policy documents and guidelines.

- **Web2sms technology**

Operationalization of the web2sms innovation began in the 23 selected health facilities and has continued to be strengthened in this quarter. Appreciation and "ownership" of the value of pilot at facility level by HCWs has been somewhat slow. Reports suggest that the orientation of the health facility staff on the system was not done thoroughly and is being redone by ZPCT II technical staff.

- **HIV nurse practitioner**

The program experienced some setbacks in North Western (Zambezi District) and Central (Serenje District) Provinces as the mentors were not available. The consequence is that the 40 hour per month requirement for mentoring nurses will not be met, thus delaying the rate at which the health staff become competent. ZPCT II has trained a few of its technical staff to fill in when the mentors in the facilities are indisposed. Further, potential mentors have been identified who will be groomed to become mentors.

- **Trainings**

There was postponement of some planned trainings due to lapses in the processes required to get approval of trainings as well as the procurement processes for training venues. ZPCT II Lusaka office is working with the ZPCT II provincial offices to improve planning and scheduling to ensure timely submission of complete and accurate documentation on all training programs to Lusaka for onward transmission to USAID. The role of training focal point person at the provincial level will be strengthened to ensure improved management of planning, implementation and monitoring of trainings in light of the new USAID requirements.

DELIVERABLES FOR THIS QUARTER (October – December 2010)

- SF1034 (Invoice)
- SF425 (quarterly financial report)

TRAVEL/TDY for this Quarter (October – December 2010)

This quarter, the regional/international travels for ZPCT II staff were as follows:

- One pharmacy staff traveled to South Africa to attend the supply chain management of HIV/AIDS medicines training from October 24 – November 6, 2010
- One MSH staff traveled to Cambridge and Arlington in the USA for the annual project update meeting
- Chief of Party travelled to Mozambique from November 2 – 6, 2010 to attend the Care and Support TWG Linkages and Retention meeting
- One strategic information staff (QA/QI) attended the advanced monitoring and evaluation: indicator development course in Cape Town, South Africa from December 1 – 3, 2010

External Partner Coordination

- Partner coordination meetings with the respective JSI field offices took place in the Copperbelt and the North Western and Northern Provinces.
- ZPCT II participated in coordination meetings in Lusaka to ensure better collaboration by implementers of male circumcision activities (MC) and for the planning and launch of the MC program.
- ZPCT II participated in a coordination meeting with JSI/SCMS and USAID in Lusaka to discuss issues of lab re-agent stock outs in the facilities.
- ZPCT II signed a letter of collaboration (LOC) with the Mumbwa DMO and MoH-Japan International Cooperation Agency (JICA)/Scaling up of Quality HIV/AIDS Care Service Management project (SHIMA project). This LOC stipulates the coordination efforts by the three parties involved in serving the population of Mumbwa in addressing HIV/AIDS through creation of synergies and avoidance of duplication of efforts.

Technical support this quarter was received as follows:

- Kellock Hazemba, FHI Regional F&A Advisor traveled to Zambia for technical support to ZPCT II program from November 21 – December 4, 2010
- Dr. Kwasi Torpey, FHI Regional Senior Technical Advisor traveled to Zambia to provided technical support to ZPCT II program from November 8 – 30, 2010
- Alben Godlove – Senior Manager, Cardno Emerging Markets, USA traveled to Zambia for technical support in capacity building from November 15 – December 1, 2010
- Zahra Hassanali, Gender Consultant from October 25 to November 13th, engaged by Social Impact traveled to Zambia to provide technical support to the ZPCT II program. However, her trip was cut short because she fell ill on arrival and only stayed up to 29th October but managed to finalize the gender strategy.

TRAVEL /TDY for the NEXT QUARTER (January – March 2011)

Travel to attend international and regional meetings, trainings and workshops:

- One technical staff to attend training in PCR techniques and DNA sequencing
- Deputy Chief of Party and dependant to Nepal (R&R)
- Three CARE Zambia staff under the ZPCT II program to attend training in USAID/CDC Regulations & Policies in South Africa
- Two technical staff to attend SQL server training in Cape Town, South Africa
- Chief of Party to the FHI GLM meeting in Arlington, in March

KEY ACTIVITIES ANTICIPATED FOR THE NEXT QUARTER (January – March 2011)

ZPCT II partners with the MoH at national, provincial, district and facility levels and will also continue to collaborate with other non GRZ partner organizations at all levels. The following activities are anticipated for the next quarter (January – March 2011):

- ZPCT II plans to use the performance benchmarks endorsed by the MoH to carry out management capacity assessments on PMOs and DMOs in Luapula, Northern and Central Provinces.
- The HIV re-testing in PMTCT operational study will be initiated next quarter once approval has been given by the MoH
- Discussions with MoH on wider dissemination and launch of the final ZPCT II gender strategy will be finalized.
- Assessment of the private sector sites for year three will be initiated
- Some modules of the capacity building tools will be piloted and training conducted in the Copperbelt.

Technical support next quarter is as follows:

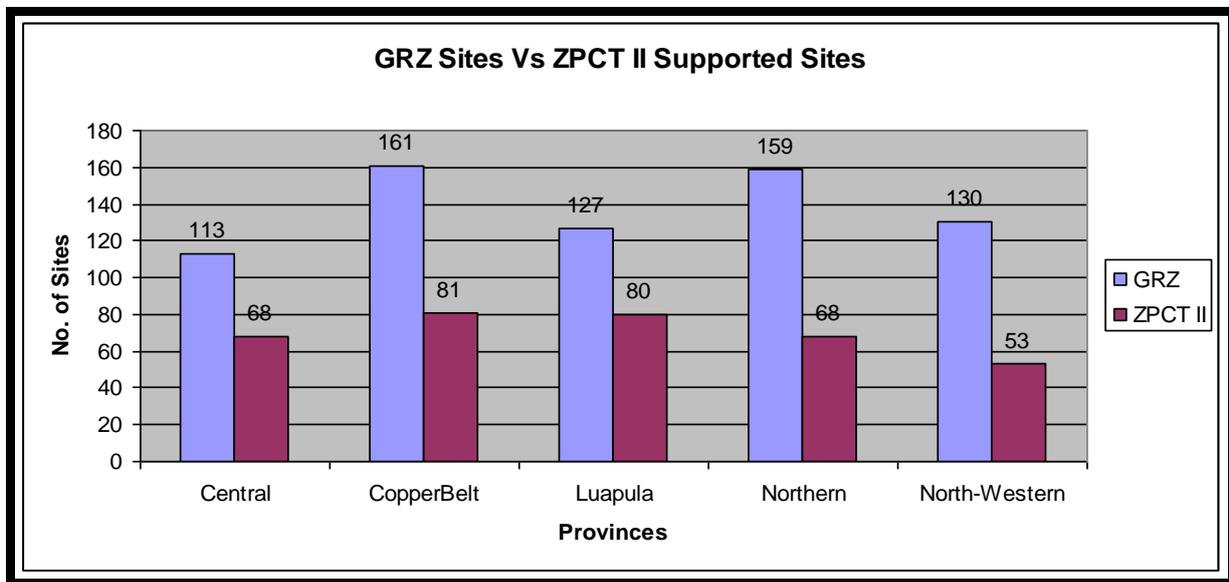
- Kellock Hazemba (FHI Regional Senior F&A Advisor) traveling to Lusaka to provide technical support to the ZPCT II program
- One TA visit by Hare Ram Bhattarai to support the roll out of the MSH developed ARV dispensing tool integrated into SmartCare, fine tuning of the tools, and assist with further re-design of the laboratory MIS tool

QUARTERLY PROGRESS UPDATE

I. PROGRAM OVERVIEW

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 1, 2009 – May 31, 2014) Task Order between 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.

This quarter, ZPCT II scaled up its support to 41 of the targeted 42 districts in Central, Copperbelt, Luapula, Northern and North Western Provinces. Mumbwa District in the Central Province was added as a new district. Service statistics from the new health facilities in that district will only be available in the next month. ZPCT II is also further diversifying, consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MoH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project's end.



ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and 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 PMOs and DMOs 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.

This quarter, ZPCT II supported implementation of HIV/AIDS services in 298 MoH and six private sector health facilities in 41 districts in the five provinces. While one new district and 52 new facilities across the provinces were added in the recipient agreements this quarter, data will only be collected once the sites get functional and start to report the data. Key activities and achievements include:

- CT services were provided in 298 public and six private health facilities. 103,781 individuals received CT services exclusive of those reached with PMTCT. The COP target includes those reached with PMTCT and that total is 150,216;
- PMTCT services were provided in 289 public and six private facilities. 46,435 women received PMTCT services and 4,946 were provided with a complete course of ARV prophylaxis;
- ZPCT II provided technical assistance in all technical areas during the reporting period, with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in 298 public and six private health facilities reaching a cumulative number of 169,726 individuals;
- 134 health facilities were providing ART services with 132 sites reporting independently while two are reporting through the bigger sites (68 are static and 66 are outreach sites,). A total of 7,434 new clients (including 618 children) were initiated on antiretroviral therapy. Cumulatively, 122,365 individuals are currently receiving antiretroviral therapy and of these 8,447 are children.
- 941 health care workers were trained in one of the following: basic CT, couple counseling, counseling supervision, child counseling, youth CT, PMTCT, family planning, ART/OI management, adherence counseling, dry blood spot, ART commodity management for laboratory and pharmacy, male circumcision, and equipment use and maintenance;
- 218 community volunteers were trained in one of the following; basic CT, couple counseling, counseling supervision, child counseling, youth CT, PMTCT and adherence counseling;
- Mumbwa District in the Central Province was added as a new district for scale up for year three, bringing the total number of districts under ZPCT II to 41, out of the targeted 42 districts;
- 52 new MoH facilities were included in the current recipient agreements amended this quarter for year three (January - December 2011) across the five provinces, bringing the total number of facilities to 350.
- MOUs were signed with six private sector sites, three in the Central, and three in the Copperbelt Provinces;
- This quarter, the remaining six of the planned 79 year one refurbishments were completed in December 2010. Contracts for all targeted 43 year two refurbishments have been signed and works have commenced. Preparation for the environmental site assessments and tender documents for the targeted 84 refurbishments for year three have commenced and is ongoing.

II. PROGRAM AND FINANCIAL MANAGEMENT

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

A) ZPCT II Partner activities

- MSH is the partner responsible for strengthening laboratory and pharmaceutical services at national and facility levels. This quarter MSH provided ongoing technical support to strengthen implementation of the DBS sample referral system, CD4 sample referral system, the laboratory services QA/QI tools, external quality assurance (EQA), internal quality assurance, EQA for CD4, inter-laboratory quality assurance for DBS testing, ART laboratory and review of ART pharmacy SOPs in facilities, Laboratory Commodities Logistics System, PMTCT/ARV drug logistics system for PMTCT. The partner also participated in piloting of the Short Message System (SMS) technology for sending HIV DNA PCR results to facilities, laboratory accreditation activities, follow up of equipment and reagents status.

- CARE Zambia is responsible for facilitating community based prevention, care and treatment services, and strengthening the continuum of care from community to health facility level, facility to community and within the community. This quarter CARE Zambia facilitated training of volunteers in CT, counseling supervision, PMTCT, couple counseling, as well as facilitating mobile CT, and district referral network meetings.
- Social Impact (SI) is responsible for providing support to mainstream gender into the ZPCT II program. The final gender strategy was shared with the Ministry of Health. Review of the Adherence Support Worker manual incorporating gender module commenced this quarter. Review of PMO and DMO supervisory tools also commenced this quarter with a view to updating them to include gender indicators.
- Cardno Emerging Markets (Cardno) is responsible for building the capacity of PMOs and DMOs to manage HIV/AIDS programs beyond ZPCT II. This quarter Cardno staff Senior Manager, Alben Godlove, worked with the capacity building team to pilot the Organizational Capacity Assessment tools on the Copperbelt Province, preceded by a capacity assessment methodology training on PMO staff.
- Churches Health Association of Zambia (CHAZ) has been responsible for contributing to the expansion and scaling up of HIV/AIDS services in seven mission facilities to date. This quarter Kavuu Health Center, in Ndola, Copperbelt Province transitioned to CHAZ support from ZPCT II. Kavuu Health Center has been a ZPCT supported facility since 2007 under the Ndola DMO recipient agreement. Renovations are ongoing at three CHAZ health facilities supported by ZPCT.
- Kara Counseling and Training Trust (KCTT) is responsible for strengthening technical capacity of facility staff to provide counseling and testing services through delivery of trainings. This quarter, KCTT conducted eight training courses for facility health workers in basic youth CT, couple counseling, and CT supervision. The sub contract was amended with a new scope of work for 2011.
- University Teaching Hospital (MC unit) provided support in the implementation of male circumcision services. During this quarter, it facilitated three MC trainings for participants from all the five provinces.

External Partner Coordination-

ZPCT II signed a letter of collaboration (LOC) with the Mumbwa DMO and MoH-Japan International Cooperation Agency (JICA)/Scaling up of Quality HIV/AIDS Care Service Management project (SHIMA project). This LOC stipulates the coordination efforts by the three parties involved in serving the population of Mumbwa in addressing HIV/AIDS through creation of synergies and avoidance of duplication of efforts.

B) Health Facility Support

Recipient agreements (RAs): This quarter, ZPCT II amended 45 recipient agreements with five PMOs and 40 DMOs to include additional support for equipment and renovations critical to supporting the expansion of HIV/AIDS services in the five supported provinces. One new RA was completed with Mumbwa District in Central Province bringing the total number of DMO RAs to 41. ZPCT II also added 52 new facilities towards the expansion under the year three workplan, in the 41 supported districts bringing the total to 350 MoH health facilities.

The amendment to the KCTT and CARE subcontracts were completed to include additional activities for year three.

A complete list of the current recipient agreements/subcontracts is listed under *Annex F*.

C) Renovations

During this quarter, the remaining six of the planned 79 year one refurbishments were completed in December 2010. Contracts for all targeted 43 year two refurbishments have been signed and works have

commenced. Preparation for the environmental site assessments and tender documents for the targeted 84 refurbishments in year three have commenced and is ongoing.

D) Environmental Impact Mitigation

As with the last quarter, ZPCT II continued to monitor management of medical waste and ensure environmental compliance of ZPCT II supported renovations. Guidelines are being used by provincial offices to formalize and strengthen implementation and monitoring of medical waste management and disposal. Monitoring and documenting of health facility practices and adherence to the Environmental Protection and Pollution Control Act is an ongoing activity.

ZPCT II program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision) continue to increase the amount of medical waste, including needles, syringes and waste materials from renovations. ZPCT II has a mandate and obligation to apply environmentally sound designs to limit and mitigate the impact that renovations and expanded clinical services are having on the immediate and surrounding environment. All the 84 renovations for year three were preceded by pre-renovation environment assessments jointly conducted with the Ministry of Health and health facilities, and documented by infrastructure support staff in all the five provinces.

Verification of implementation by ZPCT II provincial offices and compliance by MoH facilities is ongoing through quarterly audits by Lusaka office. This is being done through review of provincial office documentation namely the pre-renovation Environmental Site Assessment (ESA) reports and renovation inspection reports, as well as ZPCT II field visit trip reports and Technical Assistance Field visit forms. The documentation on environmental management and mitigation measures is on file i.e. in ESA's, trip reports and inspection reports. This includes information on the puncture proof sharp boxes which are in place (procured by MOH) and are being properly used by facility staff.

Collection and incineration of the sharps continues to be a challenge as there are very few facilities with functional incinerators. In addition, disposal of laboratory waste is also a challenge in some facilities due to the lack of running water, incinerators, and septic tanks/soak ways, all of which are not in the project's mandate to support. This makes burial of this waste in pits the only way of disposal. In a few instances the pits may be shallow or poorly secured.

E) Facility Graduation and Sustainability Plan

Chingola, Chililabombwe and Mufulira Districts in Copperbelt Province were graduated in December 2010 bringing the total number of graduated districts to 15. This quarter, ZPCT II supported the 12 earlier graduated districts with financial support and scaled back technical assistance, following the graduation of the districts. Quality of services within graduated districts was monitored through post graduation management plans where the DMOs were given a lead to ensure gradual transfer of technical and program management responsibilities over ZPCT II program activities.

F) Procurement

Procurement for year two is ongoing. The processing of documentation of equipment over \$5000 for submission to USAID for approval for the year two procurement is also ongoing. There was an internal audit for inventory for both Lusaka and provincial offices. A number of equipment were procured and distributed to provincial offices; these include, fire extinguishers, filing cabinets, chairs, micropipettes, centrifuges, microscopes, fridges, FACSCalibur autoloader, FACSCount machines, computers, RPR shakers, and glucometers consumables.

G) Prevention

The focus of prevention activities undertaken this quarter continued with the initiation, implementation and monitoring of the new technical strategies both at community and facility level. This included scaling up male circumcision services and strengthening prevention with positives within the CT, PMTCT and ART services. Retesting of HIV negative pregnant women coupled with risk reduction counseling for them to maintain their HIV negative status continued, as well as the general counseling and testing of clients, including youth focused counseling and testing. Integration of HIV testing with male circumcision continued to be implemented at ZPCT II supported facilities providing MC services across the five provinces. Mobile counseling and testing sessions were also conducted in six districts across the five provinces during World AIDS Day.

H) Gender

The ZPCT II gender strategy was finalized and shared with MoH during this quarter. Discussions are ongoing with the MoH planning unit and MoH human resources gender focal person on the next steps. This includes the launch and sharing of the strategy with the larger stakeholder agencies and with the MoH provincial offices. Gender activities which include promoting male involvement and screening for gender violence are ongoing at the service delivery points. Some activities such as the review of the ASW training manual for inclusion of the gender module in it were initiated this quarter. MoH supervisory tools are being reviewed to determine their gender sensitivity and will be updated with a gender module. Development of a gender module for inclusion in the HCWs and the community volunteer training manuals is ongoing. However, this module will have to be approved and endorsed by the MoH before it can be included and rolled out.

I) Human Resources

Recruitment

ZPCT II had six positions filled from the 23 vacancies noted in the last quarter. Recruitment efforts are ongoing to replace for positions that have fallen vacant resulting from resignations experienced this quarter.

Training and Development

This quarter, staff development and training activities were as follows:

- One Senior Clinical Care Officer and Senior PMTCT/CT officer from Kasama Office attended two week training in project management conducted by Technical and Vocational Training College in Luanshya
- Clerical Officer from Kasama Office attended a two week training in Records Management and Inventory Retrieval Methods conducted by Technical and Vocational Training College in Luanshya
- One Assistant Finance Officer from Kasama Office attended three day training in Project Management, Monitoring, Evaluation and Reporting conducted by Zambia Centre for Accountancy Studies
- One Senior Program Officer from Kasama Office, four Program Officers from Solwezi, Mansa, Lusaka, Kabwe Offices and one Infrastructure Support Officer from Lusaka attended three day training in Communication, Information Gathering, Analysis and Report Writing conducted by Impact Training and Development Institute.

Annual Performance Appraisals

Annual performance appraisals for all ZPCT II staff were conducted during the period under review. Performance outcomes from this process informed the training plans for ZPCT II staff that will be implemented in the next quarter.

J) IT

During the quarter, IT contracted an electrical contractor to carry out surveys in all the provincial offices to review the current electrical power setup. In the past few years, the project has noticed that a lot of IT equipment suffers electrical damage during the rainy season. This was attributed to lightening storms that cause electrical surges. The surveys were to determine whether the offices have adequate lightening protection and what other measures can be implemented to safeguard the IT equipment. Apart from lightening, the reviews also looked at the overall electrical installation and the current electrical backup systems (stand by generator sets, UPS and inverters). A report is being awaited from the consultant for the next steps.

In the last quarter, IT completed updating the ZPCT II asset inventory, and compiled a list of obsolete equipment for disposition. This list will be submitted to USAID for disposal approval once ZPCT II clarifies on some pending issues regarding the listed equipment.

IT completed pilot installation of the telephone billing software in the Lusaka office. The software will assist with management of telephone costs and is able to monitor and allocate call costs to individual callers.

The full implementation of web2SMS technology was completed in all 23 pilot health facilities, and all IT related problems that were encountered last quarter were resolved especially challenges with the data bundle top ups which are now being done on time by Airtel. Also, a contract was finalized with Necor limited as a second vendor to provide monthly recurring airtime top ups, and they have since commenced providing this service

K) Finance

The finance unit from Lusaka and provincial offices had a unit meeting to review the internal financial systems. An internal financial audit review was conducted by FHI headquarters. A financial review by the Lusaka office was conducted in North Western ZPCT II office. During this quarter, ZPCT II drivers attended defensive driving and first aid management course and the ministration manager attended training in finance for non-financial managers. ZPCT II also started the process of partial migration to electronic banking for office payments.

III. 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

During this quarter, ZPCT II provided comprehensive technical assistance to 298 public and six private CT sites in the five supported provinces. A complete list of ZPCT II CT sites is available in *Annexes B and C*.

1.1.1. CT Services

During this reporting period, technical assistance was provided by the provincial ZPCT staff to HCWs and lay counselors in all the facilities that were visited.

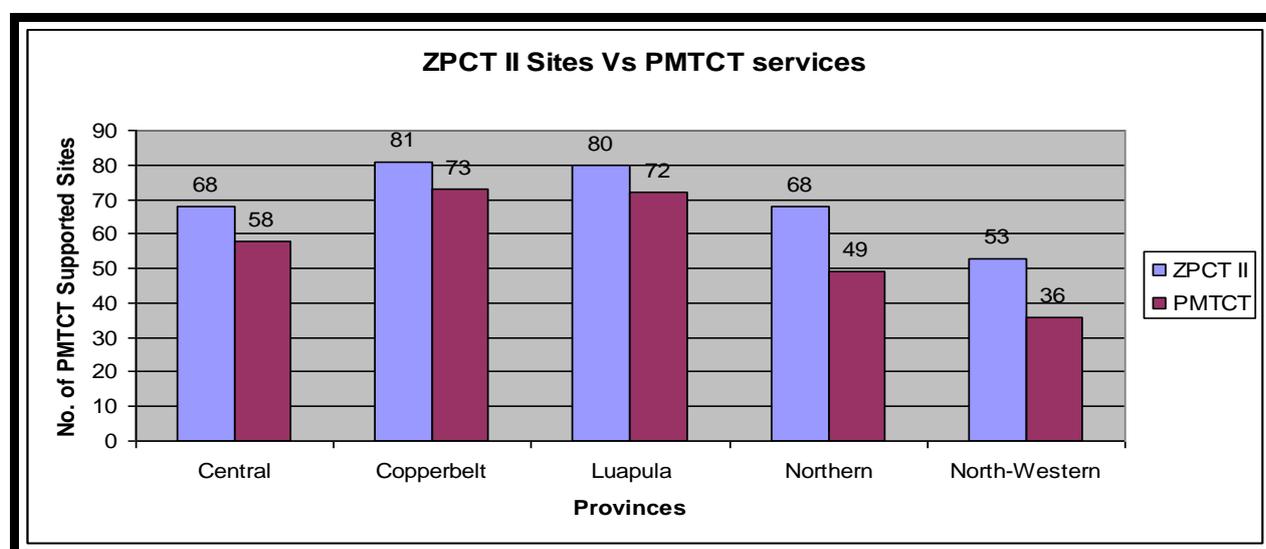
Technical assistance this quarter focused on the on the following:

- Strengthening retesting of HIV negative CT clients after three months: This quarter, emphasis was made on consistent capturing of clients for retesting and ensuring all clients are documented in the registers. A total of 1,534 HIV negative CT clients were re-tested during this quarter. Out of the 1,534 clients re-tested, 116 tested positive all of which are linked to ART services. A risk reduction plan is being emphasized with the HIV negative clients to help them remain negative. In addition, the quality of the HIV testing is continually being strengthened.
- Integration of CT and male circumcision (MC) services: ZPCT II mentored CT providers on CT/MC integration, including giving information on MC to CT clients as well as increasing referrals of all HIV negative non-circumcised men from CT to MC, and ensuring provision of CT services for all men undergoing MC services. This was also done during CT trainings.
- Youth CT activities: CT targeting the youth and led by the young trained counselors have continued in the supported facilities To further strengthen these youth CT services, ZPCT II trained 20 lay counselors and 35 HCWs in youth CT.
- Use of the chronic HIV care checklist for symptom screening for chronic diseases (i.e. diabetes mellitus, TB and hypertension) and provision of PwP services in CT corners: ZPCT II CT/PMTCT staff provided TA support under this area. The new revised checklist forms were distributed to all provinces and mentorship was done during TA visits.
- Strengthening CT services in TB, family planning (FP) and sexually transmitted infection (STI) clinics: Expanding CT into other clinical areas continued at all the ZPCT II supported CT sites during this quarter and through this, 8,497 and 1,147 FP and TB clients were provided with CT services respectively.
- Strengthening the integration of CT in under-five children: This quarter, 246 under-five clinics were providing routine HIV testing. This was done to ensure routine HIV testing takes place in all under five clinics especially for all HIV exposed babies.

- **Administration of QA/QI tools:** During this quarter, QA/QI tools were administered in 268 ZPCT II supported facilities to monitor quality of services. ZPCT II staff encouraged the supported facilities to have counselor support meetings as an ongoing activity and all the health facilities had these meetings. These meetings provided a good forum for counselors to share experiences, discuss ways of managing stress, burn-out, difficult situations, and also address other CT issues as a group.
- **Strengthening couples counseling and testing:** During this reporting period, emphasis was also made on couples counseling during the technical assistance visits to the supported facilities. With continued focus made on couples counseling and testing activities, a total of 14,217 clients were provided with CT services as couples compared to 8,132 clients during the same period in 2009.
- **Public-private partnerships:** ZPCT II provided TA support in all the private sector sites to strengthen CT services. To strengthen the delivery of HIV/AIDS services, ZPCT II trained health care workers from the supported private health facilities in CT, and provided post-training on site mentorship. This was done to monitor the quality of service provision after training as part of the quality assurance process.

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

During the reporting period, PMTCT services were provided in 289 public and six private supported facilities. A total of 46,435 clients were provided with PMTCT services with 4,451 testing HIV positive. 7,583 pregnant women who tested HIV negative on first antenatal clinic were retested for HIV with 463 testing HIV positive. A total of 4,946 clients received a complete course of ARV prophylaxis.



1.2.1. PMTCT Services:

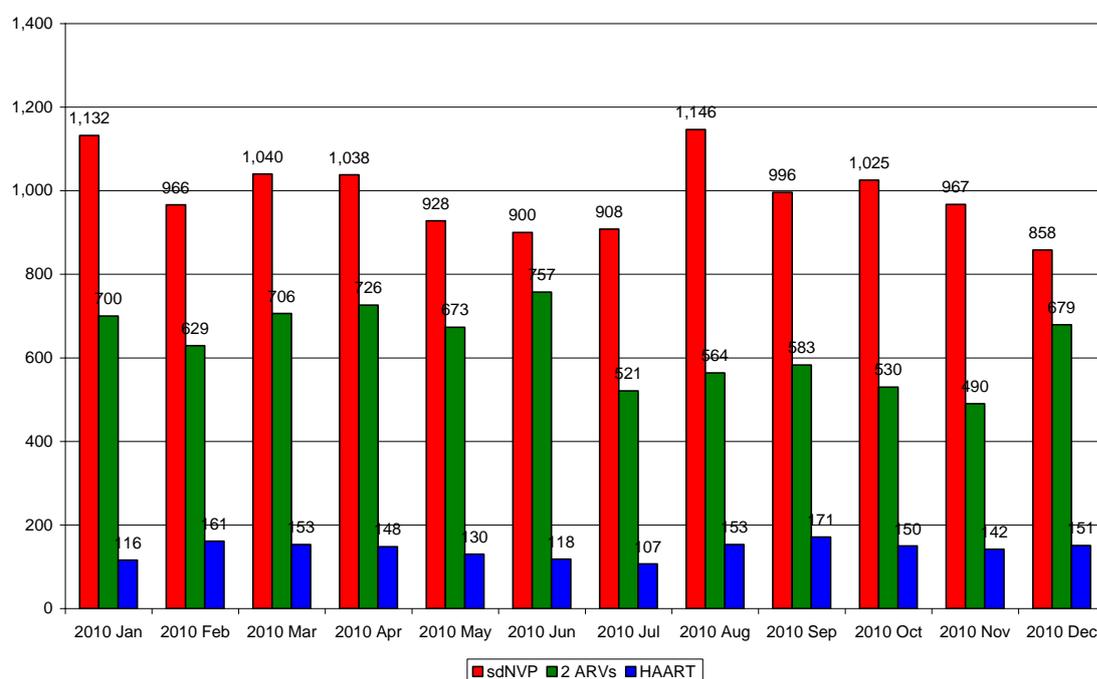
Through the continued implementation of the national opt-out strategy, ZPCT II maintained a very high uptake for HIV testing in ANC averaging about 98% in the supported facilities during this period. As an ongoing activity, ZPCT II supported the provision of quality PMTCT services through mentorship of PMTCT providers (i.e. both HCWs and lay counselors)

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

- **Strengthening provision of more efficacious regimes for PMTCT:** This approach was emphasized in all the supported health facilities during technical support visits as part of the Global and MoH goal of reaching virtual elimination of paediatric HIV. In addition, ZPCT II staff oriented health facility staff on the new 2010 PMTCT guidelines during the TA visits and training. To facilitate provision of HAART for the eligible HIV positive pregnant women, escorted referrals to ART clinics, where feasible, were encouraged at all the supported sites to ensure timely assessment of HIV positive pregnant women.

- Improving access to CD4 count assessments for HIV positive pregnant women: ZPCT II worked in collaboration with district laboratory coordinators to reschedule motorbike sample collection to suit individual facilities and synchronize specimen collection and laboratory analysis days for CD4 on booking days as soon as HIV status is established for the pregnant woman. This was done to improve access to CD4 count assessments for HIV positive pregnant women in all the supported provinces through providing 'reflex' CD4. A total of 2,409 HIV positive pregnant women had their CD4 done out of 4,451 pregnant women who tested positive for HIV. ZPCT will continue to strengthen the CD4 count sample referral system through provision of motorbikes to some of the supported facilities and provide ongoing mentorship.
- Re-testing of HIV negative pregnant women: ZPCT II mentored health facility staff in all the supported facilities on the importance of retesting of pregnant women who tested HIV negative earlier on in pregnancy. During this reporting period, 291 facilities out of 295 PMTCT sites had initiated retesting for HIV with 7,583 pregnant women having been re-tested for HIV. Of these, 463 had sero-converted. All those pregnant women who had sero-converted were provided with the full package of PMTCT interventions including CD4 count assessments, provision of ARV prophylaxis for those not eligible and HAART for those found to be eligible. ZPCT II also mentored PMTCT providers on documentation of women retested in HIV.
- Mother baby pair follow-up: This quarter, ZPCT II supported continuum of care including initiation of cotrimoxazole prophylaxis for PCP and DBS collection on HIV exposed infants at six weeks. During this reporting period, 3,013 infants born to HIV positive mothers received cotrimoxazole prophylaxis. In addition, infants with positive DNA PCR results continued being tracked and referred to ART clinics for further management and initiation of HAART.

Number of HIV+ pregnant women by ARV prophylaxis type, January 2010 to December 2010



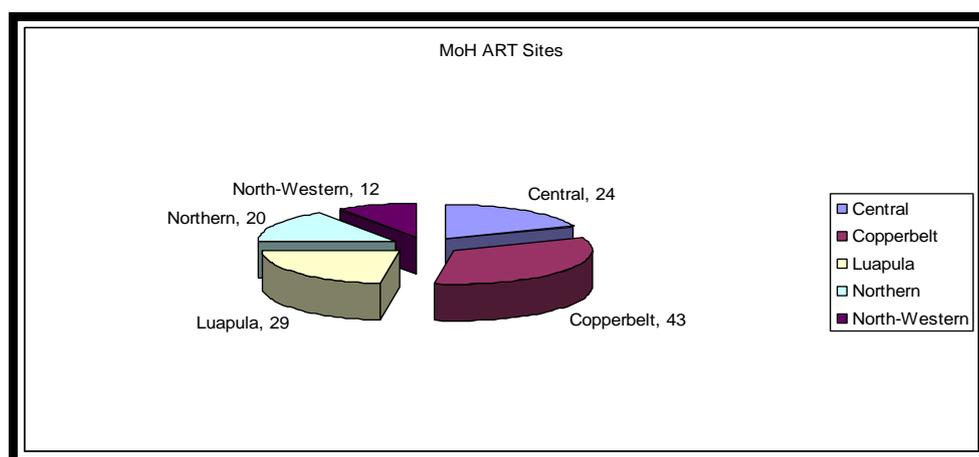
- Improving turnaround time for DNA PCR results using SMS technology: SMS technology was piloted in the 23 selected ZPCT II supported facilities across the five provinces. SMS reminders were sent to parents/guardians of exposed babies once DBS results were received from the PCR laboratory.
- Training of HCWs from private health facilities: Strengthening of service delivery of PMTCT services in the ZPCT II supported private health facilities through training and mentorship of HCWs was conducted during this quarter. Four HCWs were trained during the reporting period.

- Family planning integration into PMTCT: ZPCT II provided technical assistance and mentorship in linkages to family planning services through counseling during the ANC period. PMTCT providers were encouraged to ensure that HIV positive and negative pregnant women are provided with quality FP counseling as part of the PMTCT services in MNCH clinics. Through the use of the national opt-out strategy, family planning clients in MNCH are routinely offered counseling and testing for HIV and are informed of MTCT and PMTCT services. Facility staff were encouraged to show evidence of integration by documenting the services accurately.
- Prevention for Positives (PwP): Counseling on PwP is incorporated in all HIV services, with emphasis on the risk reduction and strategies of hope.

1.3: Expand treatment services and basic health care and support

ART Services

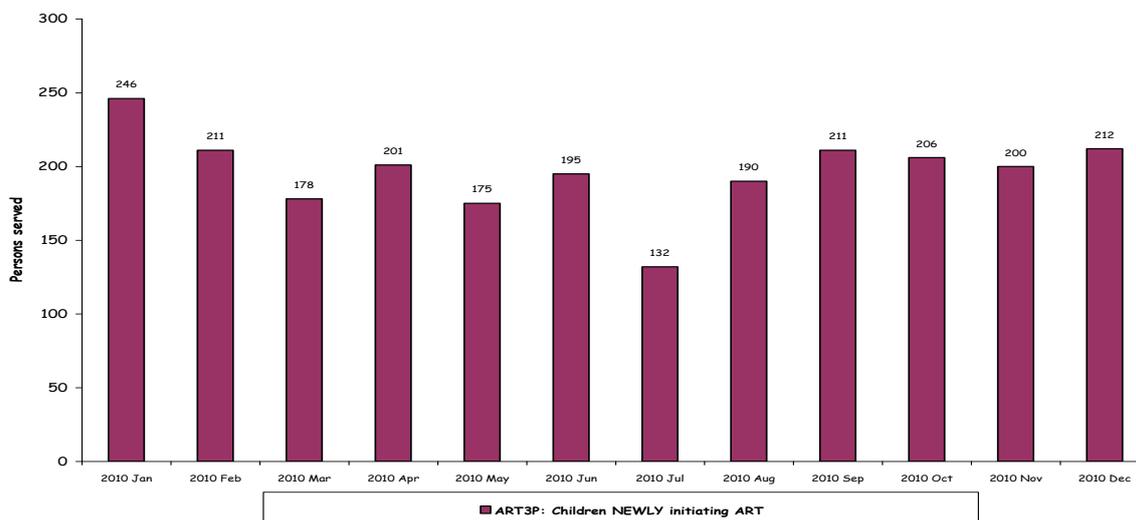
During this quarter, 134 health facilities were providing ART services with 132 reporting independently while two report through another facility. Out of all the 134 ART sites, 68 are static and 66 are outreach sites. There were six new sites that initiated services this quarter, including; Kayosha (Chibombo), Nselauke (Kasempa) Ikelenge (Mwinilunga), Nseluka (Isoka), Tazara (Mpika) and Chisanga (Kasama). A complete list of ZPCT II ART sites is available in **Annex D**.



The key activities in the ART service area included enrolling new HIV positive clients from various entry points e.g. general CT, TB corner, in patient, OPD and PMTCT. After enrolment, both clinical assessment and laboratory baseline investigations were done to assess eligibility and facilitate staging (based on both the clinical and laboratory assessment). Those who are eligible were initiated on HAART after adequate adherence counseling. Those with high CD4 count and not yet eligible were followed up as pre ART clients.

A total of 7,434 new clients (including 618 children) were initiated on antiretroviral therapy this quarter. Of these, 466 were pregnant women through the PMTCT program. Cumulatively, 122,365 are currently receiving treatment out of which 8,447 are children.

ZPCT II Service Statistics, Jan 2010 to Dec 2010



ART on-going activities

This quarter, ZPCT II provided technical assistance, mentorship and support supervision to HCWs in all health facilities providing ART (both adult and paediatric) services to ensure provision of quality services. Technical assistance during this period focused on:

- **Accreditation of ART sites:** ZPCT II supported facilities with the accreditation process conducted by the Health Professions Council of Zambia (HPCZ). This quarter, ongoing support was provided to facilities awaiting accreditation through the provision of the requisite mandatory national HIV/AIDS and ART guidelines, SOPs, and providing orientation sessions to facility and DMO staff on the process of site assessment and requirements for accreditation. This included the six new private sector supported sites (three in Copperbelt Province, and three in Central Province). The re-orientation training to be supported by ZPCT II for ART sites accreditation assessors by the HPCZ was again postponed to the next quarter due to tight program schedules by HPCZ and stakeholders. 46 ART sites still stand as the number of accredited facilities out of all the ZPCT II supported ART sites.
- **HIV Nurse Prescriber (HNP) program:** The second group of ten trainees from ZPCT II supported sites continued with their mentorship program. During this quarter, ZPCT II supported General Nursing Council (GNC) coordinators for this program to visit mentees and mentors in Luapula, Northern, North-Western, and Central provinces. The five ZPCT II staff, one from each of the five provinces, continued to assist with coordination of the program on behalf of ZPCT II and provided back up support in terms of mentorship to the MoH mentors. A manuscript based on the lessons learnt from the first year of pilot is being prepared for possible publication in peer reviewed journals. Some ZPCT II staff will be co-authors if successfully published.
- **Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology:** During this quarter, ZPCT II continued implementing this strategy through this sms technology. ZPCT II recalled defaulting clients in various HIV service areas (i.e., missed appointments in the ART clinic/pharmacy and clients with abnormal laboratory results), and ensured fast-tracking of uncollected HIV DNA PCR results to respective mothers and caregivers of children. This strategy is being piloted in 23 sites and so far 497 SMS had been sent out this quarter.
- **ART QA/QI tools:** This quarter, the internal revisions of the ART QA/QI tools were finalized. This is in line with the MoH revised ART 2010 national guidelines which have since been launched.
- **Post exposure prophylaxis (PEP):** The PEP register that had been developed by ZPCT II in the last quarter and approved by the MoH Permanent Secretary to pilot, was this quarter submitted to the ART Technical Working Group (TWG) to have it adopted at national level so that it is used in all sites

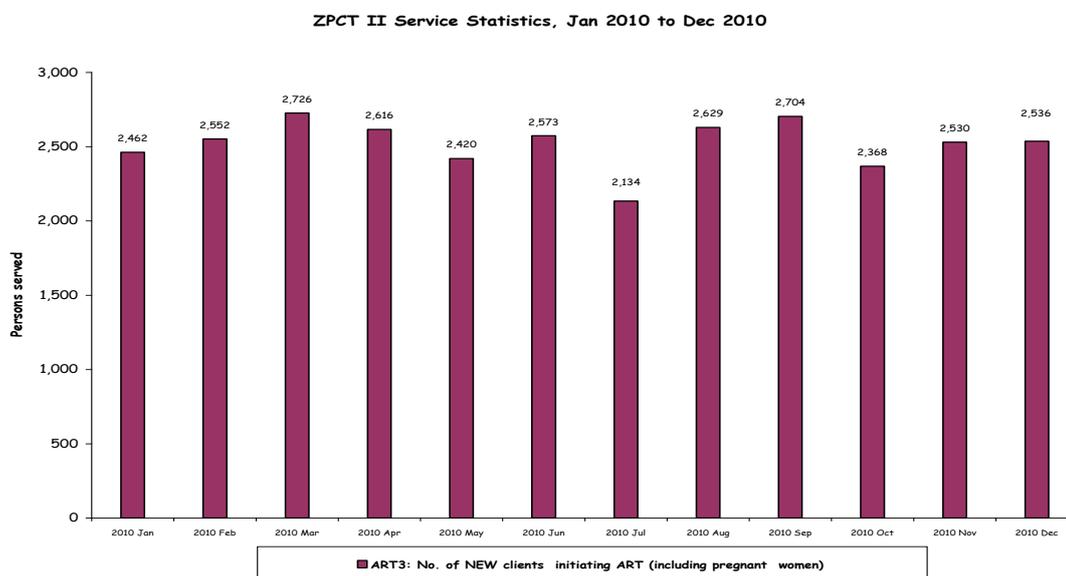
providing PEP services across the country. The PEP register was finally by the ART Technical Working Group (TWG) and included as among the minimum requisites for a site to possess in order to be recognized as offering PEP and is part of the ART national guidelines.

- **Model sites:** Even though ultimately the plan is to have at least two model sites per province, to start with in 2011, only one site in ART and a partnering site in PMTCT per province will be developed. The sites identified for 2011 are; Nchanga North Hospital (ART) and Kabundi (PMTCT) in Copperbelt, Kabwe General Hospital (ART) and Pollen HC (PMTCT), Solwezi General Hospital (ART) and Solwezi Urban HC (PMTCT). Others are Mansa General Hospital (ART) and Senama HC (PMTCT) and Kasama General Hospital (ART) and Kasama HAC (PMTCT). All activities will be implemented starting next quarter with a mentors training in Lusaka followed by initiation of mentorship activities in the respective facilities. Low performing sites based on M&E indicators will be given priority. All sites in each of the respective provinces will be linked to the provincial model sites to learn and be mentored on high standards of knowledge, skills and best practices in ART clinical services as well as other service areas i.e. Lab/pharm, M/E, and CT/PMTCT.

Pediatric ART activities

During this quarter, ZPCT II continued providing technical assistance, mentorship and support supervision to HCWs in all health facilities providing pediatric ART services to ensure provision of quality services. A total of 618 children were initiated on antiretroviral therapy this quarter. Technical assistance during this period focused on:

- Strengthening early infant diagnosis and enrollment into care and immediate initiation on ART for those that test HIV positive according to the WHO and Zambian national guidelines. This has been done through ongoing trainings in paediatric ART as well as mentorship to the trained providers as well as provision of job aids to the health facilities
- Adolescent HIV clinics: During the last quarter, ZPCT II continued collaborating with three copperbelt hospitals namely Arthur Davison Children’s Hospital (ADCH), Kitwe Central and Ndola Central Hospitals. These have set up adolescent HIV clinics in to facilitate ART provision for this age group. The support offered includes identifying and supporting their special needs in adherence counseling. Next quarter, ZPCT II will consider other ways to support the support group formed at ADH.
- Pediatric Fixed Drug Combinations (FDCs): During the last quarter, the Ministry of Health rolled out the antiretroviral pediatric FDCs in preference for pediatric suspension syrups which will be phased out slowly. This is order to help improve adherence among pediatric clients and improve logistics systems.
- Revised pediatric ART guidelines: AT national level, ZPCT II participated in the revision of pediatric ART guidelines and attended the launch of the same on the 29th November, 2010. The launch was simultaneous and covered the adult ART guidelines as well. ZPCT II will support the printing, distribution and orientation of HCWs in these guidelines next quarter.



Clinical Palliative Care Services

A total of 298 health facilities provided clinical palliative care services for PLHA. A total of 169,726 clients received care and support at ZPCT II supported sites this quarter. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), nutrition assessment using Body Mass Index (BMI) and nutrition support for children using plumpy nut (RUTF) in ten sites. In addition, we also supported screening of chronic conditions such as hypertension, diabetes mellitus. TB/HIV activities also fall under the category of palliative care including intensified case finding that was supported by the chronic HIV care (CHC) checklist. The general management of opportunistic infections was also part of this package. The following activities were undertaken during this reporting period:

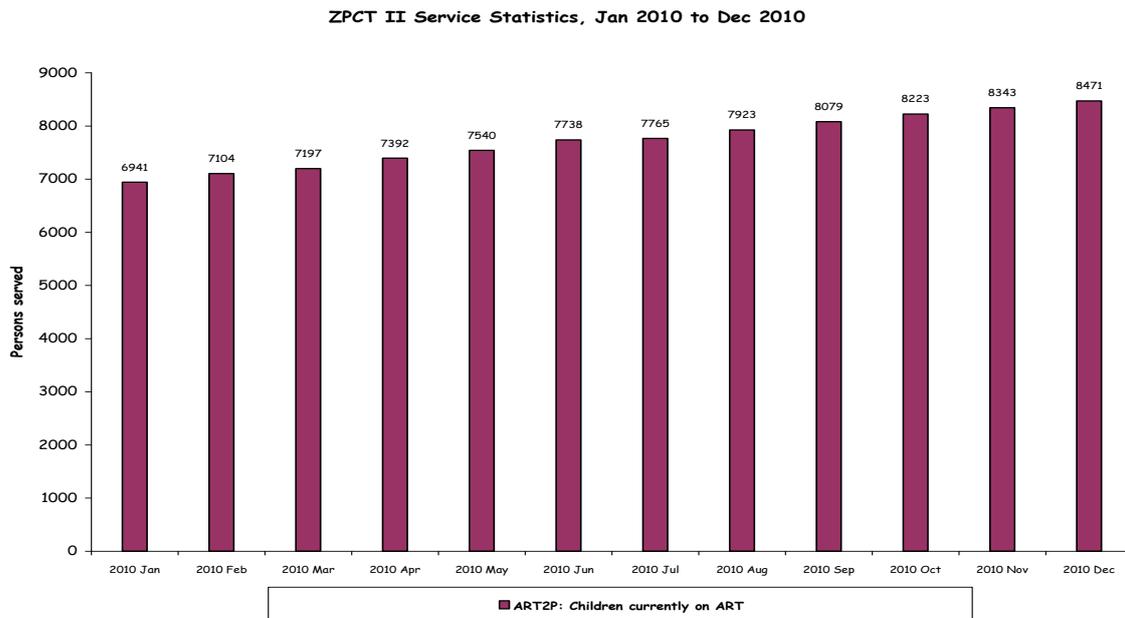
- ASW training package: Updating the ASW training package with a gender module began during this quarter. The process is being led by a consultant hired by Social Impact. The planned one day trainer of trainer session which had earlier been scheduled to take place this quarter, has been re-scheduled to next quarter.
- Managing HIV as a chronic condition: During the quarter, ZPCT II strengthened the implementation of this component through providing onsite mentorship on chronic HIV care to include screening for and management of co-morbidities in HIV clients' particularly chronic conditions such as diabetes mellitus and hypertension. The checklist developed as a data collection tool was finalized with adequate copies printed for use. A database has been developed to be deployed in pilot sites for glucometers in the next quarter. This will assist in evaluation of this activity by mid 2011.
- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who needed treatment in accordance with the national guidelines. During this reporting period, 7,202 clients were put on CTX (including 590 children).

1.4: Scale up male circumcision (MC) services

This quarter, technical assistance, mentorship and supportive supervision was provided to all the supported sites. Refurbishments of the facilities have continued this quarter. The MC instruments, theatre clothing and consumables were distributed to the facilities. This development will resolve the challenge of the slow pace of implementation of services due to lack of MC instruments and commodities.

- MC services: 23 ZPCT II sites implemented MC services by December 2010. Seven of these sites initiated services this quarter. These are Samfya Stage II, Mufumbwe, and Nakonde health centres. Others are Zambezi District Hospital, Ronald Ross, Roan GH, and ADCH. Refurbishments of the sites have been completed in some facilities whilst others are still ongoing. All the procured MC instruments, theatre clothing and consumables have been distributed to the provincial offices and distribution is still on going in the facilities. A total of 1,358 circumcisions were performed this quarter.
- Trainings: This quarter, one male circumcision training was conducted at Ronald Ross Hospital in the Copperbelt Province. A total of 12 health care providers were trained in MC from seven health facilities (Nchanga North Hospital -1, Ronald Ross - 1, Zambezi District Hospital -2, Arthur Davidson Children's Hospital - 3, Samfya Stage II - 2, Roan Antelope Hospital - 2 and Hill top - 1). This brings the number of health facilities with trained health providers to 23 and the total number of health care providers trained to date to 136.
- Technical Assistance and supportive supervision: ZPCT II MC technical officers conducted TA and supportive supervision in the supported MC sites across the five provinces. The ZPCT II and UTH MC unit will conduct the post-training technical support and supervisory visits for all the health care providers trained in the next quarter.
- Job aids and IEC materials for MC: The materials developed last quarter in collaboration with CT/PMTCT unit, which include; MC client flow chart, MC counseling protocol and the MC counseling information will be presented in the MC communications technical working group once convened and dissemination to the facilities thereafter.

- **National level MC activities:** ZPCT II participated in the national MC campaign launched in October 2010 in Kafue. A total of 22 sites participated in the MC campaign, and a total of 663 clients were circumcised. ZPCT II supported the MoH in conducting MC technical support and follow-up visits in Northern Province



TB-HIV services

During this quarter, ZPCT II continued to be represented on the national TB-HIV subcommittee, which is chaired by the national TB Infection Control program (NTP). Other members of this committee include CDC, WHO, TBCAP, Zambart, AIDSRelief, UTH, Chest Disease Reference Lab (CDRL), Jhpiego, CIDRZ and JATA. As part of this national TB/HIV committee, ZPCT II together with other partners are currently involved in the development of Zambia's first Intensified TB Case Findings (ICF) guidelines, which are in draft form and will be finalized in the next quarter.

The focus for technical support during this reporting period included:

- **Strengthening the integration of CT into TB services:** This quarter, ZPCT II included some of the TB nurses and TB treatment supporters in the basic CT trainings being supported across the five provinces and post training mentorship provided to them thereafter. HIV testing continues to be offered routinely to all TB patients in all facilities and through this activity, 1,147 TB clients out of the 1,824 registered TB clients with unknown HIV status were provided with CT services during the quarter.
- **Strengthening of screening for TB:** As part of intensified case finding (ICF), within clinical care/ART as well CT services, ZPCT II implemented the TB symptom screening tool which is part of the chronic HIV care checklist. This was administered by ASWs and HCWs at facility level (including in the ART clinic), to enhance and expand intensified TB case finding (ICF) as an on-going activity. ZPCT II is yet to work out mechanisms to operationalize administration of this tool in the community by adherence support workers until the newly launched ICF guidelines by WHO are studied and considered for implementation. During this quarter at the last ART update seminar, it was learnt that WHO has recommended that only four questions for the screening checklist have been validated. The ZPCT II developed checklist has 12 TB client questions. The appropriate amendments to the ZPCT II checklist will be done after the current printed copies ran out. An evaluation of the ICF rates will be conducted in mid-2011.
- **TB and ART co-management:** TB patients who are HIV positive were promptly referred from TB clinics/corners to ART clinics to have baseline CD4 testing done and assessed for eligibility for ART. ZPCT II staff mentored HCWs on the interpretation of chest-rays as part of the work up in the process of diagnosing TB. Plans are underway to procure more x-ray viewing boxes. Through the pharmacy

unit, ZPCT II worked with district and facility pharmacy personnel to ensure strengthened commodity management and uninterrupted supply of TB drugs, among others.

ZPCT II staff trained and mentored health care workers in the management of TB and ART therapy, including the implementation of DOTS, clinical monitoring of clients for response and management of side effects. ZPCT II finalized the revision of the job aid on TB-ART co-management to align it to the new WHO and national guidelines for 2010. This will be printed and disseminated next quarter.

- **TB Infection Control:** All refurbishments being done in the ZPCT II facilities are operationalising of the WHO recommendations for TB infection control e.g. ensuring that there's good ventilation in the rooms. In addition, there is isolation and fast tracking of all those suspected to have TB from the general consulting areas to avoid infecting other patients. ZPCT II staff promoted cough etiquette so that this practice is adhered to both within the facility and in the community/household level. In this practice, clients were encouraged to cover their mouth (when coughing) with the back of their arms/forearms or paper to minimize the spread of droplets to uninfected patients, members of the household/community or indeed health care workers. This quarter, WHO released a simplified checklist for TB infection control, and Zambia is in the process of finalizing guidelines. ZPCT II will next quarter engage MoH and stakeholders in the implementation of recommended infection control measures.

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

During this quarter, ZPCT II supported 114 facility laboratories. These facilities were strengthened for laboratory services through technical assistance, renovations, equipment maintenance, training and procurement of equipment. A total of 83 of these laboratories are now fully operational with an additional 31 performing minimal laboratory support. In addition, ZPCT II is supporting six laboratories under the public-private partnership.

- **PCR laboratory:** The DNA/PCR laboratory at Arthur Davison Children's Hospital (ADCH) provided support for the implementation of early infant diagnosis of HIV for the five ZPCT II supported provinces. The PCR lab continues to function well and continued to access DNA PCR laboratory consumables through the national system.

This quarter, a total of 4110 DBS specimens were received from 262 facilities in 39 districts in the five provinces. A total of 3470 were from ZPCT II supported facilities in the five provinces and the rest from non-ZPCT II supported health facilities. A total of 3926 were tested, of which 378 were positive, giving a current crude positivity rate of 9.63%.

During this quarter there were few challenges noted in the supply of PCR Amplicor kits from MSL to the PCR laboratory at ADCH. ZPCT II facilitated the collection of the kits from MSL and delivery of the kits to the laboratory for the November 2010 order to ensure that there were adequate supplies of the kits in the laboratory ensuring uninterrupted testing of the received DBS specimens.

The PCR laboratory continued to be part of the External Quality Control Proficiency Testing program run by the CDC Division of Global AIDS in Atlanta. During this quarter the results of the proficiency test cycle were received and the laboratory scored 100% success. The next samples are expected early next quarter.

- **Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results:** ZPCT II provided technical assistance to ensure proper DBS collection, packaging and transportation of the specimens to the PCR laboratory, especially to facilities where challenges have been noted. ZPCT II in collaboration with the MoH, CHAI and UNICEF, used the Short Message System (SMS) technology for sending HIV DNA PCR results to selected ZPCT II facilities. During the quarter, the system was

rolled out to an additional five sites, with five more sites identified as control sites, bringing the total number of ZPCT II supported sites participating in this program to fifteen (15). Preliminary reports indicate that turnaround time has been reduced to less than three days in participating sites. UNICEF continues to pilot the second SMS technology initiative and the MoH has continued to make further assessments during the quarter on how the two pilots are working. Although there has been a resolution to combine the two pilot programs by automating the CHAI system similarly to the UNICEF system, a final decision on which will be the national system for roll out is yet to be made.

- Specimen referral system: The system was functional with 202 health facilities referring specimens to 70 facilities with CD4 equipment across 40 districts. This number increased during this quarter with five additional CD4 instruments being commissioned at Central health centre in Mansa, Mwenda rural health centre in Mwense, Location health centre in Kasama, Kazembe (Kawambwa district) and Mukonchi Health Centre in Kapiri Mposhi. In addition a new FACSCount was placed at Kashikishi rural health centre in Nchelenge district to replace an older problematic instrument. The users received on-site training in the use of the instrument. ZPCT II monitored the usefulness and quality, as well as to strengthen the specimen referral systems.
- Internal quality control: ZPCT II has successfully printed and distributed internal quality control forms to all laboratories under its support. The accompanying standard operating procedures (SOPs) have also been distributed accordingly and IQC procedures are further being strengthened through ART commodity management training under quality assurance. ZPCT II will therefore continue to monitor the use of these forms and will further monitor supervisory review and corrective actions which are critical to the successful implementation of good clinical laboratory practices. All laboratories under the support of the project will continue to receive technical assistance in line with SLMTA requirements despite not being earmarked for the first round of assessment. Therefore comprehensive quality needs have been identified and specific needs are being attended to per laboratory facility.

While the accreditation preparation activity was extended to an additional five sites last quarter, Solwezi General Hospital has however been dropped by MoH from being a target laboratory for second round assessment because of poor compliance to SLMTA requirements. Mansa General Hospital has had one site assessment and is working closely with the ZPCT II to address the gaps. Similarly Kabwe General Hospital has been inspected as well and is working closely with the ZPCT II.

Two ZPCT II staff from the Copperbelt Province successfully completed all three SLMTA training programs, the last training session having been held from 12 – 23 December 2010. They have been able to participate in the designated improvement projects and have facilitated material and logistical support. Worthwhile to note are the successful implementation of improvement projects at Ndola Central Hospital where the exercises to determine average use of IQC forms, establishment of turnaround times (TAT) and overall cleaning-up and orderliness (5S) of laboratories scored well above 90% using the WHO accreditation checklist as a marker. As a consequence Ndola Central Hospital laboratories have since received recognition awards from MoH/CDC and have thanked and acknowledged ZPCT II's support.

Arthur Davidson Children's Hospital Laboratory, Kitwe Central Hospital and Nchanga North General Hospitals, and the other facilities earmarked for accreditation, continue to make progress in the implementation of improvement projects and are working closely with ZPCT II.

- External quality assurance: The HIV testing external quality assurance (EQA) program which was piloted recently has been rolled-out. During last quarter the second round of HIV testing EQA panels were released by the National Reference Laboratory at UTH and were distributed to participating facilities. Feedback on the performance of sites in the HIV EQA proficiency panels will be provided by the National Reference Laboratory as soon as they have been reviewed by the Ministry of Health.

In addition, the CD4 EQA performance which was piloted and finally rolled out at a national level in the second and third quarters respectively has been reviewed with outcomes indicating that overall CD4% performance was very poor while CD4 absolute counts performance were just average nationally. This raised concern on the quality of care and the quality of interventions that were being

provided particularly to paediatric patients by way of CD4% assessments. The following key challenges were noted and will provide the basis for the national investigation report:

- Calibration of pipettes
- Stability of EQA material
- Reverse pipetting technique
- Performance verification of the FACSCount by the vendor
- Platform-against-platform verification of results e.g. using the CIDRZ Epics Flow Cytometer
- FACSCalibur performance assessment

The reference laboratory is yet to provide a comprehensive investigation report and ZPCT II continues with the provision of focused technical assistance to these sites and with follow ups with the issues outlined above.

- Commodity management: ZPCT II provided technical assistance to improve commodity management systems for laboratory services in all its supported health facilities and has lately facilitated the transference of stock from overstocked sites to sites experiencing stock-outs.
- Guidelines and SOPs: As part of its support, ZPCT II promoted and monitored the use of the Zambia ART laboratory SOPs in facilities. The new streamlined revised laboratory QA/QI tools have been approved for use and will be administered beginning next quarter following updates to the CSPRO system to accommodate these changes. It is anticipated that with the new approach, issues arising on accreditation related issues will be captured promptly and attended to accordingly, moving the facilities towards accreditation.
- Equipment: As an ongoing activity, ZPCT II actively follows up on the status of laboratory equipment in its supported sites and the focus is generally on the status of CD4, chemistry and haematology analyzers. An outline of the follow-ups and the status of laboratory equipment can be found in *Annex J*.

Pharmacy Services

This quarter, ZPCT II continued to provide 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: The ARTServe dispensing tool is used by pharmacy staff to record data of clients on ART, including drug regimens, side effects and drug dispensing dates. During the quarter, ZPCT II provided technical support to 82 facilities on the use of the updated ARTServ dispensing tool. In addition, orientation in the use of the tool was conducted at two trainings held in Northern and North-Western Provinces and a total of 28 healthcare workers were trained. The tool was installed at an additional 3 sites during the quarter bringing the total number of sites using the tool to 82. During this quarter, ZPCT II monitored and enhanced the performance of the SmartCare integrated ARTServ dispensing tool. The integrated SmartCare was rolled out to additional 8 facilities during the quarter under review. Meetings among the stakeholders have continued in a quest to enhance the integrated SmartCare system. The three planned full SmartCare trainings and one on the job training were conducted as scheduled and this exercise continues to be implemented in collaboration with the MoH, CDC and UDAID/Deliver.
- Commodity management: Technical assistance visits were made to strengthen commodity management systems in facilities offering ART services, including guidance on improving stores management, stock status update, storage space and conditions, timely ordering and collection, aggregation and proper use of commodity consumption data. During the quarter, there were stock imbalances on a few ARV drugs both at national and facility level mainly as a result of delayed shipments and facilities not stocked as planned. However, the situation was rectified by following up at provincial and district levels using feedback reports from LMU/MSL. Re-distribution of affected commodities among facilities with stock imbalances was done to alleviate the problem.

In addition, all facilities offering ART and PMTCT services were encouraged to adhere to ordering procedures as defined by the national ARV logistics management system and the PMTCT/ARV drug logistics system for PMTCT only sites. MoH adopted model B from the pilot of the essential drugs

logistics system and the four districts that were using model A were converted to B and thereafter the logistics system will be rolled out to the other districts in a phased approach. In the model A approach, the district places orders on behalf of facilities and when supplies are received the district redistributes to facilities. In model B, each facility places its own orders and the district acts only as a pass through.

During this reporting period, ZPCT II actively participated in national level activities centered on planning for various supplies including male circumcision supplies, and reproductive health and HIV/AIDS commodities security.

- **Good pharmacy practice:** Routine technical assistance visits were conducted this quarter focusing on mentoring facility staff on good pharmacy practices, including dispensing, medication use and enforcing adherence counseling to ensure better patient outcomes. ZPCT II distributed Pharmaceutical Regulatory Authority pharmacovigilance materials (registers and IEC) that were printed by ZPCT II. This quarter, on the job trainings on the use of the registers and the overall implementation of the pharmacovigilance program was ongoing.

In support of the roll-out of the fixed dose combination (FDC) formulations for pediatric ART, ZPCT II conducted orientations in the use of the FDCs in all facilities and ensured constant availability of the product to enhance adherence and provision of efficacious, easy to use products for pediatric clients. Further support was provided to the sites to ensure appropriate use of tenofovir-based regimens based on guidance from the MoH.

- **Data management and supply chain:** Technical assistance were conducted to address the concept of the report and requisition (R&R) - the linkage between good data management and the supply chain to ensure that there were no shortages of critical supplies and stock-outs at the facilities..
- **RUTF program:** As an ongoing activity, ZPCT II coordinated with the MoH/CHAI program to provide nutritional support in the form of RUTF (Plumpy Nut) to infants and children with HIV/AIDS in ten sites in the five provinces. More children continued to be enrolled on the program and to benefit from the nutrition supplementation. The draft advocacy paper on inclusion of RUTF in the national supply chain was submitted for approval to MoH by the nutrition technical working group.
- **Guidelines and SOPs:** The pharmacy SOPs currently in use are under review and the final draft has been compiled and distributed to all stake holders for final review before submission to MoH for approval next quarter. Once the SOPs are approved, ZPCT II will support the MoH with the printing and dissemination of the documents. These SOPs will be the national approved SOPs for pharmaceutical services management.

The pharmacy services QA/QI tools were administered at ZPCT II supported sites. The revised tools will be administered beginning next quarter following updates to the CSPro system to accommodate the changes made.

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

Trainings

This quarter, ZPCT II supported capacity building for both the health care workers and community cadres in different technical areas of the supported facilities across the five provinces. The following were the training courses conducted across the five provinces during this quarter:

- 20 HCWs were trained in basic CT and 20 lay counselors were trained in basic CT
- 37 HCWs and 20 lay counselors already trained in CT underwent a CT refresher course
- 15 HCWs and 15 lay counselors already trained in basic CT were trained in child counseling
- 9 HCWs and 12 lay counselors were trained in counseling supervision through a two-week course
- 20 HCWs and 10 lay counselors were trained in couple counseling
- 35 HCWs and 20 lay counselors were trained in youth CT
- 145 HCWs were trained in the provision of PMTCT services, while, 218 HCWs already trained in PMTCT underwent a refresher course in PMTCT
- 102 HCWs were trained in ART and OI management

- 52 HCWs were trained in pediatric ART and opportunistic infection (OI) management
- 12 HCWs were trained in male circumcision procedures
- 75 HCWs were trained in family planning
- 47 HCWs were trained in DBS collection, storage and transportation
- 49 HCWs were trained in ART commodity management for laboratory (21) and pharmacy(28), and 73 HCWs were trained in equipment use and maintenance in the supported facilities
- 32 health care workers and 25 community cadres were trained in adherence counseling, and 96 community cadres attended refresher courses in adherence counseling

All these technical trainings included a module on monitoring and evaluation as well as post-training on site mentorship to ensure that the knowledge and skills learnt is utilized in service delivery in the different areas. A complete list of all training courses conducted this quarter is outlined in *Annex G*

2.3: Engage community/faith-based groups

This quarter, ZPCT II provided support to community based volunteers who complement the work of HCWs in the health facilities by providing counseling and testing, PMTCT and adherence counseling services in the five provinces in an effort to increase the demand for HIV/AIDS services within the supported communities' catchment areas. A total of 218 community based volunteers attended various trainings in all the five provinces (20 in youth CT, 40 lay counseling and testing, 88 TBAs trained in promoting demand for PMTCT, 121 in adherence counseling, 15 in child counseling, 10 in couple counseling, and 12 lay counselors already trained in CT were trained in supervision counseling skills) Currently, there are 1,467 community-based volunteers deployed and active in the five provinces (517 lay counselors, 461 PMTCT lay counselors, and 489 ASWs).

During the male circumcision (MC) month in October 2010, ZPCT II worked with community volunteers and neighborhood health committees in mobilizing and creating demand for MC services around the ZPCT II supported facilities. The MC mobilization campaigns were conducted across all the five supported provinces. The volunteers placed at ZPCT II supported facilities took advantage of male patients going to facilities to access other services and explained to them about MC. Neighborhood health committees also mobilized the community in their zones during the Male Circumcision Campaign month, resulting in 663 clients being circumcised during the campaign month; with the distribution being: Central (115), Copperbelt (166), Northwestern (132), Luapula (131) and Northern (119).

Zambulances

This quarter, all Zambulances that were delivered by the provincial offices to health facilities in the last quarter were delivered to beneficiary communities as part of the PMTCT strategy to promote and encourage supervised deliveries at the health facilities. One Zambulance was reportedly stolen on the Copperbelt and the matter has since been reported to the Zambia Police Services, while one was reported to have broken down in Northern Province.

During the quarter, 115 pregnant women utilized the Zambulances from three provinces (Central six Copperbelt 10, North Western 14), Luapula 15 and Northern province 50) while six chronically ill community members were also assisted (three from Central and three from North Western).

Mobile CT

ZPCT II participated in the commemoration of World AIDS Day (WAD) activities for 2010 in all the five provinces. The theme for this year's WAD was "Universal Access and Human Rights." In these supported provinces, ZPCT II partnered with district medical offices (DMOs), district HIV/AIDS task forces (DATFS), and other stakeholders. During the WAD for 2010, the activities undertaken included, provision of mobile CT services, publicity and sensitization through drama groups, door to door visits, radio messages were aired to sensitize the community in CT and MC services, march pasts, and participation in candlelight memorial church services. All these events were preceded by planning and preparatory meetings within ZPCT II and its partners in the various provinces. A total of 2,303 clients were provided with CT services during WAD (1,490 male, 813 females)

Apart from other WAD commemoration activities, ZPCT II facilitated mobile counseling and testing in six districts (Chibombo, Kabwe, Kapiri Mposhi, Mkushi and Serenje in Central; and Mufulira District in Copperbelt). ZPCT II engaged community drama groups to sensitize the community during the mobile CT

on HIV/AIDS and other services provided in the supported facility catchment areas to ensure effective community participation and utilization of the services. A total of 1,927 (1108 males and 819 females) individuals were counseled and tested for HIV, with 132 (66 males and 66 females) clients testing positive. All HIV positive clients were referred to their respective health facilities for further management.

All in all, a total number of clients were provided with CT services both during WAD and general mobile CT services was 4,230 (2,598 males and 1,632 females)

During the period under review, ZPCT II provided youth friendly health services in Central Province. The services included counseling fellow youths and referring for CT, provision of information on HIV/AIDS, reproductive health and supportive visits to their fellow youth supported facility catchment areas. A total of eleven youth counselors reported reaching out to 3,754 individuals (1,598 males and 2,156 females) with information on HIV/AIDS and reproductive health and counseling and referrals services.

A list of mobile CT services conducted during the WAD 2010 is provided in *Annex I*

Referral Networks

ZPCT II worked with the PMOs, DMOs, District Aids Task Force (DATFs), and other partners in the five provinces to strengthen district-wide referral networks and establish networks in new districts. During the reporting period, three districts (Nakonde in Northern Province, and Chiengi and Kawambwa in Luapula) were assisted in revamping the referral networks, bringing the total number to 35 that have fully functional referral networks out of the 41 supported districts.

This quarter, two districts needed further strengthening these include Milenge and Samfya in Luapula. Mapping and stakeholders meetings were completed to expand the referral network activities to Masaiti and Mpongwe Districts in Copperbelt Province. The networks facilitated the systematic and formal link of HIV/AIDS related support services and ensure that clients access available services.

Community Health Workers' Performance Research

During the quarter, ZPCT II in Central Province participated in the community health workers' performance improvement research in conjunction with Initiatives Inc. which was conducted from October 11 – 12, 2010. ZPCT II mobilized the adherence support workers and other district stakeholders who were part of the research cohort. A total of 30 adherence support workers, six ZPCT II program staff, five district partners, and five supervisors for the adherence support workers participated in the research orientation. Recorders were distributed to record the adherence support workers' counseling sessions as part of the research. The data collected through recorders will be analyzed by the research team, and feedback given to FHI. This study will be done over a period of two years, with data collection done at three intervals over the study period.

Fixed Obligated Grants

This quarter, ZPCT II developed the operations manual to guide the implementation of the fixed obligated grants system. Requests for Applications (RFAs) were placed in all the provinces to identify local organizations that have comparative advantage in working within the supported districts to increase demand for and access to HIV/AIDS services in health facilities supported by ZPCT II. A total of 153 applications were received from 18 districts. A committee will be formed to conduct analysis to determine if applicants are eligible for selection. The table below shows the distribution of the applications received:

Name of Province	District	Number of Applications
Central	Kabwe	13
	Serenje	2
Copperbelt	Kitwe	14
	Mufulira	14
	Ndola	22
Luapula	Kawambwa	2
	Mansa	12
	Mwense	5
	Nchelenge	6
	Samfya	1
Northern	Isoka	2
	Kasama	22
	Mpika	2
North-Western	Kabompo	4
	Kasempa	2
	Mufumbwe	5
	Mwinilunga	8
	Solwezi	17
Total		153

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

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

During this reporting period, as an ongoing process, ZPCT II continued to strengthen integration of the HIV/AIDS into the overall MoH health care services such as reproductive health (RH), maternal, newborn and child health (MNCH) services, including malaria programming. Capacity building of staff in the MNCH departments continued through training in the area of PMTCT, CT and family planning so that they can provide these services as part of the regular ANC services. In addition, staff at both the DMO and PMO who were identified as needing training in some of the technical areas were included. Five supervisors at facility level were trained in PMTCT and ART. This was found to be necessary to help them with the mentorship process at health facility level. ZPCT II staff linked up with the DMO/PMO staff during TA visits where possible and provided mentorship together to the health facility staff. .

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

This quarter, the gender strategy was submitted to USAID for approval. Although priority areas for integrating gender into ZPCT II were incorporated into the June –December 2010 work plan only one key activity was initiated; the of review of the Adherence Support Worker manual and integration of gender issues. Plans for next quarter include a one day trainer of trainers (TOT) session for ZPCT II staff on the revised ASW manual, and further refinement of the manual. The launch of the gender strategy and review of the PMO and DMO supervisory tools which started this quarter, to include gender sensitive indicators, will be completed next quarter. The ZPCT II team will also prioritize other key activities for the 2011 work plan to ensure scale up of activities to integrate gender into service delivery at facility level. ZPCT II will also intensify scale up of community mobilization activities to address gender issues. This will include provision of grants to appropriate community based and non-governmental organizations to plan and implement activities that address the gender dimension of HIV/AIDS transmission and prevention. During this quarter, ZPCT II has held discussions with the MoH about how the two partners can work collaboratively on gender integration, including launching the gender strategy. The proposed position of Gender Specialist was approved by USAID this quarter and was advertised. Candidates were interviewed and one successful candidate identified who will report next quarter.

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

The SI unit has continued to work with the MoH at facility level in mentoring HCWs to use QA/QI data to improve quality of service delivery in areas noted to fall below national SOPs and guidelines. This is coupled with the triangulation of QA/QI data with the routine service statistics collected on a monthly basis from all ZPCT sites. Additionally, quarterly feedback meetings, attended by facility and DMO staff, are held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level.

During the last quarter, the SI unit collaborated with CDC, MOH, JHPIEGO and NAC to develop a curriculum for a data analysis training course meant to enhance the data analysis skills of DHIOs. The first Training of Trainers meeting will be conducted during the next quarter. This activity is directly aimed at building problem solving capacity among DMO staff

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

This quarter, ZPCT II used the standardized scoring methodology to determine systems gaps at the PMO and DMO, and prioritized the trainings needs, focusing on the specific areas of interventions to help government entities go beyond set minimum standards of operations. The standardized scoring methodology and tailored technical assistance to determine the functionality of management systems at the PMO and DMO level of the MoH were incorporated in the Organizational Capacity Assessment tool (OrgCap). This is a ZPCT II capacity building diagnostic tool for measuring performance and capacity gaps at the PMO and DMO level of the MoH. The OrgCap is tailored to the MoH standards of operations.

ZPCT II carried out a pilot assessment using the OrgCap during the reporting period. The pilot was conducted on the Copperbelt in three district medical offices, including; Chingola, Kalulushi, and Luanshya. Preceding the assessments, the four Copperbelt PMO staff trained in capacity assessment methodology including extensive review of MoH standards of operations in these management areas, including; planning, financial management, human resource management, and governance. The trained PMO staff participated in the assessment implementation to enhance ownership of the program. Assessment results will be used to design and implement trainings in planning and other management areas which will lay the foundation for effective management of HIV/AIDS services.

During this quarter, the capacity building team worked with Albena Godlove, Senior Manager, from Cardno Emerging Markets in conducting a two-day capacity building prioritization meeting in the Northern Province. The meeting was attended by senior staff from the Northern PMO office. The purpose of this meeting was to validate and prioritize capacity building plans for the province following a pre-assessment conducted by ZPCT II in March 2010.

As part of her support visit, the Senior Manager from Cardno Emerging Markets conducted interviews for the vacant position of Senior Capacity Building Advisor following the restructuring of the capacity building team in the previous quarter. She also conducted staff assessment review for the current staff member. Next quarter, with the hiring of the new Senior Capacity Building Advisor, ZPCT II anticipates more visible results from these capacity building activities.

Consultation meetings with MoH and other implementing partners on the capacity building program were held this quarter. ZPCT II shared the revised MoH performance benchmarks for further review and input by the MoH.

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

ZPCT II supported the private sector sites with capacity building activities taking place in various technical areas. 16 HCWs were trained from the private sector; two in adult ART, four in paediatric ART, six in PMTCT, one in CT, and two in family planning ZPCT II provided technical support and mentoring on

counseling and testing, PMTCT and provision of clinical care/ART and MC services. Data collection tools (MoH registers and SmartCare computers) are currently in use and data is being collected.

This quarter, six MOUs were signed with private sector sites bringing the total to 12 sites. These were Copperbelt University Clinic, Chinan Medical Centre and SOS Medical Centre in Copperbelt Province, and Tusekelemo Community Medical Center, Kabwe Medical Consultation, and Mukuni Insurance Clinic in Central Province. In the next quarter technical support in terms of capacity building and mentorship will be provided to strengthen the different HIV/AIDS services in these sites.

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.

ZPCT II continues to work collaboratively with Ndola DMO and Kitwe DMO to provide technical support towards service integration with the community Home Based Care programme for Ndola Diocese both in Ndola and Kitwe districts. ZPCT II continued to provide technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers respectively. During this quarter, 80 new clients were initiated on ART and 696 old clients were reviewed.

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

Monitoring and Evaluation (M&E)

This quarter, the ZPCT II Strategic Information (SI) unit provided M&E technical support to the ZPCT II supported health facilities. The team provided technical support to ART sites using the SmartCare system in the management of the database. This support included quantification and facilitation of procurement of SmartCare stationery at ZPCT II supported ART services sites.

SI unit focused its support to the continued development and deployment of data collection tools for next generation PEPFAR indicators (NGI) and ZPCT II's new program elements in response to current PEPFAR reporting requirements. This support included operationalizing the newly introduced data collection tools to be used for collection of the NGI as existing tools did not have provision for some of the NGI, including; the chronic health care checklist, post-exposure prophylaxis registers. In addition, SI unit worked with the other technical units in operationalisation of the Web2SMS system at the xx pilot sites across the five provinces. Technical support was provided on-site to health care workers to begin using the system. This support is a continuation from last quarter's and has seen a dramatic increase in use of the data tools and the data quality. The ZPCT II M&E workplan and procedures manual was also updated to reflect additional new generation PEPFAR indicators as well as newly developed gender indicators. A series of technical support activities have been planned to update staff in the field as well as a technical update meeting for entire SI team in the next quarter.

During the quarter, the unit participated in two key meetings. Firstly, the unit participated in the mother baby pack implementation meetings hosted by MoH and UNICEF with other partners that included EGPAF, CIDRZ and Boston University. The unit also participated and presented at the ART update seminar hosted by CIDRZ.

As part of its staff development plan, a member of the SI team attended a three-day course in *Advanced Monitoring and Evaluation – Indicator Development* at South Africa's Stellenbosch University in Cape Town in December 2010.

Quality Assurance and Quality Improvement (QA/QI)

ZPCT II remains an active partner in collaborating with Ministry of Health to improve the quality of HIV services nationwide through various technical support activities. This quarter, during the 5th National ART Update Seminar, ZPCT II shared findings from an innovative study that validated the use of a standard pregnancy checklist that could be used to accurately rule out pregnancy in women seeking ART services. This tool would improve the quality of ART for women of childbearing age by offering the safest ARV regimen options for those in whom pregnancy could not be ruled out.

ZPCT II technical officers participated in the MoH male circumcision technical working group meeting where it was identified that the QA/QI systems would need to be put in place in addition to the male circumcision accreditation system. In addition, discussions were held with the Ministry of Health national PMTCT coordinator to propel the adoption of national QA/QI tools for HIV services in Zambia.

Updates on the PMTCT, CT, laboratory, pharmacy and monitoring and evaluation QA/QI tools were finalized. The corresponding CSPro software application package used for data entry and analysis was successfully updated in line with the new QA/QI tool revisions this quarter.

Two sets of QA/QI training workshops were conducted to build MoH provincial, district and facility level health care workers and management in quality improvement concepts, methods and QA/QI tools for HIV services. These were held in Kasama (Northern Province) and Kitwe (Copperbelt Province) with a total of 63 participants trained.

Administration of QA/QI tools

Quality Assurance and Quality Improvement questionnaires were administered in eligible ZPCT II supported sites in all technical areas: ART/clinical care, PMTCT, HIV CT, laboratory support, pharmacy support and M&E. The generated reports provided a basis for developing quality improvement plans for identified priority areas.

ART/clinical care

ART provider and facility checklists were administered in 82 reporting ART sites during the 4th quarter of 2010. The main findings following the ART/Clinical care service quality assessments were noted as follows:

Some facilities reported a lack of routine immunological monitoring of patients every 6 months as per national guidelines as a priority problem. The reasons advanced for this included:

- too many patients needing CD4 monitoring, a weak sample referral system, inadequate laboratory staff, stock out of reagents centrally from MSL, clinicians not actively requesting for six monthly CD4 tests, and limited number of CD4 lab days and samples allotted for ART clinics.

Actions taken included; strengthening sample referral systems, increasing the number of motorbike riders, providing hands on mentorship with focus on the importance of CD4 monitoring for ART providers during clinical meetings and developing capacity in data entry clerks to generate CD4 monitoring reports.

Facilities were not routinely using SmartCare reports. Reasons behind this situation included the following:

- HCWs were not requesting and using SmartCare reports
- Lack of orientation for Clinical staffs in the SmartCare database systems and the different reports that can be generated by the SmartCare system, and I
- Incomplete SmartCare databases at some supported sites.

Actions taken included conducting SmartCare orientation for clinical staff and data entry clerks, continued mentorship on the importance of using SmartCare reports, and ensure quality control for data entry is done by DECs onsite.

Inadequate space for the ART clinic and no defined space were noted to be of importance in the ART/Clinical care quality assessment. Reasons for this were registered as:

- An increase in the demand for ART services
- Very limited space for ART clinics
- Lack of integration of the ART service in the OPD systems at the rural health centers and
- no plans for refurbishment works in some facilities.

Actions taken included engagement of facility managers and DHMT, where possible, to create more space for ART services and proposals to make amendments to facilitate expansion of existing ART clinic spaces. Some facilities have no room for expansion and this will continue to remain a challenge.

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 252 CT and PMTCT sites. The main findings following the CT/PMTCT quality assessments were noted as detailed below.

Several facilities indicated that they did not have counselor supervisors. Reasons advanced for this included:

- High staff turnover in facilities,
- New sites had no counselor supervisors trained in supervision,
- Lack of eligible staff to train, L
- Lack of trained supervisors.

Actions taken included; training more counselor supervisors in some affected facilities, continued follow-ups on counselor supervisors to conduct monthly supervision, and facility in-charges and counselor supervisors encouraged to conduct routine meetings.

Some facilities reported they had stock-outs of HIV kits caused mainly by:

- Incomplete records in Daily Activity Registers (DAR),
- Untimely ordering of HIV test kits by staff,
- Late or no delivery of HIV test kits by MSL, and L
- Late ordering of test kits from the district pharmacy by facility staff.

Actions taken included mentoring of staff on the importance of updating the daily activity register and on following up on test kits with DMO, strengthening the district laboratories to ensure timely ordering of test kits and re-enforced the process of correct filling out of the requisition forms for supplies to minimize queries from MSL.

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 77 sites. In general, the laboratory quality assessment findings indicated the following:

Some laboratories did not use or have accident occurrence reporting books. Reasons advanced for this position include:

- Some laboratory registers were used as books because they were not labeled, and
- General lack of appreciation of reporting laboratory accidents in writing.

Actions taken included; distribution of the books and mentoring staff on their intended purposes and continued with follow ups on the implementation of the said accident occurrence books.

Some of laboratories did not have biohazard symbols/signs in place. Reasons advanced for this were:

- The improvised signs had fallen out,
- Facilities did not receive sufficient numbers of signs as required, and
- Facilities have not sourced for the bio-hazard symbols.

Actions taken included; costing of the printing for the biohazard signs/symbols on sticker type paper and their inclusion in DMO recipient agreement which will be distributed to affected facilities as soon as they are printed.

Lack of first aid kit set and fire extinguishers. It was noted that this is mainly because they were not included in the earlier recipient agreements. Actions taken included: follow up on the implementation of first aid kits and procurement and distribution of fire extinguishers.

Pharmacy

The pharmacy QA tool was used for quality monitoring in 79 sites. The main findings following the pharmacy quality assessments were noted as follows:

A few facilities reported absence of air conditioners or existing but non-functional air conditioning systems in the ARV bulk stores. The reasons advanced for this were:

- Some of the air-cons are old and need replacement,
- Air conditioners were awaiting installation in some sites.

Actions taken included identification of defunct air conditioning equipment and facilitation of quick installation of the air conditioners, where this was delayed.

Monitoring and Evaluation (M&E)

The M&E QA tool, which assesses record keeping and information management, was administered in 136 facilities. The main findings were:

A number of facilities reported a lack of lockable cabinets for patient files and registers. This was attributed to:

- Items currently being procured
- Increase in the number of clients while the supply of filing cabinets has been stagnant.

Actions taken included; M&E to initiate follow-up process with the programs department to hasten the procurement of the lockable cabinets to ensure confidentiality and that good record keeping practices are maintained.

Some ART sites did not have up-to-date SmartCare databases and the related Pre-ART and ART Registers. This was mainly attributed to:

- Breakdown of SmartCare computers
- Lack of data entry staff at selected sites due to resignations, and
- HCWs overwhelmed with the work of updating the ART registers.

Actions taken include:

- IT and M&E unit will facilitate the replacement of broken down computer equipment.
- Provision of appropriate mentorship to health care workers on how to protect equipment from power surges and related electrical hazards.
- Provision of on-site mentorship in the documentation of events in the Pre-ART and ART registers to newly recruited data entry clerks as well as engaging with human resources in Lusaka office to expedite recruitment of the new data entry clerks where these were required (due to resignations or for new sites).

Most PMTCT facilities assessed reported they did not have PMTCT labour ward registers. It was noted that these registers are out of stock and currently being printed centrally by ZPCT II and will be available during the first quarter of 2011.

District Graduation and Sustainability Plan

Three new districts were graduated in December 2010 bringing the total number of graduated districts to 15. These were Chingola, Chililabombwe and Mufulira all located within the Copperbelt Province.

A complete list of the graduated districts is available in *Annex E*.

KEY ISSUES AND CHALLENGES

National level issues

- **Critical shortage of staff in health facilities**
Staff shortage at the facility level is an ongoing issue across all five provinces, especially in the rural health centers where staffing levels are much lower. To assist the MoH address this challenge, ZPCT II continues to support task shifting initiatives such as training and placing community volunteers in all the facilities it supports; collaboration with MOH and GNC in a pilot of training of HIV nurse prescribers as well as supporting transport reimbursements for health care workers who work extra shifts when off-duty. Other measures include lobbying the PMOs and DMOs to ensure staff are made available as a pre condition for ZPCT II purchasing expensive laboratory equipment.
- **Supply chain issues**
It was noted that there were times that insufficient quantities of reagents and commodities were being delivered by Medical Stores Ltd (MSL) as well as delays in delivery by Medical Stores Ltd (MSL) continued to affect availability of DBS kits needed for early infant diagnosis.

- **Renovations**

Demand for HIV /AIDS services is outstripping available space in existing infrastructure which has not and will not likely expand in the short-to-medium term. Government is not financially supporting expansion of existing infrastructure. ZPCT II support is limited to minor renovations. USAID rules and regulations do not allow ZPCT II to do construction; the project is therefore unable to support necessary infrastructure improvements needed to accommodate the increase in demand for services, which would entail construction. ZPCT II will continue to support limited renovations. Lengthy DMO tender procedures are another factor affecting pace of renovations; ZPCT II continually negotiates with partners to quicken the pace of renovations. Lack of credible contractors in the rural areas is also an ongoing challenge. There are frequent delays in the selection of contractors and opening of tender bids. ZPCT II works with the PMOs and DMOs to adjust the timelines to meet their needs as well.

- **Accreditation of ART sites**

Accreditation of ART sites was temporarily halted by the Medical Professions Council of Zambia until after they have conducted a re-orientation of the assessors on the accreditation guidelines. This is expected to resume in the next quarter.

- **Revision of clinical care/ART QA/QI tool:**

The 2010 MoH National ART guidelines were launched this quarter. The ART QA/QI tools were successfully revised in line with the new guidelines. The newly revised ART QA/QI tool places stronger emphasis on patient case file reviews.

- **Revision of clinical care/ART job aids :**

Most ART sites have outdated CC/ART job aids. The MoH only launched the revised 2010 national ART guidelines in December, 2010. This will serve as the basis for developing up to date job aids in the next quarter.

ZPCT II- programmatic challenges

- **Renovations**

Key challenges for renovations this quarter included shortage of building materials.

- **CD4 sample referral and laboratory maintenance**

A number of issues continue to pose logistical challenges in the sample referral system and laboratory equipment maintenance and repair. This includes shortage of motorbike riders, timely access to fuel, laboratory equipment breakdown, including motorbike breakdowns and delays in repairs and return to facilities after repair.

- **Reagent stock outs**

Intermittent stock outs of CD4 reagents were observed. Reasons for the stock outs included incorrect compilation and late submission of usage reports by health facilities, staff shortages to complete monthly usage reports, poor knowledge of the ordering system with new staff. ZPCT II is working with the health facility staff in addressing this issue through on site orientation and training.

- **Early infant diagnosis (EID)**

Gaps in the ordering system at facility level include late or incorrect submission of orders, insufficient quantities being ordered and delays in delivery by Medical Stores Ltd continued to affect availability of DBS kits needed for early infant diagnosis.

Turn around time for EID without the SMS system continues to be from two weeks to three months. Utilization of the two pilot SMS systems continued to be more efficient with a turn around time of two to ten days. However, there are still some challenges with the SMS system. The CHAI system is slow in synchronizing PCR results with the PCR database because of the high number (341) of facilities in the data base. The UNICEF system which relays is sometimes delayed because results are delivered directly to HCW's phones, which may not be readily accessible to ensure onward transmission of results to patients.

Staff commitment at the PCR laboratory at ADCH by rotational staff has been difficult due to length of time to reimburse for the extra shifts. ZPCT II has planned to train additional staff to increase the pool of people available to provide services to the laboratory in addition to streamlining the reimbursement process.

- **Commodity stock outs**

Brief stock outs of commodities were experienced this quarter mainly because of delays in health facilities submitting orders to Medical Stores Ltd. The commodities affected include: HIV test, reagents for CD4 (five facilities), selected chemistry tests, and selected ARV drug formulations, notably TDF/3TC. ZPCT II worked with MoH and other partners to ensure that the new ordering system was working efficiently and that the facility staff adhered to the guidelines. Five facilities experience CD4 reagents stock outs.

- **Internal quality control**

Challenges with access to stationery for the implementation of the IQC program have been noted in some facilities. For example, Ndola Central Hospital reported not being able to access the stationary they required for IQC materials. Adequate stationery has been budgeted for by ZPCT II to ensure smooth implementation of IQC.

- **Male involvement**

While male involvement in PMTCT is increasing, it still remains a challenge in some facilities, particularly in urban areas. ZPCT II is exploring other strategies such as those in the ZPCT II gender strategy to enhance male involvement.

- **Male circumcision services**

Scaling up of male circumcision in some facilities, particularly health centers has been affected by lack of ownership of the MC program by the PMOs, DMOs and the facilities still remains largely donor driven and as such is considered an out of duty activity. ZPCT II is engaging MoH at all levels, and ensuring provincial, district and facility staff have copies of and understand national policy documents and guidelines.

- **Web2sms technology**

Operationalization of the web2sms innovation began in the 23 selected health facilities and has continued to be strengthened in this quarter. Appreciation and "ownership" of the value of pilot at facility level by HCWs has been somewhat slow. Reports suggest that the orientation of the health facility staff on the system was not done thoroughly and is being redone by ZPCT II technical staff.

- **HIV nurse practitioner**

The program experienced some setbacks in North Western (Zambezi District) and Central (Serenje District) Provinces as the mentors were not available. The consequence is that the 40 hour per month requirement for mentoring nurses will not be met, thus delaying the rate at which the health staff become competent. ZPCT II has trained a few of its technical staff to fill in when the mentors in the facilities are indisposed. Further, potential mentors have been identified who will be groomed to become mentors.

- **Trainings**

There was postponement of some planned trainings due to lapses in the processes required to get approval of trainings as well as the procurement processes for training venues. ZPCT II Lusaka office is working with the ZPCT II provincial offices to improve planning and scheduling to ensure timely submission of complete and accurate documentation on all training programs to Lusaka for onward transmission to USAID. The role of training focal point person at the provincial level will be strengthened to ensure improved management of planning, implementation and monitoring of trainings in light of the new USAID requirements.

DELIVERABLES FOR THIS QUARTER (October – December 2010)

- SF1034 (Invoice)
- SF425 (quarterly financial report)

V. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (January – March 2011)

- ZPCT II plans to use the performance benchmarks endorsed by the MoH to carry out management capacity assessments on PMOs and DMOs in Luapula, Northern and Central provinces.
- The HIV re-testing in PMTCT operational study will be initiated next quarter once approval has been given by the Ministry of Health
- Discussions with MoH on wider dissemination and launch of the final ZPCT II gender strategy will be finalized.
- Assessment of the private sector sites for year three will be initiated
- Some modules of the capacity building tools will be piloted and training conducted in the Copperbelt.

A summary of the plans for the next quarter (January – March, 2010) is provided in *Annex K*.

VI. TRAVEL /TDY for this quarter (Oct.–Dec., 2010) and next quarter (Jan.–Mar., 2011)

Travel this Quarter (October – December 2010)	Travel plans for Next Quarter (January – March 2011)
<ul style="list-style-type: none"> ▪ Mumbi Musonda, Senior Technical Officer – Pharmacy Services, traveled to South Africa to attend the supply chain management of HIV/AIDS medicines training from October 24 – November 6, 2010 ▪ Kellock Hazemba, FHI Regional F&A Advisor traveled to Zambia for technical support to ZPCT II program from November 21 – December 4, 2010 ▪ Dr. Kwasi Torpey, FHI Regional Senior Technical Advisor traveled to Zambia to provided technical support to ZPCT II program from November 8 – 30, 2010 ▪ Alben Godlove – Senior Manager, Cardno Emerging Markets, USA traveled to Zambia for technical support in capacity building from November 15 – December 1, 2010 ▪ Gender Consultant travelled to provide technical support to the ZPCT II program from 25th October 2010 to 13th November 2010 ▪ One MSH staff traveled to Cambridge and Arlington in the USA for the annual project update meeting ▪ Chief of Party travelled to Mozambique from November 2 – 6, 2010 to attend the Care and Support TWG Linkages and Retention meeting ▪ Lameck Nyirenda, QA/QI Advisor attended the advanced monitoring and evaluation : indicator development course at Stellenbosch University, Cape Town, South Africa from December 1 – 3, 2010 	<ul style="list-style-type: none"> ▪ Kellock Hazemba (FHI Regional Senior F&A Advisor) traveling to Lusaka to provide technical support to the ZPCT II program ▪ One staff to attend training in PCR techniques and DNA sequencing ▪ Deputy Chief of Party and dependant to Nepal (R&R) ▪ Three CARE Zambia staff under the ZPCT II program to attend training in USAID/CDC Regulations & Policies in South Africa ▪ One TA visit by Hare Ram Bhattarai to support the roll out of the MSH developed ARV dispensing tool integrated into SmartCare, fine tuning of the tools, and assist with further re-design of the laboratory MIS tool ▪ Kasimona Sichela, Data Manager for ZPCT II, to attend SQL server training in Cape Town, South Africa ▪ Cecilia Chitambala, Senior MIS Technical Officer for ZPCT II, To attend SQL Server 2008 training in Cape Town, South Africa ▪ Inoussa Kabore from FHI HQ to provide technical assistance in M&E to ZPCT II program

VII. ANNEXES

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ANNEX A: ZPCT II Project Achievements August 1, 2009 to December 31, 2010

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
		1.1 Counseling and Testing (Projections from ZPCT service statistics)						
	Service outlets providing CT according to national or international standards	370	298(6)	296	298 (6 PPP sites) ⁴			298 (6 PPP sites)
	Individuals who received HIV/AIDS CT and received their test results	728,000	518,191	84,581	245,076	48,174	55,607	103,781
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ⁵	1,300,000	757,365	151,081	352,701	48,174	102,042	150,216
	Individuals trained in CT according to national or international standards	2,316	825	301	319	49	87	136
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	289(6)	287	289 (6 PPP sites)			289 (6 PPP sites)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	239,174	66,500	107,625		46,435	46,435
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	30,338	8,183	11,870		4,946	4,946
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1946	840	838	92	271	363
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	298(6)	296	298 (6 PPP sites)			298 (6 PPP sites)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ⁶	560,000	176,934	96,412	171,913	66,805	102,921	169,726

⁴ The private sector sites are in addition to the MOH sites.

⁵ New generation COP indicator includes PMTCT

⁶ **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
		Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	13,653	10,581	13,350	6,643	6,550
Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	971	364	399	59	95	154	
Service outlets providing ART	130	126 (6 PPP sites)	128	126 (6 PPP sites)			126 (6 PPP sites)	
Individuals newly initiating on ART during the reporting period	115,250	42,519	13,489	17,474	3,109	4,325	7,434	
Pediatrics newly initiating on ART during the reporting period	11,250	3,364	1,379	1,346	303	315	618	
Individuals receiving ART at the end of the period	146,000	122,365	90,148	122,365	48,619	73,746	122,365	
Pediatrics receiving ART at the end of the period	11,700	8,447	6,664	8,447	4,261	4,186	8,447	
Health workers trained to deliver ART services according to national or international standards	3,120	971	364	399	59	95	154	
TB/HIV								
Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	298(6)	296	298(6)			298(6)	
HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	8,053	2,009	3,803	747	717	1,464	
Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	971	364	399	59	95	154	
Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	7,527	3,479	2,866	673	429	1,102	

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
		1.4 Male Circumcision (ZPCT II projections)						
	Service outlets providing MC services	50	23	22	23			23
	Individuals trained to provide MC services	260	136	60	32	9	3	12
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	2,264	N/A	1,918	1,358		1,358
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	83(3)	103	83 (3 PPP sites)			83 (3 PPP sites)
	Laboratories with capacity to perform clinical laboratory tests	N/A	114 (6 PPP sites)	117	114 (6 PPP sites)			114 (6 PPP sites)
	Individuals trained in the provision of laboratory-related activities	375	421	42	229	72	22	94
	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	1,613,968	444,850	726,418			315,915
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	829	287	345	60	37	97
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	483	161	184	0	0	0
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	430	70	143	62	59	121
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	0	5	4			4
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	6	12	12			6

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct – Dec 10)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 10)	Targets (Jun -Dec 10)	Achievements (Jun - Dec 10)	Male	Female	Total
		<i>Gender</i>						
	Number of pregnant women receiving PMTCT services with partner	N/A	59,797	N/A	27,777		12,044	12,044
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	55,142	N/A	29,714	10,100	4,117	14,217

ANNEX B: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆	◆	
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	19. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
<i>Serenje</i>	22. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	23. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	24. Chibale RHC	Rural		◆	◆	◆		◆	
	25. Muchinka RHC	Rural		◆	◆	◆		◆	
	26. Kabundi RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	27. Chalilo RHC	Rural		◆	◆	◆		◆	
	28. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	29. Mulilima RHC	Rural		◆	◆	◆		◆	
	30. Gibson RHC								
	31. Nchimishi RHC								
	32. Kabamba RHC								
<i>Chibombo</i>	33. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	34. Chikobo RHC	Rural		◆	◆	◆		◆	
	35. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	36. Chibombo RHC	Rural		◆	◆	◆		◆	
	37. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	38. Mungule RHC	Rural		◆	◆	◆		◆	
	39. Muswishi RHC	Rural		◆	◆	◆		◆	
	40. Chitanda RHC	Rural		◆	◆	◆		◆	◎
	41. Malambanyama RHC	Rural		◆	◆	◆			
	42. Chipeso RHC	Rural		◆	◆	◆			
	43. Kayosha RHC	Rural	◆ ²	◆	◆	◆			
	44. Mulungushi Agro RHC	Rural		◆	◆	◆			
	45. Malombe RHC								
	46. Mwachisompola RHC								
47. Shimukuni RHC									
<i>Kapiri Mposhi</i>	48. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	49. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		◎
	50. Chibwe RHC	Rural		◆	◆	◆		◆	
	51. Lusemfw RHC	Rural		◆	◆	◆		◆	
	52. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	53. Mulungushi RHC	Rural		◆	◆	◆		◆	
	54. Chawama UHC	Rural		◆	◆	◆		◆	
	55. Kawama HC	Urban		◆	◆	◆		◆	
	56. Tazara UHC	Rural		◆	◆	◆		◆	
	57. Ndeke UHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	58. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	59. Chankomo RHC	Rural		◆	◆	◆		◆	
	60. Luanshimba RHC	Rural		◆	◆	◆		◆	
	61. Mulungushi University HC	Rural		◆	◆	◆		◆	
	62. Chipopo RHC	Rural		◆	◆	◆		◆	
	63. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	65. Mumbwa DH								
	66. Myooye RHC								
	67. Lutale RHC								
	68. Mukulaikwa RHC								
Totals			24	58	58	58	22	42	8

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
◎ MC sites	2 = ART Static Site
◎ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		⊙
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆		◆	
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. Kavu Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	17. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	18. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	19. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Chingola</i>	20. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	21. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	23. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	
	24. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	25. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	26. Kasompe Clinic	Urban		◆	◆	◆		◆	
	27. Mutenda HC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kitwe</i>	28. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	29. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	32. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆		◆	
	34. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	35. Twatasha Clinic	Urban		◆	◆	◆		◆	
	36. Garnatone Clinic	Urban			◆	◆		◆	
	37. Itimpi Clinic	Urban		◆	◆	◆		◆	
	38. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	39. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	40. Kwacha Clinic	Urban		◆	◆	◆		◆	
	41. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	42. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	43. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	44. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	45. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	47. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
48. Mwekera Clinic	Urban		◆	◆	◆		◆		
49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆		◆		
50. Riverside Clinic	Urban	◆ ²	◆	◆	◆		◆		
<i>Luanshya</i>	51. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	52. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	55. Luanshya Main UC								
	56. Mikomfwa Urban Clinic								
<i>Mufulira</i>	57. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	58. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		◎
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC								
	65. Chibolya UHC								
<i>Kalulushi</i>	66. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	67. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	69. Chati RHC								
	70. Ichimpe Clinic								
<i>Chililabombwe</i>	71. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		◎
	72. Lubengele UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Lufwanyama</i>	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
<i>Mpongwe</i>	76. Kayenda RHC	Rural		◆	◆	◆	◆		
	77. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	79. Kashitu RHC	Rural		◆	◆	◆	◆	◆	
	80. Jeleman RHC	Rural		◆	◆	◆		◆	
	81. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
Totals			43	73	75	75	40	53	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
◎ MC sites	2 = ART Static Site
◎ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC								
<i>Kawambwa</i>	5. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	6. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Kawambwa HC	Rural		◆	◆	◆		◆	
	8. Mushota RHC	Rural		◆	◆	◆		◆	
	9. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	10. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	11. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	12. Mufwaya RHC								
<i>Mansa</i>	13. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	14. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	15. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	16. Matanda RHC	Rural		◆	◆	◆		◆	
	17. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	18. Buntungwa RHC	Urban		◆	◆	◆		◆	
	19. Chipete RHC	Rural		◆	◆	◆		◆	
	20. Chisembe RHC	Rural		◆	◆	◆		◆	
	21. Chisunka RHC	Rural		◆	◆	◆		◆	
	22. Fimpulu RHC	Rural		◆	◆	◆		◆	
	23. Kabunda RHC	Rural		◆	◆	◆		◆	
	24. Kalaba RHC	Rural		◆	◆	◆		◆	
	25. Kalyongo RHC	Rural		◆	◆	◆		◆	
	26. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	27. Katangwe RHC	Rural		◆	◆	◆		◆	
28. Kunda Mfumu RHC	Rural		◆	◆	◆		◆		
29. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
39. Paul Mambilima RHC	Rural		◆	◆	◆		◆		
<i>Milenge</i>	40. Mulumbi RHC	Rural		◆	◆	◆		◆	
	41. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	42. Kapalala RHC	Rural		◆	◆	◆			
<i>Mwense</i>	43. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	45. Chibondo RHC	Rural			◆	◆		◆	
	46. Chipili RHC	Rural		◆	◆	◆		◆	
	47. Chisheta RHC	Rural		◆	◆	◆			
	48. Kalundu RHC	Rural			◆	◆			
	49. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	50. Kapamba RHC	Rural		◆	◆	◆			
	51. Kashiba RHC	Rural		◆	◆	◆		◆	
	52. Katuta Kampemba RHC	Rural		◆	◆	◆			
	53. Kawama RHC	Rural		◆	◆	◆		◆	
	54. Lubunda RHC	Rural		◆	◆	◆		◆	
	55. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	56. Luminu RHC	Rural			◆	◆		◆	
	57. Lupososhi RHC	Rural			◆	◆		◆	
	58. Mubende RHC	Rural		◆	◆	◆		◆	
	59. Mukonshi RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	60. Mununshi RHC	Rural		◆	◆	◆		◆	
	61. Mupeta RHC	Rural			◆	◆		◆	
	62. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	63. Mutipula RHC	Rural			◆	◆			
	64. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Nchelenge</i>	65. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	66. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	67. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	
	69. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	70. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	71. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	72. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	73. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	74. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Samfya</i>	75. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	76. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	77. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	78. Shikamushile RHC	Rural		◆	◆	◆	◆	◆	
	79. Kapata East 7 RHC	Rural		◆	◆	◆			
	80. Kabongo RHC	Rural		◆	◆	◆			
Totals			30	72	78	78	20	52	4

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
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban		◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
<i>Nakonde</i>	14. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	15. Chilolwa RHC	Rural		◆	◆	◆		◆	
	16. Waitwika RHC	Rural		◆	◆	◆		◆	
	17. Mwenzo RHC	Rural		◆	◆	◆		◆	
	18. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	19. Chozi RHC	Rural		◆	◆	◆		◆	
	20. Chanka RHC								
	21. Shem RHC								
<i>Mpika</i>	22. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	23. Mpika HC	Urban		◆	◆	◆		◆	
	24. Mpepo RHC	Rural		◆	◆	◆		◆	
	25. Chibansa RHC	Rural		◆	◆	◆		◆	
	26. Mpumba RHC	Rural		◆	◆	◆		◆	
	27. Mukungule RHC	Rural		◆	◆	◆		◆	
	28. Mpika TAZARA	Rural		◆	◆	◆		◆	
	29. Muwele RHC								

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	30. Lukulu RHC								
	31. ZCA Clinic								
	32. Chikakala RHC								
<i>Chinsali</i>	33. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	34. Chinsali HC	Urban		◆	◆	◆		◆	
	35. Matumbo RHC	Rural		◆	◆	◆		◆	
	36. Shiwa Ng'andu RHC								
	37. Lubwa RHC								
	38. Mundu RHC								
<i>Mbala</i>	39. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	40. Mbala UHC	Urban		◆	◆	◆		◆	
	41. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	42. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆		◆	
	43. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	44. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	45. Mpande RHC								
	46. Mwamba RHC								
	47. Nondo RHC								
48. Nsokolo RHC									
<i>Mpulungu</i>	49. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		◎
	50. Isoko RHC								
<i>Isoka</i>	51. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	52. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	53. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	54. Kalungu RHC	Rural		◆	◆	◆		◆	
	55. Kampumbu RHC								
	56. Kafwimbi RHC								
	57. Thendere RHC								
<i>Mporokoso</i>	58. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	59. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Luwingu</i>	60. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	61. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	62. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	63. Nsumbu RHC	Rural		◆	◆	◆		◆	
<i>Mungwi</i>	64. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	65. Malole RHC	Rural		◆	◆	◆		◆	
	66. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	67. Chimba RHC								
	68. Kapolyo RHC								
Totals			20	49	49	49	19	37	8

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
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆		◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	12. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	13. St. Kalemba (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆		◆	
	16. Kabulamema RHC								
	17. Dyambombola RHC								
	18. Kayombo RHC								
<i>Zambezi</i>	19. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	20. Zambezi UHC	Urban			◆	◆		◆	
	21. Mize HC	Rural		◆	◆	◆		◆	
	22. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	23. Mukandakunda RHC	Rural		◆	◆	◆			
	24. Nyakulenga RHC	Rural		◆	◆	◆			
	25. Chilenga RHC	Rural		◆	◆	◆			
	26. Kucheka RHC								
27. Mpidi RHC									
<i>Mwinilunga</i>	28. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	29. Kanyihampa HC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	30. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	31. Ikelenge RHC	Rural		◆	◆	◆			
	32. Lwawu RHC	Rural		◆	◆	◆			
	33. Nyangombe RHC			◆	◆	◆			
	34. Sailunga RHC								
	35. Katyola RHC								
	36. Chiwoma RHC								
	37. Lumwana West RHC								
	38. Kanyama RHC								
<i>Mufumbwe</i>	39. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	40. Matushi RHC	Rural		◆	◆	◆		◆	
	41. Kashima RHC	Rural		◆	◆	◆			
	42. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	43. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Chivombo RHC	Rural		◆	◆	◆		◆	
	45. Chiingi RHC	Rural		◆	◆	◆		◆	
	46. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	47. Nyatanda RHC								
<i>Kasempa</i>	48. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	49. Nselauke RHC	Rural		◆	◆	◆		◆	
	50. Kankolonkolo RHC								
	51. Lunga RHC								
	52. Dengwe RHC								
	53. Kamakechi RHC								
Totals			12	36	38	38	13	18	4

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
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

ANNEX C: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban							
	2. Mukuni Insurance Clinic	Urban							
<i>Mkushi</i>	3. Tusekelemo Medical Centre	Urban							
Copperbelt Province									
<i>Ndola</i>	4. Hilltop Hospital	Urban	◆	◆	◆	◆			
	5. Maongo Clinic	Urban	◆	◆	◆	◆			
	6. Chinan Medical Centre	Urban							
<i>Kitwe</i>	7. Company Clinic	Urban	◆	◆	◆	◆			
	8. Hillview Clinic	Urban	◆	◆	◆	◆			
	9. Kitwe Surgery	Urban	◆	◆	◆	◆			
	10. CBU Clinic	Urban							
	11. SOS Medical Centre	Urban							
North-Western Province									
<i>Solwezi</i>	12. Hilltop Hospital	Urban	◆	◆	◆	◆			

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

◆ Site Reporting Data	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II private sector sites

ANNEX D: ZPCT II ART Sites (As of December 31, 2010)

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Central	Chibombo	1. Chisamba		Outreach	
		2. Liteta Hospital	Static		
		3. Mwachisompola Demo Zone		Outreach	
		4. Kayosha	Static		
	Kabwe	5. Kabwe General Hospital	Static		
		6. Kabwe Mine Hospital	Static		
		7. Kasanda		Outreach	
		8. Katondo		Outreach	
		9. Mahatma Gandhi Memorial		Outreach	
		10. Makululu		Outreach	
		11. Ngungu		Outreach	
		12. Pollen		Outreach	
		13. Natuseko		Outreach	
		Kapiri Mposhi	14. Kapiri Mposhi DH	Static	
	15. Kampumba RHC			Outreach	
	16. Mukonchi RHC		Static		
	17. Nkole RHC			Outreach	
	18. Waya RHC			Outreach	
	Mkushi	19. Masansa		Outreach	
		20. Mkushi District Hospital	Static		
		21. Chalata		Outreach	
	Serenje	22. Chitambo Hospital	Static		
		23. Mpelembe RHC		Outreach	
		24. Serenje Hospital	Static		
Copperbelt	Chililabombwe	25. Kakoso	Static		
		26. Lubengele Clinic		Outreach	
	Chingola	27. Chawama	Static		
		28. Chiwempala		Outreach	
		29. Kabundi East		Outreach	
		30. Nchanga North Hospital	Static		
		31. Clinic 1		Outreach	
		32. Muchinshi		Outreach	
	Kalulushi	33. Chambeshi Govt. Clinic		Outreach	
		34. Chibuluma		Outreach	
		35. Kalulushi Govt. Clinic	Static		
	Kitwe	36. Buchi Main		Outreach	
		37. Bulangililo		Outreach	
		38. Chavuma		Outreach	
		39. Chimwemwe		Outreach	
		40. Ipusukilo		Outreach	
		41. Kamfinsa	Static		
		42. Kawama		Outreach	
		43. Kitwe Central Hospital	Static		
		44. Luangwa		Outreach	
		45. Mindolo 1 Clinic	Static		
		46. Mulenga		Outreach	
		47. Ndeke		Outreach	
		48. Riverside	Static		
		49. Zamtan		Outreach	
		50. ZNS		Outreach	
		51. Company Clinic*	Static		
		52. Hillview Clinic*	Static		
		53. Kitwe Surgery*	Static		

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)	
Copperbelt	Luanshya	54. Mpatamatu Clinic		Outreach		
		55. Roan Antelope Hospital	Static			
		56. Thomson Hospital	Static			
	Lufwanyama	57. Lumpuma			Outreach	
		58. Shimukunami			Outreach	
	Mufulira	59. Kamuchanga District Hospital	Static			
		60. Ronald Ross General Hospital	Static			
	Ndola	61. Arthur Davison Hospital	Static			
		62. Chipokota Mayamba			Outreach	
		63. Kansenshi Prison			Outreach	
		64. Kavv			Outreach	
		65. Kaniki			Outreach	
		66. Lubuto			Outreach	
		67. Mahatma Gandhi			Outreach	
68. New Masala				Outreach		
69. Ndola Central Hospital		Static				
70. Twapia				Outreach		
71. Maongo Clinic*	Static					
72. Hilltop Hospital*	Static					
Luapula	Chienge	73. Kabole RHC	Static			
		74. Puta RHC	Static			
	Kawambwa	75. Kawambwa District Hospital	Static			
		76. Mbereshi Mission Hospital	Static			
		77. Munkanta RHC			Outreach	
	Mansa	78. Central Clinic	Static			
		79. Chembe RHC	Static			
		80. Mansa General Hospital	Static			
		81. Senama			Outreach	
	Milenge	82. Luamfumu	Static			
		83. Milenge East 7	Static			
	Mwense	84. Mambilima			Outreach	
		85. Musangu	Static			
		86. Mwense			Outreach	
		87. Mwenda	Static			
	Nchelenge	88. Lukwesa	Static			
		89. Chabilikila	Static			
		90. Chisenga Island			Outreach	
91. Kabuta		Static				
92. Kafutuma		Static				
93. Kambwali		Static				
94. Kanyembo		Static				
95. Kashikishi		Static				
96. Kilwa Island				Outreach		
97. Nchelenge HC		Static				
98. St. Paul's Hospital	Static					
Samfya	99. Kasanka RHC			Outreach		
	100. Lubwe Mission Hospital	Static				
	101. Samfya Stage II			Outreach		
Northern	Chinsali	102. Chinsali District Hospital	Static			
	Isoka	103. Isoka District Hospital	Static			
		104. Muyombe			Outreach	
	Kaputa	105. Kaputa	Static			
	Kasama	106. Chilubula	Static			
		107. Kasama General Hospital	Static			
		108. Location			Outreach	
		109. Lukupa RHC	Static			
	110. Chisanga	Static				

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
	Luwingu	111. Luwingu Hospital	Static		
	Mbala	112. Mbala Hospital	Static		
		113. Tulemane		Outreach	
		114. Senga Hill		Outreach	
	Mpika	115. Mpika DH	Static		
	Mporokoso	116. Mporokoso District Hospital	Static		
		117. Mporokoso UHC		Outreach	Mporokoso DH
	Mpulungu	118. Mpulungu HC		Outreach	
	Mungwi	119. Nseluka	Static		
	Nakonde	120. Nakonde HC	Static		
		121. Ntatumbila		Outreach	
North-Western	Chavuma	122. Chiyeke	Static		
	Kabompo	123. Kabompo District Hospital	Static		
		124. St Kalemba		Outreach	
	Kasempa	125. Kasempa		Outreach	
	Mufumbwe	126. Mufumbwe Hospital		Outreach	
	Mwinilunga	127. Mwinilunga District Hospital	Static		
		128. Luwi Mission		Outreach	
	Solwezi	129. Solwezi General Hospital	Static		
		130. Solwezi Urban		Outreach	
		131. St. Dorothy		Outreach	Solwezi Urban Clinic
	Zambezi	132. Hilltop Hospital *	Static		
133. Chitokoloki Mission Hospital			Outreach		
		134. Zambezi District Hospital	Static		

***Private sector ART sites**

- ART services available in 38 of the 41 supported districts
- 134 ART sites of which 132 report independently and two report under bigger facilities
- 6 ART sites are private sector (Company Clinic, Kitwe Surgery, and Hillview Clinics – Kitwe, and Hilltop Hospital and Maongo Clinic – Ndola, and Hilltop Hospital – Solwezi)
- 68 are static and 66 are outreach sites

ANNEX E: ZPCT II Graduated Districts (As of December 31, 2010)

Province	District	Health Facility
Central	1. Mkushi	Chalata
		Chibefwe
		Chikupili
		Masansa
		Mkushi District Hospital
		Nshinso
	2. Kabwe	Kabwe General Hospital
		Kabwe Mine Hospital
		Mahatma Gandhi HC
		Bwacha
		Chowa
		Kasanda
		Kasavasa
		Katondo
		Kawama
		Mahatma Gandhi Memorial
		Makululu
		Mukobeko Township
		Natuseko
		Ngungu
Pollen		
Railway Surgery		
Copperbelt	3. Kalulushi	Chambeshi Govt. Clinic
		Chibuluma
		Kalulushi Govt. Clinic
	4. Luanshya	Mikomfwa
		Mpatamatu Clinic
		Roan Antelope Hospital
		Thomson Hospital
	5. Chingola	Nchanga N. GH
		Chiwempala HC
		Kabundi East Clinic
		Chawama HC
		Clinic 1 HC
		Muchinshi Clinic
		Kasompe Clinic
	Mutenda HC	
	6. Chililabombwe	Kakoso District HC
		Lubengele UC
	7. Mufulira	Kamuchanga DH
		Ronald Ross GH
		Clinic 3 Mine Clinic
Kansunswa HC		
Clinic 5 Clinic		
Mokambo Clinic		
Suburb Clinic		
Luapula	8. Samfya	Kasanka RHC
		Lubwe Mission Hospital
		Samfya Stage II
Northern	9. Chinsali	Chinsali District Hospital
		Chinsali UHC
	10. Kasama	Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
Lukashya		

		Lukupu RHC
		Misengo
		Mulenga
		Musa
	11. Mpika	Mpepo RHC
		Mpika DH
		Mpika UHC
	12. Nakonde	Chilolwa RHC
		Chozi
		Mwenzu
		Nakonde HC
		Ntatumbila
		Waitwika
North-Western	13. Kabompo	Kasamba RHC
		Kabompo District Hospital
		Mumbeji RHC
		St Kalemba
	14. Mufumbwe	Kashima RHC
		Matushi RHC
		Mufumbwe Clinic
		Mufumbwe District Hospital
	15. Mwinilunga	Mwinilunga District Hospital
		Mwinilunga District Hospital HAHC
		Lwawu RHC
		Luwi Mission Hospital
		Ikelenge RHC

ANNEX F: ZPCT II Signed Recipient Agreements/Subcontracts/MOUs

Province	District	Implementing Agency (IA)	Amended Period	Budget Amendment	New Total Budget
Central	Chibombo	1. Chibombo DMO	Nov 10 – Dec 11	\$275,817	\$441,026
	Kabwe	2. Central PMO	Nov 10 – Dec 11	\$657,269	\$1,657,084
		3. Kabwe DMO	Nov 10 – Dec 11	\$168,144	\$322,865
		4. Kabwe GH	May 10 – Apr 11	\$45,805	\$112,501
	Kapiri Mposhi	5. Kapiri Mposhi DMO	Nov 10 – Dec 11	\$78,602	\$675,212
	Mkushi	6. Mkushi DMO	Nov 10 – Dec 11	\$66,169	\$132,444
	Serenje	7. Serenje DMO	Nov 10 – Dec 11	\$113,164	\$292,024
Mumbwa	8. Mumbwa DMO	Nov 10 – Dec 11	\$0	\$107,760	
Copperbelt	Chililabombwe	9. Chililabombwe DMO	Nov 10 – Dec 11	\$23,621	\$74,244
	Chingola	10. Chingola DMO	Nov 10 – Dec 11	\$67,970	\$221,232
		11. Nchanga North	May 10 – Apr 11	\$31,938	\$44,597
	Kalulushi	12. Kalulushi DMO	Nov 10 – Dec 11	\$130,558	\$190,571
	Kitwe	13. Kitwe Central Hospital	May 10 – Apr 11	\$34,249	\$65,296
		14. Kitwe DMO	Nov 10 – Dec 11	\$234,331	\$569,977
	Luanshya	15. Luanshya DMO	Nov 10 – Dec 11	\$82,448	\$172,650
		16. Roan GH	May 10 – Apr 11	\$25,945	\$47,783
	Lufwanyama	17. Lufwanyama DMO	Nov 10 – Dec 11	\$27,751	\$51,547
	Masaiti	18. Masaiti DMO	Nov 10 – Dec 11	\$2,929	\$71,906
	Mpongwe	19. Mpongwe DMO	Nov 10 – Dec 11	\$8,171	\$55,942
	Mufulira	20. Mufulira DMO	Nov 10 – Dec 11	\$93,403	\$178,390
		21. Ronald Ross	May 10 – Apr 11	\$37,630	\$79,172
		Ndola	22. Arthur Davison CH	May 10 – Apr 11	\$60,936
	23. Copperbelt PMO		Nov 10 – Dec 11	\$911,552	\$2,193,883
24. Ndola Central Hospital	May 10 – Apr 11		\$45,964	\$65,207	
25. Ndola DMO	Nov 10 – Dec 11		\$179,715	\$408,941	
Luapula	Chienge	26. Chienge DMO	Nov 10 – Dec 11	\$50,428	\$110,011
	Kawambwa	27. Kawambwa DMO	Nov 10 – Dec 11	\$80,793	\$261,473
	Mansa	28. Luapula PMO	Nov 10 – Dec 11	\$492,303	\$1,358,669
		29. Mansa DMO	Nov 10 – Dec 11	\$130,958	\$306,824
		30. Mansa GH	May 10 – Apr 11	\$23,448	\$103,673
	Milenge	31. Milenge DMO	Nov 10 – Dec 11	\$15,161	\$137,556
	Mwense	32. Mwense DMO	Nov 10 – Dec 11	\$73,726	\$203,163
	Nchelenge	33. Nchelenge DMO	Nov 10 – Dec 11	\$68,894	\$166,423
Samfya	34. Samfya DMO	Nov 10 – Dec 11	\$51,417	\$141,303	
Northern	Chinsali	35. Chinsali DMO	Nov 10 – Dec 11	\$157,489	\$181,775
	Isoka	36. Isoka DMO	Nov 10 – Dec 11	\$137,539	\$215,905
	Kasama	37. Kasama DMO	Nov 10 – Dec 11	\$22,772	\$239,153
		38. Kasama GH	May 10 – Apr 11	\$34,317	\$54,350
		39. Northern PMO	Nov 10 – Dec 11	\$653,514	\$1,439,939
	Kaputa	40. Kaputa DMO	Nov 10 – Dec 11	\$24,738	\$104,892
	Luwingu	41. Luwingu DMO	Nov 10 – Dec 11	\$14,620	\$57,019
	Mbala	42. Mbala DMO	Nov 10 – Dec 11	\$138,972	\$186,223
		43. Mbala GH	May 10 – Apr 11	\$23,442	\$77,928
	Mpika	44. Mpika DMO	Nov 10 – Dec 11	\$232,837	\$322,434
	Mpulungu	45. Mpulungu DMO	Nov 10 – Dec 11	\$38,317	\$83,577
	Mporokoso	46. Mporokoso DMO	Nov 10 – Dec 11	\$10,558	\$57,645
	Mungwi	47. Mungwi DMO	Nov 10 – Dec 11	\$62,240	\$119,509
Nakonde	48. Nakonde DMO	Nov 10 – Dec 11	\$168,764	\$285,939	
North-Western	Chavuma	49. Chavuma DMO	Nov 10 – Dec 11	\$14,612	\$243,750
	Kabompo	50. Kabompo DMO	Nov 10 – Dec 11	\$92,816	\$118,138
	Kasempa	51. Kasempa DMO	Nov 10 – Dec 11	\$150,383	\$175,785
	Mufumbwe	52. Mufumbwe DMO	Nov 10 – Dec 11	\$16,503	\$154,711
	Mwinilunga	53. Mwinilunga DMO	Nov 10 – Dec 11	\$143,243	\$231,142
	Solwezi	54. Solwezi DMO	Nov 10 – Dec 11	\$57,152	\$217,442
55. Solwezi GH		May 10 – Apr 11	\$23,592	\$77,842	

Province	District	Implementing Agency (IA)	Amended Period	Budget Amendment	New Total Budget
		56. North-Western PMO	Nov 10 – Dec 11	\$413,608	\$1,111,660
	Zambezi	57. Zambezi DMO	Nov 10 – Dec 11	\$81,539	\$187,210
Lusaka	Lusaka	58. University Teaching Hospital	May 10 – Apr 11	\$47,943	\$108,998
	Lusaka/FHI HQ	59. Management Science for Health			
	Lusaka/FHI HQ	60. CARE International			
	Lusaka/FHI HQ	61. Emerging Markets Group			
	Lusaka/FHI HQ	62. Social Impact			
	Lusaka/FHI HQ	63. Salvation Army			
	Lusaka	64. CHAZ	May 10 – Apr 11	\$252,162	\$446,926
	Lusaka	65. KCTT	May – Dec 10	\$146,512	\$556,485
Copperbelt	Memorandum of Understanding	66. Mpatamatu HBC MOU	May – Dec 10	\$0	\$0
		67. Ndola Catholic Diocese MOU	May – Dec 10	\$0	\$0

ANNEX F: ZPCT II Training Courses and Numbers Trained (Oct. – Dec. 2010)

Training Course	Training Dates	Province	Number Trained
Basic CT HCWs	November 8-20,2010	Central	20
		Total	20
Basic CT Lay	September 27-October 9, 2010	Northern	20
		Total	20
Basic CT Refresher HCWs	October 18-23, 2010	Copperbelt	20
	October 25-29, 2010	Northern	17
			37
Basic CT Refresher Lay	December 13-18, 2010	Luapula	20
			20
Basic Child CT HCWs	December 13-18, 2010	Northern	15
		Total	15
Basic Child CT Lay	November 15-20, 2010	North-western	15
		Total	15
Couple CT HCWs	November 29-December 4,2010	Northern	20
			20
Couple CT Lay	November 29-December 4, 2010	Northern	10
		Total	10
CT Supervision HCWs	September 27-October 8, 2010	North-western	9
		Total	9
CT Supervision Lay	November 15-26, 2010	Central	12
		Total	12
Youth CT HCWs	October 18-22, 2010	Central	20
	November 29-December 3,2010	North-western	15
		Total	35
Youth CT Lay	December 6-11, 2010	North-western	20
		Total	20
PMTCT HCWs	September 27-October 2, 2010	Copperbelt	25
	September 27-October 2, 2010	Luapula	25
	October 11-16, 2010	Central	25
	November 15-20, 2010	Copperbelt	25
	December 6-11, 2010	Northern	25
	December 13-18, 2010	Central	20
		Total	145
PMTCT Refresher HCWs	September 27-October 2, 2010	Northern	23
	October 18-23, 2010	Northern	25
	October 31-November 7, 2010	Central	19
	November 8-13, 2010	Copperbelt	25
	November 8-13, 2010	Luapula	25
	November 15-20, 2010	Northern	26
	December 6-11, 2010	Central	25
	December 13-18, 2010	Luapula	23
	December 6-11, 2010	Copperbelt	27
		Total	218
ART/OIs	October 11-21, 2010	Copperbelt	23
	November 8-18, 2010	Copperbelt	27
	November 15-25, 2010	Central	27
	November 15-25, 2010	North-western	25
		Total	102
ART/OIs Paediatrics	October 11-16, 2010	Luapula	25
	November 15-19, 2010	Copperbelt	27
			52
Adherence Counseling HCWs	October 4-6, 2010	Northern	18
	October 27-29, 2010	Luapula	14
		Total	32
Male Circumcision	October 11-21, 2010	Copperbelt/Luapula/North-Western	12
		Total	12

ASW	October 11-22, 2010	Central/Copperbelt/Northern/North-western	25
			25
ASWs Refresher	October 11-15, 2010	Copperbelt	25
	October 26-29, 2010	Central	20
	November 1-3, 2010	Luapula	27
	November 8-10, 2010	North-western	24
		Total	96
Dry Blood Spot (DBS) Collection	October 16-16, 2010	Central	23
	December 8-8, 2010	Copperbelt	10
	December 9-9, 2010	Copperbelt	14
		Total	47
Family Planning	October 18-22, 2010	North-western	26
	November 29-December 3,2010	Central	25
	November 29-December 3,2010	Copperbelt	24
		Total	75
Equipment Use and Maintenance	October 4-5, 2010	Central	6
	October 6-7, 2010	Central/Luapula	17
	November 22-24, 2010	Copperbelt	13
	November 25 -27, 2010	Central/Copperbelt/North-Western	12
	November 22-24, 2010	Central/Northern	13
	November 25 -27, 2010	Central/Luapula	12
		Total	73
ART Commodity Management A and B for Lab and Pharm	October 18-25, 2010	Northern/Central	22
	December 6-10,2010	Central/North-Western	27
		Total	49

ANNEX H: Meetings and Workshops this Quarter (Oct. – Dec., 2010)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT	<p>October 26, 2010 <i>CT/PMTCT unit meeting:</i> This meeting was held at ZAMCOM Lodge in Lusaka. The focus of the meeting was to provide an opportunity to the provincial staff to evaluate achievements against set targets; ongoing capacity building; share experiences and updates from provinces as well as national level; provide updates from other units and discuss cross cutting issues with other units.</p>
	<p>November 3, 2010 <i>M&E Tools 2010-Antenatal card Zambia draft meeting:</i> This meeting was held at CDC Intercontinental hotel to identify problems/gaps with regard to content, relevance, flow, readability, comprehension, formatting and user friendliness of the new antenatal card from both health care worker and client perspective; identify suitability of the integrated ANC/PNC card to current clinic client flow practice in the health facilities and to quantify its usability and suitability as a tool to enhance quality of care for the client.</p>
	<p>November 12, 2010 <i>PMTCT TWG meeting:</i> this was held at MOH to discuss implementation plan for 2010 PMTCT guidelines; progress on mother baby pack; point of care CD4 and Impact survey <i>to assess bottlenecks to the implementation of national PMTCT guidelines.</i> This was organized by MoH and UNICEF</p>
	<p>November 11, .2010 PMTCT TWG meeting was organized by Marie Stopes International and was held at the FHI Training centre to introduce and review the implementation of the mother baby pack and come up with the training and implementation plan for the providers.</p>
	<p>November 22, 2010 <i>Mother Baby Pack 3rd Planning Meeting:</i> The meeting was held at CIDRZ and it provided some updates on progress made for MBP implementation plan; update from M&E sub committee meetings as well as 3rd review of training materials for the upcoming MBP TOT trainings</p>
	<p>December 7, 2010 <i>EID Systems and Lab Evaluation Meeting:</i> the meeting was held at CDC Intercontinental Hotel, Lusaka. It was designed to meet with MoH, EID implementing partners and PEPEFAR to discuss logistics for implementing the EID systems and Lab Evaluation, select sites for EID systems/lab evaluation and discuss team structure and data collection.</p>
	<p>December 7 – 8, 2010 <i>GRZ/UNICEF health and nutrition, HIV & AIDS / cooperating partners 2010 annual review & 2011 planning workshop:</i> This meeting was organized by UNICEF and was held at Chaminuka lodge in Lusaka. The objectives of this consultative meeting were as follows:</p> <ol style="list-style-type: none"> 1. To review the 2010 GRZ/UNICEF work plan and identify progress attained on MNCH and nutrition, HIV & AIDS; 2. To disseminate Ministry of Health 2011 Action Plan for MNCH and nutrition, HIV & AIDS; 3. To allow partners to identify MOH 2011 Action Plan priority areas for resource leveraging and service delivery; 4. To identify 2011 coordinating mechanism for strengthening linkages for MNCH and nutrition, HIV & AIDS programming <p>Partners were asked to share on their successes, challenges and lessons learnt in implementing various activities in Maternal, Neonatal and Child Health Care, Nutrition and HIV & AIDS in 2010.</p>
	<p>December 10, 2010 <i>MBP Sub-committee Meeting:</i> the meeting was held at EGPAF country office to review TOT training slides; briefly review revised supervision checklist; discuss baseline assessment of current records being used and update on training plans.</p>
	<p>December 15, 2010 Met with the PMTCT coordinator at the Ministry of Health to introduce the PMTCT QA/QI tools for their review and see whether they can be used at all the facilities. Went through the QA Tools with the team and await there feed back on their use.</p>
	<p>December 20, 2010 <i>The CT/HBC Technical Working group meeting:</i> The meeting was called by MoH and was at the MoH board room to discuss the various activities within the supporting organization and discuss how these groups can work with the Ministry of health. This was the first meeting and expected to come up with presentations on the activities that each organization is involved in the next meeting which will be at FHI</p>
PMTCT, Paediatric,	October 14, 2010

Technical Area	Meeting/Workshop/Trainings Attended
Family Planning	<p><i>Family Planning pre-quantification meeting:</i> This meeting was organized by JSI in collaboration with MOH Reproductive Health unit. It was held at JSI. The meeting was held to look at the FP contraceptive stock levels at national level and plan for the national quantification meeting to be done in November, 2010. The meeting noted that some of the FP commodities were overstocked both at MSL and district levels. In addition, assumptions on how to quantify for 2011 FP commodities were discussed.</p>
	<p>October 15, 2010 <i>PMTCT & Paediatric HIV TWG:</i> The meeting was organized by MOH and was held in the MOH main boardroom. The focus for this meeting were: Looking at progress made with revising, printing and implementation of the 2010 PMTCT Guidelines; implementation Plan for the Mother-Baby Packs, provide updates on M&E tools in line with current global norms and status of the SMS delivery of DBS results in Zambia.</p>
	<p>October 15, 2010 <i>MBP implementation meeting:</i> This meeting was organized by EGPAF and was held at ZPCT II training centre. The meeting discussed the MBP implementation plans and agreed on doing one TOT for the eight districts that will be first to rollout the MBP. The meeting also discussed the potential bottlenecks with the MBP implementation and possible solutions.</p>
MC	<p>October 11 – 13, 2010 <i>MC sites accreditation guidelines:</i> ZPCT II participated in the trainer of trainers (TOT) workshop for the assessors of MC sites accreditation using the new guidelines for accrediting MC sites. This was held in Ndola and ZPCT was represented by one of its officers based on the Copperbelt.</p>
	<p>December 9, 2010 <i>MC TWG meeting:</i> The meeting was held at the MOH. Partners in attendance included; MOH, ZPCT, JHPIEGO, SFH, JSI/SCMS, UTH, CIDRZ. The agenda included; the introduction of the new Male Circumcision National Coordinator employed by WHO and seconded to the MOH; technical updates from the various partners implementing male circumcision services and way forward regarding the reviving of the TWG committees.</p>
	<p>December 9 – 12, 2010 <i>Neonatal MC training:</i> ZPCT II is collaborating with a national trainer in neonatal MC to train HCWs at Nchanga North General Hospital in neonatal and early infant MC. The MC technical officer for Copperbelt participated in this initial training held at the hospital. Initiation of services is expected to follow this on site training and adequate demand creation through sensitization.</p>
ART/CC	<p>October 20 - 21, 2010 <i>ARVs Quarterly Quantification Meeting:</i> ZPCT II participated in this meeting at JSI offices whose agenda was for key partners working with MoH to participate in the review of current stocks of ARVs and make forecasts for the following quarter. Other stakeholders in attendance included MoH, CIDRZ, CDC, Clinton Foundation, AIDSRelief And others.</p>
	<p>November 17, 2010 <i>Monthly ART Accreditation Consultative Meeting:</i> ZPCT II participated in this meeting convened by Health Professions Council of Zambia (HPCZ) which is held monthly to review progress related to accreditation of ART sites supported by various partners. The mentorship training being planned by Ministry of Health was discussed with next steps likely to be made clearer in the next quarter.</p>
	<p>November 29, 2010 <i>Launch of the 2010 revised guidelines for care and treatment in children and adults:</i> ZPCT II attended the launch of these guidelines which was held at Intercontinental Hotel in Lusaka. This marks a new phase in implementing the new guidelines as recommended by WHO and adapted by Zambia. In the next quarter, ZPCT will embark on orientation of HCWs in the supported facilities regarding the changes or modifications in the new guidelines.</p>
	<p>November 29 to December 1, 2010 <i>ART Update Meeting:</i> ZPCT II participated in this year annual ART update meeting which was hosted by CIDRZ. This is held in order to bring together MoH and other implementing partners and stakeholders to discuss and share best practices, lessons learned and challenges as well technical updates. In all ZPCT II made at least five presentations and supported at least 67 staff and MoH staff from the provinces.</p>
	<p>December 2 - 7, 2010 <i>CC/ART Unit Meeting:</i> the clinical care unit of ZPCT II held its unit meeting for five days on the aforementioned dates. This meeting is meant to bring together all unit members in order to review the workplan achievements, challenges and find the way forward. In addition, the new workplan activities and priorities and discussed thoroughly as well important technical updates. This is in addition to cross cutting issues with other units. At least seven new staff were attending for the first time.</p>

Technical Area	Meeting/Workshop/Trainings Attended
Laboratory	<p>October 5 – 7, 2010 <i>National CD4 EQA Training meeting:</i> ZPCT II attended the meeting held at Golf View Hotel convened by the MoH. This meeting was facilitated by the National Referral Laboratory and was attended to by facility staff participating in the national CD4 EQA program and the partners supporting these sites. The training meeting was held to introduce facility staff to the UK NEQAS CD4 Panels. The workshop embraced trouble shooting, in-house pipette calibration and interpretation of EQA results in line with the ongoing implementation of the national CD4 EQA program.</p> <p>November 3 – 5, 2010 <i>Annual HIV test kits Quantification Review Meeting:</i> ZPCT II attended this meeting convened by Ministry of Health, with support from the USAID DELIVER PROJECT. The objective was to review the forecast and quantification based on actual usage at both the central and facility levels. The outcome of this review was used to generate procurement plan for the next seven year (2011 to 2017), and as a basis for resource mobilization to fill the identified gap.</p> <p>November 4, 2010 <i>Familiarization meeting with new Deputy Director Laboratory Services:</i> ZPCT II attended this meeting at the Ministry of Health. In attendance were DTS, Senior Advisor Pharmaceutical Services and the Senior Technical Officer – Laboratory Services. This meeting was to discuss aspects of the work that ZPCT II does in the area of laboratory services strengthening with the newly appointed deputy director of laboratory services at the Ministry of Health.</p> <p>November 15 – 19, 2010 <i>Annual laboratory reagents and commodities Quantification Review Meeting:</i> ZPCT II attended this review meeting of the laboratory reagents and consumables forecast and quantification. The meeting was convened by MoH to review the laboratory commodities forecast for 2010 based on current trends and this was used to come up with a seven year forecast and procurement plan for lab commodities for the period 2011-2017 and to identify funding gaps as a basis for resource mobilization.</p> <p>November 11, 2010 <i>Early Infant Diagnosis Technical Working Group Meeting:</i> ZPCT II attended this meeting convened by the MoH. All implementing partners in EID were present at this meeting where the logistical challenges being faced by sites in the transportation of dry blood spot samples to hubs and finally to the ADCH PCR Laboratory in Ndola were discussed. A discussion assessing the performance of the two courier service providers currently being used at national level, namely EMS and the Post Courier, was held mainly discussing input and experiences from implementing partners. A follow up meeting is to be held where a decision will be made as to which vendor the MoH will endorse for service provision nation-wide.</p> <p>November 23, 2010 <i>Laboratory Technical Working Group Meeting:</i> ZPCT II attended the meeting convened by MoH and held at the ZPCT II offices. All implementing partners in the laboratory services were present at the meeting. This was a consultative meeting to discuss the outcomes of the local evaluation of the PIMA, an instrument being considered for roll-out in Zambia to provide point of care CD4 testing. After long deliberation it was decided that the local evaluation will not be considered, but rather the evaluation done earlier in the year by CDC. Based on that, it was agreed that a field evaluation would need to be carried out, and further guidance would be provided on how to proceed with this. In addition, the EQA programs, as well as vendor performance with servicing of equipment were also discussed.</p>
	<p>December 5 - 18, 2010 <i>Laboratory Commodity management trainers of trainers workshop :</i> ZPCT II attended this training convened by the University of Zambia in collaboration with Supply Chain management systems SCMS with the objective of improving skills in logistics management with regards to HIV test and Laboratory commodity management systems.</p>
	<p>December 12 – 23, 2010 <i>Strengthening Laboratory Management Toward Accreditation (SLMTA):</i> ZPCT II attended and facilitated at the third and final round of the SLMTA national training conducted by MoH and CDC in Kitwe. Two ZPCT II laboratory technical staff from the Copperbelt province received updated SLMTA training to facilitate their provision of technical assistance and support to the laboratories earmarked for accreditation.</p>
Pharmacy	<p>October 5, 2010 <i>JSI-ZPCTII Collaborative meeting:</i> ZPCT II hosted this meeting held in Ndola. This meeting was attended by JSI (SCMS and USAID Deliver) and ZPCT II staff and was the first of a series of collaborative meetings scheduled to be held in the provinces that ZPCT II supports. The roles and responsibilities were clearly outlined and way forward with cross-cutting issues/activities with</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>regard to logistics supply management at provincial level were discussed and agreed upon.</p> <p>October 20, 2010 <i>ART Quarterly Quantification Meeting:</i> ZPCT II attended this meeting hosted by MoH in collaboration with USAID Deliver to review the quantification and discuss the possibility of allowing ART satellite sites to be part of the national ARV LS.</p> <p>November 23, 2010 <i>JSI-ZPCTII Collaborative meeting:</i> The second JSI-ZPCTII collaborative meeting at provincial level was held in Solwezi Northwestern province where ZPCT II and JSI (SCMS and USAID Deliver) discussed the supply chain for various commodities, Pipelines for the commodities were analyzed as well as current stock status of the various commodities and plans for stop-gap procurements shared.</p> <p>December 6 – 10, 2010 <i>Essential Medicines Quantification Workshop:</i> ZPCT II attended this meeting convened by Ministry of Health, with support from the USAID DELIVER PROJECT. The objective was to conduct a first-time annual forecast and quantification of essential medicines based on results from the pilot that ended earlier in the year. Where available, actual consumption data was used to conduct the forecasts, as well as morbidity, population and issues methods used for quantification. A smaller team continued to work on cleaning up the initial outputs from Quantimed, the software used for the quantification. The final report is yet to be issued.</p> <p>December 17, 2010 <i>MoH Supply chain management subcommittee:</i> ZPCT II attended this meeting held at JSI offices to discuss pipeline and the supply chain manager tools currently in use at central level In attendance was CIDRZ, LMU/MSL and USAID Deliver project</p>
<p>PMTCT, ART, Laboratory, Pharmacy</p>	<p>November 2, 2010 <i>PMTCT Mother Baby Pack Sub committee meeting:</i> ZPCT II attended this meeting hosted by MoH and its partners (UNICEF, EGPAF, WHO) held at CIDRZ Office to revise the Mother Baby Pack instruction/patient leaflet content and lay-out. The TOT training package, supply chain and M&E issues were also discussed with a plan for further review agreed upon. Preliminary training plans were made and selected districts for initial MBP TOT training are Chongwe and Chibombo.</p> <p>December 10, 2010: <i>PMTCT Mother Baby Pack Sub committee meeting:</i> ZPCT II attended this meeting hosted by MoH and its partners (UNICEF, EGPAF, WHO) held at EGPAF Country Office to revise the TOT training package and finalize the M&E component. The selected districts for initial MBP TOT training are Chongwe, and Chibombo and the first round of training is scheduled for early 2011 with the plan for roll-out to all eight districts implementing the program. It was reported that the commodities are in-country ready for distribution once the TOT is done.</p>

ANNEX I: Mobile CT Data October – December 2010

District	Males Counseled and Tested			Females Counseled and Tested			Children Counseled and Tested		
	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>
Chibombo	182	21	11.5%	88	12	13.6%	15	1	6.6%
Mkushi	191	4	2.1%	149	3	2.0%	23	0	0.0%
Serenje	179	7	3.9%	166	16	9.6%	86	0	0.0%
Kapiri Mposhi	53	5	9.4%	63	2	3.2%	0	0	0.0%
Kabwe	353	32	9.1%	127	10	7.9%	38	0	0.0%
Nchelenge	154	3	1.9%	80	4	5%	0	0	0.0%
Mansa	43	1	2.3%	40	2	5%	1	1	100%
Mwinilunga	202	2	1.0%	78	3	3.8%	12	0	0.0%
Solwezi	18	2	11.1%	14	1	7.1%	9	1	11.1%
Kasama	252	8	3.2%	140	2	1.4%	2	0	0.0%
Grand Total	1,627	85	5.2%	945	55	5.8%	67	3	1.5%

ANNEX J: Status of Laboratory Equipment (October – December 2010)

Item	Facility	Instrument	Condition	Action	Current Status
CD 4 Analysers	Kasama general Hospital	BD Facscalibur	Non functional the Central processing unit on the Calibur had a major fault	BD vendor collected the Central processing unit for further repair at the workshop.	The facility is currently using a Fасcount as backup.
	Mpulungu RHC	FacsCount	Functional with frequent failed control runs	DB engineer worked on the machine to fin tune the reading threshold. An onsite retaining was provided by ZPCT PTO	Fully functional and in use.
	Lubuto clinic	FacsCount	Non functional for a week in the month of October due to minor fault.	Vendor repaired the fault within a week.	Fully Functional and in use
	Location clinic	FacsCount	New equipment procured by ZPCT and delivered to facility.	Vendor BD, installed and provided onsite training	Fully functional and in use.
	Mukonchi RHC	FacsCount	New equipment procured and delivered to ZPCT Kabwe office	Vendor BD, installed and provided onsite training	Fully functional and in use
	Mwenda HC	FacsCount	New equipment procured and delivered by ZPCT	Vendor BD, installed and provided onsite training	Fully functional and in use
	Central clinic	FacsCount	New equipment procured and delivered by ZPCT	Vendor BD, installed and provided onsite training	Fully functional and in use
	Chiyeke HC	FacsCount	New equipment procured by ZPCT and delivered to facility.	Vendor BD, installed and provided onsite training	Fully functional and in use
	Kazembe RHC	FacsCount	New equipment procured by UNICEF	Vendor BD, installed and provided onsite training	Fully functional and in use
	Kashikishi	FacsCount	Kashikishi count was problematic with frequent breakdown and needed to be replaced.	ZPCT procured Kabole Fасcount was relocated to Kashikishi and vendor installed and provided on site training. Kabole lab had no lab staff at the time and will be considered to receive the UNICEF FасCounts.	Fully functional and in use
	Samfya Stage II	FacsCount	Non functional had a leakage for two weeks.	BD vendor worked on the machine	Fully functional and in use
	Kawambwa District Hospital	FacsCount	The analyzer developed a problem with the Pump system.	BD vendor engineer repaired the problem	Fully functional and in use
Chemistry Analyzer					
	Kasama GH	Cobas Integra	Non functional with damage to central processing unit	Biogroup was informed of the problem and are in the process of working on the CPU.	Equipment non Functional.
	St Paul's Mission	Cobas Integra	CPU was totally damaged and	Vendor replaced the Central	Fully functional and in use.

Item	Facility	Instrument	Condition	Action	Current Status
	Hospital		needed to be replaced.	Processing Unit.	
	Ronald Ross Hospital	Cobas Integra	Non functional broken probe	The facility procured a probe and the vendor replaced it on the analyzer.	Fully functional and in use
Haematology Analyzer	Kabwe General hospital	ABX Micros 60	Equipment is old and has frequent break down. Facility has written to ZPCT II for consideration of replacement machine.	Vendor repaired the ABX. Pochii 100 being used as back up for lab services.	ABX Micros 60 Functional and in use with Sysmex Pochii 100 as back up.
	Central clinic	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Installation done Fully functional and in use.
	Musangu HC	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Installation done Fully functional and in use.
	Kashikishi	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Installation done Fully functional and in use.
	Mindolo clinic	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Installation done Fully functional and in use.
	Kawama Clinic	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Installation done Fully functional and in use.
	Kabushi HC	ABX Micros 60	Pending installation	Vendor notified and installation plan scheduled	Pending installation
	New Masala clinic	ABX Micros 60	Pending installation	Vendor installed and provided onsite training	Installation done Fully functional and in use.
	Twapia Clinic	ABX Micros 60	Pending installation	Vendor notified	Pending installation
	Mwense HC	ABX Micros 60	Non functional	Vendor	Non function pending repairs.
	Luwingu D Hospital	ABX Micros 60	Non functional following a short circuit in the systems power pack.	SG equipment Vendor replaced the power pack.	Fully functional and in use.
	<u>Chilubula Health Center</u>	ABX Micros 60	Non functional for a month the equipment developed an internal part problem.	The scientific Group vendor was informed however technician came with the wrong replacement part and could not rectify problem.	Non functional. The facility continued using a Sysmex Pochii as back up for hematology.
	<u>Mpika DH</u>	ABX Micros 60	Non functional out of range readings on white cell count	SG vendor assessed the equipment. The reagent blocked had a crack and needs replacement SG has ordered and received ready for installation.	Non functional pending reagent block replacement.
	Mbala General Hospital	ABX Pentra 80	ZPCT procured and delivered a higher through put analyzer.	Vendor installed equipment. Onsite training was done the new hematology analyzer.	ZPCT has procured a higher through put analyzer. pending procurement process of delivery to facility

ANNEX K: Activities Planned for the Next Quarter (January – March, 2011)

Objectives	Planned Activities	2011		
		Jan	Feb	Mar
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
	Train 513 HCWs and 410 community volunteers in CT courses	x	x	x
	Implement provider initiated Opt-out testing with same - day results in new facilities and strengthen in old facilities	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 both old and new sites	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Revise and print CT job aids national guidelines to new health facilities		x	x
		x	x	x
	Strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes, (i.e. continuing the pilot for diabetes screening in ten facilities (five in central province and the other five from Copperbelt Province). Its evaluation will be done by the first quarter of 2011	x	x	x
	Community condom education and distribution, behavior change communication strategies	x	x	x
	Implement and strengthen couple-oriented CT in all the supported provinces.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Integration of CT into MC services by referring uncircumcised CT clients for MC and offering CT to all MC clients	x	x	x
	Conduct mobile CT for hard to reach areas	x	x	x
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	x
	Plan for MC counseling trainings for ZPCT II PMTCT/CT officers and health providers in conjunction with MoH and other partners	x	x	x
	Revise counseling training packages for service providers at the community and facility levels in order to make them youth friendly and include gender based topics such as prevention of gender based violence (GBV). Youths will be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
Training 975 HCWs and 260 community volunteers in PMTCT to support initiation or strengthening of PMTCT services	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	

Objectives	Planned Activities	2011		
		Jan	Feb	Mar
1.2: Expand prevention of mother-to-child transmission (PMTCT) services	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester		X	X
	Conduct a study on HIV retesting among HIV negative pregnant women in 10 sites across the five supported provinces	X	X	X
	Support implementation of the new 2010 PMTCT guidelines			
	Procure point of service haemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	X	X	X
	Revise and print job aids following the 2010 new PMTCT guidelines	X	X	X
	Support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	X	X	X
	Strengthen family planning integration in HIV/AIDS services	X	X	X
	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
	Conduct supportive supervisory visits with national level PMTCT program staff to selected ZPCT II supported sites	X	X	X
	Monitor the implementation of the PMTCT mother-baby pack (MBP) in Chibombo, Kabwe, Luanshya and Kawambwa districts (i.e. districts selected for the initial phase of MBP implementation)	X	X	X
	Strengthen implementation of PwP within PMTCT services for those who test positive through training using the PwP module in the PMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART and other appropriate services as needed.	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Revise existing service provider training packages where necessary for facility and community based providers to include gender based protocol, 2010 PMTCT protocol guidelines and norms for service delivery within PMTCT setting	X	X	X
	Support gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/PMTCT rooms to accommodate partners	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
	Continue to strengthen implementation of new elements	X	X	X
	Strengthen implementation of SMS technology pilot in 22 ZPCT II supported sites	X	X	X
	Plan for exchange visits for learning purposes in selected model sites for PMTCT	X	X	X
	Strengthen implementation of PMTCT SmartCare in 15 selected health facilities across the five supported provinces	X	X	X
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	X	X	X
	Strengthen PMTCT outreach in peri-urban and remote areas including	X	X	X

Objectives	Planned Activities	2011		
		Jan	Feb	Mar
	the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services			
	Conduct an in-depth evaluation study of HIV retesting among HIV negative pregnant women in selected supported health facilities.			X
1.3: Expand treatment services and basic health care and support	Scale-up ART to new health facilities and districts	X	X	X
	Orient HCWs in new revised 2010 ART guidelines as well print and disseminate the same	X	X	X
	Support ART/CC and MC services in existing PPP sites; and select new year three PPP sites	X	X	X
	Conduct scheduled trainings in ART/OI, Adherence for HCWs, and Adherence for ASWs.	X	X	X
	Strengthen implementation of new technical activities including Prevention With Positives ,	X	X	X
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	X	X	X
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	X	X	X
	Print and distribute job aids; distribute ART and OI reference manuals	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Support enhancement of TB/HIV collaboration activities including Intensified TB case findings	X	X	X
	Strengthen roll out and implementation new Post Exposure Prophylaxis (PEP) Register	X	X	X
	Roll out revised Pharmaco-vigilance registers to all ART sites	X	X	X
	Continue working with facility and DHO/PMO staff to prepare ART sites for Accreditation	X	X	X
	Initiate implementation of activities in Private Sector and finalize plans for model sites	X	X	X
	Participation at provincial level in the mentorship of HIV Nurse practitioners.	X	X	X
	Support holding of clinical meetings with HCWs	X	X	X
	Continue working with MoH and other partners in the planning and implementation of national level activities in ART, CC and MC	X	X	X
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients		X	
	Support implementation of model sites through mentors training in Lusaka followed by initiation of mentorship activities in the respective facilities.	X	X	X
	Support training of HCWs in ART/OI for adults and pediatrics			
Support and strengthen formation of adolescent HIV clinics in high volume sites	X	X	X	
TB Intensified Case Finding; actively look for TB patients in the ART clinic through various ways including screening using the Chronic HIV Care (CHC) checklist and provision of x-ray viewing boxes and IEC materials	X	X	X	
1.4: Scale up male circumcision (MC) services	Technical support visits in male circumcision in relation to implementation of service delivery activities	X	X	X
	Strengthen MC services in existing sites and expand to new sites	X	X	X
	Initiate and scale up standardized, quality adult and neo-natal MC services at new ZPCT II - supported MoH sites	X	X	X
	MoH and ZPCT II technical officers responsible for MC to conduct field technical supportive supervision to newly trained HCWs	X	X	X
	Support the procedural requirements of certification of HCWs trained in MC	X	X	X
	Support community mobilization activities for MC in collaboration with CARE	X	X	X

Objectives	Planned Activities	2011		
		Jan	Feb	Mar
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 stakeholders' meeting to sign-off final draft of the ART pharmacy SOPs and submit to MoH	x	x	x
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs	x	x	x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Participate in MBP TOT training, roll-out and the implementation process	x	x	x
	Review and update ART Commodity management training package	x	x	x
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Support the roll out of the MoH policy to improve the usage of Tenofovir based regimens and the FDCs for paediatric clients in ZPCT II supported ART facilities	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	x
	Participate in the SLMTA national training in support of the national laboratory accreditation program.	x	x	x
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x		
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
	Support and participate in the Zambia National CD4 EQA program training	x	x	x
	2.2: Develop the capacity of facility and community-based health workers	Support the collection of results from the second round of the HIV Testing DTS EQA program in collaboration with the MoH and other partners at ZPCT II supported facilities	x	x
Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities			x	
Support the dissemination of ADR registers and IEC materials, and the orientation of facility staff in support of the national pharmacovigilance program.			x	x
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
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.	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
	Develop training modules		x	x
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x		
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules		x	x

Objectives	Planned Activities	2011		
		Jan	Feb	Mar
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Continue provision of technical support to the 12 private sector facilities for year one		x	x
	Conduct assessments for six private sector facilities during this quarter		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.				
	No activities planned			
M&E and QA/QI				
	Conduct semi annual data audit		x	x
	Update ART QI/QI CSPro software application package	x	x	x
	Roll out use of updated QA/QI Tools in all provinces	x	x	x
	Stimulate routine use of SmartCare Quality Reports in all eligible ART sites	x	x	x
	Provide on-site QA/QI technical support in two provinces	x	x	x
	Review and update ZPCT II client exit interview questionnaires	x	x	x
Program Management				
Program	Complete program management tools for ZPCT II including monitoring plan and tools for Lusaka and roll out to field offices	x	x	x
	Development of tender documents, advertising and signing of contracts for new renovations for year three and completion of year two renovations	x	x	x
	Launch the ZPCT II Gender strategy		x	
	Jointly develop plan of action for rolling out implementation of the gender strategy		x	
	Refurbishment of the mission health facilities, including; Lubwe, Mambilima, St. Kalemba, Mambwe, Chilubula, Lubushi,		x	x
	Procurement of equipment and furniture for the new CHAZ health facilities	x	x	x
	Conduct gender sensitization workshops in Lusaka and the provincial offices			x
	Conduct gender sensitization workshops for PMOs and DMOs			x
	Continue to work with MoH and USG partners to finalize PMO and DMO performance benchmarks	x	x	x
	Finalization of PMO and DMO Organizational Capacity Assessment tool (OrgCap)	x	x	
	Conduct pilot test of the OrgCap in Copperbelt Province with the PMO and DMOs		x	x
Finance	FHI finance team will conduct financial reviews of FHI field offices		x	x
	FHI finance team will conduct financial reviews of KARA			x
HR	Implement training for respective departmental staff in areas of research methods, report writing, presentation skills, and finance for non-finance staff,	x	x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	Recruit of staff to fill vacant positions	x	x	x
IT	Roll out the computerized asset management software to ZPCT II provincial	x	x	x
	Continue to monitor web2sms and update computer equipment in the facilities	x	x	x
	Install updated call accounting software in all the ZPCT II offices to ensure allocation of call costs to staff and FCO numbers	x	x	x
	Implement recommendations from electrical power reviews by contractor.			
	Replacement of old equipment in ZPCT II facilities			