



# **Quarterly Progress Report April 1 - June 30, 2013**

**Task Order No.: GHH-I-01-07-00043-00**

## **July 31, 2013**

Prepared for  
USAID/Zambia  
United States Agency for International Development  
ATTN: Ms. Joy Manengu, COTR  
Ibex Hill, Lusaka  
Zambia

Prepared by  
FHI/Zambia  
2055 Nasser Road, Lusaka  
P.O. Box 320303  
Woodlands  
Lusaka, Zambia

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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). The project implements 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 health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation for ZPCT II. During the quarter, ZPCT II provided support to all 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 implement 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 423 health facilities (396 public and 27 private) across 45 districts this quarter. Key activities and achievements for this reporting period include the following:

- 189,299 individuals received CT services in 423 supported facilities. Of these, 137,631 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 51,668 women received PMTCT services (counseled, tested for HIV and received results), out of which 3,601 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 3,027
- 134 public and 23 private health facilities provided ART services and all 157 report their data independently. A total of 7,822 new clients (including 566 children) were initiated on antiretroviral therapy. Cumulatively, 174,762 individuals are currently on antiretroviral therapy and of these 12,141 are children.
- MC services were provided in 54 public and 4 private health facilities this quarter. 12,869 men were circumcised across the ZPCT II supported provinces this quarter.

- 574 health care workers were trained by ZPCT II in the following courses: 90 in CT, 251 in PMTCT, 97 in ART/OI management, 37 in MC, 71 in ART commodity management for laboratory 32) and pharmacy (39), and 28 in equipment use and maintenance.
- 296 community volunteers trained by ZPCT II in the following: 171 in CT, and 125 in PMTCT
- 27 HCWs from Luapula , Northern and North-Western Provinces were mentored under the model sites strategy
- 19 new MOH facilities were included in the current recipient agreements amended this quarter, bringing the total number of facilities that will be supported to 400 public health facilities. In addition, six private health facility MOUs were signed bringing the total to 30 private health facilities
- 52 new refurbishments have been targeted for 2013. Tender advertisement for the 52 facilities started this quarter.
- Zambezi District was graduated this quarter after the Zambezi District Medical Office met the graduation criteria outlined in the quality assurance graduation tools. This brings the total number of graduated districts to 26. ZPCT II is still providing limited technical and financial assistance in all the graduated districts.

### **KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Jul. – Sept. 2013)**

The following activities are anticipated for next quarter (July – September 2013):

- Finalize the development of the toolkit for community level sensitization on GBV to address harmful male norms and behaviors that increase both men’s and women’s risk for HIV
- Conduct eight refresher trainings in Planning, Governance, HR and Finance management, in North-Western, Northern, Copper belt, Luapula and Central Provinces
- Upgrade SmartCare version V4.5.0.3 to V4.5.0.4 in all the ZPCT II supported sites that will require this service
- Evaluation of the nurse prescriber program
- ZPCT II will conduct assessments of the private sector sites
- Collection of capacity building management indicators from graduated districts, mentorship in human resource and financial management, and trainings in governance and finance management planning
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- ZPCT II is developing three research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS and QA/QI

### **TECHNICAL SUPPORT NEXT QUARTER (Jul. – Sept. 2013)**

- Lowrey Redmond, Senior Manager Business Development, will travel to Lusaka from July 15 – 26, 2013 to provide project support to capacity building activities
- Catherine Mundy, Senior Program Advisor for Laboratory Services, MSH, is scheduled to travel to Lusaka to provide technical assistance in laboratory management services during the quarter. The final travel dates are yet to be confirmed, but are tentatively scheduled for early September 2013.
- Silvia and Paige from Social Impact will conduct a technical assistance trip to Zambia in September 2013 to document experiences in gender integration within ZPCT II work and train staff on how to use the GBV Tool Kit for community mobilization

## ZPCT II Project Achievements August 1, 2009 to June 30, 2013

Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 2013)		
	Targets (Aug 09 - May 14)	Achievements (Aug 09 – Jun 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Jun 2013)	Male	Female	Total
<b><i>1.1 Counseling and Testing (Projections from ZPCT service statistics)</i></b>							
Service outlets providing CT according to national or international standards	430	423 (396 Public,27 Private)	430	423 (396 Public,27 Private)			423 (396 Public, 27 Private)
Individuals who received HIV/AIDS CT and received their test results	1,318,243	1,876,296	754,949	277,341	68,086	69,545	137,631
Individuals who received HIV/AIDS CT and received their test results (including PMTCT) <sup>1</sup>	2,175,030	2,676,608	754,949	388,476	68,086	121,213	189,299
Individuals trained in CT according to national or international standards	2,000	1671	488	90	35	55	90
<b><i>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</i></b>							
Service outlets providing the minimum package of PMTCT services	410	410 (387 Public,23 Private)	410	410 (387 Public,23 Private)			410 (387 Public,23 Private)
Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	856,787	800,312	227,116	111,135		51,668	51,668
HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,900	74,955	23,100	6,701		3,027	3,027
Health workers trained in the provision of PMTCT services according to national or international standards	4,200	3717	937	326	89	162	251
<b><i>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</i></b>							
Service outlets providing HIV-related palliative care (excluding TB/HIV)	430	423 (396 Public,27 Private)	430	423 (396 Public,27 Private)			423 (396 Public,27 Private)
Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) <sup>2</sup>	522,600	365,211	268,986	274,860	104,683	163,932	268,615
Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	41,500	23,294	21,409	19,414	9,508	9,782	19,290
Individuals trained to provide HIV palliative care (excluding TB/HIV)	2,500	2040	612	124	35	62	97
Service outlets providing ART	170	157 (134 Public,23 Private)	170	157 (134 Public,23 Private)			157 (134 Public,23 Private)
Individuals newly initiating on ART during the reporting period	135,000	119,779	37,487	15,628	3,189	4,633	7,822
Pediatrics newly initiating on ART during the reporting period	11,250	9,084	2,893	1,133	275	291	566
Individuals receiving ART at the end of the period	205,102	174,762	205,102	174,762	69,226	105,536	174,762
Pediatrics receiving ART at the end of the period	14,121	12,141	14,121	12,141	5,994	6,147	12,141

<sup>1</sup> Next Generation COP indicator includes PMTCT

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

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

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

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

Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 2013)		
	Targets (Aug 09 - May 14)	Achievements (Aug 09 – Jun 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Jun 2013)	Male	Female	Total
Health workers trained to deliver ART services according to national or international standards	2,500	2040	612	124	35	62	97
<b>TB/HIV</b>							
Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	430	423 (396 Public,27 Private)	430	423 (396 Public,27 Private)			423 (396 Public,27 Private)
HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	22,829	19,731	6,051	2,110	499	441	940
Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	2,500	2040	612	124	35	62	97
Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	32,581	37,604	4,152	5,966	1,671	1,274	2,945
<b>1.4 Male Circumcision (ZPCT II projections)</b>							
Service outlets providing MC services	55	55 (52 Public,3 Private)	55	55 (52 Public,3 Private)			55 (52 Public,3 Private)
Individuals trained to provide MC services	390	347	80	37	23	14	37
Number of males circumcised as part of the minimum package of MC for HIV prevention services	50,364	59,123	20,000	16,851	12,869		12,869
<b>2.1 Laboratory Support (Projections from ZPCT service statistics)</b>							
Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	120	129 (115 Public,14 Private)	120	129 (115 Public,14 Private)			129 (115 Public,14 Private)
Laboratories with capacity to perform clinical laboratory tests	145	167 (143 Public,24 Private)	145	167 (143 Public,24 Private)			167 (143 Public,24 Private)
Individuals trained in the provision of laboratory-related activities	900	907	130	85	43	17	60
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	5,617,650	5,322,983	1,179,819	721,094			356,711
<b>2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)</b>							
Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,200	1731	500	191	85	86	171
Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1319	350	199	45	80	125
Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	800	633	168	0	0	0	0
<b>3 Capacity Building for PHOs and DHOs (ZPCT II projections)</b>							
Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	47	47	47			47
<b>4 Public-Private Partnerships (ZPCT II projections)</b>							
Private health facilities providing HIV/AIDS services	30	27	30	27			27

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 2013)		
		Targets (Aug 09 - May 14)	Achievements (Aug 09 – Jun 13)	Targets (Jan –Dec 2013)	Achievements (Jan –Jun 2013)	Male	Female	Total
<i>Gender</i>								
	Number of pregnant women receiving PMTCT services with partner	N/A	253,216	86,652	40,525		19,650	19,650
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	611,291	N/A	89,220	19,188	24,412	43,600

## 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.**

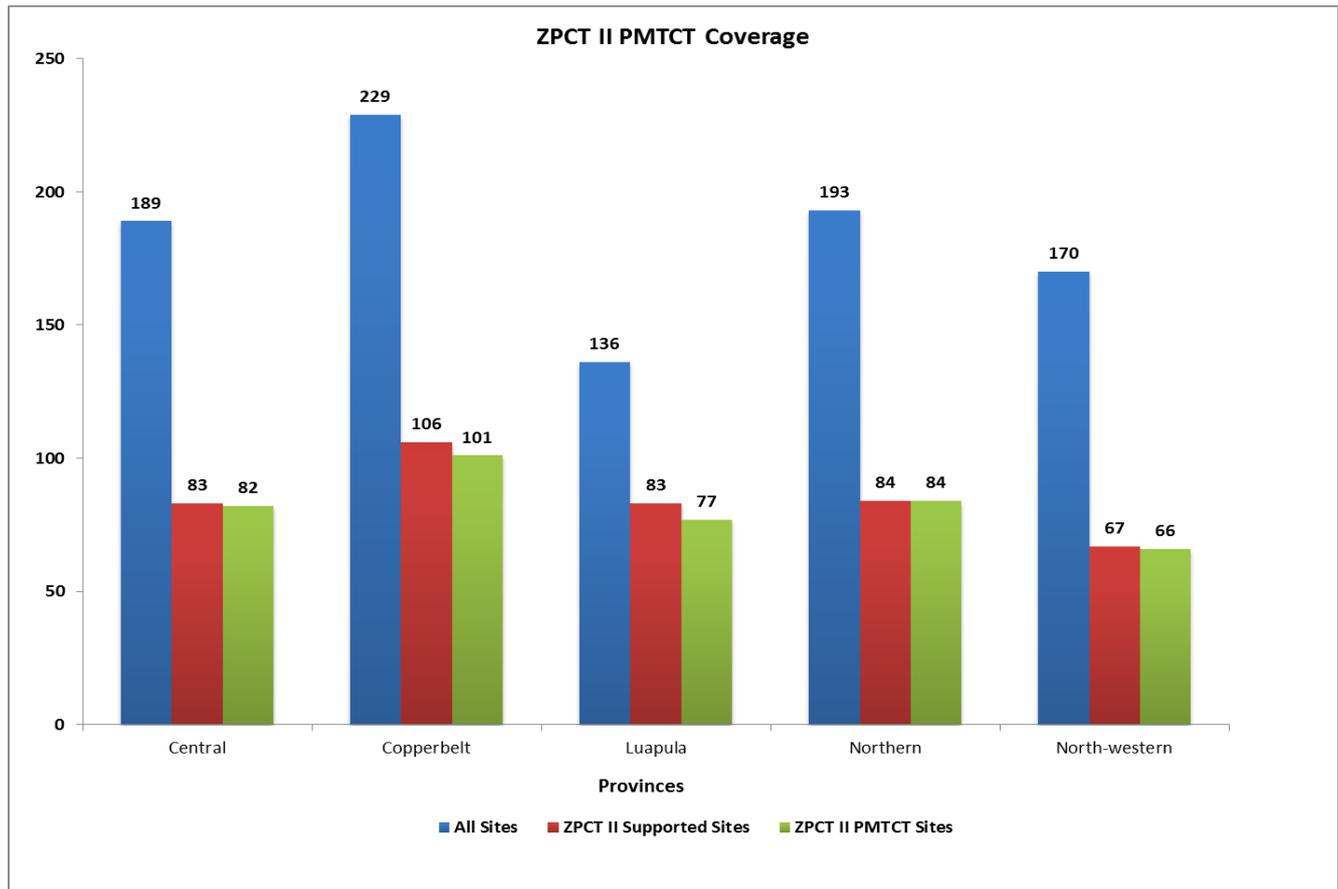
### *1.1: Expand counseling and testing (CT) services*

This quarter, 423 facilities provided CT services (396 public and 27 private). The ZPCT II staff continued to provide technical assistance (TA) to HCWs and lay counselors in these supported sites. A total of 137,631 clients received counseling and testing services. Of these, 15,934 clients were HIV positive and were referred for assessment for ART. Our TA focused on:

- Couple counseling and testing: Emphasis on couple CT and early linkages to care and treatment for discordant or concordant couples continued this quarter in line with the national HIV treatment guidelines. A total of 23,944 individuals received CT as couples, 361 of these were discordant couples, and all were referred for ART services. The number of couples testing has increased especially in PMTCT as a result of continuous mentorship of HCWs.
- Integrating CT into other health services: Provider initiated CT in FP, STI, TB and MC services is ongoing. 9,164 CT clients were referred for FP and 7,305 of them were provided with FP services. On the other hand, 18,148 FP clients were provided with CT services. As part of TB/HIV integration under CT services, 1,097 TB clients with unknown HIV status received CT (i.e. 70,8% of all TB patients with unknown status). A total of 9,173 uncircumcised male clients who tested HIV negative were referred for MC.
- Counselor support meetings: ZPCT II staff provided support to the quarterly counselors meetings as part of quality assurance and upholding of the professional ethics. Three provinces (Copperbelt, Luapula, and Northern) conducted counselor supervision meetings this quarter.
- Strengthening of retesting of HIV negative CT clients: An improvement has been noted in the number of clients coming for re-testing after the three month window period. 29,450 clients re-tested this quarter compared to 26,239 tested last quarter. Of these 3,201 sero converted and were linked to care, treatment and support. Emphasis is being put on correct documentation to ensure that all the service statistics are accurately captured. During counsellor CT refresher courses, counsellors were oriented on correct data documentation. In addition, data entry clerks have also been helping in checking the correct entries in the register after each service delivery.
- Routine Child CT services: ZPCT II mentored HCWs and lay counselors in routine child CT aimed at increasing the number of children and infants counseled and tested in both under-five clinics and pediatric wards at major hospitals and other health facilities. 14,792 children were tested for HIV in under-five clinics and 9,014 in pediatric wards across the six supported provinces this quarter. Of these, 1,140 tested positive, received their test results and 737 were linked to care and treatment services and entered on Pre-ART. 566 children were commenced on ART.
- Screening for chronic conditions within CT services: A total of 19,544 clients were screened for chronic conditions in the CT services this quarter compared to 18,037 clients in the previous quarter. This represents a 9.2 % increase. ZPCT II continued mentoring of HCWs on routine use of the chronic HIV care (CHC) symptom screening checklist to screen for hypertension, diabetes mellitus and tuberculosis (TB) in CT settings.
- Integration of screening for gender based violence (GBV): Screening for GBV remained a priority this quarter with continued monitoring of services through use of the CHC checklist in all service areas. Orientation of service providers by the trained health care providers in gender based violence is ongoing. Referral of victims of GBV to other service areas include medical treatment, emergency contraception and legal aid.

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

387 public and 23 private health facilities provided eMTCT services in the six ZPCT II supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.



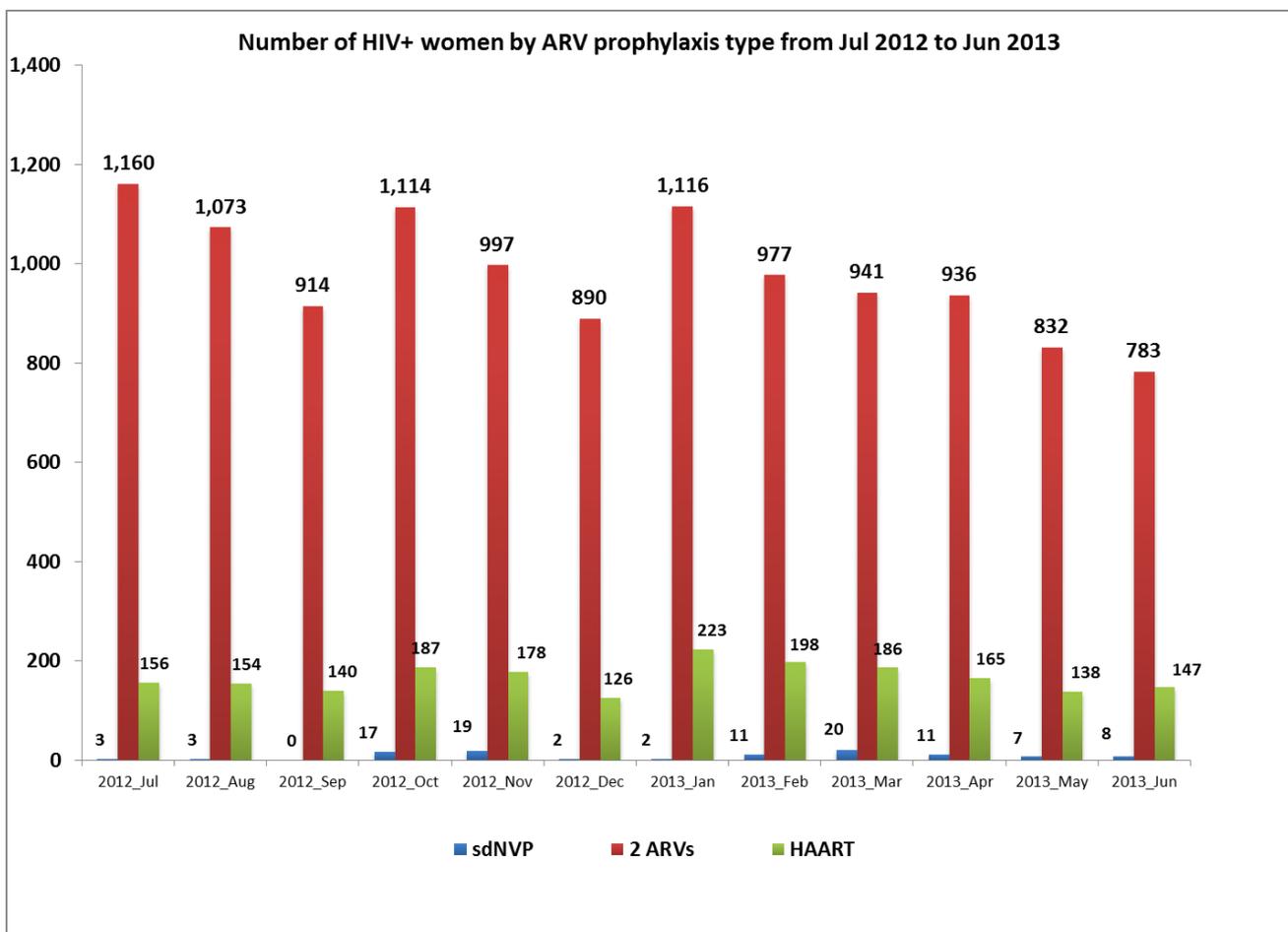
ZPCT II supported routine HIV testing during the first ANC visit using opt out strategy, provision of more efficacious regimens (combination ARVs) for eMTCT, couple counseling, early infant diagnosis using DBS. In addition, CD4 sample referral systems and hemoglobin monitoring for HIV positive mothers were strengthened to facilitate initiation of HAART and AZT for the eligible clients. A total of 51,668 new antenatal clients accessed eMTCT services; 3,601 of them tested HIV positive and 3,027 received combination ARVs for eMTCT.

At national level, ZPCT II staff have been actively participating in the MOH planning meetings to move towards option B+ which entails lifelong ART for all HIV positive pregnant women. MOH plans to do this in a phased approach starting with few facilities that have both PMTCT and ART services and moving to scale once lessons have been learnt from the initial phase. 16 ZPCT II supported health facilities have been proposed to be in the first phase of the roll out of Option B+.

During the reporting period, the area of TA focus in eMTCT included:

- **Access to CD4 assessment or WHO staging:** This quarter, 1,967 (54,6 %) of the 3,601 HIV positive pregnant women had their CD4 assessment completed. While 2,427 were assessed either by CD4 count or WHO clinical staging. Challenges include; motorbike breakdowns, stock outs for CD4 reagents, and EDTA bottles.
- **Provision of more efficacious ARV regimens for HIV positive pregnant women:** Out of 2,427 HIV positive pregnant women that were assessed for eligibility by CD4 count or WHO clinical staging, 719 were eligible for HAART (CD4 <350) and 515 of them were initiated on HAART (72%). Those who were not eligible for HAART were initiated on combination ARV prophylaxis of AZT/NVP. This quarter, 26 HIV positive pregnant women received sdNVP due to low Hb and could not receive AZT.

- Re-testing of HIV negative pregnant women: 14,824 pregnant women were re-tested for HIV this quarter, compared to 13,618 in the previous quarter. Of those re-tested, 468 tested HIV positive (sero-converted) compared to those that sero converted in the same reporting period of last year ( 603 ). All those that sero-converted were provided with ARVs for PMTCT prophylaxis or referred for HAART according to their eligibility based on the current PMTCT guidelines.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: DBS collection for all exposed infants continued in the ZPCT II supported facilities as part of ongoing paediatric HIV effort. A total of 5072 samples were sent to the PCR laboratory at ADCH from 241 health facilities providing EID services, out of which 291 were reactive.



Other TA areas of focus under eMTCT included:

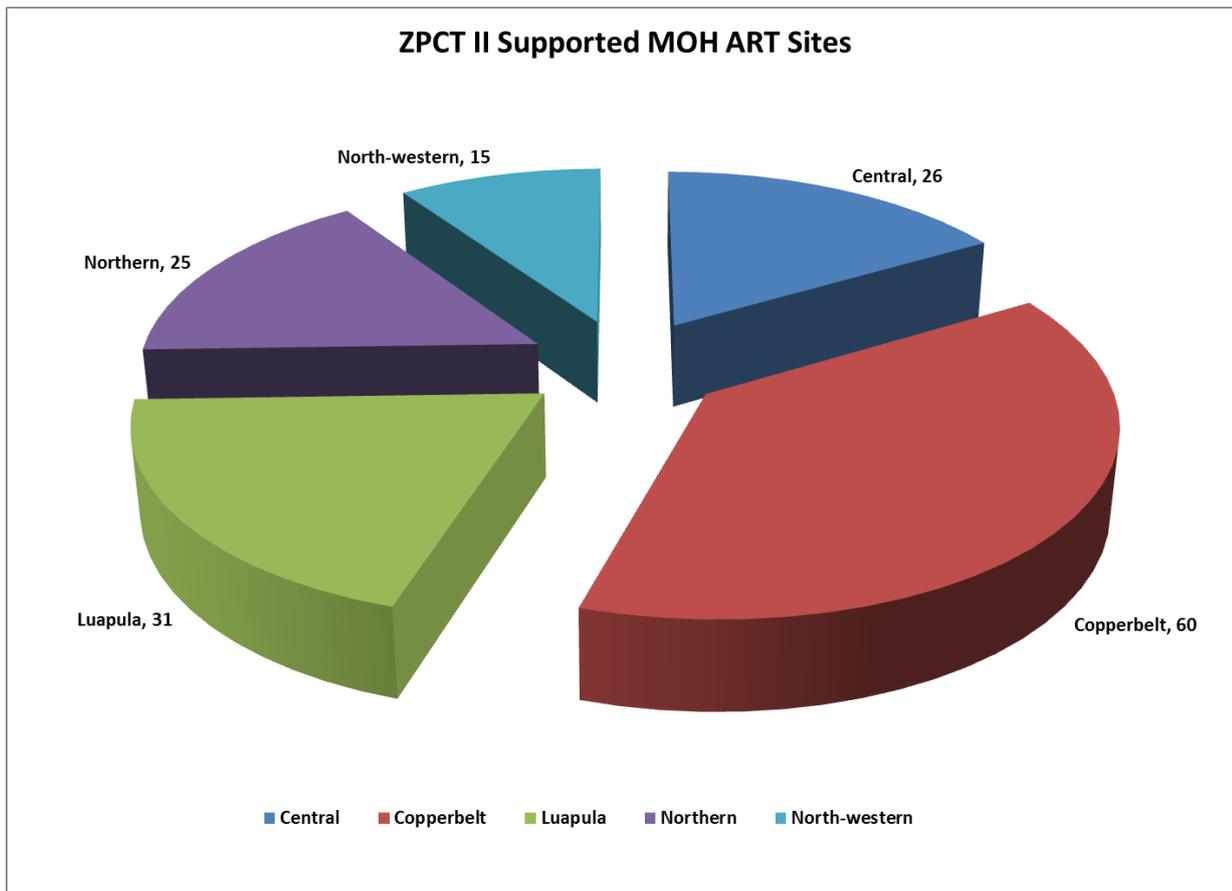
- Integrating family planning within ANC/PMTCT and ART services: Integration efforts are being consolidate with strategies to integrate FP services such as counseling and testing of all FP clients with referrals of CT clients and ART clients for FP services have been developed and were being implemented in this quarter. This approach has proved to be an effective way to reach more people in need of FP services. The onsite mentoring of HCWs and community volunteer counselors on how to provide FP counseling to clients seeking eMTCT and ART services has continued, with emphasis made on documentation in the eMTCT, CT, and FP registers during TA visits. A cue card for community lay counselors has been developed and it is being tested in selected facilities to improve family planning integration into HIV services.
- HIV retesting study: The data analysis process has started and will be concluded in the next quarter.
- Project Mwana to reduce turnaround time for HIV PCR results: ZPCT II is supporting an m-health based initiative to reduce the turnaround time of the DBS results in the supported sites. This is being done through

monitoring the performance of supported facilities on Project Mwana. Trained ZPCT II staff in collaboration with HCWs worked with RemindMI agents to follow-up all postnatal mothers at six days, six weeks, and six months with a view to improve EID and reduce turnaround time for PCR results. An evaluation of this program is planned and a protocol is being developed.

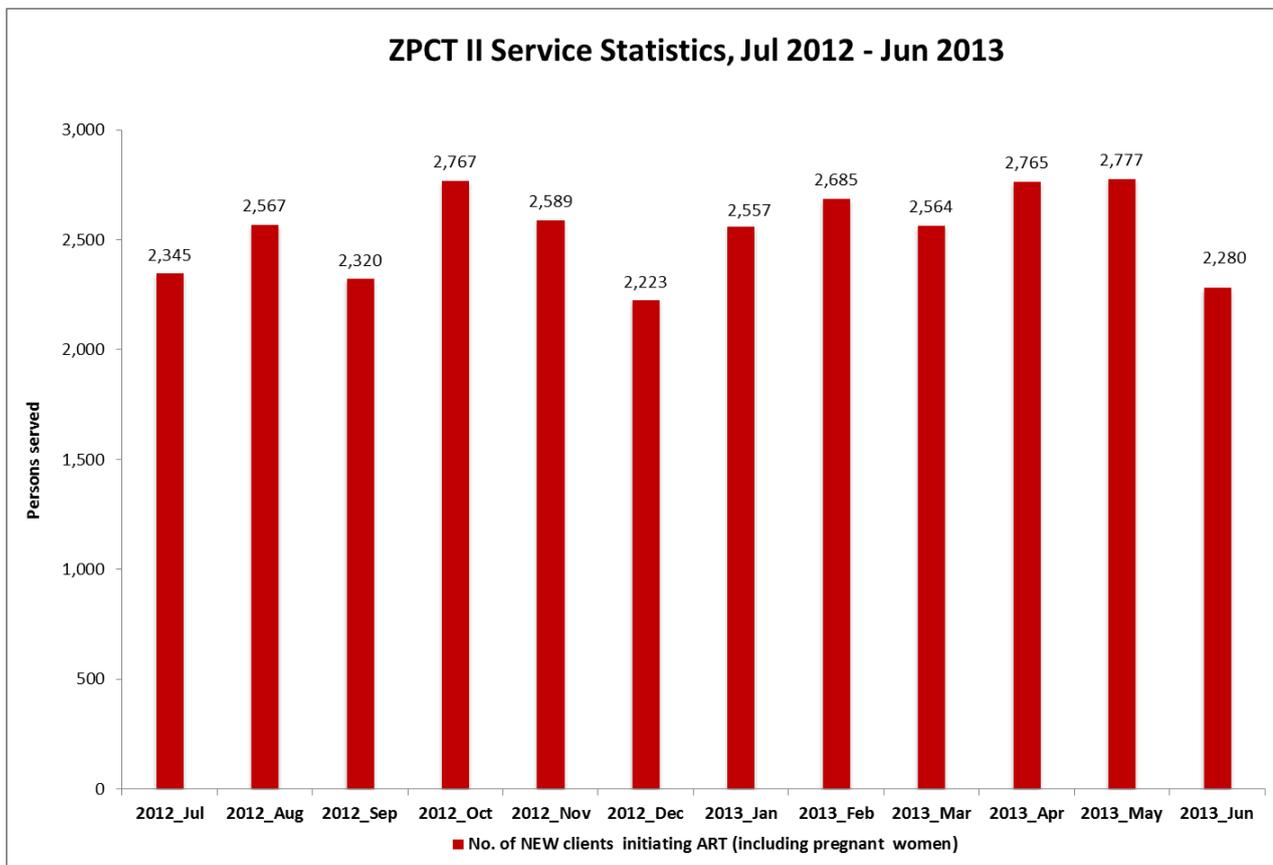
**1.3: Expand treatment services and basic health care and support**

**ART services**

This quarter, 134 public and 23 private health facilities provided ART services in the six ZPCT II supported provinces. All the 134 public ART facilities report their data independently.



7,822 new clients (including 566 children) were initiated on antiretroviral therapy this quarter, out of which 59.2% were females. This included 515 pregnant women that were identified through the PMTCT program – this is approximately 72 % of all eligible HIV positive pregnant women. Cumulatively, there are now 174, 762 patients that are receiving treatment through the ZPCT II supported sites, out of which 12, 141 are children.



This quarter, the TA focused on the following:

- **Strengthening immediate initiation of HAART for certain conditions as per ART national guidelines:** ZPCT II staff provided technical assistance to HCWs in the ART clinics to ensure timely initiation of eligible ART clients. This included eligible HIV positive pregnant women, HIV positive partners in discordant couples, patients co-infected with HIV and TB, patients co-infected with HIV and active Hepatitis B, children below two years of age as well as those with CD4 count below 350 irrespective of clinical state and WHO baseline clinical stage 3 or 4 irrespective of CD4 count. 456 out of 591 HIV positive new TB patients, representing 77 % were initiated on ART within 60 days of starting TB treatment. Individuals in discordant couples as well as TB-HIV co-infected individuals were initiated on treatment according to national guidelines as well.
- **HIV Nurse Practitioner (HNP) program:** ZPCT II provided technical assistance and hands on mentorship to trained HIV Nurse Practitioners (HNPs) in all the supported facilities. Most of them have been given significant ART related responsibilities in their respective facilities such as being ART focal persons or exempted from routine staff rotations. ZPCT II also participated in the finalization of the HNP program evaluation report. It is expected that this report will help MOH to come up with a policy decision on the way forward for this program.
- **Web2SMS initiative:** The six ZPCT II supported provinces provided web2sms reports on a weekly basis using the excel reporting spread sheet in order to bring every one up to speed with the revised SOPs and the new internet service provider, I-connect. Once all the reporting facilities are on board, the reporting will be done fortnightly as before. The ZPCT II team met during the quarter to discuss the complementary roles played by the web2sms, fast tracked encrypted DBS results received from the DNA PCR laboratory and the Ministry of Health Mwana health program (Mhealth). A detailed flow chart for web2sms starting with pre-ART, ART or DBS clients through to client response and LTFU, was developed which will be used as a job aid to help facility staff and supervisors in managing the web2sms process. A change of name from web2sms was also proposed as a way of rebranding that should assist in rejuvenating this service after some operational challenges experienced earlier.

- **Post exposure prophylaxis (PEP):** ZPCT II provided TA in the 316 facilities providing PEP services. All supported facilities were using the standard national PEP register for reporting. Facilities identified with PEP exposure type II (occupational exposure) were provided with technical assistance in using infection prevention guidelines (IPGs). A total of 164 clients received PEP services during the quarter under review broken down as follows: exposure type I (sexual) 49, exposure type II (occupational) 68 and other exposure 47.
- **Model sites:** During the quarter under review, ZPCT II supported mentorship activities across model sites in the six provinces with the objective of updating HCWs with the latest information and upgrade their knowledge and skills in their respective technical areas. A total of 19 HCWs were mentored in provision of quality clinical care/ART, counseling and testing/PMTCT, pharmacy, and laboratory services.

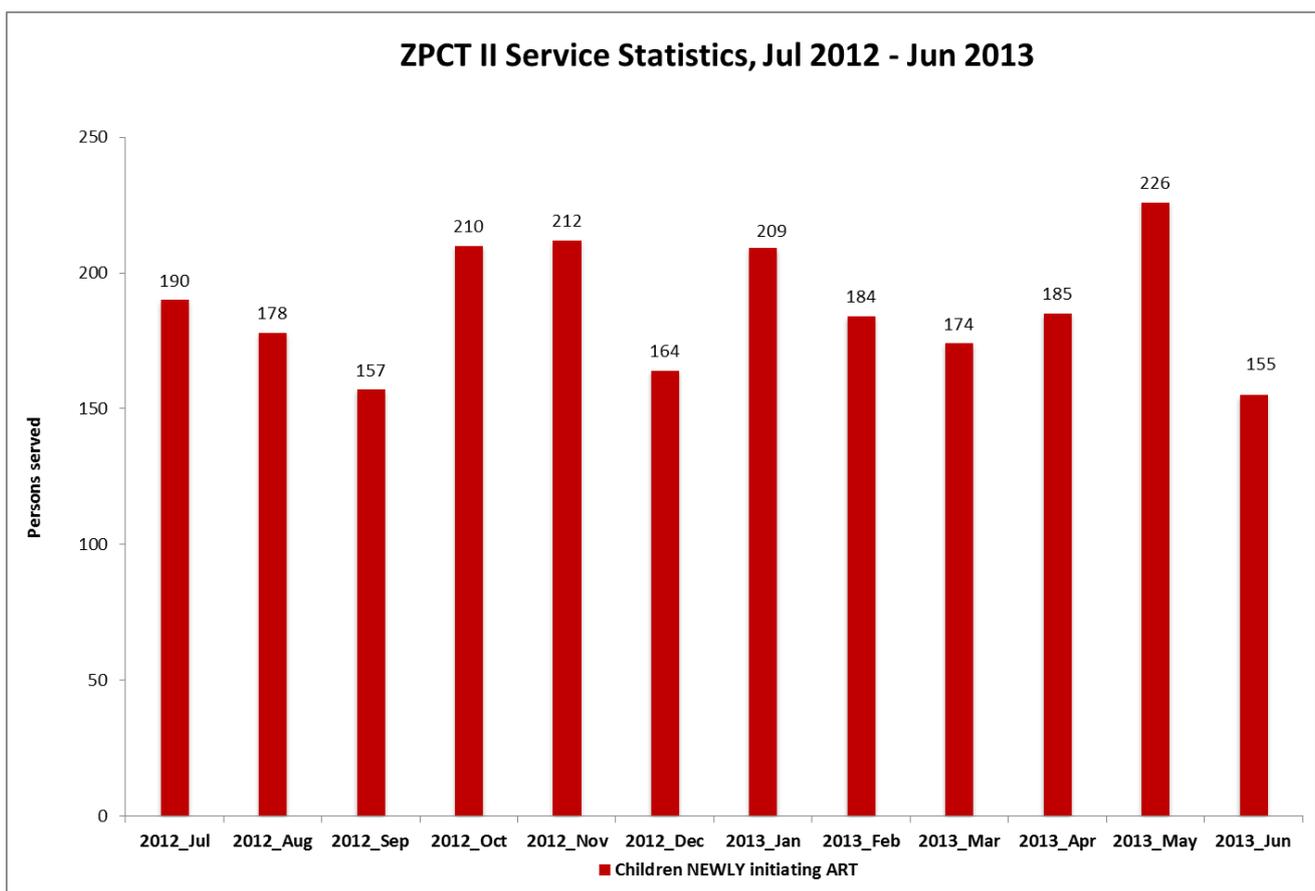
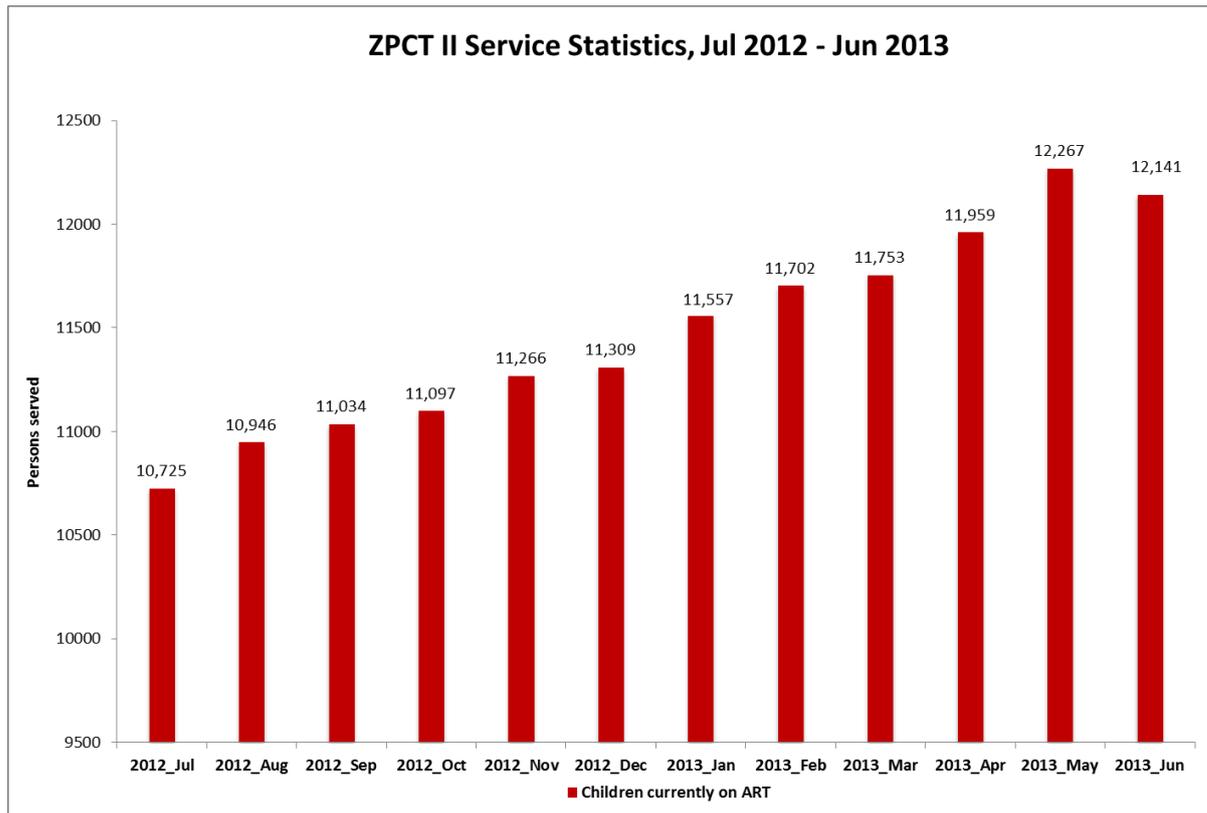
### ***Pediatric ART activities***

ZPCT II supported the provision of quality pediatric HIV services in 157 ART sites this quarter. From these facilities, 566 children were initiated on antiretroviral therapy, out of 171 were below two years of age. Of all the children ever initiated on treatment, 12, 141 children remain active on treatment.

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:** ZPCT II continued strengthening the complementary role of the systems employed in EID (fast tracking encrypted DBS results, web2sms and Mwana health project) to reduce the turnaround time in getting DBS results from the DNA PCR laboratory to health facilities and the subsequent tracing of DBS positive children in order to initiate them on ART. Conference calls were held with the six provinces to discuss the process flow charts designed for managing EID to get their input for further refinement of the flow charts. A total of 52 facilities (21 in Northern, 19 in Central, and 12 in North-Western) have been active on the Mwana Health program and have been retrieving results from the PCR laboratory. During the quarter, 351 children below the age of 24 months were HIV positive out of which 171 were initiated on ART according to the 2010 standard treatment guidelines.
- **Adolescent HIV services:** 12 adolescent HIV clinics were operational this quarter. This quarter, Copperbelt and North-Western Provinces conducted the adolescent HIV support group meetings to address ART adherence, stigma, disclosure and sexual reproductive health challenges for adolescents. A total of 184 adolescents were initiated on ART during this period, while 3,885 are currently on ART.
- **National SmartCare revisions activities:** ZPCT II participated in the national upgrading of the SmartCare to version 4.5.03 in which technical staff were oriented and made input on how the various SmartCare components could work in order to best serve the patient rather than operating as mere electronic health record. The following issues were noted for possible inclusion in the new version of SmartCare:
  - ART failure report (Immunological monitoring with CD4+ count) includes patients who are in pre-ART and should therefore, be revised to monitor the CD4+ count from the time the patient started HAART.
  - Report on summaries for each ARV regimen combination on which ART patients are, at any one time, should be compiled and not the regimens showing the strength of the drugs which is difficult to analyse.
  - A restriction on dispensing to inactive patients using the pharmacy should be embedded in the pharmacy dispensing tool module. LTFU / defaulters first need reactivation at the ART clinic (currently the system does not have such a provision)
  - A restriction should be considered for patients who have not been seen by clinicians in the ART clinic for more than a period of six months in the dispensing tool module in smart care flag dispensing of ARVs to patients that do not the ART clinic but go straight to the pharmacy to collect drugs. These patients will then, have to be redirected to the ART clinic for follow up review and laboratory/adherence monitoring before being dispensed with medications.
  - Abnormal laboratory results (LFTs, Creatinine) should flag in the smart care system during data entry or at the time of generating reports
  - The short course ARVs for Post Exposure Prophylaxis (PEP) report is proposed to be created separate from the full ART report. The process of rolling out the new version of the smart care started with training in ZPCT II supported sites in Central Province.

- National level activities:** At central level, in collaboration with MOH and other partners, ZPCT II participated in the plan writing meeting for option B+, the National AIDS Council (NAC) midterm review planning meeting - treatment care and support and impact mitigation pillars, and the national paediatric ART conference, which was the first of its kind in the country.



### ***Clinical palliative care services***

396 public and 27 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 268,615 (including 19,290 children) clients received care and support at ZPCT II supported sites. The palliative care package consisted mainly of provision of cotrimoxazole (septrin), and nutrition assessment using body mass index (BMI). In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: ZPCT II supported screening for selected chronic conditions in patients attending HIV services. This quarter, 10,702 patients were screened for diabetes using the chronic HIV checklist.
- Nutrition assessment and counseling: ZPCT II supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 8,210 were assessed for nutritional status using BMI.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 9,630 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV issues were referred to other services as needed such as those needing further counseling, shelter, economic empowerment support and paralegal services etc.
- Cotrimoxazole prophylaxis: This quarter, ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children, in accordance with the national guidelines. 7,491 clients were put on cotrimoxazole prophylaxis, including 2,704 initiated on cotrimoxazole through the PMTCT program.

### ***1.4: Scale up Voluntary Medical Male Circumcision (VMMC) services***

- ZPCT II supported 55 VMMC sites (52 public and 3 private health facilities) in providing services according to the set national standards. The new site this quarter was Puta Rural health centre which was a replacement for Kabole Rural Health centre. Technical assistance, mentorship and supportive supervision were provided in the sites. During the reporting period, 12,869 men were circumcised (4,696 - in static sites and 8,173 through outreach MC services). Out of these, 9,173 were counseled and tested for HIV before being circumcised (71.3%).
- Mentorship and supervision of HCWs providing MC services: Technical assistance, mentorship and supportive supervision was provided in all the 55 MC sites with a focus on building capacities of the local facility teams to develop and manage MC outreaches plans. Additionally the provinces had been involved in identification of new HCWs for training in MC surgical skills as a way of dealing with the high attrition levels of training MC providers. Using the national MC site accreditation tools, assessments have been conducted across all 55 MC sites as part of technical assistance to support quality improvement in service delivery.
- Outreach MC activities: To ensure increased access for VMMC services that are close to client's homes, ZPCT II implemented mobile MC services. As part of the sustainability strategy of the MC outreach, ZPCT II worked with the DMOs to develop district based planned VMMC outreach activities in all 38 supported districts. This will be operationalized starting next quarter, with the view to allow for greater involvement and ownership by the DMO teams especially that each district has national targets in their operational plans. This quarter, ZPCT II conducted MC outreach activities in districts across the supported provinces and a total of 8,173 men were circumcised.
- Data management tools /Job aids / IEC materials for MC: All the supported sites have data capturing tools (MC registers and client forms). To ensure correct use of the tools monthly technical support has been provided to facility teams to include VMMC data on the facility data review meetings.
- National level MC activities: ZPCT II has been actively participating in all MC TWG monthly meetings that have provided guidance on VMMC scale up activities such as demand creation for VMMC using the traditional leaders, partner collaboration and coordination, management and reporting of adverse

events (AEs) during and after national campaigns, and the launch of the advocacy strategy through traditional leaders.

### ***TB-HIV services***

- ZPCT II supported health facilities to strengthen TB/HIV services during this quarter. The focus for technical support included:
  - Improving screening for TB: Intensified Case Finding (ICF) for TB continued in the supported health facilities with 11,619 patients seen in clinical care/ART clinics screened for TB in the clinical settings, 940 patients receiving HIV care and treatment were also receiving TB treatment. 416 TB patients were started on ART. About 1,097 of the 1,549 TB infected patients with unknown HIV status received counseling and testing for HIV in the quarter.
  - TB and ART co-management: ZPCT II staff mentored and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated this quarter. Trends show that 77% of clients were initiated on ART within 60 days of starting TB treatment compared with 32.5% were initiated after 60 days. Further work at program level needs to be done to further enhance ART uptake in the first 30 and 60 days respectively.
- The 3 I's protocol: Under the WHO 3Is project, ZPCT II collaborated with TB CARE I in the following activities:
  - Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts on implementing the one stop services for TB and HIV. Next step is to identify TB facilities that do not have ART services and then train health care workers to manage treatment of TB/HIV co-infection.
  - ZPCT II, CIDRZ and TB CARE I worked on developing a data base that will be used to monitor performance of the 3 Is project in the selected ART clinics. The data base will be used by all partners, on behalf of the MOH.

**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***

ZPCT II supported 143 laboratories in public health facilities this quarter. A total of 115 of these laboratories have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis, while the remaining 28 provide minimal laboratory support. In addition, ZPCT II is supporting 24 laboratories under the public-private partnership, 14 of which have the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT II provided support in technical assistance, renovations, equipment maintenance, training and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital: To date, ZPCT II has trained 29 rotational staff as part of the strategy to increase human resource capacity in the PCR laboratory. Of the trained 29, only 15 are providing services due to various reasons. In addition, ZPCT II has increased the number of extra shifts payable for the laboratory staff providing the services to mitigate the increased workload caused by increased number of DBS specimens being received in the PCR lab. There has been a steady increase of about 12% per year over the past three years.

A system upgrade on the Project Mwana database was effected during the quarter. This will enhance the database through the addition of ZPCT II PCR data. Inactive sites will be activated once facility staff have been trained. Additionally, the PCR laboratory participated in the EID proficiency testing program for the first half of 2013 under CDC Global AIDS Proficiency Test Program and scored 100% once more. The lab experienced one stock out of PCR reagents (Roche Amplicor Kits) during this

reporting period which was mainly due to delayed delivery by Medical Stores, and did not cause any major backlogs in the lab.

- Improving turnaround time for HIV PCR results: Data entry remains a challenge in the laboratory. In order to address this, the manager has designed a workflow within the lab to create more time for the data entry clerks to focus on data entry. These activities have been documented and steady changes have been noted resulting in an improvement on the overall turn-around-time. ZPCT II will continue to monitor this and ensure that results are reaching the clients without delay.
- Specimen Referral System: Specimen referral activities continued at the usual rate, and ZPCT II continued to support its implementation. Similar challenges with functionality of the motorbikes continued to be experienced as ZPCT II has not yet procured the additional motorbikes as planned. The repair of motorbikes continued, and where feasible the DMO's provided transport for the transportation of the specimens. Additionally, challenges with scheduling were addressed and in some instances, where equipment was broken down at the referral labs, specimens were redirected to other labs with capacity to run the tests. An average of 41,215 samples were referred from 254 facilities to 94 laboratories with CD4 testing capacity.
- Point of care CD4 using PIMA: PIMA implementation guidelines have finally been concluded by the lab technical working group that was assigned by the Ministry of Health, and ZPCT II was represented in the formulation process. The document has been submitted to the Permanent Secretary for approval and final sign-off. MOH will advise on the next steps.
- Internal quality control (IQC): During the quarter, a tracking tool was introduced to monitor the use of MOH approved internal quality control forms. This has gone a long way in isolating sites that have not been introduced to these quality documents. Going forward it is anticipated that all sites under ZPCT II support will be able to demonstrate compliance to good documentation practices key for the accreditation of laboratories. Provincial staff have intensified onsite mentorship and regular follow-up of IQC during their technical assistance visits.
- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:
  - *CD4 EQA Program:* This quarter, ZPCT II introduced a tracking tool to monitor the performance of facilities, particularly those that had received proper feedback from the assessing agency UKNEQAS. The tool will help in monitoring performance and further identify specific challenge areas such as the correct filling in of feedback forms, calibration of pipettes, daily practice and documentation of internal quality control, among others elements. Furthermore, the tool will capture daily temperature monitoring of fridges and the lab environment, consistent availability of commodities and the validity of controls and reagents. These parameters are key to investigating poor EQA performance by ZPCT II supported sites, both for the CD4 EQA program, and EQA in general.
  - *TB EQA and other TB diagnostic activities:* ZPCT II followed up on Gene X-pert implementation status and the draft guidelines for implementation using Gene X-pert during this quarter. Lab request forms, SOP's, monitoring tools, the annual implementation plan and the final algorithm have been completed and ZPCT II participated in the formulation of some of these documents. The instrument will be installed before the end of July 2013, including PopART sites in Kabwe, Kitwe and Ndola. It is expected that ZPCT II staff will participate in the training of trainers (TOT) scheduled for July 2013 to be headed by MOH, TB Care I and ZAMBART.
  - *HIV EQA Program:* During the reporting period, ZPCT II followed up with the National EQA Coordinator on feedback reports for its supported sites. The reports will be ready in the third quarter of the year after compilation process is completed. ZPCT II has however noted to the reference lab that not all panels were distributed to the enrolled sites because of transport challenges at provincial and district level. ZPCT II further engaged the reference lab and going forward has offered to assist with distribution of the panels to ZPCT II supported sites as was done in the past.

- *10th Sample QC for HIV testing and other EQA Monitoring:* ZPCT II continued to emphasize 10<sup>th</sup> sample quality control as an in-house quality testing check for HIV testing. This is reported as being done but challenges have been noted with inconsistencies in documentation. Human resource capacity has been cited as a challenge. With the recommencement of HIV external quality assessment via dry tube samples HIV testing quality will be double checked. This has been observed to increase the confidence of tests and guarantees accurate results.
- Commodity management: During the reporting period, stock outs of Pentra C 200 reagents were experienced even though stocks had just been replenished in the previous quarter. Calibrite beads for CD4 enumeration on the FACSCalibur were also stocked out and sites reverted to using the FACSCounts whose reagents and consumables were in stock. Generally there was overall improved stock status for most laboratory commodities at central level. Operations of the Humalyzer 2000 chemistry analyzer was consistent due to sufficient stocks of reagents for liver function tests and creatinine at central level. The same state of affairs being applicable to FACSCount reagents. Only on a few occasions was redistribution of supplies necessary for the ABX micros haematology analyser. The Sysmex Poch 100i provided consistent testing for full blood counts as supplies were available during the quarter. The Cobas Integra chemistry analyser was during the quarter able to provide relatively consistent testing services for liver and kidney function testing. The new Sysmex XS 1000i Haematology Analyser was also able to provide full blood counts at a fairly consistent level in the provincial facilities where it has been placed. There were no interruptions in service delivery for DBS collection for EID as the stock status for DBS bundles was stable through the quarter.
- Equipment: ZPCT II at provincial level received requests from Mumbwa District Hospital management requesting assistance with repairs for the Sysmex poch 100i and the Cobas Integra 400+ analyzers, and will be attended to in the next quarter. Meanwhile, alternative back up testing services have been identified for chemistry and haematology within the laboratory. Overall equipment functionality across the provinces was stable. Two installations are pending for the Pentra C200 in Mpika and Symex Poch 100i at Railway Surgery in Kabwe while the Pentra C200 for Chinsali is not functional waiting replacement of the faulty lamp. These will be followed up next quarter.

### ***Pharmacy services***

Technical support to pharmaceutical services was provided in 423 ZPCT II supported health facilities (396 public and 27 private). The major focus of technical assistance was on promotion of medication therapy management systems within pharmacies and provision of drug information to patients using standard reference guidelines including job aids, dosing wheels and other IEC materials provided to HCWs. Other focus areas were on providing support for MC activities and management of information systems in supported facilities.

- ARTServ dispensing tool: This quarter, the ARTServ database was in use at 80 facilities (76 public and 4 private sites) in all the ZPCT II supported provinces. Repairs to some of the malfunctioning computers was completed, and technical support was provided to sites that were not able to operationalize the tool attributed to malfunctioning computers and human resource constraints. Additionally, ZPCT II is procuring computers for facilities that were not able to operationalize the tool due to obsolete computers. ZPCT II will continue to follow-up and provide technical support and mentoring to address these challenges.
- Smart Care pharmacy module: ZPCT II monitored the performance of the SmartCare integrated pharmacy module at 17 facilities using the system, with all being functional during the quarter. Two sites have reported backlogs, namely Mpika District Hospital due to human resource constraint and Mbereshi Mission Hospital due to a blown network interface card. SmartCare training was conducted during the quarter under review by MOH in collaboration with cooperating partners to prepare for the upgrade. Next quarter, ZPCT II plans to upgrade all the 17 sites with the latest version of SmartCare i.e. version 4.5.0.4, and will scale up as the networking in the other facilities are completed.
- Pharmaceutical Management: ZPCT II monitored the implementation process of the national pharmacy mentorship program aimed at improving pharmaceutical services in the public sector. There was remarkable improvement that was noted following the interventions put in place and a final detailed report will be presented to the team in August 2013. The six mentors were deployed to three more provinces which were incorporated during the quarter namely; Central, Eastern and Western provinces after the initial baseline assessments were done. In order to promote transparency and ensure accuracy

of data, it was agreed upon by members that a validation exercise be conducted in July this year. ZPCT II will closely monitor progress and performance in the supported sites in Central province.

- Rational Medicine Use: This quarter, there was communication from the MOH informing all stakeholders on the phasing out of paediatric Stavudine based fixed dose combination products due to its unfavorable toxicity profile and its selection for unfavorable resistance patterns. The MOH further advised that they will not be procuring the pediatric Triomune Junior and Lamivir-s and clients were expected to be switched to AZT- or ABC-containing regimens. This information was disseminated to all the ZPCT II supported facilities and no new clients were initiated on D4T based regimens. The current stock at facilities was used up and depleted to low levels. However, there are some facilities that had the products in excess and it is expected that the commodity will eventually expire on the shelves as a result of low usage.
- Other support
  - *Post Exposure Prophylaxis*: Due to the low usage rates and the limited access to PEP drugs especially for paediatrics, the PEP corners have not been fully fledged. ZPCT II will provided focused TA and mentoring on the provision and management of the commodities required for PEP.
  - *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. 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.
  - *ARV Logistics System Status*: There were reports of low stocks of Nevirapine suspension for the PMTCT program due to a central stock out of the product at MSL. This was however followed up and resolved towards the end of the quarter. Most sites have received replenishments, but the stock status is yet to normalize following the prolonged stock-out.
  - *PMTCT Logistics System*: As noted above, there were reports of low stocks of Nevirapine suspension for PMTCT program due to a central stock out of the product at MSL.
  - *EMLIP*: The health centre kits that were re-introduced last quarter continued to be distributed as per prescribed allocations. However, specific batches of some products were recalled from the kits. ZPCT II assisted in disseminating the information and ensuring the return of the products, namely; bupivacaine, dextrose injection, and benzathine penicillin.

ZPCT II worked with SCMS to ensure that supplies essential for MC service delivery were in stock. This quarter, ZPCT II received and distributed the following items to the provincial offices: MC kits, lignocaine, povidone iodine and a number of bulk supplies. This helped normalize the commodity status and ensured that service provision was not interrupted. Monitoring the use of these commodities is ongoing at facility level to ensure accountability and appropriate, rational use of the procured commodities, and also to ensure that there are no gaps in service provision.

- Guidelines and SOPs: The revised pharmacy SOPs were submitted to MOH for approval. Feedback is expected early next quarter and next steps will include printing, launch and dissemination of the SOPs.

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

### **Trainings**

A number of trainings were supported by ZPCT II during the quarter even though they started late. The training conducted are as follows:

- *Counseling and testing*: 90 HCWs were trained in CT (20 in basic CT, 39 in couple CT, 12 in CT supervision, and 19 underwent refresher training in CT). In addition, 171 lay counselors were trained in CT (20 in basic CT, 40 in child CT, 20 in couple CT, 12 in CT supervision, and 79 underwent refresher training in CT).

- *PMTCT*: 176 HCWs and 25 lay counselors were trained in basic PMTCT, while 75 HCWs and 100 lay counselors underwent refresher training in PMTCT respectively.
- *Clinical care/ART*: 47 HCWs underwent training in ART/OI management (23 basic ART/OIs, 24 In-house and 23 underwent refresher training in ART/OIs).
- *Laboratory/Pharmacy*: 71 HCWs were trained in ART commodity management, and 28 HCWs attended equipment use and maintenance training.
- *Male Circumcision*: 37 HCWs were trained in MC

All basic technical trainings in PMTCT, CT and ART/OI management included a module on monitoring and evaluation as well as post-training, on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

This quarter, Luapula and North-Western Provinces conducted three provincial mentorship orientations at model sites for 29 HCWs. ZPCT II participated in writing and review of the evaluation report for the nurse prescriber program coordinated by the General Nursing Council of Zambia.

### **2.3: Engage community/faith-based groups**

A total of 1,203 community volunteers were supported by ZPCT II (432 ASWs, 368 Lay counselors, and 403 PMTCT Lay counselors) this quarter. During this reporting period, 544 volunteers were paid using the automated ZANCO Bank XAPIT system while 659 volunteers received their payments by cash.

During the quarter under review, ZPCT II CARE Community M&E Advisor conducted provincial technical support visits in three ZPCT II supported provinces. The purpose of the visits was to monitor implementation of the newly revised data collection tools, progress on data entry backlog and general M&E backstopping. The provinces visited in the last quarter were Central, Copperbelt and North-western. The findings in these provinces were that the revised tools had been distributed to all the facilities and the CBVs were using community registers. It was also observed that data from project inception to February 2013 had been entered in the newly designed data base for the community.

Additionally, a progress review and planning workshop was held in Kitwe from June 18 – 21,, 2013. The purpose of the meeting was to reflect on the activities conducted in the workplan and focus on remaining activities to be implemented before the year ended. The meeting was attended by all the ZPCT II community unit staff, the CARE Regional Director for Northern Region, and all the ZPCT II Senior Provincial Program Officers. The meeting had discussions on programing, M&E, finance, provincial achievements, community unit direction in ZPCT II and workplans for the remaining activities. At the end of the workshop, tangible provincial workplans were developed, recommendations made for implementing activities, and all provincial challenges were addressed.

The ZPCT II community volunteers referred clients to the supported sites as follows:

- *CT*: Lay counselors at the ZPCT II supported facilities mobilized and referred 40,340 (22,637 females and 17,703 males) for counseling and testing (CT). A total of 28,143 (15,283 females and 12,860 males) reached the facilities.
- *PMTCT*: PMTCT volunteers and TBAs referred clients to access PMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 13,832 expectant mothers were referred for PMTCT services and 11,299 accessed the services at the health facilities across the six supported provinces.
- *Clinical care*: The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 2,950 clients (1,598 females and 1,352 males) were referred for clinical care, and 2,424 (1,258 females and 1,166 males) accessed the services.

- **ART:** This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. As a result, ASWs visited and counseled 12,394 HIV positive clients (6,328 females and 6,066 males), and were referred for further management at the facilities.

### **Voluntary Medical Male Circumcision (VMMC)**

During this reporting period, 11,900 males were mobilized and booked for both mobile and static VMMC. 5,288 were mobilized through mobile MC, while 6,612 were mobilized for static sites. A total of 9,038 males were circumcised (4,590 through mobile MC and 4,448 at static sites). As a standard practice, all males were tested for HIV before being circumcised. Some of the mobilized clients opted to stay away and others were referred for further medical attention. These MC activities were conducted at outreach and static sites.

### **Referral networks**

This quarter, ZPCT II continued coordinating with the PMOs, DMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks. 20 district referral network meetings were held out of the 45 supported district referral networks. The meetings focused on preparations for the national VCT day, orientation of new executive committee members, strengthening of referral networks in locations where the networks were in-active, reporting, and reviewing HIV/AIDS activities. In the next quarter, ZPCT II will focus on how to access funds to support referral network meetings from the ZPCT II provincial offices.

### **Fixed obligation grants**

During the quarter under review, an orientation training for new FOGs was conducted in Kitwe from May 5 – 11, 2013. A total of 13 staff from the sub-granted organizations attended. The sub grantee organizations that participated in the workshop were; Community Health Restoration Project (CHREP), The Salvation Army (TSA) and Groups Focus Consultations (GFC). The orientation training was aimed at orienting the FOGs to the ZPCT II systems in implementing the project in M&E (data tools, collection, management), finance (reporting) and strategies for mobilization in specific technical areas (CT, MC, PMTCT, and clinical care) including how to complete the community registers.

The six recipients of the FOGs from 2012 have made tremendous progress and are at different levels of implementation. ZPCT II conducts monitoring visits to the supported sub-grantees to verify the status of implementation and enhance the capacity of the organisations meeting the set targets and milestones.

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

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

During this quarter, ZPCT II and DMO/PMO staff conducted joint technical support visits to health facilities. In addition, staff members at both the PMO and DMO level needing training in some of the technical areas were included in the ZPCT II sponsored trainings to strengthen their capacity in mentoring and supervising facility staff. ZPCT II provided support and worked with facility staff 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.

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

A total of 15 consultant trainers who were trained in gender integration in the last quarter have started integrating gender and GBV aspects in the CT trainings. The training reports indicate that male participation and non-disclosure of HIV test results to the partner continue to be a challenge in counseling and testing. The reports also noted a number of underlying factors to GBV such as jealousy, extra marital affairs, sex deprivation usually by female partners, normally resulting in GBV such as wife battering, lack of financial support and lack of care and support when a female partner is sick. ZPCT II intends to address some of the underlying causes of GBV through the GBV Tool kit for community mobilization which contains modules relating to “Sexual Rights and Responsibilities, the importance of couple counseling in reducing GBV, what being a man real means as

well as disclosure of HIV results to a partner”. This GBV tool kit will be finalized next quarter after pre-testing is completed. A trainer of trainers (TOT) will be conducted for DMO and ZPCT II staff in September from July 29 – August 3, 2013. Thereafter, participants will roll out the use of the tool kit to facility and community levels.

Following the challenge of referral of GBV survivors resulting from limited information and presence of institutions offering supplementary services to survivors of GBV, maps of GBV related service providers were developed and sent to all ZPCT II provinces for distribution in the supported facilities. The maps indicate the name of the organization and the types of services that are provided. However, it was noted that most of these GBV related service providers are concentrated in urban areas at district and provincial levels. They are mainly government departments like the local courts, the Police-VSU, and social welfare that offer psycho-social, legal and social protection services. GBV survivors identified at facility level would have to be referred to the district level for such services. ZPCT II is collaborating with USAID and UNICEF supported GBV One Stop Centers to increase access to GBV related services. One child counselor working at the GBV One Stop Centers (Mansa) was trained by ZPCT II. ZPCT II will continue supporting the GBV One Stop Centers through training child counselors. Discussions have been held between UNICEF and ZPCT II to include staff from GBV One Stop Centers and community volunteers in child counseling trainings conducted by ZPCT II.

Additionally, ZPCT II will utilize the existing community structures established by GBV One Stop Centers to increase GBV survivors’ access to services. GBV One Stop Centers have established GBV Help desks at community level. The help desks facilitate the identification and referral of survivors of GBV to survivor support services. GBV One Stop Centers also have a community mobilization component where they collaborate with ZANIS and use video, community radio, reformed GBV perpetrators and men’s networks in sensitizing the community on GBV. The collaboration between ZPCT II and the GBV One Stop Centers will take a form of joint community sensitization and outreach activities.

There was an increase in the number of clients screened for GBV in PMTCT/ART/CT setting using the engendered CHC checklist from 35,587 last quarter to 38, 696 this quarter. There has been a slight reduction in the number of couples counseled for HIV at ZPCT II participating health facilities from 20, 202 last quarter, to 19, 158 this quarter. A total of 49 survivors of rape were provided with PEP. This is slightly less compared to 51 last quarter.

Collaborative meetings with ZPI, LPCB, SPLASH, ZDFPCT, COH, and TBCARE have continued to be held and hosted by ZPCT II. These meetings are aimed at ensuring synergy among USAID funded FHI 360 projects in Zambia with regards to gender integration work. This quarter, COH hosted the meeting held on June 27, 2013. Areas of collaboration identified included; training of participants across the projects, sharing of best practices, inter-project drawing of resource persons for some trainings.

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

This quarter, provincial teams collected capacity building management indicators from ZPCT II graduated districts. The indicators were collected in all the 25 graduated districts across the six provinces. Reports on the collected indicators showed the following trends:

- *HR retention database:* In all the 25 districts, it was found that personnel databases were up to date and contained information on health staff in the district including number of staff by type, transfers, attrition, variance in staffing levels, staff training and development plans, and leave plans..
- *Performance management assessments:* It was observed that in most of the districts, performance assessments were not conducted. Reasons were lack of funds and setting up of district community medical offices, which took precedence.
- *Financial management:* During this quarter, only North-Western Province received funds from Government for April and May and disbursed to all facilities. Other provinces did not receive funding.
- *Planning:* All the districts converged at respective provincial offices to plan for the year 2014 this quarter. This led to the postponement of the action plan reviews to the third quarter of 2013.

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

Mentorships for this reporting period were conducted by PMO staff in human resource and financial management in 40 districts of Central, Copperbelt, Luapula, Northern, and North-Western provinces. These hands-on mentorships were aimed at enhancing the capacity of DMO accounts and human resource staff in carrying out their responsibilities using approved systems and guidelines. Generally, the mentorship results showed that the district community medical offices were improving across all areas of financial and human resource management. There were no mentorships conducted in six districts of Muchinga Province because the DCMO staff were in Lusaka for orientation.

Two capacity building workshops were conducted this quarter. One in human resources (HR) and the other an annual performance appraisal system (APAS) orientation workshop. The HR workshop was held at Andrew Kim Retreat Centre in Kitwe from June 3 – 7, 2013. 26 HR Officers (9 females and 17 males) attended the course. The HR Officers were drawn from Copperbelt, Luapula, and Muchinga Provinces. In order to assess the knowledge of participants, pre-and-post tests were done through a questionnaire. The results showed an improved average score from 45% to 68% in pre-and-post test results respectively. Recommendations from the workshop were that the MOH Director of HR should hold annual meetings with HRM Officers to share experiences and challenges on HR management, and ensure that all employees have copies of HR policies, plans and procedures. The Ministry should also make similar trainings available to other provinces.

Also, the APAS workshop was attended by 15 HR Officers (8 females and 7 males) from North-Western Province DMOs was for participants drawn from among DMOs HRs staff in North-Western province. It was held at Nsumi Guest house in Chingola from June 2 -8, 2013. This activity was sponsored directly by CardnoEM. The aim of the workshop was for participants to gain an understanding and appreciation of performance management, appreciate the key principles involved in developing departmental and individual workplans, acquire necessary skills and knowledge in the administration of the performance appraisal system and the key principles of an effective appraisal interview. Senior Officers from North-Western PMO facilitated the workshop.

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

Six MOUs were signed this quarter bringing the total to 30 private sector health facilities are supported by ZPCT II. Technical was provided in the supported sites by ZPCT II staff as follows:

- Mentorship and supervision of HCWs providing ART/CT/PMTCT/MC services: Technical assistance, mentorship and supportive supervision was provided in all supported sites with focus on building capacities for private health facility collaboration and conducting internal staff training using local resource persons. As part of tailoring training to meet the needs of the PPP sector; ZPCT II in collaboration with the Kitwe Private Medical Practitioner Association conducted an ART/OI training [an in-house] at Progress Medical Centre with participants from all supported facilities. This model of training for the PPP sector providers ensures the participants are closer to their business, use of fellow private practitioners as trainers and using local site for practicum.. In addition, ZPCT II facilitated meetings with private facilities and respective DMOs to foster coordination and collaboration.
- Data Management Tools /Job aids: 21 record clerk staff in the supported sites with ART services have been trained in both HMIS & SMART care reporting systems as part of strengthening the quality of the data management in the PPP sites. Due to high attrition rates or rotation, technical support was focused on conducting regular orientation of new and old staff in each of the supported sites. During the quarter, 6 orientation meetings were held in 6 of 24 supported private sites using the national reporting tools. By the end of the quarter there were additional 3 new sites that brings 27 private supported sites and all are reporting statistics to their respective DMOs
- Linkage to MOH commodity management: ZPCT II worked with the PMOs and DMOs to conduct mock assessments for the private facilities before the sites are linked to the MOH commodity management system for ARVs, sample referral, and support supervision by the DMOs clinical teams. This quarter, no new sites have signed any agreements between DMOs and private practitioners to access the ARVs & laboratory services from the public health centres with guarantees for reporting consumption data in return.

- **National level PPP Activities:** ZPCT II Lusaka engaged the MOH in order to secure the availability of MoUs for linkage to the national commodity management based on the 2010 PPP strategy in health care. Two meetings were held with the policy & clinical directorates. Next quarter, ZPCT II will be submitting a presentation to the clinical care directorate on the lessons learnt in working with PPP sites in the supported provinces. To ensure all supported PPP sites meet the national ART accreditation standards, ZPCT II held a meeting with the HPCZ team to ascertain how best sites under support to be assessed. This quarter, ZPCT II will work with HPCZ to ensure supported sites apply for accreditation. ZPCT II is also working to offer support to the establishment of the PPP unit at MOH.

**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 program in Ndola and Kitwe districts. ZPCT II provided technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively.

At the national level, ZPCT II met with other USG partners such as JSI-Deliver on commodities logistics system, and Society for Family Health, Marie Stopes, and Jhpiego on male circumcision.

**STRATEGIC INFORMATION (M&E and QA/QI)**

**Monitoring and evaluation (M&E)**

ZPCT II M&E compiled service statistics for the quarterly program results and other data reports for USAID. The HIV retesting study database was enhanced with advanced internal data quality checks and data that was received from the provinces was subjected to these additional checks. There were some gaps that were reviewed upon running the validation checks and communicated back to the provinces for continued data update.

During the quarter, the SI unit managed to have ZPCT II reports updated in SmartCare in conjunction with developers. The SmartCare version V4.5.0.3 has been upgraded to V4.5.0.4 and is earmarked for release and roll out in the next quarter. SmartCare testing by stakeholders was still ongoing during this reporting period. During the same period of SmartCare testing SI unit facilitated the SmartCare training of four ZPCT II staff (two M&E, one clinical care and one Lab/Pharm staff) from Kabwe office. The trainings were organized by Lusaka Provincial Medical Office and Centre for Disease Control (CDC). In addition, two senior M&E officers (from Lusaka and Kabwe offices) participated in the SmartCare Senior Trainer TOT Boot Camp and SmartCare materials review and update in Kabwe. These meetings were organized by JHPIEGO.

The SI unit, together with other technical units, completed four research protocols which include: male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, and training studies in collaboration with other technical unit members. Research Implementation follows in quarter three of 2013. The unit will complete the data audit analysis using SPSS and thereafter write a report on both qualitative and quantitative data quality assessments of 57 sampled ZPCT II supported sites. The results will be used for program improvement.

Last quarter, the PMP (Performance Management Plan) development was completed and approval from USAID was received. The unit also completed the development of the database for Cardno project for data entry and reporting of capacity building and management indicators. However, the database needs further fine-tuning to meet all the data entry and processing requirements.

This quarter, SI unit provided guidance to Thrive Project in operationalizing the M&E system. The unit helped to develop appropriate registers for documenting the project's services at health facility and community levels. Next quarter, the Thrive project M&E officer will call for a meeting to review and finalize the data management tools in readiness for deployment and implementation. Similar support was provided to ZAMBART PopART by participating in the meetings and review of their indicators.

**Quality assurance and quality improvement (QA/QI)**

Following the capacity building training on using the FHI 360 Quality Improvement Model, a number of quality improvement (QI) projects were implemented across the six ZPCT II supported provinces. Amongst these QI project is the one being conducted in Luapula province at Buntungwa Health Centre titled Bridging Missed Opportunities in PMTCT at Buntungwa Health Centre. The main aim of this QI project Bridging Missed Opportunities in PMTCT at Buntungwa Health Centre, is to increase CD4 access for HIV positive pregnant from 0% to 95% in 8 months through same day CD4 sample collection from all HIV positive mothers at MCH and laboratory analysis.

The objectives included the collection of CD4 samples from all HIV positive mothers at MCH during booking days; deliver all CD4 samples on the same day to the laboratory for analysis within the acceptable operational time, collection of CD4 results from the laboratory within 2 days and documentation of CD4 results in the PMTCT register at the time of reception. Using the following indicators ‘number of ALL pregnant women who tested positive for HIV and collected the test results’ and ‘number of HIV positive pregnant women checked for CD4’.

The changes tested by the team included opening a file for filing of CD4 results when they are received by the center, checking the PMTCT register regularly for completion and reminding HCWs that make incomplete documentation. The following barriers were noticed by the team; delivery of all samples for CD4 testing should be completed by 12:00hrs and only 15 liters of fuel per month was allocated for sample referral by the DMO. Amongst the lessons learnt was that sometimes when samples are collected beyond the allocated time, the HCW delivers them to Mansa GH instead of Mansa Central clinic therefore creating a need to actively follow up. For the next steps the team identified the need for ZPCT II to negotiate with the Mansa Central Clinic laboratory staff about extending the time for which samples can be received by the laboratory, and the need for ZPCT II to consider allocating fuel for sample referral and conducting PMTCT refresher training for MCH staff on the current PMTCT protocols.

### **Quality Assurance/Quality Improvement Assessments**

During the quarter under review, QA and QI assessments were conducted in all the six ZPCT II supported provinces. A total of 126 eligible ZPCT II supported sites in non-graduated districts were assessed, through the administration of QA/QI questionnaires in the following technical areas: ART/CC, PMTCT, CT, Laboratory, Pharmacy and Monitoring and Evaluation. The analysis of the collected data provided the basis of developing evidence based quality improvement plans for all identified priority areas in each program as it is evidenced that quality improvement is always data driven. Below is a summary of the main findings from the actual QA/QI assessments conducted during the quarter under review.

### **ART/Clinical Care**

ART provider and facility checklists were administered in 44 reporting ART health facilities in non-graduated districts. The main findings following the ART/Clinical care service quality assessments were noted as follows:

- Some health facilities had less than 50% of its patient files having evidence of Liver Function Tests being done before ART initiation. Affected districts include; Kitwe, Chiengi, Nchelenge, Kapiri-Mposhi and Mwense. The reasons advanced for this include:
  - Stock out of reagents at St. Paul’s referral center in Nchelenge district
  - Broken down motorbikes affecting the sample referral system
  - Limitation in the number of samples that are collected

#### *Action Taken:*

- The motorbikes were repaired and delivered to the affected facilities.
  - Lab/Pharm and programs unit actively tracked the supply of reagents and laboratory equipment by MoH in affected facilities.
  - Discussions held with the laboratory staff in the affected facilities on the possibility of increasing the number of samples to be collected for analysis and linking to alternative lab services
- Some facilities have less than 50% of files with evidence of immunological monitoring for patients every six months. The affected districts include: Kitwe, Kasempa, Chiengi, Kapiri-Mposhi and Nchelenge. The main reasons advanced for this include:
    - Clinicians not vigilant in screening ART clients that may be eligible for repeat CD4 screening

- Uncoordinated clinic reviews which do not tally with the patient's due date for CD4 testing and other labs
- HCWs at Puta and Kafutuma health centres in Chiengi and Nchlenge districts respectively not trained in ART
- SmartCare reports are not routinely run for CD4 monitoring and patient tracking in the community is difficult to perform.
- Staff shortage leading to work overload at Kafutuma RHC in Nchelenge.
- Patients are not returning for CD4 testing and monitoring
- Inconsistent use of SmartCare forms due to stock outs.
- Poor documentation of client results may result in under reporting
- There are challenges within the sample referral system due to inconsistent supply of reagents as well as the limitations on the number of samples to be collected. As a result new clients are prioritized over old clients in some facilities.

*Action Taken:*

- CCU will intensify mentorship in this area during all technical support visits and continue to remind clinicians to order CD4 tests every 6months.
  - Meetings on findings were held with Clinical Care officers at the DMOs' offices. Close supervision of ART staff will be intensified.
  - Job aids with the schedule for laboratory monitoring have been distributed to all facilities
  - Consideration has been made for training the HCWs requiring ART/OI training in Q3
  - The Nchelenge DMO to lobby with the PMO for placement of a HCW at Kafutuma RHC.
  - DEC to actively monitor the status of SmartCare forms in the facilities and to re-order from ZPCT II office. Distribution of the forms to the affected facilities has since been done.
- Some health facilities do not have an active and comprehensive QA/QI system in place: action plans are not available for use in ART/CC and neither are they filing QA/QI meeting minutes appropriately. Inadequate use of collected data has been noted. The affected districts include: Kitwe, Mafinga, Mbala and Mungwi. The main reasons advanced for these were as follows:
- No deliberate action plan to follow in some facilities, especially private facilities
  - Inactive ART committees in some facilities affecting the implementation of QA/QI activities
  - Some HCWs have not grasped the importance of QA/QI meetings and they have casually omitted these meetings and attribute this to being very busy.
  - No ownership of the program in some facilities

*Action Taken:*

- Continue engage facility staff and ART in charges to incorporate QA/QI activities in the routine ART activities as well as appoint QA/QI focal point within the ART committee
- Ensure that all documentation of meetings and action plans are held on site by the DEC.
- Continue on site orientation on QA/QI processes in collaboration with the QA/QI Technical Officer

## **CT/PMTCT**

Under the CT/PMTCT unit the CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection tools were administered in 82 CT and 81 PMTCT sites in non-graduated districts. The main findings of the CT/PMTCT quality assessments are as follows:

- Facilities are not conducting quality control on 10% of HIV samples. Affected districts include: Mwense, Chiengi, Nchelenge, Milenge, Kitwe, Masiti, Mungwi, Mbala, Mpulungu, Kaputa, Chilubi and Mpongwe. The reasons advanced for these are follows:
- Poor attitude from qualified staff has affected the lay counselor's willingness to perform quality assurance.
  - Stock outs of HIV test kits in some facilities.
  - Some facilities such as Mutenda, Kanyenda and Mushingashi have a challenge with the sample referral due to long distance to the laboratory.

*Action Taken:*

- On-site mentorship to facility staff on the importance of conducting QC on the 10th sample

- Onsite mentorship on timely ordering of HIV test kits.
- Facilities do not have trained CT Health Care workers. The affected districts include: Kitwe, Masiti, Mpongwe, Mwense, Kapiri-Mposhi, Mumbwa and Milenge. The reasons advanced for this include:
  - Counselor supervision training for HCWs not yet conducted.
  - High staff turnover-counselor supervisors being transferred to non-ZPCT II sites.
  - Newly qualified health care workers who have recently been posted to the facilities.

*Action Taken:*

- HCW and Lay Counselor supervisor trainings included on the training plan for the next quarter.
- On-going mentorship of senior counselors in both the private and public sector health facilities
- HIV test kits stock outs being experienced in some facilities. The affected districts include: Mwense Mafinga, Mbala, Kaputa, Kapiri-Mposhi and Mumbwa. The reasons given for these are as follows:
  - Medical stores are not supplying the kits according to the facilities' requests or orders hence the stock outs.
  - Staff at health facilities not ordering in good time
  - Underreporting of test kits due to some facilities not accounting properly for the test kits used during outreach, as a result they are supplied less than the required number of kits resulting in artificial stock outs
  - Delays in ordering HIV test kits by health care workers in the facilities.

*Action Taken:*

- Conducted onsite mentorship on importance of timely ordering of HIV test kits.
- PMTCT/CT and Pharm lab unit to continue giving hands on mentorship on use of daily activity register and use of the R&R.
- Staff encouraged to report accurately and on time to avoid stock outs.
- Pharm lab unit to continue redistribution of tests kits from facilities with more stocks.

### **Laboratory infrastructure**

The laboratory QA tool was used for quality monitoring in 40 health facilities in non-graduated districts and in four provinces namely Central, Copperbelt, North- Western and Luapula provinces respectively. The following issues were documented:

- There are no copies of laboratory Safety and Ethics manuals as well as Post Exposure Prophylaxis policies in some of the laboratories. Affected districts include; Kitwe, Mwense, Nchelenge and Chiengi. The reasons advanced for these are:
  - Non availability of manuals at both the PMO's office and ZPCT II office.
  - The Post Exposure Prophylaxis policies were distributed but misplaced by the affected facilities

*Action Taken:*

- Active on-going follow up with the PMO by laboratory officers on the collection of manuals for Kitwe.
- Distribution of manuals done to all the laboratories in Mwense and Chiengi.
- Technical supportive supervision visits have been planned to all the affected labs.
- There are no first aid boxes and fire extinguishers in some laboratories. The affected districts include: Kitwe and Kasempa. The reasons advanced for these are follows:
  - Have not yet been procured for public facilities and the private sector facility has been encouraged to buy

*Action Taken:*

- Encouraged all laboratory personnel to design the First Aid Kit Sets, during normal technical assistance visits, by involving their respective facility management for financial support.
- Fire extinguishers for public facilities were included in Recipient Agreements and the private sector facility has been encouraged to buy.

- Some laboratories are not conducting internal quality controls (IQC) and documenting in the MoH approved forms as well as not participating in the CD4 EQA. Affected districts include; Mwense, Chiengi and Kitwe. The reasons advanced for these are follows:
  - Poor staff attitude
  - The affected facilities (Bulangililo and SOS clinic) have not yet been included by the National EQA team.

*Action Taken:*

- Staff mentored on the importance of performing IQC consistently and document in the MOH approved forms
- ZPCT II Lusaka Pharm/Lab leadership to liaise with MOH lab services and CDC Zambia on the admission of the affected facilities to CD4 EQA systems.
- Mentored lab staff on peer to peer proficiency testing within the district and Kitwe Central Hospital to coordinate the activity.

### **Pharmacy**

The pharmacy QA tool was used for quality monitoring in 82 health facilities in non-graduated districts and in three provinces namely Copperbelt, North- Western and Luapula provinces respectively. The following issues were documented:

- Some facilities do not have air conditioning units in the ARV drugs bulk stores, lack room thermometers, while other facilities do not have updated temperature log sheets in the pharmacy bulk store. Affected districts include; Kasempa and Kitwe. The reasons advanced for this include;
  - The air conditioning units at Kasempa Urban Clinic, were faulty and required replacement
  - Facilities have misplaced room thermometers
  - Non-functional thermometers and non-availability of room and fridge thermometers.
  - Poor staff attitude towards updating the log sheets

*Action taken:*

- Request for new airconditioners were included in the recipient agreements
- Procurement of room and fridge thermometers has been planned for in the amendments to the RAs. Liaised with provincial and planned to have combined technical assistance visits with the District Pharmacist to enforce adherence to good pharmaceutical practices.

- There are no tablet counting trays in the dispensing areas and poor documentation of physical counts in some facilities. Affected districts include; Kasempa and Masiti. The reasons advanced for this were:
  - Procurement of counting trays is a challenge due to the financial constraints being experienced at facility level.
  - Some Health care workers do not commit time for conducting physical counts at the end of every month sighting high workload.

*Action taken:*

- To consider including request for procurement in the next amendments
- On-going mentorship of the pharmacy staff on the importance of correct documentation in all the affected facilities

- There are no functional Drugs and Therapeutics Committees (DTC) in some facilities. Affected districts include; Kitwe, Masiti, Mpongwe and Nchelenge. The reasons advanced for this include;
  - Masiti and Kitwe DCMOs did not hold their DTC meetings during the quarter under review.
  - The facilities (Kabuta and Kafutuma RHC) are run by nurses only.

*Action taken:*

- The district has been urged to hold DTC meetings even without ZPCT II financial support as mandated by MOH.

- Liaise with DMO to consider inclusion of staff from small facilities in the DMO DTC.
- Distribution of the MOH DTC guidelines to Kitwe DMO
- On-going mentorship and encouragement of district pharmacy personnel in planning and budgeting for holding regular DTC meetings.

### **Monitoring and Evaluation (M&E)**

The M&E QA tool was administered in 82 health facilities in non-graduated districts; the tool assesses the component of data management. The notable findings included the following:

- Some PMTCT facilities did not have the baby mother follow up register documented completely with DBS results. Affected districts include; Kasempa, Kapiri-Mposhi, Mumbwa, Mpulungu, Kitwe and Masiti. The reasons advanced for this include:
  - Most PMTCT facility based service providers do not know how to manage the mother baby follow up register. They find the register to be too complicated.
  - Opening of makeshift registers/folders

#### *Action Taken:*

- Support was mainly provided through PMTCT training and onsite mentorship
  - Intensify technical assistance to all HCWs responsible for documenting Baby Mother follow-up register.
  - Discourage use of hard cover books and box files for events that can be documented in the baby mother follow up register.
- Some ART facilities are not keeping most of their patient files in filing cabinets. This was noted in the following districts; Kitwe, Nchelenge, Kapiri-Mposhi and Mwense. Reasons advanced included:
    - There is inadequate space in data management offices.
    - The number of clients is on the increase while the supply of filing cabinets has been not been commensurate.
    - Private sector facilities are not catered for in the budget.
    - Procured cabinets are yet to be distributed
    - Inadequate space at facilities where to place the filing cabinets

#### *Action Taken:*

- SI unit requested for filing cabinets and reported the problem to Lusaka Office through provincial program office.
  - Engage DMOs to facilitate creation of space to place the cabinets
- Some ART facilities do not have updated Pre-ART and ART registers ART & Pre-ART registers. The affected districts included; Kasempa and Kitwe. The reasons advanced for this include:
    - Facility staff/DECs concentrated on updating Smart Care and not the registers
    - Most private sector facilities do not have exclusively dedicated staff for data management.

#### *Action Taken:*

- M&E officers to provide training and comprehensive on-site support in the documentation of events in the Pre-ART and ART registers to facility staff in the affected facilities.
- DECs assigned to update registers in private facilities to continue frequent visits to facilities.
- Follow up or verification of correct and proper register documentation to be intensified in all affected facilities by ZPCT II technical staff.

### **District graduation and sustainability plan**

This quarter, Zambezi District was graduated from the ZPCT II intensive technical support bringing the total of graduated districts to 26 across the six supported provinces. The following five districts namely; Mwense, Kasempa, Kapiri Mposhi, Masaiti and Mpongwe are targeted to graduate in third quarter of 2013.

## **PROGRAM AND FINANCIAL MANAGEMENT**

### **Support to health facilities**

*Recipient agreements:* This quarter, ZPCT II amended 64 recipient agreements (RAs) with six PMOs, 45 DMOs, 12 hospitals, and UTH to include additional support for equipment and renovations critical to supporting the expansion of HIV/AIDS services in the six supported provinces. In addition, 19 new facilities were included towards the expansion for 2013 workplan, bringing the total to 400 MOH health facilities. Also, two subcontracts for local partners (CHAZ and KARA) were amended to include additional activities for the year 2013.

*Renovations:* 52 new refurbishments have been targeted for 2013. Tender advertisement for the 52 facilities started this quarter.

### **Mitigation of environmental impact**

As an ongoing activity, ZPCT II continues to monitor management of medical waste and ensure environmental compliance in all of its supported renovations. A total of 27 incinerators have been targeted for refurbishment and fencing off to prevent scavenging and tender advertisement commenced this quarter.

### **Procurement**

ZPCT II procured the following equipment this quarter, including: 20 office desks, 10 lockable drawer filing cabinets, eight double door storage cabinets, 10 air conditioning units and 60 stacking chairs for PopART. During the same quarter we submitted procurement approval to USAID for four ABX Pentra and four ABX Micros machines.

ZPCTII also procured one generator set for use by the ZPCTII Ndola office. Distribution of the furniture and equipment will be done in the next quarter.

### **Human Resources**

During the quarter under review, ZPCT II effected a reduction in staff (RIF) process, with 23 staff being let go in the month of May 2013. This process is in line with our approved budget realignment (modification #7). A total of 50 positions will be made redundant by December 2013. The RIF's process is consistent with the normal rhythm of a project as targets are reached and the overall level of effort required for project implementation shifts.

### **Training and Development**

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

- Zambia Institute of Chartered Accountants Annual General Meeting: Senior Finance and Administration Officer from Kabwe was sponsored for this program
- Applied Statistics, Monitoring and Evaluation Training. A Senior Monitoring and Evaluation Officer and one Monitoring and Evaluation Officer from the ZPCT II Ndola office were sponsored for this program.

### **Information Technology**

This quarter, the ZPCT II provincial office in Ndola relocated from Development House in Town Center area to the new offices on Chintu Road in Kansenshi. The IT infrastructure comprising the Vsat antennae, servers, network cabinets and telephones were moved to the new offices. In addition, the IT team also continued providing training and support to ZPCT II and other FHI 360 staff on using Office365.

During the reporting period, the IT team requested for the procurement of new computers, printers, UPS for ZPCT II staff. Additionally, IT will be purchasing spares to service and maintain desktop and laptop computers currently in use. This will be the last procurement of staff computers under the ZPCT II project.

As the ZPCT II project enters the phase, IT commenced updates of equipment inventories for all ZPCT II offices and supported health facilities. This will include compiling lists of obsolete equipment to be disposed of by the end of the project. IT expects to have updated disposal lists in the next quarter. In the next quarter, the IT

team will update its electronic filing system to ensure that all relevant data on user computers and servers is secured. IT in each of the offices will update folder synchronizations and content on the P Drive. IT will also test its backup services by performing restores on random selected files.

The ZPCT II office in Lusaka has been experiencing severe internet connectivity challenges. During this quarter, approval was granted to engage a new terrestrial internet service provider and upgrade the bandwidth for the office. The Vsat was decommissioned and has been replaced with a fiber connection. This has improved communication in the Lusaka office.

The Ministry of health has released an updated version of SmartCare and has requested all partners to upgrade to the new version. As part of the upgrade, the new Smartcare version includes the integrated pharmacy module. As such, ZPCT II is required to install local area networks and connect all computers in facilities with more than two computers. This quarter, ZPCT II completed an assessment of supported facilities and developed a list of facilities to be networked. IT will install local area networks in the supported health facilities next quarter. As part of the SmartCare upgrade, IT officers will also undergo training in the new SmartCare software. The training will be provided by EGPAF.

ZPCT II has continued providing a client recall service via SMS in various health facilities. During the reporting period, full web2sms services resumed after ZPCT II and MTN resolved a long outstanding billing dispute. In the next quarter, ZPCT II will explore a new internet solution to help manage our data dongles better. The solution will allow ZPCT II to subscribe and run its own APN for data dongles to connect to the ZPCT II network.

The Pastel Inventory Software was licensed and activated in the last quarter. The kwacha values were also rebased. A test connection was setup for the Ndola office and testing is still ongoing. When the testing in Ndola is completed, connections from other field offices will be configured.

## **Finance**

- Pipeline report: The cumulative obligated amount is \$ \$112,046,595, out of which we have spent \$92,501,730.61 as of June 30 2013 while our current expenditure is \$5,799,780.05 . The total expenditure to date represents 82.56% of the cumulative obligation. Using the current burn rate of \$1,933,260.02, the remaining obligation is enough to continue the new work plan period to December 2013.
- The country office underwent a financial review for the period of October 2012 to May 2013. The financial review was carried out by the Office of Compliance and Internal Audit (OCIA) from 10th June to 26th June 2013. The OCIA team also travelled to two field offices, namely Solwezi in North Western Province and Kasama in Northern Province. The report is yet to be submitted.
- Reports for April-June 2013:
  - SF1034 (Invoice) - April 2013
  - FY11 NICRA adjustment report

## KEY ISSUES AND CHALLENGES

### National-level issues

#### ▪ **Staff shortage in health facilities**

Shortage of staff in health facilities has remained an ongoing issue across all six provinces. ZPCT II continued to support task shifting. This quarter, 196 community volunteers were trained in counseling and testing and PMTCT to support the HCWs in the health facilities.

#### ▪ **Laboratory commodity stock-outs**

The quarter was characterized with stock-outs of calibrate beads for FACSCalibur testing operations. This is despite MSL recently stocking up on these supplies. Analysers in the provincial laboratories therefore were not in use forcing the labs to revert to using the FACSCount whose throughput is significantly lower than the FACSCalibur. However, the testing status for CD4 was sustained. Haematology and Chemistry controls critical for the monitoring of analyzer performance also stocked out during the quarter at Medical Stores Limited forcing facilities to commence using carryover samples as in-house controls. This is sustainable for a few weeks but is not encouraged for the long term. Pentra C 200 supplies also stocked out during the quarter despite stocks just having been replenished during the previous quarter. Facility staff had just started re-familiarizing themselves with the analyzer after hands-on skill on the Pentra C 200 chemistry analyser had waned off primarily due to inconsistent use of the analyser due to prolonged stock outs. This to a large extent is going to be costly in the sense that staff will have to be recalled for training to revitalize their skills and knowledge.

#### ▪ **ARV Stock Imbalances**

Low stocks of Nevirapine persisted this quarter. However towards the end of the quarter stocks were received at MSL and distribution to sites began. It is anticipated that the status in the facilities will normalize early next quarter. The overstock of Stavudine based products also continued with some batches expiring on the shelves. Many sites will have big quantities of expired products due to the change in guidelines moving away from using Stavudine-based regimens. ZPCT II will continue to provide support to the affected facilities to ensure appropriate procedures for quarantine and stock disposal are followed.

#### ▪ **Equipment functionality and stock status**

- *Humalyzer 2000 chemistry analyzers:* Some outstanding repairs were noted during the quarter and the respective vendor was notified. Of note were multiple breakdowns on the Copperbelt in the following sites: Kakoso in Chingola, Ipusukilo in Kitwe, Twapia in Ndola, Kawama in Kitwe and Kamuchanga in Mufulira. ZPCT II will continue to coordinate with the vendor to ensure the repairs are done to reduce on equipment downtime. The lamp on the analyser at Mambilima Mission Hospital in Luapula Province was sent to Lusaka for repairs and should be reinstalled well before the end of the next quarter. Overall Humalyser functionality for the rest of the provinces was stable with adequate reagents being available.

- *Cobas Integra chemistry analyzers:* The quarter was fairly stable with only one breakdown at Kasama General Hospital. The Central Processing Unit was corrupted and was sent for repairs to Lusaka.

- *FACSCount CD4 machines:* The only breakdowns for the FACSCount machines during the quarter were at Mukushi and Serenje District Hospitals. The vendor was informed about the breakdowns during the month of June and will be followed to ensure repairs are effected on the instruments. The other provinces have been very stable with equipment functionality and reagent supply status.

- *FACSCalibur:* With the stable supply of reagents and the re-orientation of identified staff, most instruments are now in use. ZPCT II will continue to monitor the functionality and use rate of these instruments to ensure maximum benefit is realized from these high through-put analyzers.

- *ABX Micros haematology analyzers:* Kaputa District experienced a breakdown described as faulty carriage motor and the vendor was notified in June while Kasama Location Urban Clinic also experienced a breakdown with the vendor requiring to procure the spare part from South Africa. By the end of the quarter, these repairs were still pending. ZPCT II will continue to follow up with the vendor to ensure the faulty instruments are attended to in a timely manner to avoid negative impact on service delivery.

- *Sysmex pocH 100-i*: Two instruments broke down on the Copperbelt at Kawama Clinic in Ndola and Ipusukilo Clinic in Kitwe. These breakdowns have been reported to the respective vendor and repairs are expected to be done during the week commencing 15 July. Analyzers at Kasama's location clinic and Mpulungu district Hospital are also non-functional. The vendor has been informed and will attend to them after repairs to the instruments on the Copperbelt are done. Overall, equipment functionality has been fairly good.
- **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 has identified and will support refurbishments in 24 health facilities and tender documents are currently being developed.
- **Absence of National Public Private Partnership Technical Working Group**  
Due to absence of technical working group (TWG) at MOH, there is lack of guidelines for engaging the PPP sector to collaborate on health service delivery. This quarter, three meetings have been held with key stakeholders at MOH and HPCZ to develop recommendation for the establishment of the TWG or PPP unit.

### ZPCT II programmatic challenges

- **Inadequate rotational shifts in the PCR laboratory**  
It has been noted that with the increased sample load, the 48 shifts approved for transport reimbursements is inadequate. During the quarter, attempts to secure a replacement laboratory officer were concluded and the identified candidate will begin work early next quarter. Additionally the number of shifts have been increased substantially so it is hoped that this will alleviate the pressure to meet the demand at the lab.
- **Specimen referral for CD4 count assessment**  
Non-functional motorbikes in most districts across the supported provinces have continued affecting specimen referral. This has contributed to the low number of positive pregnant women accessing CD4 count. However, ZPCT II staff continued to follow-up on broken motorbikes for repair, liaising with district lab coordinators to find alternative ways of transporting specimens, as well as encouraging facility staff in facilities with referral challenges to use WHO staging. The stock out of EDTA bottles that occurred in most of the health facilities across the ZPCT II-supported provinces was minimal during the quarter. This was facilitated by redistribution of excess supplies, and some facilities procuring their own stocks to alleviate the stock-out.
- **Disposal of medical waste**  
A number of rural facilities still lack running water, incinerators, and septic tanks/soak ways which would facilitate proper disposal of medical waste. ZPCT II has revised the Environmental Mitigation and Management Plan (EMMP) to include provision and refurbishment of MOH approved incinerators in 27 facilities. Facilities currently using ordinary pits will be supported through procurement of requisite impervious polythene sheeting for lining of the waste disposal pits. ZPCT II will also work with facilities to ensure appropriate depth, location of and fencing off of waste disposal pits.
- **Gender Based Violence**  
Referral of GBV survivors continues to be a challenge due to limited presence of institutions offering supplementary services to survivors of GBV. The common type of referral taking place is between the health facility and the police. Institutions that offer services like shelter for battered women and abused children, economic empowerment (loans and business training), psychosocial counseling, legal protection etc. are rarely found in remote rural areas. ZPCT II will continue to work with stakeholders providing GBV related services and make appropriate referrals through its supported health facilities.

## ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter ( April – June 2013)	Travel plans for Next Quarter (July – September 2013 )
<ul style="list-style-type: none"> <li>▪ Bruno Brouchet Director Health Systems Strengthening traveled to Lusaka, to provide technical assistance to the quality improvement (QI) activities of the ZPCT II project in order to enhance and replicate improvements achieved in HIV prevention, care, treatment and support services from April 5 – 17, 2013</li> <li>▪ David Wendt, Senior Technical officer – Health System Strengthening, traveled to Lusaka from May 8 – 24, 2013 to conduct internal review of QA/QI and capacity building activities. He will assist to assess the effectiveness of ZPCT II’s ongoing capacity building activities and identify opportunities for improving on these efforts</li> <li>▪ Lisa Dulli traveled to Lusaka from June 19 – 21, 2013 to assist the ZPCT II PMTCT and M&amp;E team in the evaluation of the FP/HIV integration, make recommendations to improve these interventions, as well as support finalizing the option B+ research protocol, which will help guide future interventions that are aimed at eliminating mother-to-child transmission</li> <li>▪ Philip Koni, QA/QI Advisor traveled to Kuala Lumpur, Malaysia from June 28 – July 5, 2013 to attend and present a poster exhibition at the 7<sup>th</sup> IAS Conference on HIV Pathogenesis, Treatment and Prevention</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lameck Nyirenda – SI Senior Advisor and Jonathan Mukunda – Senior Data Manager will attend the FHI 360 Strategic Information/Monitoring and Evaluation Unit Global Technical Workshop on Data Quality in Pretoria, South Africa from July 1 – 6, 2013</li> <li>▪ Lowrey Redmond, Senior Manager Business Development, will travel to Lusaka from July 15 – 26, 2013 to provide project support</li> <li>▪ Catherine Mundy, Senior Program Advisor for Laboratory Services, MSH, is scheduled to travel to Lusaka to provide technical assistance in laboratory management services during the quarter. The final travel dates are yet to be confirmed, but are tentatively scheduled for early September 2013.</li> <li>▪ Silvia and Paige from Social Impact will conduct a technical assistance trip to Zambia in September 2013 to document experiences in gender integration within ZPCT II work and train how to use the GBV Tool Kit for community mobilization</li> </ul>

## ANNEX B: Meetings and Workshops this Quarter (Apr. – Jun., 2013)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p><b>April 5, 2013</b>  <i>PMTCT Technical Working Group (TWG) meeting:</i> The purpose of the meeting was to review the previous minutes and discuss the realignment and move of PMTCT TWG to MCDMCH. During the meeting presentations were made by partners on: improving EID through Program Mwana by Boston University Integration Project (BUPIP), and TISAMALA program mentoring adolescents living with HIV by EGPAF. An update was given on the implementation of option B+. It was reported that an assessment tool and assessment plan has been finalized. 250—300 facilities are ready for the move to option B+ based on the assessment criteria. The first phase will be to roll out to the first tranche of 90 facilities with support from partners. The second phase will be to activate the sites. The third phase will be rolling out to the next tranche of 100 and so on. All facilities will need to be rolled out by the end of the year.</p>
	<p><b>April 8 – 12, 2013</b>  <i>Quality Assurance meeting:</i> This meeting was held in Ndola, whose objectives were to integrate quality improvement in its health programs by using evidence-based models to achieve specific service quality and health outcomes objectives by strengthening health systems' functions. Formal quality improvement efforts are necessary to address complex and recurring performance issues that have multiple causes and require the involvement of many stakeholders to find out what parts of the system of care needs to be redesigned.</p>
	<p><b>April 11, 2013</b>  <i>ZPI meeting on CBDs Scale –up meeting:</i> The purpose of the meeting was to support ZPI in scaling – up CBDs activities in their new award. The meeting discusses the workplan development with budget with consideration of the Ministry of Community Development Mother and Child Health (MCDMCH) priority districts</p>
	<p><b>April 11, 2013</b>  <i>Early Infant Diagnosis-Mwana Project:</i> A meeting was held at Child Health and Nutrition to discuss on 2012 test statistics/EID data capture and retention of mother-infant pairs in the 2012 PMTCT continuum of care- which involves a community based approach. This meeting also looked at a brief update on Program Mwana scale up by implementing partners. Partners complained of little involvement at Central level in the implementation and monitoring of the system. Dr Kalesha suggested that a task force should be formed to see Dr Elizabeth Chezemwa at ministry of health who is the director public Health so that she can appoint a representation who will be part of the adoption process so that ministry of Health is aware of what is going on.</p>
	<p><b>April 15 – 19, 2013</b>  <i>PIMA meeting:</i> This meeting was held at Fringila Lodge to get partner consensus on the implementation roadmap and what will be required from partners, develop the National PIMA CD4 Point of Care implementation Guideline, and select sites in which the 47 PIMA machines will be placed in the country. Finally to mobilize partner funding for PIMA connectivity and reagents procurement.</p>
	<p><b>April 15 – 20, 2013</b>  <i>SMGL Conference:</i> This meeting was held at Protea Hotel Livingstone, to discuss lessons learnt, best practices and course corrections with country teams, share phase 1 evaluation results (baseline and mid-year). Conduct SMGL Leadership Council and Committee meetings; refine Phase 2 strategy and M&amp;E approach.</p>
	<p><b>April 26, 2013</b>  <i>Child Fund Family Planning dissemination meeting on CBDs:</i> The purpose of the meeting held at Pamodzi was to discuss the way forward for the MCDMCH and MOH to certify CBDs to provide injectable contraceptives (DMPA) in their communities as part of the National Family Planning Program and share lessons learned and best practices from ChildFund Zambia project.</p>
	<p><b>May 25 – 26, 2013</b>  <i>Pediatric ART National Conference held at Radisson Blu:</i> The theme was “Scaling up Paediatric ART in Zambia: challenges, and Lessons learnt” The objectives of the meeting were: demonstrate progress achieved in Pediatric Treatment Care and Support; identify and discuss key challenges/iatric Treatment Care and Support supply chain management, and address other emerging issues around Adolescent HIV, adherence and drug resistance and Identify opportunities for further collaboration at all level.</p>
	<p><b>June 4, 2013</b>  <i>PMTCT and SI Unit meeting:</i> Meeting between PMTCT and the SI unit discussed and agreed on selected PMTCT Indicators for Run Charts. These PMTCT indicators will be routinely monitored by the unit using run charts as part of the QI efforts.</p>
	<p><b>June 13, 2013</b>  <i>FP/HIV Integration meeting held at the ZPCT II offices:</i> This was a brainstorming session to assist the USG in prioritizing FP activities, in collaboration with the MOH and MCDMCH. Implementing partners were asked to review four technical areas: 1) Prevention of mother-to-child transmission of HIV (PMTCT), 2) care and treatment, 3) services for key populations, and 4) health systems strengthening, and identify</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>FP/HIV activities within these technical areas that could benefit from new or increased attention or investment with PEPFAR funding to advance FP/HIV integration--with the end goal of ensuring quality care for people living with HIV. ZPCT II made a 10 min presentation on FP/HIV integration activities that are in accordance with national strategies, building on government health services, and address gaps identified in the continuum of care</p> <p><b>June 17, 2013</b>  <i>FHI 360 and UNICEF collaboration meeting:</i> The purpose of this meeting was to discuss the future of the UNICEF/FHI 360 collaboration supporting PMTCT and paediatric ART activities in Luapula Province, transitioning of support, and way forward after the end of the PCA. In addition, the meeting discussed the reprogramming of activities and duration of the PCA in relation with no cost extension request.</p>
MC	<p><b>April 3 – 5, 2013</b>  <i>Eastern and Southern Africa Regional Meeting on Demand Creation for Voluntary Medical Male Circumcision (VMMC) :</i> ZPCT II attended and participated in this regional VMMC conference that was designed to share available best practices in demand generation for VMMC being currently implemented in some of the priority countries, to generate innovative ideas by bringing in non-traditional VMMC actors with expertise in advertising, marketing, and product promotion and to provide a platform for matching program implementers and researchers for potential collaboration to design, implement and rigorously evaluate innovative demand creation strategies in the field of VMMC.</p> <p><b>April 10, 2013</b>  <i>USG VMMC implementers meeting: SFH offices:</i> ZPCT II attended and participated in this meeting for PEPFAR implementer’s presentations focused on activities, achievements, challenges, strategies to overcome challenges. The meeting also outlined the PEPFAR plan on maintaining regular communication with implementers through use of webinar and launch of the VMMC Service guide for site operation for use in strengthening program management in the field.</p> <p><b>April 12, 2013</b>  <i>National MC Technical Working Group meeting at MCDMCH Board Room:</i> ZPCT II participated in this meeting that was designed to review how partners are implementing the national VMMC School holiday campaign and to follow up on field feedback reports on the roles of provincial medical offices leadership in implementing the campaigns .</p> <p><b>May 15, 2013</b>  <i>National MC Technical Working Group meeting at MCDMCH Board Room:</i> ZPCT II attended and participated in this meeting that was designed to review the 1<sup>st</sup> quarter 2013 national VMMC performance, PopART research VMMC linkage of clients in update from. A review adverse event reporting and management system was undertaken after a case study presentation by SFH.</p> <p><b>June 19, 2013</b>  <i>National MC Technical Working Group meeting at MCDMCH Board Room:</i> ZPCT II attended and participated in this meeting that was designed to review the demand creation tools,national MC tag line change from “Man who Cares” to “Take the Step” and sharing the National VMMC report.</p> <p><b>June 17, 2013</b>  <i>USG VMMC implementing Partners Traditional Leaders VMMC Demand Creation Strategy Meeting at SHARe II offices, Lusaka:</i> ZPCT II participated in this meeting that was designed to brief all USG VMMC implementing partners on new level of engaging traditional leaders for demand creation for VMMC within chiefdoms. The concept will include training traditional chiefs and their headmen on VMMC program; engaging Headmen as agents to promoting VMMC messages in their villages; establish booking list for clients to be linked to VMMC service delivery teams. .</p> <p><b>June 24, 2013</b>  <i>USG VMMC implementers meeting at SFH offices:</i> ZPCT II attended and participated in this meeting convened to review the need for an established QA/QI system in the VMMC program from commodity management to service delivery, its also addressed the new procedure of reporting adverse events (AEs) in the program.</p>
ART/CC	<p><b>April 7 – 13, 2013</b>  <i>Quality Improvement Coaching Workshop - Ndola: Revision of the National Mobile HIV Services Guidelines at Grand Palace Hotel:</i> ZPCT II had a five day quality improvement coaching workshop which was conducted by Director Health Systems Strengthening Bruno Bouchet from 7<sup>th</sup> – 13<sup>th</sup> April 2013. Technical staff from CC/ART, CT/PMTCT, M&amp;E/SI and Pharmacy and Laboratory from across the six supported provinces attended the training workshop</p> <p><b>May 28, 2013</b>  ZPCT II participated in the ‘Plan Writing’ one day meeting organized by Ministry of Health and cooperating partners in preparation for the launch of the option B+ in the initial selected facilities.</p> <p><b>April 25 – 26, 2013</b>  <i>National Paediatric HIV Conference:</i> ZPCT II participated in the paediatric ART conference in Lusaka which was spearheaded by EGPAF, MoH and its cooperating partners. This was the first such conference of its kind and it was planned that the ministry will continue holding the conference annually.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p><b>June 4 – 5, 2013</b>  <i>National AIDS council (NAC) Midterm Review meeting:Revision of the National Mobile HIV Services Guidelines at Ibis Gardens, Chisamba:</i>ZPCT II attended and participated in this two day meeting called by NAC to review the treatment care and support and Impact mitigation pillars in preparation for the forthcoming Joint Annual Midterm Review.</p>
Public Private Partnership	<p><b>April 19, 2013</b>  <i>Ministry of Health Zambia Public Private Partnership Policy in health service delivery (MOH Policy Directorate):</i> ZPCT II called for this meeting with the MoH policy analysts to learn on the status of the new revised National Health Policy and how it had addressed PPP in health service delivery in Zambia. The National Health Policy 2012 does not directly address the PPP sector in health as defined currently but considered at level of collaboration with various sectors.</p> <p><b>May 21, 2013</b>  <i>Ministry of Health Public Private Partnership Policy in health service delivery (MOH Clinical Directorate):</i> ZPCT II called for this meeting with the ART coordinator at MoH to address the absence of legal documents for linking of PPP supported health facilities to the National ART commodity management systems. The status of the MOUs was that MoH had not endorsed the for category A &amp; B[ Company &amp; for -Profit] MoUs therefore there is need to reengage the director clinical care with new evidence on the PPP sector contribution to ART service delivery.</p> <p><b>June 13, 2013</b>  <i>ART Accreditation program for the Private Practitioner un the PPP sector program at Health professional Council of Zambia [HPCZ] Office:</i> ZPCT II called for this meeting that was designed to address the none accreditation of supported Private health facilities by the HPCZ and to consult on the possibility of establishing the Technical working group for the private practitioners in the Ministry of Health. The meeting resolved that all eligible private sites that are ready must apply to HPCZ and pay for this service to be carried. It was also resolved ZPCTII submit report on their experience working with PPP for consideration during the HPCZ board meeting and onward recommendation to MoH</p>
Laboratory	<p><b>April 15 2013</b>  <i>PIMA Implementation guidelines:</i> ZPCT II joined partners Centre for Infectious Disease Research in Zambia (CIDRZ), AIDS Relief, Society of Family Health (SFH), and Clinton Health Access Initiative (CHAI) at Chaminuka for the final draft of the PIMA implementation guidelines.</p> <p><b>May 30, 2013</b>  <i>Consultative Meeting with CDC:</i> ZPCT II exchanged notes with the office of the Head Laboratory and Infrastructure support at CDC on the following: HIV EQA and challenges so far with distribution and feedback from the National Reference Laboratory, contribution to the African Society of Laboratory Medicine (ASLM) Journal for ZPCT II to share papers and worthwhile stories, SLIPTA/SLMTA updates, phlebotomy training needs for Kasama General Hospital, and laboratory improvement for private sector laboratories.</p> <p><b>June 10 2013</b>  <i>Viral Load Testing Update:</i> ZPCT II consulted with the Deputy Director for Laboratory Services at the Ministry of Health to get a clearer picture on MOH’s plans for viral load assays in support of the ART program. The deputy director advised that MOH was embarking an immediate change of policy with regards to HIV management.</p> <p><b>June 12, 2013</b>  ZPCT II met with Becton Dickinson and Sterelin Zambia to discuss products related to blood collection and the possibility of the two partners providing updated training on Phlebotomy. This training could be integrated into ART Commodity Training A.</p>
Pharmacy	<p><b>April 3, 2013</b>  <i>National Planning Team Meeting:</i>The meeting was convened to review the pre and post-mentorship results for Copperbelt and Lusaka Provinces, review the pre/post mentorship assessment tool and site selection for Central, Western and Eastern provinces.</p> <p><b>June 4, 2013</b>  <i>National Pharmacovigilance Meeting:</i> PRA hosted this meeting to review the national stakeholders meeting held last year and follow up on planned pharmacovigilance activities for 2013. They presented a proposal requesting for funding for training of provincial and district staff in ZPCT II supported provinces.</p>

## ANNEX C: Activities Planned for the Next Quarter (Jul. – Sept., 2013)

Objectives	Planned Activities	2013		
		Jul	Aug	Sept
<b>Objective 1:</b> Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and Lay counselors in CT courses.	x	x	x
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve 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 and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen child CT in all under five clinics	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing 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 especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	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 routine CT to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	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
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	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
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/PMTCT lay counselors.	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	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x

Objectives	Planned Activities	2013		
		Jul	Aug	Sept
transmission (PMTCT) services	Operationalize the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies once a policy decision has been made by the MOH	x	x	x
	Orient facility staffs on B+ option.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	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 eMTCT 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 with male involvement	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 eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PwP within eMTCT services for those who test positive through training using the PwP module in the eMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning 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/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT 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 register	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 through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	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 eMTCT 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	x	x	x	

Objectives	Planned Activities	2013		
		Jul	Aug	Sept
	and their partners to access eMTCT services			
	Revise and print 1000 copies of updated Job aids in line with option B+ and distribute them to supported facilities.	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote prevention with positives.	x	x	x
1.3: Expand treatment services and basic health care and support	Conduct monthly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct ART/OI trainings for HCWs ( ART/OI, ART/OI refresher, ART In-house, ART/OI Mop-up, pediatric ART, and Adherence counseling)	x	x	x
	Conduct on site evaluation exercise for model sites to assess achievements versus objectives		x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	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
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen roll-out and implementation new Post Exposure Prophylaxis (PEP) Register	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Support pilot implementation of adolescent transition toolkit for adolescents in high volume sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
	1.4: Scale up male circumcision (MC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 55 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, using MOH standards/guidelines	x	x
Train HCWs in male circumcision from ZPCT II supported sites providing MC services.		x	x	x
Support post-training follow up and on-site mentoring of trained facility staff by UTH in all six provinces		x	x	x
Orient MC facility teams on the new MOH VMMC registers and client intake form in all 55 MC sites		x	x	x
Conduct 38 VMMC outreach in 38 districts across the supported provinces		x	x	x
Conduct five mobile VMMC promotion Campaign program with the PMO on Community radio.		x	x	x
Conduct VMMC community promotion around 50 MC static sites		x	x	
Support community mobilization activities for MC in collaboration		x	x	x

Objectives	Planned Activities	2013		
		Jul	Aug	Sept
	with CARE			
	Develop training modules for orienting Lay counselors in VMMC counseling and demand creation techniques	x		x
<b>Objective 2:</b> 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	Provide support for the printing and dissemination of the revised pharmacy SOPs manual		x	x
	Participate in the national pharmacovigilance planned activities		x	x
	Support to the MOH pharmacy mentorship program	x	x	x
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	x	x	x
	Provide ongoing technical assistance to all the supported sites	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	x
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	x
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	x
	Participate in the Pharmacy component of the POP ART pilot study in selected ZPCT II supported pilot sites	x	x	x
	Support the compilation of the reviewed Commodity management training package	x	x	x
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs			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 <sup>st</sup> line	x	x	x
	Monitoring 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 and address matters arising 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	Trainings for healthcare workers in ART/OI, pediatric ART,	x	x	x

Objectives	Planned Activities	2013		
		Jul	Aug	Sept
the capacity of facility and community-based health workers	adherence counseling and an orientation on prevention for positives			
	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
<b>Objective 3:</b> Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for Human Resource personnel at PMO, DMO in Annual performance appraisal system (APAS), in Luapula Province	x		
<b>Objective 4:</b> Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
Public-Private Partnerships – Private health facilities	Conduct technical assistance visits (as part of TA visits described above) to 24 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MOH National Logistics and M&E Systems.	x	x	x
	Identify and assesses 6 new PPP sites to meet the COP target	x	x	
	Conduct training for health care workers in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services as part of the trainings	x	x	x
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include provision of job aids, national protocol guidelines, standard operating procedures (SOPs) and regular technical assistance on their usage	x	x	x
	Work with 10 new none accredited PPP sites to reach accreditation for linkage to MOH ARV program	x	x	x
	Identify and Work with MOH contact person to facilitate the process of linking accredited PPP clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	x	x	x
	Provide Mentorship in data collection in all 24 PPP sites using MOH data collection tools in line with the “MOH three ones principle” on monitoring and evaluation, as part of TA visits described above	x	x	x
	<b>Objective 5:</b> 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			
<b>M&amp;E and QA/QI</b>				
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			x
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Provide on-site QA/QI technical support in two provinces			x
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities			x
	Facilitate the implementation of QA/QI systems in MC sites on the Copperbelt			x
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade.	x	x	x
	National SmartCare training targeting the provincial health staff.		x	
<b>Program Management</b>				
	Monitor implementation of monitoring plan and tools by provincial	x	x	x

Objectives	Planned Activities	2013		
		Jul	Aug	Sept
<b>Program</b>	offices			
	Approval of contracts for new renovations for year four	x	x	
	Amendment of recipient agreements and subcontracts	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
<b>Capacity Building</b>	Conduct eight refresher trainings in Planning, Governance, HR and Finance in North-Western, Northern, Copper belt, Luapula and Central Provinces.	x	x	x
	Facilitate Human Resources and Finance mentorships in 46 districts	x	x	x
	Facilitate collection of management Indicators in 25 graduated districts	x	x	x
	Submit report on Indicators/mentorships to ZPCT II Lusaka office			x
<b>Gender</b>	Finalize the development of the toolkit for community level sensitization on GBV and for addressing harmful male norms and behaviors that increase both men's and women's risk for HIV		x	
	Backstop provincial trainings for gender integration and GBV screening and referral.	x	x	x
	Monitor the use of GBV service providers mapping in referral of survivors of GBV to complementary services.	x	x	x
	Monitor the use of the QA/QI checklist to strengthen gender integration in ZPCT II programming and service delivery.			x
	Conduct monitoring visits to NWP, Central and Copper belt provinces		x	x
	Attend collaborative meetings with ZPI, Care and COH			x
	Co-facilitate the training in GBV Tool Kit			x
	Facilitate the documentation of gender integration in ZPCT II work.			x
<b>Finance</b>	FHI finance team will conduct financial reviews of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	x
<b>HR</b>	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
<b>IT</b>	Purchase computers for health facilities		x	x
	Distribution of ZPCT II staff computers		x	x
	Secure all ZPCT II data by updating Synchronization on staff computers	x	x	x
	Secure all ZPCT data by updating electronic filing on the server	x	x	x
	Explore use of private APN to improve web2sms services	x	x	
	Update equipment inventories for ZPCT offices and health facilities	x	x	x
	Gather list of obsolete equipment for all ZPCT offices		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	MC
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Mahatma Gandhi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Kabwe Mine Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	4. Bwacha HC	Urban		◆	◆	◆	◆ <sup>3</sup>		
	5. Makululu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	6. Pollen HC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	11. Ngungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	12. Natuseko HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆		◆	
	17. Kalwelwe RHC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	18. Mkushi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Chikupili HC	Rural		◆	◆	◆		◆	
	24. Nkumbi RHC	Rural		◆	◆	◆			
	25. Coppermine RHC	Rural		◆	◆	◆			
<i>Serenje</i>	26. Serenje DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	27. Chitambo Hospital	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	28. Chibale RHC	Rural		◆	◆	◆		◆	
	29. Muchinka RHC	Rural		◆	◆	◆		◆	
	30. Kabundi RHC	Rural		◆	◆	◆		◆	
	31. Chalilo RHC	Rural		◆	◆	◆		◆	
	32. Mpelembe RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Mulilima RHC	Rural		◆	◆	◆		◆	
	34. Gibson RHC	Rural		◆	◆	◆			
	35. Nchimishi RHC	Rural		◆	◆	◆			
	36. Kabamba RHC	Rural		◆	◆	◆			
	37. Mapepala RHC	Rural		◆	◆	◆		◆	
<i>Chibombo</i>	38. Liteta DH	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	39. Chikobo RHC	Rural		◆	◆	◆		◆	
	40. Mwachisompola Demo Zone	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	41. Chibombo RHC	Rural		◆	◆	◆		◆	⊙ <sup>1</sup>
	42. Chisamba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	43. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muswishi RHC	Rural		◆	◆	◆		◆	
	45. Chitanda RHC	Rural		◆	◆	◆	◆ <sup>3</sup>		
	46. Malambanyama RHC	Rural		◆	◆	◆		◆	
	47. Chipeso RHC	Rural		◆	◆	◆		◆	
	48. Kayosha RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	49. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	50. Malombe RHC	Rural		◆	◆	◆		◆	
	51. Mwachisompola RHC	Rural		◆	◆	◆		◆	
<i>Kapiri Mposhi</i>	52. Shimukuni RHC	Rural		◆	◆	◆		◆	
	53. Kapiri Mposhi DH	Urban		◆	◆	◆	◆ <sup>3</sup>		
	54. Kapiri Mposhi UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	55. Mukonchi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	56. Chibwe RHC	Rural		◆	◆	◆		◆	
	57. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	58. Kampumba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	59. Mulungushi RHC	Rural		◆	◆	◆		◆	
	60. Chawama UHC	Rural		◆	◆	◆		◆	
	61. Kawama HC	Urban		◆	◆	◆		◆	
	62. Tazara UHC	Rural		◆	◆	◆		◆	
	63. Ndeke UHC	Rural		◆	◆	◆		◆	
	64. Nkole RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	65. Chankomo RHC	Rural		◆	◆	◆		◆	
66. Luanshimba RHC	Rural		◆	◆	◆		◆		
67. Mulungushi University HC	Rural		◆	◆	◆	◆	◆		
68. Chipepo RHC	Rural		◆	◆	◆		◆		
69. Waya RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆		
70. Chilumba RHC	Rural		◆	◆	◆		◆		
<i>Mumbwa</i>	71. Mumbwa DH	Urban		◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	72. Mumbwa UHC	Urban		◆	◆	◆			
	73. Myooye RHC	Rural		◆	◆	◆		◆	
	74. Lutale RHC	Rural		◆	◆	◆		◆	
	75. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	76. Nambala RHC	Rural		◆	◆	◆			
<i>Itezhi Tezhi</i>	77. Itezhi Tezhi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	78. Masemu RHC	Rural		◆	◆	◆	◆		
	79. Kaanzwa RHC	Rural		◆	◆	◆		◆	
<b>Totals</b>			<b>26</b>	<b>79</b>	<b>79</b>	<b>79</b>	<b>28</b>	<b>50</b>	<b>10</b>

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
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

## Copperbelt Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. ZAMTAN Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	48. Chavuma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	49. Kamfinsa Prison Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆		◆	
	50. Mwekera Clinic	Urban		◆	◆	◆		◆	
	51. ZNS Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	52. Riverside Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
Luanshya	53. Thompson DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	54. Roan GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	55. Mikomfwa HC	Urban		◆	◆	◆		◆	
	56. Mpatamatu Sec 26 UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	57. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	58. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
	59. Section 9 Clinic	Urban		◆	◆	◆		◆	
	60. Fisenge UHC	Urban		◆	◆	◆		◆	
	61. New Town Clinic	Urban		◆	◆	◆		◆	
Mufulira	62. Kamuchanga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	63. Ronald Ross GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	64. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	65. Kansunswa HC	Rural		◆	◆	◆		◆	
	66. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	67. Mokambo Clinic	Rural		◆	◆	◆		◆	
	68. Suburb Clinic	Urban		◆	◆	◆		◆	
	69. Murundu RHC	Rural		◆	◆	◆		◆	
	70. Chibolya UHC	Urban		◆	◆	◆		◆	
	Kalulushi	71. Kalulushi GRZ Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>	
72. Chambeshi HC		Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
73. Chibuluma Clinic		Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
74. Chati RHC		Rural		◆	◆	◆			
75. Ichimpe Clinic		Rural		◆	◆	◆			
Chililabombwe	76. Kakoso District HC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	77. Lubengele UC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
Lufwanyama	78. Mushingashi RHC	Rural		◆	◆	◆		◆	
	79. Lumpuma RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	80. Shimukunami RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	81. Nkana RHC	Rural		◆	◆	◆		◆	
Mpongwe	82. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	83. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	84. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
Masaiti	85. Kashitu RHC	Rural		◆	◆	◆		◆	
	86. Jeleman RHC	Rural		◆	◆	◆		◆	
	87. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	88. Chikimbi HC	Rural		◆	◆	◆		◆	
<b>Totals</b>			<b>43</b>	<b>86</b>	<b>88</b>	<b>88</b>	<b>42</b>	<b>64</b>	<b>17</b>

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
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

## Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kabole RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
	5. Luchinda RHC	Rural							
<i>Kawambwa</i>	6. Kawambwa DH	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	7. Mbereshi Hospital	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	8. Kawambwa HC	Rural		◆	◆	◆		◆	
	9. Mushota RHC	Rural		◆	◆	◆		◆	
	10. Munkanta RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	11. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	12. Kazembe RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
13. Mufwaya RHC	Rural		◆	◆	◆				
<i>Mansa</i>	14. Mansa GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	15. Senama HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	16. Central Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	17. Matanda RHC	Rural		◆	◆	◆		◆	
	18. Chembe RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	19. Buntungwa RHC	Urban		◆	◆	◆		◆	
	20. Chipete RHC	Rural		◆	◆	◆		◆	
	21. Chisembe RHC	Rural		◆	◆	◆		◆	
	22. Chisunka RHC	Rural		◆	◆	◆		◆	
	23. Fimpulu RHC	Rural		◆	◆	◆		◆	
	24. Kabunda RHC	Rural		◆	◆	◆		◆	
	25. Kalaba RHC	Rural		◆	◆	◆		◆	
	26. Kalyongo RHC	Rural		◆	◆	◆			
	27. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	28. Katangwe RHC	Rural		◆	◆	◆			
	29. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	30. Luamfumu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	31. Mabumba RHC	Rural		◆	◆	◆		◆	
	32. Mano RHC	Rural		◆	◆	◆		◆	
	33. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	34. Mibenge RHC	Rural		◆	◆	◆		◆	
	35. Moloshi RHC	Rural		◆	◆	◆		◆	
	36. Mutiti RHC	Rural		◆	◆	◆		◆	
	37. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	38. Ndoba RHC	Rural		◆	◆	◆		◆	
	39. Nsonga RHC	Rural		◆	◆	◆		◆	
	40. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	41. Lukola RHC	Rural		◆	◆	◆			
	42. Lubende RHC	Rural		◆	◆	◆			
	43. Kansenga RHC	Rural							
<i>Milenge</i>	44. Mulumbi RHC	Rural		◆	◆	◆		◆	
	45. Milenge East 7 RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		
	46. Kapalala RHC	Rural		◆	◆	◆			
	47. Sokontwe RHC								

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Mwense	48. Mambilima HC (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	49. Mwense Stage II HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	50. Chibondo RHC	Rural			◆	◆		◆	
	51. Chipili RHC	Rural		◆	◆	◆		◆	
	52. Chisheta RHC	Rural		◆	◆	◆		◆	
	53. Kalundu RHC	Rural			◆	◆			
	54. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	55. Kapamba RHC	Rural		◆	◆	◆		◆	
	56. Kashiba RHC	Rural		◆	◆	◆		◆	
	57. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	58. Kawama RHC	Rural		◆	◆	◆		◆	
	59. Lubunda RHC	Rural		◆	◆	◆		◆	
	60. Lukwesa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	61. Luminu RHC	Rural			◆	◆		◆	
	62. Lupososhi RHC	Rural			◆	◆			
	63. Mubende RHC	Rural		◆	◆	◆		◆	
	64. Mukonshi RHC	Rural		◆	◆	◆		◆	
	65. Mununshi RHC	Rural		◆	◆	◆		◆	
	66. Mupeta RHC	Rural			◆	◆			
67. Musangu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>			
68. Mutipula RHC	Rural			◆	◆				
69. Mwenda RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>			
Nchelenge	70. Nchelenge RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	71. Kashikishi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	72. Chabilikila RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	73. Kabuta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	⊙ <sup>1</sup>
	74. Kafutuma RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	75. Kambwali RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	76. Kanyembo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	77. Chisenga RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	78. Kilwa RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	79. St. Paul's Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	80. Kabalenge RHC	Rural							
Samfya	81. Lubwe Mission Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	82. Samfya Stage 2 Clinic	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	83. Kasanka RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	84. Shikamushile RHC	Rural		◆	◆	◆	◆ <sup>3</sup>		
	85. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	86. Kabongo RHC	Rural		◆	◆	◆		◆	
<b>Totals</b>			<b>30</b>	<b>76</b>	<b>82</b>	<b>82</b>	<b>20</b>	<b>52</b>	<b>8</b>

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
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites

## Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
<i>Mpika</i>	9. Mpika DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	20. Chinsali DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural		◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural		◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
	26. Mwika RHC	Rural		◆	◆	◆			
	27. Kabanda RHC	Rural		◆	◆	◆			
<i>Isoka</i>	28. Isoka DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	29. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	30. Kalungu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	31. Kampumbu RHC	Rural		◆	◆	◆			
	32. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	33. Muyombe	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	34. Thendere RHC	Rural		◆	◆	◆			
<b>Totals</b>			<b>9</b>	<b>34</b>	<b>34</b>	<b>34</b>	<b>9</b>	<b>16</b>	<b>4</b>

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
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

## Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kasama</i>	1. Kasama GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kasama UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	4. Chilubula (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	5. Lukupa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
<i>Mbala</i>	14. Mbala GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural		◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
<i>Mpulungu</i>	25. Mpulungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
<i>Mporokoso</i>	28. Mporokoso DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	29. Mporokoso UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	30. Chishamwamba RHC	Rural		◆	◆	◆			
	31. Shibwalya Kapila RHC	Rural		◆	◆	◆			
	32. Chitoshi RHC	Rural		◆	◆	◆			
<i>Luwingu</i>	33. Luwingu DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	34. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	35. Kaputa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	36. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	37. Kampinda RHC	Rural		◆	◆	◆	◆	◆	
	38. Kalaba RHC	Rural		◆	◆	◆	◆	◆	
	39. Kasongole RHC	Rural		◆	◆	◆			
<i>Mungwi</i>	40. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	41. Malole RHC	Rural		◆	◆	◆		◆	
	42. Nseluka RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	43. Chimba RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Kapolyo RHC	Rural		◆	◆	◆		◆	
	45. Mungwi RHC (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		⊙ <sup>1</sup>
	46. Makasa RHC	Rural		◆	◆	◆			
	47. Ndasa RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	48. Chaba RHC	Rural		◆	◆	◆		◆	
	49. Chilubi Island RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		
	50. Matipa RHC	Rural		◆	◆	◆		◆	
<b>Totals</b>			<b>17</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>17</b>	<b>27</b>	<b>6</b>

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
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

### North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Solwezi GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	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	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	19. Kabompo DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	20. St. Kalemba (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	21. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙ <sup>1</sup>
	22. Kasamba RHC	Rural		◆	◆	◆		◆	
	23. Kabulamema RHC	Rural		◆	◆	◆			
	24. Dyambombola RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
	26. Kashinakazhi RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	27. Zambezi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	28. Zambezi UHC	Urban			◆	◆		◆	
	29. Mize HC	Rural		◆	◆	◆		◆	
	30. Chitokoloki (CHAZ)	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	31. Mukandakunda RHC	Rural		◆	◆	◆			
	32. Nyakulenga RHC	Rural		◆	◆	◆			
	33. Chilenga RHC	Rural		◆	◆	◆			
	34. Kucheka RHC	Rural		◆	◆	◆			
	35. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	36. Mwinilunga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	37. Kanyihampa HC	Rural		◆	◆	◆		◆	
	38. Luwi (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	39. Lwawu RHC	Rural		◆	◆	◆			
	40. Nyangombe RHC	Rural		◆	◆	◆			
	41. Sailunga RHC	Rural		◆	◆	◆			
	42. Katyola RHC	Rural		◆	◆	◆			
	43. Chiwoma RHC	Rural		◆	◆	◆			
	44. Lumwana West RHC	Rural		◆	◆	◆			
	45. Kanyama RHC	Rural		◆	◆	◆			
<i>Ikelenge</i>	46. Ikelenge RHC	Rural		◆	◆	◆		◆	⊙ <sup>1</sup>

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kafweku RHC	Rural		◆	◆	◆			
<i>Mufumbwe</i>	48. Mufumbwe DH	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	49. Matushi RHC	Rural		◆	◆	◆		◆	
	50. Kashima RHC	Rural		◆	◆	◆			
	51. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	52. Chiyeke RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	53. Chivombo RHC	Rural		◆	◆	◆		◆	
	54. Chiingi RHC	Rural		◆	◆	◆		◆	
	55. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
<i>Kasempa</i>	56. Nyatanda RHC	Rural		◆	◆	◆			
	57. Kasempa UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	58. Nselauke RHC	Rural		◆	◆	◆		◆	
	59. Kankolonkolo RHC	Rural		◆	◆	◆			
	60. Lunga RHC	Rural		◆	◆	◆			
	61. Dengwe RHC	Rural		◆	◆	◆			
62. Kamakechi RHC	Rural		◆	◆	◆				
63. Mukunashi RHC	Rural		◆	◆	◆				
<b>Totals</b>			<b>12</b>	<b>62</b>	<b>63</b>	<b>63</b>	<b>14</b>	<b>20</b>	<b>8</b>

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
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

## 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	MC
<b>Central Province</b>									
<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	◆	◆	◆	◆	◆		
<b>Copperbelt Province</b>									
<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	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban							
<i>Kitwe</i>	13. Company Clinic	Urban	◆	◆	◆	◆	◆ <sup>3</sup>		
	14. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	15. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	16. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	17. SOS Medical Centre	Urban	◆		◆	◆	◆ <sup>3</sup>		
	18. Tina Medical Center	Urban	◆	◆	◆	◆	◆ <sup>3</sup>		
	19. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	20. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	21. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
<i>Kalulushi</i>	22. CIMY Clinic	Urban	◆		◆	◆		◆	
<i>Chingola</i>	23. Chingola Surgery	Urban							
<i>Mpongwe</i>	24. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
<b>Luapula Province</b>									
<i>Mwense</i>	25. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
<b>North-Western Province</b>									
<i>Solwezi</i>	26. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	27. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	28. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	29. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
	30. Lifesave Medclinic	Urban	◆	◆	◆	◆		◆	
<b>Totals</b>			<b>24</b>	<b>24</b>	<b>28</b>	<b>28</b>	<b>20</b>	<b>17</b>	<b>3</b>

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
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new private sector sites