



Quarterly Progress Report July 1 - September 30, 2011

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

LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
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).

During this quarter, 350 public and 12 private health facilities across 41 districts in the five ZPCT II provinces were supported in the implementation of HIV/AIDS services this quarter. Key activities and achievements for this reporting quarter include:

- 119,154 individuals received CT services exclusive of those reached through PMTCT in 350 public and 12 private health facilities. The COP target includes those reached through PMTCT as well and that total is 1702,107;
- 52,953 women received PMTCT services, out of which 4,253 tested HIV positive in 350 public and 12 private health facilities. The total number of HIV positive pregnant women who received ARVs to reduce the risk of MTCT during this period was 5,556;
- Technical assistance was provided in all technical areas with a focus on new technical strategies and monitoring quality of services;
- 350 public and 12 private health facilities were offered palliative care services. A cumulative number of 211,636 individuals received palliative care from these facilities;
- 131 public and 9 private health facilities provided ART services (77 are static and 65 are outreach sites). Of the 142 ART sites, 140 ART sites report independently while two report through bigger facilities. A total of 7,459 new clients (including 532 children) were initiated on antiretroviral therapy. Cumulatively, 141,851 individuals are currently on antiretroviral therapy and of these 9,766 are children;
- 837 health care workers were trained in the following courses; 231 in CT, 249 in PMTCT, 72 in adult ART/OI management, 126 in paediatric ART, 69 in adherence counseling, 40 in male circumcision, and 22 in ART commodity management for laboratory and pharmacy, and 28 were trained in equipment use and maintenance.
- 245 community volunteers were trained in the following courses: 106 in CT, and 139 in PMTCT.
- 34 HCWs were mentored through the model sites in four provinces, including; Central, Luapula, Northern, and North-Western
- MOUs were signed with six private sector facilities; one in Central, three in Copperbelt, one in Luapula, and one in North-Western Provinces;
- 43 health facility renovations planned for year two have been completed. Out of the 63 new refurbishments targeted for year three, 59 contracts have been signed and works are ongoing. The remaining four contracts are expected to be signed next quarter and renovations are expected to begin immediately thereafter.

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

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul-Sep 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 - Sep 11)	Targets (Jan -Dec 2011)	Achievements (Jan - Sep 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	362 (350 Public, 12 Private)	349	362 (350 Public, 12 Private)			362 (350 Public, 12 Private)
	Individuals who received HIV/AIDS CT and received their test results	728,000	895,507	275,000	377,309	55,516	63,638	119,154
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	1,300,000	1,293,644	415,000	535,984	55,516	116,591	172,107
	Individuals trained in CT according to national or international standards	2,316	1,198	438	372	84	147	231
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	350 (340 Public,10 Private)	318	350 (340 Public,10 Private)			350 (340 Public,10 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	398,137	140,000	158,675		52,953	52,953
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	47,128	15,000	16,719		5,556	5,556
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2,683	968	712	70	179	249
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	362 (350 Public, 12 Private)	349	362 (350 Public, 12 Private)			362 (350 Public, 12 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	560,000	211,636	170,000	204,067	78,867	123,045	201,912
	Pediatrics provided with HIV-related palliative care	60,000	16,745	13,617	16,218	8,090	7,970	16,060

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 (Jul-Sep 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 - Sep 11)	Targets (Jan - Dec 2011)	Achievements (Jan - Sep 2011)	Male	Female	Total
	(excluding TB/HIV)							
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1,424	505	449	89	109	198
	Service outlets providing ART	130	140 (131 Public, 9 Private)	132	140 (131 Public, 9 Private)			140 (131 Public, 9 Private)
	Individuals newly initiating on ART during the reporting period	115,250	66,092	24,000	23,583	3,085	4,374	7,459
	Pediatrics newly initiating on ART during the reporting period	11,250	5,100	1,922	1,739	256	276	532
	Individuals receiving ART at the end of the period	146,000	141,851	104,200	141,851	56,487	85,364	141,851
	Pediatrics receiving ART at the end of the period	11,700	9,766	7,502	9,766	4,944	4,822	9,766
	Health workers trained to deliver ART services according to national or international standards	3,120	1,424	505	449	89	109	198
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	362 (350 Public, 12 Private)	349	362 (350 Public, 12 Private)			362 (350 Public, 12 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	12,112	4,200	4,341	777	768	1,545
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,424	505	449	89	109	198
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	10,577	6,146	3,068	659	481	1,140
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	30 (29 Public, 1 Private)	37	30 (29 Public, 1 Private)			30 (29 Public, 1 Private)
	Individuals trained to provide MC services	260	214	85	78	29	11	40
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	7,143	1,000	4,879	2,778		2,778
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	104 (97 Public, 7 Private)	111	104 (97 Public, 7 Private)			104 (97 Public, 7 Private)
	Laboratories with capacity to perform clinical laboratory tests	N/A	138 (126 Public ,12 Private)	117	138 (126 Public ,12 Private)			138 (126 Public ,12 Private)
	Individuals trained in the provision of laboratory-related activities	375	595	200	173	27	12	39
	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	2,686,304	762,600	1,071,952			344,109

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul-Sep 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sep 11)	Targets (Jan –Dec 2011)	Achievements (Jan – Sep 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	1,196	440	376	55	51	106
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	735	250	238	28	111	139
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	480	110	50	0	0	0
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			5
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	109,310	TBD	49,572		17,028	17,028
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	298,848	TBD	104,271	12,594	22,297	34,891

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): During this quarter, ZPCT II continued to provide programmatic, financial and technical support to 350 public health facilities in 41 districts in the five provinces through 58 recipient agreements (RAs) which end December 31, 2011. All 58 RAs are due for amendment next quarter.

Renovations: 43 health facility renovations planned for year two have been completed. Out of the 63 new refurbishments targeted for year three, 59 contracts have been signed and works are ongoing. The remaining four contracts are expected to be signed next quarter and renovations are expected to begin immediately thereafter.

Environmental Impact Mitigation

As an ongoing activity, ZPCT II continued to monitor management of medical waste and ensure environmental compliance of its supported renovations this quarter. 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 has continued.

Monitoring of proper disposal of sharps in puncture proof boxes is ongoing by ZPCT II staff. The absence of functional incinerators in some facilities continues to pose a problem for the incineration of medical waste. To address this, ZPCT II has conducted assessments to identify incinerators that need to be refurbished in all the five provinces. Facilities that have been accessed include Ronald Ross Hospital (Mufulira), Zambezi and Chavuma District hospitals, Chilubula Rural Health Centre in Northern Province, Chalata Rural Health Centre in Central province have all been earmarked for refurbishment next quarter. Provision of basic incinerators fabricated from used steel drums is also being explored as recommended by

Environmental Council of Zambia in its 'Technical Guidelines on the Sound Management of Health Care Waste' handbook.

Facility Graduation and Sustainability Plan

Serenje District was graduated this quarter in collaboration with the Serenje District Medical Office having met the graduation criteria measured using the quality assurance graduation tools. This brings the total number of graduated districts to 19. Limited technical and financial assistance is still being provided by ZPCT in all the graduated districts.

Procurement

During this quarter, the following medication equipment and furniture was procured: one photocopier machine, 19 chairs, seven computers, printers & UPS, four lockable drawer cabinets, one double door storage cabinet, 16 solar LED lanterns, one RPR shaker, one Hematocrit centrifuge, five roller blood mixer, one bench centrifuge, three vortex mixers, seven autoclaves and one binocular microscope. This equipment will be delivered to ZPCT II supported facilities next quarter.

Prevention

A number of prevention activities were conducted this quarter; these included the retesting of negatives, community to facility referrals for male circumcision services (including integration with counseling and testing), PMTCT, and CT. Other activities included mobile CT (see section 2.3 below), youth focused activities that included awareness creation and group discussions on STIs, HIV and AIDS, safe sex practices (including condom demonstrations), male circumcision, PMTCT, nutrition, family planning and life skills. Prevention with Positives (PwP) was also addressed during the meetings.

Gender

The review of the ASW manual by ZPCT II staff was completed in August 2011 and a module on gender has been included in the manual. A consultant from Social Impact is expected in the next quarter to assist with the completion of the ASW training manual. As part of the support from the Social Impact consultant, ZPCT II intends to conduct a Training of Trainers on screening and referral of Gender Based Violence survivors. This training is intended to enhance the use of the Chronic Health Care checklist to screen for gender based violence in clients as it will promote referral of clients to other service providers thereby strengthening the referral system. ZPCT II is yet to start discussions with MOH on incorporating a gender dimension in the other HCW training packages. Next quarter, ZPCT II intends to launch the gender strategy planned for October 18, 2011 and has invited key partners.

Human Resources (HR)

This quarter, six positions were filled from the 21 vacancies. Recruitment plans are ongoing to fill the remaining 17 vacancies. ZPCT II supported staff development and training in front office management, motor vehicle mechanics, and human resources.

Information Technology (IT)

The procurement process for electrical works to prevent loss of IT equipment due to lightening for Solwezi and Mansa commenced during this reporting period. The upgrade of ZPCT II office computer operating systems from Windows XP to Windows 7 was initiated this quarter and is expected to be completed in the next quarter. ZPCT II identified new staff who reported to take up the vacant IT positions in Solwezi and Kabwe. Submissions for year three budget that includes purchase of equipment for the ZPCT II offices such as laptops and desktops, equipment spares and maintenance of the IT infrastructure were made by the IT team. The IT team also began the process of updating the ZPCT II offices and health facility equipment inventories during this quarter. The exercise will help to identify and upgrade requirements for facility computers and will allow the project to upgrade components such as RAM and hard drives without the need to buy completely new equipment.

Finance

- Pipeline Report: The current obligated amount is \$57,312,000, out of which the project has spent \$51,038,664.45 as at September 30, 2011. Our current expenditure is now 88% of the current obligation and ZPCT II has requested for an incremental obligation. Using our current burn rate, the remaining obligation is projected to last six months.

- **Training and Meetings:** There was an in-house training conducted by senior managers from FHI HQ on Shared Cost accounting system.
- **Technical Support:** The procurement team travelled to Luapula, Northern, Northwestern and Copperbelt provinces to provide technical support.

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 245 community volunteers and placed 245 volunteers in ZPCT II supported facilities this quarter. Ten HIV nurse prescriber trainees passed their exams this quarter. Fifteen did their didactic training and are currently doing their ten month mentorship in their respective facilities.

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, stock out centrally of DBS blood collections kits at MSL continued to affect availability of DBS kits needed for early infant diagnosis in the sites it supports. 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 continues to support its facilities with the redistribution of the DBS blood collection consumable bundles from sites which had excess stocks to ensure services were not interrupted. In addition, to attempt to address the central level stock-out, ZPCT II has engaged other partners responsible for the procurement of the DBS bundles, CHAI, on issues leading to the stock out and for information on when the situation is expected to normalize.
- 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.

During the quarter, a nationwide shortage of PCR kits was experienced, and this negatively impacted on the numbers of PCR tests conducted. This is a similar scenario as was experienced last quarter and is as a result of CHAI's plan to transition the responsibility of the procurement of the PCR Amplicor kits to another partner under the guidance of MOH. However, stock was received toward the end of the quarter and the situation is expected to normalize next quarter.

- **Lack of DBS bundles**

This quarter, some facilities experienced stock outs of DBS bundles. Redistribution efforts were also made while awaiting delivery of stocks at central level from the vendor. However MSL also reported a central level stock out for DBS bundles during the quarter. By the end of the quarter MSL confirmed that a shipment for DBS bundles was being expected in country. Throughout the quarter ZPCT II continued to facilitate inter-facility redistribution of the commodity to ensure continued service delivery.

- **Renovations**

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 discusses, as needed with PMOs and DMOs to plan infrastructure development where feasible.

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. Plans are underway to refurbish incinerators at a number of ZPCT II supported health facilities
- **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 has planned training of additional motorbike riders in all the provinces. Measures have also been taken to streamline procedures for the repair of motorbikes. An improvement in the turnaround time for repairs of equipment serviced by one of the vendors, namely Scientific Group, has been noted during this quarter following the increase in the number of engineers available to service and repair laboratory equipment from 3 to 5 during last quarter.
- **Reagent stock outs**
During this quarter there were no stock outs of FACSCount reagent for CD4 reported at the facilities. An improvement has been noted in the supply of this commodity compared to the previous quarters. While there were no stock-outs ZPCT II continues to provide mentoring to the facility staff in the implementation of the logistics systems as reasons for stock outs 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. However a few facilities in Copperbelt noted that they had stock challenges with FACSCalibur reagents especially calibrate and Trucount controls. This also affected the equipment utilization of the BD FACSCalibur. The stock out was a central level stock out that was confirmed by MSL. ZPCT continued getting updates on the stock status for the Calibrate and facilitated emergency orders when the calibrate beads became available at MSL towards the end of the quarter.

Facilities in Serenje District reported a stock out for ALT, AST and creatinine for the Humalyzer 2000. MSL confirmed that AST and ALT were in stock while creatinine was stocked out centrally. ZPCT II facilitated emergency orders to MSL for the reagents that were in stock. Cuvettes for Cobas Integra chemistry analyzer were also stocked out in some facilities on the Copperbelt. Follow up with MSL confirmed that these were also centrally stocked out. ZPCT II continued to obtain updates from MSL on stock status and assisted facilities to place emergency orders when the cuvettes were in stock. The situation will be monitored and ZPCT II will facilitate the redistribution of 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, Luapula and Central Provinces for two months due to late ordering of supplies and increased use of test kits for mobile CTs and re-testing of HIV negative clients. ZPCT II worked with health facility staff to submit emergency orders to ensure they access the kits once the stocks are cleared for distribution and to adjust the monthly consumption stock
- **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 PCR laboratory was not done during this quarter due to delays in approvals to engage the identified trainer. This however was resolved at the end of the quarter and the training is scheduled to take place next quarter in Ndola at which six staff will be trained in DNA PCR techniques.

- **PCR reagents**
 The HIV DNA PCR laboratory at ADCH continued to experience inconsistent supply of Roche Amplicor kits for DNA PCR detection used for early infant diagnosis. The kits were also centrally stocked out for sometimes at MSL. This resulted in backlog of untested DBS specimens. When supplies were received at MSL, ZPCT II facilitated emergency orders and also expedited transportation of the reagents to ADCH Ndola.
- **Internal quality control**
 Internal quality control practices were still a challenge during the quarter with a number of facilities not performing and documenting IQC consistently. ZPCT II worked with facilities to improve up take of Ministry of Health approved IQC forms for documentation by supplying printed IQC forms to some facilities and mentoring facility staff on the importance of IQC systems. Availability of internal quality control materials and laboratory reagents for lab tests contributed to the challenge of implementation of IQC for lab tests. FACSCalibur calibrate and Trucount controls were out of stock centrally and this affected implementation of IQC practices for the FACSCalibur. Even though IQC for HIV was being done in a number of facilities the challenge noted was that a number of facilities were not performing IQC for HIV testing consistently and were not documenting the activity. ZPCT II continues to mentor facility staff on the importance of this aspect of quality control.
- **Routine testing of under-five children**
 In Copperbelt Province, there has been a challenge of routine testing for under-five children because mothers do not go to the facility for the service but instead prefer to go to the open areas in community weighing points. This affects the number of children offered CT at facility level. ZPCT II has procured two tents for counselors to follow the children in the community weighing points and offer routine CT. This will be piloted in two sites to monitor progress before considering other sites. Other provinces like Central and Luapula reported that children were been discharged before they are tested. This has also affected uptake for pediatric services.
- **Fewer HIV negative CT clients returning for retest after three months**
 It was noted that not all HIV negative CT clients return after three months to retest. Facility staffs are being encouraged to emphasize the importance of retesting with clients. To encourage clients to come back for retests, they are being given appointments. ZPCT II is monitoring this for results and lessons learned.
- **Male involvement in PMTCT services**
 Although male involvement has been a challenge in most of the supported provinces, in Mkushi and Serenje Districts of Central Province it was reported that men are always busy working in the farms, as a result they don't have time to escort their wives for ANC services. While in urban provinces such as Copperbelt, reports continue to indicate low percentage of pregnant women attending PMTCT services with their partners. ZPCT II has continued to work with communities to mobilize and sensitize men on the importance of PMTCT in the HIV/AIDS intervention
- **Male circumcision Integration**
 MC integration was weak in all the five provinces in CT & PMTCT due to inadequate documentation and that some counselors were not aware of key messages to provide. Through regular meetings, ZPCT II is 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 temporal Job aids were printed and circulated in facilities with basic information on MC messages.
- **Male circumcision services**
 Low uptake of MC services was noted due to lack of deliberate continuous mobilization in static MC sites. To deal with this, the project decided to use the interpersonal approach strategy by engaging neighborhood health committees to help in MC specific recruitment of clients. Secondly, the efficient payment of transport reimbursement in view of expected increased mobilization is being reviewed for HCW at static sites. ZPCT II is also discussing with SFH and ZPI on ways to explore improved efficiencies with USG male circumcision efforts in Zambia.

- **Administration of ART and Clinical Care QA/QI tools**

There was some limitation noted in the proportion of QA/QI tools administered in some provinces especially North-Western and Northern Provinces because of limited travel approved during the quarter. It is hoped this will improve next quarter.

- **Private health facilities linkage to national ART commodity system**

Plans to link private health facilities to the national HIV/ART commodity system have not been finalized as they are awaiting MoH approval. ZPCT II is following up with the MoH in Lusaka.

- **Break down of computer hardware**

The constant breakdown of SmartCare computers in a number of facilities has affected SmartCare database management and has created a data backlog at a number of facilities. Procurement of or more replacement computers has been planned. 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. Measures taken include delivery of new computers in some facilities, repairs where possible and troubleshooting by ZPCT II IT staff.

- **Inadequate space for patient files**

A number of facilities indicated the need for more filing cabinets for patient records. However, the lack of physical space where to accommodate additional filing cabinets remains unresolved because of the overall lack of space for expansion in most facilities.

DELIVERABLES FOR THIS QUARTER (July – September 2011)

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

TRAVEL/TDY for this Quarter (July – September 2011)

The following were the regional/international travels for ZPCT II staff:

- The Director Technical Support and Senior Advisor SI, attended the FHI360 Global Strategic Information meeting that was held in Nairobi, Kenya from September 11 – 16, 2011 aimed at building capacity in research, monitoring and evaluation
- Gail Bryan-Mofya, the Senior Advisor Pharmaceutical Management attended the Africa Regional TB Pharmaceutical Management Conference in Johannesburg, South Africa from July 18 – 22, 2011
- One technical staff, Ennocent Sindazi attended the Supply Chain training in Arusha, Tanzania, from August 24 – 31, 2011
- Paul Kapisa, Human Resource Officer attended the Human Resource master class workshop in Johannesburg-South Africa from July 25 – 28, 2011
- Asha Basnyat the former Deputy Chief of Party/DOP for ZPCT II went to Ethiopia on July 18, 2011 to take up a new appointment as FHI Country Director
- The ZPCT II Gender Specialist, Josephine Musamba attended a gender FHI360 regional workshop in Nairobi, Kenya from September 12 – 15, 2011
- One technical staff, Neater Sialwiindi attended the gender policy in HIV/AIDS training course in Dar-es-Salam, Tanzania, from September 18 – October 1, 2011.

External Partner Coordination

- ZPCT II Solwezi office held a meeting with the Zambia Led Prevention Initiative (ZPI). The meeting discussed ZPI project sites and planned expansion to Mufumbwe District, collaboration with ZPCT II on community mobilization for MC in non-ZPCT II sites as well as referral for male circumcision to ZPCT II sites. How to share data was discussed and has been elevated to respective offices in Lusaka for further discussion and agreement.

Technical support this quarter was received as follows:

- Hare Ram Bhattarai, MIS technical assistance support officer from MSH, Nepal, provided TA support to 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 from August 6 – 16, 2011
- Kellock Hazemba (FHI Regional Senior F&A Advisor) travelled to Lusaka to provide technical support to the ZPCT II program from August 3 – 13, 2011
- Justin Mandala from FHI HQ provided technical assistance in PMTCT to the ZPCT II program from September 19 – 28, 2011

TRAVEL/TDY for the NEXT QUARTER (October – December 2011)

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

- Sitwala Mungunda, Community Program Manager, will attend ICASA conference, in Addis Ababa, Ethiopia from 4th to 8th December 2011.
- Dr Patrick Katayamoyo, Senior Advisor Clinical Care, will travel to Nakuru, Kenya, for a technical assistance visit for FHI360's APHIPlus project.

KEY ACTIVITIES ANTICIPATED FOR THE NEXT QUARTER (October – December 2011)

ZPCT II partners with the MoH at national, provincial, district and facility levels and will collaborate with other non GRZ partner organizations at provincial, district and facility level where appropriate. The following activities are anticipated for the next quarter (October – December 2011):

- Launch of the ZPCT II gender strategy
- Preparation of 2012 work plan and submission to USAID
- Capacity building trainings for PMOs and DMOs in financial management, governance, Human Resource and planning
- Assessments for health facilities, amendment of 58 recipient agreements and Kara Counseling Training Trust subcontract
- 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).
- Conduct a Training of Trainers on screening and referral of gender based violence survivors aimed at enhancing the use of the CHC checklist to screen for GBV in clients and promote referral of clients to other service providers
- ZPCT II will begin to attend meetings of the M&E National Technical Working Group and the Gender National Steering Committee
- FHI finance team will conduct financial reviews of FHI field offices
- Procurement team will travel to the field to provide Technical Support
- Contracts and grants will visit the field to provide Technical Support and will participate in the review of RA amendments

Technical support next quarter is as follows (October – December):

- Dr. Richard Yoder (Project Technical Lead, Cardno EMG) will travel to Lusaka to provide technical support to the capacity building component of the program in October 2011
- John Pollock, Project Support Leader for MSH, to conduct the annual review visit from October 12 – 21, 2011
- Silvia Gurrola Bonilla, Program Development Specialist, Social Impact, will travel to Lusaka to provide technical support in gender integration and build capacity of the ZPCT II in October 2011
- Catherine Mundy, the MSH laboratory support backstop, will travel to Zambia to provide laboratory leadership support to the Pharmacy and Laboratory team from November 12 – 22, 2011.

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.

During the 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.

During this quarter, 350 public and 12 private health facilities across 41 districts in the five ZPCT II provinces were supported in the implementation of HIV/AIDS services this quarter. Key activities and achievements for this reporting quarter include:

- 119,154 individuals received CT services exclusive of those reached through PMTCT in 350 public and 12 private health facilities. The COP target includes those reached through PMTCT as well and that total is 172,107;
- 52,953 women received PMTCT services, out of which 4,253 tested HIV positive in 350 public and 12 private health facilities. The total number of HIV positive pregnant women who received ARVs to reduce the risk of MTCT during this period was 5,556;
- Technical assistance was provided in all technical areas with a focus on new technical strategies and monitoring quality of services;
- 350 public and 12 private health facilities were offered palliative care services. A cumulative number of 211,636 individuals received palliative care from these facilities;

- 131 public and 9 private health facilities provided ART services (77 are static and 65 are outreach sites). Of the 142 ART sites, 140 ART sites report independently while two report through bigger facilities. A total of 7,459 new clients (including 532 children) were initiated on antiretroviral therapy. Cumulatively, 141,851 individuals are currently on antiretroviral therapy and of these 9,766 are children;
- 837 health care workers were trained in the following courses; 231 in CT, 249 in PMTCT, 72 in adult ART/OI management, 126 in pediatric ART, 69 in adherence counseling, 40 in male circumcision, and 22 in ART commodity management for laboratory and pharmacy, and 28 were trained in equipment use and maintenance.
- 245 community volunteers were trained in the following courses: 106 in CT, and 139 in PMTCT.
- 34 HCWs were mentored through the model sites in four provinces, including; Central, Luapula, Northern, and North-Western
- MOUs were signed with six private sector facilities; one in Central, three in Copperbelt, one in Luapula, and one in North-Western Provinces;
- 43 health facility renovations planned for year two have been completed. Out of the 63 new refurbishments targeted for year three, 59 contracts have been signed and works are ongoing. The remaining four contracts are expected to be signed next quarter and renovations are expected to begin immediately thereafter.

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. This 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 was granted approval for the fixed obligation grants (FOGs) by USAID this quarter. As a result, CARE Zambia conducted trainings for the selected CBOs/FBOs in the FOGs. Drafting of the scope of works for these organizations started this quarter in readiness for the negotiation and signing of the grants. This quarter, community volunteer numbers were adjusted to align them to client load at each facility where they are placed. This adjustment was done in consultation with the facility staff, DMOs, and PMOs. During the quarter, CARE conducted two trainings for community volunteers in youth CT, and CT supervision. CARE Zambia represented the ZPCT II partnership at the Ministry of Health organized workshop on the development of a national communication strategy for voluntary medical male circumcision (VMMC) in Zambia, where ZPCT II was selected to sit on the committee.
- Social Impact (SI) is responsible for providing support to integrate gender into the ZPCT II program. The review of the ASW manual by ZPCT II staff was completed in August 2011 and a module on gender has been included in the manual. A consultant from Social Impact is expected in the next quarter to assist with the completion of the ASW training manual. As part of the support from the Social Impact consultant, ZPCT II intends to conduct a Training of Trainers on screening and referral of gender based violence survivors. This training aimed at enhancing the use of the Chronic HIV Care

checklist to screen for gender based violence in clients to facilitate referral of clients to other service providers.

- Cardno Emerging Markets (Cardno) is responsible for building the capacity of PMOs and DMOs to manage HIV/AIDS programs beyond ZPCT II. This quarter, the Cardno EMG implemented a financial management mentor's training that was approved by MOH for ten PMO Accountants from the five ZPCT II supported provinces. This training was conducted by the National Institute of Public Administration while two MOH senior staff provided insight and guidance during the entire training. Approval was granted by MOH in using governance training packages developed by the In-Service Training Trust during this reporting period. Cardno EMG engaged a new Capacity Building Officer to replace their staff that has transitioned to work in their HQ offices.
- Churches Health Association of Zambia (CHAZ) is responsible for contributing to the expansion and scaling up of HIV/AIDS services in ten mission facilities. This quarter, CHAZ staff conducted technical assistance and program monitoring visits in Northern and North-Western Provinces. All renovations in the CHAZ mission sites were completed this quarter. In addition, data entry clerks (DECs) in some of the CHAZ supported sites were hired under their subcontract to replace those that had left after the end of support from the Global Fund to CHAZ for DECs. In the next quarter, generators delivered to Lubushi and Mambwe will be installed after the Kasama and Mbala DMOs completed constructions of generator houses at these facilities.
- 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 four training in CT supervision, and three trainings couple counseling for HCWs.
- University Teaching Hospital (MC unit) provided support in the implementation of male circumcision services. This quarter, three MC trainings were conducted for participants from Central, Copperbelt, Luapula, Northern, and North-Western provinces.

External Partner Coordination

- ZPCT II Solwezi office held a meeting with the Zambia Led Prevention Initiative (ZPI). The meeting discussed ZPI project sites and planned expansion to Mufumbwe district, collaboration with ZPCT II on community mobilization for MC in non-ZPCT II sites and referral for male circumcision to ZPCT II sites. Discussions were also held on how data would be shared but these were inconclusive and have been elevated to respective offices in Lusaka further discussion and agreement.

B) Health Facility Support

Recipient agreements (RAs): During this quarter, ZPCT II provided programmatic, financial and technical support to 350 public health facilities in 41 districts in the five provinces through 58 recipient agreements (RAs) which end December 31, 2011. All 58 RAs are due for amendment next quarter.

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

Renovations: 43 health facility renovations planned for year two have been completed. Out of the 63 new refurbishments targeted for year three, 59 contracts have been signed and renovations are ongoing. The remaining four contracts are expected to be signed next quarter and renovations are expected to begin soon after signing.

C) Environmental Impact Mitigation

As an ongoing activity, ZPCT II provincial office staff monitored management of medical waste and documented findings on compliance by facilities. The absence of functional incinerators in most facilities continues to pose a problem for the incineration of medical waste. However, where these exist, most are in a dilapidated state and plans are underway to refurbish incinerators in selected facilities across all the five provinces. Provision of basic incinerators fabricated from used steel drums is also being pursued as

recommended by Environmental Council of Zambia in its 'Technical Guidelines on the Sound Management of Health Care Waste' handbook.

D) Facility Graduation and Sustainability Plan

Serenje District was graduated this quarter in collaboration with the Serenje District Medical Office having met the graduation criteria measured using the quality assurance graduation tools. This brings the total number of graduated districts to 19. 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. Limited technical and financial support is being provided by ZPCT II in graduated districts.

E) Procurement

During this quarter, the following medication equipment and furniture was procured: one photocopier machine, 19 chairs, seven computers, printers & UPS, four lockable drawer cabinets, one double door storage cabinet, 16 solar LED lantern, one RPR shaker, one Hematocrit centrifuge, five roller blood mixer, one bench centrifuge, three vortex mixer, seven autoclaves and one binocular microscope. This equipment will be delivered to ZPCT II supported facilities next quarter.

F) Prevention

A number of prevention activities were conducted this quarter; these included the retesting of negatives, community to facility referrals for male circumcision services (including integration with counseling and testing), PMTCT, and CT. Other activities included mobile CT (see section 2.3 below), youth focused activities that included awareness creation and group discussions on STIs, HIV and AIDS, safe sex practices (including condom demonstrations), male circumcision, PMTCT, nutrition, family planning and life skills. Prevention with Positives (PwP) was also addressed during the meetings.

G) Gender

The review of the ASW manual by ZPCT II staff was completed in August 2011 and a module on gender has been included in the manual. A consultant from Social Impact is expected in the next quarter to assist with the completion of the ASW training manual. As part of the support from the Social Impact consultant, ZPCT II intends to conduct a Training of Trainers on screening and referral of Gender Based Violence survivors. This training is intended to enhance the use of the Chronic HIV Care checklist to screen for gender based violence in clients as it will facilitate referral of clients to other service providers. ZPCT II is yet to start discussions with MOH on incorporating a gender dimension in the other HCW training packages. Next quarter, ZPCT II intends to launch the gender strategy planned for October 18, 2011 to which key stakeholders have been invited.

H) Human Resources

Recruitment

This quarter, ZPCT II filled six positions from a total of 21 vacancies. Recruitment plans are ongoing to fill the remaining 17 vacancies. In view of the staff attritions during this quarter, recruitment activities are ongoing.

Training and Development

The ZPCT II staff attended training in the following areas during the reporting period:

- Front office management: Office Assistant from the ZPCT II Solwezi Office was sponsored for this program
- Motor vehicle mechanics: two Project Drivers from ZPCT II Solwezi and Kabwe offices were sponsored for this two weeks training
- HR Master Class: this was a three day training that was attended by the Human Resource Officer from Lusaka

I) IT

The IT team together with the technical unit rolled out the new web2sms SOP this quarter. This has improved the follow-up of defaulting clients. The SOP has also improved the collection of data that will be used to evaluate the effectiveness of the web2sms project on the reduction of loss to follow up.

The procurement process for electrical works to be carried out in Solwezi and Mansa commenced during this reporting period. These works are necessary to prevent loss of IT equipment in the coming rainy season as experienced previously. The works involve the separation of the server room supply to an independent circuit and the installation of voltage regulators. These works are expected to be completed at the beginning of the next quarter.

The upgrade of ZPCT II office computers operating systems from Windows XP to Windows 7 was initiated during this quarter and is expected to be completed in the next quarter. 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.

During this quarter, the new IT staff identified to take up the vacant positions in Solwezi and Kabwe reported for their new appointments. Orientation for the two staff was successfully completed and they have since been posted to their stations. This will ease the resolution of pending issues brought about as a result of not having IT staff in the two offices over the last two months. In the next quarter, the new additions to the IT team are expected to update the health facility and infrastructure documentation and inventory. The staff will also update passwords and administrator privileges on the health facility computers. Also, this quarter, performance assessments for all IT staff were conducted and goals set for the next performance period were set.

This reporting period, IT also handed in submissions for 2012 that includes purchase of equipment for the ZPCT II offices such as laptops and desktops, equipment spares and maintenance of the IT infrastructure.

The IT team also began the process of updating the ZPCT II offices and health facilities equipment inventories during this quarter. IT hopes that this exercise will enable us identify upgrade requirements for facility computers to allow us to upgrade components such as RAM and hard drives without the need to buy completely new equipment.

The rollout of the computerized asset management software is still on going as the initial review in this quarter revealed some features that needed to be changed. It is expected that the changes and the deployment will be completed in the next quarter.

J) Finance

- Pipeline Report: The current obligated amount is \$57,312,000, out of which we have spent \$51,038,664.45 as at September 30, 2011. Our current expenditure is now 88% 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: There was an in-house training conducted by senior managers from FHI HQ on Shared Cost accounting system.
- Technical Support; The procurement team travelled to Luapula, Northern, Northwestern and Copperbelt provinces to provide technical support

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

350 public and 12 private CT sites received support from ZPCT II 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*.

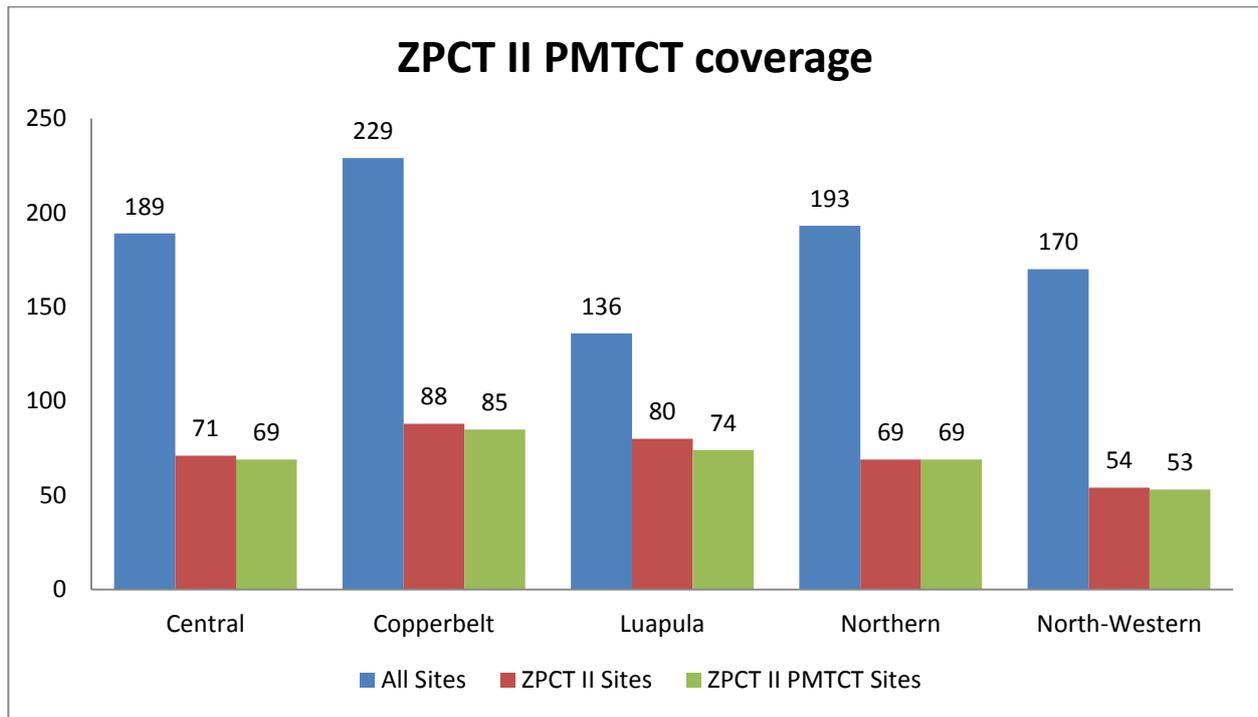
1.1.1. CT Services

This quarter, technical assistance (TA) was provided by the Lusaka and provincial ZPCT II staff to HCWs and lay counselors in 350 public and 12 private facilities. 119 154 (55, 516 males and 63, 638 females) clients were pretest counseled, tested and received results from all the supported sites. Of these, 16, 498 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 (STI): There has been a steady improvement in the referral of family planning clients to CT and CT clients to family planning. This is attributed to the technical assistance and mentorship support provided to HCWs in all ZPCT II sites that are now referring and offering counseling testing to all mothers that access the family planning services. As a result, 7,090 CT clients being referred for FP and provided with FP services and 11,077 FP clients being provided with CT services. Efforts to increase the number of men referred for circumcision has intensified through mobile MC and community mobilization interventions. In addition, 1,661 TB clients with an unknown HIV status receiving CT and 6,212 HIV negative male CT clients being referred for MC services.
- Strengthening of retesting of HIV negative CT clients: 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 this quarter. Mentorship of HCWs is being provided to improve proper documentation by working better with data entry clerks based in the facilities. As a result, 17,266 clients that had tested HIV negative earlier were re-tested during this quarter compared to 16,379 during the last quarter. This quarter 1,979 had seroconverted and were linked to care and treatment services. Effective risk reduction counseling and planning, including condom education and distribution were emphasized with the HIV negative clients to help them remain negative. Approximately 531,605 condoms were distributed this quarter.
- Strengthening access to CT services for children in the paediatric wards and under five clinics: The implementation of provider initiated testing and counseling services (PITC), resulted in 19,044 children getting tested for HIV in under-five clinics and the pediatric wards across the five supported provinces during the reporting period. Of these, 1,298 tested positive and received their test results. They were also linked to care and treatment services.
- Strengthening couples counseling and testing: During this quarter, couple CT remained a priority focus for ZPCT II especially for partners attending clinic alone. Mentorship of HCWs and community volunteers in the supported facilities was done to strengthen couple counseling and testing in general CT clients. As a result, 2,477 general couple CT clients and 15,346 PMTCT partners received CT this quarter. A total of 34, 891 individuals being counseled and tested as couples.
- Integrating screening for chronic conditions into CT services: The 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 old ZPCT II supported facilities have now internalized use of the checklist, including how to document the services provided. The service providers administered the checklist on 14,639 CT clients across the 350 public and 12 private supported CT sites during this quarter. Mentorship is ongoing to ensure all facilities institutionalize use of the form.
- Integration of screening for gender based violence (GBV): This 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. ZPCT II will identify networks to link the GBV clients in cases that require quick intervention beyond CT.
- Prevention with Positives (PwP): Mentorship of HCWs and community volunteers on the provision of prevention with positives (PwP) services to CT clients was provided 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. Manuals are being developed to standardize the trainings in PwP by the National PwP subcommittee. ZPCT II is working with other partners such as CDC to standardize PEPFAR indicators for all organizations screening for 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 and Laboratory section on HIV testing quality control.

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

During this quarter, 340 public and 10 private health facilities provided PMTCT services across the five ZPCT II supported provinces in an effort to strengthen and scale up the services. A complete list of ZPCT II PMTCT sites is available in *Annex B*.



1.2.1. PMTCT Services:

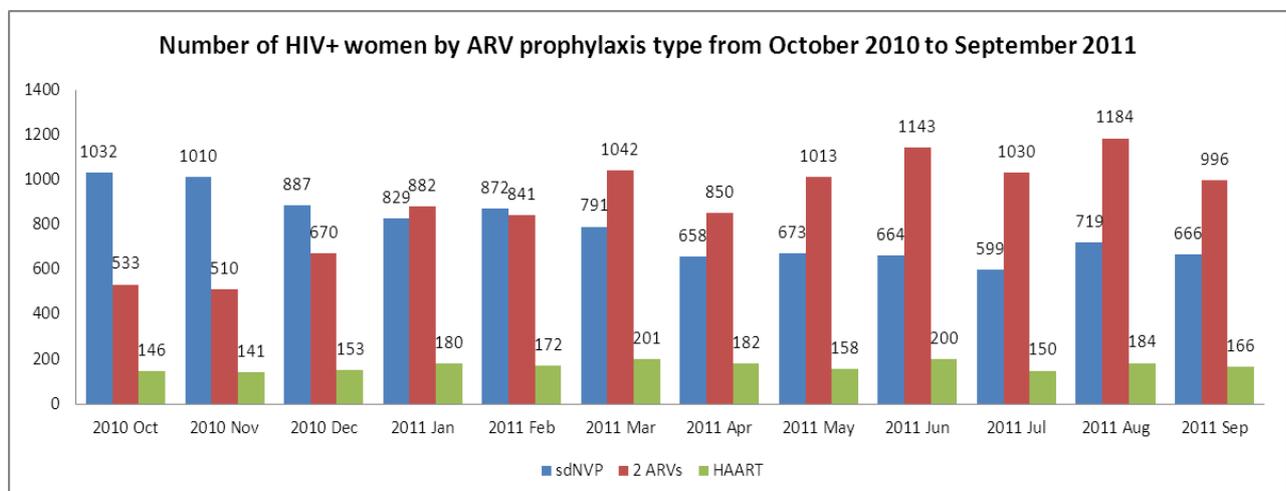
In line with the WHO recommendations of the new 2010 protocol guidelines, ZPCT II continued to support provision of quality PMTCT services. Project staff mentored staff to provide more efficacious regimens for PMTCT, to facilitate couple counseling in PMTCT, to provide same day testing and results, to facilitate DBS and CD4 testing and hemoglobin monitoring for HIV positive mothers, and to facilitate initiation of AZT. 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. During the reporting period, a total of 52,953 pregnant women were provided with PMTCT services, 4,119 were HIV positive and 5,556 received a complete course of ARVs for PMTCT.

The areas of TA focus in PMTCT this quarter included:

- Provision of more efficacious regimen for HIV positive women: HIV positive pregnant women are being assessed for HAART through CD4 count assessment as a way of triaging them. Those eligible are commenced on HAART and those not eligible are provided with short course ARV prophylaxis. Out of 4,119 pregnant women who tested HIV positive, 5,556 (135%) received a complete course of ARVs for PMTCT and 500 (59%) were initiated on HAART during the reporting period as compared to (49%) respectively of the same 2010 reporting period. In line with the new 2010 PMTCT protocol guidelines, the number of pregnant women receiving AZT from 14 weeks has increased to 3,220 compared to 1,668 of the same reporting period in 2010.
- Strengthening Re-testing of HIV negative pregnant women: This quarter, ZPCT II continued its ongoing efforts to improve and strengthen HIV retesting for pregnant women who test HIV negative early in their pregnancies. Out of 350 sites, 321 sites are doing HIV re-testing in PMTCT, while 29 sites are not doing this yet, with some being private sector sites. Emphasis on retesting and accurate documentation in the integrated PMTCT registers was emphasized during the TA visits. During the reporting period, 11,618 pregnant women were re-tested for HIV and 420 seroconverted. All the pregnant women that sero-converted were provided with the full package of PMTCT interventions

including CD4 count assessments, provision of ARV prophylaxis for those not eligible and HAART for those found to be eligible.

- **HIV retesting study:** ZPCT II is conducting an HIV retesting study to assess the value of repeat testing prior to delivery that has been initiated in 10 selected supported sites, four in Copperbelt, three in Central, one in each province of Luapula, Northern and North-Western. The study is going on well with about 1,729 women enrolled and tested. Of these, 277 sero converted, 274 had their CD4 test done and of the 79 who had a CD4 count of less than 350, 52 were put on full HAART. Four facilities in the three districts of Copperbelt were visited in Chililabombwe, Chingola and Kitwe by Dr Mandala, the FHI Regional PMTCT Technical Advisor from Arlington. Documentation was found to be good and staff understood the study well. New registers were printed and distributed to all the provinces.
- **Strengthening Mother Baby follow up for DBS sample collection:** As an ongoing paediatric HIV effort to follow up on HIV exposed infants and HIV positive mothers through MNCH services, ZPCT II continued to mentor facility staff and provide technical assistance to strengthen the tracking system through the use of PMTCT lay counselors. During this quarter, infants born to HIV positive mothers received extended NVP prophylaxis, cotrimoxazole prophylaxis and 1,337 had their DBS collected at six weeks according to the new recommended 2010 PMTCT guidelines. Infants with positive DNA PCR results continued being tracked and referred to ART clinics for further management and initiation of HAART.



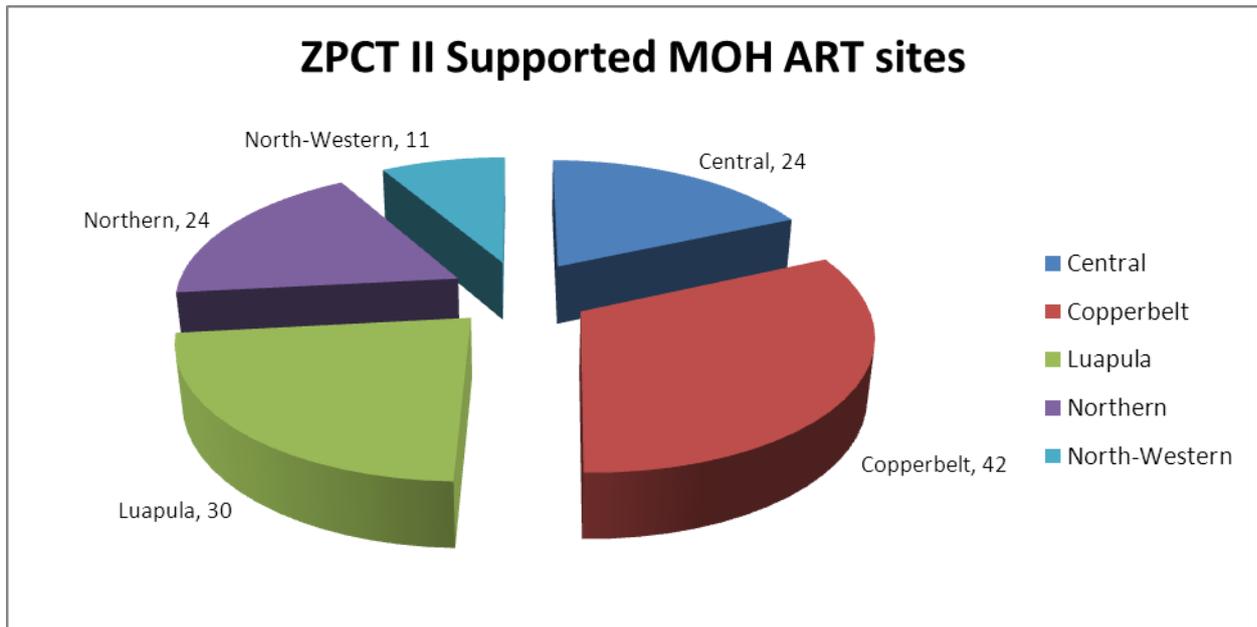
- **The web2sms pilot:** SMS technology was piloted in the 22 selected ZPCT II supported facilities across the five provinces as follows: eight in Copperbelt, three in Central, four in Luapula, four in Northern, and three in North-Western. SMS reminders were sent to parents/guardians of exposed babies once DBS results were received from the PCR laboratory.
- **Family planning integration into PMTCT:** ZPCT II continued to provide technical assistance in linkages to family planning services through counseling during the ANC period. Mentorship to the supported facilities continued 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

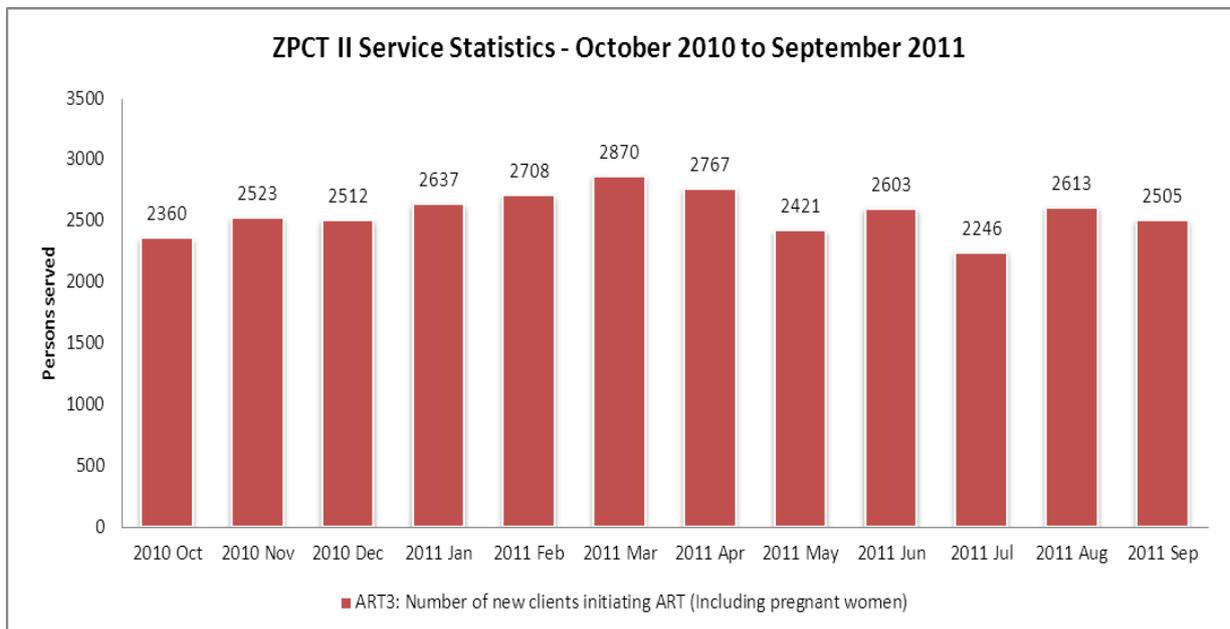
ART Services

There were 131 public and 9 private ART sites that received support from ZPCT II to strengthen and scale up ART services in the five supported provinces. In addition, Mungwi Baptist RHC started reporting data this quarter as part of the 140 ART sites. A complete list of all ZPCT II supported ART sites is available in *Annex*

D. Of the total 142 ART public and private sites that ZPCT II is supporting, 140 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, 77 of the 140 ART sites are static while the remaining 65 are outreach sites.



There were 7,459 new clients (including 532 children) who were initiated on antiretroviral therapy this quarter. This number included 474 pregnant women that were identified through the PMTCT program. Cumulatively, there are now 141,851 patients that are receiving treatment through the ZPCT II supported sites, out of which 9,766 are children.



ART on-going activities

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

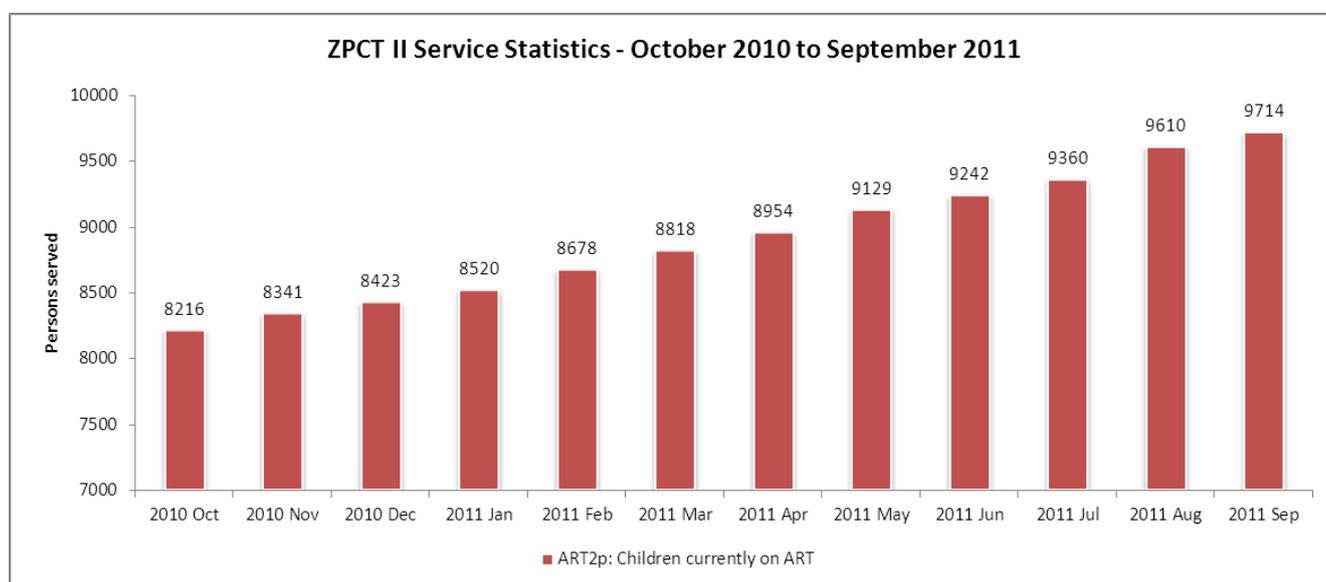
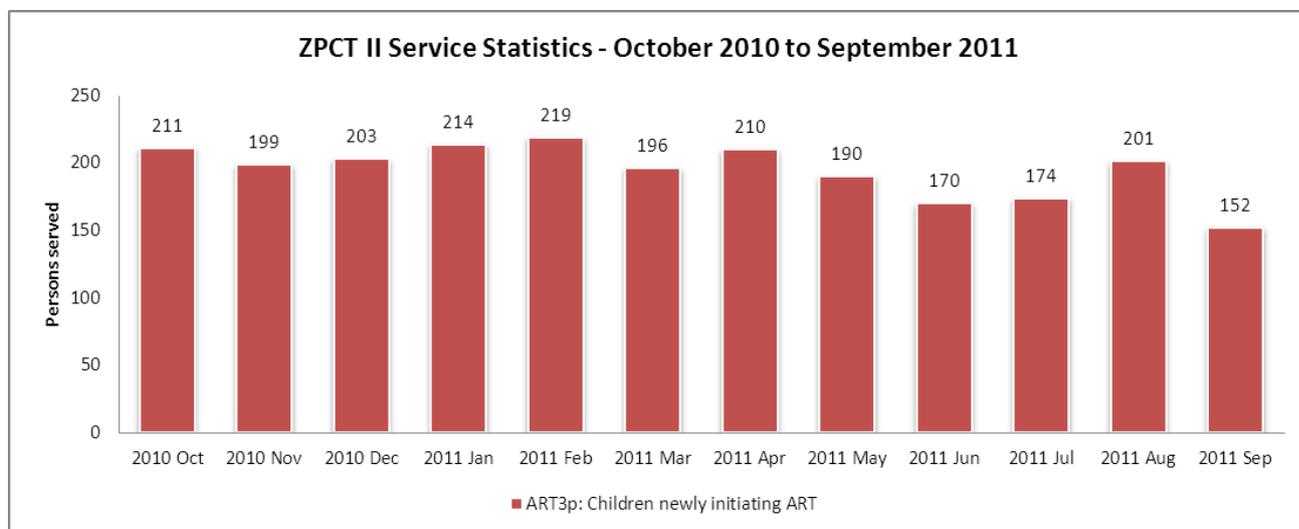
- Hands-on mentorship and supervision of HCWs providing ART services: The ZPCT II provided technical assistance to HCWs in the new revised national adult and paediatric ART guidelines to support operationalization of these guidelines at facility level this quarter. A total of 88 facilities were reached in the quarter under review, as follows; six in Central, 25 in Copperbelt, 25 in Luapula, 19 in Northern, and 15 in North-Western. 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: This quarter, ZPCT II provincial staff conducted pre-assessments prior to final accreditation assessments which are supposed to be carried out by Health Professions Council of Zambia (HPCZ) in our supported facilities as follows; 13 in Copperbelt, three in Northern, and 14 in North-Western. The HPCZ is yet to resume accreditation assessment as planned in the last quarter and reasons have not yet been communicated.
- HIV Nurse Prescriber (HNP) program: Another group of 15 mentees i.e. three per province were identified last quarter to undergo the six week didactic and practicum training in Lusaka supported by ZPCT II and coordinated by General nursing council (GNC). In addition, identified mentors underwent orientation in Lusaka. A total of 10 mentors received the orientation, two from each of the five supported provinces. In addition, this is expected to be the last round under the pilot phase, before evaluation of the HNOP program.
- Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology: During reporting period, ZPCT II started implementing the revised standard operating procedure (SOP) for implementing this strategy of recalling clients through the SMS technology. This was in an effort to improve performance, based on practical field challenges in the last quarter. In addition, improved air time allotment procedures with AIRTEL have been worked on so that post-paid rather than pre-paid allocation of airtime have resulted in many operational challenges being overcome.
- ART QA/QI tools: The tools were administered in 124 facilities across the five supported provinces, including; 18 in Central, 44 in Copperbelt, 26 in Luapula, 20 in Northern, and six in North-Western. The revisions of the software version of CSPro in line with the tools have been finalized as well.
- Post exposure prophylaxis (PEP): The provision of PEP was strengthened in all the five ZPCT II supported provinces. All ART sites have functioning PEP services. Further roll out to non-ART sites is on-going. During this quarter 114 clients accessed PEP at 243 supported facilities.
- 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, a total of 34 HCW (ten in Luapula, ten in Central, six in Northern, and eight in North-Western) completed the mentorship attachments. ZPCT II plans to train extra mentors under the model site strategy in order to have a reasonable pool of staff to avert lack of mentors due to attrition.

Paediatric ART activities

This quarter, ZPCT II supported the provision of quality paediatric HIV services in 140 public and private ART sites. From these facilities, 532 children were initiated on antiretroviral therapy this quarter. The focus of technical assistance by ZPCT II for paediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: During the reporting quarter ZPCT II provided support including training of HCWs in paediatric ART and on-site mentorship. A total of 125 health care workers were trained in paediatric ART during the quarter. Copperbelt Province trained 78, while Northern Province trained 26, and North-Western Province trained 21. Emphasis on innovative ways to improve linkages and initiating children on HAART was emphasized such as fast tracking DBS/EID results from the PCR lab to our provincial paediatric HIV officers. This should start next quarter once technical modalities have been completed.

- **Adolescent HIV clinics:** The ZPCT II has further identified facilities which can support adolescent HIV clinics to facilitate ART provision for this age group. The following sites have been identified; Kabwe General and Kapiri Mposhi District Hospital in Central Province, Lubuto Clinic in Copperbelt Province, Mansa General Hospital in Luapula Province, Solwezi General, Kabompo District, Luwi Mission, and Mwinilunga District Hospitals in North-Western Province. There will be need to further consider funding specific activities such as support groups in this area



Clinical Palliative Care Services

There were 350 public and 12 private health facilities that provided clinical palliative care services for PLHA this during this quarter. 201,913 (including 16,600 children) clients received care and support at ZPCT II supported sites. 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 8,552 patients were screened using the chronic HIV checklist during this quarter. ZPCT II is finalizing a concept paper focusing on analysis of glucometer screening for suspected diabetics identified after screening with the CHC checklist in the 20 pilot sites. A data collection template has equally been developed to help collect additional variables that should help in the evaluation.
- Screening for Gender Based Violence (GBV) in clinical settings: This quarter, the chronic HIV care (CHC) checklist with enhanced gender screening provisions, was rolled out. A training module targeting the community volunteers was designed and circulated to the provinces for their orientation together with other aspects of revised 2010 ART guidelines. 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, 6,010 clients were put on cotrimoxazole prophylaxis, including 3,512 infants initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up male circumcision (MC) services

MC services were being provided in 30 ZPCT II facilities. Despite more trainings taking place, none of the sites initiated services this quarter, but several are expected next quarter. Technical assistance, mentorship and supportive supervision activities were provided to all the 30 supported sites. This quarter, a total of 2,778 men were circumcised (1,591 in static sites). Out of these in static sites 2,041 were counseled and tested before being circumcised, out of which 61 were found to be HIV positive and referred for HIV care.

- Mobile MC Activities: To increase the numbers of clients being reached with MC services, ZPCT II started implementing mobile MC activities. Through the mobile MC services, 1,187 men were circumcised in the following provinces; 159 in Central, 295 in Copperbelt, 339 in Luapula, 295 in Northern, and 99 in North-Western. The mobile MC activities conducted usually commence with an intensive one week of mobilization in a specific high volume community, followed by another week of MC procedures at the local health center. To increase the chances of greater impact, the number of MC outreach activities will be increased from to a minimum of two per quarter per province.
- Trainings: Four male circumcision trainings were conducted in the Copperbelt, Central, North-Western and Northern Provinces this quarter. A total of 40 health care providers were trained in MC. This brings the number of health facilities with trained health providers to 37 and the total number of health care providers trained to date to 214.
- 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 are in the process of being printed for distribution to the various provinces.
- 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 2,770 TB clients reached with HIV tests.

- **Strengthening of screening for TB:** Across the five ZPCT II supported provinces, the CHC checklist has continued to be administered to ART clients as a tool for TB intensified case finding. The updated database for the CHC checklist has been finalized and will be sent out to the field offices next quarter.
- **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. In addition, ZPCT II in all the five provinces participated in quarterly TB/HIV review meetings which are held under the auspices of the MOH. This will be on-going into the next quarter.
- **TB infection control:** All refurbishments being done in the ZPCT II facilities are adhering to 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 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

This quarter, 126 public facility laboratories were supported by ZPCT II. 97 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 29 provide minimal laboratory support. In addition, ZPCT II is supporting 12 laboratories under the public-private partnership, 7 of which have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. During the reporting period, 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. Early in the quarter the stock out of the PCR Amplicor kits that was experienced last quarter bringing services to a halt during the last month of the quarter was normalized. The backlog of specimens was tested and dispatch of results to facilities was expedited to ensure appropriate interventions were made in the least possible time for the pediatric ART clients. However, during this quarter in August and September, the laboratory again experienced stock out of PCR Amplicor kits due to non-availability and non-delivery of the commodity respectively by MSL. This resulted in backlogs of specimens for the months of August and September. This has adversely affected turnaround times with the spill-over effect being delayed interventions for paediatric HIV. The matter is however, being regularly addressed with the relevant Ministry of Health Officers and CHAI, the current partner responsible for the procurement of the kits. 4524 DBS specimens were received from 250 facilities in 39 districts in the five provinces during the reporting period. Of all the samples received, 5364 were tested, of which 419 were positive, giving a current crude positivity rate of 7.8%.

The PCR laboratory continued to participate in the external quality assurance proficiency testing program run by CDC Atlanta. During this quarter, the laboratory received the last proficiency test panel for the year 2011. With the submission deadline scheduled for 4th November, the panel is expected to have been tested and results submitted before the deadline. The laboratory scored 100% success in the last CDC EQA panel whose results were submitted last quarter in July

- **Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results:** During the quarter, 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. However, some technical challenges with the SMS results program were experienced: The SMS results program was unable to successfully transmit results to the server at MOH for a period of two weeks due to problems with the software. CHAI IT personnel were dispatched to ADCH to resolve the problem and this has since been repaired. National roll-out of the system is still pending and ZPCT II will continue to collaborate with the MOH, CHAI and UNICEF on this activity.

- Specimen referral system: The system was functional in 242 health facilities referring specimens to 82 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, 5 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 (IQC): Routine audits of internal quality control documentation, including IQC practices, continued as a major activity during this quarter. In addition, re-enforcement of supervisory reviews and dating of all maintenance, temperature and quality control logs and corresponding use of corrective action logs were also monitored. Sites that had received the logs but had not fully rolled them out were re-oriented on their use and consistency of use was encouraged to uphold good clinical laboratory practice and to facilitate the sites meeting SLMTA requirements. The fourteenth quality control log for CD4 enumeration was also rolled out to facilities. This was adapted from BD FACSCount and FACSCalibur operator manuals and will provide systematic documentation of daily controls and will allow regular review of the system. This will eventually take away the current practice of documenting CD4 control results in patient registers and will also eliminate the filing of result slips generated from CD4 count analyzers. Internal quality control activities and their regular review have taken root as a routine area for review as it is these practices that demonstrate compliance to quality system essentials (QSE) implementation under internal assessments of laboratory operations.
- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows

CD4 EQA Program and TB EQA: ZPCT II continued to review feedback reports from the external proficiency agencies coordinating the programs. The performance of facilities nationwide on the CD4 NEQAS proficiency program is due for discussion at the next Laboratory Strengthening Technical Working Group meeting. Still pending is the comprehensive investigation into the failure of a significant number of sites continuing to perform below average with CD4 % counts analysis, currently noted in 19 sites out of 32 sites that participated in the program. Also scheduled for review are the national and regional TB proficiency programs which have slackened lately partly due to the closure of TB Cap. Consultations however, are in process between the pharmacy & lab unit, clinical care and TB Care on the possibility of re-aligning the TB/HIV strategy to incorporate a significant laboratory component. It is hoped that after realignment external proficiency activities will be captured more comprehensively and more regularly, thus contributing to the provision of quality TB diagnostic services in the sites that ZPCT II supports.

HIV EQA Program: The value of the feedback reports received from one year after testing was considered stale and not ideal for monitoring of routine quality improvement. Prompt feedback and review of external quality programs is encouraged because it allows for progressive interventions and further provides more structured corrective actions. The reference laboratory, the UTH virology laboratory, is therefore reviewing HIV EQA proficiency panels and will advise on the roll out strategy and will also advise on partner participation particularly with the distribution of panels and subsequent investigation of reports for sites performing below standard, including follow up and mentorship of the testers on site. The status of HIV EQA will be reviewed at the next technical working group meeting scheduled for early next quarter.

10th Sample QC for HIV testing and other EQA Monitoring: Verification of 10th sample QC for HIV testing activities continued with routine inspection of daily activity registers and other

documentation provided for the purpose of recording this activity. This provides in-house quality checks on HIV testing and is encouraged in all ZPCT II sites providing HIV testing services. Review of external quality assessment programs for malaria and TB has continued, and a note has been taken on the discontinuation of TB EQA at the regional and national level. This will be brought up at the next technical working group meeting and follow up with TB Care will be done.

- **Commodity management:** This reporting period, ZPCT II facilitated the delivery of emergency orders in facilities that experienced stock outs and provided evidence that usage reports had been sent out in good time. Furthermore follow up for many stock outs and near stock out situations were done with either Medical Stores Limited or with SCMS. 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 laboratory QA/QI tools were administered during the quarter. ZPCT II continues to monitor the implementation of the approved SOPs for laboratory services in the sites it supports, providing mentoring to facility staff in their use.
- **Equipment:** 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:** This quarter, ZPCT II provided technical support to 71 public and 3 private facilities with the ARTServ dispensing tool. Of these, 23 facilities were not able to use the tool due to malfunctioning computers coupled with staff turnover in some instances as a result of pharmacy personnel going back to school particularly common in Central and Copperbelt Provinces. Onsite orientations were conducted after installation at an additional 3 facilities in 3 Provinces, namely at Kasama Urban Clinic in Kasama, Kaniki Clinic in Ndola and Masansa Rural Health Centre in Mkushi facilities, bringing the total numbers of facilities to 74 across the five provinces under ZPCT II support. Furthermore, 29 healthcare workers including 3 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 3 ZPCT II sites namely Kawambwa District Hospital in Kawambwa, Thompson Hospital in Luanshya and Mbala General Hospital in Mbala, bringing the total number to 16 facilities using the tool, whilst 1 facility, Chitambo Mission Hospital was networked and deployment is pending. At the end of this quarter, a total of 13 facilities are able to produce computerized reports to MSL while the rest are using the manual system. 2 SmartCare essentials training were done in this period.
- **Pharmaceutical Management:** Accreditation mock assessments were conducted in many facilities in an effort to prepare them for ART accreditation by HPCZ especially important for big facilities such as Kaputa District Hospital and Chiyeke RHC. It was found that very few facilities need to be assisted in one or two areas but mainly with provision of guidelines, SOPs and other IEC materials that go missing with time. 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. In addition, inventory control, stock management and stock storage

systems including storage conditions were addressed in the quarter. It was noted that storage space and ART dispensing rooms in some places is becoming an increasingly becoming a challenge as services are expanded and more clients access services being offered by these facilities.

- Rational Medicine Use: In an effort to improve adherence to treatment and reduce the risk of the emergence of drug resistance as well as to simplify ARV storage and distribution logistics, the Ministry of Health launched fixed dose combination (FDC) ARV drugs for both the paediatric and adult HIV patients. Since the introduction and subsequent availability of paediatric FDCs at MSL, MOH has been advocating for the reduced use of ARV liquid formulations and in line with this, ZPCT II ensured that the MOH memo that was circulated towards the end of last year was distributed to all facilities. This was intensified by conducting onsite orientations on the use of the same in collaboration with ZPCT II clinical care unit and was coupled with distribution of FDC charts, posters and pocket job aids which were sourced from CHAI. This quarter a number of facilities were stocked up with the new paediatric FDCs namely Zidovudine/Lamivudine/Nevirapine, Zidovudine/Lamivudine, and Abacavir/Lamivudine. Clients on Stavudine based regimens were gradually transitioned upon meeting the set criteria. ZPCT II was instrumental in ensuring there was a smooth transition and that the products were available in good quantities based on calculated projections. It was also important to ensure current stocks of Stavudine were utilized adequately to avoid expiry due to non-use. Towards the end of the quarter, MOH sent out another circular introducing the use of adult FDC Atripla (TDF/3TC/EFV) for HIV patients. Facilities were advised to order adequate stocks and for the rate of transition be done gradually for old clients with the exception of all new clients; further update of this process will be given in the next quarter.

- 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. A check on the implementation of the PEP program this quarter revealed a variance across the five provinces in terms of access to commodities. In an effort to standardize PEP operations, MOH has been engaged in preliminary discussions on how to roll out this program systematically. The most prominent problem has been the issue of access to commodities and the minimum quantity to be stored at PEP corners especially for non-ART facilities. Further guidance will be given upon completion of discussions with MOH and other cooperating partners next quarter.

Public Private Partnership: Private sector facilities were visited to ensure promotion and strengthening of quality pharmacy services. 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. This is another issue that needs to be tabled with MOH to provide leadership and further guidance in order to improve access and rational use of commodities at these facilities. Pharmacy staff continues to be trained in commodity management to impart knowledge, skills and reinforce right attitudes from these facilities.

Model Sites: Mentorship and follow up was conducted in all model sites in all five provinces under ZPCT II support as an ongoing activity. Routine reports show that this activity is ongoing and the desired outcomes are being recorded.

Web2sms: Follow ups with pharmacy staff at some selected pilot facilities were done during this quarter. This serves to ensure that the follow up of clients who are late in picking up their medicines is done using the innovation. The ZPCT II team will review the implementation of this initiative and assess the possibility for its roll-out depending on the outcomes of the evaluation.

- 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 few facilities with stock imbalances on Triomune 30, Truvada and Triomune Junior as a result of non-supply and late receipts from MSL. 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. The situation has since been rectified.

PMTCT Logistics System Status: It was observed that most of the PMTCT commodities were available in adequate quantities at central level and the low stocks experienced in the last quarter had normalized this quarter. There were a few facilities with stock imbalances on, Truvada, Nevirapine suspension and Zidovudine 300mg tablets mainly as a result of late receipts and oversupply from MSL. This was resolved towards the end of the quarter.

ZPCT II continues to collaborate with SCMS on the correct implementation of the Essential Medicines Logistics Improvement Program (EMLIP) in the sites it supports. The system is still in its infancy and some products are not always adequately supplied but availability has improved at pilot sites.

During this reporting period, ZPCT II received Lignocaine 2% and 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. A number of items such as Povidone iodine, Savlon and Sodium hypochlorite are in short supply and a check at MSL has revealed that these items are not in stock centrally. ZPCT II is in the process of quantifying for these and other MC supplies to facilitate a stop-gap procurement to alleviate the shortage and avoid any disruption of services.

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 compounded by the election period. However, MOH proposed a new approach to go around this problem where ZPCT II has been requested to package and submit what has been done so far and handover to the Pharmacy unit at MoH for further development of the documents. Once the SOPs are approved, ZPCT II will support the MoH with the printing and dissemination of the documents.

The 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 362 ZPCT II supported facilities across the provinces still remains. However, an improvement was noted in the number of non-ART sites visited this quarter.

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

Trainings

This quarter, ZPCT II supported HCWs and community cadres from its health facilities who attended capacity building courses in basic CT (40 HCWs and 40 lay counselors), CT refresher (37 HCWs and 15 lay counselors), couple counseling (59 HCWs and 10 lay counselors), basic child counseling (30 HCWs and 15 lay counselors), youth counseling (17 HCWs and 14 lay counselors) and CT supervision (48 HCWs and 12 lay counselors). In addition, 144 health care workers and 14 lay counselors were trained in PMTCT, and 105 HCWs and 125 lay counselors underwent refresher training in PMTCT.

During this quarter, 25 HCWs were trained in full ART/OI from the ZPCT II supported ART sites in Central, Luapula and Northern Provinces and 47 HCWs were trained in ART/OI Refresher in the ZPCT II supported ART sites from Copperbelt and Luapula provinces. In addition, 126 HCWs were trained in pediatric ART from Northwestern, Northern and Copper belt Provinces and 40 HCWs were trained in male circumcision from Central, Copperbelt, Luapula, North-Western and Northern Provinces. Also, 69 HCWS attended a course in adherence counseling.

ZPCT II also trained 22 HCWs in ART commodity management, and 28 HCWs in equipment use and maintenance in the supported facilities. There were 34 health care workers who underwent mentorship at model sites in all the four 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 third group of 15 HIV nurse prescribers completed six weeks training in September and commenced their ten months practicum in their respective facilities while ten mentors were oriented in how to mentor the trained 15 nurses while on the practicum.

2.3: Engage community/faith-based groups

During the 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. In order to align the number of community volunteers with the actual client load at facility level, downward adjustments were made on the number of volunteers to be supported by ZPCT II using a criteria developed by the project. In collaboration with the respective DMOs and PMOs and the facility in-charges, excess volunteers were either reassigned to other facilities or removed from ZPCT II support. The number of volunteers was revised downward from 1,553 volunteers to 1,241 (345 ASWs, 513 CT, and 383 PMTCT).

During this quarter, ZPCT II witnessed an increase in the numbers of clients referred for various services to the health facilities from the community. Community volunteers referred a total of 17,066 clients (7,093 males and 9,973 females) to the health facilities for PMTCT, CT, clinical care and male circumcision. Out of those referred, 10,586 (4091 males and 6,491 females) reached the facilities to access the various services. The ASW volunteers also visited 4,457 (2,085 males and 2,372 females) clients in the community. As the data management and reporting systems are being strengthened further, the project expects these numbers to keep increasing as all efforts by the community volunteers will be documented.

During the quarter under review, ZPCT II conducted two trainings for community volunteers in youth CT and CT supervision. A total of 14 (six males, and eight females) people were trained in youth CT in Northern Province while 12 (five males, and seven females) were trained in CT supervision in Central province.

Youth counselors reached out to 6,136 (2,894 males and 3,242 females) individuals through providing information on early marriages, STIs (including HIV/AIDS), safe sex practices, male circumcision, PMTCT, nutrition, family planning (FP), life skills and positive living. This was done during meetings, group counseling sessions/discussions, sporting events and under five clinic activities. Other activities included community drama performances, condom demonstrations, song and dance, and general health talks. The youths conducted these activities in market places, schools, neighborhoods and health facilities. Most of these youth activities were done in Central and Copperbelt Provinces. However, Luapula also recorded some youth friendly activities from Kashiba and Mwense Stage II Health Centres, reaching out to 89 youths.

The Ministry of Health organized a three day workshop on development of a national communication strategy for voluntary medical male circumcision (VMMC) in Zambia. The workshop took place at Chrisma Hotel from July 20 – 22, 2011. The main objective of the workshop was to develop a national communication strategy for medical male circumcision in Zambia. The event attracted NGOs involved in the promotion of VMMC in Zambia, particularly those supported by USAID. Josias Enos Zulu, the Advisor for community mobilization and referral networks, represented the ZPCT II.

Stakeholders reaffirmed their commitment to network and share target populations to avoid overlaps, while the MoH will provide leadership and policy direction. Participants constituted a steering committee to finalize the development of the communication strategy. The ZPCT II project is a member of the established committee.

The community mobilization officers worked collaboratively with the technical units to conduct mobile medical male circumcision in all the five provinces. A total of 11 episodes of MC were conducted in 11 districts. In all the sites, total of 864 clients were circumcised in the quarter from the eleven episodes.

Community mobilization officers provided support and mentorship to community volunteers on the M&E plan as part of ongoing efforts to improve program monitoring and reporting system. In this regard, two technical support visits were conducted in Luapula and Northern Provinces.

This reporting period, the ZPCT II team in Central Province participated in the National Breastfeeding Community Launch which took place in Makululu Compound, Kabwe District. The theme for the launch was **“Talk To me about Breastfeeding anytime and anywhere”**. The Permanent Secretary for Central Province was the guest of honor, and the launch was attended by UNICEF, WHO, USAID representatives, National Food and Nutrition Commission, ZISSP Chief of Party, PMO, DMO, NGOs in HIV/AIDS, schools and community members. The launch was characterized by drama performances, quiz, football matches. The ZPCT II supported volunteers and the mother support groups participated in the quizzes and football games where they won prizes ranging from K700, 000 to K900, 000.

Zambulances

Zambulance usage monitoring shows only slight improvement this quarter compared to the previous reporting period. A total of 167 pregnant women benefited from use of the Zambulance during the reporting period across the five provinces. Central Province recorded the lowest number of beneficiaries with only one pregnant mother reported in Kabwe. ZPCT II is conducting a more detailed analysis of the factors that contribute to low usage levels of the Zambulance.

Mobile CT

Five episodes of mobile counseling and testing services were conducted this quarter. Two of these were done in collaboration with the Seventh Day Adventist (SDA) annual camp meeting in Kabwe District and the Salvation Army Annual Congress in Kapiri Mposhi District. Two were done in North-Western, and one in Luapula. The Luapula mobile CT services were done during the Mutomboko traditional ceremony of the Luba-Lunda people.

A total of 1,729 individuals (1,099 males and 630 females) were counseled and tested for HIV with 76 (39 males and 37 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

As an ongoing activity, 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, 12 district referral meetings were held in the provinces with the support from ZPCT II. The number of meetings held reduced in the quarter due to postponements from other stakeholders

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 in North-Western). The networks have continued to facilitate the systematic and formal linkages of HIV/AIDS related support services and ensure that clients access available services. The ZPCT II teams in Luapula, Copperbelt and Central Provinces are reviewing the weak district referral networks and devising a technical assistance program to strengthen their operations.

Fixed Obligated Grants

ZPCT II conducted three fixed obligation grants trainings for CBOs/FBOs from Northern, Luapula, Central, North-Western and Copper belt provinces. The first two workshops attended by participants from Central, Copperbelt and North-Western Provinces - were held from 24th to 31st July, 2011 at Palace Hotel in Ndola. 32 participants (20 males and 12 females) from ten CBOs/FBOs were trained. The third workshop attended by participants from Northern and Luapula Provinces was held at Chinchis Guest House from the 1st to 4th August 2011 in Mansa. 15 participants (11 males and 4 females) attended this training.

A total of 47 participants attended the capacity building for the grants. Areas of focus for the capacity were mostly on financial management, monitoring and evaluation, and governance issues. Certificates of attendance were issued to the participants.

Approval of FOGs for CBOs and FBOs was received from USAID this quarter. As a result, ZPCT II has proceeded with the drafting of the scope of works for the various CBOs and FBOs in readiness for the negotiation and signing of the grants. The signing is expected to happen next quarter.

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

During this reporting period, ZPCT II secured membership to the national gender M&E technical working group. This is the committee that ensures that the national M & E system is responsive to the information needs of GIDD and stakeholders, that the system presents data by female and male classification. This forum provides an opportunity for ZPCT II to influence incorporation of relevant gender indicators in the mainstream health management information system (HMIS) which the MOH can monitor. It is anticipated that ZPCT II will start attending the national gender M&E technical working group meetings that are held quarterly during the next quarter.

Following feedback provided by the provinces regarding the different environments and the unique challenges faced by each province with regards to gender issues, it was agreed that each province adapts the gender strategy and implementation plans to respond to prevailing provincial environments. The Gender Specialist provided technical support to all the five ZPCT II provincial offices to translate the gender strategy implementation plan into quarterly plans indicating time and responsible units. This has helped to clarify roles and responsibilities among units in implementing the gender strategy activities. The provincial offices' work plans have demonstrated increased integration of gender activities as planned in the provincial action plans for gender.

This quarter, ZPCT II continued to work with the Gender in Development Division (GIDD) in recognition of its national gender coordination function and as a key stakeholder for ZPCT II's gender integration work. Next quarter, ZPCT II intends to launch the gender strategy planned for October 18, 2011 and has extended an invitation to GIDD. ZPCT II also engages with GIDD's sub-national structures through membership to and collaboration with the gender sub-committees of the provincial and district coordination committees. This collaboration is intended to ensure that ZPCT II gender work is linked to relevant national processes and mechanisms for implementing gender activities that 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.

The review of the ASW manual by ZPCT II staff was completed in August 2011 and a module on gender has been included in the manual. The module has been shared with the Social Impact consultant for further technical input. The gender module will be used when conducting ASW refresher trainings and other ASW trainings.

Following feedback from the gender sensitization workshops regarding the need to build the capacity of health care workers to effectively integrate gender approaches in services, technical support has been sought from Social Impact to conduct a Training of Trainers on screening and referral of Gender Based Violence survivors.

The training is planned for November 2011. This training is intended to enhance the use of the CHC checklist to screen for gender based violence in clients as it will facilitate referral of clients to other service providers.

Community volunteers continued to mobilize and sensitize members of the communities on the importance and benefits of male involvement in PMTCT, CT FP and RP health services. This quarter, 55,516 males and 63,638 females received testing and counseling services for HIV and received their test results. There 34,891 individuals who were tested for HIV as couples. 8,446 couples were counseled for family planning/reproductive health, 4,860 males sought RH services, and 324 males under 15 sought RH services. 5,047 clients were screened for GBV using the revised CHC checklist.

FHI360 headquarters in Arlington continued providing leadership in promoting increased gender integration in program design and implementation by organizing and conducting regional gender integration training for East and Southern African country programs. The ZPCT II Gender Specialist represented FHI360 Zambia Country program at this gender regional workshop.

The overall goal of the gender integration workshop was to strengthen commitment and capacity throughout the organization to address gender in research and programs and thereby maximize FHI360's contributions to health and development goals, including gender equality.

FHI360 headquarters also developed a framework for gender integration. The follow up action was for participants to develop action plans on how to take forward the work on increasing gender integration in program design and implementation as well as implementing gender transformative approaches. Participants were also requested to be the gender focal point persons for communication with the FHI360 gender working group at HQ and to form a community of practice to facilitate sharing of experiences in gender integration across FHI360 country programs.

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

As part of strengthening support to the PMOs and DMOs, ZPCT II developed management capacity building indicators. 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.

During this quarter, all inputs were received and management capacity building indicators finalized and ready for piloting next quarter. These indicators will be useful to both ZPCT II and MOH in monitoring management performance of graduated districts, thereby preventing regression to pre-graduation status.

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

ZPCT II held a meeting with NIPA and MOH to review financial management training materials developed by NIPA. In attendance was the Advisor to the Permanent Secretary, the Director and Deputy Director Technical Services, MOH Planners, National Institute of Public Administration consultants and Dr. Nsakanya the Senior Advisor for Capacity Building under the ZPCT II. The training packages were approved BY MoH. It is hoped that once the packages are implemented, MOH would reduce litigation, have less audit queries, and improve their financial management systems.

During the reporting period, ZPCT II implemented a financial management mentor's training that was approved by MoH for ten PMO Accountants from the five ZPCT II supported provinces. The training workshop was held at Walusungu Lodge in Kabwe, from August 8 – 12, 2011. It was officially opened by the Director Technical Services Support in the Ministry of Health, Dr. E. Chizema and witnessed by NIPA Executive Director, Mr. A.W. Saka and ZPCT II Chief of Party Dr. Michael Welsh.

Also in attendance were Dr. Adam Lagerstedt, the Advisor to the MoH Permanent Secretary and Dr. Dennis Mulenga, the Deputy Director Technical Support Services from the MoH. Dr Mulenga observed the entire training and provided technical advice in resolving some of the issues raised during the plenary discussions. The two representatives from the MoH wanted to gain some insight into the challenges that would be highlighted by the participants during the workshop with the view to addressing these issues at provincial and national level. Some of the topics covered included; overview of financial management and the role of PMO's, segregation of duties and accountability; the role of PMO's, code of ethics for the public service, Ministry of Health financial regulations and other policies, preparation of budgets and disbursement of funds, expenditure management and control, and internal financial controls among others.

From the workshop, it became quite clear that although all participants were accountants, their knowledge and understanding of the financial regulations was quite varied. It was also evident that there was no consistency in the way certain aspects of the financial regulations were applied in all the five provinces. Some participants were relatively new in the system to fully understand the linkages among the various related aspects of financial management such as procurement, budgeting, record-keeping, tracking of financial information and implications for credit management. It was also noted that the participants were not availed the circulars and other updates related to financial management by Ministry of Finance headquarters. These would have helped to maintain consistency in financial procedures.

After this training, the PMO accountants will go on to mentor DMO accounting staff that they supervise. A mentorship report will be generated quarterly and shared with MoH and ZPCT II.

This quarter, discussions with MoH on training packages developed by In Service Training Trust for the governance component of the capacity building program were completed. The MoH's interest was to ensure that content of the manual is within the Public Finance Act and Regulation on planning, supervision and public relations. Permission for implementation has been granted by MoH.

In the next quarter, the capacity building team will implement governance, human resource and planning trainings for district medical officers and their proxies in governance with topics covering finance for non-finance staff, leadership and coordination skills. In addition, ZPCT II will manage financial management mentorships targeted at 86 accountants from the 41 supported districts.

After the transition of Violet Ketani to CardioEMG HQ as the Capacity Building Specialist at the beginning of August 2011, a suitable replacement for her position has been recruited.

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 sector health facilities in various technical areas. 12 HCWs were trained as follows: 4 in pediatric ART, and 6 in PMTCT. ZPCT II provided technical support and mentoring on counseling and testing, PMTCT and provision of clinical care/ART and MC services. Data collection tools (MoH registers) have been distributed and are currently in use and data is being collected while this activity will be completed next quarter in Central Province.

During the reporting period, ZPCT II signed six MOUs with private sector health facilities including; Provident Clinic in Kabwe, Telnor Clinic and Dr Bhatt's in Ndola, Solwezi Medical Centre in Solwezi, and Two ZESCO Clinics, one in Ndola and another in Mansa. However, technical support and data collection will begin 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, 123 new clients were initiated on ART and 534 old clients were reviewed.

Five mobile counseling and testing episodes were jointly planned and conducted in collaboration with other stakeholders at community level namely: the Seventh Day Adventist (SDA) annual camp meeting in Kabwe District and the Salvation Army Annual Congress in Kapiri Mposhi District and with traditional rulers in Luapula province, during the Mutomboko traditional ceremony of the Luba-Lunda people.

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

Monitoring and Evaluation (M&E)

The ZPCT II Strategic Information (SI) team provided technical support to 115 ART sites that are using the SmartCare system in database management including support to the SmartCare pharmacy module. This support was done in close collaboration with MoH Health Information staff at district and provincial levels. In addition, in collaboration with MoH counterparts, ZPCT II SI unit conducted an M&E data audit in over 102 health facilities. During the quarter under review, the M&E team continued providing technical support to manage, and operate the Web2SMS Technology and use of GPRS modems in sending data at sites equipped with these modems. The M&E team attended the MOH M&E Technical working group meetings held during the quarter as well as MoH sponsored meetings to revise PMTCT M&E indicators. During the quarter SI unit continued participation in the development of the integrated smartcare that includes the pharmacy inventory module. The unit also continued participation in the smartcare management meetings organized by MoH. The ZPCT II team is currently working in close collaboration with PMTCT technical officers to operationalize the study on newly acquired HIV infection in pregnant women which is being conducted in 10 facilities across the five provinces.

During the quarter under review, ZPCT II SI unit attended a training organized by UNICEF entitled Project Mwana whose aim is to help with scale up of the mobile technology for notifying the clients and care givers of laboratory results and follow up of clients in the community called RemindMI system by Community Based Agents. The Ministry of Health with support from UNICEF will soon be scaling up this technology from the current 30 to over 100 health facilities. The Senior SI Advisor attended an FHI360 Global Strategic Information meeting that was held in Nairobi, Kenya from 11-16 September 2011 aimed at building capacity in Research and Monitoring and Evaluation.

This quarter, the ZPCT II SI unit facilitated the review of ZPCT II work plan targets that have since been completed and incorporated in FY12 plans.

Quality Assurance and Quality Improvement (QA/QI)

ZPCT II staff in the field offices conducted QA/QI assessments in all the technical areas including: ART/CC, PMTCT, CT, laboratory, pharmacy and monitoring and evaluation.

ZPCT II conducted a QA/QI orientation workshop for HCWs and managers from the PMO, DMO and health facilities in Solwezi, Mansa and Kasama. The objective was to orient HCWs and managers on the QA/QI concepts and methods. The target group was the 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. The orientation was in an effort to improve the QA/QI processes whose objective is to improve the quality of health care services to clients. A total of 58 HCWs from different facilities were trained in the last quarter.

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 139 reporting ART sites during the third quarter of 2011. The main findings following the ART/Clinical care service quality assessments were noted as follows:

Facilities are not making use of Smart care reports in managing their patients. Affected districts include; Kitwe, Ndola, Chililabombwe, Chingola, Luanshya, Mufulirira,, Nchelenge, Mwense, Mansa, Mulenge, Samfya, Chiengi, Kasempa, Zambezi, Kasama, Mbala, Isoka, Mporokoso, Kaputa, Mpika, Luwingu. The reasons advanced for these were as follows;

- Clinicians are not simply requesting for the smart care reports.
- Staff are not acquainted with the use of smart care reports in some facilities
- Smart care reports are not updated thus they are not accurate
- There are no DEC's in some facilities to manage and generate reports
- Clinical meetings not being held consistently in some facilities.
- High power outages in some facilities causing smart care computers breakdown easily
- Lack of tonners and stationary

Action Taken

- Onsite mentorship on the importance of smart care reports
- Onsite mentorships of DEC's on the importance of continually updating smart care files, generating smartcare reports and availing them to the clinician.
- Placement of DEC's in affected facilities
- Strengthen consistent holding of clinical meetings
- Supply of generators in high volume sites.

Facilities not having baseline Liver and Kidney function Tests in the files (ALT/AST and Creatinine). Affected districts include, Serenje, Chibombo, Kapiri Mposhi, Mkushi, Kabwe, Kasempa, Mwinilunga, Zambezi, Kitwe, Ndola, Chililaombwe, Chingola, Luanshya. The reasons advanced for this were as follows;

- Lack of reagents for LFT's and Creatinine
- Broken down biochemistry machines
- Challenges in the sample referral systems because motorbikes are consistently nonfunctional in some districts
- Shortage of laboratory staff in many facilities.

Action Taken:

- Laboratory and pharmacy unit to assist in the procuring of reagents from MSL via JSI.
- Laboratory and programs unit to procure automated chemistry analyzer.
- Onsite mentorship on effective stock management.
- Strengthening sample referral systems in collaboration with the facility staff, lab and programs unit.

Facilities lacking complete HIV/ART Care Teams. Affected districts include: Serenje, Chibombo, Kapiri Mposhi, Mkushi, Kasama, Mbala, Isoka, Nakonde, Mporokoso, Kaputa, Mpika, Chiengi, Mansa, Nchelenge, Samfya, Mwense. The reasons advanced for this were as follows:

- Shortage of HCWs in facilities.
- HCWs are not aware about the functions and importance of having a complete HIV/ART care team.

Action Taken:

- Engage DMO's to improve to improve on staffing levels in facilities.
- Conduct onsite mentorship on the importance of forming a complete HIV/ART Team.

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 359 CT and 352 PMTCT sites. The main findings following the CT/PMTCT quality assessments were noted as detailed below.

Some facilities are not conducting external Quality Control of 10% of the HIV samples. Affected districts include Kitwe, Ndola, Chingola, Kalulushi, Lufwanyama, Mufulira, Kasama, Isoka, Mbala, Nakonde, Mungwi, Luwingu, Mporokoso, Luwingu, Mpulungu, Serenje, Kapiri Mposhi, Chibombo, Kabwe, Mumbwa, Mkushi, Serenje, Mansa, Mwense. The reasons advanced for this were as follows;

- Inadequate members of the medical staff to draw blood for QC on behalf of the lay counselors
- Lay counselors are not requesting for QC to be conducted

- Lack of transport to ferry QC samples
- Lack of QC requesting forms
- Poor documentation of QC results.

Action Taken:

- Provision of registers/forms for recording results
- Inclusion of a topic on QC in all PMTCT/CT trainings
- Onsite mentorship on the importance of conducting QC
- Strengthening sample referral systems in collaboration with the facility staff, lab and programs unit through planned training of DECs to ride motorbikes, timely servicing or repair of motorbike and improving access to fuel.

Some selected facilities not integrating MC into CT services. Affected districts include Kasama, Munguwi, Nakonde, Isoka, Mbala, Mkushi, Mumbwa, Kabwe, Kapiri Mposhi, Serenje, Chibombo. The reasons advanced for this were as follows;

- The process of integration of MC into CT services not implemented
- Poor documentation of HIV negative results for clients referred for MC
- Poor CT/MC referral systems.

Action Taken:

- Discuss and emphasize the importance of CT/MC integration
- Onsite mentorship on CT/MC referrals
- Onsite mentorship on the importance of correct documentation of HIV results.
- Provision of MC job aids

Some selected facilities lacking onsite counselor supervisors. Affected districts include Mansa, Mwense, Chiengi, Nchelenge, Milengi, Ndola, Kitwe, Mufulira, Mpongwe, Masaiti, Lufwanyama, Kalulushi, Luanshya. The reasons advanced for this are as follows:

- Very few counselors have been trained in counselor supervision
- New facilities have less experienced counselors who can be trained as counselor supervisors
- Newly trained counselor supervisors have not yet been certified to practice
- High staff (i.e. counselor) turnover.

Action Taken:

- Plan for trainings in counselor supervision in affected facilities.
- Onsite mentorship on how to conduct peer to peer supervision.
- Technical officers to work with Lusaka team to ensure that newly trained counselor supervisors are certified.

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 109 sites.

The lack of first aid box, accident occurrence reporting books, emergency exit signs on laboratory doors was a common observation in facilities. These were noted in the following districts; 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
- Lab staff did not appreciate value of first aid kits and accident occurrence reporting books.

Action taken:

- Plans made to distribute and mount emergency exit signs to be done to all laboratories.
- Plans made to source for first aid kits, reporting books and conduct an orientation on their use.

Absence of guidelines on rational use of laboratory tests was documented as well as the lack of safety & ethics guidelines. Among affected districts were; Solwezi, Zambezi, Mufumbwe, Kasempa, Ndola, Kitwe, Lufwanyama, Mwense, Chiengi. The reasons for this were:

- Guidelines not yet rolled out to facilities
- Reagent Log books are a recently added activity.
- Facility staff forgot to display the safety & ethics guidelines

Action taken:

- Pharmacy and Laboratory unit distributed the guidelines to 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 PEP SOPs was noted in Kitwe, Ndola, Lufwanyama, Luanshya, Masaiti

- The PEP SOPs are not available

Action taken:

- The PEP produres will be printed and ditributed to affected facilities.
- Onsite mentorship and orientation will be done by ZPCT II lab Technical officers

Pharmacy

The pharmacy QA tool was used for quality monitoring in 309 sites.

Lack of or non-functioning air-conditioners in Kitwe, Chingola, Ndola, Solwezi and Kasempa districts was observed in the period under review. Lack of temperature log sheets in the bulk stores was also noted in; Kapiri Mposhi, Chibombo, Mkushi and Serenje. Among the reasons advanced for such were;

- Infrequent servicing of the equipment and old age in some cases.
- Air conditioners not included in the earlier RA's at some facilities
- Some facilities do not have thermometers and consequently cannot monitor the room temperatures in these facilities.

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) was noted in Ndola, Kalulushi, Mufulira and Kitwe while the absence of Pharmacy Standard Operating Procedures was observed in Chibombo, KapiriMposhi and Mkushi. Reasons advanced for this were:

- Reference materials have not yet been distributed to the facilities.
- ARV treatment guidelines were misplaced in the facilities.

Action taken:

- Soft copies of the ART guidelines were sent to all facilities as a back-up
- Distribution of the SOPs and Treatment Guidelines was commenced.

Some facilities in Kapiri, Serenje, Chibombo and Mkushi still lack pallets. As a result products are kept on the floor.. Reasons for this were:

- Where they have been procured, the pallets have not yet been distributed to the facilities

Action taken:

Pharmacy unit to liaise with Programs Unit to ensure that pallets are procured and distributed as stipulated in the RAs.

Monitoring and Evaluation (M&E)

The M&E QA tool, a management tool which assesses data management, was administered in 359 facilities in total, 112 in graduated facilities and 148 in non-graduated facilities. Notable among the 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 include:

- 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 to use the registers in affected facilities

SmartCare patient's records not updated. Affected districts were; Luwingu, Kasama, Mbala, Kabwe, Mkushi, Mwinilunga. Reasons included:

- Frequent computer break downs in some facilities which created a backlog of patient files to be entered
- Lack of SmartCare forms meant no documentation was available to enter into the computer where it was working.

Action taken:

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

The stock-out of SmartCare stationary continued to be a huge challenge in the period under review with many districts across the five provinces reporting stock outs.

Action taken:

Lusaka ZPCT II office supplied the stationary to the provinces though late in the quarter. These were in turn sent to the affected sites.

District graduation and sustainability plan

The total number of graduated districts increased to 19 at the end of September 2011 with one additional district, Serenje in Central Province, graduating during the quarter. Seven districts in total are planned for graduation in the fourth quarter of 2011, namely: Chibombo, Kapiri Mposhi, Ndola, Lufwanyama, Mansa, Luwingu and Chavuma.

Status of services in graduated districts

In the last quarter 17 out of the total 19 districts which graduated up to September 2011, were evaluated in all the technical areas, these include: Mufumbwe, Kabompo, Mwinulunga, Solwezi, Mkushi, Kabwe, Serenje, Nakonde, Mpika, Kasama, Mporokoso, Samfya, Luanshya, Chingola, Mufulira, Chililabmbwe, Kalulushi. The generated report below provided a basis for developing quality improvement plans for identified priority areas;

ART/Clinical Care

Baselines LFT's and creatinine are not being done. CD4 monitoring for 3 – 6 months is not consistently being done. Incomplete ART teams have been noted in facilities as well as many clients being flagged as late for pharmacy pick up. It was also noted that few HCW's have been trained in pediatric ART.

PMTCT/CT

Lack of integration of MC into CT services and CT into TB services, lack of ARV's prophylaxis, shortages of DBS bundles and HIV test kits were prominent. Health facility staff are not referring all babies born to HIV positive mothers for EID DNA PCR HIV testing. Further, health facility staff are not sending the 10th sample for quality control

Laboratory

Facilities do not have internal quality control testing system for chemistry in place, laboratory equipment are not being regularly serviced. Laboratory supervisors are not regularly performing documented reviews of all quality control records. Laboratory personnel are not being offered the appropriate vaccinations as required.

Pharmacy

Lack of adverse drug reaction reports/registers, lack of SOP's for tracking expiry of drugs, lack of lockable cabinets in the pharmacy bulk stores, as well as inadequate pallets have been documented.

M & E

Stock outs of smart care forms, shortages of filing cabinets and lack of CD's for backups and TDB's have been noted.

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 245 community volunteers and placed 245 volunteers in ZPCT II supported facilities this quarter. Ten HIV nurse prescriber trainees passed their exams this quarter. Fifteen did their didactic training and are currently doing their ten month mentorship in their respective facilities.

▪ **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, stock out centrally of DBS blood collections kits at MSL continued to affect availability of DBS kits needed for early infant diagnosis in the sites it supports. 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 continues to support its facilities with the redistribution of the DBS blood collection consumable bundles from sites which had excess stocks to ensure services were not interrupted. In addition, to attempt to address the central level stock-out, ZPCT II has engaged other partners responsible for the procurement of the DBS bundles, CHAI, on issues leading to the stock out and for information on when the situation is expected to normalize.
- 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.

During the quarter, a nationwide shortage of PCR kits was experienced, and this negatively impacted on the numbers of PCR tests conducted. This is a similar scenario as was experienced last quarter and is as a result of CHAI's plan to transition the responsibility of the procurement of the PCR Amplicor kits to another partner under the guidance of MoH. However, stock was received toward the end of the quarter and the situation is expected to normalize next quarter.

▪ **Lack of DBS bundles**

This quarter, some facilities experienced stock outs of DBS bundles. Redistribution efforts were also made while awaiting delivery of stocks at central level from the vendor. However MSL also reported a central level stock out for DBS bundles during the quarter. By the end of the quarter MSL confirmed that a shipment for DBS bundles was being expected in country. Throughout the quarter ZPCT II continued to facilitate inter-facility redistribution of the commodity to ensure continued service delivery.

▪ **Renovations**

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 discusses, as needed with PMOs and DMOs to prioritize infrastructure development where it is needed most.

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. Plans are underway to refurbish incinerators at a number of ZPCT II supported health facilities

▪ 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 has planned training of additional motorbike riders in all the provinces. Measures have also been taken to streamline procedures for the repair of motorbikes. An improvement in the turnaround time for repairs of equipment serviced by one of the vendors, namely Scientific Group, has been noted during this quarter following the increase in the number of engineers available to service and repair laboratory equipment from 3 to 5 during last quarter.

▪ Reagent stock outs

During this quarter there were no stock outs of FACSCCount reagent for CD4 reported at the facilities. An improvement has been noted in the supply of this commodity compared to the previous quarters. While there were no stock-outs ZPCT II continues to provide mentoring to the facility staff in the implementation of the logistics systems as reasons for stock outs 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. However a few facilities in Copperbelt noted that they had stock challenges with FACSCalibur reagents especially calibrate and Trucount controls. This also affected the equipment utilization of the BD FACSCalibur. The stock out was a central level stock out that was confirmed by MSL. ZPCT continued getting updates on the stock status for the Calibrate and facilitated emergency orders when the calibrate beads became available at MSL towards the end of the quarter.

Facilities in Serenje District reported a stock out for ALT, AST and creatinine for the Humalyzer 2000. MSL confirmed that AST and ALT were in stock while creatinine was stocked out centrally. ZPCT II facilitated emergency orders to MSL for the reagents that were in stock. Cuvettes for Cobas Integra chemistry analyzer were also stocked out in some facilities on the Copperbelt. Follow up with MSL confirmed that these were also centrally stocked out. ZPCT II continued to obtain updates from MSL on stock status and assisted facilities to place emergency orders when the cuvettes were in stock. The situation will be monitored and ZPCT II will facilitate the redistribution of 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, Luapula and Central Provinces for two months due to late ordering of supplies and increased use of test kits for mobile CTs and re-testing of HIV negative clients. ZPCT II worked with health facility staff to submit emergency orders to ensure they access the kits once the stocks are cleared for distribution and to adjust the monthly consumption stock

▪ 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 PCR laboratory was not done during this quarter due to delays in approvals to engage the identified trainer. This however was resolved at the end of the quarter and the training is scheduled to take place next quarter in Ndola at which six staff will be trained in DNA PCR techniques.

▪ PCR reagents

The HIV DNA PCR laboratory at ADCH continued to experience inconsistent supply of Roche Amplicor kits for DNA PCR detection used for early infant diagnosis. The kits were also centrally stocked out for sometimes at MSL. This resulted in back log of untested DBS specimens. When supplies were received at MSL, ZPCT II facilitated emergency orders and also expedited transportation of the reagents to ADCH Ndola.

- **Internal quality control**

Internal quality control practices were still a challenge during the quarter with a number of facilities not performing and documenting IQC consistently. ZPCT II worked with facilities to improve up take of Ministry of Health approved IQC forms for documentation by supplying printed IQC forms to some facilities and mentoring facility staff on the importance of IQC systems. Availability of internal quality control materials and laboratory reagents for lab tests contributed to the challenge of implementation of IQC for lab tests. FACSCalibur calibrate and Trucount controls were out of stock centrally and this affected implementation of IQC practices for the FACSCalibur. Even though IQC for HIV was being done in a number of facilities the challenge noted was that a number of facilities were not performing IQC for HIV testing consistently and were not documenting the activity. ZPCT II continues to mentor facility staff on the importance of this aspect of quality control.

- **Routine testing of under-five children**

In Copperbelt Province, there has been a challenge of routine testing for under-five children because they do not go to the facility for the service but go to the open areas in community weighing points. This affects the number of children offered CT at facility level. ZPCT II has procured two tents for counselors to follow the children in the community weighing points and offer routine CT. This will be piloted in two sites to monitor progress before considering other sites. Other provinces like Central and Luapula reported that children were been discharged before they are tested. This has also affected the pediatric uptake.

- **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. To encourage clients to come back for retests, they are being given appointments. Results and lessons learned are being awaited.

- **Male involvement in PMTCT services**

Although male involvement has been a challenge in most of the supported provinces, in Mkushi and Serenje Districts of Central Province it was reported that men are always busy working in the farms, as a result they don't have time to escort their wives for ANC services. While in urban provinces such as Copperbelt, reports continue to indicate low percentage of pregnant women attending PMTCT services with their partners. ZPCT II has continued to work with communities to mobilize and sensitize men on the importance of PMTCT in the HIV/AIDS intervention

- **Male circumcision Integration**

MC integration was weak in all the five provinces in CT & PMTCT due to inadequate documentation and that some counselors were not aware of key messages to provide. Through regular meetings, ZPCT II is 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 temporal Job aids were printed and circulated in facilities with basic information on MC messages.

- **Male circumcision services**

Low uptake of MC services was noted due to lack of deliberate continuous mobilization in static MC sites. To deal with this, the project decided to use the interpersonal approach strategy by engaging neighborhood health committees to help in MC specific recruitment of clients. Secondly, the efficient payment of transport reimbursement in view of expected increased mobilization is being reviewed for HCW at static sites. ZPCT II is also discussing with SFH and ZPI to explore improved efficiencies within USG male circumcision efforts in Zambia.

- **Administration of ART and Clinical Care QA/QI tools**

There was some limitation noted in the proportion of QA/QI tools administered in some provinces especially North-Western and Northern Provinces because of limited travel approved during the quarter. It is hoped this will improve next quarter.

- **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**

The constant breakdown of SmartCare computers in a number of facilities 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.

- **Inadequate space for patient files**

A number of facilities indicated the need for more filing cabinets for patient records. However, the lack of physical space where to accommodate the additional filling cabinets remains unresolved because of the overall lack of space for expansion in most facilities.

DELIVERABLES FOR THIS QUARTER (July – September 2011)

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

V. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (October – December 2011)

- Launch of the ZPCT II gender strategy
- Preparation of 2012 work plan and submission to USAID
- Conduct capacity building trainings for PMOs and DMOs in financial management, governance, HR and planning
- Assessments for health facilities, amendment of 58 recipient agreements and KCTT subcontract
- 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).
- Conduct a Training of Trainers on screening and referral of gender based violence survivors aimed at enhancing the use of the CHC checklist to screen for GBV in clients and promote referral of clients to other service providers
- ZPCT II will begin to sit on the M&E National Technical Working Group and on the Gender National Steering Committee
- FHI finance team will conduct financial reviews of FHI field offices
- Procurement team will travel to the field to provide Technical Support
- Contracts and grants will visit the field to provide Technical Support and will participate in the review of RA amendments

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

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

Travel this Quarter (July – September 2011)	Travel plans for Next Quarter (October – December 2011)
<ul style="list-style-type: none"> ▪ The Director Technical Support and Senior SI Advisor attended the FHI360 Global Strategic Information meeting that was held in Nairobi, Kenya from September 11 – 16, 2011 aimed at building capacity in research, monitoring and evaluation ▪ Gail Bryan-Mofya, the Senior Advisor Pharmaceutical Management attended the Africa Regional TB Pharmaceutical Management Conference in Johannesburg, South Africa from July 18 – 22, 2011 	<ul style="list-style-type: none"> ▪ Dr. Richard Yoder (Project Technical Lead, Cardno EMG) will travel to Lusaka to provide technical support to the capacity building component of the program in October 2011 ▪ John Pollock, Project Support Leader for MSH, to conduct the annual review visit from October 12 – 21, 2011

<ul style="list-style-type: none"> ▪ Ennocent Sindazi attended the Supply Chain training in Arusha, Tanzania, from August 24 – 31, 2011 ▪ Paul Kapisa, HR Officer attended the Human Resource master class workshop in Johannesburg from July 25 – 28, 2011 ▪ Asha Basnyat the former Deputy Chief of Party/DOP for ZPCT II went to Ethiopia on July 18, 2011 to take up a new appointment as FHI Country Director ▪ The ZPCT II Gender Specialist, Josephine Musamba attended a gender FHI360 regional workshop in Nairobi, Kenya from September 12 – 15, 2011 ▪ Neater Sialwiindi attended the gender policy in HIV/AIDS training course in Dar-es-Salam, Tanzania, from Sept. 18 – Oct. 1, 2011 ▪ Hare Ram Bhattarai, MIS technical assistance support officer from MSH, Nepal, provided TA support to 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 from August 6 – 16, 2011 ▪ Kellock Hazemba (FHI Regional Senior F&A Advisor) travelled to Lusaka to provide technical support to the ZPCT II program from August 3 – 13, 2011 ▪ Justin Mandala from FHI HQ provided TA in PMTCT to the ZPCT II program from September 19 – 28, 2011 	<ul style="list-style-type: none"> ▪ Silvia Gurrola Bonilla, Program Development Specialist, Social Impact, will travel to Lusaka to provide technical support in gender integration and build capacity of the ZPCT II in October 2011
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VII. ANNEXES

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

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul-Sep 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sep 11)	Targets (Jan –Dec 2011)	Achievements (Jan – Sep 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	362 (350 Public, 12 Private)	349	362 (350 Public, 12 Private)			362 (350 Public, 12 Private)
	Individuals who received HIV/AIDS CT and received their test results	728,000	895,507	275,000	377,309	55,516	63,638	119,154
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ³	1,300,000	1,293,644	415,000	535,984	55,516	116,591	172,107
	Individuals trained in CT according to national or international standards	2,316	1,198	438	372	84	147	231
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	350 (340 Public,10 Private)	318	350 (340 Public,10 Private)			350 (340 Public,10 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	398,137	140,000	158,675		52,953	52,953
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	47,128	15,000	16,719		5,556	5,556
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2,683	968	712	70	179	249
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	362 (350 Public, 12 Private)	349	362 (350 Public, 12 Private)			362 (350 Public, 12 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ⁴	560,000	211,636	170,000	204,067	78,867	123,045	201,912
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	16,745	13,617	16,218	8,090	7,970	16,060

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 (Jul-Sep 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Sep 11)	Targets (Jan – Dec 2011)	Achievements (Jan – Sep 2011)	Male	Female	Total
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1,424	505	449	89	109	198
	Service outlets providing ART	130	140 (131 Public, 9 Private)	132	140 (131 Public, 9 Private)			140 (131 Public, 9 Private)
	Individuals newly initiating on ART during the reporting period	115,250	66,092	24,000	23,583	3,085	4,374	7,459
	Pediatrics newly initiating on ART during the reporting period	11,250	5,100	1,922	1,739	256	276	532
	Individuals receiving ART at the end of the period	146,000	141,851	104,200	141,851	56,487	85,364	141,851
	Pediatrics receiving ART at the end of the period	11,700	9,766	7,502	9,766	4,944	4,822	9,766
	Health workers trained to deliver ART services according to national or international standards	3,120	1,424	505	449	89	109	198
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	362 (350 Public, 12 Private)	349	362 (350 Public, 12 Private)			362 (350 Public, 12 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	12,112	4,200	4,341	777	768	1,545
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1,424	505	449	89	109	198
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	10,577	6,146	3,068	659	481	1,140
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	30 (29 Public, 1 Private)	37	30 (29 Public, 1 Private)			30 (29 Public, 1 Private)
	Individuals trained to provide MC services	260	214	85	78	29	11	40
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	7,143	1,000	4,879	2,778		2,778
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	104 (97 Public, 7 Private)	111	104 (97 Public, 7 Private)			104 (97 Public, 7 Private)
	Laboratories with capacity to perform clinical laboratory tests	N/A	138 (126 Public ,12 Private)	117	138 (126 Public ,12 Private)			138 (126 Public ,12 Private)
	Individuals trained in the provision of laboratory-related activities	375	595	200	173	27	12	39
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB	3,813,000	2,686,304	762,600	1,071,952			344,109

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jul-Sep 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 - Sep 11)	Targets (Jan - Dec 2011)	Achievements (Jan - Sep 2011)	Male	Female	Total
	diagnostics, (c) syphilis testing, and (d) HIV/AIDS 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	1,196	440	376	55	51	106
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	735	250	238	28	111	139
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	480	110	50	0	0	0
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			5
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	109,310	TBD	49,572		17,028	17,028
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	298,848	TBD	104,271	12,594	22,297	34,891

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		◆	◆	◆		◆	
	28. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	29. Mulilima RHC	Rural		◆	◆	◆		◆	
	30. Gibson RHC	Rural		◆	◆	◆			
	31. Nchimishi RHC	Rural		◆	◆	◆			
	32. Kabamba RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<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		◆	◆	◆		◆	
	60.Luanshimba RHC	Rural		◆	◆	◆		◆	
	61.Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	62.Chipepo RHC	Rural		◆	◆	◆		◆	
	63.Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64.Chilumba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Mumbwa</i>	65.Mumbwa DH	Urban			◆	◆	◆ ³		◎ ¹
	66.Myooye RHC	Rural		◆	◆	◆			
	67.Lutale RHC	Rural		◆	◆	◆			
	68.Mukulaikwa RHC	Rural		◆	◆	◆			
Totals			24	67	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		
	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		⊙ ¹
	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		⊙ ¹
	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	42	58	5

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	◆ ²	◆	◆	◆		◆	
	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	◆ ²	◆	◆	◆	◆		
Totals			25	69	69	69	26	39	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

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

ANNEX D: ZPCT II ART Sites (As of September 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				
	Isoka	106. Isoka District Hospital	Static				
		107. Muyombe			Outreach		
		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. Mungwi RHC	Static			
	Nakonde	127. Nakonde HC	Static			
		128. Ntumbila		Outreach		
		129. Chozi Nakonde	Static			
	North-Western	Chavuma	130. Chiyeke	Static		
		Kabompo	131. Kabompo District Hospital	Static		
			132. St Kalembe		Outreach	
		Kasempa	133. Kasempa		Outreach	
Mufumbwe		134. Mufumbwe Hospital		Outreach		
Mwinilunga		135. Mwinilunga District Hospital	Static			
		136. Luwi Mission		Outreach		
Solwezi		137. Solwezi General Hospital	Static			
		138. Solwezi Urban		Outreach		
		139. St. Dorothy		Outreach	Solwezi Urban Clinic	
Zambezi		140. Hilltop Hospital *	Static			
		141. Chitokoloki Mission Hospital		Outreach		
		142. Zambezi District Hospital	Static			

***Private sector ART sites**

- ART services available in 38 of the 41 supported districts
- 142 ART sites (133 public and 9 private) of which 140 report independently and two report under bigger facilities
- 76 are static and 66 are outreach sites

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

Province	District	Health Facility
Central	1. Mkushi	Chalata
		Chibefwe
		Chikupili
		Masansa
		Mkushi District Hospital
		Nshinso
		2. Kabwe
	Kabwe Mine Hospital	
	Mahatma Gandhi HC	
	Bwacha	
	Chowa	
	Kasanda	
	Kasavasa	
	Katondo	
	Kawama	
	Mahatma Gandhi Memorial	
	Makululu	
	Mukobeko Township	
	Natuseko	
	Ngungu	
	Pollen	
	Railway Surgery	
	3. Serenje	Serenje District Hospital
		Chitambo Hospital
		Muchinka
		Kabundi
		Chibale
Mulilima		
Chalilo		
Mpelembe		
Gibson		
Nchimishi		
Kabamba		
Copperbelt	4. Kalulushi	Chambeshi Govt. Clinic
		Chibuluma
		Chati RHC
		Ichimpe RHC
		Kalulushi Govt. Clinic
		5. Luanshya
	Mpatamatu Clinic	
	Roan Antelope Hospital	
	Mikomfwa urban clinic	
	Luanshya Main clinic	
	Thomson Hospital	
	6. Chingola	Nchanga N. GH
		Chiwempala HC
		Kabundi East Clinic
		Chawama HC
		Clinic 1 HC
		Muchinshi Clinic

Province	District	Health Facility
		Kasompe Clinic
		Mutenda HC
	7. Chililabombwe	Kakoso District HC
		Lubengele UC
	8. Mufulira	Kamuchanga DH
		Ronald Ross GH
		Clinic 3 Mine Clinic
		Kansunswa HC
		Clinic 5 Clinic
		Mokambo Clinic
		Suburb Clinic
		Chibolya HC
	Murundu HC	
	Luapula	9. Samfya
Kasanka RHC		
Lubwe Mission Hospital		
Shikamushile RHC		
Kapata East 7 RHC		
Kabongo RHC		
10. Kawambwa		Kawambwa DH
		Mbereshi Hospital
		Kawambwa HC
		Mushota RHC
		Munkanta RHC
		Kawambwa Tea Co. Clinic
		Kazembe RHC
		Mufwaya RHC
Northern	11. Chinsali	Chinsali District Hospital
		Chinsali UHC
		Matumbo RHC
		Shiwa Ng'andu RHC
		Lubwa RHC
		Mundu RHC
	12. Kasama	Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
		Lukashya
		Lukupu RHC
		Misengo
		Mulenga
		Musa
		Kasama TAZARA
	Lubushi RHC	
	13. Mpika	Mpika UHC
		Mpepo RHC
		Mpika DH
		Chibansa RHC
		Mpumba RHC
Mukungule RHC		

Province	District	Health Facility	
		Mpika TAZARA	
		Muwele RHC	
		Lukulu RHC	
		ZCA Clinic	
		Chikakala RHC	
	14. Nakonde		Waitwika
			Shem RHC
			Chanka RHC
			Chilolwa RHC
			Chozi
			Mwenzu
			Nakonde HC
			Ntatumbila
	15. Mporokoso		Mporokoso DH
			Mporokoso UHC
North-Western	16. Kabompo	Kasamba RHC	
		Kabompo District Hospital	
		Mumbeji RHC	
		St Kalemba	
		Kabulamema RHC	
		Dyambombola RHC	
		Kayombo RHC	
	17. Mufumbwe		Mufumbwe District Hospital
			Kashima RHC
			Matushi RHC
			Mufumbwe Clinic
	18. 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
	19. 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
	66. Ndola Catholic Diocese MOU		\$0	\$0	

ANNEX G: ZPCT II Training Courses and Numbers Trained (July – Sept. 2011)

Training Course	Training Dates	Province	Number Trained
Basic CT HCWs	June 27- July 9,2011	Luapula	20
	July 11-23,2011	Copperbelt	20
		Total	40
Basic CT Lay	August 15– 27, 2011	Central	20
	September 05-17 ,2011	Copperbelt	20
		Total	40
Basic CT Refresher HCWs	September 12-16 ,2011	Northern	16
	September 12-16 ,2011	Central	21
		Total	37
Basic CT Refresher Lay	August 08– 12, 2011	Central	15
		Total	15
CT Supervision HCWS	June 20-July 02,2011	Northern	13
	July 11-23,2011	North- Western	11
	July 18-30,2011	Luapula	12
	July 26- August 06 ,2011	Central	12
		Total	48
CT Supervision Lay	September 05– 17,2011	Central	12
		Total	12
Basic Child CT HCWs	July 18-23,2011	Copperbelt	15
	September 05-10,2011	Northern	15
		Total	30
Basic Child CT Lay	July 18-23,2011	Luapula	15
		Total	15
Youth CT HCWs			17
		Total	17
Youth CT Lay	August 08– 12, 2011	Northern	14
		Total	14
Couple CT HCWs	August 15- 20, 2011	Luapula	19
	August 22- 27, 2011	Central	20
	September 12-17,2011	Copperbelt	20
		Total	59
Couple CT Lay	August 22- 27, 2011	North-Western	10
		Total	10
PMTCT HCWs	July 17-24,2011	Copperbelt	25
	August 8- 13, 2011	Central	26
	August 8- 13, 2011	North-Western	25
	August 15- 20, 2011	Northern	23
	August 22- 27, 2011	Northern	20
	August 29- September 03, 2011	Central	25
		Total	144
PMTCT Lay	August 22- 27, 2011	Northern	14
		Total	14
PMTCT Refresher HCWs	July 25-28,2011	Copperbelt	28
	August 22- 25, 2011	Copperbelt	25
	August 30- September 02, 2011	Copperbelt	27
	September 12-15, 2011	Luapula	25
		Total	105
PMTCT Refresher Lay	July 11-14, 2011	Central	25
	August 08- 11, 2011	Luapula	25
	August 22- 25, 2011	North-Western	25
	August 30- September 02, 2011	Northern	25
	September 12-15, 2011	Copperbelt	25
		Total	125
ART/OIs	July 18-28,2011	Central/ Luapula/Northern	25
		Total	25
ART/OIs Refresher	September 05-09, 2011	Copperbelt	24

Training Course	Training Dates	Province	Number Trained
	September 05-09, 2011	Luapula	23
		Total	47
ART/OIs Paediatrics	June 27-July 01 ,2011	North-Western	21
	July 11-16,2011	Copperbelt	25
	September 05-09, 2011	Copperbelt	21
	September 12-16, 2011	Copperbelt	33
	September 26 - 30, 2011	Northern	26
		Total	126
Male Circumcision	August 15- 25, 2011	North-Western	13
	September 05-15, 2011	Central/Copperbelt/Northern	13
	September 05-15, 2011	Central/Copperbelt/Luapula	14
		Total	40
Adherence Counselling HCWs	August 29- 31, 2011	Northern	19
	August 29- 31, 2011	Copperbelt	26
	August 31 September 02 , 2011	Copperbelt	24
		Total	69
Equipment Use and Maintenance	August 15- 17, 2011	Central/Copperbelt/Northern	15
	September 14-16, 2011	Central/Copperbelt/ North-Western	13
		Total	28
ART Commodity Management A for Lab and Pharm	August 15- 19, 2011	Central/Copperbelt/Northern/ Luapula	22
		Total	22
Model Sites mentorship	July 25-29, 2011	Central	10
	August 8-12, 2011	Luapula	10
	August 29-September 2, 2011	Northern	6
	August 29-September 2, 2011	North-Western	8
		Total	34

ANNEX H: Meetings and Workshops this Quarter (Jul. – Sept., 2011)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p>July 25 – 26, 2011 <i>Couples HIV Counseling and Testing (CHCT) Implementers Meeting:</i> the meeting was held at intercontinental hotel to share best strategies in improving uptake of CHCT services and review progress made in couple counseling and testing in Zambia. Presentations made need to be sent to all organizations in attendance.</p>
	<p>August 4, 2011 <i>HIV Prevention for people Living with HIV (PwP):</i> the meeting was held at Jphiego in Lusaka to discuss the status of the Terms of Reference for the group and distribution of PwP materials. Reporting tools need to be standardized.</p>
	<p>September 8, 2011 <i>Project Mwana District Scale-up Meeting;</i> the meeting was held at Blue Nile Lodge in Lusaka. The main purpose of the meeting was to introduce the project Mwana to partners on the planned scale up of the mobile technology for notifying the Laboratory of the results sent and on the received results and follow up of clients in the community by the Remind MI system by the Community Based Agents. The next step is to invite MOH with the program officers to be headed by the PS for introduction of the project and plans to scale up.</p>
	<p>September 16, 2011 <i>Combined Technical Working Group Meeting:</i> the meeting was held at MOH boardroom to discuss cost model for PMTCT delivery and a presentation of draft integrated scale up plan by Dr. Con Osborne. The next step was to come up with a PMTCT impact study at baseline which could form a basis for comparison at a later stage of implementation of the scale up plan. M&E officers to look at the indicator tables and provide more guidance.</p>
MC	<p>August 29, 2011 <i>VMMC partners and donors meeting:</i> This meeting which took place at the SFH conference room discussed the need to relate funding from donors to targets. MOH was tasked with coordinating meetings of partners where their MC funding and operation plan will be discussed to facilitate to a realistic partner buy in into national level MOH targets. Organizations in attendance were MOH Zambia, JHPIEGO, ZPCT II, CHAI, MSI, SFH, PEPFAR, Bill & Melinda Gate Foundation, USAID, CDC</p>
	<p>September 6 – 8, 2011 <i>Local Partners capacity Building Project All Partners Conference:</i> This meeting which attracted over 100 partners in Zambia was designed to review the impact of civil society in addressing the HIV/AIDS response in Zambia, and share innovative and evidence based practices related to cross cutting areas in HIV programs. ZPCT II made a presentation on male circumcision in Zambia.</p>
ART/CC	<p>August 4, 2011 <i>Prevention with Positives:</i> ZPCT II participated in the meeting whose main aim was setting up of a PWP committee and also coming up with the terms of reference for that particular committee.</p>
	<p>August 5, 2011 <i>Pediatrics Technical working Group meeting at MOH:</i> ZPCT II participated in this meeting whose focus was on scale up of pediatric ART, roll out of pediatrics new modules, preparations to finalize the new training package and issues on continuous medical education.</p>
	<p>August 25, 2011 <i>Adult/Adolescent ART Technical Working Group Meeting:</i> ZPCT II participated in this monthly meeting held at MOH that paved the way to finalizing the Integrated Scale up Plan 2011-2015, by identifying a lead person to put the submissions of various TWGs together in a specified time period. The meeting also received updates on ARV quantification process and funding and development of programmatic quality indicators by MOH.</p>
	<p>August 8-12, 2011 <i>TB Infection Control and Intensified Case Finding Workshop at Kafue Gorge:</i> One ZPCT II technical officers from the provinces participated in this workshop which was held in in Kafue. This is in line with our work in HIV/TB collaborative activities where we are actively screening for TB among ART clients and also strengthening the linkages between CT and ART.</p>
Laboratory	<p>25 July 2011 <i>PCR Update:</i> ZPCT II attended a PCR update on available platforms with MoH Laboratory Services. Two platforms are available for consideration supplied by local vendors Biogroup (Z) Ltd and Sterelin Ltd. Lab services indicated that they would provide further information on the two platforms in due course as they would make further consultations with Roche and Abbott through their respective in-country vendors.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>2 August 2011 <i>CDC Consultative Meeting:</i> ZPCT II exchanged notes with the Centers for Disease Control and Prevention (CDC) Consultant Virologist on possible implementation of quality management systems and upcoming training opportunities which ZPCT Lab staff may benefit from. Discussed also laboratory mentorship using the Clinical Laboratory Standards Institute (CLSI) approach which embraces mentorship and identified the need for ZPCT Technical Assistance to be made more efficient. The quality management systems are the foundation upon which the strengthening laboratory management toward accreditation (SLMTA) is based.</p>
	<p>4 August 2011 <i>CHAZ Consultative Meeting:</i> ZPCT II met with Churches Health Association of Zambia (CHAZ) to discuss possibility of drawing supplies from newly commissioned warehouse for sites jointly supported. Consultations were fruitful with understanding that for sites not jointly supported supplies may be replenished via Medical Stores supply. Of note was the excess supply of micro-cuvettes for Hemocues that were near expiry and could be used in ZPCT II supported sites. It was therefore generally agreed that out of stock situations with CHAZ back-up should generally reduce.</p>
	<p>4 August 2011 <i>ABBOTT PCR Update:</i> ZPCT II attended the Technical and operational update meeting which was held with Abbott Diagnostics and Sterelin to highlight key features of the PCR Platform M2000 system. Discussions revolved around the possibility of doing quantitative viral load assays using dry blood spots as opposed to using whole anticoagulated ethylene diamine tetraacetic acid (EDTA) blood for both paediatric and adult viral load determinations.</p>
	<p>9 August 2011 <i>Consultative meeting with Chief of Infrastructure and Lab Support - CDC:</i> In order to strengthen quality management systems with the ultimate intention to drive the accreditation of labs possible collaborative activities were discussed between ZPCT II and CDC. These activities will need to be discussed further with ZPCT management as the proposition is to increase mentorship time at provincial sites. This ties in very well with the ZPCT Model Site concept which focuses on the same provincial sites.</p>
	<p>23 August 2011 <i>PIMA Evaluation Meeting:</i> ZPCT II attended the meeting facilitated by MOH lab services. Other partners in attendance included SCMS, CHAI CHAZ CDC and CHAI. MoH announced that the PIMA field evaluation study proposal had been approved. The meeting took time to select 10 sites that would take part in the base line assessment. Site selection criteria based on among other things a 3 consecutive passed external quality assurance result for CD4, availability of PMTCT services and partner supported sites. Meeting also decided that before the study evaluation commenced the equipment vendor, Alere, would have to provide two trainings to the participating sites, a centralized training and onsite training. MOH recommended Partners to take part in the centralized training ear marked for the week of 3rd October 2011 before the actual study condensed earmarked for 17th October 2011.</p>
	<p>28 August 2011 <i>ZPCT/MoH Update Meeting:</i> ZPCT II attended a key update meeting with strategic units of the Ministry of Health. Laboratory services updated the meeting on the need to shift our current support to labs to accreditation requirements. It was noted by the Chief Scientist for Quality Assurance that the achievement of accreditation would translate to better services.</p>
	<p>6 September 2011 <i>Scientific Group/Horiba Consultative Meeting:</i> Interlaboratory quality assurance has been proposed by Scientific Group and Horiba to increase quality control/quality assurance collaboration among in country laboratory facilities. This however will be restricted only to hematology analyzers supplied by SG/Horiba and will further be restricted to those sites that have internet connectivity. Peer to peer reviews will be the characteristic strong features of these inter laboratory comparisons and investigation reports will be shared among peers. This has been proposed to lab services ministry of health and will be discussed soon at the next technical working group meeting.</p>
	<p>6 September 2011 <i>PIMA field evaluation study. Baseline assessment:</i> ZPCT II in collaboration with AIDS Relief took part in the base line assessment visits for the PIMA study evaluation protocol. The sites visited during the assessment included Mpulungu rural health center, Chinsali DH and Serenje DH .The sites were assessed for suitability of placement of the PIMA CD4 point of care equipment in readiness for the PIMA evaluation study.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p data-bbox="395 159 619 185">12 September 2011</p> <p data-bbox="395 188 1409 331"><i>National Laboratory Sample Transport System Partners Meeting:</i> ZPCT II participated in the finalization of the proposal document and the cover letter which has been addressed to the Permanent Secretary at the Ministry of Health. It is hoped that once the proposal is ratified consistent, robust and approved transport systems will be implemented for the transport of primarily dry blood spot samples. This will eventually apply to all samples needing referral.</p>

ANNEX I: Mobile CT Data July – September 2011

Province	District	site	M A L E S					F E M A L E S					Grand Total
			Children Tested	Children Positive	Adults Tested	Adults Positive	Total Males	Children Tested	Children Positive	Adults Tested	Adults Positive	Total Females	
Central	Chibombo	Twalumba Market	3	0	50	4	53	1	0	23	1	24	77
Central	Chibombo	Old Boma	13	0	15	1	28	0	0	3	0	3	31
Central	Chibombo	Old Boma	0	0	24	0	24	0	0	2	0	2	26
Central	Chibombo	John Chinena	0	0	48	7	48	0	0	22	3	22	70
Central	Kabwe	Kamuchanga Comp.	0	0	7	0	7	0	0	8	0	8	15
Central	Kabwe	Kamuchanga Comp.	0	0	4	0	4	0	0	6	0	6	10
Central	Kabwe	Kamuchanga Comp.	0	0	7	0	7	0	0	3	0	3	10
Central	Kabwe	Kamuchanga Comp.	0	0	21	1	21	0	0	12	1	12	33
Central	Kapiri Mposhi	Musamba	0	0	44	0	44	2	0	22	3	24	68
Central	Kapiri Mposhi	Musamba	0	0	37	0	37	0	0	21	2	21	58
Central	Kapiri Mposhi	Musamba	0	0	8	0	8	1	0	22	1	23	31
Central	Kapiri Mposhi	Musamba	0	0	29	0	29	3	0	20	1	23	52
Luapula	Kawambwa	Kazembe	12	0	396	7	408	7	0	105	7	112	520
North-Western	Solwezi	Maheba	9	0	11	0	20	18	0	23	0	41	61
North-Western	Solwezi	Solwezi Market	0	0	27	4	27	0	0	5	0	5	32
North-Western	Solwezi	Kyawama comp	1	0	43	0	44	8	0	61	8	69	113
North-Western	Solwezi	Zambia comp	0	0	47	5	47	2	0	59	2	61	108
North-Western	Solwezi	Zambia/ Kyawama	1	0	61	3	62	2	0	70	4	72	134
North-Western	Zambezi	Zambezi/Mize	28	0	153	5	181	8	0	91	6	99	280
TOTALS			67	0	1032	37	1099	52	0	578	39	630	1729

ANNEX J: Status of Laboratory Equipment (July – September 2011)

Item	Facility	Instrument	Condition	Action	Current Status
CD 4 Analysers	Chiwempala Clinic	FacsCount	Nonfunctional needs lesser replacement	BD was informed and have replaced the lesser	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.
	Mbala GH	FacsCount	Nonfunctional – Blocked probe	BD, repaired the equipment	Fully functional and in use.
	Chinsali D Hospital	FacsCount	Nonfunctional- suspected short circuit in the system	BD, repaired the equipment	Fully functional and in use.
	Mwinilunga DH	FacsCount	Nonfunctional-	BD, vendor informed and have repaired the equipment	Non functional
	Mansa GH	FacsCount	Nonfunctional low lesser	BD, vendor informed , the equipment needs part replacement	Non functional
	Mansa GH	FacsCalibur	Nonfunctional	BD vendor informed.	Non functional
	Mambilima HC	FacsCount	Nonfunctional low lesser	BD, vendor informed , the equipment needs part replacement	Non functional
	Puta HC	FacsCount	Non functional	BD vendor was informed	Non functional
	Kasanda HC	FacsCount	Nonfunctional for two weeks in the month of August with reported laser problem.	Samples were referred to Mahatma Gandhi Clinic. BD, vendor informed and have repaired the equipment.	Fully functional and in use.
	Chipulukusu Clinic	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Chambeshi Clinic	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Chawama	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	St. Dorothy RHC	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for	Pending installation and onsite training

Item	Facility	Instrument	Condition	Action	Current Status
				installation.	
	Masansa	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Musangu RHC	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Kawambwa District Hospital	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Mindolo Clinic 1	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Zamtan Clinic	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Kapiri District Hospital	FacsCount	ZPCT procured and delivered equipment to provincial office.	BD vendor informed planning for installation.	Pending installation and onsite training
	Mansa GH	FacsCount	Non functional	Vendor was informed, specimen referral Central clinic was initiated	Non functional
Quarterly Summary Status for CD4 Analysers	Total Number Available	Total Number Non-Functional	Total Number Repaired	Total Number Pending Repairs	Total Number Fully Functional
	97	11 plus 10 pending installations	4	7 plus 10 pending installation	80
Chemistry Analyser	Mkushi DH	Humalzyer 2000	Non functional	Vendor Biogroup repaired the equipment	Fully functional and in use.
	Katondo HC	Humalzyer 2000	Nonfunctional with Faulty pump system.	Vendor informed of the problem	Fully functional and in use.
	Kawama	Humalyser 2000	Nonfunctional	Vendor informed of the problem	Nonfunctional pending repairs

Item	Facility	Instrument	Condition	Action	Current Status
	Kasama Location clinic	Humalyser 2000	Nonfunctional printer problem	Vendor BioGroup repaired the equipment.	functional
	Kabwe mine hospital	Humalyzer 2000	Non-functional for one week in July	Samples for chemistry were referred to Kabwe General hospital and Vendor BioGroup repaired the equipment within one week.	Fully functional and in use.
	Kamuchanga	Humalyzer 2000	Nonfunctional needed a bulb replacement.	Vendor was informed. still pending repairs	Nonfunctional.
	Puta HC	Humalyser 2000	Non functional	Vendor informed	Nonfunctional.
	Mansa GH	Cobas Integra	Non-functional – require major part replacement	Vendor, Biogroup was informed and has sourced the required part.	Nonfunctional pending part replacement.
	St Paul’s MH	Cobas Integra	Non functional	Vendor, Biogroup was informed	Nonfunctional pending repairs.
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	9	4	5	85
Haematology Analyzer	Mansa G H	ABX micros 60	Non functional	Vendor notified	Nonfunctional pending repair
	Kabompo DH	ABX micros 60	Non functional	Vendor Notified	Nonfunctional pending repair
	Puta HC	ABX micros 60	Non functional	Vendor Notified	Nonfunctional pending repair
	Mwense stage II	ABX micros 60	Non functional	Vendor Notified	Nonfunctional pending repair
	Ndola central H	ABX micros 60	Non functional	Vendor Notified and repaired the equipment	Fully functional and in use.
	Riverside Clinic,	ABX Micros 60	Pending installation	Vendor provided installation and onsite training.	.Fully functional and in use.
	Mpulungu health center	ABX Micros 60	Non functional	Vendor , Scientific group notified and repaired the equipment	Fully functional and in use.
	Chilubula Health Center	ABX Micros 60	Nonfunctional the equipment developed an internal part problem.	Vendor repaired the equipment	Fully functional and in use.
	Chilubula Health Center	Sysmex Poch 100	Non functional	Vendor Biogroup repaired the equipment	Fully functional and in use.
	Chawama Clinic	Sysmex Poch 100	Non functional	Vendor Biogroup repaired the equipment	Fully functional and in use
	Mpulungu health center	Sysmex Poch 100	Nonfunctional	Vendor Biogroup notified	Nonfunctional

Item	Facility	Instrument	Condition	Action	Current Status
	Kasanda HC	Sysmex Poch 100	Nonfunctional with major part replacement	Vendor replaced the spare part procured by ZPCT.	Fully functional and in Use
	Chimwemwe clinic	Sysmex Poch 100	Non functional	Vendor informed, pending repair.	Nonfunctional.
Quarterly Summary Status Haematology Analysers	Total Number Available	Total Number Non-Functional	Total Number Repaired	Total Number Pending Repairs	Total Number Fully Functional
	127	13	7	6	121

ANNEX K: Activities Planned for the Next Quarter (Oct. – Dec., 2011)

Objectives	Planned Activities	2011		
		Oct	Nov	Dec
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and 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 HCWs and community volunteers in PMTCT to support initiation or strengthening of PMTCT services	x	x	x
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community	x	x	x
	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		
		Oct	Nov	Dec
(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		
		Oct	Nov	Dec
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		
		Oct	Nov	Dec
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 ongoing technical oversight 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
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	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 and adult HIV 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

Objectives	Planned Activities	2011		
		Oct	Nov	Dec
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
Objective 3: Increase the capacity of the 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	x	x
	Train PMO and DMO staff in Governance, Human resources and planning and financial management	x	x	x
	Mentoring of PMO and DMO staff trained in the four areas named above	x	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.				
	Initiate and provide technical support to the six new and 12 old private sector facilities	x	x	x
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	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	x	
	Assessments for year four expansion and identification of facilities in all the provinces	x		
	ZPCT II partners meeting		x	
	Amendment of recipient agreements and subcontracts	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
	ZPCT II will facilitate the roll out of the use of updated CHC checklist to screen for gender based violence within ART, CT and PMTCT settings	x	x	x
	ZPCT II will continue to collaborate with GIDD through membership to the on the M&E National Technical Working Group and on the Gender National Steering Committee	x	x	x
	Discuss integrating of gender indicators in the HMIS through the National M&E Technical Working Group	x	x	
	Launch the gender strategy	x		
	Conduct gender integration training for FHI360 staff.	x		
	Develop key messages for community leaders to reinforce, accommodate, or transform gender roles for increased service		x	x

Objectives	Planned Activities	2011		
		Oct	Nov	Dec
	delivery and uptake.			
	Conduct a TOT for FHI360 staff on screening and referral of GBV survivors.			x
	Engender manuals for community leaders.			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 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 sub grants to selected CBOs/NGOs		x	x
Finance	FHI finance team will conduct financial reviews of FHI field offices		x	x
HR	Team building activities for enhanced team functionality		x	x
	Facilitate leadership training for all staff in supervisory positions	x	x	x
	Facilitate total quality management training across ZPCT II for enhanced efficiency and coordination amongst staff			x
	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
	Collect web2sms Data for draft evaluation report	x	x	x
	Complete electrical works in Mansa and Solwezi	x		
	Complete updating Office and health facility inventories	x	x	
	Upgrade health facility computers		x	x
	Purchase IT equipment for ZPCT II Staff		x	x