



# **Quarterly Progress Report January 1 - March 31, 2014**

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

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## LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
APN	-	Access Point Name
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
DCMOs	-	District Community Medical Offices
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. Finally ZPCT II supports the expansion of MC services in 6 of the country's 10 provinces.

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.

During the reporting period, ZPCT II supported 431 health facilities (400 public and 31 private) across 45 districts this quarter. Key activities and achievements for this reporting period include the following:

- 256,412 individuals received CT services in 431 supported facilities. Of these, 200,998 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 55,414 women received PMTCT services (counseled, tested for HIV and received results), out of which 3,453 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 3,307
- 147 public and 24 private health facilities provided ART services and all 171 report their data independently. A total of 7,520 new clients (including 515 children) were initiated on antiretroviral therapy. Cumulatively, 191,219 individuals are currently on antiretroviral therapy and of these 12,325 are children.
- MC services were provided in 51 public and three private health facilities this quarter. 10,376 men were circumcised across the ZPCT II supported provinces this quarter.

- 147 health care workers were trained by ZPCT II in the following courses: 20 in CT, 25 in PMTCT, 25 in pediatric ART/OIs , 77 in ART/OIs.
- 38 community volunteers trained by ZPCT II in adherence counseling refresher.

### **KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Apr. – Jun. 2014)**

The following activities are anticipated for next quarter (April – June 2014):

- Implement the No Cost Extension of ZPCT II and commence the process of closing out the ZPCT II project
- Continue the upgrade of SmartCare version V4.5.0.3 to V4.5.0.4 in all the ZPCT II supported sites that will require this service
- 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 will implement three research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS and QA/QI
- Monitor popART in Kabwe, Ndola and Kitwe
- Monitor SMGL in Mansa

### **TECHNICAL SUPPORT NEXT QUARTER (Apr. – Jun. 2014)**

- Melinda Packman: Snr. Operations Officer will travel from MSH HQs to Lusaka from May 18 – 24, 2014 to assist with the close out process.
- Veronique Mestdagh HR Partner will travel to Lusaka from May 26 – 31, 2014 to assist with Personnel issues.

## ZPCT II Project Achievements August 1, 2009 to March 31, 2014

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Jan–Mar 2014)		
		Targets (Aug 09 - Aug 14)	Achievements (Aug 09 – Mar 14)	Targets (Jan 14 – Aug 14)	Achievements (Jan 14 – Mar 14)	Male	Female	Total
<b>1.1 Counseling and Testing (Projections from ZPCT service statistics)</b>								
	Service outlets providing CT according to national or international standards	430	431 (400 Public, 31 Private)	430 (400 Public, 30 Private)	431 (400 Public, 31 Private)			431 (400 Public, 31 Private)
	Individuals who received HIV/AIDS CT and received their test results	1,318,243	2,398,072	460,933	200,998	72,107	12,8891	200,998
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) <sup>1</sup>	2,175,030	3,357,907	647,557	256,412	72,107	184,305	256,412
	Individuals trained in CT according to national or international standards	2,000	2,014	186	20	12	8	20
<b>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</b>								
	Service outlets providing the minimum package of PMTCT services	410	417 (391 Public, 26 Private)	415 (389 Public, 26 Private)	417 (391 Public, 26 Private)			417 (391 Public, 26 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	856,787	959,835	186,624	55,414		55,414	55,414
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,900	81,016	11,268	3,953		3,953	3,953
	Health workers trained in the provision of PMTCT services according to national or international standards	4,200	4,192	325	25	11	14	25
<b>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</b>								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	430	431 (400 Public, 31 Private)	430 (400 Public, 30 Private)	431 (400 Public, 31 Private)			431 (400 Public, 31 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) <sup>2</sup>	522,600	398,572	522,600	292,344	112,812	179,532	292,344
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	41,500	21,478	41,500	18,960	9,455	9,505	18,960
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	2,500	2,697	301	102	56	46	102
	Service outlets providing ART	170	171 (147 Public, 24 Private)	170	171 (147 Public, 24 Private)			171 (147 Public, 24 Private)
	Individuals newly initiating on ART during the reporting period	135,000	142,202	25,361	7,520	2,938	4,582	7,520
	Pediatrics newly initiating on ART during the reporting period	11,250	10,538	1,085	515	253	262	515

<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.

Individuals receiving ART at the end of the period	205,102	191,219	205,102	191,219	74,380	116,839	191,219
Pediatrics receiving ART at the end of the period	14,121	12,325	14,121	12,325	6,105	6,220	12,325
Health workers trained to deliver ART services according to national or international standards	2,500	2,697	301	102	56	46	102
<b>TB/HIV</b>							
Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	430	431 (400 Public,31 Private)	430 (400 Public,30 Private)	431 (400 Public,31 Private)			431 (400 Public,31 Private)
HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	22,829	22,799	3,212	918	501	417	918
Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	2,500	2,697	301	102	56	46	102
Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	32,581	46,769	10,201	2,971	1,744	1,227	2,971
<b>1.4 Male Circumcision (ZPCT II projections)</b>							
Service outlets providing MC services	55	54 (51 Public,3 Private)	55	54 (51 Public,3 Private)			54 (51 Public,3 Private)
Individuals trained to provide MC services	390		130				
Number of males circumcised as part of the minimum package of MC for HIV prevention services	50,364	89,613	25,000	10,376	10,376	0	10,376
<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	130 (115 Public,15 Private)	120	130 (115 Public,15 Private)			130 (115 Public,15 Private)
Laboratories with capacity to perform clinical laboratory tests	145	167 (141 Public,26 Private)	145	167 (141 Public,26 Private)			167 (141 Public,26 Private)
Individuals trained in the provision of laboratory-related activities	900	963	97	0	0	0	0
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	6,487,193	1,193,563	401,540			401,540
<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	2193	141	0	0	0	0
Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1440	0	0	0	0	0
Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	800	763	140	38	15	23	38
<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	55	55	55	0			0
<b>4 Public-Private Partnerships (ZPCT II projections)</b>							
Private health facilities providing HIV/AIDS services	30	31	30	31			31
<b>Gender</b>							
Number of pregnant women receiving PMTCT services with partner	N/A	317,675	68,421	21,622		21,622	21,622
No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	870,072	N/A	108,415	23,362	85,053	108,415

## 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.**

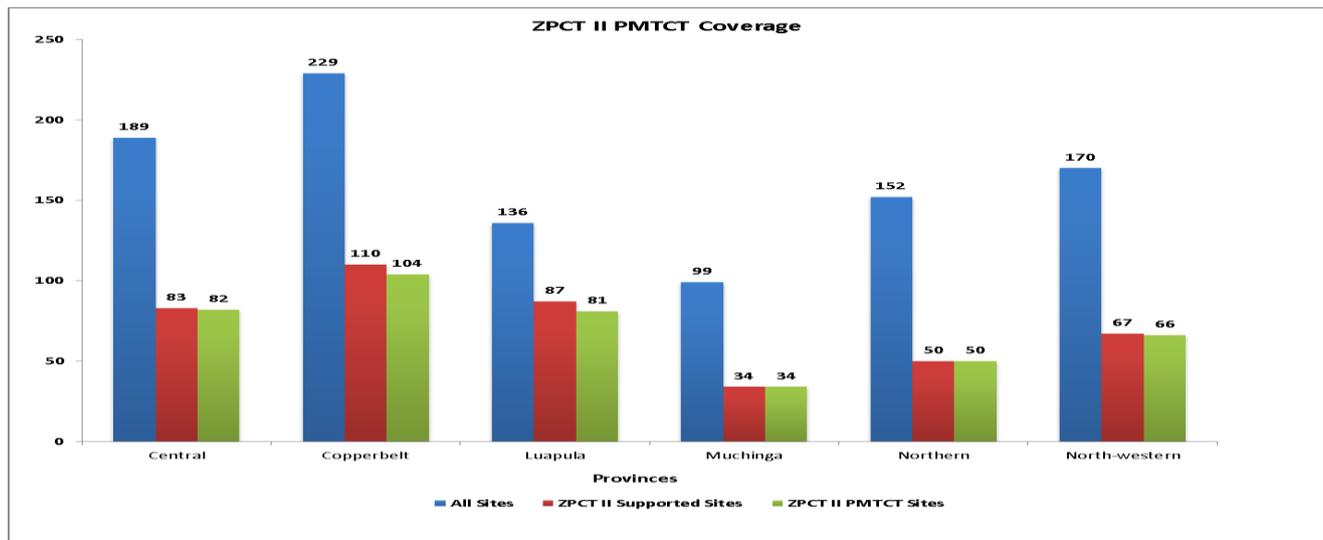
### *1.1: Expand counseling and testing (CT) services*

HTC services were provided in 400 public and 31 private facilities in the six ZPCT II supported provinces. This reporting period, a total of 256,412 clients were counseled, tested and received results (24,162 were children). Of these, 14,518 clients were HIV positive and were referred for assessment for ART. Supervision assessment follow-up visits were conducted for the trained counselor supervisors to ensure efficiency and effectiveness in the implementation of HTC services in supported facilities of Luapula, Northern and Muchinga provinces. In addition, The ZPCT II technical staff working with staff from PMOs and DCMOs continued to provide technical assistance (TA) to HCWs and lay counselors to ensure high uptake of HIV testing, collection of same day results and effective linkage to clinical care for ART services, family planning and MC. TA focused on:

- Couple counseling and testing: HCWs and lay counselors were mentored on couple HTC with emphasis on linkages to clinical care/ART services, family planning, and MC for discordant and concordant positive couples. A total of 26,060 CT clients and 21,622 PMTCT clients received CT as couples, out of which 1,076 were discordant couples: all were referred for ART services in line with the current national HIV treatment guidelines.
- Integrating HTC into other health services: During the reporting period, 17,883 FP clients were provided with CT services; 5,360 males received CT services as part of a minimum package for MC; and 1,415 TB clients with unknown HIV status received HTC services. In all these service areas, the provider initiated testing and counseling (PITC) opt out approach was used in order to increase the uptake of HIV testing.
- Other FP/HIV integration activities: 9,286 CT clients were referred for FP and 5,273 of them were provided with FP services. ZPCT II submitted an abstract to the July 2014 AIDS conference based on this work and awaits the outcome in April 2014.
- Retesting of HIV negative CT clients: ZPCT II technical staff in collaboration with the DCMOs mentored HCWs and lay counselors to support re-testing of all HIV negative CT clients after the three month window period as well as improve documentation through working with data entry clerks based at the facilities. As a result, a total of 44,211 clients were re-tested for HIV during this reporting period and 4,696 (10,6%) sero converted. Those who sero converted were linked to care, treatment and support services and risk reduction counseling.
- Pediatric HTC services: Hands on mentorship of HCWs and lay counselors on routine child CT was provided in under-five clinics and pediatric wards. During the reporting period, 6,505 children were tested for HIV in under-five clinics and 4,991 in pediatric wards across the six supported provinces. Of these, 1,359 tested positive for HIV, received their test results and 687 were linked to care and treatment services and entered on Pre-ART. 515 children were commenced on ART.
- Screening for chronic conditions within HTC services: ZPCT II technical staff mentored HCWs and lay counselors on the routine use of Chronic HIV Care (CHC) symptom screening checklists to screen for hypertension, TB, and diabetes mellitus in CT sites. During the quarter, a total of 16,568 clients were screened for chronic conditions in the CT services compared to 20,349 clients screened last year in the same reporting period. The number of CHC forms administered in the reporting period went down due to stock out of CHC checklist forms in some supported facilities.
- Integration of screening for gender based violence (GBV) within HTC services: As part of the integration strategy, the screening for GBV in CT service areas for CT clients using the CHC checklists remained a priority this quarter. A total of 15,573 CT clients were screened for GBV and those that needed further support were referred to other service areas such as counseling, medical treatment, emergency contraception and legal aid.

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

391 public and 26 private health facilities provided PMTCT 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.



55,414 ANC clients were provided with eMTCT services this quarter. Of these, 3,453 tested HIV positive and 3,953 received ARVs for eMTCT. Routine HIV testing in eMTCT services is ongoing using the Opt out strategy.

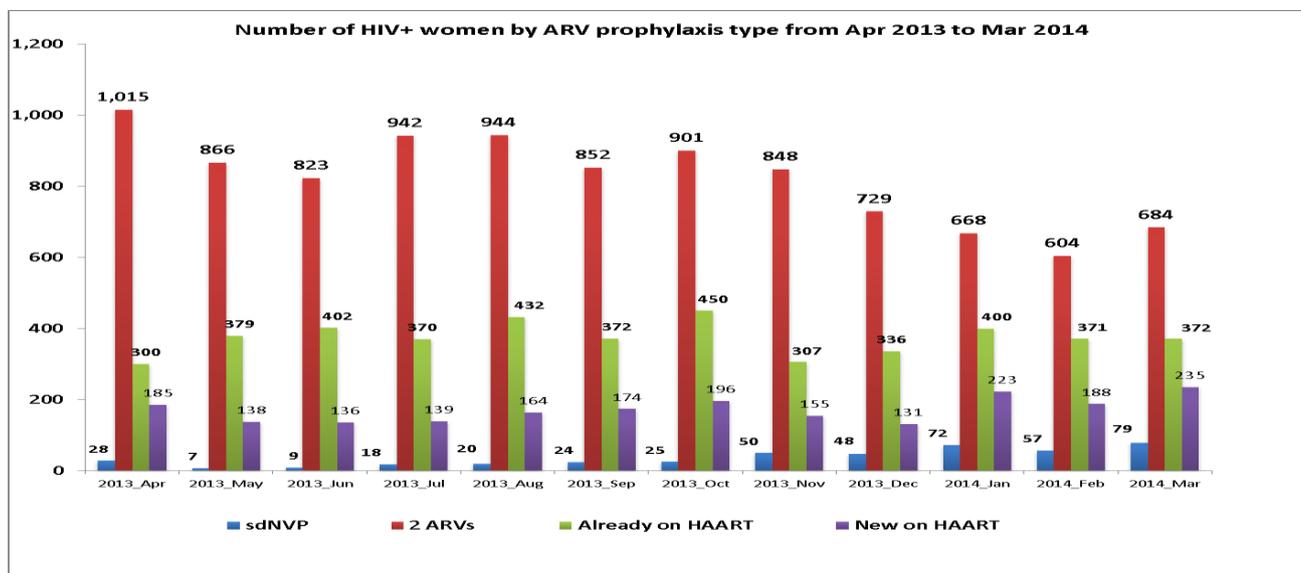
ZPCT II technical staff participated in national HIV prevention activities and provided support towards roll out of option B+. The participation in the various consultative meetings is ongoing and ZPCT II will support as much as possible the roll out of Option B+ in hundred priority eMTCT sites. The MCDMCH has indicated that all ART sites need to immediately start implementing option B+ but the recommended orientation package is currently being piloted.

Areas of focus during this period in eMTCT included:

- Assessments for Option B+:** As part of processes towards operationalization of Option B+ for eMTCT as per GRZ guidance, ZPCT II has been conducting site assessments based on the set MOH standards and tools. So far, ZPCT II has assessed 87 selected high volume health facilities as follows: 36 sites in the Copperbelt, 23 sites in Luapula, 6 sites in Central, 15 sites Northern & Muchinga and 7 in North – Western province). This is being done in collaboration with the respective DCMOs. Where these assessments have been completed, orientation of HWCs on option B+ has been initiated – a total of 400 HCWs will be oriented before the end of next quarter.
- Provision of combination ARV regimens for HIV positive pregnant women:** Option B+ has not yet been operationalized as assessments are still ongoing. ZPCT II supported the provision of combination ARVs to all HIV positive pregnant women based on existing national guidelines before the rolling out of the 2013 consolidated new guidelines. A total of 2,251 HIV positive pregnant women were assessed for eligibility by CD4 or WHO clinical staging; 698 were eligible for HAART and 646 (92,5%) were initiated on HAART. The rest of the HIV positive pregnant women that were not eligible for immediate HAART initiation based on the current National eMTCT guidelines were provided with AZT/NVP combination in line with current guidelines. In some selected health facilities, Atripla was given due to stock out of Zidovudine (AZT) and to avoid referring pregnant women across facilities for AZT. There were low stock levels of Zidovudine observed in many health facilities due to a national level stock outs.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies:** As part of ongoing paediatric HIV efforts, ZPCT II technical staff in coordination and collaboration with the DCMOs continued to follow up on HIV exposed infants and HIV positive mothers through MNCH services. During this reporting period, the focus was to improve the tracking system of HIV positive infants through Mwana project and facilitate the expedition of encrypted positive results to health facilities to ensure that infected infants are promptly

initiated on HAART. A total of 5,605 samples were collected and sent to the PCR laboratory at ADCH from 368 health facilities providing EID services and 214 were reactive.

- **Re-testing of HIV negative pregnant women:** ZPCT II supported health facilities to implement HIV retesting for pregnant women who test HIV negative early in pregnancy with emphasis on accurate documentation in the eMTCT registers. During this reporting period, 16,176 pregnant women were re-tested and 347 tested HIV positive (sero-converted). Those who sero-converted were provided with ARVs for eMTCT either as prophylaxis or referred for HAART according to their eligibility based on the current national PMTCT guidelines.



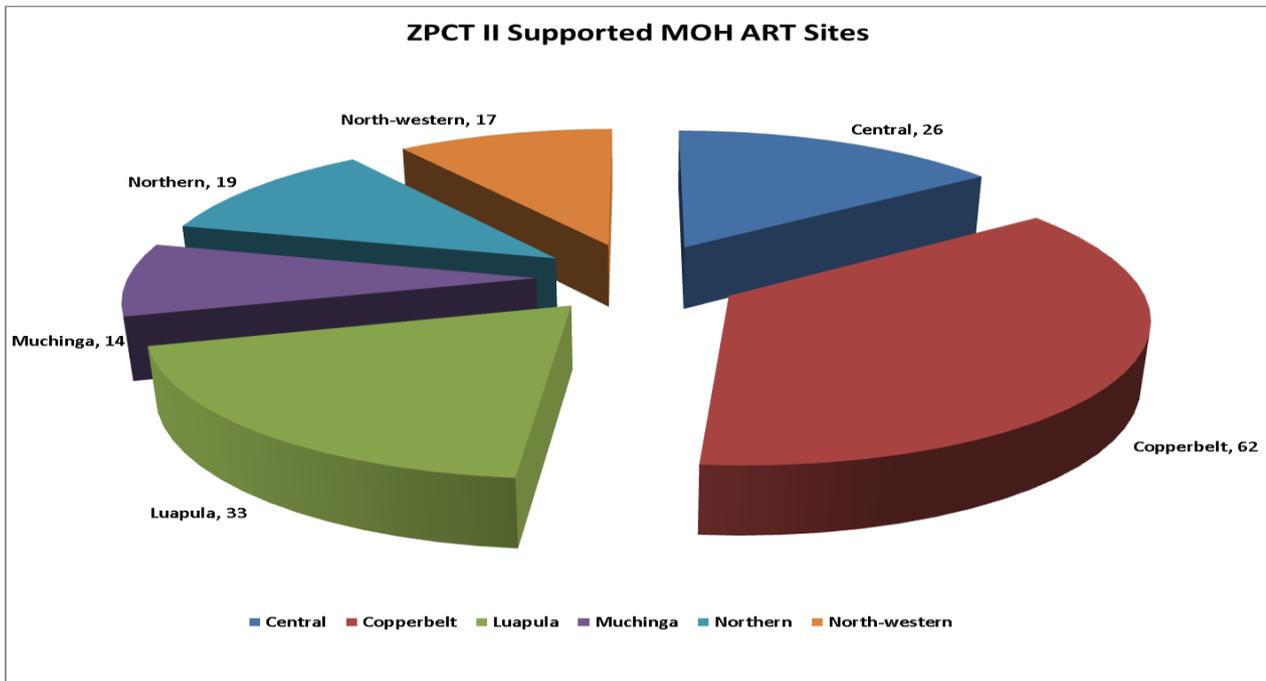
Other TA areas of focus under PMTCT included:

- **Integrating family planning within ANC/PMTCT and ART services:** ZPCT II provided support through mentorship and technical assistance to health care workers on the importance of FP counseling in eMTCT and ART to clients seeking these services. The providers were mentored on how to document eMTCT and ART clients referred for FP services and those receiving at least a FP method in the registers. ZPCT II has begun the process of setting up FP model sites that will be ‘one-stop shops’ for FP/HIV integration in 12 selected health facilities across the six supported provinces. The procurement process for FP equipment and other items to facilitate provision of long acting reversible contraceptive methods (LARC) is underway. ZPCT II will work in collaboration with ZISSP to support the trainings of HCWs in LARC to leverage resources. ZPCT II will support the initial two trainings of HCWs in LARC to start this process while ZISSP will continue with additional trainings.
- **Project Mwana to reduce turnaround time for HIV PCR results:** The implementation is ongoing in selected facilities and the majority of sites. ZPCT II in collaboration with UNICEF is currently evaluating the effect of mHealth (Program Mwana) on the rate of ART initiation. Clients receive HIV positive results through mobile phone SMS from the reference laboratories for children below 18 months of age in all the six provinces. An abstract from this evaluation study has been accepted for poster exhibition in the upcoming INTEREST conference in May, 2014 in Lusaka.

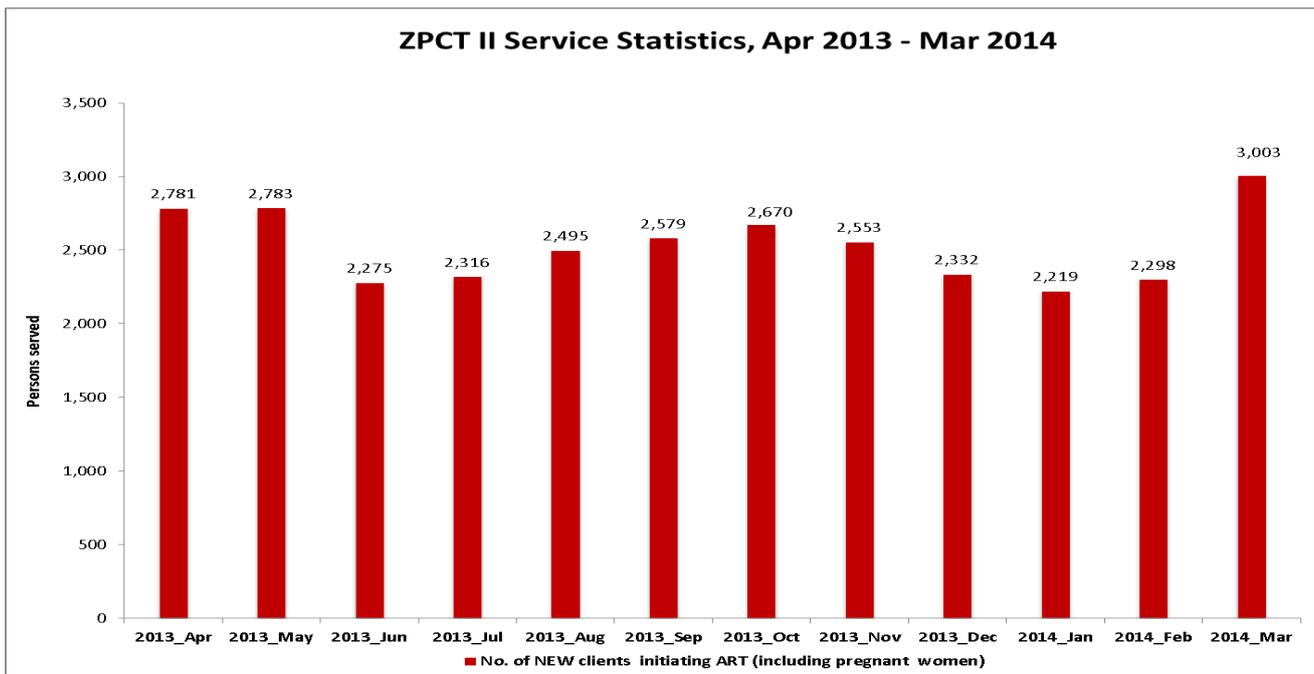
### 1.3: Expand treatment services and basic health care and support

#### ART services

147 public and 24 private health facilities provided ART services in the six ZPCT II supported provinces. All the 171 ART facilities report their data independently.



7,520 new clients (including 515 children) were initiated on antiretroviral therapy this quarter, out of which 117 were HIV positive individuals in HIV discordant couples and 646 HIV positive pregnant women that were identified through the PMTCT program – this is approximately 92,5% of all eligible HIV positive pregnant women cumulatively. There are 191,219 patients that are receiving treatment through the ZPCT II supported sites, including 12,325 children. This quarter, 123 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 2,025 patients in care were referred for FP services.



During this quarter, the TA focused on the following:

- Participation and progress in the development of Consolidated HIV Management Guidelines:** ZPCT II staff both at national and provincial level participated in meetings focusing on finalization of the 2014 consolidated HIV management guidelines. These were finalized and printed during this quarter. ZPCT II staff participated in finalizing the orientation package for the guidelines as well. In the next quarter, ZPCT II plans to participate in the orientation and distribution of these new guidelines to all supported health

facilities. The new guidelines will greatly assist end users with updated treatment updates as up until now, HCW have relied on the 2010 National ART treatment guidelines.

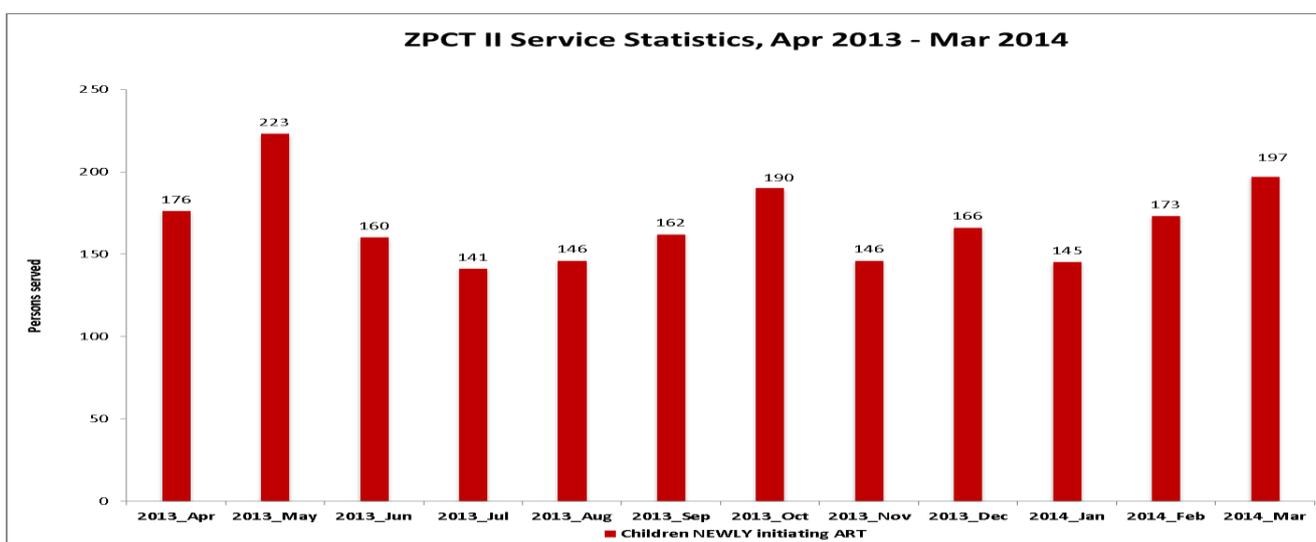
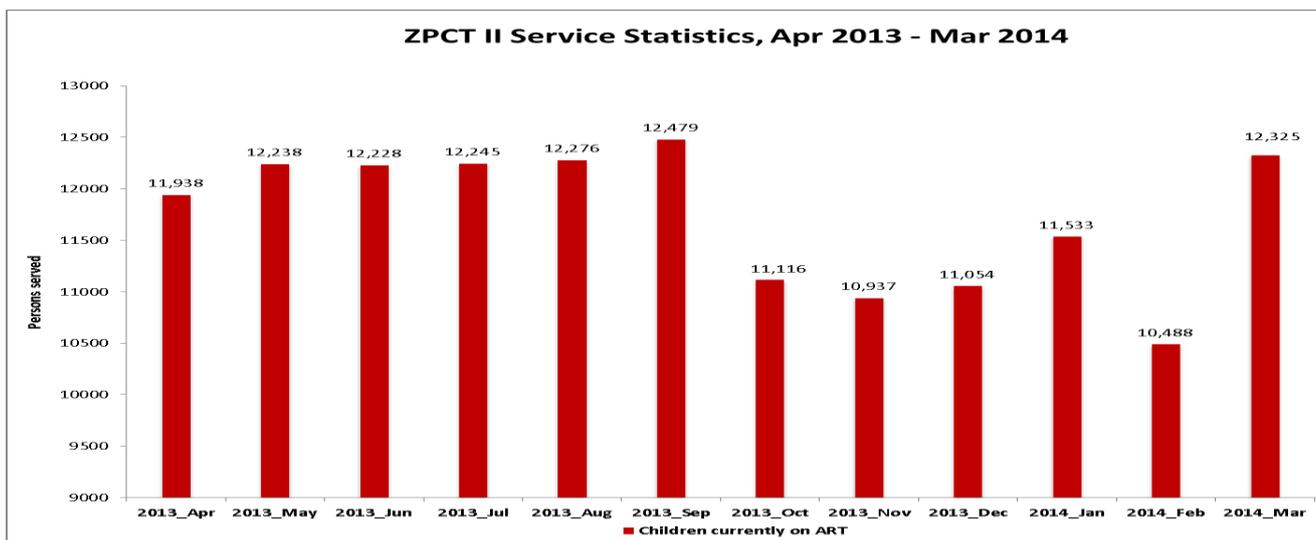
- **HIV Nurse Practitioner (HNP) program:** Through provincial teams ZPCT II provided technical support and hands on mentorship to trained HIV nurse practitioners. Most are now able to manage the ART services in their respective facilities and some have been given more responsibilities. In supported facilities with HNPs ART services are better organized and well managed. 24 of the 34 HNPs still work in and manage ART clinics in ZPCT II supported facilities. Ministry of Health is yet to make a policy position on how the HNP program will be supported and graduates recognized in the MOH structure.
- **Web2SMS initiative:** The ZPCT II IT team has been working with the internet service provider MTN to install the Access Point Name (APN) radio link in the last quarter with a view to improving the data entry clerks (DECs) access to internet services from FHI 360. Once DECs based at ZPCT II supported facilities across the provinces have access to internet services, they will be able to send SMSs to clients with minimal challenges. This will be piloted in the next quarter. This is meant to improve patient and laboratory results tracking system and is a complementary approach to the Mwana (Mhealth) and the DBS encrypted results systems. Detailed flow charts have been developed to be used as job aids for supported facilities for Web2sms, Mhealth and encrypted DBS results for efficient management of the EID process and patient tracking system.
- **Post exposure prophylaxis (PEP):** PEP services continued to be provided in 337 supported facilities. Documentation of these services is being done using the standard national PEP registers. ZPCT II continued to support implementation of infection prevention procedures in the facilities following infection prevention guidelines (IPGs). A total of 181 clients received PEP services during the quarter under review as follows: exposure type I (sexual) 73, exposure type II (occupational) 76 and other exposure 32
- **Model sites:** During the reporting period, ZPCT II supported mentorship activities at Kabompo District Hospital in Kabompo, and Nchanga North General Hospital in Chingola. In the last two quarters, ZPCT II was involved in evaluation of model site activities and a report to this effect will be finalized in the next quarter itemizing key achievements and lessons learned.

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

This quarter, ZPCT II supported the provision of quality pediatric HIV services in 171 ART sites. From these facilities, 515 children were initiated on antiretroviral therapy, out of which 133 were below two years of age. Of all the children on treatment during the quarter, 504 children remain active/alive on treatment.

The focus of technical assistance by ZPCT II for pediatric ART included:

- **Strengthening of early infant diagnosis of HIV and enrollment into HIV care and treatment:** ZPCT II implemented different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This included fast tracking encrypted DBS results for HIV positive babies through email to provincial staff for onward submission to health facilities, web2sms and Mwana health project. Technical support was provided across the six supported provinces in the follow-up and initiation on ART of HIV positive babies. Of the 340 HIV positive babies less than two years of age, 133 were initiated on ART.
- **Adolescent HIV services:** 15 adolescent HIV clinics were operational this quarter. Copperbelt has six sites (Kitwe Central, Ndola central, Arthur Davidson Hospital Nchanga North General Hospital, Chimwemwe and Lubuto HCs); North-Western has three sites (Solwezi Urban, Mufumbwe and Mwinilunga District Hospitals); Northern and Muchinga Provinces have two sites (Mbala and Mpika District Hospitals respectively); Central Province has Kabwe General and Kapiri District Hospitals; and Luapula has Mansa General Hospital. Copperbelt, Northwestern and Muchinga conducted the adolescent HIV support group meetings to address ART adherence, stigma, disclosure and sexual reproductive health challenges for adolescents. A total of 293 adolescents were initiated on ART during this period.
- **National level activities:** SmartCare forms which were being revised have been finalized in order to be consistent with latest patient management requirements in the 2014 consolidated HIV management guidelines. Printing of the revised forms is expected when consensus is reached by key stakeholders (SmartCare Programmer, M&E, and clinical teams).



***Clinical palliative care services***

400 public and 31 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 292,344 clients received care and support at ZPCT II supported sites. The clinical palliative care package consisted of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI), screening for TB and pain management. 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 accessing HIV services. This quarter, 6,752 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 8,584 were assessed for nutritional status using BMI.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 5971 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed such as those needing further counseling, shelter, economic empowerment support, 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. 7,805 clients were put on cotrimoxazole prophylaxis, including 2,478 initiated on cotrimoxazole through the PMTCT program.

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

This quarter, two additional supported sites in arm A of the PopART study have been established as static MC sites. This increases the number of ZPCT II supported MC sites to 56 ( 51 public, and three private health facilities) in providing services according to the set national standards. Technical assistance, mentorship and supportive supervision were provided in the sites. During the reporting period, 10,736 men were circumcised (5,884 in static sites and 4,492 through outreach MC services). Out of the total males circumcised this quarter , 6,750 males where in the age group 15-49 and 3,905 were counseled and tested for HIV before being circumcised (57.8 %).

- Participation in provincial level MC TWG: This reporting period the field technical team focused on support and participating in provincial VMMC technical working group by sponsoring monthly meetings, monitoring and auditing data quality in supported sites and planning for MC trainings.
- VMMC service quality improvement and quality assurance: As part of the quality improvement and quality assurance, ZPCT II has been actively conducting onsite orientation for MC facility teams on standard surgical instrument cleaning and maintenance in all MC sites as part of infection prevention procedures. Five out of six supported provinces (except North-Western Province) have established VMMC technical working groups to provide supervision and coordination to partners. This quarter, all five provinces except North-Western Province convened at least one meeting in which ZPCT II was represented by the technical and program teams. Onsite infection prevention and surgical instrument processing training activities where held in six MC health facilities in Luapula Province and one MC health facility in North-Western Province.
- Capacity building: ZPCT II trained HCWs in male circumcision standard surgical national curriculum. The training was targeted at HCWs based at static and selected outreach sites due to the fact that ZPCT II has added on the outreach based VMMC service delivery model so as to ensure post operative care of clients. During the quarter, 28 HCWs where trained in Luapula and North-Western Provinces.
- MC outreach activities: As a result of outreach activities in 17 districts across the supported provinces, a total of 4,492 males were circumcised. ZPCT II has provided support to scale up MC services through the district based outreach model in the supported districts.
- VMMC demand creation through community mobilization activities: ZPCT II distributed information education communication (IEC) materials to all supported districts for use in both client and community education on VMMC. Additionally, ZPCT II working with PMOs and DCMOs supported community radio stations in promoting VMMC messages on their radio stations as part of sensitizing communities on MC.
- National level MC activities: ZPCT II participated in all national TWG meetings that focused on strengthening partner collaboration with GRZ and implementing partners. During the quarter, ZPCT II participated in the planning meeting for the USG/MOCTA strategy for traditional leader's engagement for VMMC demand creation. Under this strategy; ZPCT II will work with three traditional leaders namely; Chief Puta, Chief Kapijimpanga, and Chief Chibale in the next quarter.

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

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

- Improving screening for TB: Intensified Case Finding (ICF) for TB was continued in the supported health facilities with 9,219 patients seen in Clinical Care/ART clinics screened for TB, 698 patients receiving

HIV care and treatment were also receiving TB treatment. 268 TB patients were started on ART. 347 of the 698 TB infected patients with unknown HIV status received counseling and testing for HIV in the quarter. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.

- **TB and HIV co-management:** ZPCT II mentored MOH staff and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated on ART this quarter. Trends showed that 268 (54.5 %) of clients were initiated on ART within 60 days of starting TB treatment compared with 123 initiated after 60 days while 167 (34.0%) TB patients were initiated on ART within 30 days of commencing TB treatment. Further work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.
- **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 training health care workers to manage treatment of TB/HIV co-infection.
- **The 3 I's protocol:** TBCARE 3I's field activities have commenced in all supported with some service indicators reported. This quarter for example, the following indicators were reported: % of facilities that are implementing TB DOTS uptake at 61% (11/18 facilities), number of facilities implementing TB Infection Control measures at 46% (17/37 facilities). The other indicators such as: % of patients who reported treatment success rates for TB and ART uptake in TB/HIV co-infection has not been reported as the data are pending review at the quarterly national meeting.

**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 141 laboratories in public health facilities and 26 laboratories in the private health facilities this quarter with 130 of these laboratories having 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:** Two major shipments of critical PCR Laboratory reagents and consumables were received. The first consignment procured by the United Nations Development Program (UNDP) comprised of four (4) consumable bundles and sixty (60) Version 1.5 Roche DNA PCR amplicor kits. ZPCT II facilitated the prompt delivery of these supplies to ADCH PCR Laboratory to avert a further buildup of unprocessed samples. The second consignment was procured by ZPCT II and comprised of four (4) Consumable bundles and seventy five (75) Version 1.5 Roche DNA PCR amplicor kits. From the first UNDP consignment a balance of six kits was in stock, the restocking therefore was timely to prevent disruption of testing services. Routine testing continued with the rotational part time staff performing testing for an average of about 450 samples per week, part time staffing levels remained consistent during the quarter. To enhance the quality of dried blood spots received the laboratory has displayed visual aids in the reception area to help with the physical verification process. The aids acted as training references particularly for poorly collected local samples and have been circulated to the provinces as tools for provincial training.
- **Improving efficiencies in the PCR lab processes:** During the quarter the recently introduced quality improvement plan which is aimed at determining the effectiveness of the double data entry system continued with implementation; it was introduced in October 2013. The process is being measured on a quarterly basis and with the guidance received from the Ministry of Health Laboratory Services it will be monitored for a period of one year. Preliminary review has pointed to improvement, other notable interventions apart from double entry being the reviewed transmission of results to the Mwana Server at

Ministry of Health. It is anticipated that the improvement plan and subsequent outcomes will be documented to provide a learning experience.

- Specimen referral system: ZPCT II supported implementation of specimen referral. An average of 39,500 samples were referred from 264 facilities to 99 laboratories with CD4 testing capacity.
- Internal quality control (IQC): ZPCT II continued with the monitoring process with focus on ensuring that mechanisms were put in place to step-up regular and consistent use of the forms. Of the laboratories under ZPCT II support, 10% scored very good demonstrating 90-100% implementation of the forms, while 15% were good. 30% scored above average, while 25% were below average. 10% percent indicated that they had not been exposed to the forms and a further 10% had not just implemented them expressing ignorance on their use and too much clerical work to handle. These findings provided the basis for focused technical assistance and mentorship during the quarter. The Laboratory unit at MOH has been approached to discuss further enforcement of this activity and the general observation was that of unresponsiveness. MOH hopes to address this possibly through a general memorandum or through the Step Wise Laboratory Improvement Process towards accreditation (SLIPTA) program.
- External quality assurance: ZPCT II supported the MOH approved external quality assurance programs as follows:
  - *CD4 EQA Program:* During the quarter some ZPCT II supported sites enrolled on the UKNEQAS program did not receive the proficiency panels on time. This was attributed to the incomprehensive coverage of the express mail service (ems) provided by ZAMPOST. As a consequence some facilities were late with submissions and were not scored for CD4 absolute counts and percentage analysis. The reference lab has, however, indicated that the performance of Zambian labs in comparison to other regional laboratories enrolled on the same program is not favourable and the lack of equipment service and calibration of pipettes have been noted as likely contributors. For sites receiving proficiency panels within the testing window the national reference lab has encouraged the submission of results via sms for prompt submission through the reference laboratory. ZPCT II is assisting with distribution of the proficiency panels to enrolled sites.
  - *HIV EQA Program:* During the quarter one hundred and thirty three (133) HIV EQA samples in the form of dry tube samples were received from the reference laboratory. These were distributed to ZPCT II supported sites according to a predetermined schedule compiled by the reference lab. The Zambia National Quality Assurance Program (ZANQAP) also notified partners on the distribution cycle for 2014 and indicated that only two cycles would be sent out i.e. PT 005 and PT 006. ZPCT II will continue actively following up participation and will also monitor the performance of these sites and provide technical assistance for any noteworthy corrective actions.
  - *10th Sample QC for HIV testing.* This was ongoing, although there have been a few challenges noted. Routine checks on the ground have shown that while 10<sup>th</sup> sample QC for HIV testing was ongoing, it was not consistent, and there was lack of documentation in support of its implementation. ZPCT II monitored this activity and provided mentorship to emphasize the need for proper and consistent implementation.
  - *EQA and TB diagnostic activities:* ZPCT II has noted the inconsistent rate at which TB external quality assessments are being done. This has been raised with TB Care and it is hoped that it will be resolved soon. TB Care has advised ZPCT II of definite plans to host a training of trainers for the Gene X-PERT sometime in the near future. This will go a long way in equipping ZPCT II technical staff with skills and knowledge on the equipment as they provide routine technical assistance.
- Commodity management: The quarter experienced a relatively stable situation where stocks are concerned with some isolated cases of stock outs mainly of reagents associated to the few analysers distributed such as the Mindray and Humalyte platforms for haematology and electrolyte testing respectively. The electrolyte unit at Kasama General Hospital could not operate optimally during the quarter due to a central stock out while the Mindray Haematology analyser at Matumbo and Chitoshi could not provide service either due to national level stock outs. Reagents and consumables for CD4 enumeration, liver function tests, kidney function tests and full blood counts were generally available

across all levels of health care with redistributions of supplies taking place to cater for sites nearing stock out.

- **Equipment:** All CD4 equipment totaling 114 were functioning well during this quarter as there were no breakdowns of equipment reported throughout supported health facilities. This is the second quarter running with a good record on the FACs count platforms and is a pointer to consistent good use and prescribed user maintenance being fulfilled routinely by the operators. Installation of new equipment: Six BD FACSCount machines were installed at Twapia, Mpatamatu, Kabwe General, Railway Clinic, Chilubi Island and Muyombe district. The ABX Micros was stable with only five breakdowns at Mansa General Hospital, Zambezi District, Mwinilunga, Solwezi and Luwingu, this being out of a total of 143 analyzers. Mansa General and Luwingu District fortunately have identical ABX Micros units as back up and so have not been impacted negatively. Solwezi General was however running its full blood counts on the ABX Pentra 80 even though there was a central stock out of reagents. The C111 chemistry analyser at Mumbwa district was reported nonfunctional but was backed up by the Pentra C 200 while the Cobas Integra 400+ at St Paul's Mission and Roan General will need special attention or possible replacement by ZPCT II with ABX Pentra C200 as they are old pieces of equipment. Buchi and Bulangililo humalyser repairs have been escalated to the respective vendor and should be operational before the close of the next quarter. Out of the 124 chemistry analysers an average of about 6 are not operational. Overall equipment functionality has been stable this quarter across all ZPCT II supported sites.

### ***Pharmacy services***

Technical support to pharmaceutical services was provided in 431 facilities of which 31 are in the private sector. This quarter, technical support visits were conducted in the supported sites with an emphasis on preparing for ZPCT II close out. The focus was on promotion of rational drug use to ensure good therapeutic outcomes for patients, rational utilization of essential medicines and medical supplies including support for MC activities and management of information systems. Other focus areas were on strengthening facility supply chain linkages to improve stock availability, and reduce on stock imbalances at service delivery points in supported provinces. This included post training implementation follow up and mentorship in an effort to increase ownership and instill sustainability and an increased level of responsibility among our partners in MOH and MCDMCH.

- **SmartCare pharmacy module and the ARTServ dispensing tool:** As part of the ongoing exercise to improve management information systems, ZPCT II continued with the plan to scale up and upgrade all the facilities to the new version of Smartcare v4.5.0.5 and this included ART pharmacies with the dispensing tool. During the quarter under review a total of 134 out of 137 ART facilities using SmartCare were upgraded. 86 pharmacies within the 134 ART facilities were upgraded and deployed. The 48 sites that were not deployed with SmartCare, 22 do not have computers in the pharmacy and have been using paper based systems. Out of the 86, 19 are currently operational (16 old sites and three are new sites). The remaining 67 sites were still awaiting training and orientation in the use of SmartCare (61 of these facilities were still using the ARVs dispensing tool and six were new sites provided with computers and installed with SmartCare).

17 sites which were using dispensing tool and not deployed with Smartcare continued to use the tool. Out of the total 78 that were using the dispensing tool 72 were functional and only six were non-functional due to faulty computers. A few challenges in the use of ARVs dispensing tool were noted including inability to update certain records, inadequate number of trained personnel, power outages and equipment failure. Routine servicing and maintenance schedules were done and all nonfunctional computers were scheduled for repair or replacement. Focused technical support was provided to the sites that were not able to fully operationalize the tool.

- **Pharmaceutical Management:** This quarter ZPCT II participated in the evaluation to review the implementation of the national mentorship for pharmacy program aimed at improving pharmaceutical services in the public health systems that has now been rolled out to selected facilities in Lusaka, Eastern, Western, Central, Southern, and Copperbelt provinces. The results so far have been positive and well received. Ministry of Health in collaboration with other stake holders agreed to decentralize this exercise to the districts and also to increase the number of mentors as the program is rolled out. As a result of this review, orientation sessions will be conducted for the provincial pharmacists together

with the mentors to ensure smooth transition and continued measures of success. The provinces to be incorporated next are Northern, Muchinga, Northwestern and Luapula provinces.

- Ministry of Health and other stake holders convened a conference to promote Pharmacists' involvement in health research to improve quality health care in Zambia. This provided an opportunity for public and private sector Lusaka based Pharmacists to share recent advances and developments, receive updates on HIV/AIDS care, and receive a rigorous and innovative training program to promote health research.
- Rational Medicine Use: ZPCT II focused on rational medicine use (RMU) as health systems strengthening and capacity building for pharmacy personnel to ensure the sustainability of quality healthcare services. This was done by transitioning direct support to the Provincial and district pharmacy personnel to enable them build clinical and management capacity to deliver reliable essential services. One of the ongoing activities that were embarked upon by Ministry of Health in collaboration with MCDMCH was to distribute Truvada, Zidovudine and Nevirapine through the provincial health office. This ensured that the Truvada was being used for the right purpose and the Zidovudine was reserved for clients on second line treatment.
- Supply Chain Management: ZPCT II participated 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:
  - *Post Exposure Prophylaxis:* A review of the status quo revealed that a number of sites have resorted to keeping the PEP corner in the pharmacy. This has been attributed to the low usage as a result of very few reported cases and issues related to the storage of thermal labile drugs such as Kaletra. On the other hand, access to ARV drugs for PEP still remains a challenge especially for non-ART facilities as concerns have been raised around management of PI's at lower level health facilities. ZPCT II provided focused TA and mentoring on the availability of the commodities required for PEP and assisting in providing solutions aimed at increasing access to the PEP products.
  - *Commodity management:* Generally this quarter there were some commodity management challenges owing to stock imbalances of some products and the setting up of parallel systems via the provincial medical office for commodity distribution. ZPCT II were on hand to work closely with affected parties such as the medical stores limited, the district medical office, hospitals and other service delivery points to streamline some of these operations and ensure continued delivery of quality healthcare services to ZPCT II supported facilities at the various levels.
  - *Public Private Partnership:* PPP facilities were visited to ensure promotion and strengthening of quality pharmacy services for PEP, PMTCT and ART programs. The pharmacy team continued to monitor activities and provide supportive supervision to ensure that the supply was maintained within the realms of the national logistic systems. 18 of the ART facilities have access to supplies and logistics tools for the management of the medicines and medical supplies although 10 sites experienced stock imbalances of ARV drugs as was the case in the public sector.
  - *ARV Logistics System Status:* Low stock levels of Tenoforvir/Emtricitabine FDC continued to be experienced at service delivery points and this led to rationing of the product. Most facilities were not able to use this product in combination with Efavirenz and this resulted into an overstock of EFZ at most facilities. As observed last quarter, the temporal parallel system which permitted facilities to order Truvada via the PMOs continued to be in effect. ZPCT II engaged both MSL and PMO at central level and assisted with the dissemination of information to ensure all the ZPCT II supported sites had continued access to commodities. In addition, ZPCT facilitated the redistribution process of commodities within affected provinces.
  - *PMTCT Logistics System:* The Nevirapine suspension in all the sites had an expiry date of March, 2014 and a lot of stock had to be retrieved from the service delivery points. MOH sourced about 7,000 Nevirapine 240ml from CHAZ which will be distributed next quarter through the provincial medical office to replace the expired stock. As was the case last quarter, there was a major concern over the inadequate supplies of Zidovudine 300mg tablets for PMTCT which saw a number of facilities reach emergency order points persisted. This product was stocked out at central level and

generally there was low stock throughout the facilities. ZPCT II continued to monitor the situation and to provide technical assistance to the facility staff to ensure continued availability.

- *EMLIP*: The Essential Medicines Logistics Improvement Program (EMLIP) which was rolled out to some districts to enhance the distribution of essential medicines faced some challenges such as low fill rate at MSL and on the other hand excess stocks from the kits leading to increased reports of stock imbalances. ZPCT II worked closely with MCDMCH to monitor consumption rates of affected products so as to exchange and redistribute commodities to try and balance out the inequalities. This helped in ensuring that facilities had adequate stock levels and the needed medicines and medical supplies to serve the community.

ZPCT II experienced low stocks of Lignocaine for male circumcision due to delayed shipments to resupply the pipeline and this affected service delivery; however, towards the end of the quarter, ZPCT received about 12,000 vials and this was distributed to all the six provinces. In an effort to normalize the situation, ZPCT II worked with SCMS to follow up on expected shipments and adhere to expected delivery dates for the remaining items. The long awaited 780 mosquito tissue dissecting forceps were finally supplied by SCMS although we were oversupplied by about 28,900 and half of this stock was delivered to the provinces. 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: Last quarter, Ministry of Health officially wrote to ZPCTII requesting for assistance with type setting and printing of the revised Pharmacy SOPs but after reviewing the budget this quarter as we approach the last 3 months of implementation, it was concluded that with the severe budget constraints it will not be possible to honor this request. In light of this, ZPCT II had discussions with World Health Organization for possible support of this activity. ZPCT II advised MOH to readdress the request to WHO.

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

### ***Trainings***

ZPCT II supported the following trainings during the quarter as follows :

- *Counseling and testing*: 20 HCWs were trained in CT. Cumulatively, ZPCT II has trained 2,014 HCWs in CT courses.
- *PMTCT*: 25 HCWs were trained in basic PMTCT. To date, a total of 4,192 HCWs have been trained in PMTCT.
- *Clinical care/ART*: 25 HCWs underwent training in pediatric ART/OI management, 77 HCWs in ART/OIs and 38 lay counselors refresher training in adherence counselling. Cumulatively, ZPCT II has trained 763 lay counselors in adherence counseling and 2,697 HCWs in ART/OIs management.
- 12 were oriented at model site (Samfya) in Luapula province

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.

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

1,319 community volunteers were supported by ZPCT II (353 ASWs, 530 Lay counselors, and 437 PMTCT lay counselors) this quarter. The volunteers supported and participated in various community mobilization activities such as adherence support to ART clients, demand creation for CT, MC, PMTCT, safe motherhood and clinical care services, and organizing national commemoration events such as Women's Day, Youth Day and World TB Day. Also, ZPCT II procured and distributed protective aprons which had MC, PMTCT and CT promotional messages on them to all volunteers. In view of the approaching end of project, ZPCT II procured and awarded each volunteer with a certificate of appreciation signed by the District Community Medical Officer. 641 volunteers were paid using the automated ZANCO Bank XAPIT system while 678 volunteers received their

payments by cash. All the provinces have some volunteers being paid through the bank with the exception of North-Western Province.

During the quarter under review, the Community Program Manager, M&E Advisor and Community Mobilization Advisor visited Copperbelt, Luapula, Northern, and North-Western and provided technical support to community staff, monitored fixed obligation grants that completed their milestones, monitor progress on the automated payment system, conduct data quality exercises, and initiating project closeout activities for the community component of the ZPCT II project.

This reporting period, a planning and review workshop was held in Kitwe from February 16 – 20, 2014 aimed at reviewing the objectives and deliverables of community mobilization, celebrate project achievements and verify auditable data documentation, sharing the lessons learnt and debating possible design changes for the follow-on project, and sharing the roadmap for project closeout. In attendance were all the community mobilisation staff, Provincial Technical Advisors, Human Resources Coordinator for CARE and Director Social Development for CARE.

All provinces under ZPCT II commemorated the Women's Day, Youth Day and World TB Day together with the local partners. These were characterized by conducting mobile CT and setting up information tables for people to collect information on HIV, and mobilising people to get tested.

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 43,753 (23,338 females and 20,415 males) for counseling and testing (CT). A total of 32,297 (16,903 females and 15,394 males) reached the facilities. In addition, 658 couples were referred, and 536 reached the facility.
- *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, 26,691 expectant mothers were referred for PMTCT services and 20,843 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 18,840 (10,825 females and 8,015 males) were referred for clinical care, and 13,895 (7,985 females and 5,910 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 13,214 HIV positive clients (7,599 females and 5,615 males), and were referred for further management at the supported facilities.

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

During this reporting period, 13,936 males were mobilized and booked for both mobile and static VMMC, and a total 7,631 males were circumcised. 3,995 were circumcised through mobile VMMC while 3,636 were circumcised through static centers. 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**

ZPCT II coordinated with the PMOs, DCMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks. 24 district referral network and committee meetings were held out of the 45 supported district referral networks. The meetings focused on World AIDS day preparations and commemoration, and referral networks meetings. The districts that managed to have the district referral network meetings were; Chingola, Kasama, Luwingu, Mporokoso, Mbala, Mpulungu, Mungwi, Nakonde, Kaputa, Mansa, Milenege, Samfya, Mwense, Nchelenge, Chiengi, Kawambwa, Chavuma, Ikelenge, Kabompo, Kasempa, Mufumbwe, Mwinilunga, Solwezi and Kabwe.

### **Fixed obligation grants**

This quarter, all the recipients of fixed obligation grants (FOGs) engaged to supplement the demand creation activities under the ZPCT II project successfully completed their milestones. These include; Kapiri Salvation Army, Groups Focust Consultations, NZP+ Nchelenge, Youth Initiative Group, Umunwe Umo Support Group, Community Health Restoration, and Ndola Salvation Army.

### **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 the reporting period, ZPCT II and DCMO/PMO staff conducted joint technical support visits to health facilities 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. 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.

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

Additional community volunteers were trained as follows: NHC, ASW, lay counselors and sub-grant recipients) continued during the quarter under review in two ZPCT II supported provinces of Central and Luapula. A total of 88 participants (40 females and 48 males) were trained. This brings the total number of community volunteers trained in community mobilization on GBV to 148 (62 females and 86 males). After the training, participants are expected to sensitize their respective communities on GBV, its effects and types of services available for survivors.

ZPCT II collaborated with government ministries and USG partners during the reporting period. A collaborative meeting with other FHI 360 projects like ZPI, TB Care, SPLASH and COH III was held in March 2014 where issues of increased collaboration and opportunities for strengthening gender integration were discussed.

ZPCT II implemented routine activities like couple counseling and screening for GBV in CT, FP, PMTCT and ART during this quarter. 30,136 clients were screened for GBV in PMTCT/ART/CT settings using the engendered CHC checklist, while 20,609 couples were counseled for HIV at ZPCT II participating health facilities. 73 survivors of rape were provided with PEP this quarter. Efforts to increase levels of knowledge among health care workers, the community members and the community volunteers have continued.

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

The ZPCT II staff working with the MOH at facility level, continued mentoring health care workers in the use of QA/QI data to improve quality of service delivery in areas noted according to the national SOPs and guidelines this quarter. HCWs from all ZPCT II sites were mentored to triangulate QA/QI data with the routine service statistics collected on a monthly basis. Additionally, quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use these to influence decision making at both health facility and DMO level.

A final impact study conducted by Cardno revealed an improvement of 43 percent in management capacity of PMOs and DMOs. The ZPCT II capacity building program is aimed at strengthening the MOH service delivery supervisory units to perform technical and program management functions, an objective meant to ensure sustainability beyond ZPCT II.

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

This quarter, ZPCT II and Cardno headquarter staff conducted a one-day workshop to disseminate results of the impact assessment of the capacity building activities. The workshop was attended by MOH, provincial and district medical officers who were part of the capacity building program. Additionally, a final report by Cardno Emerging Markets (Cardno) was presented to show the work completed under the Zambia Prevention, Care and Treatment Partnership (ZPCT II) from August 2009 to February 2014, with a specific focus on the capacity building program.

Capacity building interventions primarily included trainings, mentorship, technical assistance, and resource documents and tools. Cardno trained 156 PMO and DMO officers in one of the four priority areas; this included 21 trained in financial management, 53 in planning, 26 in HRM, 56 in governance, and the facilitation of 84 mentorship sessions. Further, 39 of 42 districts were graduated following the ZPCT II graduation strategy, and Cardno developed and distributed capacity building tools to provincial and district staff. These tools included an Organizational Capacity Assessment Tool; four training manuals in planning, financial management, planning and human resources; job aids; and mentorship checklists.

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

This quarter, Solwezi Medical Center did not renew the MoU with ZPCT II and this was replaced by Indeni Clinic. The MoU between ZPCT II and Indeni clinic was signed this reporting period and TA was provided at the facility. Additionally, two staff from Indeni Clinic were trained in ART. Currently, ZPCT II is supporting 30 private sector health facilities. Technical assistance was provided in the supported sites by ZPCT II staff as follows:

- Mentorship and supervision of HCWs providing ART/CT/PMTCT/MC services: Technical staff worked with the Health Professions Council of Zambia (HPCZ) in conducting the QA/QI and site accreditation in ART private medical facilities. In addition, onsite support supervision and hands-on was provided to facility team on data management using the upgraded SmartCare program in ART sites.
- Linkage to MOH commodity management: During the quarter, the HPCZ representatives at the supported provincial medical offices (Central, Copperbelt and North-Western) conducted accreditation assessment for facilities that had applied as part of the qualification for linkage to the national ART commodity management system.
- Capacity building activities: Seven(7)HCWs from the Five (5) private medical health facilities participated in four (4) HIV/AIDS related trainings (Adult/ Pediatrics ART/OIs, Basic Counseling and PMTCT). This opportunity has enabled supported health institutions to have HCWs implement national protocols and guidelines in HCT, PMTCT, and pediatric and adult ART/OI management.

#### **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. A total of 117 new clients were initiated and 1030 clients were reviewed.

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)**

The SI unit completed upgrading the seven SmartCare sites that had remained during this reporting period. In addition, the SI unit facilitated the SmartCare training for M&E officers and facility Data Entry Clerks in Northern and Muchinga Provinces. The training was facilitated by MOH district information staff in Northern Province and the ZPCT II Senior M&E Officer from Central Province. The thirty two trainees will be certified once their answer scripts are marked by EGPAF. The provincial IT staff continued networking of computers among MCH, ART clinic and pharmacy in sites with more than one computer. SmartCare software at ZPCT II Lusaka office did not work well after merging all the transport databases as some reports could not run. The problem was reported to the SmartCare Developers and they are working to rectify the problem.

Collaboration with other technical units continued this reporting period. The SI unit participated in operational research related to the ZPCT II work in the area of male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, FP/HIV Integration evaluation and training studies. Most of the studies were at analysis or report writing stage.

The results from the audit were analyzed from last quarter to monitor the margin of error trend on selected CT/PMTCT and ART indicators. The results showed that ZPCT II is within the 5% margin of error.

During the quarter under review, a consultant migrated the ZPCT II reporting system to District Health Information System 2 (DHIS2), a web based system format. SI unit team was oriented in the use of DHIS2 by the consultant. But a challenge emerged when new PEPFAR indicators were introduced which need to be migrated to DHIS2 to replace the old indicators. It is after this is done that ZPCT II will pilot the web based DHIS2 for reporting service statistics from the supported health facilities. Also the business plan will need to be finalized before the implementation of DHIS2. In response to the new indicators the unit redesigned the ZPCT II data collection tools to accommodate the indicators. The semi-annual PEPFAR report will report new indicators.

Also, the SI unit provided field support to Copperbelt Province in data management this quarter. Eight facilities in Ndola, Luanshya and Chingola were visited.

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

ZPCT II has continued monitoring the implementation of quality improvement (QI) projects across the six supported provinces. This quarter, the QA/QI Advisor visited Northern Province to monitor and support implementation of the QI projects. Mungwi DCMO and the QI team have taken a leading role in implementation of QI projects, and have been sharing their QI efforts at provincial clinical meetings.

The following are some of the QI projects being implemented across the six provinces;

- Strengthen sample referral networks for all positive pregnant women at Mutanda Rural Health Centre in Solwezi. The aim of this QI project is to increase CD4 assessment accessibility for HIV positive pregnant women in PMTCT settings from 0% to 95% in 10 months through same day CD4 sample collection from all HIV positive mothers at MCH and laboratory analysis.
- Improving uptake for screening of chronic conditions in MCH at Kimasala Clinic in North-Western Province. The aim of this project is to increase screening for Chronic Health Conditions (CHC) at Kimasala Clinic from 4% to 90% in nine months by screening every pregnant woman who comes for ANC check and every client who comes for CT.
- Retesting of HIV negative pregnant women in MCH is the other QI project being implemented at Solwezi General Hospital.
- Mungwi district's QI project is aimed at increasing the minimum number of voluntary male medical circumcision (VMMC) cases that are reported through Mungwi Baptist site from of 8 clients to 40 clients per month by the end of second quarter 2014; resolving this problem will contribute positively to the HIV prevention strategies.

- Bridging missed opportunities in PMTCT at Buntungwa Health Centre in Luapula, this project aims to increase CD4 access for HIV positive pregnant women at Buntungwa HC from 0% to 95% in eight months through same day CD4 sample collection from all HIV positive mothers at MCH and laboratory analysis.
- QI project in Ndola is implemented at Railway Surgery aimed at reducing the reporting date of submitting reports to DCMO from the 10th to the 5th day of every month. Some of the strategies employed were to maximize the engagement of community volunteers by ensuring their availability at each clinic to alleviate work load due to staff shortage & In-charge to randomly check data entry in the registers at least three times per week

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

The Quality Assurance/Quality Improvement assessments were conducted in 160 eligible ZPCT II supported sites in both graduated & non-graduated districts. This was accomplished 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. Summaries of the main findings from the QA/QI assessment conducted this quarter are highlighted below.

### **ART/Clinical Care**

ART provider and facility checklists were administered in 66 reporting ART health facilities in both graduated & 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 and or kidney tests being done before ART initiation. Affected districts include; Kitwe, Ndola, Luanshya & Chililabombwe. The reasons given for this include;
  - The demand for creatinine testing has increased with the new guidelines and laboratories not able to meet this new demand.
  - Challenges are still occurring with erratic supply/stock out of reagents coupled with limitations in the numbers of samples allowed to be collected
  - High number of patients vs few machines hence failing to meet the demand

#### *Action Taken:*

- Track follow ups with the lab and pharm unit on the supply of reagents and new equipment by MOH as well as on the possibility of increasing the number of samples processed 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, Ndola, Luanshya, Mufulira, Chililabombwe, Solwezi, Kabompo, Kasempa & Ikelenge. The main reasons advanced for this include:
  - Poor patient return for repeat CD4 testing and monitoring
  - Sample referral system still has a few challenges – inconsistent supply of reagents, limitations on the number of samples to be collected and so new clients are prioritized over old clients in some facilities.
  - Under documentation of client results in files and SmartCare may result in under reporting
  - Staff shortage – resulting in very few clinicians to offer adequate follow up of patients
  - Clinicians not diligent to order CD4 test according to protocol,
  - No ART clinician at Solwezi Urban Clinic often times,
  - Broken down sample referral motorbike at Ikelenge RHC and uncoordinated clinic reviews which do not tally with the patient's due date for CD4 testing and other labs.

#### *Action Taken:*

- Ongoing mentorship on client monitoring and CD4 testing for facility staff.
- Job aids with the schedule for laboratory monitoring have been distributed to all facilities.
- Feedback has been given to the ART providers and they have been reminded repeatedly to order the tests.

- ART training provided follow up schedule to the participants present
  - Meetings on findings were held with Clinical Care Officers at the DMOs' offices. DFollow up action will be taken through close supervision of ART providers.
  - Motorbike has been procured and delivered to Ikelenge RHC
- Some health facilities are not using SmartCare reports to monitor clients on HIV care & treatment. The affected districts include; Kitwe, Ndola, Mufulira, Chingola, Luanshya, Solwezi, Ikelenge & Kabompo. The main reasons given for this are as follows:
- Shortage of health care workers to make decisions on the SmartCare reports is still a challenge
  - SmartCare reports are not required for the monthly reporting of HMIS data
  - Increase in patient numbers, ART providers feel there is not enough time to ensure that reports are well utilized
  - Some health care workers are not yet oriented in the use of SmartCare reports at sites where SmartCare is newly installed, such as at Ikelenge RHC and St. Dorothy RHC
  - No electronic SmartCare system in private sector clinics

*Action Taken:*

- Orientation and mentorship on use of reports has been ongoing with available facility staff
- DEC hired for Ikelenge and St. Dorothy RHCs thus SmartCare systems are now functional

### **CT/PMTCT**

CT/PMTCT unit had the CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection tools administered in 160 CT and PMTCT sites in graduated & non-graduated districts. The main findings of the CT/PMTCT quality assessments are as follows:

- Selected facilities in the Copperbelt, Northern and Luapula provinces in Mwense, Kawambwa, Chienge, Nchelenge, Milenge, Kitwe, Masaiti, Ndola, Mufulira, Mpongwe, Luanshya, Lufwanyama & Kalulushi are not conducting external quality control on 10% of HIV samples. . The reasons given for this are as follows:
- Lack of transportation to the reference Laboratory at Ichimpe, Murundu, Njeleman and Dola Hill.
  - Lack of EDTA bottles for sample collection.
  - Low levels of testing kits in some centres thus QC was suspended or erratically done.
  - Newly qualified HCW's recently posted to the facilities and not yet trained in CT

*Action Taken:*

- Counselors were mentored on conducting external QC on all 10% HIV samples tested.
  - Counselors from sites without labs were encouraged to send samples together with CD4 samples.
  - Internal peer to peer QC Mentorship done to In-charges and Lay counselors
- HIV test kit stock outs being experienced in some facilities. The affected districts include: Kitwe, Masaiti, Ndola, Mufulira, Mpongwe, Luanshya, Chingola, Mwense, Milenge, Kawambwa, Nchelenge & Chienge. The reasons given for this are as follows:
- Late submission of reports (R&R) to the DCMO by facilities.
  - Documentation gaps in the daily activity register (DARs) leading to inaccurate figures reported resulting in inadequate supply from Medical Services Limited.

*Action Taken:*

- Counselors were mentored on the use of DARs
  - Onsite mentorship on timely reporting and ordering of kits through use of R&R
  - Pharmacy and Laboratory unit to continue redistribution of tests kits from facilities with more stocks
- Facilities not implementing routine 'opt out' CT strategy in family planning clinics. Affected districts include Masaiti, Ndola, Mufulira, Chingola, Kalulushi, Mpongwe, Luanshya and Lufwanyama. The reasons given for these are follows:

- New sites not implementing routine CT in FP clinics effectively.
- Staff turnover - new FP providers working in FP clinics who are not yet oriented on the linkages
- Incomplete documentation of CT services offered in FP clinics

*Action Taken:*

- Mentored counselors and facilitated change in client flow in FP clinics to facilitate integration of CT service within the clinics
- Facilitated allocation of community volunteer counselors to FP clinics for counseling

### **Laboratory infrastructure**

The laboratory QA tool was used for quality monitoring in 22 laboratories graduated & non-graduated districts. The following issues were documented:

- There are no first aid boxes and fire extinguishers in some laboratories. The affected districts include Kasempa, Kabompo, Mufumbwe, Zambezi, Chavuma, Kitwe, Ndola, Mpongwe, Mansa, Chienge, Samfya, Kawambwa, Mwense, Chipili, Mwansabombwe, Milenge & Nchelenge. The reasons advanced for this are follows:
  - Lack of support from local administration and lack of appreciation of importance of first aid kit set
  - The First Aid kits have not yet been procured for public facilities and the private sector facility has been encouraged to buy for themselves

*Action Taken:*

- Encouraged all laboratory personnel to design the first aid kit sets, during normal TA visits by involving their respective facility management for financial support.
- Facility management were encouraged to procure the equipment
- Facility staff in the affected laboratories have improvised sand fire extinguishers
- ZPCT has communicated with DMO pharmacists in ensuring accident occurrences are attended to immediately
- Laboratory staff are not offered appropriate vaccinations and some laboratory staff are not trained in biosafety. The affected districts include: Mansa, Chienge, Samfya, Kawambwa, Mwense, Chipili, Mwansabombwe, Milenge, Nchelenge, Kitwe, Mpongwe, Lufwanyama & Ndola. The reasons given include the following;
  - No vaccines from Ministry of Health for HCWs
  - Facilities have received a number of new staff

*Action Taken:*

- Discussed with laboratory In-charges on the importance vaccination as they handle contagious specimens
- Mentored laboratory staff in basic lab safety

### **Pharmacy**

The pharmacy QA tool was used for quality monitoring in 127 health facilities in both graduated & non-graduated districts. The following issues were documented:

- Some facilities do not have updated temperature monitoring charts/logs in the bulk stores. Affected districts include; Kalulushi, Zambezi, Mufumbwe, Kabompo and Nchelenge. The reasons advanced for this include;
  - Facility staff does not commit to monitoring and recording temperature
  - Facility financial constraints to procure temperature monitoring thermometers
  - Thermometers broke down and are yet to be replaced

*Action taken:*

- ZPCT II pharmacy technical officer mentored HCWs in affected facilities on the importance of temperature monitoring and recording in the bulk stores.
- Request for procurement of room thermometers was included in the last amendments in the RAs
- Power interruptions mostly in Samfya and Nchelenge districts

- Advised facility staff to engage the DMO to procure thermometers
- Some facilities do not have adequate pallets and as a result, not all products are off the floor. Affected districts include; Solwezi, Kasempa, Chavuma, Mwense, Mansa, Nchelenge, Samfya and Kawambwa. The reasons advanced for this include;
  - Insufficient number of pallets available in the pharmacy
  - Pallets have not yet been procured
  - Pharmacy staff not making requests to management for procurement of pallets

*Action taken:*

- Pharmacy in charges were urged to request management to procure pallets and some pharmacy staff were advised to request from MSL
- Constant follow up on the procurement of pallets which are already in RAs but pending procurement
- Staff encouraged to keep products on top of the shelves
- Some facilities do not have functional Drug & Therapeutic committees (DTC). Affected districts include; Mufulira, Kitwe, Mufulira, Masaiti, Mpongwe, Mansa & Mwense. The reasons advanced for this include;
  - The affected facilities did not hold DTC meetings during the quarter
  - Some facilities are run by nurses only

*Action taken:*

- Pharmacy Technical officer, district pharmacist and MOH hospital pharmacists encourage facilities to hold the DTC meetings.
- Facilities were also encouraged to incorporate DTC meetings into regular clinical meetings
- Advised facility in-charges to link their facilities to the DTC at Mambilima Mission Hospital.

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

The M&E QA tool was administered in 91 health facilities in both graduated and non-graduated districts; the tool assesses the component of data management and electronic patient information system. The notable findings included the following:

- SmartCare client records were not up-to-date and SmartCare Transport database (TDBs) not being done. Affected districts included; Kasempa, Kabompo, Solwezi, Nchelenge, Samfya, Mwense, Mwansabombwe and Chienghe The reasons advanced for this include:
  - Some cases of outreach patient files were left at the outreach sites and now they have been brought to the static site, resulting in a back log.
  - Lack of data entry personnel especially at private facilities results in no data entry at all
  - Power interruptions mostly in Samfya and Nchelenge districts
  - SmartCare computer breakdown at Kabole and Mambilima

*Action Taken:*

- Followed up on data entry and guidance on outreach files to be gathered and brought to the static site
- Oriented new data entry personnel in SmartCare
- SmartCare data entry has continued in the facilities where there is data entry backlogs
- Some ART facilities do not have updated Pre-ART & ART registers and some PMTCT facilities do not have well completed and up to date mother baby follow up registers. This was noted in the following districts; Kabompo, Kasempa, Solwezi & Ikelenge. Reasons given for the observations included:
  - Newly upgraded facilities to static ART facilities have documentation back logs as most of these facilities have no data entry personnel
  - Some DEC's have concentrated on updating electronic SmartCare system and not the hard copy registers
  - Most PMTCT facility based service providers do not know how to manage the mother baby follow up register

#### *Action Taken:*

- Support was mainly provided through PMTCT training and onsite mentorship.
- ZPCT II has made plans to ensure that the sites are using the new register in order to improve capturing of data
- Facility staff /DEC oriented on registers documentation,
- Follow up on verification to be intensified to insure that the registers are up to date in all sites

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

During the quarter, five additional districts were graduated from intensive technical assistance bringing the total number of graduated districts to 32. This represents 76% of the targeted 42 districts. All districts in North-Western Province have graduated and only one district is remaining to graduate in Northern Province. The following are the ten remaining districts targeted to graduate next quarter; Chienge, Milenge, Nchelenge, Mwense, Kapiri Mposhi, Mumbwa, Masaiti, Mpongwe, Kitwe and Chilubi.

#### **RESEARCH**

During the reporting period, ZPCT II focused on data analysis for the different operational research (OR) projects that were being conducted and also writing of abstracts for submission to local and international conferences. The following were the OR projects that were finalized and their abstracts submitted to conferences:

- Evaluating the effect of mobile health technology (program Mwana) on the rate of ART initiation in HIV infected children below 18 months. This was submitted to 8th International Workshop on HIV Treatment, Pathogenesis and Prevention Research in Resource-poor Settings (8<sup>th</sup> INTEREST workshop) to be held in Lusaka, Zambia from May 5 – 9, 2014. The notification on whether the abstract has been accepted or not is expected early in the next quarter.
- The effect of male involvement in ANC on PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia. This was submitted to 8<sup>th</sup> INTEREST workshop. The notification on whether the abstract has been accepted or not is expected early in the next quarter.
- Evaluating the effectiveness of the ZPCT II specimen referral system for CD4 assessment. Data collection started in October 2013 and was completed in December 2013. This was submitted to the 20<sup>th</sup> International AIDS Society (IAS) conference to be held in Melbourne, Australia from July 20 – 25, 2014 and awaiting notification of outcome early next quarter.
- Enhanced systems for tracking referrals to FP from HIV services - does it help increase uptake of FP services? This was submitted to the 20<sup>th</sup> IAS and waiting notification of outcome early next quarter.
- Assessing the retention in care for patients on antiretroviral therapy in rural Zambia. Submitted to the 20<sup>th</sup> IAS and awaiting notification of outcome early next quarter.

Also, the research unit focused on generating manuscripts and identifying journals to submit the manuscripts to. Below are the titles of the manuscripts that are currently being written:

- Identifying factors associated with graduation from intensive technical assistance of ZPCT I AND ZPCT II's PEPFAR funded HIV/AIDS program, through use of QA/QI initiatives in 42 MOH districts.
- Evaluating the effectiveness of the ZPCT II specimen referral system for CD4 assessment- data was collected and data cleaning has been done.
- The effect of male involvement in ANC on PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia.
- Family Planning and HIV Services Integration: Enhanced systems for tracking referrals to FP from HIV services - does it help increase uptake of FP services?

Other OR projects that received ethical approval and began during the quarter included:

- Using SMS technology to reduce loss to follow-up among ART patients in Zambia. This study was approved by a local ethics committee and by the Protection of Human Subject Committee (PHSC) based at the FHI 360 headquarters in Durham NC, US. Staff in the field were trained in March on how to collect data for this study. Data collection to begin in second quarter.

- Quality Management Systems Performance analysis of HIV early infant diagnosis (EID) at Arthur Davidsons Children Hospital PCR Laboratory in Ndola Zambia. This study was approved by the PHSC in March. Data collection to begin in second quarter.

The research unit continued working with the three students pursuing their Master of Public Health (MPH) at the University of Zambia School of Medicine (UNZA SOM) attached to FHI 360 Zambia office as interns under a memorandum of understanding between FHI 360 Zambia and the UNZA SOM. All the three students have completed their data collection and the data sets are ready for analysis and completion of their dissertations for their MPH program.

## **PopART STUDY**

During the quarter under review, the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 in Zambia continued its implementation of activities. The PopART activities focused on the following:

- Refurbishments and construction works at health centers: All outstanding construction and refurbishment work in the five PopART sites were completed during this period. However due to limited space at Makululu to construct the bulk storage room, a decision was made to build this storage at Ngungu, an Arm C site. This work began during this quarter and will be completed in the next quarter.
- Human resource: This quarter, the Laboratory Technician at Ndeke Health Centre was dismissed and the processes to replace him was immediately initiated.
- Performance of laboratory equipment: All the four ABX Micros 60 (hematology analyzers) and four ABX Pentra C200 (high throughput chemistry analyzers) at Chipulukusu, Chipokota Mayamba, Makululu and Ndeke performed well despite the erratic supplies of reagents by MSL as reported in the challenges section.
- Voluntary Medical Male Circumcision (VMMC) services: This quarter, Chipulukusu and Chipokota Mayamba in Ndola District started providing MC services after the Ndola District Community Medical Office (DCMO) officially assigned ZPCT II these two facilities. VMMC services in the Kitwe district are still being supported by other partners. In Kabwe, the DCMO made some changes to partners providing MC services between ZPCT II and Marie Stopes International (MSI). Makululu H.C was allocated to ZPCT II while MSI was given Nakoli H.C. At Makululu H.C, a room was identified, refurbished, staff to provide the service were identified and MC kits were delivered to the health facility and services initiated. At Ngungu H.C, ZPCT II continued to provide support towards MC activities.
- Initiation of HIV positive clients' based on POPART study criteria (irrespective of CD4 count): The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal counseling and testing for HIV with immediate ARVs given to clients who test positive for HIV irrespective of CD4 count/WHO Stage as per study protocol while facilities falling in Arm B (Makululu and Chimwemwe) continued to implement universal counseling and testing for HIV but initiated ARVs to clients eligible according to the prevailing national ART Guidelines. The remaining two facilities falling in Arm C (Ngungu and Chipokota Mayamba) provided the standard of care as recommended by the current national ART Guidelines. During the reporting period, a total of 404 clients were enrolled into care at Ndeke and Chipulukusu (both Arm A facilities). Out of these, 207 clients were screened outside the national ART Guidelines, of which 201 consented and were initiated on ARVs.

## **PROGRAM AND FINANCIAL MANAGEMENT**

### **Support to health facilities**

*Recipient agreements:* During this quarter, ZPCT II amended and closed 57 recipient agreements (45 DMOs and 12 general hospitals). In addition, six PMOs and UTH agreements as well as the CHAZ subcontract were extended to May 31, 2014. The support that was provided in the DMOs and general hospitals was shifted to the PMO agreements. The KCTT subcontract closeout amendment process will be completed in the next quarter.

*Renovations:* Following waiver to carry out construction being granted to ZPCT II, limited extensions and outright construction project have been carried out to this effect. As the status has not changed with regard to inadequate space for service provision, ZPCT II has embarked on limited construction in facilities where the

space is non-existent. Discussions with PMOs and DMOs to help them prioritize infrastructure development were carried out, but because of limited funding for government little has changed. All the 17 targeted renovations have been completed and fully paid at the end of this quarter. Only three mothers waiting shelters under the Saving Mothers Giving Lives (SMGL) program have not been completed but are expected to be complete and fully paid for by the end of the second quarter.

### Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste and ensure environmental compliance in all of its supported renovations as per USAID approved Environmental Mitigation and Monitoring Plan. However, of the 27 incinerators targeted for refurbishment and fencing off to prevent scavenging, only 10 are to be refurbished this quarter due to budgetary constraints. 16 incinerators have been completed so far with 11 incinerators in the SMGL sites expected to be completed and paid for in the second quarter.

### Procurement

ZPCT II procured the following this quarter: 75 Amplicor kits, eight PCR bundles, nine air conditioning units and two solar panel systems for the health facilities. In addition, ZPCT II received the solar panel systems and air conditioning units and these were installed. However, the remaining medical supplies and equipment will be received and distributed in the next quarter.

### Human Resources

ZPCT II continued the reduction in staff (RIF) process, with five staff being let go in this quarter. 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.

Positions to be Riffed in ZPCT II, 2014											
Province	Month										RIF totals (Feb 2014 - Aug 2014)
	Apr-13	May-13	Jun-13	Sep-14	Feb-14	Mar-14	May-14	Jun-14	Jul-14	Aug-14	
Copperbelt		3			1	3	6	6	1	12	32
Luapula		3			0	1	6	3	2	9	24
Northwestern		4			0	0	6	4	1	9	24
Central	1	3			0	0	7	4	1	7	23
Northern		3			0	0	7	4	1	9	24
Lusaka	1	5	1	1	0	1	12	2	7	31	61
<b>Total</b>	<b>2</b>	<b>21</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>44</b>	<b>23</b>	<b>13</b>	<b>77</b>	<b>188</b>

### Training and Development

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

- Customer Care Skills: Office Assistant, ZPCT II Kabwe office and Receptionist, ZPCT II Lusaka were sponsored for this two-day training.
- Monitoring & Evaluation and SPSS Training: Monitoring and Evaluation Officer, ZPCT II Kasama was sponsored for this two-week training

### Information Technology

This quarter, the IT unit procured computer equipment for all ZPCT II offices. This was intended to be the last computer equipment procurement before the end of project. However, it was noted that the equipment was not adequate to address challenges of old and faulty computers. IT engaged the finance unit and managed to procure nine extra laptops.

ZPCT II continued the installation of local area networks in all supported facilities that are using SmartCare and have got more than two computers, as part of supporting the Ministry of Health requirement to upgrade SmartCare to the network based version. At the end of this reporting period, network installation has been completed in 35 health facilities. The remaining sites LAN installations will be completed in the next quarter.

During this reporting period, ZPCT II updated the IT equipment inventories for the ZPCT II offices and supported health facilities, including identifying obsolete as well as usable equipment that can be donated to needy beneficiaries. This disposal process will continue in order to ensure that only equipment in good working order is retained on our inventory at the end of the project. Also, Chloride Batteries Zambia limited was identified as being able to recycle UPS devices. This quarter, IT managed to dispose of all faulty and obsolete UPS equipment.

A consultant was hired to work on improving the ZPCT II electronic filing system in Lusaka. IT worked with the consultant and other units and assisted with rearranging and updating access permissions for the electronic filing system. This will improve data storage and retrieval as well as protection through backups and access restrictions. Next quarter, IT will continue working with other units to ensure that the electronic filing system is up to date.

ZPCT II procured and received the 74 desktop computers, UPSes and some printers for distribution to various health facilities to replace old computers that do not meet the minimum requirements for SmartCare, as well as for health facilities that did not have computers or were starting up new services. The equipment was received and distributed during this quarter.

## **Finance**

- Pipeline report: The cumulative obligated amount is \$124,097,099, out of which ZPCT has spent \$113,748,795 as of March 31, 2014. The total expenditure to date represents 92% of the cumulative obligation. Using the current burn rate of \$1,961,186 the remaining obligation is enough to take the project to the end of August 2014.
- Reports for Jan - Mar 2014:
  - SF1034 (Invoice) - February 2014
  - SF425 – December 2013
- Field Travel: During this quarter, a team from Finance & Administration undertook a trip to the Luapula province to provide TA. It consisted of; Contract Management Services Officer, Finance Officer, Procurement Officer and a financial consultant. Their SOP was to verify inventory, review procurement and administrative procedures, review contracts and Sub-recipient Financial Reports.

## **Inventory**

All the five provincial offices have conducted a final round of physical verification of assets in health facilities and submitted to Lusaka office. The inventories have been reviewed for completeness of information. During the physical verification exercise, ZPCTII staff carried additional USAID stickers & asset tags to replace on assets that had some tags falling off or erased due to repeated cleaning over the tags. ZPCTII will continue to manage the inventories until the final close out of the project on August 31st. The insurance cover has been extended to August 31<sup>st</sup>, 2014. For items that need repair or service, the provincial offices have continued to work with Lusaka in processing documentation for service providers to travel to sites where these equipment are placed; these include, motorbike service/repair, servicing of air conditioning units, etc.

## 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 in the supported health facilities, through training of community volunteers and supporting their monthly allowances.

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

The exponential rise in the number of dry blood spot (DBS) samples being processed averaging about four hundred and fifty samples per week (the highest sample load among the three EID Laboratories) at the PCR Laboratory in Ndola has prompted an increase in the number of DNA Roche Amplicor version 1.5 Kits and the corresponding consumable bundles. The quarter was therefore characterized with near stock out situations averted by two major procurements by UNDP and ZPCT II. In between the two procurements consumables had to be borrowed from the University Teaching Hospital (UTH) and the Centre for Infectious Disease Research in Zambia (CIDRZ). These situations will provide the basis on which all future procurements for the PCR Laboratory will be made to prevent unnecessary interruptions in the processing of samples. A total of one hundred and thirty five (135) DNA Roche Amplicor version 1.5 kits and eight (8) consumable bundles were received during the quarter and this sustained the testing operations of the laboratory. Stock outs of reagents supporting the Mindray haematology platform and the humalyte electrolyte platform fortunately only impacted a very small volume of facilities (less than 5 in all) and samples were referred to nearby facilities using the ABX Micros or Sysmex platforms for full blood count testing. Hemocue micro cuvette stock out cross ZPCT II supported facilities was relieved with the receipt of over two hundred boxes of cuvettes, these were distributed among the 6 provincial centres and point of care testing for heamoglobin estimation recommenced. Generally facility based stock outs were resolved through redistributions and the documentation of negative adjustments was done. EDTA and yellow tips redistribution was also facilitated by ZPCT II particularly for PopART sites while some sites that were unable to run CD4's opted to carry samples to the nearest testing site and perform testing without necessarily affecting the reference labs staffing. ZPCT II initiated an emergency procurement for selected lab reagents and these are expected to be received in the next quarter.

#### ▪ **ARV Stock Imbalances**

During the quarter there were stock imbalances of Truvada, Nevirapine and Zidovudine tablets. ZPCT II continued monitoring the situation at service delivery point level to determine the extent of the problem. Intensified stock level monitoring was effected and this helped in averting complete stock outs. It is anticipated that the status in the facilities will normalize early next quarter.

#### ▪ **Equipment functionality**

➤ *Humalyzer 2000 chemistry analyzers:* Payment processes for Kamuchanga, Chawama and Kakoso analysers was not done and will be completed in the next quarter underway now that the vendor has been engaged and the necessary documentation has been raised. The analysers have not been released by the vendor until payment processes are completed and the office is working on quickening the payment. Similarly Mahatma and Chinsali district breakdowns will be escalated.

➤ *Cobas Integra chemistry analyzers:* With the exception of Roan General Hospital, St. Pauls' Mission Hospital and Solwezi General Hospital, all the analysers in ZPCT II supported sites were functional and reagents were available at Central Level. The number of breakdowns for the Cobas Integra has somewhat increased over the months. The analysers have been in service for about ten years now and due to wear and tear have progressively become more expensive to maintain. Analysers at St. Paul's, Mbala and Roan General Hospital were still nonfunctional due to the high cost of spare parts, while the second Integra at Solwezi General Hospital was also not operational.

➤ *FACSCount CD4 machines:* There were no breakdowns of the FACSCount during the quarter.

➤ *FACSCalibur:* The unit at Kasama General Hospital was not working due to a calibration failure and this has been escalated to the vendor while the unit at Solwezi General Hospital was working but not in use due to the unavailability of controls. Calibrate stock out this quarter has affected Nchanga North General Hospital, Kitwe and Ndola Central Hospitals and Arthur Davison Children's Hospital.

- *ABX Micros haematology analyzers*: The equipment broke down in Mansa, Zambezi, Mwinilunga and Solwezi. Mansa and Solwezi fortunately have back-up equipment. The analyser continued to provide a standard service demonstrating robustness and stability. Supplies were available during the quarter and no major incidents were recorded.
- *Sysmex pocH 100-i*: Chimwemwe and Mwenzo instruments broke down and this was escalated to the respective vendor. Fortunately in Chimwemwe the ABX Micros was available for back –up while Mwenzo full blood counts are being referred to Nakonde.

## **ZPCT II programmatic challenges**

### **▪ Specimen referral for CD4 count assessment**

The placement of six CD4 FACSCount analysers in Northern, Central and Copperbelt province will somewhat increase access to CD4 testing for expecting mothers and ART clients. Muyombe, Chilubi Island, Mpatamatu Clinic 26, Twapia, Railway Clinic and Kabwe General Hospital were the beneficiaries. This placement will reduce the number of referrals especially for clinic 25 and Twapia clinic. Chilubi patients could not be tested in the past due to logistical challenges but with the recent installation will receive CD4 enumeration promptly. EDTA stocks stabilized during the quarter with no major incidents of stock outs; in certain instances ZPCT II facilitated redistribution of supplies between sites to avert facility based stock outs.

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

Travel this Quarter (January – March 2014)	Travel plans for Next Quarter (April – May 2014)
<ul style="list-style-type: none"> <li>▪ John Pollock, Project Support Leader for MSH, travelled to Zambia from February 20 – 28, 2014 to provide technical support to the MSH team.</li> <li>▪ Lowrey Redmond (Project Director) and Violet Ketani travelled to Lusaka for the impact assessment dissemination workshop in Kitwe and closeout of the capacity building program in February 2014.</li> <li>▪ Dr. Nathaniel Chishinga visited the FHI 360 offices at HQ in Durham, North Carolina, USA and those in Washington DC from 22nd February to 1st March 2014.</li> <li>▪ Dr. Andrea Bertone, Director of the Gender Department and Maryce G. Ramsey, Senior Gender Advisor from FHI 360 Washington DC offices visited Zambia from March 22 – April 12, 2014 to provide technical support in the development of the country gender strategy.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Gender Specialist will travel to Washington DC to present experiences of ZPCT II's integration of gender in HIV and AIDS service delivery at the FHI 360 organized gender conference</li> <li>▪ Melinda Packman: Snr. Operations Officer will travel from MSH HQs to Lusaka from May 18 – 24, 2014 to assist with the close out process.</li> <li>▪ Veronique Mestdagh HR Partner will travel to Lusaka from May 26 – 31, 2014 to assist with Personnel issues</li> </ul>

## ANNEX B: Meetings and Workshops this Quarter (Jan. – Mar., 2014)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p><b>January 14 – 16, 2014</b>  <i>Family Planning Annual Forecasting and Quantification Meeting:</i> The meeting was held at Sunset Villa Lodge in Makeni to revise and build consensus on assumptions for 2014/2016 forecasting and share the 2014 Family Planning supply plan with partners for commitments.</p>
	<p><b>January 30, 2014</b>  <i>Family Planning TWG meeting held at MCDMCH:</i> The TWG made presentations on The FP scale up plan annual work; dissemination of findings on injectable depo-provera by the consultant; FP/HIV integration with support from PEPFAR; update on the review of family planning guidelines and protocol and CBD training manuals and terms of reference for membership to the FPTWG.</p>
	<p><b>February 6, 2014</b>  <i>PMTCT TWG meeting hosted by MCDMCH:</i> This meeting reviewed the draft TOR for eMTCT TWG, discussed the stock out of AZT, the sites readiness assessment report/assessment tool and the M&amp;E framework for B+. Concerning the stock out of AZT, the TWG decided that in the absence of AZT for option A give Atripla should be dispensed in MCH, a MEMO should be generated and distributed. Efforts should be made to train staff on how to dispense Atripla and that assessments should continue to strengthen the weak areas identified. Partners should also start planning for the B+ trainings.</p>
	<p><b>February 10, 2014</b>  <i>Close out and consultative meeting with UNICEF and MOH:</i> This meeting was held at Mansa Hotel, Mansa District to discuss the close out plans, share some achievements under this UNICEF/FHI360 collaboration and agree on the way forward.</p>
	<p><b>February 27, 2014</b>  <i>Family Planning TWG meeting held at MCDMCH:</i> TWG made presentations on Expanding Effective Contraceptive Options (EECO) project designed to introduction new contraceptive methods in the country as well as presentations on orientation and supervision packages for CBDs including findings on best practices and brief reports from key local, national and global meetings.</p>
	<p><b>March 6, 2014</b>  <i>PMTCT TWG meeting hosted by MCDMCH:</i> The meeting reviewed and discussed the status on commodity stock outs: AZT, NVP syrup, DBS cards, DBS, and lab reagents. Additionally, these issues were discussed; coordination of PMTCT related trainings; progress made in implementing Option B+ site assessments; and the EID status vs PMTCT sites. Integration with other MNCH services - what proportion of partner supported sites are currently doing syphilis testing in MNCH and how many have urinalysis sticks and are doing urinalysis.</p>
	<p><b>March 11 – 14, 2014</b>  <i>Validation of the Family Planning Guidelines and protocols:</i> .            The purpose of the meeting was to validate the Family Planning Training Manuals and Family Planning CBD training manuals held at Zambezi Source Lodge, Kabwe. The validation was done for the FP guidelines and the CBD manuals. There was no time to finish the training manual for Health Care Workers but this was completed here in Lusaka due to lack of time.</p>
	<p><b>February 27, 2014</b>  <i>Family Planning TWG meeting held at MCDMCH:</i> TWG made presentations on Expanding Effective Contraceptive Options (EECO) project designed to introduction new contraceptive methods in the country as well as presentations on orientation and supervision packages for CBDs including findings on best practices and brief reports from key local, national and global meetings.</p>
	<p><b>March 16 – 21, 2014</b>            Consultative stakeholders meeting for developing an eLearning package for Option B+ and ART held at Zambezi Source Lodge in Kabwe. The objective of the meeting were; common understanding of eLearning and its application to Option B+ and ART; analyze performance gaps and identify challenges to training in Zambia that can be addressed through e- learning; describe when, where and how to use eLearning most effectively and identify opportunities and challenges to eLearning in Zambia.</p>
	<p>March 27, 2014  <i>Family Planning TWG meeting held at MCDMCH:</i> The TWG made presentations on these issues, including; Feasibility of Task Sharing of Tubal Ligation &amp; Clinical Officers in Zambia by MSI; Integrating FP Counseling ( CFPC) &amp; LARC Services by ZEHRP; LARC in – service training plan - CHAI; Update on the WHO FP Training manuals presented in Zimbabwe – MCDMCH</p>
MC	<p><b>January 8 – 9, 2014</b>  <i>Revision of the National AIDS Strategic Framework (NASF) Meeting at Radisson Blue:</i> ZPCT II attended and participated in this meeting that was designed to revise the NASF to include the VMMC program as part of the HIV prevention and extending the framework implementation to 2016.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p><b>January 21, 2014</b>  <i>M &amp; E Sub-Technical Working Group meeting at MCDMCH Board Room:</i> ZPCT II participated in this TWG subcommittee meeting that was designed to identify key strategic interventions, outputs and outcomes (M&amp;E framework) that needed to be included in the Revised National AIDS Strategic Framework (R-NASF) for monitoring and evaluating the program</p> <p><b>Feb 6, 2014</b>  <i>Modeling the Impact of VMMC Scale-up in Zambia meeting at Top Floor, Elunda Park - Lusaka:</i> ZPCT II participated in this meeting that sponsored by CHAI and was designed to share initial modeling results on the impact of VMMC in Zambia, build the capacity of MC stakeholders in Zambia to understand the drivers of impact on VMMC scale-up, to identify additional scenarios that Zambia would like to have modeled and stimulate discussions on program implications of these modeling results.</p> <p><b>February 27, 2014</b>  <i>VMMC Demand Creation through Traditional Leader meeting held at SHAREII Board room:</i> ZPCT II participated in this meeting that was designed to action the work plan that was developed in December 2013. The meeting resolved to ensure greater involvement of the MCDMCH in leading the strategy through its TWG in the planned launches as well as to have activities reported semiannually.</p> <p><b>March 5, 2014</b>  <i>National MC Technical Working Group meeting at MCDMCH Board Room:</i> ZPCT II participated in this meeting that was designed to review of 2013 Annual Program performance including December 2013 VMMC campaign national performance, plan and set national and provincial targets for the April 2014 campaign that was to integrate the traditional leaders engagement strategy. During the meeting a CHAI made brief presentation on Target Modeling workshop update and next steps for the country program.</p> <p><b>March 11, 2014</b>  <i>PopART VMMC linkages Review Meeting at MCDMCH Board Room:</i> ZPCT II attended and participated in this meeting that was designed to review and finalize PopART site allocation among VMMC service delivery partners. This meeting resolved the need for all assigned partner to establish static (fixed) VMMC service at all PopART intervention sites.</p>
Clinical Care/ART	<p><b>February 3 – 7, 2014</b>  <i>ART TWG Workshop to finalize Consolidated HIV Management Guidelines, the associated orientation package and SmartCare forms: Fringilla Lodge Chisamba:</i> ZPCT II attended and participated in this five day workshop that was called to review finalize the review preparation of the latest Consolidated HIV Management Guidelines before printing, the associated orientation package for HCWs and review of SmartCare forms so that they are consistent with requirements of the new guidelines. The guidelines will be launched next quarter by MOH.</p> <p><b>March 19, 2014</b>  <i>3Is meeting at the FHI360/ZPCT II offices – Lusaka:</i> ZPCT II together with other partners (CDC, CIDRZ) attended a 3Is meeting organized by TB care to discuss process on the 3Is data base</p> <p><b>March 24 – 28, 2014</b>  <i>Revising Peadiatric ART SmartCare forms and training materials workshop, Anina's lodge - Lusaka:</i> ZPCT II attended and participated in this five day workshop that was called to review peadiatric ART smart care forms and training materials. The meeting was organized by CHAI in collaboration with MOH.</p>
Laboratory	<p><b>January 20, 2014</b>  <i>PopART Consultative Meeting with MSL:</i> ZPCT II consulted with Acting Manager Logistics at Medical Stores Limited to understand the availability of specific PopART related commodities and other dynamics.</p> <p><b>January 29, 2014</b>  <i>ZIMT PopART Meeting:</i> ZPCT II attended a joint meeting convened by ZAMBART to review availability of PopART reagents and the general management of PopART activities across the country.</p> <p><b>February 12, 2014</b>  <i>Gene X-pert Technical Working Group:</i> ZPCT II attended the National Technical Working Group meeting held at Cresta to review GeneX-pert implementation guidelines and discuss dissemination as well as review USAID support to TB Care.</p> <p><b>February 26, 2014</b>  <i>ZIMT PopART Meeting:</i> ZPCT II attended a joint meeting convened by ZAMBART to review reports and assignments given to partners in support of the PopART study.</p> <p><b>March 4, 2014</b>  <i>Consultative Meeting with MSL:</i> MSH Project Lead John Pollock together with MSH/ZPCT II Pharm/Lab team met with MSL Executive Director Dr. Bonny Fundafunda and Director Pharmaceutical Standards Anne Zulu to understand MSL future plans.</p> <p><b>March 5, 2014</b>  <i>Consultative Meeting with DDLS MOH:</i> MSH Project Lead John Pollock together with MSH/ZPCT II Pharm/Lab team met with the deputy director laboratory services at Ministry of Health to review support</p>

Technical Area	Meeting/Workshop/Trainings Attended
	received so far and discuss other future possibilities.
Pharmacy	<p><b>January 14 – 16, 2014</b>  <i>Family Planning Forecasting and Quantification:</i> MOH in collaboration with various stakeholders held this meeting in order to review assumptions made during the 2012 forecasting and quantification meeting for 2013/2014 and revise the 2014 forecasts that were established during mid-year quantification review. The meeting also revised and built consensus on assumptions for 2014/2016 forecasting and developed the 2014 Family Planning supply plan with partners.</p> <p><b>February 6, 2014</b>  <i>Smartcare Training and Deployment for Model Sites Meeting:</i> ZPCT II hosted this meeting on behalf of MOH and other partners to review the LAN Requirement collection status and training strategies for upcoming Model sites trainings. The gathering also looked at the Model Site Process document and reviewed the Guide document on how to Implement model sites</p> <p><b>February 13, 2014</b>  <i>National pharmacy mentorship planning meeting:</i> This meeting was hosted by CHAI on behalf of MOH to review the 2013 mentorship activities and discuss in detail the MOH plan for the pharmacy mentorship program and the way forward for 2014.</p> <p><b>February 17 – 20, 2014</b>  <i>Pharmacy Research Conference:</i> The Ministry of Health, in collaboration with the Centre for Infectious Disease Research in Zambia (CIDRZ) and other partners including ZPCT II convened a conference and training to promote Pharmacists' involvement in quality health research to improve quality health care in Zambia. The conference provided an opportunity for public and private sector Lusaka based Pharmacists to share recent advances and developments, receive updates on HIV/AIDS care, and receive a rigorous and innovative training program to promote health research.</p> <p><b>March 21, 2014</b>  <i>Supply Chain Coordinating Meeting:</i> ZPCT II was invited to attend this meeting hosted by MOH in collaboration with various stakeholders to discuss supply chain management issues. The meeting discussed among other things the current stock out of Zidovudine, the expired Nevirapine suspensions and the overstocked Efavirenz at MSL and at SDP level.</p> <p><b>March 27, 2014</b>  <i>National Forecasting and Quantification Review Meeting:</i> Ministry of Health with support from the USAID   DELIVER PROJECT, conducted a one day forecasting and quantification review meeting for ARVs. The objective of the meeting is to assess if there is need to adjustment the forecast and planned procurement. This is in keeping with the need to ensure adequate supplies of ARVs at central and facility levels.</p>
PopART Study	<p><b>January – March, 2014</b>  <i>Monthly intervention monitoring team meetings:</i> These meetings aim at monitoring the implementation of the activities at both the national and district levels. Partners at both levels provided updates on the status of implementation. Two Zambia Intervention Monitoring Team Meetings (ZIMT) were held in Lusaka while three District Intervention Monitoring Team (DIMIT) meetings were held at the district levels (Kabwe, Ndola and Kitwe)</p>

## ANNEX C: Activities Planned for the Next Quarter (Apr. – Jun., 2014)

Objectives	Planned Activities	2014		
		Apr	May	Jun
<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 transmission	Strengthen the use of community PMTCT counselors to address staff shortages	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
Train/orient HCWs and Lay counselors in Option B+ from selected			x	x

Objectives	Planned Activities	2014		
		Apr	May	Jun
(PMTCT) services	sites			
	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 the operationalization of the 8 year plan for FP	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	x	x	x

Objectives	Planned Activities	2014		
		Apr	May	Jun
	including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access 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 quarterly, 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 full ASW refresher training	X	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
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which are already offering ART through onsite orientation and distribution of job aids and integrated ART guidelines.	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 implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	X	X	X
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	X	X	X
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported 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, setting up infection Prevention procedures	X	X	X
	Train 52 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	X	X	X
	Strengthen the establishment of 3 PopART MC sites through Training HCWs, Provide MC Commodity & Surgical and Infection Prevention Equipment so that they can provide service for clients that are linked for the intervention sites			
	Develop plan for post-training follow up and on-site mentoring all 80 trained HCWs staff by SSZ in all six provinces for the	X	X	X
	Develop and print VMMC Standard Operational Procedure Manual for all 55 MC sites	X	X	X

Objectives	Planned Activities	2014		
		Apr	May	Jun
	Develop plans to ensure all 38 supported districts conduct at least one VMMC outreach	x	x	x
	Conduct VMMC activities in 3 Chiefdoms( Puta, Kapijimpanga and Chibale) under the Traditional Leaders Engagement for Demand creation strategy	x	x	x
	Conduct VMMC community promotion around 50 MC static sites	x	x	
	Engage MC Technical Officer -consultant for Muchinga Provinces to scale up VMMC activities through the Outreach Model	x	x	x
	Conduct onsite orientation training for 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	Prepare for final MSH close out activities	x	x	
	Support to the MOH pharmacy mentorship program	x	x	
	Participate in the national pharmacovigilance planned activities			
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	x	x	
	Provide ongoing technical assistance to all the supported sites, including private sector	x	x	
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	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	
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	
	Participate in the pharmacy and laboratory components of the POP ART pilot study in selected ZPCT II supported pilot sites	x	x	
	Support the compilation of the reviewed Commodity management training package	x	x	
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs	x	x	
	Support the implementation of the Model Sites mentorship program	x	x	
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	
	. Promote the use of new guidelines for both ART in line with MOH and MCDMCH guidance	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	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	
	Monitor and strengthen the implementation of the CD4 testing EQA program .	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	x		
Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x		
Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance	x	x		

Objectives	Planned Activities	2014		
		Apr	May	Jun
	program.			
2.2: Develop the capacity of facility and community-based health workers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
<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	Support the sustainability of the quality of care established through technical assistance to 30 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
	Support onsite orientation training through meeting for new and part time HCWs on data management and reporting through provision of job aids, national protocol guidelines, standard operating procedures (SOPs)	x	x	
	Identify and invite HCWs for training in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services	x	x	x
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include	x	x	x
	Support the facility to meet accreditation standards 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 “	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	x	x
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities	x	x	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	

Objectives	Planned Activities	2014		
		Apr	May	Jun
<b>Program Management</b>				
<b>Program</b>	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	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
	Facilitate district referral network meetings	x	x	x
	Prepare for final CARE closeout process and submit final reports to FHI 360	x	x	x
<b>Gender</b>	Host the FHI360 gender steering committee meeting		x	
	Prepare project close out documents	x	x	
	Monitor the implementation of the GBV tool kit, the screening and referral of survivors.	x	x	x
	Prepare presentation for the FHI360 gender conference	x	x	
	Write the concept note in response to the call for concept papers to access the incentive fund for addressing GBV.		x	
	Work on the draft FHI Zambia gender country strategy.			
	Facilitate the writing of the end of project report by Social Impact	x		
<b>Finance</b>	FHI 360 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>	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
	Complete deployment of APN solution to improve web2sms services		x	
	Identify and donate obsolete equipment to selected beneficiaries	x	x	x
	Continue IT inventory updates		x	x
	Install IT infrastructure at new premises		x	x
	Secure project data from computers of departing staff	x	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. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	46. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	47. ZAMTAN Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	⊙ <sup>1</sup>

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	48. Chavuma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	49. Kamfinsa Prison Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆		◆	
	50. Mwekera Clinic	Urban		◆	◆	◆		◆	
	51. Riverside Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
<i>Luanshya</i>	52. Thompson DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	53. Roan GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	54. Mikomfwa HC	Urban		◆	◆	◆		◆	
	55. Mpatamatu Sec 26 UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	56. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	57. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
	58. Section 9 Clinic	Urban		◆	◆	◆		◆	
	59. Fisenge UHC	Urban		◆	◆	◆		◆	
	60. New Town Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	61. Kamuchanga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	62. Ronald Ross GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	63. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	64. Kansunswa HC	Rural		◆	◆	◆		◆	
	65. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	66. Mokambo Clinic	Rural		◆	◆	◆		◆	
	67. Suburb Clinic	Urban		◆	◆	◆		◆	
	68. Murundu RHC	Rural		◆	◆	◆		◆	
	69. Chibolya UHC	Urban		◆	◆	◆		◆	
<i>Kalulushi</i>	70. Kalulushi GRZ Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	71. Chambeshi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	72. Chibuluma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	73. Chati RHC	Rural		◆	◆	◆			
	74. Ichimpe Clinic	Rural		◆	◆	◆			
<i>Chililabombwe</i>	75. Kakoso District HC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	76. Lubengele UC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
<i>Lufwanyama</i>	77. Mushingashi RHC	Rural		◆	◆	◆		◆	
	78. Lumpuma RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	79. Shimukunami RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	80. Nkana RHC	Rural		◆	◆	◆		◆	
<i>Mpongwe</i>	81. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	82. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	83. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	84. Kalweo RHC			◆	◆	◆		◆	
<i>Masaiti</i>	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>87</b>	<b>89</b>	<b>89</b>	<b>42</b>	<b>65</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. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	40. Lukola RHC	Rural		◆	◆	◆			
	41. Lubende RHC	Rural		◆	◆	◆			
	42. Kansenga RHC	Rural		◆	◆	◆			
<i>Milenge</i>	43. Mulumbi RHC	Rural		◆	◆	◆		◆	
	44. Milenge East 7 RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		
	45. Kapalala RHC	Rural		◆	◆	◆			
	46. Sokontwe RHC	Rural		◆	◆	◆			
	47. Lwela RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Mwense</i>	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>			
<i>Nchelenge</i>	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		◆	◆	◆			
<i>Samfya</i>	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>81</b>	<b>87</b>	<b>87</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

## 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>		⊙
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	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>		⊙
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	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>		⊙
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		
	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>		⊙
	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>2</sup>	◆	◆	◆	◆	◆	
	34. Thendere RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		
<b>Totals</b>			<b>14</b>	<b>34</b>	<b>34</b>	<b>34</b>	<b>10</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	◆ <sup>2</sup>	◆	◆	◆		◆	
	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	◆ <sup>2</sup>	◆	◆	◆			
	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>		⊙
	29. Mporokoso UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	30. Chishamwamba RHC	Rural		◆	◆	◆			
	31. Shibwalya Kapila RHC	Rural		◆	◆	◆			
	32. Chitoshi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆			
<i>Luwingu</i>	33. Luwingu DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	34. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	35. Kaputa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</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	◆ <sup>2</sup>	◆	◆	◆		◆	
	42. Nseluka RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	43. Chimba RHC	Rural		◆	◆	◆		◆	
	44. Kapolyo RHC	Rural		◆	◆	◆		◆	
	45. Mungwi RHC (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	46. Makasa RHC	Rural		◆	◆	◆			
	47. Ndasas 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>21</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. Indeni Clinic	Urban		◆	◆	◆	◆	◆	
	14. Company Clinic	Urban	◆	◆	◆	◆	◆ <sup>3</sup>		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆ <sup>3</sup>		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆ <sup>3</sup>		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
<i>Kalulushi</i>	21. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	22. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
<i>Kalulushi</i>	23. CIMY Clinic	Urban	◆		◆	◆		◆	
<i>Chingola</i>	24. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
<i>Mpongwe</i>	25. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
<b>Luapula Province</b>									
<i>Mwense</i>	26. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
<b>North-Western Province</b>									
<i>Solwezi</i>	27. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
<b>Totals</b>			<b>23</b>	<b>26</b>	<b>30</b>	<b>30</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