



Quarterly Progress Report October 1 - December 31, 2011

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LIST OF ACRONYMS

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

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 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 six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). We implement 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, including ART and male circumcision (MC), for people living with HIV/AIDS (PLHA).

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 the supported districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga 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.

ZPCT II supported 369 health facilities (352 public and 17 private) across 44 districts this quarter. Key activities and achievements for this reporting quarter include the following:

- 131,396 individuals received CT services in 369 supported facilities, exclusive of those who were reached through PMTCT. The COP target includes those reached through PMTCT as well, and that total is 185,452.
- This quarter 54,056 women received PMTCT services, out of which 4,110 tested HIV positive in 356 supported facilities. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT during this period was 5,461.
- ZPCT II provided technical assistance with a focus on new technical strategies and monitoring quality of services.
- All ZPCT II supported facilities offered palliative care services with 209,653 individuals received palliative care.
- 131 public and 13 private health facilities provided ART services and report independently while 2 sites report through the bigger sites (79 are static and 65 are outreach sites). A total of 7,852 new clients

(including 618 children) were initiated on antiretroviral therapy. Cumulatively, 147,875 individuals are currently on antiretroviral therapy and of these 10,226 are children.

- 538 health care workers trained by ZPCT II in the following topics: 128 in CT, 204 in PMTCT, 72 in adult ART/OI management, 17 in adherence counseling, 15 in male circumcision, 66 in ART commodity management for laboratory and pharmacy, 6 DNA PCR and 30 in equipment use and maintenance.
- 169 community volunteers trained by ZPCT II in the following: 74 CT, 26 PMTCT and 69 in adherence counseling,
- ZPCT II mentored 63 HCWs under the model sites strategy in five provinces: Central, Luapula, Northern, Copperbelt and North-Western.
- Chilubi District in the Northern Province was added as a new district for scale up for 2012. In addition, two new districts gazetted by GRZ (Mafinga in Northern, and Ikelenge in North-Western) have been added to the supported districts, bringing the total number of districts supported by ZPCT II to 44, surpassing the original LOP target of 42 districts.
- 21 new MOH facilities were included in the current recipient agreements amended this quarter, bringing the total number of facilities that will be supported to 371.
- All 63 refurbishment contracts targeted for year three have been signed and work is ongoing. 50 new refurbishments have been targeted for 2012 and tender documents are currently being developed and compiled. Environmental site assessments have also been carried out for the said 50 new health facilities.
- Luwingu District was graduated this quarter after the Luwingu District Medical Office met the graduation criteria outlined in the quality assurance graduation tools. This brings the total number of graduated districts to 20. ZPCT II is still providing limited technical and financial assistance in all the graduated districts.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Jan. – Mar. 2012)

ZPCT II partners with the MOH at national, provincial, district and facility levels and will also continue to collaborate with other non-GRZ partner organizations at all levels. The following activities are anticipated for next quarter (January – March 2012):

- Capacity-building trainings for PMOs and DMOs in financial management, governance, HR and planning
- Implementation of an operational study on HIV re-testing in PMTCT having received MOH approval
- Training of trainers on use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients within clinical care settings; the goal is to increase referrals and improve management of cases of GBV to other needed services
- Disbursements of grants to five community based organizations to implement community level HIV and AIDS activities under the Fixed Obligation Grants
- The signed Memorandum of Understanding (MOU) with the Ministry of Health (MOH) will be amended to include the newly created Muchinga Province whose MOU with the PMO will be signed in the next quarter

TECHNICAL SUPPORT NEXT QUARTER (Jan. – Mar. 2012)

- 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 January 2012.
- Dr. Richard Yoder (Project Technical Lead, Cardno EMG) and Ms. Violet Ketani (Project Manager, CardnoEMG) will travel to Lusaka to provide TA, local staff training and assist with key technical assignments in March 2012

ZPCT II Project Achievements August 1, 2009 to December 31, 2011

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct-Dec 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 11)	Targets (Jan –Dec 2011)	Achievements (Jan –Dec 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	369 (352 Public, 17 Private)	349	369 (352 Public, 17 Private)			369 (352 Public, 17 Private)
	Individuals who received HIV/AIDS CT and received their test results	728,000	1,026,903	275,000	508,705	61,160	70,236	131,396
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	1,300,000	1,479,096	415,000	721,436	61,160	124,292	185,452
	Individuals trained in CT according to national or international standards	2,316	1326	438	500	60	68	128
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	359	356 (342 Public, 14 Private)	318	356 (342 Public, 14 Private)			356 (342 Public, 14 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	452,193	140,000	212,731		54,056	54,056
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	52,589	15,000	22,180		5,461	5,461
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	2893	968	916	68	136	204
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	369 (352 Public, 17 Private)	349	369 (352 Public, 17 Private)			369 (352 Public, 17 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	560,000	220,225	170,000	212,286	82,341	127,312	209,653
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	16,590	13,617	16,063	8,064	7,759	15,823
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	1498	505	520	32	40	72
	Service outlets providing ART	130	144 (131 Public, 13 Private)	132	144 (131 Public, 13 Private)			144 (131 Public, 13 Private)
	Individuals newly initiating on ART during the reporting period	115,250	73,944	24,000	31,435	3,234	4,618	7,852

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 (Oct-Dec 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 - Dec 11)	Targets (Jan -Dec 2011)	Achievements (Jan -Dec 2011)	Male	Female	Total
	Pediatrics newly initiating on ART during the reporting period	11,250	5,718	1,922	2,357	315	303	618
	Individuals receiving ART at the end of the period	146,000	147,875	104,200	147,875	58,989	88,886	147,875
	Pediatrics receiving ART at the end of the period	11,700	10,226	7,502	10,226	5,154	5,072	10,226
	Health workers trained to deliver ART services according to national or international standards	3,120	1498	505	520	32	40	72
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	369 (352 Public, 17 Private)	349	369 (352 Public, 17 Private)			369 (352 Public, 17 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	13,628	4,200	5,857	673	843	1,516
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	1498	505	520	32	40	72
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	11,802	6,146	4,293	719	506	1,225
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	50	38 (36 Public, 2 Private)	37	38 (36 Public, 2 Private)			38 (36 Public, 2 Private)
	Individuals trained to provide MC services	260	229	85	93	12	3	15
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	9,273	1,000	7,009	2,130		2,130
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	106 (96 Public, 10 Private)	111	106 (96 Public, 10 Private)			106 (96 Public, 10 Private)
	Laboratories with capacity to perform clinical laboratory tests	N/A	142 (127 Public ,15 Private)	117	142 (127 Public ,15 Private)			142 (127 Public ,15 Private)
	Individuals trained in the provision of laboratory-related activities	375	651	200	229	36	20	56
	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	3,049,503	762,600	1,435,151			363,199
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	1284	440	450	40	34	74
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	749	250	264	10	16	26
	Community/lay persons trained in the provision of ART adherence counseling services according to	600	548	110	119	27	42	69

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Oct–Dec 11)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Dec 11)	Targets (Jan –Dec 2011)	Achievements (Jan –Dec 2011)	Male	Female	Total
	national or international standards							
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	47	20	47			47
4	Public-Private Partnerships (ZPCT II projections)							
	Private health facilities providing HIV/AIDS services	30	17	18	17			17
	Gender							
	Number of pregnant women receiving PMTCT services with partner	N/A	127,858	TBD	68,120		18,548	18,548
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	337,472	TBD	142,895	14,684	23,940	38,624

QUARTERLY PROGRESS UPDATE

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

A total of 352 public and 17 private CT sites received technical support from ZPCT II to strengthen and scale up CT services in the five supported provinces. A total of 131,396 clients were counseled, tested and received results from all the supported sites. Of these, 18,266 were found to be HIV positive and referred for assessment for ART. CT services in 5 new private sites were operationalized and technical support was provided to both old and new private sites.

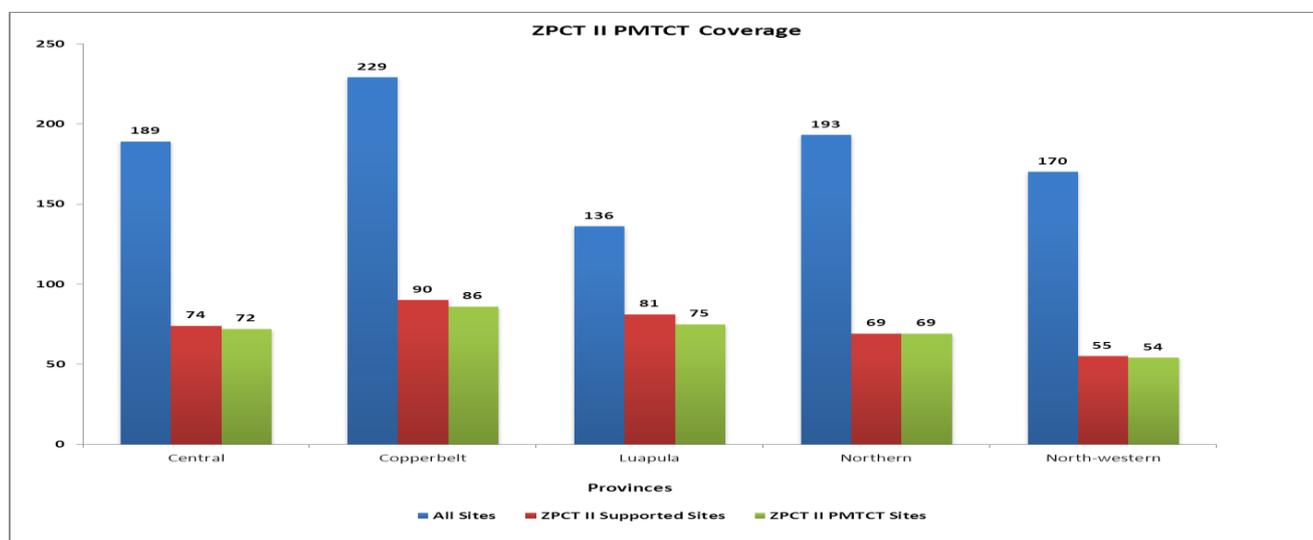
The areas of focus for TA this quarter included:

- Integrating CT into other health services: There has been a steady improvement in the number of referrals of family planning clients to CT and CT clients to family planning. This quarter, 7,308 CT clients were referred for FP and provided with FP services, and FP clients were provided with CT services. In addition, 1,225 TB clients with unknown HIV status received CT, and 6,463 HIV-negative CT clients were referred for MC services. ZPCT II used mobile MC and community mobilization efforts to help increase the number of men referred for circumcision.
- Strengthening of retesting of HIV negative CT clients: Ongoing mentorship of HCWs was provided to support re-testing of all HIV negative CT clients after the window period as well as improve proper documentation through working with data entry clerks based in the facilities. An increase in the number of clients re-testing had been noted this quarter, 20,834 during this quarter in comparison to 17,328 during the previous quarter.
- Strengthening access to CT services for children in the paediatric wards and under five clinics: This continued during this quarter and resulted in 23,438 children getting tested for HIV in under-five clinics as well as in the paediatric wards across the five supported provinces. Of these, 1,535 tested positive, received their test results and were 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 clients coming alone. Training and mentorship of HCWs and community volunteers in the supported facilities was done to strengthen couple counseling and testing. As a result, 3,125 individuals were tested as couples through the general CT services while 16,950 individuals were tested as couples through PMTCT services making a total of 20,075 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 CT settings. The service providers administered the checklist on 16,780 CT clients across the five provinces during this quarter.
- Integration of screening for gender based violence (GBV): During this reporting period, screening for GBV in CT clients remained a priority. Orientation of HCWs on GBV was emphasized in CT trainings and through on-site mentoring of the counselors (both HCWs and lay counselors) to enable them to screen for GBV as they provide CT services. A number of GBV cases were identified in a number of facilities especially in the Copperbelt facilities. ZPCT II will identify networks to link the GBV clients in cases that require quick intervention beyond CT.
- Prevention with Positives (PwP): HCWs and community volunteers were mentored on how to provide prevention with positives (PwP) services to CT clients, including counseling for positive clients.

- **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 in the QA/QI section under Strategic Information and Laboratory section on HIV testing quality control. QA on every 10th sample in HIV testing was done by way of peer to peer method whereby fellow counselor confirm the test results without taking the sample to the laboratory

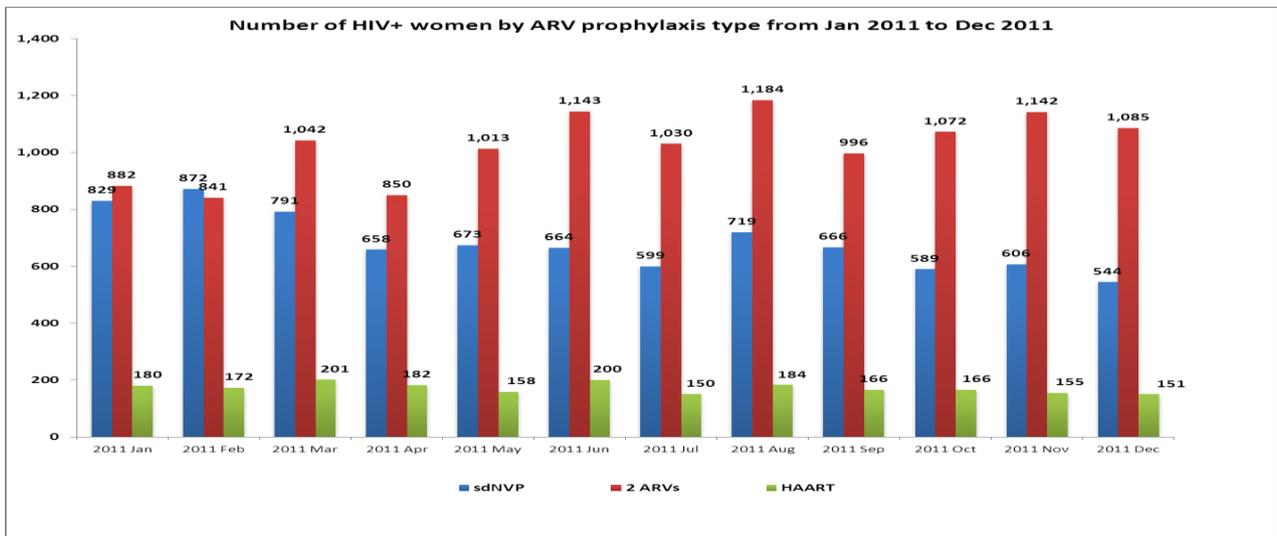
1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

Across the five ZPCT II-supported provinces, 342 public and 14 private health facilities provided PMTCT services. The Lusaka and provincial ZPCT II staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



positive and 5461 received a complete course of ARVs for PMTCT. TA during this quarter focused on:

- **Provision of efficacious regimen for HIV positive women:** This continued to be emphasized in all the supported facilities and was facilitated through triaging of HIV positive women by CD4 count assessment. 69% of all those that tested positive were assessed by CD4 for ART eligibility and those eligible were commenced on HAART and those not eligible were provided with combination ARV prophylaxis. Of those receiving ARVs for PMTCT, 80% of them received combination ARVs while 54 % were initiated on HAART. In order to strengthen this activity, PMTCT job aids were revised in line with 2010 PMTCT guidelines and sent for printing.
- **Strengthening re-testing of HIV negative pregnant women:** ZPCT II mentored health care workers on HIV retesting for pregnant women who test HIV negative early in their pregnancies. During the reporting period, 11,617 pregnant women were re-tested for HIV with 494 sero converting. All those that sero-converted were provided with ARVs for PMTCT.
- **HIV retesting study:** This is ongoing in the 10 study sites and will be completed in the third quarter of 2012 with data analysis to be followed after that.
- **Strengthening early infant diagnosis of HIV for exposed babies:** This continued to be done as part of ongoing efforts to improve paediatric uptake. A total of 284 health facilities are providing EID and 4,739 samples were sent to the PCR laboratory at ADCH, out of which 392 were reactive.

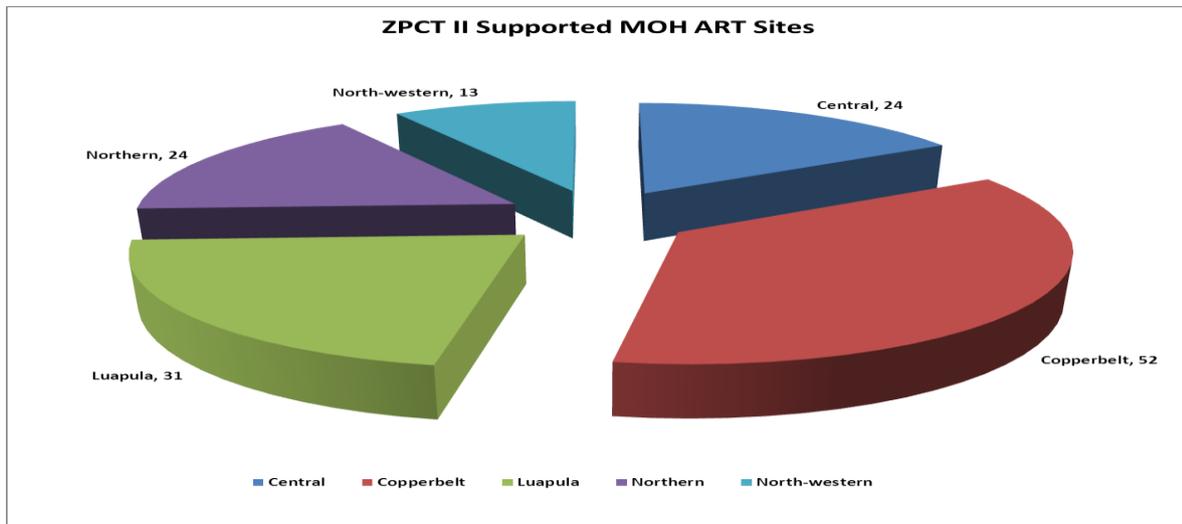


- The web2sms pilot: This was implemented in the 22 selected sites of ZPCT II supported health facilities across the five provinces, and will be evaluated next quarter.
- Family planning integration with ANC: ZPCT II provided technical assistance in order to improve linkages between family planning and Ante Natal Care.

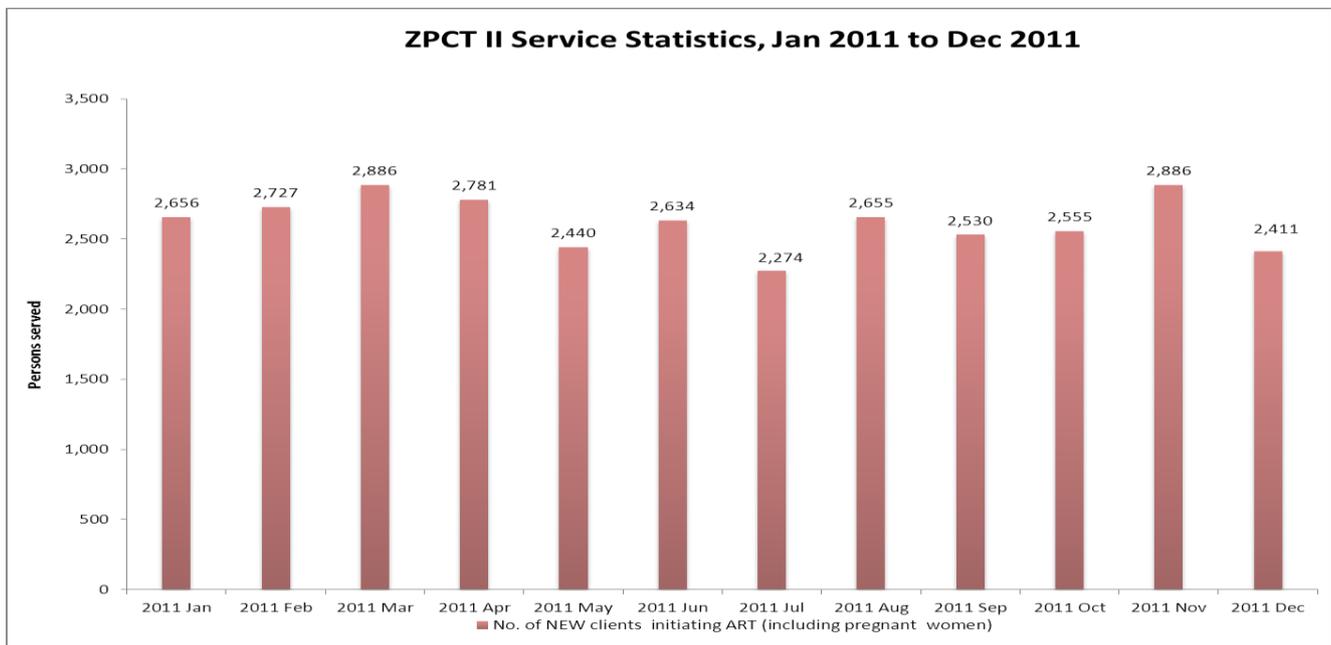
1.3: Expand treatment services and basic health care and support

ART services

A total of 131 public and 13 private ART sites received support from ZPCT II to strengthen and scale up ART services in the five supported provinces. There were no new ART public sites but 4 new private ART facilities started reporting data this quarter as part of the 13 ART sites namely; Telnor, Dr Bharti's, and Chinan clinics in Ndola as well as Musonda falls Zesco clinic in Mwense, Luapula Province.



7,852 new clients (including 618 children) were initiated on antiretroviral therapy this quarter. This included 473 pregnant women that were identified through the PMTCT program. Cumulatively, there are now 147,875 patients that are receiving treatment through the ZPCT II supported sites, out of which 10,226 are children.



ART on-going activities

Our TA to the ART sites this quarter included:

- **Hands-on mentorship and supervision of HCWs providing ART services:** In addition to the ongoing technical assistance that was provided to the supported health facilities, ZPCT II printed and distributed clinical care and ART related job aids. The revised adult and pediatric ART guidelines were sent to all provincial centers for onward distribution to supported facilities. The distribution list includes the supported private sector sites. During this quarter, orientation of HCWs in the new revised national adult and paediatric ART guidelines to support operationalization of these guidelines was done at facility level.
- **Accreditation of ART sites:** The Health Professions Council of Zambia (HPCZ) carried out an accreditation assessment exercise in North-Western Province this quarter. A total of seven ART sites were accredited out of the eight sites assessed. Chiyeke HC in Chavuma District did not meet the minimum required standards for accreditation because of human resource factors as it lacks in the laboratory and pharmacy departments. The assessments for the sites in the other provinces will be done in the next quarter.
- **HIV Nurse Prescriber (HNP) program:** The 15 mentee nurses that are being trained as part of the HNP program are now at their respective stations where they are receiving hands on mentorship. Through their mentors, they have continued with routine submission of case studies and expected to write their final examinations next quarter.
- **Pilot Short Message System (SMS) application for defaulting clients (Web2SMS) technology:** A preliminary data analysis was conducted this quarter while the full analysis is expected to be done next quarter. This initial analysis only captured just over 50% of the clients so far enrolled. The findings in the final evaluation will be availed in next quarterly report.
- **Post exposure prophylaxis (PEP):** ZPCT II is working with MOH to harmonize the ordering process for PEP drugs as some districts and provinces are using the PMTCT logistics system, while others are using the ART logistics systems and in some cases others are using essential drugs procurement procedures. A meeting is planned for in January 2012 to streamline the process. The ZPCT II Kasama office helped to facilitate a capacity building meeting with Kasama DMO to assist them roll out PEP to non- ZPCT II 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. The third round of mentors’ orientation took place at Cosmic Lodge in Lusaka. A total of 27 HCWs from supported health facilities and four ZPCT II staff received the orientation. ZPCT II has also procured computers and is working on consolidating online learning programs to support the

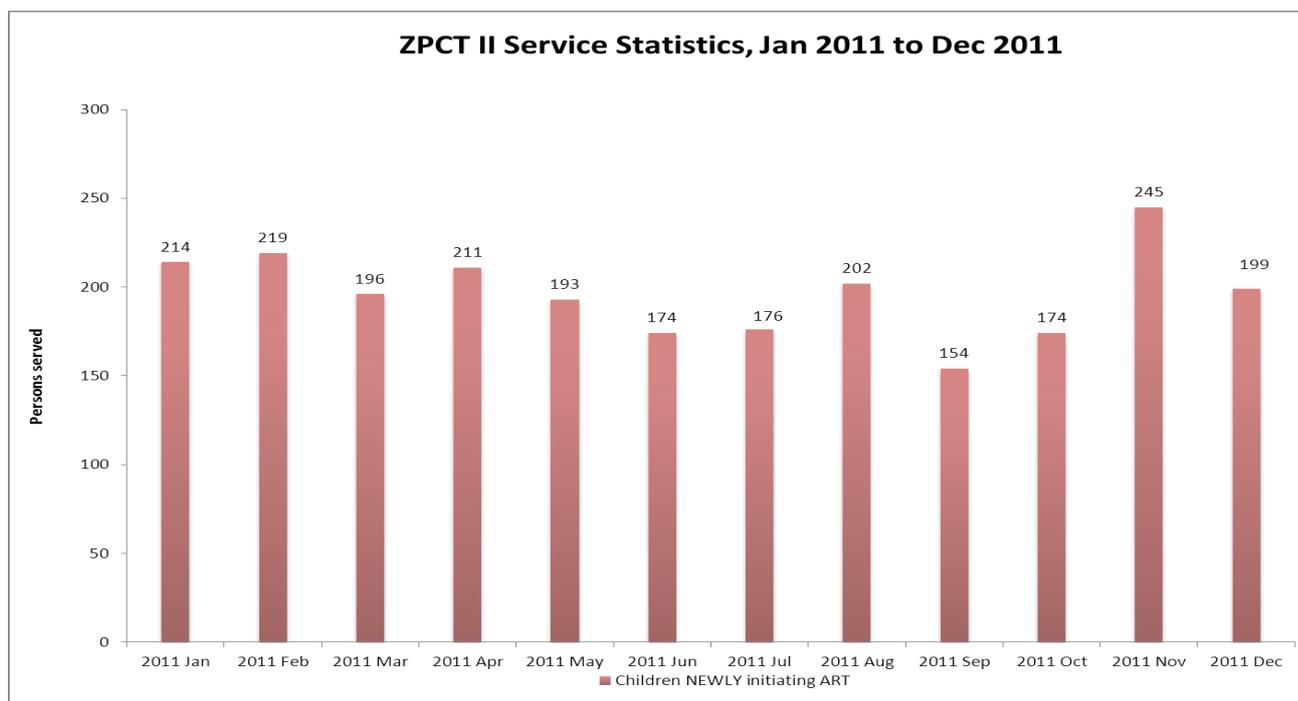
further acquisition of HIV knowledge to support model sites. The computers are expected to be installed next quarter.

- **ART QA/QI tools:** The tools were administered in 80 facilities across the five supported provinces, including; nine in Central, 26 in Copper belt, 30 in Luapula, 11 in Northern, and four in North-Western.

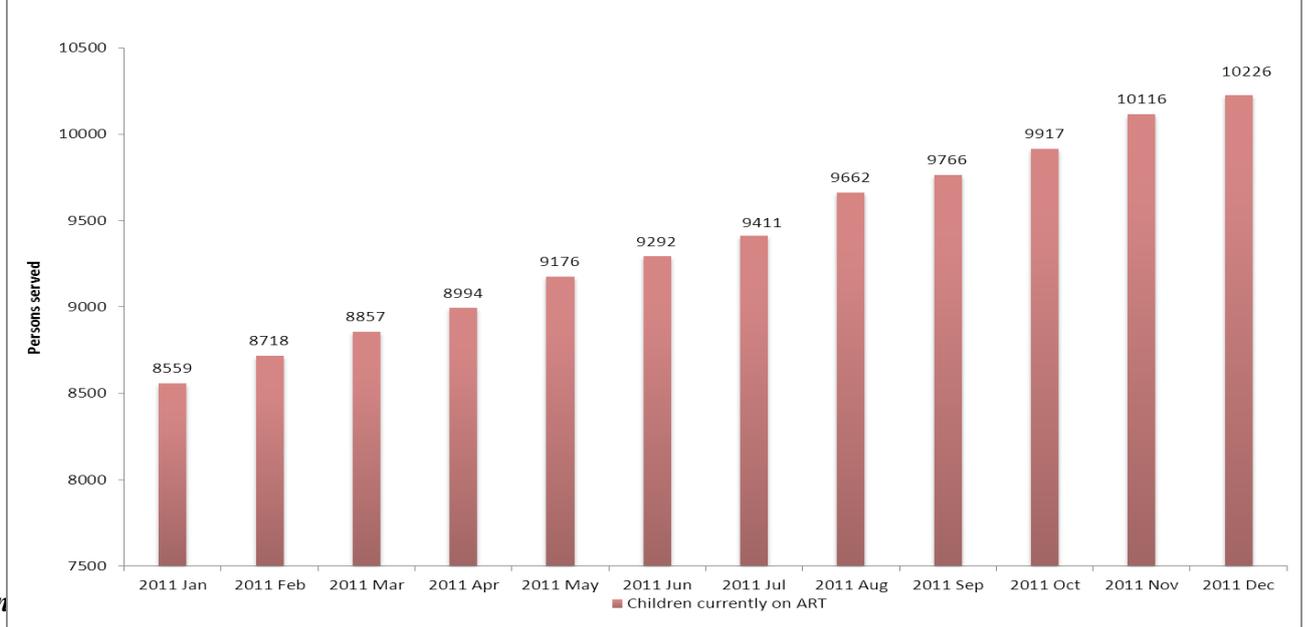
Pediatric ART activities

This quarter, ZPCT II supported the provision of quality paediatric HIV services in 144 ART sites. From these facilities, 618 children were initiated on antiretroviral therapy this quarter. The focus of technical assistance by ZPCT II for pediatric ART included:

- **Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment:** During the reporting quarter, ZPCT II provided support including training of HCWs in pediatric ART and on-site mentorship. Emphasis on innovative ways to improve linkages and initiating children on HAART such as immediate transmission of encrypted PCR results by email to provincial pediatric HIV officers for ZPCT II is being actively worked on. The emphasis such as fast tracking DBS/EID results from the PCR lab to our provincial pediatric HIV officers using the option of encrypted emails is actively being explored and has reached advanced stages and will be piloted starting next quarter once technical modalities are completed.
- **Adolescent HIV clinics:** The unique activities in the already established clinics have continued with both Ndola Central and Arthur Davison Children’s Hospitals having their special adolescents’ ART clinics on Fridays. There was a set back on the support group for Ndola Central Hospital which could not have their quarterly meeting as per their schedule due to the absence of a coordinator. Other provinces have reached advanced stages in consulting over setting up of similar clinics and hopefully activities are expected to commence next quarter.



ZPCT II Service Statistics, Jan 2011 to Dec 2011



Clin

A total of 369 public and 17 private health facilities provided clinical palliative care services for PLHA this quarter. 127,312 (including 7,759 children) clients received care and support at ZPCT II supported sites this quarter. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI) and nutrition support for children using plumpy nut ready to use food in ten sites. In addition, ZPCT II also supported screening of chronic conditions such as hypertension, diabetes mellitus.

- **Managing HIV as a chronic condition:** Screening for chronic conditions such as diabetes and hypertension was strengthened in all supported sites through onsite mentorship and monitoring. A total of 11,580 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 starting next quarter. A further 20 glucometers will be distributed next quarter to enhance screening of diabetes mellitus.
- **Screening for Gender Based Violence (GBV) in clinical settings:** Using the CHC screening tool, a total of 7,180 clients received screening for GBV in ART clinical settings. This was primarily done by the ASWs who were oriented on the gender module rolled out last quarter.
- **Cotrimoxazole prophylaxis:** ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who needed treatment in accordance with the national guidelines. This quarter, 9,755 clients were put on cotrimoxazole prophylaxis, including 3,318 infants initiated on cotrimoxazole through the PMTCT program. Various job aids were distributed in the last quarter based on revised 2010 adult and pediatric guidelines including those that focus on desensitization for people who are allergic to cotrimoxazole.

1.4: Scale up male circumcision (MC) services

MC services were being provided in 38 ZPCT II facilities. Eight of these sites initiated services this quarter namely; Chawama and Kabundi (Chingola), and Kanyenda (Mpongwe). Others are Luamfumu (Mansa), Kabuta (Nchelenge), Chiyeke (Chavuma) and Kasempa Urban Clinic, Solwezi Medical Centre is the second private facility which has initiated MC services this quarter. Technical assistance, mentorship and supportive supervision were provided in all the 38 supported sites. This quarter, a total of 2,130 men were circumcised (1,174 in static sites). Out of these 1,797 were counseled and tested before being circumcised and out of which 47 were found to be positive and referred for HIV care.

- **Mobile MC Activities:** To increase the numbers of clients being reached with MC services, ZPCT II continued implementing mobile MC activities. Through the mobile MC services, 956 were circumcised in the following provinces; 143 in Central, 409 in Copperbelt, 92 in Luapula, 59 in Northern, and 253 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 a local health center within the community. To increase impact, the number of MC outreach activities was increased from one to a minimum of two per quarter per province.

- Trainings: One male circumcision training was conducted in the Northern Province this quarter. A total of 15 health care providers were trained in MC. This brings the number of health facilities with trained health providers to 38 and the total number of health care providers trained to date to 229.
- Job aids and IEC materials for MC: These materials developed last quarter in collaboration with CT/PMTCT unit were printed and distributed to the various provinces last quarter. They include MC client flow charts, MC counseling protocol and the MC counseling information charts.
- National level MC activities: ZPCT II participated 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 trained a total of 72 HCWs in TB training as an opportunistic infection. HIV testing was offered routinely to all TB patients in all facilities and through this activity 1,225 TB clients reached with HIV tests.
- Strengthening of screening for TB: Across the five ZPCT II supported provinces, the CHC checklist was administered to ART clients as a tool for TB intensified case finding. The updated database for the CHC checklist has been sent to all the supported provinces. In collaboration with TBCARE and the National TB Program (NTP), ZPCT II has reached advanced stages of consultation to roll intensified case finding and availing sputum containers in the maternal and child health (MCH) working areas. Progress will be reported in the 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, the TB/HIV job aids were printed and distributed together with other ART materials.
- TB infection control: ZPCT II staff mentored HCWs to promote 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 addition, renovations factored in improved ventilation. These are ongoing activities. In collaboration with TBCARE, more orientation and sensitization of HCWs in the area of TB infection control will be rolled out.

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, 127 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 30 provide minimal laboratory support. In addition, ZPCT II is supporting 15 laboratories under the public-private partnership, 10 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: Early infant diagnosis was provided during the quarter with one minor stock-out which lasted for about two weeks. The situation was rectified by ZPCT II through the placement and delivery of an emergency order to ADCH PCR Laboratory. Overall testing operations at the PCR lab during the quarter were satisfactory.
- Strengthening early infant diagnosis of HIV– improving turnaround time for DBS results: The official launch of the SMS initiative for transmitting laboratory results took place during this quarter. Overall the introduction of the short messaging system for result transmission will see further reductions in turn-around times and better infant outcomes. The pilot phase for SMS transmissions was considered very successful and prompted the adoption and subsequent launching of the system. Furthermore during the quarter Certificates of participation and Certificates of excellence summarizing ADCH participation in proficiency testing programs and outstanding performance were received from the Centre for Disease Control (CDC) Global AIDS Program.
- Specimen referral system: Referral activities for CD4 continued during this quarter. Motorcycles requiring repair were fixed promptly averting long interruptions in referral services. In addition, the installation of ten FACSCounts to ZPCT II supported sites also increased the number of referral labs providing CD4 testing in facilities that benefited from the placements.
- Internal quality control (IQC): As completion of internal quality control documentation is key to verification of good clinical laboratory practices (GCLP), ZPCT II is committed to ensuring the regular updating of the various logs which range from temperature monitoring, reagent preparation, control runs, corrective action logs and equipment maintenance logs. On average seven (7) out of the fourteen (14) Ministry of Health approved logs are in use across all supported sites and this accounts for about 50% use although compliance to proper use is still at about 30% because complete entries, reviews by supervisors, dating, corrective actions and archiving are not being done as per guidelines. These discrepancies in practice are being taken care of in the regular ART commodity Management Training scheduled quarterly under Quality Assurance.
- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:
 - CD4 EQA Program and TB EQA: ZPCT II is waiting for the scheduling of technical working group meeting to address UKNEQAS CD4 performance but has however conducted investigations into why there may be poor performance. Auto -Gating strategies employed by the instrument may be responsible for percent failures and may point to the need for manual gating. TB EQA is in the process of improvement as TB Care is working closely with CDL in strengthening proficiency testing, blinded rechecking and on-site evaluations for TB testing. ZPCT II will provide full technical assistance in line with the revised TB/HIV strategy. Currently, technical reviews for TB testing activities have started.
 - HIV EQA Program: ZPCT II assisted with delivery of HIV EQA panels to provincial health offices. Feedback from ZPCT II supported facilities have started coming through and official feedback

from the national reference laboratory is awaited. ZPCII will provide follow up support once facilities facing challenges are identified.

- *10th Sample QC for HIV testing and other EQA Monitoring:* Joint verification of 10th sample QC with PMTCT/CT is now in place with regular updates being documented in provincial monthly reports. This quality checking will complement HIV EQA and will in fact detect some challenges before HIV EQA feedback is received from the National Reference Laboratory. Verification of consistent practice and documentation of 10th sample quality control is therefore not only being done by laboratory technical officers but also by PMTCT/CT unit as technical assistance visits are executed by both units.
- Commodity management: The quarter was characterized with stock-outs at central level of dry blood spots (DBS) collection bundles, Hemocue Microcuvettes, HIV test kits and PocH pack 65. Provincial staff facilitated the redistribution of supplies where possible. Redistributions were possible for dry blood spot cards, Hemocue Microcuvettes and HIV test kits. However redistribution of haematology reagents such as the pocH pack 65 was a challenge due to the restrictive packaging of the reagent which does not allow for rationing. Furthermore Microcuvettes for chemistry analyses on the Cobas Integra could not be easily redistributed because of the extended period of central level stock out. A similar situation was experienced with FACSCalibur calibrant which was stocked out at central level compelling sites to use the FACSCount for CD4 enumeration.
- Guidelines and SOPs: Administration of QA/QI tools was ongoing during the quarter and focused technical assistance to address deficiencies was also rendered.
- Equipment: Due to the stock-out of Cobas Integra cuvettes and FACSCalibur calibrant beads the consistent functionality of the respective analyzers was somewhat affected. High throughput analyzers of this nature require regular constant use. ZPCT II actively followed up on the status of laboratory equipment in its supported sites to ensure equipment was maintained in usable state.

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. The major focus was on strengthening the PEP concept, promotion of the public-private partnership, support for male circumcision (MC) activities and implementation of the mentorship program at the selected model sites in all the five provinces.

- ARTServ dispensing tool: ZPCT II provided technical support to 69 public and three private facilities with the ARTServ dispensing tool. A total of 11 of these facilities were not able to use the tool due to malfunctioning computers and human resource constraints in some Provinces. Onsite orientations were conducted after installation at additional two facilities in Northern and Copperbelt Provinces, namely Tulemane and Telnor a private facility, bringing the total numbers of facilities to 74 across the five provinces. Furthermore, 15 healthcare workers including two from the private sector were oriented in the use of the dispensing tool. Planned installations for next quarter will be at six sites namely HEDEZO, Kapiri Urban Clinic, Mukonchi RHC, Kayosha RHC, Riverside and Chibuluma clinic
- 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, there was only one deployment done at Kawambwa District Hospital in Luapula province bringing the total number to 16 facilities using the system. Chitambo Mission Hospital is still awaiting deployment. Two facilities in Mumbwa and Mkushi districts in Central province were assessed for possible networking and deployment.
- Pharmaceutical Management: 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 reviewed in the quarter and it was noted that some air conditioners in pharmacy stores were non-functional. Inadequate storage space still remains a challenge both in the bulk store and ART dispensaries as services are expanded.

- Rational Medicine Use: ZPCT II monitored availability and stock levels of paediatric FDC drugs and most facilities visited were stocked according to plan; however there is still room for improvement. About 90% of the orientations on how to order, store and dispense the drugs were done and all relevant IEC materials including the MOH memo which advised institutions to stock up on paediatric FDCs, the phasing out of Didanosine and the transitioning of clients from Stavudine based regimens to other regimens were distributed and displayed on the walls. The circular which was sent out late last quarter on the introduction of one of the first line Adult FDC ATRIPLA was not widely distributed and as such implementation was quite a challenge. This led to low uptake of the product at MSL and subsequently contributed to very low stocks of Truvada at central level. It is expected that the situation will normalize next quarter as sensitization is stepped up and the commodity made available for use at service delivery points.
- Other support
 - *Post Exposure Prophylaxis:* Access to ARV drugs for PEP still remains a big challenge especially for non-ART sites and this has among other things affected the roll out of the PEP program. Further guidance will be given upon completion of discussions with MOH and other cooperating partners which have already been initiated.
 - *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 issue has already been tabled with MOH through the clinical care unit. This will help to provide leadership and further guidance so as to improve access and rational use of commodities at these facilities.
- Supply chain and commodity management: Technical assistance visits were conducted during this quarter 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 Truvada and Triomune Junior as a result of low stocks centrally, 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.
 - *PMTCT Logistics System Status:* There were a few facilities with stock imbalances on Nevirapine suspension and Zidovudine 300mg tablets mainly as a result of inconsistent ordering by some facilities and late receipts from MSL.

During this reporting period, ZPCT II received MC essential consumable kits and MC reusable instruments kits for the dorsal slit method. Monitoring the use of these commodities is ongoing in the facilities to ensure accountability and appropriate, rational use of the procured commodities. ZPCT II is still in the process of accessing additional MC supplies to avert stock imbalances 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. In addition collaborative meetings were held with JSI, CIDRZ and other partners in an effort to improve coordination at all levels.

- Guidelines and SOPs: The draft copy of pharmacy SOPs currently under review was handed over to the Pharmacy unit at MOH for further review and development. 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 were administered at ZPCT II supported sites 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 CT refresher (39 HCWs), couple counseling (10 HCWs and 20 lay counselors), basic child counseling (30 HCWs and 15 lay counselors) and youth counseling (49 HCWs and 39 lay counselors). In addition, 118 health care workers and 26 lay counselors were trained in PMTCT, and 86 HCWs underwent refresher training in PMTCT.

During this quarter, there were 53 HCWs trained in full ART/OI from the ZPCT II supported ART sites in Copperbelt, and North-Western Provinces and 19 HCWs underwent refresher training in ART/OI in the ZPCT II supported ART sites from Northern Province. In addition, 69 adherence support workers underwent refresher training in Northern and Copperbelt Provinces and 15 HCWs were trained in male circumcision from Luapula and Northern Provinces. A further 17 HCWs were also trained in adherence counseling in Central Province.

ZPCT II also trained 66 HCWs in ART commodity management, and 30 HCWs in equipment use and maintenance in the supported facilities. In addition 6 HCWs were trained in DNA PCR techniques.

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.

In addition, 27 mentors were oriented in how to mentor other HCWs at model sites in all the five provinces. Provincial mentorship orientations were conducted at model sites for 36 HCWs in Central, Northern and Northern Provinces.

2.3: Engage community/faith-based groups

ZPCT II provided support to community-based volunteers who offer counseling and testing, PMTCT and adherence counseling services in the five provinces. These volunteers complement the work of HCWs in health facilities and help increase and meet the demand for services within the supported communities' catchment areas.

Due to budget adjustments, a plan was created to lay off an excess 332 of 1,533 volunteers according to criteria developed collaboratively with the DMOs, PMOs and the facility in-charges. As a result, 1,221 community volunteers (317 ASW, CT 479, and PMTCT 425) are currently supported by ZPCT II, with an additional small number expected to be added as a result of trainings in the new sites. ZPCT II is working closely with its partners to assess the impact this reduction will have on the service delivery and operations of the volunteers.

This quarter, community volunteers referred 25,989 clients (11,092 males and 14,897 females) to health facilities for PMTCT, CT, clinical care and MC. Out of those referred, 17,786 (7,047 males and 10,739 females) actually accessed the various services. The youth counselor volunteers also reached 3,885 people (1,906 males and 1,979 females) in the community with messages on reproductive health, male circumcision, and HIV/AIDS related issues. In addition, one training for Luapula community volunteers in youth CT was conducted reaching 22 people (13 males and 9 females).

Also during this reporting period, the ZPCT II team in Luapula and North-Western Provinces distributed accessories for use by volunteers including 84 carrier bags, 161 Rain coats and 152 gum boots.

The ZPCT II supported community volunteers in Central Province participated in the last phase of the data collection for the USAID funded operations research being conducted by Initiatives Inc. The purpose of the study is to assess tools for improving community health workers performances. Results are being awaited after one year of this study.

In an effort to make community mobilization efforts more sustainable and locally owned, ZPCT II has started engaging with neighborhood health committees (NHC) in order to foster community mobilization efforts. As part of the strategy, an assessment was conducted to understand the operations of the NHCs, including; structures, functions, and its operations. Gaps have been identified in their knowledge and skills which ZPCT II will explore and find solutions to in order to enhance the capacity of NHCs to become effective community

mobilization agents. As a result of this assessment, ZPCT II had several meetings with the health center committees and NHCs aimed re-orienting them on their role as information providers of services that are available at the health centers with emphasis on formalizing their referral activities. It was agreed at these meetings that the Health Centre Committees and NHCs will document and report referrals to their respective facilities after the orientation and that referral forms will be provided on a regular basis.

Zambulances

Most facilities continue to face challenges monitoring use of Zambulances, although reporting has improved slightly. A total of 79 pregnant women used Zambulances this quarter. Though some provinces report problems with Zambulances, their low use might also be attributed to that fact that facilities are encouraging families to create birth preparedness plans. When families are well prepared for the onset of labor, Zambulances are needed only in the event of an emergency. This quarter, two facilities in Copperbelt reported that the Zambulances had been stolen and authorities were informed of these incidents.

Mobile CT

During this reporting period, the ZPCT II teams in Copperbelt, Luapula, Northern, and North-Western conducted four mobile CT services during the commemoration of the World AIDS Day December 1, 2011. A total of 1,474 individuals (837 males and 637 females) received CT, 45 of whom (30 males and 15 females) tested positive for HIV. As a standard practice, all HIV-positive clients were referred to their respective health facilities for additional care.

ZPCT II teams in all the five provinces collaborated with the DMOs to conduct voluntary mobile medical circumcision (VMMC). Community mobilization was conducted on the importance of male circumcision and a total of 1,081 males were mobilized for MC with 949 undergoing circumcision across the five provinces.

Referral networks

ZPCT II partnered and coordinated with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the five provinces to strengthen district-wide referral networks. A total of 20 district referral meetings were supported by ZPCT II this quarter. In Central and Copperbelt Province district referral meetings, they resolved to use standardized provincial tools instead of district specific.

Thirty-seven of the district referral networks are considered “functional” in this quarter. Four districts are now considered weak (Lufwanyama in Copperbelt, Milenge in Luapula, and Mpika and Chinsali in Northern). Milenge and Lufwanyama have been weak for a long time due to geographic challenges. Lufwanyama District operations are conducted in Kalulushi District making it logistically impossible to support network activities, while, Milenge does not have partners based in the same district making membership and network activities impossible to conduct. The two previously reported inactive networks (Mumbwa in Central and Chavuma in North-Western) are now active. The ZPCT II teams in Luapula, Copperbelt and Northern provinces continue reviewing the weak networks and devising a program to strengthen their operations. In the next quarter, ZPCT II will be working with the leadership in the new added districts of Chilubi and Mafinga in Northern, and Ikelenge in North-Western.

Fixed obligated grants

This quarter, ZPCT II was engaged in a consultative process with USAID to ensure compliance for all CBOs shortlisted to receive the fixed obligation grants (FOG). During this process, some gaps were identified for those shortlisted to receive these grants. Therefore, the shortlisted groups were split in two, with the first group that included; the Salvation Army in Central and Copperbelt, Ray of Hope in Central, Trina and Mapalo in Copperbelt, Kasama Youth in Northern, and Vision Africa Regional Network in Luapula, were approved for immediate award of the FOGs. The second group of CBOs include; one in Central, two in Copperbelt, two in Luapula, and three in North-Western all of which still require capacity building in identified areas. These groups will be monitored and spot check visits conducted to assess improvements after the capacity building in the next quarter.

The CBOs selected in the first group, had their scope of works and budgets completed this quarter. Contracts were drafted and will be signed in the next quarter for them to start implementing activities.

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

ZPCT II provided support in integrating HIV/AIDS services into MOH health services for reproductive health (RH); malaria; and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments were trained to provide PMTCT, CT and family planning as part of the regular package of MNCH services. ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities.

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

Collaboration with Gender in Development Division (GIDD) whose name has changed to Gender and Child Development Division (GCDD) continued during this quarter. The GCDD is implementing its National Monitoring and Evaluation Plan 2011-2015 aimed at assessing how well Zambia is addressing gender issues. As part of the implementation process for this plan, the division facilitated the production of the National Gender Status report for 2011. ZPCT II was involved in the development.

During this quarter, the provincial office work plans and reports have continued to demonstrate increased attention to integration of gender activities as planned in the provincial action plans for gender. The provincial teams are using these gender action plans to guide their work in increasing gender integration in ZPCT II technical strategies. Two key activities included couples counseling and screening for GBV.

The ZPCT II gender strategy was disseminated and launched on October 18, 2011 where GCDD and other stakeholders attended the event. ZPCT II has is collaborating with GCDD structures at the provincial level and district level to ensure that ZPCT II gender work is linked to relevant national processes and mechanisms for implementing gender activities that are 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. For example, ZPCT II participated in the National M&E Technical Working Group and District Gender Sub-Committees.

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 (GBV) survivors. The training was postponed from November 2011 to January/February 2012. 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. In addition, The Social Impact consultant has been engaged to facilitate the TOT on the use of the gender module for ASWs.

This quarter, a number of capacity building training manuals were revised to include gender sensitive approaches. A guide for male involvement in PMTCT, a generic gender module adaptable to any training, and the gender module for human resource & governance for HCWs were developed to facilitate integration of gender issues.

During the reporting period, the indicators for the ZPCT II gender strategy where revised to align them to the five cross cutting areas of the PEPFAR gender strategy, specifically promoting gender equity in HIV/AIDS, engaging men and boys, and reducing violence and coercion. The revised indicators which were reduced from 30 to 13 were approved by USAID.

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, 61,160 males and 70,236 females received testing and counseling services for HIV and received their test results. A total of 38,624 individuals were tested for HIV as couples. A total of 8,051 couples were counseled for family planning/reproductive health, 6,085 males sought RH services, and 394 males under 18 years old sought RH services. A total of 7,180 clients were screened for GBV using the revised CHC checklist.

Gender integration training for ZPCT II staff was conducted in October 2011. The overall goal of the gender integration workshop was to strengthen commitment and capacity throughout the organization to address gender in research and programs, thereby maximizing FHI360's contributions to health and development goals, including gender equality.

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

The SI unit, working with the MOH at facility level, mentored health care workers in the use of QA/QI data to improve quality of service delivery in areas noted in the national SOPs and guidelines. HCWs from all ZPCT II sites were mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level. In particular, Central and North-Western Provinces conducted district based QA/QI orientations at which 23 and 30 HCWs got trained respectively in the QA/QI tools and processes. In Northern Province, a QA/QI orientation workshop for HCWs was held on October 21, 2011 and 17 HCWs were oriented.

Piloting of management capacity building indicators was delayed because consultative processes within ZPCT II senior management had not been completed. The indicators were finally reviewed and approved this quarter, and the pilot will start 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

This quarter, ZPCT II implemented seven capacity building trainings in Governance, Planning and Human Resource management, as follows:

Training	Venue and Dates	Number of People Trained
Governance	Kasama (Oct. 31 – Nov. 4)	26
	Mansa (Dec. 5 – 9)	12
	Kabwe (Dec. 5 – 9)	13
Planning	Ndola (Oct. 17 – 21)	21
	Solwezi (Nov. 14 – 18)	15
	Kasama (Dec. 12 – 16)	20
Human Resource	Ndola (Nov. 28 – Dec. 2)	9

The governance trainings were conducted by In-Service Training Trust with participation from district medical officers (18), planners (3), human resource officers (2), pharmacists (2), data management specialist (1), administrator (1), accountant (1), clinical care officers (3) and health care workers (20). In addition, the National Institute of Public Administration (NIPA) conducted planning trainings this quarter, whose aim is to address PMO and DMO management performance gaps, identified through training needs assessments conducted by ZPCT II.

During the reporting period, NIPA completed development of the human resource training manual and conducted training for nine PMO mentors from the five ZPCT II provinces. The trained mentors will in turn mentor DMO HR staff in their respective provinces. The mentors were given human resource public policy documents such as the Disciplinary Code, Policies and Procedures for Employment in the Public Service, Service Commission Regulations, and the Annual Performance Appraisal System (APAS) form. These will serve as a reference document in their day to day work and should be circulated to all the mentees before or during the mentorships. The Planning and HR trainings were conducted by NIPA.

Dr. Richard Yoder, Cardno EMG Technical Director, traveled to Zambia to provide technical support to the capacity building team from October 10 – 18, 2011. During his visit, Dr. Yoder met with Mr. Andrew Mlewa, DCOP/Director of Programs who provided feedback on the operations of Cardno EMG under the ZPCT II partnership through the client feedback survey questionnaire and discussions. The completed questionnaire and feedback provided was forwarded to relevant Cardno HQ staff for information and follow-up as needed.

In addition, Dr. Yoder, accompanied by Dr. Nsakanya, undertook a two-day field trip to Ndola, Copperbelt Province, where they sat in during the “Planning Skills in Health Management” training workshop conducted by NIPA, before visiting Chipulukusu Clinic and the Ndola District Medical Office. These visits were extremely valuable in providing context for making more informed judgments on capacity building activities throughout the rest of the project. Dr. Yoder concluded his visit in Zambia by holding meetings with NIPA and ISTT and provided recommendations for further strengthening of the manuals and training processes.

ZPCT II developed mentorship guidelines and reporting template for use during the Finance and HR mentorships. These were circulated to the ZPCT II provincial offices and provincial medical offices. Finance mentorships were conducted in 35 of the 42 districts in which ZPCT II operates. In the 35 districts, over 106 personnel were mentored of which 72 were accountants and the rest were district medical officers, purchasing officers and planners. Mentorships in human resource will commence next quarter.

Linda Malulu Chiwele took up the vacant position of the Senior Capacity Building Officer under CardnoEMG/ZPCT II on November 10, 2011.

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

ZPCT II in the last quarter started giving technical support and reporting data from five private sector facilities namely; Telnor, Dr Bharti’s, and Chinan clinics in Ndola as well as Provident clinic (Kabwe) and Musonda falls Zesco clinic in Mwense, Luapula Province. All these are providing comprehensive HIV services except Provident clinic which does not yet provide ART services. Zesco clinic in Ndola will start receiving technical support next quarter. ZPCT II trained HCWs from 10 supported private sector health facilities in various technical areas. 17 HCWs were trained as follows: one in ART/OI, and 4 in PMTCT and 12 in HMIS. ZPCT II provided technical support and mentorship 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 being used for data collection.

Technical support and data collection activities have also began in the six private sector health facilities (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). Solwezi Medical Centre is the second private facility which has initiated MC services this quarter after Hilltop Hospital (Solwezi)

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 in service integration for the Ndola Diocese’s community home-based care programme 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, 41 new clients were initiated on ART and 622 old clients were reviewed.

At the national level, ZPCT II is meeting with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision. Plans are ongoing to formalize collaboration through regular meetings with other partners at the provincial level.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

The ZPCT II SI team actively participated at the MOH sponsored national review meeting on PMTCT M&E indicators and tools which was held in Siavonga between from 26th to 28th October 2011. The main aim of the meeting was to review and finalize the indicators against the latest MOH (2010) PMTCT guidelines. In addition, in the quarter under review, a member ZPCT II Strategic Information (SI) unit attended a training organized by World Health Organization (WHO) on Global Monitoring Strategy for the Elimination of New child HIV infection by 2015 between 15th and 18th November 2011, whose aim was to help member countries to strengthen their M&E systems around elimination of child HIV infections. The SI unit also participated in the ART update seminar held at Mulungushi International conference centre in Lusaka. The M&E team attended the MOH M&E Technical working group meetings held during the quarter as well as M&E subcommittee meetings of the Saving Mothers Giving Lives (SMGL) a Reducing Maternal Mortality program supported by US Government and other partners. In the research arena, 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 five provinces. During the quarter under review, the SI unit participated in the SmartCare TOT and SmartCare model site training which was held in Kitwe by the MOH. The training was aimed at training District information officers, District Nutrition Officer and provincial data specialists.

During the quarter, ZPCT II Strategic Information team continued to provide technical support to 118 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, the M&E team provided technical support to manage, and operate the Web2SMS Technology and use of GPRS modems in sending data at sites equipped with these modems. During the quarter SI unit participated in the development of the integrated SmartCare that includes the pharmacy inventory module. The unit also participated in the SmartCare management meetings organized by MOH.

This quarter, the ZPCT II SI unit facilitated the documentation of statistics for the ZPCT II annual program results and subsequent portfolio review reports and finalization of the work plan targets for next year.

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 participated in the finalization of the MOH Performance Improvement Approach guidelines and the subsequent workshop held between 17th and 18th October 2011 aimed at orienting MOH leadership in the QA/QI activities in Zambia. It was expected that provincial, district and facility QI Committees would either be formed or strengthened following this conference to which provincial and district teams attended. During the quarter, Central and North-Western Provinces conducted district based QA/QI orientations at which 23 and 30 HCWs got trained respectively in the QA/QI tools and processes. In Northern Province, a QA/QI Orientation workshop for HCWs was held on 21st October, 2011 and 17 HCWs were oriented.

Administration of QA/QI tools

This quarter, QA/AI 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 78 reporting ART sites during the fourth quarter of 2011. The main findings following the ART/Clinical care service quality assessments were noted as follows:

- Clients not immunologically monitored for CD4, every six months in some facilities. The affected districts include: Zambezi, Kasempa, Chibombo, Kapiri Mposhi, Kitwe, Ndola, and Lufwanyama. The main reasons advanced for this were as follows:
 - Staff shortages- few staff available to review clients clinically and order the necessary tests.
 - Problems with sample referral mechanisms
 - Limitations on the number of CD4 samples allowed to be processed per ART clinic day (Mufumbwe).

- Priority to CD4 access is given to patients initiating ART over patients already on ART due to restricted lab capacity/sample referral system for CD4 testing.
- Clinicians not diligently ordering CD4 tests according to protocol.

Action Taken

- Intensify hands-on mentorship with focus on CD4 monitoring for ART providers;
 - Sample referral system to be improved by dual use of the bike collecting of samples/results as well proper documentation of samples.
 - Clinical care unit to intensify the Model site orientation program especially for the affected facilities to improve the quality of patient care by the clinicians
- Smart Care records/ summary sheets are not routinely updated in some facilities. The main reasons advanced for this were as follows:
- Clinicians are not consistent in completing the Smart care forms for DEC's to update.
 - Data Entry Clerks are not diligently including summary sheets in files and updating them
 - The Smart Care is not yet updated due to a huge backlog of work

Action Taken:

- Clinicians to ensure that they complete the Smart Care forms accurately and completely.
 - Data Entry Clerks to ensure that they update Smart Care in a timely manner.
 - Clinical Care Unit will engage M&E unit and facility ART in-Charges to ensure that summary sheets are included in patient files and updated regularly
- Facilities not having baseline Liver and Kidney function Tests in the files (ALT/AST and Creatinine). Affected districts include Kitwe, Ndola, Lufwanyama Chibombo, Kapiri Mposhi, and Mansa. The reasons advanced for these were as follows;
- Lack of weighing equipment in some facilities mainly due to constant break down of equipment
 - Delays in referral system (turnaround time) and reagent stock outs at times
 - Lack of reagents,
 - Shortage of laboratory staff

Action Taken:

- Discuss with the ZPCT II laboratory officer to ensure prompt installation of the automated chemistry analyzer.
- Continue hands on mentorship for clinicians on baselines testing.
- Work with Program unit to strengthen sample referral
- Inter unit collaboration between ART/CC, and laboratory and in collaboration with DMO on reagent commodity supply and management, repair and maintenance.
- Laboratory and pharmacy unit to assist in the procurement of reagents from MSL via JSI.

CT/PMTCT

The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 215 CT and 208 PMTCT sites. The main findings following the CT/PMTCT quality assessments were noted as detailed below.

- Facilities not having a constant supply HIV test kits for the past three months. Affected districts include Kasempa, Chavuma, Zambezi, Ndola, Mpongwe, Kapiri Mposhi, Chibombo, Mungwi. The reasons advanced for this include:
- Facilities were not ordering ARVs for PMTCT from their District pharmacies.
 - Facility staff not sending reports/orders on time creating artificial shortages.
 - Facilities are issued with 100 strips per month regardless of the number of clients seen or orders sent (NWP)
 - Some facilities do not use the HIV Commodity Logistics Management System to timely order Kits

Action Taken:

- To work with Pharm/Lab unit in following up with facilities not ordering ARVs for PMTCT.
- Re-in force correct use of R&R and strengthen ordering of HIV test kits.

- Facilities not conducting external Quality Control of 10% of the HIV samples. Affected districts include; Kitwe, Lufwanyama, Ndola, Mpongwe, Masaiti, Kasempa, Chavuma, Mbala, Mungwi, Luwingu, Mpulungu, Kaputa Mansa, Mwense. Samfya, Milenge, Chienge, Nchelenge Kapiri Mposhi, Chibombo, The reasons advanced for these were as follows;
 - Staff not available to collect samples for QC from clients seen by lay counselors.
 - Staff rotation: Staff are moved from one department to another causing disturbances in service provision
 - Staff shortage following lay counselor displacement.
 - Concept yet to be internalized as in some facilities the facility in-charges are not trained in CT.
 - Lack of Registers to document QC result and Information on how to conduct QC.

Action Taken:

- Continue providing technical support to staff so that the concept can be internalized and improve documentation.
 - Discussed with DMO on the need to retain staff at these facilities for some time and ensure orientation of new staff transferred to ZPCT II supported facilities.
 - To work with Pharm/lab unit in addressing issues with 10th sample collection and analysis for QC.
- Facilities do not have adequate numbers of counselor supervisors. Affected districts include Ndola, Kitwe, Mpongwe, Masiati, Lufwanyama, Mansa, Mwense, Chiengi, Milenge, Mungwi, Kasempa, and Zambezi. The reasons advanced for these are follows:
 - Very few counselors have been trained in counselor supervision.
 - The project was unable to train more counselors last quarter as the target for training was below the need

Action Taken:

- Mentor HCWs and document quality of counseling supervision in CT services.
- Plan to train staff in counselor supervision in affected facilities.

Laboratory infrastructure

The laboratory QA tool was used for quality monitoring in 71 sites. The following issues were documented:

- Facilities lack first aid box, accident occurrence reporting books, biohazard signs, post exposure prophylaxis procedures and lack of safety & ethics guidelines. Affected districts include; Ndola, Kitwe, Lufwanyama, Ndola, Mpongwe, Luanshya, Zambezi, Kasempa, Isoka, Mpulungu, Kaputa, Mbala Chisamba, Chienge, Nchelenge, Kawambwa. The reasons advanced for these are follows:
 - Accident occurrence reporting books were used for other purposes due to low frequency of occurrences in the labs.
 - Safety & ethics guidelines not supplied
 - Lack of appreciation for the importance of first aid kit.
 - The identified laboratories have shared boxes with other units at the hospital. There is need to have first aid boxes placed in the laboratories.
 - The improvised signs have since come out since the type of paper used is unsuitable for this purpose.

Action Taken:

- Lab Officers will negotiate with management of private facilities to provide the necessary materials and guidelines for their respective labs.
 - Laboratory technical officer to ensure that all the affected facilities receive the PEP guidelines, Safety & ethics guidelines, emergency exit signs and other laboratory safety signage.
 - Engagement of the District Medical Officers and facility in charges to ensure that first aid kits are set up and that laboratory staff undergo the necessary first aid training.
 - To use the stationery allocations in the RAs to print the recommended lab signs and symbols
- Laboratory equipment is not serviced regularly in some facilities. Affected districts include; Luwingu, Kaputa, Mbala, Mpulungu, Mansa, Mwense, Nchelenge, Chienge, Kawambwa. The reasons advanced for these are follows:
 - Equipment vendors are not adhering to the periodic preventive maintenance (PPM) schedule.
 - The vendor indicated that they were attending to equipment in other provinces (i.e. Luapula Province)

Action taken

- Concerned vendors were informed by the SPTO Pharm/Lab Unit of ZPCT II
- Facilities lack Laboratory safety officers. Affected districts include; Kitwe, Mpongwe, Ndola, Isoka, Luwingu, Chinsali, Kaputa. The reasons advanced for these are follows:
 - Available staffs are not trained in commodity management.

Action Taken:

- Staff that have not been trained will be trained in 2012
- Discuss with DMOs on the importance of appointment of the Safety Officers in the laboratories

Pharmacy

The pharmacy QA tool was used for quality monitoring in 150 sites.

- Facilities still lacking pallets. Affected districts include; Kapiri Mposhi, Ndola, Kitwe, Lufwanyama, Zambezi. The reasons advanced for this were:
 - Pallets not yet distributed to the facilities while the available pallets are not enough to accommodate three months' worth of stocks
 - Staff inability to appreciate and perceive first aid kits as an important priority

Action taken:

- Follow up with the Admin unit on the distribution of the pallets.
- Pharmacy staff urged to request management to procure enough pallets (in Zambezi District Hospital)
- Facilities do not have functional air-conditioners. Affected districts include; Kapiri Mposhi, Chibombo, Ndola, Kitwe, Lufwanyama, Zambezi. The reasons advanced for this include;
 - The procurement of air conditioners were not included in the earlier RA's
 - Facilities are not monitoring temperatures due to non-availability of thermometers
 - Air conditioner meant for pharmacy was mistakenly installed in the theatre (in Zambezi District Hospital)

Action taken:

- Procurement of room and fridge thermometers has been budgeted for in the RAs.
- Liaised with provincial medical office and planned to have combined TAs with District Pharmacist to enforce adherence to good pharmaceutical practices.
- Pharmacy technical officer to follow up with program unit to have the air conditioner moved to Pharmacy.
- Facilities lack lockable filing cabinets, lockable grills doors at the dispensary and bulk store. Affected districts include; Chibombo, Kapiri Mposhi, Zambezi, The reasons advanced for this include;
 - Cabinets have not yet been procured.
 - Hospital management not in support of installing lockable grill doors (in Zambezi District Hospital)

Action taken

- Provincial pharmacy Technical officer to ensure that the amended RAs are implemented.
- Pharmacy technical officer to follow up with hospital management and ensure security is assured

Monitoring and Evaluation (M&E)

The M&E QA tool, a management tool which assesses data management, was administered in 216 facilities in total, 40 in graduated facilities and 176 in non-graduated facilities. Notable among the findings were:

- Facilities have challenges in printing smart care reports. Affected districts include; Kabompo, Mwinilunga, Solwezi, Kasempa, Mufumbwe, Zambezi, Kapiri Mposhi, Chibombo, Mukushi, Kabwe, Serenje, Nchelenge, Samfya, Chiengi. The reasons advanced for this include:
 - Facilities are still waiting for tonners to be supplied.
 - Provincial Office run out of tonners (Mansa)

Action Taken:

- SI unit to procure and supply tonners to the affected sites.
- Some facilities are not regularly updating mother baby follow up registers. Affected districts include the following; Kitwe, Ndola, Mpongwe, Masiti, Lufwanyama, Kabompo, Isoka, kaputa, Mbala, Mungwi, Mpulungu. Reasons advanced included:
 - Staff not oriented on the correct use of registers.
 - Facilities have run out of the registers

Action taken:

- PMTCT/CT unit to order and distribute the registers in the affected facilities,
- Mentorship of staff on the correct use of registers in affected facilities
- SmartCare patient's records not updated. Affected facilities were; Mpulungu, Isoka, Kaputa, Mbala, Mungwi, Kitwe, Ndola, Mwinilunga. Reasons included:
 - Smart care computers breaking down at a very high frequency partly due to most PCs being too old.
 - Consistent power outages thereby creating backlogs in some facilities (Northern Province)

Action taken:

- SI unit to work in collaboration with IT unit in promptly responding to smart care computer problems

District graduation and sustainability plan

The total number of graduated districts increased to from 19 to 20 as at December 31, 2011 with the graduation of Luwingu District in Northern Province this quarter. The graduation event meeting for Luwingu District was held on December 21, 2011. Chibombo, Kapiri Mposhi, Ndola, Lufwanyama, Mansa, Luwingu and Chavuma districts graduation has been rescheduled to next quarter.

Status of services in graduated districts

In the last quarter 19 out of the total 20 districts graduated till December 2011 were evaluated in all the technical areas, these include: Mufumbwe, Kabompo, Mwinilunga, Solwezi, Mkushi, Kabwe, Serenje, Nakonde, Mpika, Kasama, Mporokoso, Samfya, Luanshya, Chingola, Mufulira, Chililabombwe, Kalulushi. The generated report provided a basis for developing quality improvement plans for identified priority areas.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

This quarter, ZPCT II amended 57 recipient agreements (RAs) with five PMOs, 41 DMOs, and 11 hospitals to include additional support for equipment and renovations critical to supporting the expansion of HIV/AIDS services in the five supported provinces. Three new RAs were completed with Ikelenge, Mafinga, and Chilubi Districts bringing the total number of DMO RAs to 44. In addition, 21 new facilities were included towards the expansion for 2012 workplan, in the 44 supported districts bringing the total to 371 MOH health facilities.

The amendment to the UTH recipient agreement and KCTT subcontract were completed to include additional activities for the year 2012.

Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste and environmental compliance in all of its supported renovations this quarter. Guidelines were used by provincial offices to implement and monitor medical waste management and disposal. Monitoring and documenting of health facility practices and adherence to the Environmental Protection and Pollution Control Act has is being followed.

Monitoring of proper disposal of sharps in puncture proof boxes is ongoing, with facilitation of the transportation of new or full sharp boxes by ZPCT II where necessary. Assessments for refurbishing incinerators in selected facilities were concluded this quarter and the tendering process for identified incinerator refurbishment works has commenced.

Procurement

This quarter, ZPCT II procured the following equipment and furniture: eight lockable storage cabinets, 35 stacking chairs, 16 lockable cabinets, 21 fire extinguishers, 102 adult scale with height measure, one ambu bag, 114 bedside screens with curtains, 87 counting trays, 49 delivery beds, 40 delivery kits, 21 diagnostic sets, 213 digital BP machines, one ESR stand, 73 examination couch, 82 fetal scope, 66 infant scale with pan mechanical, 50 medicine trolley, 118 refrigerators thermometers, 70 salter scale with bags, one generator set, 14 adult scale, 175 digital thermometers, one photocopier machine, three solar invertors, five computers, 117 stethoscopes, 98 room thermometer, 192 timer stop watch, seven air conditioner units, 221 office tables, one storage tank distiller, 20 pipette holders, three carousel holders, five micropipettes, three UPS, three spotlights, 23 Hemocues analyzer HB, one bench centrifuge, two ceiling fans, one fridge, 5600 manila folders, 4900 suspension files, one RPR shaker and three steel standing shelves. This equipment will be delivered to ZPCT II supported facilities in the next quarter.

Human Resources

Recruitment

This quarter, ZPCT II filled four positions from a total of 17 vacancies reported in the last quarter. Recruitment plans are ongoing to fill the remaining 13 vacancies. Recruitment activities continue in view of an increase in the staff turnover rate experienced in the last year.

Training and Development

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

- *Best Practices in payroll and salaries administration:* Two Finance Officers from the ZPCT II Lusaka Office were sponsored for this program
- *Project Outcome, Monitoring & Evaluation Training:* Senior Program Officer from ZPCT II Kasama office was sponsored for this one week training
- *Automotive Electrical: Project Driver from ZPCT II Kasama office was 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

Information Technology

This quarter, the web2sms SOP data was gathered and statistical analysis was performed. This was used as the basis for a concept paper that was presented at the national ART meeting held at intercontinental hotel.

The upgrade of ZPCT II office computers operating systems from Windows XP to Windows 7 continued and will be completed next quarter. IT also performed some network and electrical works in Solwezi and Mansa. These works were to ensure the protection of our critical electronic equipment to prevent losses experienced in the previous rainy season. The works included upgrading the electrical grounding and separating server room power to independent distribution points.

The computerized asset management software was installed in Lusaka and over 5900 assets were captured. The software was installed for the procurement and warehouse staff and they have been performing functionality and data verification. The data capture will continue in the next quarter and once it is completed, the software will be rolled out to the other ZPCT II offices. It is expected that some refresher training will be required by the operators of the software.

The updating of the ZPCT II offices and health facilities equipment inventories was completed and IT identified replacement requirements for health facilities. This information was inputted in the recipient agreement amendments for health facility support. This quarter, the IT team identified computers requiring upgrades which will be conducted next quarter.

Finance

- Pipeline report: The cumulative obligated amount is \$82,818,000, out of which we have spent \$57,366,568 as of December 30th, 2011. Our current expenditure is now 69% of the cumulative obligation. The remaining obligation of \$25,451,432 is enough to take us up to December 2012. Using our current burn rate, the remaining obligation is projected to last us for the next twelve months.
- Reports for October – December 2011
 - SF1034 (Invoice)
 - SF425 (quarterly financial report)
- Training and meetings: During the quarter, we conducted a two day capacity building training for our local subcontractors, with the help of the Regional Finance and Administration Advisor.

Technical Assistance: The procurement team conducted technical assistance visits to the Central and Luapula province offices to ensure adherence to USAID/ZPCT II procurement policy and procedures.

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 100 community volunteers in counseling and testing and placed them in ZPCT II supported facilities. A total 15 HIV nurse prescriber trainees are currently being mentored and supervised in 15 facilities across the five provinces.

- **Lack of DBS bundles**

Despite the efforts being made by ZPCT II to redistribute DBS kits from low use facilities with excess stocks, the stock levels of DBS bundles were insufficient in most supported facilities due to poor ordering system coupled by delayed delivery of commodities by MSL and/or stock out of the commodity at MSL. This contributed to interruption in service provision. ZPCT II continued to work in collaboration with the DMOs and Laboratory Coordinators to facilitate ordering of DBS bundles from MSL.

- **Laboratory commodity stock-outs**

Stock-outs of selected commodities were experienced during the quarter under review. These included: Cobas Integra 400+ cuvettes for chemistry profiles, calibrite beads for FACSCalibur CD4 analyzer, dry blood spot collection bundles, hemocue microcuvettes, HIV Test kits, and Poch pack 65 for Sysmex Poch haematology analyzer. ZPCT II successfully facilitated the redistribution of the DBS bundles, hemocue microcuvettes and HIV test kits, but faced challenges in the redistribution of the other items. ZPCT II continues to liaise with SCMS and MSL on commodity stock out issues.

- **Pharmacy commodities**

Upon review of the MSL bulletin, it was noted that the stocks of Efavirenz 600mg and Truvada were low towards the end of the quarter. This resulted in rationing of stock in some facilities. However upon discussion with SCMS and MSL, it was indicated that the situation should normalize early next quarter. ZPCT II will monitor the situation closely.

- **Renovations**

The status has not changed with regard to inadequate space for service provision. Ongoing discussions with PMOs and DMOs to help them prioritize infrastructure development have not yielded tangible results. ZPCT II will continue to support limited renovations.

ZPCT II programmatic challenges

- **Disposal of medical waste**

The status has not changed for ZPCT II supported facilities. A number of rural facilities still lack running water, incinerators, and septic tanks/soak ways which would facilitate proper disposal of medical waste. Facilities that use pits are encouraged to ensure appropriate depth, location and lining of pits with impervious polythene sheeting for disposal of lab waste.

- **Shortages of HIV test kits**

Although stock outs of HIV testing kits had lessened in some provinces, it remained a challenge in other provinces like North-Western and Central provinces. This was due to poor ordering system and late delivery of the commodity by MSL. ZPCT II staff continued mentoring the facility staffs to timely compilation of consumption reports and provided staff with skills in forecasting and ordering of commodities to avoid stock outs.

- **Administration of CHC checklists**

This remained a challenge due to low staffing levels and the downsizing of community volunteers. In all facilities supported by ZPCT II, most of the CT work was and still is done by the lay counselors but this quarter gaps were noted especially in facilities with only one lay counselor. ZPCT II technical staff continued to mentor and encourage facility staffs to screen both CT and PMTCT clients for chronic diseases for the benefit of the clients.

- **Re-testing of negative HIV clients**

Even though re-testing remained a challenge in CT due to seasonal migration of clients, ZPCT II has seen an improvement in the number of clients re-testing due to dissemination of behavior change messages and encouraging negative clients to re-test. Out of 113,128 who tested HIV negative, 20,834 were re-tested leaving a total of 92,294 who did not come for re-tests especially those in the window period. . ZPCT II continued to work in collaboration with facility staffs to follow up CT clients using lay counselors.

- **Male involvement in PMTCT services**

Although some of the supported provinces like Northern, Luapula and Central had recorded improvements in male involvement in PMTCT services, male involvement had been low in urban settings especially in Copperbelt and North-Western Provinces. ZPCT II has continued to work with communities to mobilize and sensitize men on the importance of PMTCT in the HIV/AIDS intervention

- **Gender Based Violence**

Inadequate referral points for gender based violence victims. In rural areas there are very few places to refer GBV clients especially raped children who need to be removed from the places of sexual abuse for protection. ZPCT II continued to identify the nearest points of referral.

Families were and still are hesitant to report gender based violence in fear that their relatives would be jailed as most of the GBV cases occur within families. The process of reporting these cases at police stations was cumbersome prompting the victims to abandon the process. ZPCT II continued to work in collaboration with DHOs and police to help the victims of GBV.

- **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.

- **Poor filing system**

A number of facilities indicated the need for more filing cabinets as the ones that at the facilities are already full due to huge patient loads. Space in most record rooms is becoming inadequate to accommodate more filing cabinets.

- **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, starting next quarter, the project will operationalize interpersonal communication strategies by engaging neighborhood health committees together with recently availed job aids and IEC materials help in MC specific recruitment of clients. Secondly, the efficient payment of transport reimbursement in view of expected increased mobilization has been revised in terms of policy changes and ZPCT II expects improvements in static MC sites uptake in addition to planned outreach activities.

- **Post Exposure Prophylaxis (PEP) drugs logistics system**

It has been observed during the roll out of PEP services to non-ART sites that there is variation in the field on how drugs availability for this service is supported either through the ART, PMTCT or essential drugs logistics system. MOH is working on harmonizing the ordering system early next quarter after getting consensus at the technical working group scheduled for January, 2012. However, this did not result in any drug shortages.

- **Updating of SmartCare electronic records**

A number of facilities have challenges with updating of SmartCare electronic records due to increasing number of ART clients on treatment (high workload), a high turnover for Data Entry Clerks, as reported in Central Province and erratic electricity availability as reported in Luapula Province.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (October – December 2011)	Travel plans for Next Quarter (January – March 2012)
<ul style="list-style-type: none"> ▪ John Pollock, Project Support Leader for MSH, travelled to Zambia to conduct the annual review visit from October 12 – 18, 2011. During this time he attended the pharmacy and laboratory unit review meeting in Lusaka ▪ Silvia Gurrola Bonilla, Program Development Specialist, Social Impact, travelled to Lusaka to provide technical support in gender integration and build capacity of the ZPCT II staff in October 2011 ▪ Dr. Richard Yoder (Project Technical Lead, Cardno EMG) travelled to Lusaka to provide technical support to the capacity building component of the ZPCT II program in October 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 January 2012 ▪ Dr. Richard Yoder (Project Technical Lead, Cardno EMG) and Ms. Violet Ketani (Project Manager, CardnoEMG) will travel to Lusaka to provide TA, local staff training and assist with key technical assignments in March 2012

ANNEX B: Meetings and Workshops this Quarter (Oct. – Dec., 2011)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p>October 26, 2011 <i>Saving Mothers Giving Lives (SMGL) weekly meeting:</i> SMGL represents a new approach for USG agencies supporting maternal and newborn programs in Zambia in several ways. USG agencies have agreed to work together in four target districts, with each agency bringing its comparative advantages to the endeavor. This team, working with MOH counterparts, has jointly identified a comprehensive program of critical interventions to be applied and integrated in these four districts during the initial year of implementation</p> <p>October 18, 2011 <i>HIV Counseling and Testing (HCT) stakeholders meeting:</i> The one day meeting was held at Chrismar Hotel in Lusaka. The objectives of the meeting was to explore and discuss all approaches to HCT, Know what other partners are doing in HCT, Unearth challenges with each HCT approach, Record lessons learnt and good practices in each HCT approach, Agree on cost effective HCT approaches to increase HCT coverage in the country, Agree on future HCT platforms to share experiences in HCT, Review job aid integrating HIV testing and prevention into HCT and HIV/AIDS prevention. It was agreed that Couple CT should be scaled up in order to increase uptake.</p> <p>October 19 - 20, 2011 <i>The Gender Integration meeting:</i> This meeting was held at ZPCT II offices aimed at building a common understanding of the fundamental role gender plays in ZPCT II's work and provide guidance on integrating gender, including the outcomes of the gender analysis, into the entire project circle so as to produce gender aware and transformative projects</p> <p>October 26, 2011 <i>The PwP subgroup meeting:</i> Jhpiego hosted this meeting to integrate HIV prevention into primary care and look at PEPFAR indicators that will be used for reporting.</p> <p>December 6 – 7, 2011 <i>Family Planning commodity pre-quantification meeting:</i> This meeting was held in Kabwe at Gonde Lodge to review assumption made during the November 2010 forecasting and quantification exercise, revise and build consensus on assumptions for 2012-2016 forecast, determine the national contraceptive commodity needs for 2011-2012 and establish programmatic issues that would impact future contraceptive needs (2011-2012)</p> <p>December 16, 2011 <i>Family Planning commodity final quantification meeting:</i> This meeting was held at JSI/SCMS in Lusaka. The purpose of this meeting was to share with the partners, the final contraceptive commodity needs for 2012-2016 and the sources of funding. This was a follow up meeting from the Kabwe pre-quantification meeting.</p>
MC	<p>October 10, 2011 <i>WHO Joint Strategy To Accelerate Scale up of VMMC For HIV Prevention in East & Southern Africa Stakeholder Consultative Meeting:</i> This meeting which took place in Lusaka at the Southern Sun Hotel was officiated by WHO Country representative and the Minister of Health. A draft WHO Joint strategy for 2012 to 2016 was presented to partners as basis for interaction to facilitate 2011 to 2015 UNAIDS WHO, and PEPFAR strategies. Local challenges and action points were discussed as well as the need to integrate VMMC into curriculum of medical students and consider neonatal MC as a sustainability approach. Organizations in attendance were MOH Zambia, JHPIEGO, ZPCT II, CHAI, MSI, SFH, PEPFAR, Bill & Melinda Gate Foundation, USAID, CDC</p> <p>October 18, 2011 <i>Assessment and documentation of the M & E systems and capacities related to MC Meeting:</i> ZPCT II participated in this meeting which was designed to review the existing M & E systems in various MC programs. MOH and partners resolved that there was need to redesign the HMIS to include MC data by harmonizing the various M & E tools.</p> <p>October 27 – 28, 2011 <i>National MC Scale up Operation Planning Meeting:</i> This meeting was designed to review the impact of static and outreach MC approaches and operational outputs. It was noted that static MC sites are only using about 50% of their capacity. Some notable challenges included inadequate space, infrastructure and HR and long waiting time, It was agreed to address these and other challenges such as national quantification for logistics, By consensus, it was resolved that a national model of service delivery must be developed next and time lines were set for next quarter.</p>
ART/CC	<p>December 15 – 16, 2011 <i>National Mobile ART Partners Meeting:</i> ZPCT II participated in this meeting organized by MoH whose focus was to review progress of the national Mobile ART activities. ZPCT shared its experiences with ART services on Lake Mweru's Kilwa and Chisenga islands. Further the meeting</p>

Technical Area	Meeting/Workshop/Trainings Attended
	was to suggest directions to further improve quality of ART services.
Laboratory	<p>October 04, 2011 <i>PIMA Finalization I Planning Meeting:</i> Training plans for study site staff and principle investigators was finalized at this meeting with the Ndola College of Biomedical Sciences identified as the ideal training venue. Comprehensive reviews of the registers for the different arms of the study were further reviewed in order to ensure that the correct data was going to be captured.</p>
	<p>October 27, 2011 <i>PIMA Finalization II Planning Meeting:</i> The vendor Alere/Abbott had placed the instruments in readiness for site activation. Translations of the consent forms and client/sample referral forms needed to be translated into local languages as per requirement from ERES. It was noted that the registers for capturing patient information needed slight modifications. It was finally agreed that as all things were in place site activation could commence the week proceeding.</p>
	<p>October 31, 2011 <i>Specimen Transportation Meeting:</i> This meeting was held at JICA to evaluate the status of health centers and a particular focus of interest was how facilities were transporting or referring samples for testing. The area of concern for ZPCT II was on how CD4 and DBS referrals were being done as a support to Saving Mothers Giving Life' initiative. Overall health facility services were evaluated and reference was made to Health Facility Census of 2005-2006 which comprehensively summarized services offered at different health centers and posts. Harmonization of databases that summarized these services at a national level was going to be explored between JICA and CHAI.</p>
	<p>October 31, 2011 <i>Consultative Meeting on CD4% EQA Failures:</i> Consultative meeting with the National Reference Laboratory on the possible causes of persistent UKNEQAS CD4% EQA failures of ZPCT II supported sites. Noted gating strategies as a strong possibility causing marked variation and also the use of different cell markers. It was noted that FACSCount and Guava obtain lymphocyte counts based on CD3 while other flow cytometers use CD45/SSC. The determination of lymphocyte counts must therefore be done using the same markers to avoid differences in the cohorts.</p>
	<p>November 6 – 12, 2011 <i>PIMA Field Evaluation Study Site initiation Visit:</i> The MOH PIMA CD4 point of care field evaluation study commenced in November 2011. ZPCT in collaboration with MOH participated in the study activation activities by providing oversight at Chinsali District Hospital, Mpulungu Rural Health Center and Serenje District Hospital for the field evaluation of the PIMA.</p>
	<p>November 23 – 26, 2011 <i>National HIV Test Kit Quantification Meeting:</i> ZPCT II participated in the national HIV Test kit quantification meeting convened by MOH, held at Moba Hotel in Kitwe. Review of the previous quantification assumptions and forecasts were done and were compared to the actual usage reports from facilities. Forecasts for the next seven years were done and the funding gap was also discussed among partners and the Ministry of Health.</p>
	<p>November 28 - December 2, 2011 <i>Annual National Laboratory Commodities Quantification Workshop:</i> ZPCT participated in the Ministry of Health/USAID DELIVER PROJECT 7 year annual quantification workshop for laboratory commodities. The workshop reviewed previous forecast and quantification data for laboratory commodities and was able to use actual issues/usage at both central and facility level to come up with the 7 year quantification and procurement plan. At the end of the workshop the funding gap analysis for lab commodities was also reviewed. Other partners in attendance included SCMS, CHAI CHAZ CDC and CHAI and equipment vendors.</p>
	<p>December 5, 2011 <i>Management of DBS commodities Partners Meeting:</i> ZPCT II participated in a meeting discussion on the management of EID commodities. DBS kits were stocked out both at central level (MSL) and some Facilities. SCMS /MSL identify facilities that were possibly over stocked. Partner would work with District EID focal persons and other relevant key persons at facility level to redistribute all the over stocked DBS. The Inappropriate bundle size for DBS kits was also discussed, with UNICEF / CHAI and MOH being tasked to discuss further with the manufactures on possible repackaging and cost analysis of the DBS kits. CHAI also informed the meeting that their direct support for EID procurements would be coming to an end by dec2011. MOH requested partner to put in place an emergency procurement plan DBS kits up to December 2011 and also for the year 2012.</p>
Pharmacy	<p>October 7, 2011 <i>Saving Mothers' Lives Meeting:</i> ZPCT II participated in the USG partners' meeting held at ZISSP to discuss aspects of the implementation of the newly introduced Saving Mothers' Lives initiative aimed at reducing maternal mortality. Items on discussion included the development of assessment tools, review of the EMONC training curriculum to accommodate SML, M&E aspects and indicators, baseline surveys and logistics and procurement issues. Through the quarter these meetings were held</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>every Wednesday at which ZPCT II was represented. The initiative later became known as Saving Mothers' Giving Life, and ZPCT II is scheduled to implement this initiative in Mansa district, being one among four targeted districts for implementation.</p> <p>November 14, 2011 <i>USG Partners' PMTCT Acceleration Plan and Supply Chain Management meeting:</i> USG implementing partners met at JSI to discuss the PMTCT acceleration plan. In attendance were BU, ZISSP, CDC, SCMS, ZPCT II, CIDRZ, DELIVER, and DOD. At the meeting the initiative was introduced and each partner gave an overview of the support they provide towards PMTCT. Supply chain management challenges in implementing the PMTCT acceleration plan were discussed and the current supply chain status on PMTCT-only sites addressing challenges with access to commodities was extensively discussed. Other issues around challenges with laboratory support and funding gaps were also discussed. Selected partners were tasked with addressing some of the issues raised and it was agreed that a follow on meeting was needed to further discuss the implementation and roll out of the initiative.</p> <p>November 21 – 23, 2011 <i>National HIV prevention convention:</i> The GRZ through the implementing agencies; NAC and MOH in collaboration with ZPCT II, EGPAF and other developmental partners hosted a joint conference under the theme - Securing Zambia's future through Prevention combination, palliative care and treatment. The aim of the conference was to rally partners from all sectors to revolutionize prevention, treatment and care in the country; build modalities of accelerating the implementation of high impact interventions based on the progress and lessons learnt and mobilize technical and financial resources to respond to the existing gaps.</p> <p>December 02, 2011 <i>ARV Quarterly Quantification review meeting:</i> The Ministry of Health with support from USAID Deliver project conducted a quarterly quantification review meeting for ARVs and Cotrimoxazole. The main objective was to review the 2011 forecast and quantification in view of the actual consumption trends and the anticipated implementation of new ART guidelines and protocols. One of the major outcomes of this meeting was the generation of adjusted procurement plans to avert stock imbalances</p> <p>December 09, 2011 <i>Partner's Program Coordination Meeting:</i> This collaborative meeting with cooperating partners was hosted by JSI and in attendance was ZPCT II and CIDRZ. The objective was to identify mechanisms for coordination and collaboration at provincial level and it was agreed that moving forward there will be sharing of workplans to enhance joint activities such as training plans, M&E plans, TA visits. All provincial staff from the different projects were encouraged to share information and hold regular meetings to discuss issues pertaining to the provinces they support</p> <p>December 15, 2011 <i>USG Partners' PMTCT Acceleration Plan and Chain Management Meeting:</i> ZPCT II attended the USG partners' meeting to discuss the status of approval of the PMTCT acceleration plan by USAID. It was noted that this was conditionally approved and further discussions were held on funding for further procurements of commodities in support of the initiative. The need for partners to share information was also emphasized. Next steps included scheduling of another meeting to address the funding issues and for partners to incorporate Saving Mothers Giving Lives activities into their workplans as a linkage to the PMTCT acceleration plan.</p>
Laboratory and Pharmacy (MSH)	<p>October 15, 2011 <i>Meeting with MSH Project Lead John Pollock:</i> A meeting was held at ZPCT II to discuss ZPCT II project implementation plans and to review MSH activities with an emphasis on being more efficient on lower expenditure and still achieving higher targets. An update on MOH expectations and areas of concern was also discussed highlighting the need to finalize the Pharmacy SOPs, Rational Medicines use with a focus on strengthening Pharmacovigilance activities, review of reference materials and increasing Pharmaceutical care across all areas including strengthening of DTCs. Another area of concern was Partner Coordination and as such a meeting was scheduled with MOH to itemize pharmaceutical strategies and collaborate with all stakeholders.</p>
Laboratory and Pharmacy and ART/CC	<p>November 21 to 23rd, 2011 <i>National HIV Prevention Convention:</i> ZPCT II participated in this national meeting which was combines with the annual ART Seminar. The main convenors were National Aids Council, Ministry of Health (MoH) and various cooperating and implementing partners. There was high level political representation and multi-sectoral discussions on HIV prevention and updates on HIV treatment. ZPCT II supported the significant part of the conference budget as well as provincial technical and MoH staff.</p>

ANNEX C: Activities Planned for the Next Quarter (Jan. – Mar., 2012)

Objectives	Planned Activities	2012		
		Jan	Feb	Mar
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing services (CT)	Provide ongoing technical assistance to all supported sites	x	x	x
	Train XX HCWs and XX 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
	Print CT job aids, request national guidelines from National AIDS Council and distribute to both new and old 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
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of CT and FP services	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
	Integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	x
	Develop a gender module for engendering CT trainings.	x	x	x
	Screening for gender based violence (GBV) within CT setting	x	x	x
1.2: Expand prevention of mother-to-child	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Training XX HCWs and XX 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 with immediate provision of ARVs for those that sero convert		x	x

Objectives	Planned Activities	2012		
		Jan	Feb	Mar
transmission (PMTCT) services	Continue the implementation of the HIV retesting study in the 10 sites targeted across the five supported provinces	x	x	x
	Continue supporting the implementation of the new 2010 PMTCT guidelines	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.	x	x	x
	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
	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
	support implementation of new revised provider training packages for facility and community based providers to include gender based activities 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, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking registers.	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 implementation of 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
Print and distribute PMTCT job aids to new and old supported facilities	x	x	x	
Integrate family planning and HIV services and improve access of FP services through effective referrals.	x	x	x	
1.3: Expand treatment services and basic health care and support	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
	Support ART/CC and MC services in existing PPP sites; initiate new year three PPP sites	x	x	x

Objectives	Planned Activities	2012		
		Jan	Feb	Mar
	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 laboratory and pharmacy support services and networks	Handover final draft of the ART pharmacy SOPs to MOH	x		
	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

Objectives	Planned Activities	2012		
		Jan	Feb	Mar
	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
	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
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				

Objectives	Planned Activities	2012		
		Jan	Feb	Mar
	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				
	Conduct an M&E data audit in 110 ZPCT II supported sites		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
	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
Capacity Building	Pilot the management capacity building indicators in two districts of Central Province	x	x	x
	Orient provincial staff (Program and SI) on physical collection of the capacity building indicators	x	x	x
	Support QA/QI staff the implementing management capacity building indicators in 44 districts of the five provinces	x	x	x
	Submit report on indicators each quarter to ZPCT II Lusaka office			x
	Support quarterly provincial level data reviews of management capacity building indicators at PMOs			x
	Conduct one Governance training in Copperbelt Province for 10 DMOs and one PMO			x
	Conduct one Planning training in Central province for 6 DMOs and one PMO			x
	Facilitate and support DMO Financial Management mentorships to district finance staff in 44 districts	x	x	x
	Facilitate and support DMO Human Resource mentorships to district HR staff in 44 districts	x	x	x
Gender	Conduct TOT on screening & referral of survivors of GBV	x		
	Mainstreaming workshop for ZPCT II senior staff		x	
	Mentor staff on how to facilitate the gender module for ASW training		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 GCDD through membership to the M&E National Technical Working Group and on the Gender National Steering Committee	x	x	x
	Develop key messages for community leaders to reinforce, accommodate, or transform gender roles for increased service delivery and uptake.		x	x
	Engender manuals for community leaders.			x
Finance	FHI finance team will conduct financial reviews of FHI field offices, and	x	x	x

Objectives	Planned Activities	2012		
		Jan	Feb	Mar
	subcontracted local partners under ZPCT II project			
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	Complete data capture of all ZPCT assets and roll out the computerized asset management software to ZPCT II provincial offices	x	x	
	Complete upgrading of Windows and Office software on ZPCT II computers	x	x	x
	Upgrade health facility computers RAM		x	x
	Purchase IT equipment for ZPCT II Staff and health facilities		x	x

ANNEX D: 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		◆	◆	◆		◆	
	16. Nakoli UHC	Urban							
<i>Mkushi</i>	17. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	18. Chibefwe HC	Rural		◆	◆	◆		◆	
	19. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	21. Nshinso HC	Rural		◆	◆	◆		◆	
	22. Chikupili HC	Rural		◆	◆	◆		◆	
	23. Nkumbi RHC	Rural							
	24. Coppermine RHC	Rural							
<i>Serenje</i>	25. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	26. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	27. Chibale RHC	Rural		◆	◆	◆		◆	
	28. Muchinka RHC	Rural		◆	◆	◆		◆	
	29. Kabundi RHC	Rural		◆	◆	◆		◆	
	30. Chalilo RHC	Rural		◆	◆	◆		◆	
	31. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	32. Mulilima RHC	Rural		◆	◆	◆		◆	
	33. Gibson RHC	Rural		◆	◆	◆			
	34. Nchimishi RHC	Rural		◆	◆	◆			
	35. Kabamba RHC	Rural		◆	◆	◆			
<i>Chibombo</i>	36. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	37. Chikobo RHC	Rural		◆	◆	◆		◆	
	38. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	39. Chibombo RHC	Rural		◆	◆	◆		◆	
	40. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Mungule RHC	Rural		◆	◆	◆		◆	
	42. Muswishi RHC	Rural		◆	◆	◆		◆	
	43. Chitanda RHC	Rural		◆	◆	◆			◎
	44. Malambanyama RHC	Rural		◆	◆	◆		◆	
	45. Chipeso RHC	Rural		◆	◆	◆		◆	
46. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	47. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	48. Malombe RHC	Rural		◆	◆	◆		◆	
	49. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	50. Shimukuni RHC	Rural		◆	◆	◆		◆	
<i>Kapiri Mposhi</i>	51. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	52. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	53. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	54. Chibwe RHC	Rural		◆	◆	◆		◆	
	55. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	56. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	57. Mulungushi RHC	Rural		◆	◆	◆		◆	
	58. Chawama UHC	Rural		◆	◆	◆		◆	
	59. Kawama HC	Urban		◆	◆	◆		◆	
	60. Tazara UHC	Rural		◆	◆	◆		◆	
	61. Ndeke UHC	Rural		◆	◆	◆		◆	
	62. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	63. Chankomo RHC	Rural		◆	◆	◆		◆	
	64. Luanshimba RHC	Rural		◆	◆	◆		◆	
	65. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	66. Chipepo RHC	Rural		◆	◆	◆		◆	
67. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆		
68. Chilumba RHC	Rural		◆	◆	◆		◆		
<i>Mumbwa</i>	69. Mumbwa DH	Urban			◆	◆	◆ ³		⊙ ¹
	70. Mumbwa UHC	Urban							
	71. Myooye RHC	Rural		◆	◆	◆			
	72. Lutale RHC	Rural		◆	◆	◆			
	73. Mukulaikwa RHC	Rural		◆	◆	◆			
	74. Nambala 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; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Copperbelt Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	49. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	50. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	51. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	52. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	55. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	56. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	57. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	58. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	59. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	60. Kansunswa HC	Rural		◆	◆	◆		◆	
	61. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	62. Mokambo Clinic	Rural		◆	◆	◆		◆	
	63. Suburb Clinic	Urban		◆	◆	◆		◆	
	64. Murundu RHC	Rural		◆	◆	◆		◆	
<i>Kalulushi</i>	65. Chibolya UHC	Urban		◆	◆	◆		◆	
	66. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		
	67. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	68. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	69. Chati RHC	Rural		◆	◆	◆			
<i>Chililabombwe</i>	70. Ichimpe Clinic	Rural		◆	◆	◆			
	71. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
<i>Lufwanyama</i>	72. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
	73. Mushingashi RHC	Rural		◆	◆	◆		◆	
	74. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
<i>Mpongwe</i>	75. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	76. Kayenda RHC	Rural		◆	◆	◆	◆	◆	
	77. Mikata RHC	Rural		◆	◆	◆		◆	
<i>Masaiti</i>	78. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	79. Kashitu RHC	Rural		◆	◆	◆		◆	
	80. Jelemani RHC	Rural		◆	◆	◆		◆	
	81. 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; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	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		◆	◆	◆		◆	
	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		◆	◆	◆		◆	
	40. Lukola RHC	Rural							
	41. Lubende RHC	Rural							
<i>Milenge</i>	42. Mulumbi RHC	Rural		◆	◆	◆		◆	
	43. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	44. Kapalala RHC	Rural		◆	◆	◆			
	45. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	46. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	47. Chibondo RHC	Rural			◆	◆		◆	
	48. Chipili RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Mwense	49. Chisheta RHC	Rural		◆	◆	◆		◆	
	50. Kalundu RHC	Rural			◆	◆			
	51. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	52. Kapamba RHC	Rural		◆	◆	◆		◆	
	53. Kashiba RHC	Rural		◆	◆	◆		◆	
	54. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	55. Kawama RHC	Rural		◆	◆	◆		◆	
	56. Lubunda RHC	Rural		◆	◆	◆		◆	
	57. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	58. Luminu RHC	Rural			◆	◆		◆	
	59. Lupososhi RHC	Rural			◆	◆		◆	
	60. Mubende RHC	Rural		◆	◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mununshi RHC	Rural		◆	◆	◆		◆	
	63. Mupeta RHC	Rural			◆	◆		◆	
	64. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
65. Mutipula RHC	Rural			◆	◆				
66. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³			
Nchelenge	67. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	68. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	69. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	70. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	
	71. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	72. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	73. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	74. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	76. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
Samfya	77. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	78. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	79. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	80. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	81. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
82. 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; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ 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		◆	◆	◆			
	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		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	47. Nondo RHC	Rural		◆	◆	◆			
	48. Nsokolo RHC	Rural		◆	◆	◆			
	49. Kawimbe RHC	Rural							
<i>Mpulungu</i>	50. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	51. Isoko RHC	Rural		◆	◆	◆			
	52. Chinakila RHC	Rural							
<i>Isoka</i>	53. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	54. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	55. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	56. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	57. Kampumbu RHC	Rural		◆	◆	◆			
	58. Kafwimbi RHC	Rural		◆	◆	◆			
	59. Thendere RHC	Rural		◆	◆	◆			
<i>Mporokoso</i>	60. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	61. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
<i>Luwingu</i>	62. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	63. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	64. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	65. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	66. Kampinda RHC								
	67. Kalaba RHC								
<i>Mungwi</i>	68. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	69. Malole RHC	Rural		◆	◆	◆		◆	
	70. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	71. Chimba RHC	Rural		◆	◆	◆		◆	
	72. Kapolyo RHC	Rural		◆	◆	◆		◆	
	73. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		
	74. Makasa RHC	Rural							
<i>Chilubi Island</i>	75. Chaba RHC	Rural							
	76. Chilubi Island RHC	Rural							
	77. Matipa RHC	Rural							
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; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC								
	13. Lumwana East RHC								
	14. Maheba A RHC								
<i>Kabompo</i>	15. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎ ¹
	16. St. Kalemba (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	17. Mumbeji RHC	Rural		◆	◆	◆		◆	
	18. Kasamba RHC	Rural		◆	◆	◆		◆	
	19. Kabulamema RHC	Rural		◆	◆	◆			
	20. Dyambombola RHC	Rural		◆	◆	◆			
	21. Kayombo RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	22. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		◎
	23. Zambezi UHC	Urban			◆	◆		◆	
	24. Mize HC	Rural		◆	◆	◆		◆	
	25. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	26. Mukandakunda RHC	Rural		◆	◆	◆			
	27. Nyakulenga RHC	Rural		◆	◆	◆			
	28. Chilenga RHC	Rural		◆	◆	◆			
	29. Kucheka RHC	Rural		◆	◆	◆			
	30. Mpidi RHC	Rural		◆	◆	◆			
	<i>Mwinilunga</i>	31. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³	
32. Kanyihampa HC		Rural		◆	◆	◆		◆	
33. Luwi (CHAZ)		Rural	◆ ¹	◆	◆	◆	◆ ³		
34. Lwawu RHC		Rural		◆	◆	◆			
35. Nyangombe RHC		Rural		◆	◆	◆			
36. Sailunga RHC		Rural		◆	◆	◆			
37. Katyola RHC		Rural		◆	◆	◆			
38. Chiwoma RHC		Rural		◆	◆	◆			
39. Lumwana West RHC		Rural		◆	◆	◆			
40. Kanyama RHC		Rural		◆	◆	◆			
<i>Ikelenge</i>		41. Ikelenge RHC	Rural		◆	◆	◆		◆
	42. Kafweku RHC								
<i>Mufumbwe</i>	43. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		◎ ¹
	44. Matushi RHC	Rural		◆	◆	◆		◆	
	45. Kashima RHC	Rural		◆	◆	◆			
	46. Mufumbwe Clinic	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chavuma</i>	47. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	48. Chivombo RHC	Rural		◆	◆	◆		◆	
	49. Chiingi RHC	Rural		◆	◆	◆		◆	
	50. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	51. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	52. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	53. Nselauke RHC	Rural		◆	◆	◆		◆	
	54. Kankolonkolo RHC	Rural		◆	◆	◆			
	55. Lunga RHC	Rural		◆	◆	◆			
	56. Dengwe RHC	Rural		◆	◆	◆			
	57. Kamakechi RHC	Rural		◆	◆	◆			
Totals			12	52	53	53	14	20	4

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Note: Grey shaded are new ZPCT II sites

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
Central Province									
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban							
<i>Mkushi</i>	4. Tusekelemo Medical Centre	Urban		◆	◆	◆	◆		
Copperbelt Province									
<i>Ndola</i>	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban							
	9. Dr Bhatt's	Urban							
	10. ZESCO	Urban							
<i>Kitwe</i>	11. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	12. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	13. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	14. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	15. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
Luapula Province									
<i>Mwense</i>	16. ZESCO								
North-Western Province									
<i>Solwezi</i>	17. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		◆
	18. Solwezi Medical Centre	Urban							

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