



Quarterly Progress Report April 1 - June 30, 2011

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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
CHC	-	Chronic HIV Checklist
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 the implementation of HIV/AIDS services in 347 public and 12 private health facilities across 41 districts in the five provinces. Key activities and achievements for this reporting quarter include:

- 347 public and 12 private health facilities provided CT services. 126,931 individuals received CT services exclusive of those reached through PMTCT. The COP target includes those reached through PMTCT as well and that total is 178,627;
- 337 public and 11 private facilities provided PMTCT services. 51,696 women received PMTCT services, out of which 4,212 tested HIV positive. The total number of HIV positive pregnant women who received ARVs to reduce the risk of MTCT during this period was 5,393;
- Technical assistance was provided in all technical areas with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 347 public and 12 private health facilities. A cumulative number of 190,961 individuals received palliative care from these facilities;
- 130 public and 9 private health facilities provided ART services during this quarter (68 are static and 71 are outreach sites). Of the 139 ART sites, 137 ART sites report independently while two report through bigger facilities). A total of 7,859 new clients (including 574 children) were initiated on antiretroviral therapy. Cumulatively, 135,645 individuals are currently on antiretroviral therapy and of these 9,297 are children;
- 594 health care workers were trained in the following courses; 101 in basic CT, 244 in PMTCT, 75 in adult ART/OI management, 24 in paediatric ART, 12 in male circumcision, and 138 in ART commodity management for laboratory and pharmacy and Equipment Use and Maintenance 138. This includes 44 trained in pharmacy commodity management. However, these 44 trained are not reportable as we only report on laboratory staff trained which is 94 for this quarter.
317 community volunteers were trained in the following courses: 218 in basic CT, 74 in PMTCT and 25 in adherence counseling.
- This quarter, one mission facility was added into the CHAZ subcontract amendment, for this work plan period bringing the total number of facilities supported to ten;
- Six private sector assessments were conducted in the Central, Copperbelt, Luapula and North-Western Provinces, and six MOUs will be drafted and signed in the next quarter;
- 36 health facility renovations have been completed to date from the planned 43 renovations for year two, while the remaining seven facility works are expected to be completed next quarter. Following the recent budget re-alignment in the recipient agreements, the number of targeted refurbishments for year three has changed from 84 as reported in the last quarter to 63. Out of the 63 targeted refurbishments, 19 contracts have been signed and works are ongoing. The remaining 44 contracts are expected to be signed and the requisite works are also expected to begin next quarter
- ZPCT II had a meeting with Gender In Development Division and discussed coordination and collaboration and was invited to apply for membership on the National Gender M&E Technical Working Group and the National Steering Committee

ANNEX A: ZPCT II Project Achievements August 1, 2009 to June 30, 2011

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – June 11)	Targets (Jan –Dec 2011)	Achievements (Jan – June 2011)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	370	347 (+ 12 private sites)	349	347 (+ 12 private sites)			347 (+ 12 private sites)
	Individuals who received HIV/AIDS CT and received their test results	728,000	776,038	275,000	257,699	59,413	67,518	126,931
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	1,300,000	1,120,720	415,000	363,207	59,364	119,214	178,627
	Individuals trained in CT according to national or international standards	2,316	967	438	141	59	42	101
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	337 (+ 11 private sites)	318	337 (+ 11 private sites)			337 (+ 11 private sites)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	344,682	140,000	105,508		51,696	51,696
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	41,349	15,000	11,011		5,393	5,393
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2,434	968	463	95	149	244
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	347 (+ 12 private sites)	349	347 (12 PPP sites)			347 (+ 12 PPP sites)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	560,000	200,531	170,000	192,962	74,448	116,513	190,961
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	15,245	13,617	14,718	7,392	7,211	14,603
	Individuals trained to provide HIV palliative care	3,120	1,222	505	251	42	57	99

¹ Next Generation COP indicator includes PMTCT

² **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

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.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – June 11)	Targets (Jan –Dec 2011)	Achievements (Jan – June 2011)	Male	Female	Total
	(excluding TB/HIV)							
	Service outlets providing ART	130	130 (+ 9 private sites)	132	130 (+ 9 private sites)			130 (+ 9 private sites)
	Individuals newly initiating on ART during the reporting period	115,250	58,626	24,000	16,126	3,168	4,691	7,859
	Pediatrics newly initiating on ART during the reporting period	11,250	4,563	1,922	1,201	268	306	574
	Individuals receiving ART at the end of the period	146,000	135,645	104,200	135,645	53,993	81,652	135,645
	Pediatrics receiving ART at the end of the period	11,700	9,297	7,502	9,297	4,671	4,626	9,297
	Health workers trained to deliver ART services according to national or international standards	3,120	1,222	505	251	42	57	99
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	347 (+ 12 private sites)	349	347 (+ 12 private sites)			347(+ 12 private sites)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	10,911	4,200	2,858	838	897	1,735
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,222	505	251	42	57	99
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	9,435	6,146	1,921	561	381	942
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	28(+ 1 private sites)	37	28(+ 1 private sites)			28(+ 1 private sites)
	Individuals trained to provide MC services	260	174	85	38	8	4	12
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	4,366	1,000	2,102	1,442		1,442
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	90 (+ 6 private sites)	111	90 (+ 6 private sites)			90 (+ 6 private sites)
	Laboratories with capacity to perform clinical laboratory tests	N/A	124 (+ 12 private sites)	117	124 (+ 12 private sites)			124 (+ 12 private sites)
	Individuals trained in the provision of laboratory-related activities	375	556	200	134	67	27	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	2,340,394	762,600	726,422			355,436

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – June 11)	Targets (Jan –Dec 2011)	Achievements (Jan – June 2011)	Male	Female	Total
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	1,090	440	270	134	84	218
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	596	250	99	26	48	74
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	480	110	50	11	14	25
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	10	20	20			7
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	12	18	12			12
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	92,235	TBD	32,497		16,958	16,958
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	264,115	TBD	69,277	13,360	21,866	,226

PROGRAM AND FINANCIAL MANAGEMENT

Partner Collaboration:

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

- Management Sciences for Health (MSH): MSH provides support 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 provides 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 contributes towards integrating gender in health facility service delivery and community prevention, care and treatment activities.
- Cardno Emerging Markets: Cardno provides support to MoH in the process to build 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 provides support towards the expansion, and scaling up and integration of prevention, care and treatment services through nine mission health facilities in two provinces supported by the ZPCT II program.
- KARA Counseling and Training Trust (KCTT): KCTT contributes towards enhancing the capacity of facility based health workers through training in couple and supervision counseling and certification
- University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributes towards implementation of male circumcision services in ZPCT II supported health facilities through training of health workers and technical support through follow up and mentoring.

Health Facility Support

Recipient agreements (RAs): This quarter, ZPCT II completed the signing of 53 recipient agreement amendments with 11 hospitals, 41 DMOs, and UTH. This was part of the exercise to reduce the scope of work for the DMOs, and extend the performance period for the hospitals and UTH. In addition, the CHAZ subcontract was amended to include one additional facility bringing the number of the supported sites to ten.

Renovations: 36 health facility renovations have been completed to date from the planned 43 renovations for year two, while the remaining seven renovations are expected to be completed next quarter. Following the recent budget re-alignment in the recipient agreements, the number of targeted refurbishments for year three has changed from 84 as reported in the last quarter to 63. Out of the 63 targeted refurbishments, 19 contracts have been signed and works are ongoing. The remaining 44 contracts are expected to be signed next quarter and renovations are expected to begin.

Environmental Impact Mitigation

This 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.

The absence of functional incinerators in most facilities continues to pose a problem for the incineration of the sharps. ZPCT II is not able to build new incinerators and procurement of portable incinerators is very expensive and requires electricity or gas, which is not readily available in rural facilities. Disposal of laboratory waste is also a challenge in some facilities because of the lack of running water, incinerators, and septic tanks/soak ways. The current method of using pits is not ideal because of the shallowness of the pits or their poor location. However, health facilities are being engaged to dig deeper pits and provide reasonable fencing when feasible.

ZPCT II has procured sharp boxes for a number of facilities. ZPCT II is in the process of doing assessments with a view to refurbishing some incinerators in some facilities.

Facility Graduation and Sustainability Plan

Three districts (Kawambwa in Luapula, Mporokoso in Northern, and Solwezi in North-Western) were graduated this quarter in collaboration with the respective district medical offices having met the graduation criteria measured using the quality assurance graduation tools. This brings the total number of graduated districts to 18. Limited technical and financial assistance is still being provided by ZPCT in all the graduated districts.

Procurement

During this quarter some of year three equipment were procured and distributed. Documentation for other year three procurement has started and is expected to be completed next quarter.

Prevention

Ongoing support was provided at community and facility level in all ZPCT II supported facilities in the implementation of prevention activities. Activities included 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, mobilizing communities on gender based violence, youth and mobile CT during National VCT day (see numbers below in section 2.3).

Gender

The implementation plan for the gender strategy was developed and shared with ZPCT II staff at both Lusaka and provincial offices to guide the integration of gender in HIV/AIDS service delivery. Each province will adapt the gender strategy and implementation plan to its specific environment to guide activities which include promotion of male involvement in PMTCT, couple counseling and screening for gender-based violence at ZPCT II supported facilities. Review of the ASW training manual for inclusion of the gender module was completed this quarter. A consultant from Social Impact is expected in the next quarter to assist with the completion of the ASW training manual. ZPCT II is yet to start discussions with MoH on incorporating a gender dimension in the other HCW training packages.

Human Resources (HR)

Six positions were filled from the 27 vacancies reported last quarter. Recruitment efforts are on-going for the remaining 21 vacancies resulting from resignations experienced. A number of staff development and training activities were conducted this quarter for ZPCT II staff. These included, supervision counseling, USAID rules and regulation, accounting for donor funded projects, and managing for results training.

Information Technology (IT)

This quarter, a total of 49 new computers and 87 new UPSes were delivered to the ZPCT II supported health facilities. These computers were delivered to new facilities and old facilities to replace the obsolete ones. In addition, twelve computers for data collection and management were delivered to the ZPCT II private sector facilities in Ndola, Kitwe, Kabwe, Mkushi and Solwezi districts. Power related equipment failures at ZPCT II field offices continued this quarter. Some remedial electrical works were done at the Kasama office which included the separation of the server room electrical supply to its own independent distribution board that has also been independently grounded. A voltage stabilizer has also been installed. The deployment of office 2010 was completed across all ZPCT II offices staff computers. In the next quarter, ZPCT II will upgrade all computers running Windows XP to the new Windows 7 operating system, and will also work on the disposition of obsolete IT equipment.

Finance

- *Pipeline Report:* The current obligated amount is \$57,312,000, out of which we have spent \$44,473,549 as at June 30, 2011. Our current expenditure is now 78% of the current obligation and we have requested for an incremental obligation. Using our current burn rate, the remaining obligation is projected to last us for six months.
- *Training and Meetings:* Three Provincial Finance & Administration Officers underwent training in managing USAID contracts conducted by the InsideNGO. This quarter, five staff in Finance attended a regional finance workshop in Dar es salaam, Tanzania. The workshop was an in-house training

conducted by senior managers from FHI HQ. Also, ZPCT II conducted a two-day financial review meeting for the field finance staff.

KEY ISSUES AND CHALLENGES

National level issues

- **Staff shortage in health facilities**

Staff shortage at facility level is an ongoing issue across all five provinces, especially in the rural facilities where staffing levels are much lower than in urban areas. To assist the MoH address this challenge, ZPCT II trained 317 community volunteers and placed 193 volunteers in ZPCT II supported facilities this quarter. Nine HIV nurse prescriber trainees graduated while another ten wrote exams this quarter and a further fifteen are planned to be trained starting next quarter. Additional support for HNP program targeting high volume PMTCT sites is being considered and will be concluded in the next quarter. This is being strongly favored to increase the numbers of HIV positive pregnant women being initiated on HAART. 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**

During this quarter, as in previous quarters, it was noted that there were times that insufficient quantities of reagents and commodities were being delivered by Medical Stores Ltd (MSL) despite facilities ordering the right quantities. In addition, delays in delivery by MSL continued to affect availability of DBS kits needed for early infant diagnosis. ZPCT II continued to do the following to address this issue:

- Collaboration with MoH provincial and district focal staff in identifying gaps in the implementation of the logistics system, providing onsite orientation and sensitization on the incorporation of the ordering of DBS kits using the national approved Laboratory Commodities Logistics System. In some cases ZPCT II pharm/lab unit assisted affected facilities to send DBS orders to MSL. ZPCT II thus continues to support its facilities with access to DBS collection consumable bundles through the national approved Laboratory Commodities Logistics system. This is in line with the notification from the MoH that the consumables should now be accessed through this logistics system and not through the parallel system previously used.
- Further, ZPCT II works closely with MSL to provide updates and follow up on non-delivered, late delivery and stock out status of DBS commodities in affected facilities. ZPCT II also facilitates inter facility exchange of DBS commodities from facilities that may have an over stock of DBS kits to those that may have stock outs.

During the quarter, a nationwide shortage of PCR kits was experienced, and this negatively impacted on the numbers of PCR tests conducted. However, stock was received toward the end of the quarter and the situation is expected to normalize next quarter.

- **Renovations**

Even after discussions with PMOs and DMOs this quarter, there is no evidence of any expansion plans for current infrastructure to be able to accommodate increasing demand for HIV /AIDS services which is outstripping available space in existing health facilities. ZPCT II support is limited to minor renovations since PEPFAR funding regulations do not allow construction. Where feasible, ZPCT II will continue to support limited renovations.

- **Stock outs of NVP suspension**

Implementation of new PMTCT guidelines led to an increased uptake of Nevirapine suspension and further depleted the stocks at service delivery points. Ministry of Health was compelled to use the 25ml stock from the suspended mother baby packs (MBP) to address the situation and this helped to avert stock outs but some areas were still affected. The stock was however replenished towards the end of the quarter and the situation was noted to be steadily normalizing at the end of the quarter.

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

Most ART sites have outdated CC/ART job aids. ZPCT II has developed revised job aids that have since been adopted at the ART technical Working Group (TWG) during this quarter together with others from collaborating partners. These have since been sent to the printer and are due for dissemination next quarter.

ZPCT II programmatic challenges

- **Disposal of medical waste**

The status of the state of disposal of medical waste including incineration of sharps, laboratory and other waste did not change in any facility. Lack of running water, incinerators, and septic tanks/soak ways limits implementation of appropriate disposal practices. Where facilities use pits they are encouraged to ensure appropriate depth, location and lining of pits with impervious polythene sheeting for disposal of lab waste. Physical inspections conducted during this quarter by ZPCT II staff verified that this is happening.

- **CD4 sample referral and laboratory equipment maintenance**

Although sample referral continued to be affected by shortage of motorbike riders, inadequate laboratory equipment, frequent motorbike and lab equipment breakdown, steps have been taken to resolve these issues. ZPCT II will support training of additional motorbike riders. Lobbying of vendors by ZPCT II has led to one vendor, Scientific Group, to increase the number of engineers available to service and repair laboratory equipment from 3 to 5 during this quarter.

- **Reagent stock outs**

There were intermittent stock outs of CD4 reagents but, an improvement was also noted compared to the previous quarters. While there was no stock-out centrally, reasons for the stock outs still include incorrect compilation and late submission of usage reports by health facilities, staff shortages to complete monthly usage reports, and 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.

At central level there was a stock-out of chemistry reagents for Creatinine and Urea for the Humalyzer 2000 and for Glucose, Urea and Triclycerides for the Olympus AU400. While most facilities did not report stock outs, if the commodities are not received early next quarter, most facilities will be stocked out. ZPCT II will continue to monitor the situation and to redistribute commodities where possible to prevent disruptions in services.

- **Shortages of HIV test kits**

Towards the end of the quarter it was noted that determine HIV test kits were out of stock in some facilities in North-Western, Northern and Central Provinces. Upon reviewing the stock status report from MSL and further follow-ups with the Logistics Management Unit at MSL, it was noted that there was a discrepancy between what was showing on the stock status and what was actually in stock. There was indeed a central stock-out, but the test kits are expected in MSL in the first week of July 2011. ZPCT II helped with the redistribution of test kits from facilities that had more stocks to those with fewer or none of the HIV test kits to minimize interruption of service provision. In the next quarter, ZPCT II will work with health facility staff to submit emergency orders to ensure they access the kits once the stocks are cleared for distribution.

- **Early infant diagnosis (EID)**

The planned training for additional staff to increase the pool of people available to provide services to reduce the strain of staff currently providing services in the laboratory was not done during this quarter due to difficulties in identifying a trainer. This however was resolved at the end of the quarter and the training is scheduled to take place next quarter.

- **Lack of DBS bundles**

Some facilities experienced stock outs of DBS bundles during the quarter. Redistribution efforts were also made while awaiting deliveries of stocks from national level to the districts

- **Internal quality control**

While challenges with access to stationery for the implementation of the IQC program were addressed in most facilities, there were still challenges noted in the implementation of IQC in some facilities, including non-availability of IQC materials (reagents) and the transfer of staff who were trained and oriented in the IQC implementation. In addition, ZPCT II is working with SCMS to ensure that the distribution of quality control materials is done timely to ensure the commodities reach the facilities in a viable state, and routine hands-on mentorship is ongoing to ensure all staff in the laboratories are able to implement IQC.

- **Fewer HIV negative CT clients returning for retest after three months**

It was noted that not all HIV negative CT clients seem to return after three months to retest. ZPCT II continued to encourage the facility staff to emphasize the importance of retesting. Giving of appointments to the clients to encourage them to come back for retests was tried in some supported sites with lessons yet to be learnt.

- **Male circumcision services**

Low uptake of MC services was noted due to lack of deliberate continuous mobilization which has been shown to be essential in good uptake. In addition efficient utilization of HCWs for MC activities is not always easy as they are also expected to handle multiple other tasks at their respective facilities. These reasons coupled with internal processing challenges for transport reimbursement within ZPCT II need to be reviewed to improve service provision of MC services. ZPCT II is also continually engaging MoH at all levels to ensure that MC activities are also prioritized in the health facilities and ensuring that provincial, district and facility staff have copies of and understand national policy documents and guidelines. In addition, ZPCT II embarked on conducting community mobilization in selected communities followed by mobile MC services in those catchment areas. This has helped to increase the uptake.

- **Private health facilities linkage to national ART commodities**

The private health facilities being linked to the national HIV/ART commodities are still pending awaiting MoH approval. ZPCT II continues to lobby with the MoH on this so that newly supported private health facilities are able to access these commodities.

- **Break down of computer hardware**

There has been a persistent breakdown of SmartCare computers in a number of facilities. This has been attributed to some computers being old and frequent power surges. This has affected SmartCare database management. This has created data backlog at a number of facilities pending the procurement of replacement computers. These operational challenges with SmartCare application use have required constant support from ZPCT II IT Helpdesk Support Officers. The problem is being addressed as high priority. Some facilities have since received new computers. IT staff from the other provincial offices were called in to help with trouble shooting in other provinces as well as repairs where possible.

- **SmartCare Stationery**

There were shortages of SmartCare forms in most of the supported ART sites. Stationery supply has not been consistent and this poses a challenge in data management and completeness of reports. However, at provincial level the facilities were provided with stationery to print and photocopy these forms as a stop-gap measure. ZPCT has since made an order to print SmartCare forms for all facilities to last into the next quarter.

- **Inadequate space for patient files**

A number of facilities indicated the need for more filing cabinets as the ones that at the facilities are already full due to huge patient loads. Space in most record rooms is becoming inadequate to accommodate more filing cabinets. The Strategic Information and Program unit are exploring ideas to create more space records where feasible. However, most facilities do not have any more space. This is creating a serious challenge for record keeping.

DELIVERABLES FOR THIS QUARTER (April – June 2011)

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

TRAVEL/TDY for this Quarter (April – June 2011)

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

- Bridget Chatora, Technical Officer for Laboratory Services attended the Good Clinical Laboratory Practice training under the DAIDS group in Durban, South Africa from May 9 – 14, 2011
- Two technical staff, Ms. Flora Hainde and Dr. Patrick Katayamoyo attended management training in South Africa
- One technical staff, Dr. Morrison Zulu attended the HIV INTEREST meeting in Dar-es-Salaam, Tanzania in May 2011
- Dr. Michael Welsh the new COP arrived in Zambia and started work on June 1, 2011.
- Catherine Thompson the outgoing COP left the country on June 14, 2011.
- Dr. Prisca Kasonde, Director Technical Support attended an international Conference on HIV and research where she was one of the key note speakers on QA/QI and sustainability. The trip was sponsored by the Rwanda National AIDS Council

External Partner Coordination

- ARVs and Cotrimoxazole Quarterly Quantification Meeting: ZPCT II was in attendance at this meeting which was held at Chaminuka. The agenda was for key partners working with MoH to participate in the review of current stocks of ARVs and OI drugs and make forecasts for the following quarter. Other stakeholders in attendance included MoH, CIDRZ, CDC, Clinton Foundation, AIDSRelief and others.
- ZPCT II presented the capacity building assessment findings from the five ZPCT II supported provinces to MoH in Lusaka. In attendance was the Minister of Health, Dr. Kapembwa Simbwa who chaired the meeting, also attended by MoH senior directors, heads of departments, and the Permanent Secretary.

Technical support this quarter was received as follows:

- Mr. Chad Graham Snelgar, from 26th June - 29th June 2011
- Carol Hamilton from 25th June – 30th June 2011
- Baker Ndugga Maggwa, from 24th May – 28th May 2011
- Mr. Inoussa Kabore, from 10th April – 16th April 2011
- Sharon Tsui and Oliver Koole from 30th April – 11th May 2011

TRAVEL /TDY for the NEXT QUARTER (July – September 2011)

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

- The Senior Advisor Pharmaceutical Management to attend the Africa Regional TB Pharmaceutical Management Conference in Johannesburg, South Africa from July 18 – 22, 2011
- One Technical Officer: Pharmaceutical Services to attend the Supply Chain training in Arusha, Tanzania, from August 24 – 31, 2011
- Two technical staff to attend the FHI annual SI meeting in Nairobi, Kenya in September 2011

KEY ACTIVITIES ANTICIPATED FOR THE NEXT QUARTER (July – September 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 (July – September 2011):

- ZPCT II will hire training consultants to develop and implement management training packages for PMO and DMO staff as part of capacity building efforts.
- ZPCT II will conduct two financial management trainings for PMO and DMO staff in two provinces
- Six private sector MOUs for the year three work plan period will be signed for Central, Copperbelt, Luapula, and North-Western provinces
- ZPCT II will implement the HIV re-testing in PMTCT operational study now that approval has been given by the MoH.
- ZPCT II will start implementing the orientation of revised 2010 ART guidelines (adult and pediatric).

- ZPCT II will initiate discussions with the MoH on the wider implications of implementing the ZPCT II gender strategy in MoH facilities in light of what GRZ is proposing through the National Plan of Action on Gender Based Violence (2010-2014) and National Plan of Action to reduce HIV infection among women and girls (2010-2014).
- ZPCT II will initiate use of the recently updated CHC checklist which screens for gender based violence within ART settings. ZPCT II will also begin to sit and on the Gender National Steering Committee and the Gender M&E Working Group

Technical support next quarter is as follows (July – September):

- Kellock Hazemba (FHI Regional Senior F&A Advisor) will travel to Lusaka to provide technical support to the ZPCT II program
- Hare Ram Bhattarai, MIS technical assistance support officer from MSH, Nepal, will provide one TA visit 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
- Mike Reeves (Senior Development Specialist, Cardno) will travel to Lusaka to provide technical support to the capacity building component of the program.
- Justin Mandala to travel to provide TA to the PMTCT program

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 continued providing support to all 41 districts in Central, Copperbelt, Luapula, Northern and North Western Provinces. ZPCT II is further 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 the implementation of HIV/AIDS services in 347 public and 12 private health facilities across 41 districts in the five provinces. Key activities and achievements for this reporting quarter include:

- 347 public and 12 private health facilities provided CT services. 126,931 individuals received CT services exclusive of those reached through PMTCT. The COP target includes those reached through PMTCT as well and that total is 178,627;
- 337 public and 11 private facilities provided PMTCT services. 51,696 women received PMTCT services, out of which 4,212 tested HIV positive. The total number of HIV positive pregnant women who received ARVs to reduce the risk of MTCT during this period was 5,393;
- Technical assistance was provided in all technical areas with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 347 public and 12 private health facilities. A cumulative number of 190,961 individuals received palliative care from these facilities;

- 130 public and 9 private health facilities provided ART services during this quarter (68 are static and 71 are outreach sites). Of the 139 ART sites, 137 ART sites report independently while two report through bigger facilities). A total of 7,859 new clients (including 574 children) were initiated on antiretroviral therapy. Cumulatively, 135,645 individuals are currently on antiretroviral therapy and of these 9,297 are children;
- 594 health care workers were trained in the following courses; 101 in basic CT, 244 in PMTCT, 75 in adult ART/OI management, 24 in pediatric ART, 12 in male circumcision, and 138 in ART commodity management for laboratory and pharmacy and Equipment Use and Maintenance 138. This includes 44 trained in pharmacy commodity management. However, these 44 trained are not reportable as we only report on laboratory staff trained which is 94 for this quarter. 317 community volunteers were trained in the following courses: 218 in basic CT, 74 in PMTCT and 25 in adherence counseling.
- This quarter, one mission facility was added into the CHAZ subcontract amendment, for this work plan period bringing the total number of facilities supported to ten;
- Six private sector assessments were conducted in the Central, Copperbelt, Luapula and North-Western Provinces, and six MOUs will be drafted and signed in the next quarter;
- 36 health facility renovations have been completed to date from the planned 43 renovations for year two, while the remaining seven facility works are expected to be completed next quarter. Following the recent budget re-alignment in the recipient agreements, the number of targeted refurbishments for year three has changed from 84 as reported in the last quarter to 63. Out of the 63 targeted refurbishments, 19 contracts have been signed and works are ongoing. The remaining 44 contracts are expected to be signed and the requisite works are also expected to begin next quarter
- ZPCT II had a meeting with Gender In Development Division and discussed coordination and collaboration. ZPCT II was invited to apply for membership on the National Gender M&E Technical Working Group and the National Steering Committee.

II. PROGRAM AND FINANCIAL MANAGEMENT

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. During the reporting period, MSH provided ongoing technical support to strengthen implementation of early infant diagnosis of HIV, improving turnaround time for DBS results, CD4 sample referral system, the laboratory services QA/QI tools and the pharmaceutical services QA/QI tools, internal quality control (IQC), external quality assurance, commodity management, ARTServ dispensing tool, SmartCare integrated pharmacy module, ART laboratory SOPs, review of ART pharmacy SOPs in facilities, implementation of the various logistics systems namely ARVs logistics system, HIV test kits logistics system, Laboratory Commodities Logistics System, PMTCT drug logistics system for PMTCT. In addition, the partner supported implementation of new elements in web2sms technology for sending HIV DNA PCR results to facilities, strengthening of private sector pharmacies, mentoring of staff at model sites in pharmacy, and identification of storage for PEP drugs for easy access by all facility staff.
- 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. CARE Zambia submitted to USAID assessment documents for the selected applicants for the fixed obligation grants for final review and approval. The partner also facilitated training of volunteers in youth CT, counseling supervision, and adherence counseling. This quarter, CARE supported mobile CT during national VCT day, referral for CT, PMTCT and MC as well as district referral network meetings. In addition, two focus group discussions for community leaders on male involvement in sexual reproductive health in Mumbwa and Mwinilunga Districts were conducted to focus on MC interventions. CARE Zambia also conducted a semi-annual planning and review meeting for their provincial community mobilization staff, and the FHI senior PMTCT/CT officers from all the five provinces.

- Social Impact (SI) is responsible for providing support to mainstream gender into the ZPCT II program. The implementation plan for the gender strategy was developed and shared with ZPCT II staff at both Lusaka and provincial offices to guide the integration of gender in HIV/AIDS service delivery. Review of the ASW training manual for inclusion of the gender module was completed, and awaits the SI consultant for finalization. ZPCT II will start discussions with MoH on incorporating gender components in the other HCW training packages next quarter. Gender sensitization workshops were completed for the remaining two provinces of Luapula and Northern for ZPCT II provincial staff and the PMO and DMO staff in the two provinces.
- Cardno Emerging Markets (Cardno) is responsible for building the capacity of PMOs and DMOs to manage HIV/AIDS programs beyond ZPCT II. The Cardno staff conducted assessments for two DMOs in Central Province that were preceded by a two-day workshop led by the oriented PMO staff. The assessments were in four capacity areas of governance, human resources, financial management, and planning. The assessments systematically reviewed DMO's essential management functions and established a baseline from which we can later determine impact of training interventions. ZPCT II presented to the MoH senior staff, assessment findings from the five supported provinces in the presence of the Minister of Health, Dr. Kapembwa Simbao. ZPCT II and ZISSP developed a common plan aimed at harmonizing the approach to MoH capacity building programs, to avoid duplication and leverage the available funds; the plan was shared with MoH.
- Churches Health Association of Zambia (CHAZ) has been responsible for contributing to the expansion and scaling up of HIV/AIDS services in nine mission facilities to date. A tenth facility was added to the CHAZ subcontract. CHAZ staff conducted technical assistance and program monitoring visits to Luapula and Northern provinces. CHAZ met with ZPCT II to discuss amendment of the CHAZ subcontract. Some equipment including a genset was delivered to Lubushi RHC, while renovations commenced at Lubushi RHC, Chilubula RHC and Mambwe RHC. This quarter, Kavu Health Center, in Ndola, Copperbelt Province transitioned to CHAZ support from ZPCT II. Kavu Health Center has been a ZPCT supported facility since 2007 under the Ndola DMO recipient agreement. Renovations were completed at Lubushi, Chilubula and Mambwe.
- 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 two trainings one in couple counseling for HCW and supervision lay
- University Teaching Hospital (MC unit) provided support in the implementation of male circumcision services. During this quarter, one MC training was conducted for participants from Central, Copperbelt, Luapula and Northern provinces.

External Partner Coordination

- ARVs and Cotrimoxazole Quarterly Quantification Meeting: ZPCT II was in attendance at this meeting which was held at Chaminuka. The agenda was for key partners working with MoH to participate in the review of current stocks of ARVs and OI drugs and make forecasts for the following quarter. Other stakeholders in attendance included MoH, CIDRZ, CDC, Clinton Foundation, AIDSRelief and others.
- ZPCT II presented the capacity building assessment findings from the five ZPCT II supported provinces to MoH central. In attendance was the Minister of Health, Dr. Kapembwa Simbao who chaired the meeting. Other senior officials attended the meeting including MoH directors, heads of departments, and the permanent secretary.

B) Health Facility Support

Recipient agreements (RAs): This quarter, ZPCT II completed the signing of 53 recipient agreement amendments with 11 hospitals, 41 DMOs, and UTH. This was part of the exercise to reduce the scope of work for the DMOs, and extend the performance period for the hospitals and UTH. In addition, the CHAZ subcontract was amended to include one additional facility bringing the number of the supported sites to ten.

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

Renovations: 36 health facility renovations have been completed to date from the planned 43 renovations for year two, while the remaining seven facility works are expected to be completed next quarter. Following the recent budget re-alignment in the recipient agreements, the number of targeted refurbishments for year three has changed from 84 as reported in the last quarter to 63. Out of the 63 targeted refurbishments, 19 contracts have been signed and works are ongoing. The remaining 44 contracts are expected to be signed next quarter and renovations are expected to begin.

C) Environmental Impact Mitigation

This 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.

The absence of functional incinerators in most facilities continues to pose a problem for the incineration of the sharps. ZPCT II is not able to build new incinerators and procurement of portable incinerators is very expensive and requires electricity or gas, but unavailable in rural areas. Disposal of laboratory waste is also a challenge in some facilities because of the lack of running water, incinerators, and septic tanks/soak ways. The current method of using pits is not ideal because of the shallowness of the pits or their poor location.

D) Facility Graduation and Sustainability Plan

Three districts (Kawambwa in Luapula, Mporokoso in Northern, and Solwezi in North-Western) were graduated this quarter in collaboration with the respective district medical offices having met the graduation criteria measured using the quality assurance graduation tools. This brings the total number of graduated districts to 18. 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.

E) Procurement

During this quarter, procurement and distribution for year two equipment was completed. Some of the year three equipment were procured and distributed this quarter. Documentation for other year three procurement has started and is expected to be completed next quarter.

F) Prevention

Ongoing support was provided at community and facility level in all ZPCT II supported facilities in the implementation of prevention activities. Activities included 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, mobilizing communities on gender based violence, youth and mobile CT during National VCT day on June 30 2011.

G) Gender

The implementation plan for the gender strategy was developed and shared with ZPCT II staff at both Lusaka and provincial offices to guide the integration of gender in HIV/AIDS service delivery. Each province to adapt the gender strategy and implementation plans to its specific environment to guide the gender activities which include promoting male involvement in PMTCT, couple counseling and to a lesser extent screening for gender violence are ongoing at the service delivery points in ZPCT II supported facilities. Review of the ASW training manual for inclusion of the gender module was completed this quarter by ZPCT II staff. A consultant from Social Impact is expected in the next quarter to assist with the completion of the ASW training manual. Discussions will commence next quarter with MoH on incorporating a gender dimension in the other HCW training packages. ZPCT II is awaiting confirmation from the MoH on the date for the launch of the strategy.

H) Human Resources

Recruitment

ZPCT II filled six positions from a total of 27 vacancies reported in the last quarter. Plans are ongoing to recruit staff to fill the remaining 21 vacancies. Recruitment activities have increased significantly following the increase in staff attrition in the last two quarters.

Training and Development

During the period under review, several ZPCT II staff attended training in the following areas:

- *Supervision counseling*: one CT/ PMTCT Officer from the Ndola office attended this training
- *USAID rules and regulations workshop*: three Senior Provincial Finance and Administration Officers, three program officers, two Infrastructure Support Officers and two Senior Provincial Program Officers were sent to this training
- *Accounting for donor funded projects*: one Provincial Program Officer from the ZPCT II Mansa office was sponsored for this program
- *Managing for results workshop in South Africa*: this was a four day training that was attended by two staff, the Senior Advisor for Clinical Care and the Senior Training Officer from Lusaka

I) IT

This quarter, a total of 49 new computers and 87 new UPSes were delivered to the ZPCT II supported health facilities. These computers were delivered to new facilities and old facilities to replace the obsolete ones. In addition, twelve computers for data collection and management were delivered to the ZPCT II private sector facilities in Ndola, Kitwe, Kabwe, Mkushi and Solwezi districts.

Power related equipment failures at ZPCT II field offices continued this quarter. As reported previously, the power systems at our field offices needed to be reviewed, with Kasama being the worst hit office having experienced more failures than any other office. This quarter, some remedial electrical works were done at the Kasama office which included the separation of the server room electrical supply to its own independent distribution board that has also been independently grounded. A voltage stabilizer has also been installed. This is expected to offer some protection to the IT equipment. If this solution proves to be very effective, it will be replicated to Mansa and Solwezi offices which have also been severely affected by equipment loss. These works are being done while the procurement process for a contractor to carry out the recommendations from the power survey is still ongoing.

The ZPCT II IT team continued working with the technical unit and the data entry clerks (DECs) to improve the web2sms reporting and data collection. The field visits conducted by the IT team, and feedback received from the DECs on the use of the web2sms, prompted IT to suggest a revision to the mode of sending the text messages of clients by the supported facilities. Previously ZPCT II used to send the text messages using an Airtel website. This was changed to the GPRS modem software. The new approach was piloted this quarter, and initial reports indicate that it's more reliable and this has led to the revision of the web2sms system SOP. This has resulted in improved data collection and reporting. The postpaid data top up system has also reduced top up delays.

The deployment of office 2010 was completed across all ZPCT II offices staff computers. In the next quarter, ZPCT II will upgrade all computers running Windows XP to the new Windows 7 operating system. The new operating system has got a very intuitive and simpler user interface and allows increased productivity from users. It also integrates very well with the new office 2010 suite.

IT together with finance continue going through the process of identifying suitable methods and vendors for disposing of the obsolete computer equipment. In the next quarter, this process will be concluded and all obsolete equipment will be disposed of. Currently, we are working with the ZPCT II admin team to identify local auctioneers for the field offices as we foresee transportation of the equipment from the fields to Lusaka to be costly. The proceeds from the disposal of obsolete IT equipment will go towards ongoing computer procurements.

During this quarter, two IT staff (IT Officer for Ndola, and the Helpdesk Officer for Kabwe) resigned from ZPCT II. Recruitment to replace the two positions commenced this quarter, with the position of IT Officer

internally advertised, while the Helpdesk position was externally advertised. The replacements have already been identified and will be hired next quarter.

J) Finance

- *Pipeline Report:* The current obligated amount is \$57,312,000, out of which we have spent \$44,473,549 as at June 30, 2011. Our current expenditure is now 78% of the current obligation and we have requested for an incremental obligation. Using our current burn rate, the remaining obligation is projected to last us for six months.
- *Training and Meetings:* Three Provincial Finance & Administration Officers underwent training in managing USAID contracts conducted by the InsideNGO. This quarter, five staff in Finance attended a regional finance workshop in Dar-es-salaam, Tanzania. The workshop was an in-house training conducted by senior managers from FHI HQ. Also, ZPCT II conducted a two-day financial review meeting for the field finance staff.

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

This quarter, ZPCT II provided support to 347 public and 12 private CT sites to strengthen and scale up CT services 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

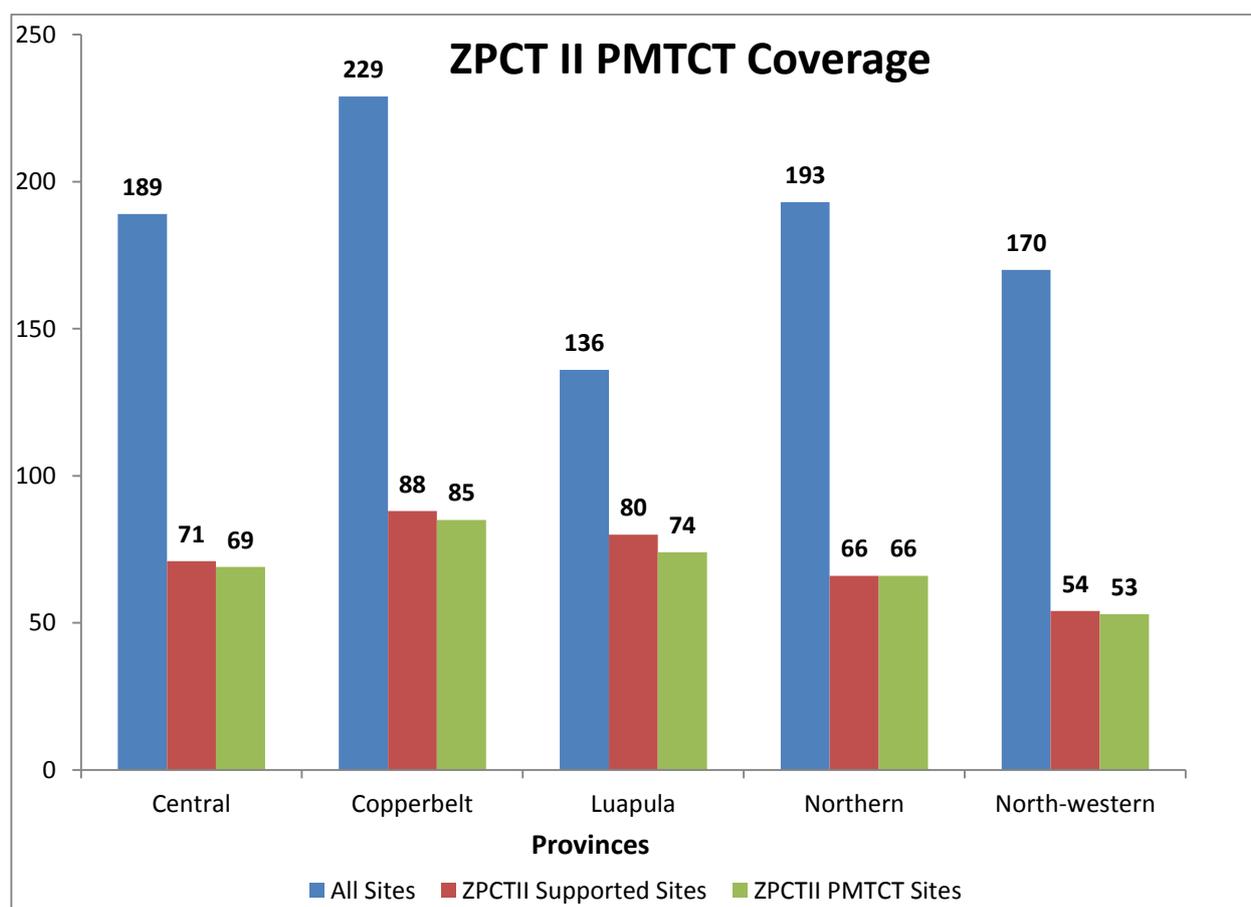
Technical assistance (TA) was provided by the Lusaka and provincial ZPCT II staff to HCWs and lay counselors in 437 public and 12 private facilities visited this quarter. Through all the ZPCT II supported sites and mobile CT activities, 126,931 clients were pretest counseled, tested and received results. Of these, 17,426 were found to be HIV positive and referred for assessment for ART. The areas of focus for TA this quarter included:

- Integrating CT into family planning (FP), male circumcision (MC), TB and sexually transmitted infections (STD): ZPCT II supported the integration of CT into other service areas in the supported facilities across the five provinces. This activity resulted in 5,953 CT clients being referred for and provided with FP services and 12,342 FP clients being provided with CT. In addition, 942 TB clients with an unknown HIV status receiving CT and 5,153 HIV negative male CT clients being referred for MC services.
- Strengthening of retesting of HIV negative CT clients: During this quarter, ZPCT II strengthened and supported the retesting of HIV negative CT clients after the window period through on-site mentorship of HCWs and community volunteers providing CT services on the need for retesting and how to correctly document the retests done in the CT registers. As a result, 16,379 clients that had tested HIV negative earlier were re-tested out of which 1,725 (11%) had seroconverted and were linked to care and treatment services. Effective risk reduction counseling and planning, including condom education and distribution continued to be emphasized with the HIV negative clients to help them remain negative.
- Strengthening access to CT services for children in the paediatric wards and under five clinics: This quarter, through the continued implementation of provider initiated testing and counseling services (PITC), 25,498 children were tested for HIV in under-five clinics and the pediatric wards across the five supported provinces. 1,483 tested positive and received their test results. They were also linked to care and treatment services.
- Strengthening couples counseling and testing: Couple CT remained a priority focus for ZPCT II during this quarter. During TA, HCWs and community volunteers in the supported facilities were encouraged to strengthen couple counseling and testing and this led to 18,268 individuals being counseled and tested as couples.

- **Integrating screening for chronic conditions into CT services:** ZPCT II continued to strengthen routine use of the chronic HIV care (CHC) symptom screening checklist to screen for hypertension, diabetes mellitus and tuberculosis (TB) in the CT settings. Health workers in ZPCT II supported facilities were mentored by ZPCT II on how to use the checklist, complete it and document the services provided. The service providers administered the checklist on 17,176 CT clients across the 347 public and twelve private supported CT sites during this quarter.
- **Integration of screening for gender based violence (GBV):** During the reporting period, ZPCT II ensured that screening for GBV for CT clients remained a priority by continuing to include issues around GBV in the CT trainings and mentoring the CT service providers (i.e. HCWs and lay counselors) to screen for GBV as they provide CT services.
- **Prevention with Positives (PwP):** ZPCT II mentored HCWs and community volunteers on the provision of prevention with positives (PwP) services to CT clients during the quarter. PwP activities were being done during both the pre and post-test counseling sessions in the CT rooms. CT trainings also continued to incorporate PwP.
- **Administration of QA/QI tools:** Administration of QA/QI tools continued during this period to ensure provision of quality CT services. The main issues noted out of this exercise under CT are noted in the QA/QI section under Strategic Information.

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

ZPCT II supported PMTCT services in 337 public and 11 private PMTCT sites to strengthen and scale up PMTCT services in the five supported provinces. A complete list of ZPCT II PMTCT sites is available in *Annex B*.

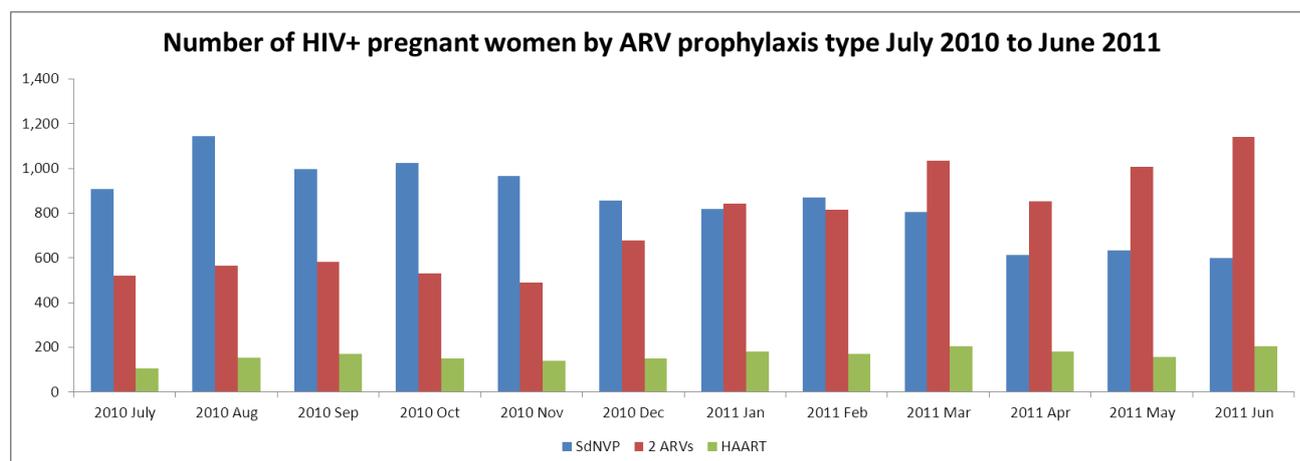


1.2.1. PMTCT Services:

Technical assistance (TA) in PMTCT was provided by the Lusaka and provincial ZPCT II staff to HCWs and lay counselors in all the facilities visited this quarter. PMTCT services were provided in 337 public and 11 private supported facilities. A total of 51,696 were provided with PMTCT services with 4,212 testing HIV positive. In addition, a total of 5,393 HIV positive pregnant women received a complete course of ARVs for PMTCT.

The areas of TA focus in PMTCT this quarter included:

- **Operationalization of the new revised PMTCT guidelines:** ZPCT II oriented and mentored PMTCT providers in the supported facilities on how to operationalize new aspects in recently revised PMTCT guidelines. This included the need to strengthen reflex CD4 count for all those testing positive, ensuring HAART is initiated on all eligible HIV positive pregnant women as well as early initiation of ARV prophylaxis for the rest from as early as 14 weeks of gestation or as soon as possible thereafter. During this quarter, 2,499 (59%) HIV positive pregnant women had CD count assessments done out of a total of 4,212 HIV positive pregnant women across the five supported provinces.
- **Re-testing of HIV negative pregnant women:** During this reporting period, ZPCT II continued its ongoing efforts to improve and strengthen HIV retesting for pregnant women who test HIV negative early in their pregnancies. Emphasis on retesting and accurate documentation in the integrated PMTCT registers was emphasized during the TA visits. This led to a total of 10,162 pregnant women having been re-tested for HIV out of which 444 (4.4%) had seroconverted. All the pregnant women that seroconverted 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.
- **Improving linkages between PMTCT and clinical care/ART:** ZPCT II staff provided technical support on strengthening mother baby pair follow-up and identification of the HIV exposed babies during the under-five clinic visits. DBS collection and initiation of cotrimoxazole prophylaxis from six weeks was encouraged as recommended in the national PMTCT guidelines. During this quarter, 3,491 HIV exposed babies had DBS done from 199 ZPCT II supported PMTCT sites. There were also 3,269 HIV exposed infants who were initiated on cotrimoxazole prophylaxis. Infants with positive HIV results were tracked and linked to ART clinics for further management and initiation of HAART.



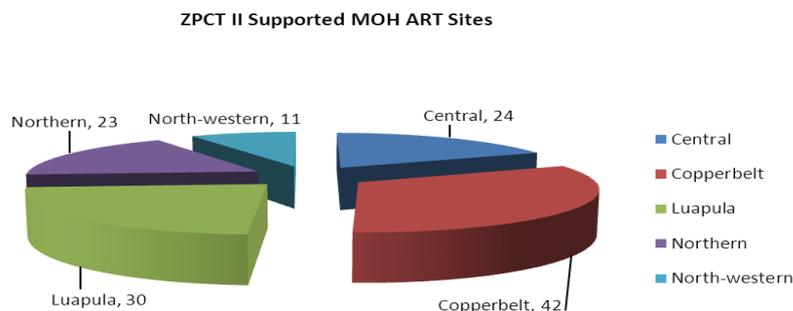
- **The web2sms pilot:** This pilot continued being implemented in 22 facilities during this period. Through this innovation, parents/guardians of babies who had DBS done on them were notified of the availability and readiness of the PCR results at the facilities. ZPCT II continued to ensure that consent forms were being obtained from the guardians / parents before SMSs could be sent to them. The evaluation of the pilot is yet to be done.

- **Capacity building for HCWs from private health facilities:** TA was provided to PMTCT providers from the ZPCT II supported private health facilities in order to strengthen PMTCT service delivery this quarter. At least 244 HCWs were reached across the five supported provinces.
- **Family planning integration:** Mentorship was provided during TA visits to the supported facilities with emphasis on strengthening routine counseling for all the clients seeking FP services using the opt-out strategy. Facility staff continued being encouraged to show evidence of integration by documenting the services accurately.

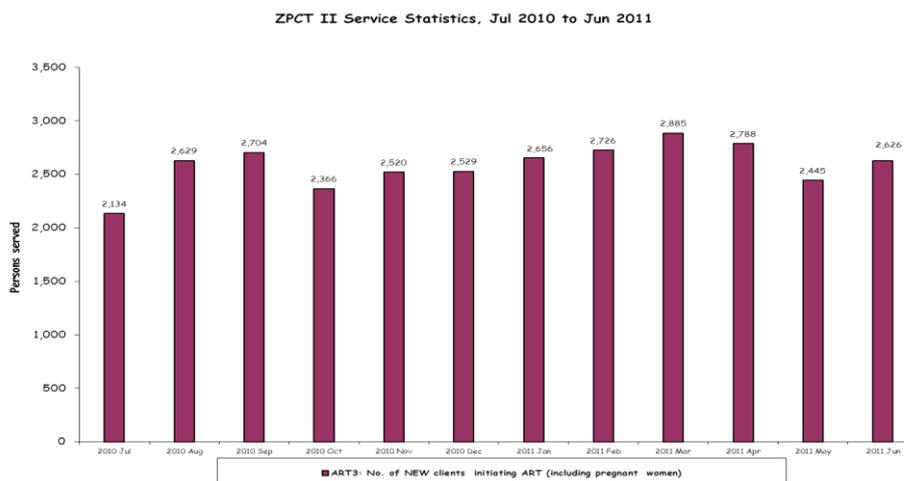
1.3: Expand treatment services and basic health care and support

ART Services

During this quarter, ZPCT II initiated ART support to three additional private sector sites including; Kabwe Medical Consultation Centre and Mukuni Insurance Clinic in Kabwe District, and Tusekelemo Clinic in Mkushi District. However, since these are yet to start reporting data for ART services, the total number of ART sites remains at 139. Of these, 130 are public and 9 are private health facilities providing ART services. A complete list of all ZPCT II supported ART sites is available in *Annex D*. Of the 139 ART sites that ZPCT II is supporting, 137 report their data independently while two report through another facility, i.e., St Dorothy Health Centre in Solwezi, North Western Province and Mporokoso Urban Clinic in Mporokoso, Northern Province. In addition, 68 of the 139 ART sites are static while the remaining 71 are outreach sites.



7,859 new clients (including 574 children) were initiated on antiretroviral therapy this quarter. This included 600 pregnant women that were identified through the PMTCT program. Cumulatively, there are now 135,645 patients that are receiving treatment through the ZPCT II supported sites, out of which 9,297 are children.



ART on-going activities

The focus of technical assistance (TA) to the ART sites this quarter included:

- Hands-on mentorship and supervision of HCWs providing ART services: This quarter, ZPCT II provided technical assistance to HCWs in the new revised national adult and paediatric ART guidelines to support operationalization of these guidelines at facility level. In addition, technical assistance was provided to increase initiation on HAART for eligible HIV positive pregnant women and eligible pediatric clients. .
- Accreditation of ART sites: ZPCT II supported the Health Professions Council of Zambia (HPCZ) during the quarter to host a re-orientation workshop for accreditation assessors from the ZPCT II supported provinces. The workshop was held in Kabwe in from 9th to 11th May 2011. With this re-orientation of assessors, HPCZ is expected to resume accreditation assessment next quarter to have more ART sites accredited. To date, 50 ZPCT II supported ART sites have been accredited including four private sector sites.
- HIV Nurse Prescriber (HNP) program: The first group of nine HIV nurse prescribers that completed training in 2010 formally graduated at a colorful graduation ceremony organized by the General Nursing Council (GNC) and MoH on 27th May 2011. Meanwhile, the second group of ten trainees from ZPCT II supported sites sat for their final examinations in early June, 2011. GNC has since requested ZPCT II and other partners to support a third and final cohort of this HNP pilot program after which the pilot program will be evaluated and scaled up. This will ultimately help with future planning and policy recommendations, such as integrating the HNP program into existing postgraduate programs for nursing schools as new and established stream as suggested by some stakeholders.
- Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology: During this quarter, ZPCT II implemented this strategy of recalling clients through the SMS technology. However, there were many technical and operational problems that were encountered resulting in the revision of the Standard Operation Procedure (SOP) at the end of the last quarter to streamline this process. This strategy is being piloted in 22 sites and an evaluation is expected in the next quarter.
- ART QA/QI tools: The updated ART QA/QI tools were implemented this quarter, while the revision of software version of CSPro in line with the tools has been finalized as well.
- Post exposure prophylaxis (PEP): The provision of PEP was strengthened in all the five ZPCT II supported provinces. During this quarter 109 clients accessed PEP at 33 supported facilities. Next quarter, ZPCT II plans to roll out and strengthen PEP services even in non-ART sites.
- Model sites: Model sites are ART sites that have been identified to be providing high quality services in all technical areas and suitable to be used as ‘mentorship’ or training sites for staff coming from other sites that are not yet at that level. During the last quarter, each of the five provinces conducted mentorship activities at the identified model sites at least once while Copperbelt has conducted two sessions. Over 50 HCWs have benefitted from these mentorship activities. ZPCT II plans to conduct one training in Lusaka for mentors from these model sites to increase on the available number of mentors per model site. ZPCT II will also work to operationalize resource centers in these model sites.

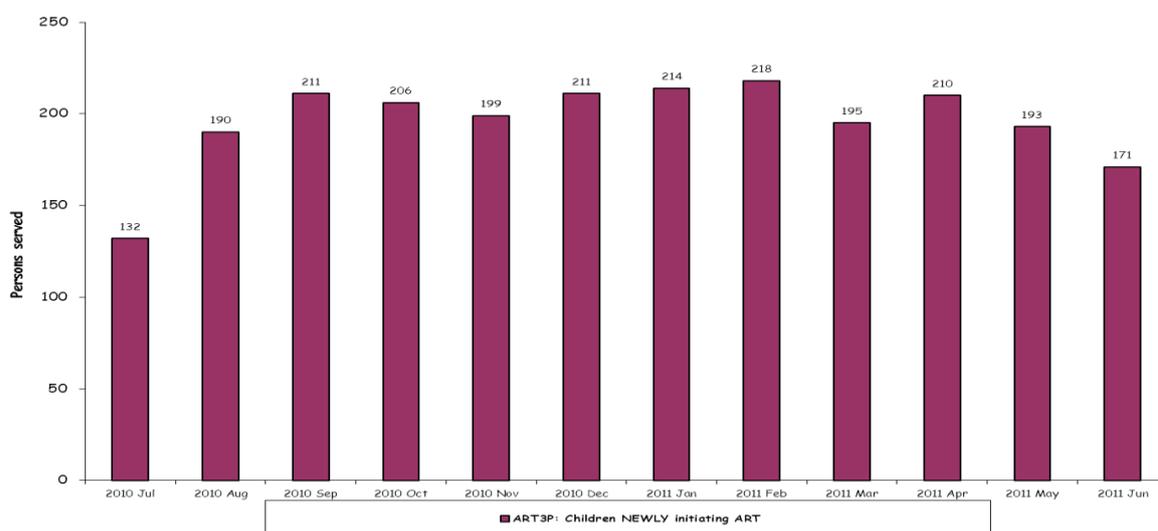
Pediatric ART activities

ZPCT II supported the provision of quality paediatric HIV services in 139 ART sites this quarter. From these facilities, 574 children were initiated on antiretroviral therapy this quarter. The focus of technical assistance by ZPCT II for pediatric ART included:

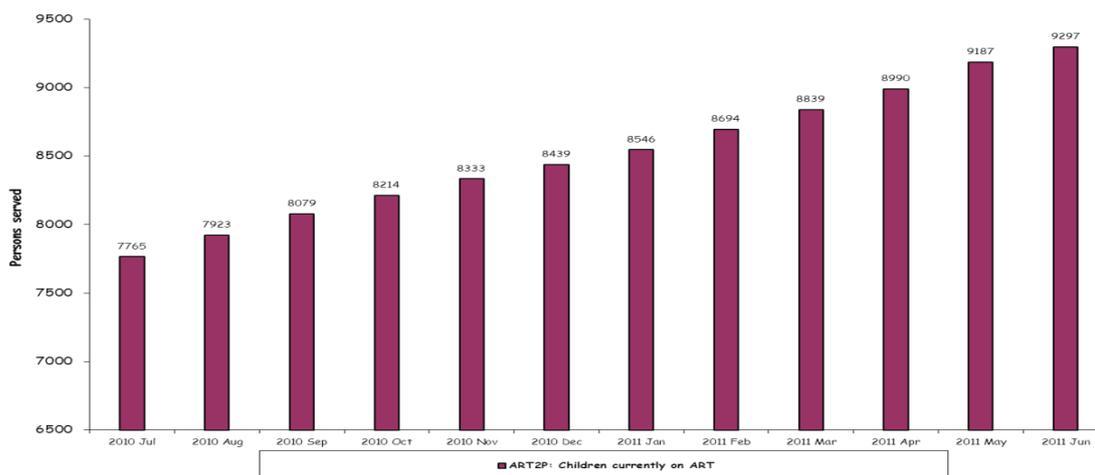
- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: This included training of HCWs in pediatric ART and on-site mentorship. A total of 24 HCWs were trained in the Luapula Province in pediatric ART. In addition, HCWs were oriented onsite on revised 2010 pediatric ART guidelines. Emphasis on innovative ways to improve linkages and initiating children on HAART was emphasized such as working on modalities to fast track DBS/EID results from the PCR lab to our provincial pediatric HIV officers.

- **Adolescent HIV clinics:** ZPCT II worked with Arthur Davison Children’s Hospital (ADCH), Kitwe Central and Ndola Central Hospital to support adolescent HIV clinics to facilitate ART provision for this age group. The support offered includes identifying and supporting their special needs in adherence counseling. Next quarter, during the school holidays, ZPCT II plans to have some activities with adolescents who form a support group at ADCH after agreeing with members on the plans.
- **Distribution of revised pediatric ART guidelines:** ZPCT II received 2,000 copies of the revised 2010 pediatric ART guidelines from the MOH which have been distributed to the ZPCT II provincial offices. These will be used to support the dissemination and roll out plans for the revised paediatric ART guidelines next quarter at provincial, district and facility level.

ZPCT II Service Statistics, Jul 2010 to Jun 2011



ZPCT II Service Statistics, Jul 2010 to Jun 2011



Clinical Palliative Care Services

347 public and 12 private health facilities provided clinical palliative care services for PLHA this quarter. 190,961 (including 14,603 children) 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 ready to use food in ten sites. In addition, ZPCT II also supported screening of chronic conditions such as hypertension, diabetes mellitus. The general management of opportunistic infections was also part of this package. The following activities were undertaken during this reporting period:

- Managing HIV as a chronic condition: Screening for chronic conditions such as diabetes and hypertension was strengthened in all supported sites through onsite mentorship. A total of 11,239 patients were screened using the chronic HIV checklist during this quarter. ZPCT II plans to carry out an evaluation of this activity next quarter.
- Screening for Gender Based Violence (GBV) in clinical settings: The chronic HIV care (CHC) checklist was revised during this quarter to take into account the need to integrate gender issues in HIV related services such as screening of the various forms of GBV in clinical settings and to detect its impact on HIV disclosure and treatment adherence. Appropriate referrals will be made for those requiring various forms of post GBV support.
- 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. This quarter, 9,190 clients were put on cotrimoxazole prophylaxis, including 3,269 infants initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up male circumcision (MC) services

MC services were being provided in 29 ZPCT II sites. Two of these sites initiated services this quarter namely Kamuchanga District Hospital in Mufulira and Kakoso health center in Chililabombwe. Technical assistance, mentorship and supportive supervision was provided to all the 29 supported sites. Overall, 1,825 men were circumcised during this quarter (1,442 in static sites). Out of these in static sites, 1,123 were counseled and tested before being circumcised and out of which 69 were found to be positive and referred for HIV care. During this quarter, ZPCT II officially stopped supporting Arthur Davison Children's Hospital (ADH) as an MC site on advice by USAID based on PEPFAR guidance which prohibits general anesthesia for MC in children.

- Mobile MC Activities: To increase the numbers of clients being reached with MC services, ZPCT II started implementing mobile MC activities. One of the major challenges noted in static MC sites is low uptake due to lack of continuous MC mobilization in the local communities. The mobile MC activities were planned to have an intensive one week of mobilization in a specific high volume community followed by another week of MC procedures at the local health center. Through the mobile MC services, 383 men were circumcised in the following provinces; Northwestern (182), Central (40), Copperbelt (56), Luapula (66) and Northern 39.

Lessons learned include the importance of ensuring demand matches supply of the services; the demand generated was more than available staff could handle in the time available. Those who were not attended to were referred to static MC sites. There is also need for all sites to plan ahead for safe disposal of waste generated, planning for adequate logistics (including cleaning materials) as well as adequate staffing to handle increased work load after mobilization. The need for continuous mobilization was shown to be very important as well.

- Trainings: Two male circumcision trainings were conducted in the Copperbelt and Northern Provinces this quarter. A total of twelve health care providers were trained in MC. This brings the number of health facilities with trained health providers to 30 and the total number of health care providers trained to date to 174.
- 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 were again presented in the MC communications technical working group subcommittee on communications. A workshop to finalize the national MC communication strategy and standardizing of MC communication and mobilization messages and IEC materials from partners which was planned to be held in June by MoH and partners has since been postponed to July 2011.
- National level MC activities: ZPCT II continued to participate in the national level MC activities both at the technical working group level and in the appropriate subcommittees.

TB-HIV services

ZPCT II supported its health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:

- Strengthening the integration of CT into TB services: This quarter, ZPCT II continued including 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 with 942 TB clients reached with HIV tests.
- 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 checklist was revised at the end of last quarter so that it only contains four TB screening questions that have been validated by WHO to be sensitive enough to detect TB unlike the old version which had twelve questions. ZPCT II plans to work with TBCARE to increase case detection of TB in maternal and child health (MCH) settings starting next quarter in some selected facilities.
- 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. During this quarter, ZPCT II finalized plans to collaborate with TBCARE starting next quarter to train ASWs on co-management of TB and HIV in effort to enhance early detection and optimum treatment with good adherence of both diseases. This is a community level TB/HIV training package.

In addition, 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 in line with the revised 2010 ART guidelines which have further clearly outlined the various scenarios in which TB/HIV patients can present and should be managed. This will be on-going into the next quarter.

- TB infection control: All refurbishments being done in the ZPCT II facilities are operationalizing the WHO recommendations for TB infection control to ensure 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 (i.e. instructing patients to cover their mouths when coughing and cough away from people) so that this practice is adhered to both within the facility and in the community and at 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 is an on-going activity.

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

136 public facility laboratories were supported by ZPCT II this quarter. 96 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 40 provide minimal laboratory support. In addition, ZPCT II is supporting twelve laboratories under the public-private partnership. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital: The PCR laboratory supported the implementation of early infant diagnosis of HIV for the five ZPCT II supported provinces. However, services came to a halt during the last month of the quarter as the PCR laboratory again experienced stock outs of the PCR Amplicor kits due to a complete stock out centrally at MSL. This resulted in a

backlog, delayed testing of specimens and dispatch of results to facilities. The kits were received at MSL at the end of the quarter, and ZPCT II commenced the process to facilitate the collection of the kits from MSL to ensure quick delivery of the kits to the PCR laboratory. ZPCT II will then start clearing the backlog of specimens as soon as the kits were received at the laboratory, and expedited the amplification and detection process, and tested all pending specimens for the month of June 2011. Approximately 1600 DBS specimens were tested during the first week of July 2011. This will be facilitated by the fact that the backup thermal cycler has been installed and programmed in the laboratory allowing for quicker turn-around-time of sample processing. 4114 DBS specimens were received from 274 facilities in 40 districts in the five provinces during the reporting period. Of all the samples received, 2502 were tested, of which 253 were positive, giving a current crude positivity rate of 10.1%.

The PCR laboratory continued to be part of the external quality control proficiency testing program run by CDC Atlanta. The laboratory received panels for the second quarter of 2011 cycle. Due to the PCR kit stock out, the specimens will only be tested early next quarter.

- Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results: ZPCT II in collaboration with the MoH, CHAI and UNICEF, continued to use the Short Message System (SMS) technology for sending HIV DNA PCR results to selected ZPCT II facilities as part of the ongoing implementation in which CHAI is supporting five active sites and five control sites, and UNICEF is implementing in eleven sites in Luapula Province. During the quarter, the MoH together with partners conducted the SMS pilot quantitative and qualitative evaluation. The outcomes of this evaluation highlighted the SMS pilot a success, noting a reduction in the turnaround time for results by about 56%, and a reported negligible error rate. National roll-out of the system is scheduled for next quarter and ZPCT II will continue to collaborate with the MoH, CHAI and UNICEF on this activity.
- Specimen referral system: The system was functional in 233 health facilities referring specimens to 78 facilities with CD4 equipment across 37 districts. ZPCT II continued to find ways to address challenges noted with implementation as well as to strengthen the specimen referral system. In addition, 6 PPP sites refer specimens for CD4 to 3 public health facilities in 3 districts, while 2 PPP sites have equipment for CD4.
- Internal quality control (IOC): Technical assistance in internal quality control practices was provided in the supported laboratories during this quarter. All quality documentation was audited to ensure necessary entries were being made and that all corresponding corrective actions were conducted. Therefore, documentation inspections will continue as part of compliance to good clinical laboratory practices and SLMTA requirements. SLMTA improvement project monitoring is an ongoing process in the facilities participating in laboratory accreditation program. Streamlined interventions and monitoring of routine implementation has further continued at all levels. Comprehensive review will be provided in subsequent reports.

Quality assurance policies have been rolled out and are in use, facilities are being encouraged to put into practice what is stipulated in the respective policies because laboratory auditors will often refer to in-house quality policies to determine compliance to claimed quality activities. Provincial technical officers on the Copperbelt will begin working with laboratory staff at facility level to customize policies as the generic one provided was comprehensive and very detailed and is suitable for level 3 and tertiary institutions.

The use of standard operating procedures continues to be monitored and furthermore use of other standard ministry of health approved manuals has been regularly monitored.

- External quality assurance: ZPCT II supported the MoH approved external quality assurance programs as follows:
 - *CD4 EQA Program:* ZPCT II worked closely with the MoH in the Review of the CD4 EQA. MoH has indicated that more regular feedback will be given to allow timely interventions to be done in the facilities affected and to lobby for support in this activity from co-operating partners. The MoH was also alerted on the need to facilitate comprehensive investigations into the poor CD4%

performance. Therefore, in order to guarantee some quality ZPCT II provincial laboratory staff focused on strengthening internal quality control for CD4 enumeration as this is one other way to assure quality apart from external monitoring. ZPCT II will pursue the status of UKNEQAS CD4 percentage counts on the FACSCalibur with the MOH Chief Biomedical Scientist and the Director for External Quality Assessments at the National Reference Laboratory and will also continue verifying routine CD4 control documentation.

- *HIV EQA Program:* ZPCT II provided routine technical assistance to facility staff on issues related to ensuring quality of HIV testing. The HIV EQA feedback reports that had not been cleared by the Ministry of Health laboratory services at the beginning of the quarter were finally provided at the end of the quarter. This data will be reviewed in the next quarter and will provide the basis for investigations where there was poor performance. This feedback is coming after one year of submission of results and may not be as useful as originally intended.
- *10th Sample QC for HIV testing and other EQA Monitoring:* ZPCT II supported the 10th sample QC and provided technical assistance on quality assurance particularly on kit storage, timing of testing, environmental temperatures and monitoring testing techniques. Follow up on external quality assessment of TB and malaria is also being routinely checked.
- Commodity management: This reporting period, ZPCT II provided follow up for many stock outs and near stock out situations with either Medical Stores Limited or with SCMS. Further interventions such as the transportation of commodities to affected sites were facilitated by ZPCT II. The redistribution of stocks continues to be a routine activity during technical assistance visits when situations of overstock are identified at the facilities. Technical assistance to improve commodity management systems for laboratory services was provided in all its supported health facilities.
- Guidelines and SOPs: The new streamlined revised laboratory QA/QI tools were administered during the quarter. The draft EID laboratory guidelines which were reviewed and finalized during last quarter were still not ready for dissemination during this quarter under review. ZPCT II will follow up on this activity and support it as the documents are essential in ensuring standard quality of services across PCR laboratories in the country.
- Equipment: This quarter, ZPCT II actively followed up on the status of laboratory equipment in its supported sites and the focus was on the functionality of CD4, chemistry and haematology analyzers as an ongoing activity. An outline of the follow-ups and the status of laboratory equipment can be found in *Annex J*.

Pharmacy Services

Technical support to pharmaceutical services in all the supported health facilities was provided by both the provincial and Lusaka team this quarter to enhance pharmaceutical service delivery. This entailed supportive supervision and ongoing mentorship with a major focus on strengthening the PEP concept, promotion of the public-private partnership, support for male circumcision (MC) activities and implementation of the mentorship program at the selected model sites in all the five provinces.

- ARTServ dispensing tool: ZPCT II provided technical support to 71 public and three private facilities with the ARTServ dispensing tool, this quarter, while Mkushi District Hospital was not able to use the tool due to a malfunctioning computer. Onsite orientations were conducted after installation at additional two facilities in the Copperbelt and Central Provinces, namely Masansa RHC (Mkushi) and Mulenga Clinic (Kitwe), bringing the total numbers of facilities to 76 across the five provinces under ZPCT II support. Furthermore, 47 healthcare workers including two from the private sector were oriented in the use of the dispensing tool.
- SmartCare integrated pharmacy module: ZPCT II continued to monitor the performance of the SmartCare integrated pharmacy module in collaboration with other partners. During the quarter under review deployment for the integrated SmartCare was done at an additional two ZPCT II sites namely Mbala GH and Kabompo DH bringing the total number to 14 facilities using the tool, whilst two facilities, namely Thompson Hospital and Kawambwa DH were networked and deployment is pending.

At the end of this quarter, a total of 11 facilities are able to produce computerized reports to MSL while the rest are using the manual system. Only one SmartCare essentials training was done in this period

- Pharmaceutical Management: Routine technical assistance visits were conducted this quarter focusing on good pharmacy practice. ZPCT II improved drug management systems within pharmacies and improved drug information to patients using standard reference guidelines including job aids, dosing wheels and other IEC materials provided to HCWs. Mentorship on ADR monitoring and reporting continued to be a priority and on-the-job orientation on the use of the registers and implementation of the pharmacovigilance program was done. In addition, inventory control, stock management and stock storage systems including storage conditions were addressed in the quarter.
- Rational Medicine Use: During this reporting period, Didanosine was phased out from both the adult and paediatric regimens and a memo from MoH on this was circulated to some facilities. New paediatric FDCs such as Zidovudine/Lamivudine/Nevirapine, Zidovudine/Lamivudine, and Abacavir/Lamivudine were introduced and are currently available at MSL. ZPCT II sourced job aids, posters and revised IEC materials based on new guidelines from CHAI and these will be distributed next quarter. This will be in support of promoting increased utilization of these FDCs through orientations to facility staff.
- Other support
 - *Post Exposure Prophylaxis*: Both ART and non-ART facilities were visited and emphasis was placed on identification of an alternative place other than the pharmacy to store PEP drugs in order to increase accessibility to these commodities and to the service. Pharmacists were urged to ensure medication use counseling and inventory control systems are put in place to account for all drugs.
 - *Public Private Partnership*: Private sector facilities were visited to ensure promotion and strengthening of quality pharmacy services and one of the major challenges identified was the inability of the facilities to access ARV drugs from the public sector which has had an effect on implementation of continuum of care for all clients. A number of staff from these facilities have since been trained in commodity management to impart knowledge, skills and re-enforce right attitudes.
 - *Model Sites*: Mentorship was conducted in all five provinces and the pharmacy staff participated in this activity and mentored seven pharmacy staff from seven facilities collectively.
 - *Web2sms*: Pharmacy staff at some selected pilot facilities were oriented in this innovation so as to enhance follow up of clients who are late in picking up their medicines.
- Supply chain and commodity management: Technical assistance visits were provided in all technical areas with a focus on monitoring quality of services and to strengthen commodity management systems in facilities offering ART services and general pharmacy practice.
 - *ARV Logistics System Status*: This quarter, there were a lot of facilities with stock imbalances on Triomune junior, Lamivir-S and Abacavir 300mg tablets mainly as a result of stock outs and low stocks at central level and subsequent rationing of commodities. The supply chain manager database was used to review stock status at facility level and rectify the identified stock imbalances. ZPCT II facilitated the re-distribution of affected commodities among facilities to alleviate the problem and assisted with transport from MSL where possible. The reporting rate for the ARVs Logistics System as reported by SCMS was 92.1 % for ZPCT II sites.
 - *PMTCT Logistics System Status*: As reported last quarter, implementation of the new PMTCT guidelines led to an increase in the use of Nevirapine suspension. The situation worsened this quarter with Nevirapine tablets, Nevirapine suspension and Zidovudine 300mg tablets being stocked out completely at Central level. However, the issue was addressed by supplementing with the NVP 25ml bottle from the Mother Baby Packs (MBP) and towards the end of the quarter sufficient quantities of these products was received at MSL.

ZPCT II continues to collaborate with SCMS on the correct implementation of the Essential Medicines Logistics Improvement Program (EMLIP) in the sites it supports. In addition, ZPCT II technical staff attended mop-up trainings to ensure that they are well versed with the system functionality.

During this reporting period, ZPCT II received gloves procured through SCMS for redistribution to the MC sites it supports. Monitoring the use of these commodities in relation to the number of male circumcision procedures done is ongoing in the facilities to ensure accountability and appropriate, rational use of the procured commodities.

ZPCT II continued to participate in national level activities focused on planning for various commodities in support of the ART, PMTCT, OI and STI, MC, Reproductive Health and other programs closely linked to HIV/AIDS services provision. :

- **Guidelines and SOPs:** The pharmacy SOPs currently in use are under review and the final draft has been extensively reviewed by all stakeholders. Efforts to convene a consensus meeting for all stakeholders to come up with a final draft for submission to MoH failed this quarter further delaying the conclusion of this exercise. It is hoped and anticipated that the pharmacy unit at the Ministry of Health will give this priority and the attention it deserves early next quarter. Once the SOPs are approved, ZPCT II will support the MoH with the printing and dissemination of the documents.

The revised pharmacy services QA/QI tools both for ART and non-ART facilities continued to be administered at ZPCT II supported sites this quarter. The challenge of inadequate staff to visit all 350 ZPCT II supported facilities across the provinces still remains.

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

Trainings

ZPCT II supported HCWs and community cadres from its health facilities who attended capacity building courses in basic CT (40 HCWs and 60 lay counselors), CT refresher (35 HCWs), couple counseling (20 HCWs and 44 lay counselors), basic child counseling (15 HCWs and 45 lay counselors), youth counseling (13 HCWs and 34 lay counselors) and CT supervision (13 HCWs). In addition, 123 health care workers and 74 lay counselors were trained in PMTCT, and 121 HCWs underwent refresher training in PMTCT.

75 HCWs were trained in ART/OI in the ZPCT II supported ART sites across the five provinces. In addition, 24 HCWs were trained in pediatric ART from Central Province and 12 HCWs were trained in male circumcision from Central, Copperbelt, Luapula, and Northern Provinces. Also, 25 community cadres and 17 HCWS attended a course in adherence counseling.

ZPCT II also trained 67 HCWs in ART commodity management, and 71 HCWs in equipment use and maintenance in the supported facilities. 50 health care workers underwent mentorship at model sites in all the five provinces

Basic PMTCT, CT and ART and OI management 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 technical areas. A complete list of all training courses conducted this quarter is outlined in ***Annex G***

In addition, the first group of nine HIV nurse prescribers that completed training in 2010 formally graduated at a graduation ceremony organized by the General Nursing Council (GNC) and MoH on 27th May 2011 and the second group of ten trainees from ZPCT II supported sites sat for their final examinations from 30th May to 3rd June, 2011. ZPCT II will support a third cohort of HNP program starting from 24th July 2011.

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. As part of addressing challenges in maintaining the increasing costs of volunteers, ZPCT II re-assessed the community volunteer numbers and has reduced the current support from 1,533 to 1,241 (345 ASWs, 513 CT, and 383 PMTCT). The 1,533 volunteers will continue receiving mentorship and administrative support for them to continue their role of staff supplementation and community mobilization until the transition for effecting the new changes is completed in the next quarter.

Community volunteers referred a total of 9,068 (3,917 males and 5,151 females) to the health facilities for PMTCT, CT, clinical care and male circumcision. Out of those referred, 5,810 (2,275 males and 3,535 females) reached the facilities to access the services. These referrals by community volunteers are additional to their staff supplementation role at health facilities where they do counseling and testing, PMTCT education for expectant mothers, as well as other tasks such as following up HIV positive mothers and ART clients who have dropped out of ART to promote adherence to recommended protocols.

The community unit held a semi-annual planning and review meeting in mid quarter to review the previous quarter's performance and also review work plans and budgets for the current year. The meeting was composed of all provincial community mobilization staff and Senior CT/PMTCT officers from all the five provinces. Issues surrounding the placement, utilization and supervision of community based volunteers (CBV) among different units were also discussed so as to have one common understanding in the field.

During the quarter under review, ZPCT II conducted four trainings for community volunteers in youth CT, CT supervision, and adherence counseling.

Youth counselors assigned in the ZPCT II supported facilities continued providing youth friendly health services. A total of 8,602 (4,823 females and 3,779 males) youths were reached with messages on HIV/AIDS, STIs, safer sex, male circumcision, unwanted pregnancies, drug abuse, positive living and life skills. This was done through open discussions, drama, sports and counseling. The youths also played a crucial role in drama performances and sensitization during the commemoration of the national VCT Day.

ZPCT II working with communities conducted door to door campaigns to mobilize males and the community members in promoting male circumcision services. This activity was conducted in four ZPCT II supported provinces with the exception of Northern Province. A total of 566 clients were circumcised in the quarter. All of them had their HIV tests done as per policy guidelines and they collected their results. Four individuals (4) were referred for STI management and one (1) for surgical correction of a congenital penile abnormality. A further 288 individuals (17 in Central, 271 in North Western) were booked but not circumcised. These are expected to be circumcised in the institutions later on and were referred for the continuation of services. All the males who underwent MC procedure benefitted from the minimum MC basic package.

The unit has continued to provide support and mentorship to the community volunteers in the ongoing roll out of the M&E plan to improve on program reporting systems. The unit further met with the SI unit to discuss the development of the community mobilization database to facilitate for easy handling and management of all community implementation data. There are still challenges in the smooth implementation of the M&E reporting system, particularly that this involves working with volunteers.

ZPCT II facilitated two focus group discussions for community leaders on male involvement in sexual reproductive health in Mumbwa District, Central Province and Mwinilunga District, North-Western Province. 46 community leaders (30 males and 16 females) attended the focus group discussions. The community leaders agreed on the following action points:

- formation of the Safe Motherhood Action Groups (SMAGs) by the health centre staff with assistance from the DMO
- the neighborhood health committees (NHCs), church leaders, teachers and traditional leaders to start vigorous health education in their communities

Zambulances

The Zambulance usage monitoring has continued to be a challenge in most facilities. This quarter, ZPCT II worked towards strengthening the established committees where the Zambulances are placed to ensure

better monitoring and reporting of the Zambulance usage. A total of 98 pregnant women benefited from the Zambulances during the reporting period. This quarter, Zambulances that had missing or broken parts had spare parts procured and sent to all the supported provinces.

Mobile CT

ZPCT II provided mobile counseling and testing services in all the five supported provinces during the National VCT Day under the theme “Get Tested Together, Get tested Today”. The promotion of male circumcision was integrated during the mobile CT community mobilization activities.

During the National VCT Day activities, ZPCT II partnered with the district medical offices (DMOs), and district HIV/AIDS task forces (DATFS), as well as with other stakeholders. The activities undertaken included; provision of mobile CT services, publicity and sensitization through drama groups, door to door visits, radio (Radio in Kasama only), match pasts, and participation in actual counseling and testing. All these events were preceded by planning and preparatory meetings within ZPCT II and between partners and stakeholders.

A total of 2,527 individuals (1,425 males and 1,102 females) were counseled and tested for HIV with 194 (85 males and 109 females) clients testing HIV positive. As a standard practice, all positive clients were referred to their respective health facilities for further management.

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

Referral Networks

ZPCT II continued to partner and coordinate with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the five provinces to strengthen district-wide referral networks. In the quarter under review, 17 district referral meetings were held in the provinces with the support from ZPCT II. This excludes meetings held to plan for the National VCT Day commemoration. The objectives of the meetings were among other things to discuss the district referral network standardized referral forms and other tools.

In terms of functionality, 37 district referral networks reported as functional in the previous quarter have maintained that status. Two districts are being reported as weak (Milenge in Luapula, and Lufwanyama in Copperbelt), and two as inactive (Mumbwa in Central and Chavuma North-Western). The networks have continued to facilitate the systematic and formal link of HIV/AIDS related support services and ensure that clients access available services.

Fixed Obligated Grants

This quarter, assessment documents for the selected FOG applicants were prepared for submission to USAID. A meeting is being arranged with the COTR to review the documents for final approval. Once approved by USAID, the scope of work will be drafted and pre award orientation will be conducted by the ZPCT II team.

Three community staff underwent a 3 day USAID rules and regulations/contracts training in Lusaka which will be useful in managing sub-grants. The training covered regulations such as the Federal Acquisitions Regulations (FAR) and the Agency for International Development Acquisition Regulations (AIDAR) and was facilitated by INSIDENGO a consultancy firm from the United States.

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, ZPCT II provided support in integrating HIV/AIDS into MOH health care services such as reproductive health (RH), maternal, newborn and child health (MNCH) services, as well as malaria. Health care workers in the MNCH departments were trained in PMTCT, CT and family planning to enable them to provide these services as part of the regular MNCH services. ZPCT II staff conducted joint technical support visits to health facilities with the DMO/PMO 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 ZPCT II Gender Specialist completed the gender sensitization workshops for the PMOs, DMOs and ZPCT II staff in the remaining ZPCT II supported provinces of Luapula and Northern Provinces. The aim of the gender sensitization workshops is to enhance the understanding of ZPCT II gender strategy and the gender issues in relation to HIV/AIDS. The other is to improve the capacity of ZPCT II staff and PMOs/DMOs to integrate gender approaches and activities into programming for gender responsive HIV/AIDS service delivery. Feedback received from these sensitization sessions highlighted the need to build the capacity of Health Care Workers (HCW), and incorporating relevant gender sensitive indicators in the mainstream health management information system (HMIS) which the MoH can monitor. The implementation plan for the gender strategy was developed and shared with ZPCT II staff at both Lusaka and provincial offices to guide the integration of gender issues in HIV/AIDS service delivery. Based on the feedback provided by the provinces regarding their environments and the unique challenges they each face, it was agreed that each province adapt the gender strategy and implementation plans to its specific environment. Each ZPCT II provincial office has assigned one staff as the provincial gender focal point person to coordinate implementation of gender activities.

During this quarter, ZPCT II held meetings with the Gender in Development Division (GIDD) to establish formal linkages for coordination and collaboration between ZPCT II and GIDD and to ensure that ZPCT II gender work is linked to relevant national processes and mechanisms for implementing gender activities and that it is informed by the National Plan of Action to reduce HIV infection among women and girls and the National Plan of Action on Gender-Based Violence 2010-2014 respectively. GIDD has demonstrated keen interest to collaborate with ZPCT II through a standing invitation to all national stakeholders meetings on gender.

Review of the ASW training manual for inclusion of the gender module was completed this quarter by ZPCT II staff. This will be shared with the Social Impact consultant to finalize the draft based on the input provided in the next quarter. The completed draft manual will be pre-tested through a TOT planned for August 2011. It is also anticipated that the final reviewed ASW manual will be ready by September 2011 in order to be used in the ASW refresher trainings planned during the last quarter of the year.

ZPCT II intends to use lessons learnt and experience from use of the revised ASW manual to engage MoH to get their buy-in for revising service provider training packages and the inclusion of gender sensitive indicators in the supervisory tools which needs MoH endorsement. Since the revision of the ASW manual is intended to be concluded this quarter and the trainings that will use the revised manual are planned for the last quarter in 2011, it is anticipated that documentation of lessons and experiences shall commence in the last quarter. However, ZPCT II will continue to engage MoH in dialogue on the importance of integrating gender in service provider training packages and inclusion of gender sensitive indicators in the supervisory tools.

ZPCT II is promoting the use of the chronic HIV care (CHC) checklist to also screen for gender based violence. In order to address the gap noted of not having adequate information to screen for GBV, the CHC checklist was updated to facilitate effective screening of various forms of GBV in clients in clinical/ART settings. The positive of using CHC checklist is that we are able to screen and show or draw certain indicators e.g. PWP, TB (ICF - Intensified Case Finding etc.). And now we will be able to show how many people have been screened for various types of GBV (e.g. physical, psychological and sexual) and make appropriate referrals for support. ZPCT II will next quarter orient PMO and DMO offices and the frontline HCWs on the importance of health facilities to screen for GBV using the CHC checklist. The main challenge is that some community volunteers find the CHC form a bit time consuming but they do need and benefit from support through on site orientation by ZPCT II to ensure they fill the forms properly and with completeness.

As part of strengthening gender activities, the community volunteers mobilized and sensitized the communities on the importance and benefits of male involvement in PMTCT services. Through ZPCT II support to health facilities, messages were disseminated to men and women on the benefits of being tested with their partners, the benefits of PMTCT interventions in keeping their partners and children healthy. This

quarter, 35,226 individuals, 13,360 males and 21,866 females received testing and counseling services for HIV and received their test results (tested as couples), 2,402 couples were counseled for family planning/reproductive health, 58,974 males got tested at ZPCT II participating health facilities and 2,522 males sought RH

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, working with the MoH at facility level, mentored health care workers in the use of QA/QI data to improve quality of service delivery in areas noted to in the national SOPs and guidelines. Health care workers from all ZPCT II sites were also mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, were 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 on a Trainer of Trainers for epidemiology for data users training. This activity is directly aimed at building problem solving capacity among DMO staff

As part of strengthening support to the PMOs and DMOs, ZPCT II developed management capacity building indicators this quarter. These include; retention data base for human resource, performance management assessments for governance, funds disbursements for financial management, and action planning reviews for planning. These management indicators will be part of the ZPCT II QA/QI tools to support MoH central, PMOs and DMOs in monitoring effective management and coordination of health activities at district and health facility level, hence influencing local decision making. The indicators will be included in the ZPCT II post-graduation strategy tool. The post-graduation strategy places great emphasis on MoH ownership and leadership in the management and monitoring of quality at the health facility. These indicators will be collected and reported on a quarterly basis.

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

This quarter, capacity building assessments using the Organizational Capacity Assessment Tool (OrgCap) were conducted at Kapiri Mposhi and Serenje District Medical Offices (DMOs) in Central Province. A third assessment was planned for Kabwe DMO but was canceled at the last minute because most PMO staff had conflicting schedules on this day. The assessments were preceded by a two day methodology workshop for the PMO staff who took the lead in this exercise. The assessments were in four capacity areas of governance, human resources, financial management, and planning. The assessments systematically reviewed DMO's essential management functions and established a baseline from which we can later determine impact of training interventions. The Central Province assessments were used to orient the newly hired Capacity Building Advisor, Dr. Richard Nsakanya on the capacity building assessment methodology.

Based on the assessments findings from the five ZPCT II supported provinces, a report was drafted and presented to the MoH senior directors, heads of departments, the Permanent Secretary, and the Minister of Health, Dr. Kapembwa Simbao at a meeting chaired by the minister on 18th May, 2011.

Using the assessment results, ZPCT II developed a capacity building technical assistance (TA) plan that details the types of trainings, mentorships, and other development aids that would be needed to support the MoH in the PMO and DMO systems strengthening. This document was also shared with MoH Clinical Care and Technical Services, and an agreed plan was completed by ZPCT II.

To roll out the technical assistance implementation plan during this quarter, ZPCT II advertised through the press for individuals and firms to develop capacity building training packages, and conduct management trainings. A total of 20 firms and eight individuals responded to the advert. After the technical evaluation of applicants was concluded, nine consultancy firms were shortlisted. ZPCT II worked with the MoH Technical Support Services Directorate to shortlist institutions and individuals' as consultants in capacity building. Three firms were shortlisted for the consultancy services in capacity building, including; the National Institute of Public Administration (NIPA), Marjohn Consultants, and In-Service Training Trust

(ISTT). After the interview process, NIPA and ISTT were selected to roll out the technical assistance plan. NIPA was contracted as an institutional consultant, whereas individual consultants will be hired from ISTT. The MoH expressed strong preference to NIPA an accredited institution citing the institution's history conducting trainings for MoH at central to district level.

During this quarter, ZPCT II continued to work with ZISSP to harmonize the approach to MoH capacity building programs, to avoid duplication and leverage the available funds. ZPCT II and ZISSP developed a common plan which was shared with MoH at a meeting held on June 3, 2011.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in 12 private sector health facilities.

ZPCT II trained HCWS from the supported private health facilities in various technical areas. 10 HCWs were trained; two in adult ART, one in pharmacy logistics, four in PMTCT, two in laboratory equipment use and one in male circumcision. ZPCT II provided technical support and mentoring on counseling and testing, PMTCT and provision of clinical care/ART and MC services. The first consultative meeting involving ZPCT II, PMO, DMOs and private sector was held in Kabwe last quarter, while the 2nd similar meeting was held in Ndola for the Copperbelt sites. Data collection tools (MoH registers) have been distributed and are currently in use and data is being collected while this activity will be completed next quarter in Central Province.

This quarter, six sites that have been identified for support under private sector have had their assessment reports submitted to Lusaka for review. MOUs to symbolize official support for these sites are expected to be signed early next quarter.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated 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, 74 new clients were initiated on ART and 497 old clients were reviewed.

The project is collaborating mostly with other USG partners at national level through collaborative meetings with partners such as JSI-Deliver on commodities logistics system, Society for Family Health, Marie Stopes, Jhpiego, on male circumcision. There are plans to formalize collaboration through regular meetings with other partners at provincial level.

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

Monitoring and Evaluation (M&E)

In conjunction with MOH and other collaborating partners, the SI team provided technical support to 115 ART sites using the SmartCare system in database management including support to the SmartCare pharmacy module. In addition to support provided in updating the PCR database at Ndola's Arthur Davison Hospital, the SI team supported the roll-out of the newly developed MC and CHC databases to supported sites and collected data using these additional data collection tools. The M&E team provided technical support to managing and operating the Web2SMS Technology and in the use of GPRS modems in sending data at sites equipped with these modems.

During the quarter under review, ZPCT II SI unit in collaboration with SI teams from MOH and other collaborating partners provided support in facilitating the process for the Education for Data Users (EDU) Training of Trainers (ToT) workshop which was held in Livingstone. Following the successful completion of this ToT, a second training for the other five northern provinces of Zambia which are supported by ZPCT has been planned for September 2011.

This quarter, the ZPCT II M&E procedures manual was further updated to include data sources for additional PEPFAR and Gender indicators. These new updated have also been reflected in the ZPCT II M&E Plan. As part of its routine work, the ZPCT II Strategic Information (SI) unit provided M&E technical support to the ZPCT II supported health facilities. The team provided support and facilitated data collection and reporting for the PEPFAR Semi-Annual Progress report.

Quality Assurance and Quality Improvement (QA/QI)

The complete set of updated QA/QI tools for ART/CC, PMTCT, CT, laboratory, pharmacy and monitoring and evaluation were finally implemented in the supported sites during the quarter. All field staff were oriented in the new tools and the corresponding updated software which is being used for data entry and analysis.

ZPCT II conducted a QA/QI orientation workshop for HCWs and managers from the PMO, DMO and health facilities on 24th May 2011 in Mansa. The purpose of the training was to orient HCWs and managers on the QA/QI concepts and methods. Our target groups were District Medical Officers, Medical Superintendents, Provincial Performance Improvement Approach (PIA) focal point persons, District ART Coordinators, District Performance Improvement Approach (QA/QI) focal point persons and Facility ART focal point persons. This was in an effort to improve the QA/QI processes and eventually improve the quality of health care services to clients. A total of 24 HCWs from different facilities attended the training.

Administration of QA/QI tools

This quarter, QA/QI 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 84 reporting ART sites during the 2nd quarter of 2011. The main findings following the ART/Clinical care service quality assessments were noted as follows:

- The assessment found that some facilities are not conducting routine immunological monitoring of patients CD4 every six months as per standard in the national guidelines. Affected districts included; Solwezi, Kabompo, Zambezi, Kitwe, Ndola, Chibombo, Serenje, Chiengi, Mansa, Mwense, Nchelenge, Kawambwa. The reasons advanced for this were as follows:
 - Incorrect use of specimen bottles when collecting blood samples.
 - Priority to CD4 access given to patients initiating ART over patients already on ART due to restricted lab capacity/sample referral system for CD4 testing.
 - Weaknesses in the sample referral system caused mainly by malfunctioning bikes

Action taken:

- Clinical Care Unit to intensify mentorship to strengthen internal collaboration between laboratory and Clinical units in the affected facilities. This was done during routine technical support visits.
 - Emphasized the use of the HIV summary sheet to alert clinicians on the missing laboratory tests
 - Strengthened sample referral systems by incorporating the Lab staff in sample collection and processing (noted in Nchelenge and Puta)
 - Oriented facility staff (nurses) on the correct specimen containers to be used.
 - Sample referral system was improved by dual use of the bike collecting of samples and results as well proper documentation of samples.
- An important finding was the lack of baseline weight, LFTs, Creatinine, HB/FBC results in patient files. Affected districts included; Mufumbwe, Solwezi, Zambezi, Chavuma, Mwinulunga, Kitwe, Ndola, Serenje, Chibombo, Chiengi, Kawambwa, Mansa, Mwense, Nchelenge. Reasons advanced were:
 - Reagent stock outs and lack of laboratory equipment and equipment breakdown
 - Lack of laboratory staff
 - Poor filling system of laboratory results and updating of patient records
 - Lack of weighing equipment in some facilities
 - Delays in referral system and delays as a result of tests relying on referral laboratories

Action taken:

- Increased Interdepartmental collaboration between Clinical Care and Laboratory units and with DMO on reagent commodity supply and management, repair and maintenance and laboratory staffing.
 - Encouraged use of HIV summary sheet for tracking required patient investigations
 - Mentored Data Entry Clerks and clinic staff on entering of patients laboratory results into SmartCare
 - Coordinated with laboratories to improve the Reports and Requisition (R&R) for reagents
 - Program and Clinical Care units supplied new weighing machines and re-emphasized the importance of correct weighing and documentation.
- Most facilities assessed did not routinely generate SmartCare reports or use them for improved quality of patients care. Affected districts included; Mwinilunga, Zambezi, Chavuma, Kitwe, Ndola, Nakonde, Isoka, Mbala, Kaputa. In addition, ART clinical case review meetings to discuss management of HIV/ART patients were not held as required. This was noted in Chibombo, Serenje, Chiengi, Mwenese, Mansa, and Nchelenge districts. Some reasons advanced for this were noted as follows:
- Non availability of Data Entry Clerk at some of the facilities and health staff who are not acquainted on the use of SmartCare clinical reports
 - Facilities not having frequent clinical ART review meetings
 - Lack of updated SmartCare records
 - Lack of regular supervision from DMO's office, and few staff to attending clinical meetings.

Action taken:

- Re-oriented facility staff on use of SmartCare reports
- Emphasized the need to hold clinical meetings at facility level and also emphasized the need to include SmartCare data use on agenda.
- Followed up on recruitment process for Data Entry Clerk replacements
- Planned clinical meetings with the clinical care team from DMO and ZPCT II
- Discussed and agreed with the facility staff to form ART teams and schedule meetings and on the expected record keeping of minutes for the committees.

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 205 CT and 208 PMTCT sites. The main findings following the CT/PMTCT quality assessments were noted as detailed below.

- Unavailability of test kits in some facilities. Affected districts included; Solwezi, Kasempa, Zambezi, Kitwe, Ndola, Masaiti, Kapiri Mposhi, Serenje, Chibombo, Kasama, Chinsali, Nakonde, Mungwi, Mbala, Mporokoso, Isoka. Reasons advanced for this were:
- Poor ordering systems
 - Staff not trained in Reporting and Requisition (R&R)
 - Non delivery of supplies by the MSL truck
 - Late submission of R&R to DMO pharmacy
 - Inadequate supplies by MSL (National stock out)

Action taken:

- PMTCT/CT, Laboratory and Pharmacy technical officers worked with facility managers to train staff in logistics management.
 - Strengthened utilization of daily activity registers through mentorship of facility staff
 - Re-in forced correct use of R&R and strengthened ordering of HIV test kits
 - PMTCT/CT, Laboratory and Pharmacy technical officers worked with JSI and DMO on ensuring facilities had adequate supplies of HIV Test Kits
- Stock outs of prophylactic ARV and ARV syrups in some facilities. This was noted in Kasama, Mbala, Mungwi, Kitwe, Ndola, Masaiti. The main reason for this was noted as poor quantifications and late submissions of orders to Medical Stores Limited (MSL).

Action taken:

- PMTCT/CT, Laboratory and Pharmacy officers worked with JSI and DMO to ensure facilities had adequate supplies of ARVs
 - Mentored staff in correct ordering procedures
 - PMTCT/CT, Laboratory Officers worked with DMO Pharmacist and facility- in-charges to ensure R&Rs are sent on time
- Some facilities are not referring all babies born to HIV positive mothers to Early Infant Diagnosis DNA PCR HIV testing services. Affected districts included; Kasama, Mpika , Isoka Luwingu, Kaputa, Nakonde Mungwi Chinsali, Mbala, Serenje, and Chibombo: The main reasons were shortage of DBS bundles in the facilities, HB not being monitored in HIV+ pregnant women, and stock-out micro cuvettes in facilities.

Action taken:

- PMTCT/CT unit worked with Laboratory managers in training staff on logistics management and ordering of DBS bundles.
 - Laboratory and Pharmacy Officers worked with DMO to follow up on the supply of micro cuvettes with MSL
 - Resolved to send blood specimens to nearest laboratories for the hemoglobin to be checked as an interim measure
- ARV prophylaxis not being offered to all HIV+ pregnant women according to national protocols. Affected districts included; Serenje, Chibombo, Kitwe, Ndola, Masaiti, Mungwi, Mpika, Kasama, Kaputa, Zambezi, and Solwezi. The following reasons were advanced for this:
- Initial challenges associated with implementation of new PMTCT guidelines, staff are not following the new protocol guidelines
 - Stock taking at MSL in May 2011 affected supplies to facilities
 - Stock outs of ARV short (AZT) courses in some facilities
 - Inadequate stocks at national level

Action taken:

- PMTCT/CT technical officers distributed and oriented HCWs on the use of new PMTCT guidelines.
- Mentored facility staff on the importance of proper documentation
- Arranged trainings for facility staff on new PMTCT guidelines.
- PMTCT/CT, Laboratory and Pharmacy officers worked with JSI and DMO to ensure adequacy of supplies
- CT/PMTCT and Laboratory Officers worked with Pharmacist at DMO and health Centre Managers to ensure R&Rs are sent on time

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 58 sites.

- The lack of first aid box, accident occurrence reporting books, emergency exit signs on laboratory doors was a common observation in facilities. Affected districts were; Chingola, Kitwe, Ndola, Lufwanyama, Solwezi, Zambezi, Mwinilunga, Kasempa, Mufumbwe, Isoka, Nakonde, Kaputa, Kasama and Mpulungu. The reasons for this were noted and included:
- Lack of existing laboratory emergency exit doors
 - Lack of appreciation for the importance of first aid kits, accident occurrence reporting books.

Action taken:

- Planned distribution and mounting of emergency exit signs to be done to all laboratories.
 - Planned to source for first aid kits, reporting books and conduct an orientation on their use.
- Lack of guidelines on rational use of laboratory tests, safety & ethics guidelines clearly placed on the walls reagent log books in some facilities. Affected districts included; Solwezi, Zambezi, Mufumbwe, Kasempa, Ndola, Kitwe, Lufwanyama, Mwense, Chiengi. The reasons for this were:
- MOH delay to distribute the reagent log books
 - Guidelines not yet rolled out to facilities
 - Reagent Log books are a recent added activity.

- Facility staff forgot to display the safety & ethics guidelines

Action taken:

- Planned Pharmacy and Laboratory unit follow up with MOH on the procurement and distribution of reagent log books
 - Pharmacy and Laboratory unit distributed the guidelines to all affected facilities
 - Mentored staff on the implementation of reagent log books in all affected facilities.
- A number of facilities lack IQC and/or EQA testing systems. Affected districts were: Serenje, Mansa, Nchelenge, Chiengi, Samfya, Isoka, Kaputa, Kasama, Nakonde. There reasons for this were:
- Erratic supply of control materials by Medical Stores Limited (MSL)
 - A low appreciation of the value of control runs in the affected laboratories
 - The CD4 EQA program has not yet been rolled out on a national scale

Action taken:

- Provided IQC templates and mentorship to facility staff on the importance of IQC.
 - Coordinate with MSL to improve stocks of control materials.
 - EQA affiliated Labs to be used as referrals for the yet to be affiliated facilities
 - Pharmacy and Laboratory unit to discuss with the Provincial Biomedical Scientist to finalize modalities of using the left over EQA material in the non-affiliated centers
- Lack of Laboratory safety officers, staff not trained in Biosafety, disordered laboratory space in some facilities. Affected districts included; Kitwe, Ndola, Serenje. Reasons for this were:
- The staff did not know how to organize work stations to create good working space
 - Available staff are not trained in commodity management.

Action taken:

- Laboratory and Pharmacy officers worked with facility managers to appoint laboratory safety officers amongst the available staff.
- Laboratory and Pharmacy officers worked with laboratory staff at the facility to re-organize and arrange work stations
- Planned to train all staff not trained in commodity management and ensure that they perform dual roles once back at the facility

Pharmacy

The pharmacy QA tool was used for quality monitoring in 76 sites.

- Lack of or non-functioning air-conditioners, lack of temperature log sheets in the bulk stores were issues noted. Affected districts were; Kapiri Mposhi, Chibombo, Kitwe, Ndola, Lufwanyama, Mufulira, Zambezi, Solwezi, and Kasempa. The reasons for this were noted as follows:
- Air-conditioners not serviced while some are old and difficult to maintain
 - Air conditioners not included in the earlier RA's at some facilities
 - Some facilities are not monitoring temperatures due to non-availability of thermometers

Action taken:

- Program unit to advise which air conditioners are under warranty and the ones PMO can have repaired.
 - Procurement and installation of air-conditioners and thermometers as reflected in the amended RA's
 - Oriented HCWs on the importance of monitoring temperature in pharmacies
- Lack of updated MOH treatment guidelines (ART treatment guidelines), Pharmacy Standard Operating Procedures, Zambia National Formulary and British National Formulary. Affected districts included; Kasama, Luwingu, Isoka, Mpulungu, Nakonde, Samfya, Ndola. Reasons advanced for this were:
- Reference materials have not yet been provided.
 - ARV treatment guidelines were misplaced.

Action taken:

- ART/Clinical Care unit to source and replace the missing hard copies of ART treatment guidelines.

- Soft copies of the ART guidelines were sent to all facilities as a back-up
 - Laboratory and Pharmacy unit to source and distribute the Pharmacy Standard Operating Procedures, Zambia National Formulary and British National Formulary to the affected facilities
- Some facilities lack pallets, thus products are kept on the floor. Affected facilities include; Serenje, Chibombo, Kapiri Mposhi, Ndola, Mufulira. Reasons for this were:
- Pallets not yet procured as per Recipient Agreement
 - Where they have been procured, the pallets not yet distributed to the facilities

Action taken:

Reminded program unit to ensure that pallets are procured as per recipient agreement and distributed to the affected facilities where they have been procured

Monitoring and Evaluation (M&E)

The M&E QA tool, which assesses record keeping and information management, was administered in 189 facilities. The main findings were:

- Some facilities are not regularly updating mother baby follow up registers. This was noted in the following districts; Kitwe, Ndola, Mpongwe, Masaiti, Lufwanyama, Kasama, Mungwi, Mpika, Chinsali, Nakonde, Mbala, Luwingu. Reasons advanced included:
- Lack of knowledge on how to manage the registers
 - Staff not oriented on how to use them

Action taken:

- Inter unit collaboration between M&E and PMTCT/CT to provide technical support in this area to all the affected facilities
- Oriented facility staff on how use the registers in affected facilities

- SmartCare patient's records not updated. Affected facilities were; Isoka, Nakonde, Chinsali, Mporokoso, Zambezi, Mwinilunga. Reasons included:
- Computer break downs in some facilities which created a backlog of patient files to be entered
 - Lack of Data Entry Clerk in CHAZ facilities since the withdrawal of CHAZ support for DEC's

Action taken:

- Replacement of old computers with the new computers in the affected facilities
- SI unit to recruit consultant DEC's for all the CHAZ supported facilities

- Inconsistent supply of SmartCare forms in the past three months. This affected many districts across the five provinces and was noted to have been caused by a delayed supply of the same SmartCare forms to the facilities.

Action taken:

ZPCT provincial offices printed and photocopied SmartCare forms locally as a stop-gap measure while waiting for fresh supplies from Lusaka ZPCT II office.

District Graduation and Sustainability Plan

The total number of graduated districts increased to 18 at the end of June 2011 after three (03) districts were graduated. The newly graduated districts are, Mporokoso district in Northern Province, which graduated on 7th April 2011, Solwezi district in Northern Western Province, which graduated on the 7th April in 2011 and Kawambwa district in Luapula Province which graduated on the 15th of April 2011. Only Serenje District in Central province has been planned for graduation in the 3rd quarter of 2011.

Status of services in graduated districts

In the last quarter 15 out of the total 18 districts graduated till June 2011 were evaluated in all the technical areas, these include: Kasama, Mpika, Nakonde, Chinsali and Mporokoso (Northern province) and Luanshya, Kalulushi, Chililabombwe, Chingola and Mufulira (Copperbelt province) and Mufumbwe, Kabompo, Solwezi

and Mwinilunga (North-Western province and Samfya district from Luapula province. The generated report below provided a basis for developing quality improvement plans for identified priority areas;

- **ART/Clinical Care**
ART/Clinical Care: staff shortages due to attrition have led to disruptions in the regularly scheduled ART clinics (especially at Thomson hospital in Luanshya), lack of baseline laboratory results and lack of functional QA/QI committees. Inadequate space for ART services is causing concern.
- **PMTCT/CT**
PMTCT/CT: a lack of HIV Test Kits, a lack of prophylaxis ARVs, has been prominent, as well as facility staff not referring CD4 samples for positive mothers and not conducting IQC on 10% HIV samples. The lack CT/MC integration was another documented finding which is being addressed.
- **Laboratory**
Key issues documented include stock out of laboratory commodities, irregular servicing of laboratory equipment, inconsistency conducting EQA as well as IQC by laboratory personnel as well as laboratory staff not being offered recommended vaccinations as per national guidelines.
- **Pharmacy**
Nonfunctioning air conditioners in bulk store, lack of first aid kits in the pharmacy, inadequately trained staff in pharmaceutical management, with a lack of reference materials on adverse drug reactions, drug to drug interaction has also been observed and documented.
- **M& E**
Lack of Smart care systems in some facilities, has led to incomplete updates on SmartCare records as well as poor filling systems in some facilities.

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

KEY ISSUES AND CHALLENGES

National level issues

- **Staff shortage in health facilities**
Staff shortage at facility level is an ongoing issue across all five provinces, especially in the rural facilities where staffing levels are much lower than in urban areas. To assist the MoH address this challenge, ZPCT II trained 317 community volunteers and placed 193 volunteers in ZPCT II supported facilities this quarter. Nine HIV nurse prescriber trainees graduated while another ten wrote exams this quarter and a further fifteen are planned to be trained starting next quarter. Additional support for HNP program targeting high volume PMTCT sites is being considered and will be concluded in the next quarter. This is being strongly favored to increase the numbers of HIV positive pregnant women being initiated on HAART. 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**
During this quarter, as in previous quarters, it was noted that there were times that insufficient quantities of reagents and commodities were being delivered by Medical Stores Ltd (MSL) despite facilities ordering the right quantities. In addition, delays in delivery by MSL continued to affect availability of DBS kits needed for early infant diagnosis. ZPCT II continued to do the following to address this issue:
 - Collaboration with MoH provincial and district focal staff in identifying gaps in the implementation of the logistics system, providing onsite orientation and sensitization on the incorporation of the ordering of DBS kits using the national approved Laboratory Commodities Logistics System. In some cases ZPCT II pharm/lab unit assisted affected facilities to send DBS orders to MSL. ZPCT II thus continues to support its facilities with access to DBS collection consumable bundles through the national approved Laboratory Commodities Logistics system. This is in line with the

notification from the MoH that the consumables should now be accessed through this logistics system and not through the parallel system previously used.

- Further, ZPCT II works closely with MSL to provide updates and follow up on non-delivered, late delivery and stock out status of DBS commodities in affected facilities. ZPCT II also facilitates inter facility exchange of DBS commodities from facilities that may have an over stock of DBS kits to those that may have stock outs.

During the quarter, a nationwide shortage of PCR kits was experienced, and this negatively impacted on the numbers of PCR tests conducted. However, stock was received toward the end of the quarter and the situation is expected to normalize next quarter.

- **Renovations**

Even after discussions with PMOs and DMOs this quarter, there is no evidence of any expansion plans for current infrastructure to be able to accommodate increasing demand for HIV /AIDS services which is outstripping available space in existing health facilities. ZPCT II support is limited to minor renovations since PEPFAR funding regulations do not allow construction. Where feasible, ZPCT II will continue to support limited renovations.

- **Stock outs of NVP suspension**

Implementation of new PMTCT guidelines led to an increased uptake of Nevirapine suspension and further depleted the stocks at service delivery points. Ministry of Health was compelled to use the 25ml stock from the suspended mother baby packs (MBP) to address the situation and this helped to avert stock outs but some areas were still affected. The stock was however replenished towards the end of the quarter and the situation was noted to be steadily normalizing at the end of the quarter.

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

Most ART sites have outdated CC/ART job aids. ZPCT II has developed revised job aids that have since been adopted at the ART technical Working Group (TWG) during this quarter together with others from collaborating partners. These have since been sent to the printer and are due for dissemination next quarter.

ZPCT II programmatic challenges

- **Disposal of medical waste**

The status of the state of disposal of medical waste including incineration of sharps, laboratory and other waste did not change in any facility. Lack of running water, incinerators, and septic tanks/soak ways limits implementation of appropriate disposal practices. Where facilities use pits they are encouraged to ensure appropriate depth, location and lining of pits with impervious polythene sheeting for disposal of lab waste. Physical inspections conducted during this quarter by ZPCT II staff verified that this is happening.

- **CD4 sample referral and laboratory equipment maintenance**

Although sample referral continued to be affected by shortage of motorbike riders, inadequate laboratory equipment, frequent motorbike and lab equipment breakdown, steps have been taken to resolve these issues. ZPCT II will support training of additional motorbike riders. Lobbying of vendors by ZPCT II has led to one vendor, Scientific Group, to increase the number of engineers available to service and repair laboratory equipment from 3 to 5 during this quarter.

- **Reagent stock outs**

There were intermittent stock outs of CD4 reagents but, an improvement was also noted compared to the previous quarters. While there was no stock-out centrally, reasons for the stock outs still include incorrect compilation and late submission of usage reports by health facilities, staff shortages to complete monthly usage reports, and 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.

At central level there was a stock-out of chemistry reagents for Creatinine and Urea for the Humalyzer 2000 and for Glucose, Urea and Triclycerides for the Olympus AU400. While most facilities did not report stock outs, if the commodities are not received early next quarter, most facilities will be stocked out. ZPCT II will continue to monitor the situation and to redistribute commodities where possible to prevent disruptions in services.

- **Shortages of HIV test kits**

Towards the end of the quarter it was noted that determine HIV test kits were out of stock in some facilities in North-Western, Northern and Central Provinces. Upon reviewing the stock status report from MSL and further follow-ups with the Logistics Management Unit at MSL, it was noted that there was a discrepancy between what was showing on the stock status and what was actually in stock. There was indeed a central stock-out, but the test kits are expected in MSL in the first week of July 2011. ZPCT II helped with the redistribution of test kits from facilities that had more stocks to those with fewer or none of the HIV test kits to minimize interruption of service provision. In the next quarter, ZPCT II will work with health facility staff to submit emergency orders to ensure they access the kits once the stocks are cleared for distribution.

- **Early infant diagnosis (EID)**

The planned training for additional staff to increase the pool of people available to provide services to reduce the strain of staff currently providing services in the laboratory was not done during this quarter due to difficulties in identifying a trainer. This however was resolved at the end of the quarter and the training is scheduled to take place next quarter.

- **Lack of DBS bundles**

Some facilities experienced stock outs of DBS bundles during the quarter. Redistribution efforts were also made while awaiting deliveries of stocks from national level to the districts

- **Internal quality control**

While challenges with access to stationery for the implementation of the IQC program were addressed in most facilities, there were still challenges noted in the implementation of IQC in some facilities, including non-availability of IQC materials (reagents) and the transfer of staff who were trained and oriented in the IQC implementation. In addition, ZPCT II is working with SCMS to ensure that the distribution of quality control materials is done timely to ensure the commodities reach the facilities in a viable state, and routine hands-on mentorship is ongoing to ensure all staff in the laboratories are able to implement IQC.

- **Fewer HIV negative CT clients returning for retest after three months**

It was noted that not all HIV negative CT clients seem to return after three months to retest. ZPCT II continued to encourage the facility staff to emphasize the importance of retesting. Giving of appointments to the clients to encourage them to come back for retests was tried in some supported sites with lessons yet to be learnt.

- **Male circumcision services**

Low uptake of MC services was noted due to lack of deliberate continuous mobilization which has been shown to be essential in good uptake. In addition efficient utilization of HCWs for MC activities is not always easy as they are also expected to handle multiple other tasks at their respective facilities. These reasons coupled with internal processing challenges for transport reimbursement within ZPCT II need to be reviewed to improve service provision of MC services. ZPCT II is also continually engaging MoH at all levels to ensure that MC activities are also prioritized in the health facilities and ensuring that provincial, district and facility staff have copies of and understand national policy documents and guidelines. In addition, ZPCT II embarked on conducting community mobilization in selected communities followed by mobile MC services in those catchment areas. This has helped to increase the uptake.

- **Private health facilities linkage to national ART commodities**

The private health facilities being linked to the national HIV/ART commodities are still pending awaiting MoH approval. ZPCT II continues to lobby with the MoH on this so that newly supported private health facilities are able to access these commodities.

- **Break down of computer hardware**

There has been a persistent breakdown of SmartCare computers in a number of facilities. This has been attributed to some computers being old and frequent power surges. This has affected SmartCare database management. This has created data backlog at a number of facilities pending the procurement of replacement computers. These operational challenges with SmartCare application use have required constant support from ZPCT II IT Helpdesk Support Officers. The problem is being addressed as high priority. Some facilities have since received new computers. IT staff from the other provincial offices were called in to help with trouble shooting in other provinces as well as repairs where possible.

- **SmartCare Stationery**

There were shortages of SmartCare forms in most of the supported ART sites. Stationery supply has not been consistent and this poses a challenge in data management and completeness of reports. However, at provincial level the facilities were provided with stationery to print and photocopy these forms as a stop-gap measure. ZPCT has since made an order to print SmartCare forms for all facilities to last into the next quarter.

- **Inadequate space for patient files**

A number of facilities indicated the need for more filing cabinets as the ones that at the facilities are already full due to huge patient loads. Space in most record rooms is becoming inadequate to accommodate more filing cabinets. The Strategic Information and Program unit are exploring ideas to create more space records where feasible. However, most facilities do not have any more space. This is creating a serious challenge for record keeping.

DELIVERABLES FOR THIS QUARTER (April – June 2011)

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

V. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (July – September 2011)

- ZPCT II will hire training consultants to develop and implement management training packages for PMO and DMO staff as part of capacity building efforts.
- ZPCT II will conduct two financial management trainings for PMO and DMO staff in two provinces
- Six private sector MOUs for the year three work plan period will be signed for Central, Copperbelt, Luapula, and North-Western provinces
- ZPCT II will implement the HIV re-testing in PMTCT operational study now that approval has been given by the MoH.
- ZPCT II will start implementing the orientation of revised 2010 ART guidelines (adult and pediatric).
- ZPCT II will initiate discussions with the MoH on the wider implications of implementing the ZPCT II gender strategy in MoH facilities in light of what GRZ is proposing through the National Plan of Action on Gender Based Violence (2010-2014) and National Plan of Action to reduce HIV infection among women and girls (2010-2014).
- ZPCT II will initiate use of updated CHC checklist which screens for gender based violence within ART settings
- ZPCT II will begin to sit on the M&E National Technical Working Group and on the Gender National Steering Committee

A summary of the plans for the next quarter (July – September, 2011) is provided in *Annex K*.

VI. TRAVEL /TDY for this quarter (Apr.-Jun., 2011) and next quarter (Jul.–Sept., 2011)

Travel this Quarter (April – June 2011)	Travel plans for Next Quarter (July – September 2011)
<ul style="list-style-type: none"> ▪ Bridget Chatora, Technical Officer Laboratory Services attended Good Clinical Laboratory Practice (GCLP) training provided by DAIDS in Durban, South Africa from 9 – 14 May 2011 ▪ Kellock Hazemba (FHI Regional Senior F&A Advisor) 	<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 in August 2011 ▪ Hare Ram Bhattarai, MIS technical assistance support officer from MSH, Nepal, will provide one

<p>traveled to Lusaka to provide technical support to the ZPCT II program in May 2011</p> <ul style="list-style-type: none"> ▪ One technical staff to attended the HIV INTEREST meeting in Dar-es-Salam, Tanzania in May 2011 ▪ Two technical staff to attended management training in South Africa ▪ Dr. Michael Welsh the new COP arrived in Zambia and started work on June 1, 2011. ▪ Catherine Thompson the outgoing COP left the country on June 14, 2011 (FHI funding) 	<p>TA visit 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</p> <ul style="list-style-type: none"> ▪ Mike Reeves (Senior Development Specialist, Cardno) will travel to Lusaka to provide technical support to the capacity building component of the program in July 2011 ▪ The Senior Advisor Pharmaceutical Management to attend the Africa Regional TB Pharmaceutical Management Conference in Johannesburg, South Africa from July 18 – 22, 2011 ▪ One Technical Officer: Pharmaceutical Services to attend the Supply Chain training in Arusha, Tanzania, from August 24 – 31, 2011 ▪ Justin Mandala from FHI HQ to provide TA in PMTCT to the ZPCT II program pending USAID approval ▪ Two technical staff to attend an FHI Global SI annual meeting in Nairobi, Kenya in September 2011
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VII. ANNEXES

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ANNEX A: ZPCT II Project Achievements August 1, 2009 to June 30, 2011

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – June 11)	Targets (Jan –Dec 2011)	Achievements (Jan – June 2011)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	370	347 (+ 12 private sites)	349	347 (+ 12 private sites)			347 (+ 12 private sites)
	Individuals who received HIV/AIDS CT and received their test results	728,000	776,038	275,000	257,699	59,413	67,518	126,931
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ³	1,300,000	1,120,720	415,000	363,207	59,364	119,214	178,627
	Individuals trained in CT according to national or international standards	2,316	967	438	141	59	42	101
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	337 (+ 11 private sites)	318	337 (+ 11 private sites)			337 (+ 11 private sites)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	344,682	140,000	105,508		51,696	51,696
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	41,349	15,000	11,011		5,393	5,393
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2,434	968	463	95	149	244
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	347 (+ 12 private sites)	349	347 (12 PPP sites)			347 (+ 12 PPP sites)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ⁴	560,000	200,531	170,000	192,962	74,448	116,513	190,961
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	15,245	13,617	14,718	7,392	7,211	14,603
	Individuals trained to provide HIV palliative care	3,120	1,222	505	251	42	57	99

³ Next Generation COP indicator includes PMTCT

⁴ **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

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.

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – June 11)	Targets (Jan –Dec 2011)	Achievements (Jan – June 2011)	Male	Female	Total
	(excluding TB/HIV)							
	Service outlets providing ART	130	130 (+ 9 private sites)	132	130 (+ 9 private sites)			130 (+ 9 private sites)
	Individuals newly initiating on ART during the reporting period	115,250	58,626	24,000	16,126	3,168	4,691	7,859
	Pediatrics newly initiating on ART during the reporting period	11,250	4,563	1,922	1,201	268	306	574
	Individuals receiving ART at the end of the period	146,000	135,645	104,200	135,645	53,993	81,652	135,645
	Pediatrics receiving ART at the end of the period	11,700	9,297	7,502	9,297	4,671	4,626	9,297
	Health workers trained to deliver ART services according to national or international standards	3,120	1,222	505	251	42	57	99
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	347 (+ 12 private sites)	349	347 (+ 12 private sites)			347(+ 12 private sites)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	10,911	4,200	2,858	838	897	1,735
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,222	505	251	42	57	99
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	9,435	6,146	1,921	561	381	942
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	28(+ 1 private sites)	37	28(+ 1 private sites)			28(+ 1 private sites)
	Individuals trained to provide MC services	260	174	85	38	8	4	12
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	4,366	1,000	2,102	1,442		1,442
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	90 (+ 6 private sites)	111	90 (+ 6 private sites)			90 (+ 6 private sites)
	Laboratories with capacity to perform clinical laboratory tests	N/A	124 (+ 12 private sites)	117	124 (+ 12 private sites)			124 (+ 12 private sites)
	Individuals trained in the provision of laboratory-related activities	375	556	200	134	67	27	94
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS	3,813,000	2,340,394	762,600	726,422			355,436

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – June 11)	Targets (Jan –Dec 2011)	Achievements (Jan – June 2011)	Male	Female	Total
	disease monitoring							
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	1,090	440	270	134	84	218
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	596	250	99	26	48	74
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	480	110	50	11	14	25
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	20	20	10			7
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	12	18	12			12
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	92,235	TBD	32,497		16,958	16,958
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	264,115	TBD	69,277	13,360	21,866	35,226

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	◆	◆	◆	◆ ³		
	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		◆	◆	◆		◆	
	27. Chalilo RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	28.Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	29.Mulilima RHC	Rural		◆	◆	◆		◆	
	30.Gibson RHC	Rural		◆	◆	◆			
	31.Nchimishi RHC	Rural		◆	◆	◆			
	32.Kabamba RHC	Rural		◆	◆	◆			
<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	Rural		◆	◆	◆		◆	
	46.Mwachisompola RHC	Rural		◆	◆	◆		◆	
47.Shimukuni RHC	Rural		◆	◆	◆		◆		
<i>Kapiri Mposhi</i>	48.Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	49.Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	50.Chibwe RHC	Rural		◆	◆	◆		◆	
	51.Lusemfwa 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		◆	◆	◆		◆	
	58.Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	59.Chankomo RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	60.Luanshimba RHC	Rural		◆	◆	◆		◆	
	61.Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	62.Chipepo RHC	Rural		◆	◆	◆		◆	
	63.Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64.Chilumba RHC	Rural		◆	◆	◆		◆	
<i>Mumbwa</i>	65.Mumbwa DH	Urban		◆	◆	◆	◆ ³		⊙ ¹
	66.Myooye RHC	Rural		◆	◆	◆			
	67.Lutale RHC	Rural		◆	◆	◆			
	68.Mukulaikwa RHC	Rural		◆	◆	◆			
Totals			24	68	68	68	24	44	9

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

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		⊙ ¹
	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. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Chingola</i>	19. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	20. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	21. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	22. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	
	23. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	24. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	25. Kasompe Clinic	Urban		◆	◆	◆		◆	
	26. Mutenda HC	Rural		◆	◆	◆		◆	
<i>Kitwe</i>	27. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	28. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	29. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	31. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	32. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	34. Twatasha Clinic	Urban		◆	◆	◆		◆	
	35. Garnatone Clinic	Urban			◆	◆		◆	
	36. Itimpi Clinic	Urban		◆	◆	◆		◆	
	37. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	38. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	39. Kwacha Clinic	Urban		◆	◆	◆		◆	
	40. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	41. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	42. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	43. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	44. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	45. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	46. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	47. Mwekera Clinic	Urban		◆	◆	◆		◆	
	48. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	49. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	50. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	51. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	52. Mikomfwa HC	Urban		◆	◆	◆		◆	
	53. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	54. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	55. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	56. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	57. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	58. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	59. Kansunswa HC	Rural		◆	◆	◆		◆	
	60. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	61. Mokambo Clinic	Rural		◆	◆	◆		◆	
	62. Suburb Clinic	Urban		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	63. Murundu RHC	Rural		◆	◆	◆		◆	
	64. Chibolya UHC	Urban		◆	◆	◆		◆	
<i>Kalulushi</i>	65. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	66. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	67. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	68. Chati RHC	Rural		◆	◆	◆			
	69. Ichimpe Clinic	Rural		◆	◆	◆			
<i>Chililabombwe</i>	70. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	71. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	72. Mushingashi RHC	Rural		◆	◆	◆		◆	
	73. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	74. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
<i>Mpongwe</i>	75. Kayenda RHC	Rural		◆	◆	◆	◆	◆	
	76. Mikata RHC	Rural		◆	◆	◆		◆	
	77. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
<i>Masaiti</i>	78. Kashitu RHC	Rural		◆	◆	◆		◆	
	79. Jelemanu RHC	Rural		◆	◆	◆		◆	
	80. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
Totals			42	78	80	80	41	58	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

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	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆			
<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	Rural		◆	◆	◆				
<i>Mansa</i>	13. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	14. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	15. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	16. Matanda RHC	Rural		◆	◆	◆		◆	
	17. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	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	◆	◆	◆	◆ ³		
	30. Mabumba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	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		◆	◆	◆		◆	
	60. Mununshi RHC	Rural		◆	◆	◆		◆	
	61. Mupeta RHC	Rural			◆	◆		◆	
	62. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	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		⊙ ¹
	77. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	78. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	79. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	80. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			30	74	80	80	20	56	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

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	◆ ²	◆	◆	◆	◆	◆	
	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		◎ ¹
	15. Chilolwa RHC	Rural		◆	◆	◆		◆	
	16. Waitwika RHC	Rural		◆	◆	◆		◆	
	17. Mwenzo RHC	Rural		◆	◆	◆		◆	
	18. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	19. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	20. Chanka RHC	Rural		◆	◆	◆			
	21. Shem RHC	Rural		◆	◆	◆			
<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	◆ ²	◆	◆	◆		◆	
	29. Muwele RHC	Rural		◆	◆	◆			
	30. Lukulu RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	31. ZCA Clinic	Rural		◆	◆	◆			
	32. Chikakala RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	33. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	34. Chinsali HC	Urban		◆	◆	◆		◆	
	35. Matumbo RHC	Rural		◆	◆	◆		◆	
	36. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	37. Lubwa RHC	Rural		◆	◆	◆	◆		
	38. Mundu RHC	Rural		◆	◆	◆			
<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	Rural		◆	◆	◆			
	46. Mwamba RHC	Rural		◆	◆	◆			
	47. Nondo RHC	Rural		◆	◆	◆			
48. Nsokolo RHC	Rural		◆	◆	◆				
<i>Mpulungu</i>	49. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	50. Isoko RHC	Rural		◆	◆	◆			
<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	Rural		◆	◆	◆			
	56. Kafwimbi RHC	Rural		◆	◆	◆			
	57. Thendere RHC	Rural		◆	◆	◆			
<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
	61. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	62. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	63. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
<i>Mungwi</i>	64. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	65. Malole RHC	Rural		◆	◆	◆		◆	
	66. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	67. Chimba RHC	Rural							
	68. Kapolyo RHC	Rural							
	69. Mungwi RHC (CHAZ)	Rural							
Totals			23	66	66	66	25	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 yet to start reporting

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	Rural		◆	◆	◆			
	17. Dyambombola RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	18. Kayombo RHC	Rural		◆	◆	◆			
	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		◆	◆	◆			
<i>Mwinilunga</i>	26. Kucheka RHC	Rural		◆	◆	◆			
	27. Mpidi RHC	Rural		◆	◆	◆			
	28. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
<i>Mwinilunga</i>	29. Kanyihampa HC	Rural		◆	◆	◆		◆	
	30. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	31. Ikelenge RHC	Rural		◆	◆	◆		◆	
	32. Lwawu RHC	Rural		◆	◆	◆			
	33. Nyangombe RHC	Rural		◆	◆	◆			
	34. Sailunga RHC	Rural		◆	◆	◆			
	35. Katyola RHC	Rural		◆	◆	◆			
	36. Chiwoma RHC	Rural		◆	◆	◆			
	37. Lumwana West RHC	Rural		◆	◆	◆			
	38. Kanyama RHC	Rural			◆	◆	◆		
<i>Mufumbwe</i>	39. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	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	Rural		◆	◆	◆			
<i>Kasempa</i>	48. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	49. Nselauke RHC	Rural		◆	◆	◆		◆	
	50. Kankolonkolo RHC	Rural		◆	◆	◆			
	51. Lunga RHC	Rural		◆	◆	◆			
	52. Dengwe RHC	Rural		◆	◆	◆			
	53. Kamakechi RHC	Rural		◆	◆	◆			
Totals			12	52	53	53	14	20	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

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	◆	◆	◆	◆	◆ ³		
	8. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	10. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	11. SOS Medical Centre	Urban	◆	◆	◆	◆	◆ ³		
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 yet to start reporting data

ANNEX D: ZPCT II ART Sites (As of June 30, 2011)

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				
54. SOS Clinic*	Static				
55. CBU Clinic*	Static				

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

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
	Luwingu	115. Kasama Urban	Static		
		116. Luwingu Hospital	Static		
	Mbala	117. Mbala Hospital	Static		
		118. Tulemane		Outreach	
		119. Senga Hill		Outreach	
	Mpika	120. Mpika DH	Static		
		121. TAZARA	Static		
	Mporokoso	122. Mporokoso District Hospital	Static		
		123. Mporokoso UHC		Outreach	Mporokoso DH
	Mpulungu	124. Mpulungu HC		Outreach	
	Mungwi	125. Nseluka	Static		
		126. Nakonde HC	Static		
	Nakonde	127. Ntatumbila		Outreach	
		128. Chozi Nakonde	Static		
129. Chiyeke		Static			
North-Western	Chavuma	129. Chiyeke	Static		
	Kabompo	130. Kabompo District Hospital	Static		
		131. St Kalembe		Outreach	
	Kasempa	132. Kasempa		Outreach	
	Mufumbwe	133. Mufumbwe Hospital		Outreach	
	Mwinilunga	134. Mwinilunga District Hospital	Static		
		135. Luwi Mission		Outreach	
	Solwezi	136. Solwezi General Hospital	Static		
		137. Solwezi Urban		Outreach	
		138. St. Dorothy		Outreach	Solwezi Urban Clinic
	Zambezi	139. Hilltop Hospital *	Static		
		140. Chitokoloki Mission Hospital		Outreach	
		141. Zambezi District Hospital	Static		

***Private sector ART sites**

- ART services available in 38 of the 41 supported districts
- 141 ART sites of which 139 report independently and two report under bigger facilities
- 9 ART sites are private sector (Company Clinic, Kitwe Surgery, Hillview, SOS, and CBU Clinics – Kitwe, and Hilltop Hospital and Maongo Clinic – Ndola, and Hilltop Hospital – Solwezi)
- 75 are static and 66 are outreach sites

ANNEX E: ZPCT II Graduated Districts (As of June 30, 2011)

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
		Chati RHC
		Ichimpe RHC
		Kalulushi Govt. Clinic
	4. Luanshya	Mikomfwa HC
		Mpatamatu Clinic
		Roan Antelope Hospital
		Mikomfwa urban clinic
		Luanshya Main clinic
	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		

Province	District	Health Facility
		Suburb Clinic
		Chibolya HC
		Murundu HC
Luapula	8. Samfya	Samfya Stage II
		Kasanka RHC
		Lubwe Mission Hospital
		Shikamushile RHC
		Kapata East 7 RHC
		Kabongo RHC
	9. Kawambwa	Kawambwa DH
		Mbereshi Hospital
		Kawambwa HC
		Mushota RHC
		Munkanta RHC
		Kawambwa Tea Co. Clinic
		Kazembe RHC
	Mufwaya RHC	
Northern	10. Chinsali	Chinsali District Hospital
		Chinsali UHC
		Matumbo RHC
		Shiwa Ng'andu RHC
		Lubwa RHC
		Mundu RHC
	11. Kasama	Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
		Lukashya
		Lukupu RHC
		Misengo
		Mulenga
		Musa
		Kasama TAZARA
		Lubushi RHC
	12. Mpika	Mpika UHC
		Mpepo RHC
		Mpika DH
		Chibansa RHC
		Mpumba RHC
		Mukungule RHC
		Mpika TAZARA
		Muwele RHC
		Lukulu RHC
		ZCA Clinic
		Chikakala RHC
	13. Nakonde	Waitwika
		Shem RHC
		Chanka RHC
		Chilolwa RHC
		Chozi

Province	District	Health Facility
North-Western		Mwenzu
		Nakonde HC
		Ntatumbila
	14. Mporokoso	Mporokoso DH
		Mporokoso UHC
	15. Kabompo	Kasamba RHC
		Kabompo District Hospital
		Mumbeji RHC
		St Kalemba
		Kabulamema RHC
		Dyambombola RHC
		Kayombo RHC
	16. Mufumbwe	Mufumbwe District Hospital
		Kashima RHC
		Matushi RHC
		Mufumbwe Clinic
	17. Mwinilunga	Kanyihampa HC
		Mwinilunga District Hospital
		Mwinilunga District Hospital HAHC
		Lwawu RHC
Luwi Mission Hospital		
Ikelenge RHC		
Nyangombe RHC		
Sailunga RHC		
Katyola RHC		
Chiwoma RHC		
Lumwana West RHC		
Kanyama RHC		
18. Solwezi	Solwezi UHC	
	Solwezi GH	
	Mapunga RHC	
	St. Dorothy RHC	
	Mutanda HC	
	Maheba D RHC	
	Mumena RHC	
	Kapijimpanga HC	
	Kanuma RHC	
	Kyafukuma RHC	
Lwamala 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	Apr 11 – Dec 11	(\$135,201)	\$305,697
	Kabwe	2. Central PMO	Nov 10 – Dec 11	\$657,269	\$1,657,084
		3. Kabwe DMO	Apr 11 – Dec 11	(\$62,263)	\$260,602
		4. Kabwe GH	Mar 11 – Dec 11	\$7,172	\$119,673
		5. Kapiri Mposhi DMO	Apr 11 – Dec 11	(\$14,267)	\$660,945
	Mkushi	6. Mkushi DMO	Apr 11 – Dec 11	(\$14,980)	\$117,465
	Serenje	7. Serenje DMO	Apr 11 – Dec 11	(\$79,514)	\$212,511
	Mumbwa	8. Mumbwa DMO	Apr 11 – Dec 11	(\$4,058)	\$103,703
Copperbelt	Chililabombwe	9. Chililabombwe DMO	Apr 11 – Dec 11	(\$3,604)	\$70,640
	Chingola	10. Chingola DMO	Apr 11 – Dec 11	(\$11,919)	\$209,313
		11. Nchanga North	Mar 11 – Dec 11	\$13,683	\$58,280
	Kalulushi	12. Kalulushi DMO	Apr 11 – Dec 11	(\$10,452)	\$180,119
	Kitwe	13. Kitwe Central Hospital	Mar 11 – Dec 11	\$4,523	\$69,819
		14. Kitwe DMO	Apr 11 – Dec 11	(\$77,403)	\$492,574
	Luanshya	15. Luanshya DMO	Apr 11 – Dec 11	(\$28,738)	\$143,913
		16. Roan GH	Mar 11 – Dec 11	\$12,641	\$61,224
	Lufwanyama	17. Lufwanyama DMO	Apr 11 – Dec 11	(\$972)	\$50,575
	Masaiti	18. Masaiti DMO	Apr 11 – Dec 11	\$277	\$72,184
	Mpongwe	19. Mpongwe DMO	Apr 11 – Dec 11	(\$1,568)	\$54,374
	Mufulira	20. Mufulira DMO	Apr 11 – Dec 11	(\$29,950)	\$148,440
		21. Ronald Ross	Mar 11 – Dec 11	\$24,018	\$103,190
		Ndola	22. Arthur Davison CH	Mar 11 – Dec 11	\$29,766
	23. Copperbelt PMO		Nov 10 – Dec 11	\$911,552	\$2,193,883
	24. Ndola Central Hospital		Mar 11 – Dec 11	\$24,544	\$89,751
25. Ndola DMO	Apr 11 – Dec 11		(\$52,876)	\$356,065	
Luapula	Chienge	26. Chienge DMO	Apr 11 – Dec 11	(\$5,305)	\$104,706
	Kawambwa	27. Kawambwa DMO	Apr 11 – Dec 11	(\$19,644)	\$241,829
	Mansa	28. Luapula PMO	Nov 10 – Dec 11	\$492,303	\$1,358,669
		29. Mansa DMO	Apr 11 – Dec 11	(\$34,806)	\$272,018
		30. Mansa GH	Mar 11 – Dec 11	\$29,242	\$132,915
	Milenge	31. Milenge DMO	Apr 11 – Dec 11	(\$16,748)	\$120,808
	Mwense	32. Mwense DMO	Apr 11 – Dec 11	(\$19,381)	\$183,599
	Nchelenge	33. Nchelenge DMO	Apr 11 – Dec 11	(\$24,867)	\$141,556
Samfya	34. Samfya DMO	Apr 11 – Dec 11	(\$18,077)	\$123,226	
Northern	Chinsali	35. Chinsali DMO	Apr 11 – Dec 11	(\$48,464)	\$133,311
	Isoka	36. Isoka DMO	Apr 11 – Dec 11	(\$55,457)	\$160,448
	Kasama	37. Kasama DMO	Apr 11 – Dec 11	\$2,876	\$242,029
		38. Kasama GH	Mar 11 – Dec 11	\$28,431	\$82,781
		39. Northern PMO	Nov 10 – Dec 11	\$653,514	\$1,439,939
	Kaputa	40. Kaputa DMO	Apr 11 – Dec 11	(\$9,635)	\$95,257
	Luwingu	41. Luwingu DMO	Apr 11 – Dec 11	(\$3,159)	\$53,859
	Mbala	42. Mbala DMO	Apr 11 – Dec 11	(\$41,579)	\$144,644
		43. Mbala GH	Mar 11 – Dec 11	\$23,276	\$101,204
	Mpika	44. Mpika DMO	Apr 11 – Dec 11	(\$68,402)	\$254,032
	Mpulungu	45. Mpulungu DMO	Apr 11 – Dec 11	(\$1,201)	\$82,376
	Mporokoso	46. Mporokoso DMO	Apr 11 – Dec 11	\$1,358	\$59,003
	Mungwi	47. Mungwi DMO	Apr 11 – Dec 11	(\$5,882)	\$113,627
	Nakonde	48. Nakonde DMO	Apr 11 – Dec 11	(\$41,229)	\$244,710

Province	District	Implementing Agency (IA)	Amended Period	Budget Amendment	New Total Budget
North-Western	Chavuma	49. Chavuma DMO	Apr 11 – Dec 11	(\$19,813)	\$223,937
	Kabompo	50. Kabompo DMO	Apr 11 – Dec 11	(\$423)	\$117,711
	Kasempa	51. Kasempa DMO	Apr 11 – Dec 11	(\$50,265)	\$125,520
	Mufumbwe	52. Mufumbwe DMO	Apr 11 – Dec 11	\$21,018	\$175,729
	Mwinilunga	53. Mwinilunga DMO	Apr 11 – Dec 11	(\$39,180)	\$191,962
	Solwezi	54. Solwezi DMO	Apr 11 – Dec 11	(\$36,093)	\$181,349
		55. Solwezi GH	Mar 11 – Dec 11	\$25,107	\$102,949
		56. North-Western PMO	Nov 10 – Dec 11	\$413,608	\$1,111,660
Zambezi	57. Zambezi DMO	Apr 11 – Dec 11	\$4,062	\$191,274	
Lusaka	Lusaka	58. University Teaching Hospital	Apr 11 – Dec 11	\$63,897	\$172,895
	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	Mar 11 – Apr 12	\$249,997	\$701,090
	Lusaka	65. KCTT	Nov 10 – Dec 11	\$262,214	\$824,024
Copperbelt	Memorandum of Understanding	66. Mpatamatu HBC MOU		\$0	\$0
		67. Ndola Catholic Diocese MOU		\$0	\$0

ANNEX G: ZPCT II Training Courses and Numbers Trained (Apr. – Jun. 2011)

Training Course	Training Dates	Province	Number Trained
Basic CT HCWs	April 11– 23, 2011	Central	20
	June 13-25,2011	North-Western	20
		Total	40
Basic CT Lay	April 18– 30, 2011	Northern	20
	May 02-14 ,2011	Luapula	20
	May 17-28 ,2011	North-Western	20
		Total	60
Basic CT Refresher Lay	April 11– 15, 2011	Northern	20
	April 11– 15, 2011	Luapula	15
			35
CT Supervision HCWS	April 18– 30,	Copperbelt	13
		Total	13
Basic Child CT HCWs	May 9,- 14, 2011	Central	15
		Total	15
Basic Child CT Lay	May 16,- 21, 2011	Northern	15
	June 6,- 11, 2011	Copperbelt	15
	June 20-25, 2011	North- Western	15
		Total	45
Youth CT HCWs	May 16,- 21, 2011	Northern	13
		Total	13
Youth CT Lay	April 18-22,2011	Central	20
	April 18-22,2011	North-Western	14
		Total	34
Couple CT HCWs	May 23- 28, 2011	North-Western	20
		Total	20
Couple CT Lay	April 11-16,2011	Copperbelt	20
	June 6 - 11, 2011	Luapula	9
	June 13 - 18, 2011	Northern	15
		Total	44
PMTCT HCWs	March 28– April 2,2011	Northern	25
	April 11– 16, 2011	North-Western	25
	May 9-14 ,2011	Northern	25
	June 6-11,2011	Luapula	24
	June 13-18, 2011	Central	24
		Total	123
PMTCT Lay	April 11– 16, 2011	Copperbelt	25
	April 18– 23, 2011	Central	25
	May 23– 28, 2011	Luapula	24
		Total	74
PMTCT Refresher HCWs	May 9-12 ,2011	Copperbelt	22
	May 16-19 ,2011	Copperbelt	25
	June 06-10,2011	Central	24
	June 06-10,2011	North-Western	25
	June 25-30,2011	Central	25
		Total	121
ART/OIs	April11- 21, 2011	Copperbelt	26
	April11- 21, 2011	Central/ North-Western	25
	June 20-25, 2011	Copperbelt	24
		Total	75
ART/OIs Paediatrics	May 9-13 ,2011	Luapula	24
		Total	24
Male Circumcision	May 16– 26, 2011	Central/Copperbelt/Luapula/Northern	12
		Total	12
Adherence Support	May 23– June 3, 2011	Central/Copperbelt/Luapula/Northern/ North-Western	25
		Total	25

Training Course	Training Dates	Province	Number Trained
Adherence Counselling HCWs	June 15-17, 2011	Luapula	17
		Total	17
Equipment Use and Maintenance	April 4 – 6, 2011	Luapula /Copperbelt	4
	May16 – 17, 2011	Central/ Luapula	12
	May16 – 19, 2011	Copperbelt/ North-Western	27
	May18 – 19, 2011	Central	8
		Total	71
ART Commodity Management A for Lab and Pharm	March 28-1April –, 2011	North-Western	21
	May 9-13, 2011	Copperbelt	28
	June 6-10, 2011	Northern	18
		Total	67
Model Sites mentorship	April 11-15, 2011	Central	10
	April 19-26, 2011	Copperbelt	5
	June 6-10,2011	Copperbelt	5
	April 11-15, 2011	Luapula	10
	April 18-22, 2011	Northern	12
	April 11-15, 2011	North-Western	8
		Total	50

ANNEX H: Meetings and Workshops this Quarter (Apr. – Jun., 2011)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p>April 26, 2011 <i>HIV Prevention for people Living with HIV (PwP) meeting:</i> This meeting was held at JHPIEGO in Lusaka to develop the terms of reference for the sub-committee on PwP. All stakeholders were asked to share their PwP training materials with the rest of the team so that a standard training manual for PwP could be developed.</p>
	<p>April 26 – 28, 2011 <i>MBP meeting to develop PMTCT MBP implementation protocols in Zambia:</i> The meeting was held at Taj Pamodzi hotel to address MBP implementation issues and concerns raised by the AIDS free world. The concerns were raised around: a) the content of the pack b) potential social harm and adverse events and c) implementation issues. Tools need to be finalized by end of July 2011 and signed off by PS. The package recommendations need to be presented at a meeting in Geneva.</p>
	<p>April 29, 2011 <i>Dissemination of evaluation results of the SMS - Mwana pilot project:</i> The meeting was held at Taj Pamodzi and sponsored by UNICEF for the dissemination of evaluation results of the SMS Mwana pilot project. The next actions were to plan for a national scale up, create unified materials and strengthen data entry at PCR labs and facility level as well as review DBS-SMS tracking registers design to incorporate feedback</p>
	<p>May 12 -14, 2011 <i>PMTCT training manual update meeting:</i> This was held at Fringilla Lodge in Chisamba to review PMTCT training manuals to include the 2010 PMTCT protocol guidelines. A follow up consolidation meeting for the training modules was to be arranged by JHPIEGO on a date to be communicated</p>
	<p>May 18, 2011 <i>Talking HIV prevention, Media and HIV prevention Research Forum:</i> The meeting was organized by CIDRZ and held in the CIDRZ boardroom. The meeting was intended to engage the media to build a core of journalists with an understanding of HIV prevention research to enable them disseminate accurate information to the public whenever they reported on HIV prevention research processes including clinical trials.</p>
	<p>May 23, 2011 <i>EID TWG meeting:</i> This was held at Child Health Unit conference room Lusaka to summarize EID program status and future direction status report-presentation for 2010 and SMS technology use for EID program for provincial level dissemination and scale up plan. An orientation meeting was to be called for at the Child Health unit in preparation for a provincial level dissemination scale up plan for EID SMS technology during the month of June, 2011.</p>
	<p>June 13, 2011 <i>ZPCT II and Ministry of Health Year Two Review Meeting:</i> This meeting was organized by ZPCT II and held at Intercontinental Hotel in Lusaka to review year two work plan to ensure the maximum impact of the project for the Ministry of Health (MoH) as ZPCT II moves into the third year. USAID took note of all the issues raised especially the issue on renovation versus construction. ZPCT II provincial offices were also encouraged to get involved in the MoH planning cycles.</p>
MC	<p>June 14, 2011 <i>MC TWG communications subcommittee meeting:</i> This meeting was held at the CIDRZ boardroom. Partners in attendance included; MOH, ZPCT II, SFH, WHO, CIIDRZ. The agenda included; the finalizing plans for introduction of the new MC communications strategy into the overall NAC strategic framework for 2011 – 2015. The meeting also discussed plans to share and adopt IEC material and harmonizing MC messages for targeted audiences in the community which should be done early next quarter.</p>
ART/CC	<p>April 25, 2011 <i>Monthly ART Accreditation Consultative Meeting:</i> ZPCT II participated in this meeting convened by Health Professions Council of Zambia (HPCZ). This meeting convened discussed various issues on current status of ART accreditation and the plans to resume accreditation assessments in quarter 3 of 2011 after re orientation of assessors training in May. The meeting was also briefed on the pilot accreditation assessment for MC sites by HPCZ.</p>
	<p>April 28, 2011 <i>ZPCT II/ MoH/ Private sector Meeting:</i> ZPCT II hosted this one day meeting through the Kabwe office to share the scope of support that is intended for the private sector sites. In addition, the meeting addressed the various concerns and expected roles and responsibilities as addressed in the</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>MOUs that are signed with the private sector.</p> <p>May 10-12 2011 <i>INTEREST CONFERENCE.</i> One Clinical Care Officer from Solwezi attended the conference in Dar es Salaam, Tanzania. This is an annual event whose focus is on the science and programmatic issues surrounding HIV/AIDS.</p> <p>May 19 and June 24, 2011 <i>ART Technical Working Group (TWG) Meetings:</i> ZPCT II was in attendance at these meetings which were held at the MoH. Key issues discussed included the roll out or dissemination plan for the revised ART guidelines, discuss the spectrum modeling for ART scale up plan and the impending SmartCare revisions.</p> <p>June 6 -10, 2011 <i>ZPCT II Clinical Care Unit Capacity Building Workshop:</i> ZPCT II technical officers from the provinces participated in this workshop which was held in Lusaka. The aim was to review workplan achievements and targets, share lessons and challenges and chart the way forward. The meeting was also used for various capacity building activities.</p> <p>June 13-15, 2011 <i>HIV Nurse Practitioner Examinations:</i> ZPCT II participated in the script marking of the HNP program final examinations. This activity lasted for three days at the General Nursing Council in Lusaka. Other stake holders such as CIDRZ and AIDS Relief were also in attendance</p> <p>June 28 – 30, 2011 <i>ARV Forecasting and Quantification Meeting:</i> ZPCT II together with other stakeholders participated in this meeting. This meeting was convened by MoH in collaboration with JSI. Stock levels of all ARV drugs including Cotrimoxazole were discussed and factored in the quantification process in line with the new guidelines. The meeting lasted for three days.</p>
Laboratory	<p>07 April 2011 <i>EID Assessment Meeting:</i> ZPCT II attended the early infant diagnosis (EID) debrief on assessment of activities from the time EID commenced in 2005. It was resolved that after the assessment a technical report would be provided which would highlight weaknesses identified in the program. The meeting was also informed about the phasing out of DNA Roche Amplicor kits and that Roche was migrating to fully automated systems.</p> <p>13 – 14 April, 2011 <i>Laboratory Commodities Quantification Workshop:</i> ZPCT II attended the MOH Laboratory Commodities quantification workshop held at JSI- SCMS offices. The goal of the workshop was to review lab commodities forecast for the first quarter of 2011, based on current trends and subsequently forecast and quantify the need for one year and update the procurement plan for April 2011 to April 2012. In addition, the funding needs were identified to guide resource mobilization. In attendance were MOH, SCMS AIDS Relief CHAI, CHAZ, JICA SHIMA project, CIDRZ and CDC.</p> <p>18 April 2011 <i>EID Evaluation Meeting:</i> ZPCT II attended the early infant diagnosis (EID) evaluation meeting which focused on the data collection for the technical report on how the SMS system for delivery of results was operating so far. Qualitative and quantitative aspects to data collection and analysis were discussed. Data had been collected from five sites and variables to be used to analyze this data included turn-around time before the introduction of the SMS system and turn-around time after SMS. The final report was targeted for completion on 29 April 2011 at which time it will be disseminated to all implementing partners and stakeholders.</p> <p>20 April 2011 <i>MoH Laboratory Services Consultative Meeting:</i> ZPCT II attended a consultative meeting with the Deputy Director Laboratory Services at MoH. This meeting was to discuss issues arising with regard to the items donated to Ministry of Health by ZPCT II, and to provide clarification on placement of the instruments.</p> <p>29 April 2011 <i>SMS Mwana Evaluation Pilot Project Dissemination Meeting:</i> ZPCT II attended a meeting on the dissemination results of the SMS Mwana evaluation pilot project. A presentation on the pilot was given by UNICEF and CHAI. The Pilot assessed turnaround time of EID results in 31 clinics across 6 provinces supported by 3 PCR labs. During the pilot EID results were received either through SMS on phone (personal or facility phone) or through the Printer technology (Result 160). Total of 2791 results were delivered during the pilot. Among challenges noted during the pilot included, power outages, crashed server, inconsistent use of DBS -SMS tracking tools and stock out of DBS commodities. Overall, the pilot reported a reduced turnaround time of 57%</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>qualitatively and 56% quantitatively. Recommendations for next steps were discussed which mainly centered on plans for national level scale up. All implementing partners in EID were present at this meeting, namely CHAI, UNICEF, CDC, BU, and MOH.</p> <p>June 2 , 2011 <i>PIMA Evaluation Meeting:</i> ZPCT II participated in the PIMA evaluation meeting held at the Clinton foundation (CHAI) offices. In attendance were SCMS, ZPCT, CHAI, AIDS-relief CDC, BU and MOH. The meeting was convened to discuss feedback from the ethics review board (ERES) on the study protocol for the proposed PIMA field evaluation study. The meeting discussed the number of health facilities to be included in the evaluation, the number of tests to be performed during the evaluation and the selection criteria for facilities that will take part in the evaluation. Development of a scientific study protocol was initiated to be reviewed in the next meeting.</p> <p>03.June ,2011 <i>Laboratory Systems Computerization Meeting:</i> ZPCT attended a meeting at JSI-SCMS offices facilitated by MOH laboratory services with a focus on the need to computerize MOH laboratory systems. In attendance were ZPCT, SCMS, and MOH The aim of the meeting was to get MOH views or expectations on the scope of a laboratory computerization process. While MOH intends to have a comprehensive information system that captures both the logistics stem and the Laboratory management information system, MOH noted that the paper based information systems was currently being reviewed and would be ready for piloting within the year whereas the logistics management information system was already in use in almost all facilities. Incorporating the two would slowdown the process as the paper based system was still at revision stage. MOH agreed to let t partners know on how to proceed after consultation.</p> <p>June 20,2011 <i>Launch of National Phlebotomy Training:</i> ZPCT II attended this meeting held at the Taj Pamodzi Hotel, convened and chaired by the MoH. Present were all stakeholders and implementing partners. The meeting launched Good Blood Draw Applications Zambia Initiative GAZI phlebotomy training to ensure quality specimen collection in all facilities. The program was planned to include follow on 2days training workshop for TOT and two weeks onsite training for facility staff and implementation process.</p> <p>June 23,2011 <i>PIMA Evaluation Meeting:</i> ZPCT II participated in the ongoing PIMA evaluation meetings held at Clinton foundation CHAI offices to discuss feedback on the field evaluation study protocol development process. The working document was reviewed and further review on the sampling methods protocol was noted as a challenge. The meeting agreed to meet again for final review of the final document before submission to ERES. Meeting attended by SCMS, ZPCT, AIDSRelief and CHAI</p>
Pharmacy	<p>April 4 – 8, 2011 <i>Essential Medicines Logistics Improvement Program (EMLIP) Training:</i> This was a mop-up training held at JSI offices for healthcare workers that are part of the pilot phase of this program. ZPCT II took this chance to familiarize with the new logistics system being piloted in some districts.</p> <p>April 26 – 28, 2011 <i>Mother Baby Pack (MBP) Implementation Meeting:</i> This was held at Pamodzi Hotel to address MBP implementation issues in Zambia and concerns raised by the AIDS free world. The agenda included informing key in-country decision makers (MOH and partners) on status of MBP country activities to get support for continuation of the MBP project. The other focus was on developing country level MBP implementation protocols that take into account management and coordination, supplies and logistics, community participation including NGOs with PLWA and a robust monitoring and evaluation</p> <p>April 28, 2011 <i>Public Private Partnership (PPP) Meeting:</i> This meeting was hosted by ZPCT II Kabwe office held at Broken hill lodge and the main purpose was to engage representatives from the Provincial Medical Office (PMO), District Medical Office (DMO) and Private sector facilities into discussion to operationalize the PPP program.</p> <p>May 20. 2011 <i>Nutrition TWG Meeting:</i> ZPCT II participated in The main purpose of the meeting is to share the 2011 Nutrition Provincial Plans and for partners to meet the newly appointed Nutritionists from all the nine provinces and have an opportunity to share organization profiles with them</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>June 28 - 30, 2011</p> <p><i>National Annual ARV/Cotrimoxazole Quantification and Forecasting Meeting:</i> ZPCT II attended this meeting hosted by MoH in collaboration with USAID Deliver to review and revise the 2010 annual forecast figures. The meeting also reviewed the assumptions made during the 2010 annual forecasting meeting. Part of the agenda was also to build consensus on assumptions for the 2011 annual forecast taking into consideration the current patient numbers, PMTCT & Adult/Pediatric ART guideline implementation, consumption data and implementation of the new FDCs.</p>

ANNEX I: Mobile CT Data April – June 2011

District	Sites	Males					Females					Grand Total
		Children Tested	Children Positive	Adults Tested	Adults Positive	Total Males	Children Tested	Children Positive	Adults Tested	Adults Positive	Total Females	
Copperbelt Province												
Chingola	Chiwempala	0	0	77	7	77	1	0	90	14	91	168
Chingola	Kabundi	0	0	137	11	137	1	0	115	11	116	253
Mufulira	Murundu	4	0	79	3	83	13	0	96	12	109	192
Mufulira	Kansuswa	14	0	106	10	120	11	1	133	18	144	264
Ndola	Chifubu	2	1	144	5	146	1	0	84	14	85	231
Ndola	Masala	0	0	146	10	146	0	0	58	10	58	204
Central Province												
Kabwe	Kasanda New Market	0	0	64	7	64	1	0	38	6	39	103
Kabwe	Kasanda New/Market	0	0	56	6	56	0	0	21	4	21	77
Kabwe	Mukuyu Tree	2	0	117	8	119	0	0	48	2	48	167
Kabwe	Mukuyu Tree	1	0	75	5	76	0	0	30	2	30	106
Kabwe	Central Police	0	0	10	0	10	0	0	3	0	3	13
K/Mposhi	Town Centre	0	0	43	7	43	0	0	16	1	16	59
Luapula Province												
Mansa	Senama	2	0	43	1	45	5	1	38	5	43	88
Samfya	Samfya Stage II	9	0	26	3	35	1	0	6	3	7	42
Northern Province												
Kasama	Musenga	1	0	20	0	21	2	0	78	0	80	101
Kasama	Agric. Show Grounds	0	0	33	1	33	0	0	14	0	14	47
Kasama	Malalo Grounds	1	0	18	0	19	0	0	12	0	12	31
Kasama	New Town Market	0	0	24	0	24	4	0	20	0	24	48
Kasama	Chisanga Village	0	0	29	0	29	0	0	16	0	16	45
Kasama	Tazara Station	0	0	69	0	69	0	0	22	0	22	91
North-Western Province												
Solwezi	Maheba	1	0	25	0	26	2	0	63	5	65	91
Solwezi	Maheba	9	0	11	0	20	18	0	23	0	41	61
Solwezi	ESCO	0	0	27	0	27	0	0	18	0	18	45
Total		46	1	1379	84	1425	60	2	1042	107	1102	2527

ANNEX J: Status of Laboratory Equipment (April – June 2011)

Item	Facility	Instrument	Condition	Action	Current Status
CD 4 Analysers	Kasama general Hospital	BD Facscalibur	Nonfunctional the Central (calibrate run failure)	BD vendor informed and have since repaired the machine.	Functional and in use.
	Kasama general Hospital	FacsCount	Non Functional – Blocked sample probe	BD engineer was informed of the breakdown and have tried to work on the machine, still nonfunctional. Pending further repairs.	Nonfunctional.
	Chinsali D Hospital	FacsCount	Nonfunctional- suspected short circuit in the system	BD , vendor informed of the situation	Non functional
	Isoka D Hospital	FacsCount	Nonfunctional-	BD , vendor informed and have repaired the equipment	Fully functional and in use.
	Serenje D Hospital	FacsCount	Nonfunctional for a week in the month of April , problem with the sample aspiration probe	BD , vendor informed and have repaired the equipment	Fully functional and in use.
	Liteta D Hospital	FacsCount	Nonfunctional for a week in the month of April , problem with the sample aspiration probe	BD , vendor informed and have repaired the equipment	Fully functional and in use.
	Mwachisompola HDZ	FacsCount	Nonfunctional due to filter mechanism for two weeks in the month of May	BD vendor replaced the filter.	Fully functional and in use.
Quarterly Summary Status for CD4 Analysers	Total Number Available	Total Number Non-Functional	Total Number Repaired	Total Number Pending Repairs	Total Number Fully Functional
	87	7	5	2	85
Item	Facility	Instrument	Condition	Action	Current Status
Chemistry Analyser	Mkushi DH	Humalyser 2000	Non functional	Vendor Biogroup was informed, still pending repair.	Non functional
	Kawama	Humalyser 2000	Nonfunctional	Vendor informed of the problem	Nonfunctional pending repairs
	Kasama Location clinic	Humalyser 2000	Nonfunctional printer problem	Vendor BioGroup repaired the equipment.	functional
	Kasama General Hospital	Cobas Integra	Nonfunctional in month of May- broken sample probe.	Vendor, Biogroup repaired the equipment .	functional

	Mansa GH	Cobas Integra	Non-functional – require major part replacement	Vendor, Biogroup was informed and has sourced the required part.	Nonfunctional pending part replacement.
	Solwezi G Hospital	Cobas Integra	The equipment was reported as nonfunctional with mechanical fault	Vendor Biogroup was informed	Functional
Quarterly Summary Status for Chemistry Analysers	Total Number Available	Total Number Non-Functional	Total Number Repaired	Total Number Pending Repairs	Total Number Fully Functional
	90	6	3	3	87
Haematology Analyzer	Isoka DH	ABX Micros 60	Reported as nonfunctional in the month of April.	Vendor informed and equipment was repaired	Fully Functional and in use.
	Liteta DH	ABX Micros 60	Equipment is old and has frequent break down.	Vendor serviced the machine and recommended the equipment to be replaced due to old age.	Functional and in use.
	Mkushi District Hospital.	ABX micros 60	Nonfunctional for 3 weeks -There was a problem on the sample aspiration mechanism	Vendor repaired.	Functional and in use.
	Ronald Ross H	ABX Micros 60	Nonfunctional for a week in April with blocked probe	Vendor Scientific group replaced the part.	Fully functional and in use.
	Riverside Clinic,	ABX Micros 60	Pending installation	None	Pending installation.
	Mpulungu health center	ABX Micros 60	Non functional	Vendor , Scientific group notified	Non functional
	Chilubula Health Center	ABX Micros 60	Nonfunctional 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.	Nonfunctional. The facility continued using a Sysmex Pochii as back up for hematology.
	Mpika DH	ABX Micros 60	Nonfunctional out of range readings on white cell count	SG vendor assessed the equipment. The reagent block had a crack and needed replacement SG ordered the part and installation was done.	Fully functional and in use
	Chilubula Health Center	Sysmex Poch 100	Non functional	Vendor Biogroup notified	Non functional
	Mpulungu health center	Sysmex Poch 100	Nonfunctional	Vendor Biogroup notified	Nonfunctional
	Kasanda HC	Sysmex Poch 100	Nonfunctional with major part replacement	Vendor informed and replacement of spare part is being facilitated by ZPCT.	Nonfunctional.
Chimwemwe clinic	Sysmex Poch 100	Non functional	Vendor informed, pending repair.	Nonfunctional.	

Quarterly Summary Status	Total Number Available	Total Number Non-Functional	Total Number Repaired	Total Number Pending Repairs	Total Number Fully Functional
Haematology Analysers	127	12 One pending installation	5	6	120

ANNEX K: Activities Planned for the Next Quarter (July – Sept., 2011)

Objectives	Planned Activities	2011		
		Jul	Aug	Sept
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 330HCWs and 132 community volunteers in CT courses	x	x	x
	Strengthen implementation of provider initiated Opt-out testing with same - day results in all supported sites	x	x	x
	Strengthen 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
	Continue 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	
1.2: Expand prevention of mother-to-child transmission	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Training 275 HCWs and 150community 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
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester		x	x
	Start implementation of the HIV retesting study in the 10 sites targeted across the five supported provinces	x	x	x

Objectives	Planned Activities	2011		
		Jul	Aug	Sept
(PMTCT) services	Continue supporting the 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
	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 and repeated at six months 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
	Plan for exchange visits for learning purposes in selected model sites for PMTCT	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 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	x	x	x	
Conduct an in-depth evaluation study of HIV retesting among HIV negative pregnant women in selected supported health facilities.	x	x	x	
1.3: Expand treatment services and	Scale-up ART to new private 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

Objectives	Planned Activities	2011		
		Jul	Aug	Sept
basic health care and support	Support ART/CC and MC services in existing PPP sites; initiate 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
	Train ASWs in gender training module and initiate screening of ART clients in the ART clinics for gender based violence	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 revised ART guidelines and job aids;	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
	Strengthen implementation of activities in Private Sector	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 one more mentors training in Lusaka and strengthen mentorship activities in the respective facilities and operationalize resource centers.	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 and in MCH settings in collaboration with TBCARE	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
	Strengthen mobile MC activities by building on the strengths of the program	x	x	x
	Support community mobilization activities for MC in collaboration with CARE	x	x	x
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	Handover final draft of the ART pharmacy SOPs to MoH	x		

Objectives	Planned Activities	2011		
		Jul	Aug	Sept
laboratory and pharmacy support services and networks	Review draft SOPs at stakeholders consensus meeting	x		
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs		x	x
	Provide technical oversight and orientations to new provincial pharmacy and lab technical officers	x	x	x
	Conduct unit review meeting for all technical staff			x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x
	Support MBP pilot in the four selected ZPCT II supported districts	x	x	x
	Orientation and monitoring of facility staff in use of Nevirapine in line with extended use for infants	x	x	x
	Review and update ART Commodity management training package	x	x	x
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs	x	x	x
	Support the implementation of the Model Sites mentorship program	x	x	x
	Strengthen pharmaceutical and laboratory services in the private sector	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	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		
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	x
	Promote usage of tenofovir based regimens and newly introduced FDCs and monitor use of Abacavir based regimen as alternate 1 st line	x	x	x
	Orientation in use of newly introduced FDCs for paediatric clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies		x	
	Administer QA/QI tools as part of technical support to improve quality of services		x	x
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	x
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	x
Support the collection of results from further rounds of HIV EQA program in collaboration with the MoH and other partners at ZPCT II supported facilities		x		
Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	x	
Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.	x	x		
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate		x	x

Objectives	Planned Activities	2011		
		Jul	Aug	Sept
	referral network activities.			
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	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
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				
	Compile semi-annual data audit report	x		
	Hire consultant to update ART QI/QI CSPro software application package	x	x	
	Finalize the roll out use of updated QA/QI Tools in all provinces		x	
	Compile and submit the PEPFAR semi-annual data report	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
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites and support in implementation of new Gender indicators at facility level		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	Provide Technical assistance to the MOH/NAC Epidemiology for Data Users (EDU) Training			x
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for year three and ensure completion of year two renovations		x	
	Assessments for year four expansion and identification of facilities in all the provinces			x
	ZPCT II partners meeting			x
			x	x
	Delivery of equipment and furniture to ZPCT II supported facilities		x	x
	Finalize updating ASW manual with gender module			x
	Initiate dialogue with MoH on integrating gender in MoH training manuals		x	x
	<ul style="list-style-type: none"> ▪ ZPCT II will initiate use of updated CHC checklist which screens for gender based violence within ART settings ▪ ZPCT II will begin to sit on the M&E National Technical Working Group and on the Gender National Steering Committee ▪ Discuss integrating of gender indicators inn the HMIS through the National M&E Technical Working Group 			x
	ZPCT II to hire training consultants to develop and implement management training packages for capacity building of PMOs and DMOs	x	x	x
	Conduct two financial management training for PMO and DMO staff			

Objectives	Planned Activities	2011		
		Jul	Aug	Sept
	in two provinces			
	Conduct two Governance trainings for PMO and DMO staff in two provinces	x	x	
	Training of ASWs, conduct community mobile CT and community-facility referrals for CT, PMTCT, and MC	x	x	x
	Facilitate district referral network meetings	x	x	x
	Provide subgrants to selected CBOs/NGOs		x	x
Finance	FHI finance team will conduct financial reviews of FHI field offices		x	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
	Recruitment of staff to fill vacant positions	x	x	x
IT	Roll out the computerized asset management software to ZPCT II provincial offices	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.		x	x
	Replacement of old equipment in ZPCT II facilities	x	x	x