



Quarterly Progress Report September 1 - December 31, 2014

Contract Number: AID-611-C-14-00001

January 31, 2015

Prepared for
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LIST OF ACRONYMS

| | |
|---------|--|
| ADCH | Arthur Davison Children’s Hospital |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Care |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| ASW | Adherence Support Worker |
| BD | Beckton-Dickinson |
| CARE | CARE International |
| CBO | Community-based Organization |
| CD4 | Cluster of Differentiation 4 |
| CHAZ | Churches Health Association of Zambia |
| CHC | Chronic HIV Checklist |
| CT | Counseling and Testing |
| DATF | District AIDS Task Force |
| DBS | Dried Blood Spot |
| DCMO | District Community Medical Office |
| DNA PCR | Deoxyribonucleic Acid Polymerase Chain Reaction |
| EID | Early Infant Diagnosis |
| EMS | Express Mail Delivery |
| ESA | Environmental Site Assessment |
| eMTCT | Elimination of Mother-to-Child Transmission |
| EQA | External Quality Assistance |
| FBO | Faith-Based Organization |
| FHI | Family Health International |
| FP | Family Planning |
| GBV | Gender Based Violence |
| GCDD | Gender and Child Development Division |
| GIS | Global Information System |
| GPRS | General Packet Radio Service |
| GRZ | Government of the Republic of Zambia |
| cART | Highly Active Antiretroviral Therapy |
| HBC | Home-Based Care |
| HCW | Health Care Worker |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| HTC | HIV Testing and Counseling |
| IEC | Information, Education and Communication |
| IPT | Intermittent Preventive Treatment (for malaria in pregnancy) |
| IQC | Internal Quality Control |
| LMIS | Laboratory Management Information System |
| M&E | Monitoring and Evaluation |
| MC | Male Circumcision |

| | |
|----------|---|
| MCH | Maternal Child Health |
| MIS | Management Information System |
| MNCH | Maternal, Newborn and Child Health |
| MOH | Ministry of Health |
| MSH | Management Sciences for Health |
| MSL | Medical Stores Limited |
| NAC | National HIV/AIDS/STI/TB Council |
| NGO | Non-governmental Organization |
| NZP+ | Network of Zambian People Living with HIV/AIDS |
| OGAC | Office of the Global U.S. AIDS Coordinator |
| OI | Opportunistic Infection |
| OR | Operations Research |
| PCR | Polymerase Chain Reaction |
| PEP | Post Exposure Prophylaxis |
| PEPFAR | U.S. President's Emergency Plan for AIDS Relief |
| PLHA | People Living with HIV/AIDS |
| PMO | Provincial Medical Office |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PwP | Prevention with Positives |
| QA/QI | Quality Assurance/Quality Improvement |
| SCMS | Supply Chain Management System |
| SLMTA | Strengthening Laboratory Management Toward Accreditation |
| SMS | Short Message System |
| SOP | Standard Operating Procedure |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |
| TBA | Traditional Birth Attendant |
| TWG | Technical Working Group |
| USAID | United States Agency for International Development |
| USG | United States Government |
| UTH | University Teaching Hospital |
| VSU | Victim Support Unit |
| VMMC | Voluntary Medical Male Circumcision |
| WHO | World Health Organization |
| ZPCT II | Zambia Prevention, Care and Treatment Partnership II |
| ZPCT IIB | Zambia Prevention, Care and Treatment Partnership II Bridge |

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT IIB) is a 14-month contract (AID-611-C-14-00001) between FHI 360 and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US \$24,900,000. The FHI 360-led team envisions this short-term contract as a *bridge to the future* of HIV/AIDS services that are fully owned by the Government of the Republic of Zambia (GRZ) and sustainable for the long term. Over the 14-month Bridge period, ZPCT IIB will work side-by-side with the GRZ through the Ministry of Community Development Mother and Child Health (MCDMCH) and Ministry of Health (MOH), the provincial medical offices (PMOs), and district community medical offices (DCMOs) and other stakeholders to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Muchinga, Northern and North-Western.

ZPCT IIB supports the 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 elimination of mother-to-child transmission (eMTCT); HIV testing and counseling (HTC); expansion of male circumcision services; and clinical care services, including ART. The objectives of the ZPCT IIB project are:

- Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).
- Maintain the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasizes sustainability and greater GRZ allocation of resources, and supports the priorities of the MoH and NAC.
- Encourage integration of health and HIV services, where feasible, emphasizing the needs of patients for prevention at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG, and non-USG partners.

During the quarter, ZPCT IIB provided support to all districts in Central, Copperbelt, Luapula, Muchinga, Northern and North-Western Provinces. ZPCT IIB 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. ZPCT IIB aims at strengthening 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. At the same time, ZPCT IIB is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT IIB quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT IIB will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

The ZPCT IIB first quarterly report includes all activities from September to December 2014 a period of four months instead of three in order to incorporate clinical data, align the contract start date and reporting system. During the reporting period, the following key start-up activities were completed:

- ZPCT IIB 14-months work plan and budget submitted with the Environmental Assessment and Mitigation plan to USAID was approved
- ZPCT IIB mobilization plan submitted to USAID was approved
- Technical and material assistance plan was submitted to USAID for approval
- Monitoring and Evaluation Plan was submitted to USAID for approval

- Subcontracts with CARE and MSH were signed this quarter
- 76 recipient agreements developed and finalized (one with CCHS, 56 with DCMOs, 12 with general hospitals, six with PMOs, and one with UTH) to provide support to 57 districts
- Environmental assessments were conducted in all the 16 new facilities that will be supported by the ZPCT IIB
- 166 of the 173 ZPCT IIB positions were recruited, leaving seven open positions at the end of the reporting period
- Transitioned ZPCT II provincial offices to ZPCT IIB project offices
- Handed over ZPCT II laboratory and IT equipment to ZPCT IIB
- Launched ZPCT IIB project in collaboration with the GRZ

This quarter, ZPCT IIB supported 441 health facilities (411 public and 30 private) across 56 districts this quarter. Key activities and achievements for this reporting period include the following:

- 171,688 individuals received HTC services in 441 supported facilities. Of these, 117,352 were served through the general HTC services while the rest were counseled and tested through eMTCT services.
- 54,336 women received eMTCT services (counseled, tested for HIV and received results), out of which 3,301 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 2,518
- 159 public and 23 private health facilities provided ART services and all 182 report their data independently. A total of 10,989 new clients (including 664 children) were initiated on antiretroviral therapy. Cumulatively, 223,580 individuals are currently on antiretroviral therapy and of these 15,233 are children.
- MC services were provided in 56 public and 3 private health facilities this quarter. 7,471 men were circumcised across the ZPCT IIB supported provinces this quarter.
- 99 health care workers were trained by ZPCT IIB in ART/OIs.
- A meeting was held to officially report on ZPCT II close out activities and launch ZPCT II Bridge project. The meeting attended by the Permanent Secretaries from MOH and MCDMCH, PMOs, DCMOs, as well as representatives from USAID and other cooperating partners

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Jan. – Mar. 2015)

The following activities are anticipated for next quarter (January – March 2015):

- Engage GRZ stakeholders (MOH, MCDMCH, NAC) and develop a decentralization plan that will extend beyond the Bridge period into the next era of USAID programming
- Training of health care workers in integrated new guidelines and Option B+, ART/OI management, commodity management, equipment use and maintenance
- Monitor PopART activities in Kabwe, Kitwe and Ndola
- Monitor SMGL activities in Mansa

TECHNICAL SUPPORT NEXT QUARTER (Jan. – Mar. 2015)

- Sarah Johnson, Senior Director for Project Quality Assurance & Coordination, and Catherine Mundy, Principal Technical Advisor for Laboratory Services, will travel to Lusaka from 23rd January to 3rd February, 2015 for technical support and overall review of the project.
- Veronique Mestdagh, Human Resources Partner, will travel to Lusaka from Feb 8 – 14, 2015 to conduct orientation for all staff and assist with personnel issues.

ZPCT IIB Project Achievements September 1, 2014 to December 31, 2014

| Indicator | Life of project (LOP)/Work Plan | | Quarterly Achievements (Oct-Dec 2014) | | |
|---|---------------------------------|--------------------------------|---------------------------------------|---------|------------------------------|
| | Targets (Sep 14 – Sep 15) | Achievements (Sep 14 – Dec 14) | Male | Female | Total |
| 1.1 Counseling and Testing (CT) services | | | | | |
| Service outlets providing CT according to national or international standards | 451 | 441 (411 Public,30 Private) | | | 441 (411 Public,30 Private) |
| Individuals who received HIV/AIDS CT and received their test results | 819,751 | 160,783 | 60,610 | 56,742 | 117,352 |
| Individuals who received HIV/AIDS CT and received their test results (including PMTCT) | 1,055,318 | 234,460 | 60,610 | 111,078 | 171,688 |
| Individuals trained in CT according to national or international standards | 110 | 0 | 0 | 0 | 0 |
| 1.2 Prevention of Mother To Child Transmission (eMTCT) services | | | | | |
| Health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site | 437 | 424 (402 Public,22 Private) | | | 424 (402 Public,22 Private) |
| Pregnant women with known HIV status (includes women who were tested for HIV and received their results) | 235,567 | 73,677 | | 54,336 | 54,336 |
| HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery | 15,974 | 3,424 | | 2,518 | 2,518 |
| Pregnant women Newly initiated on treatment during the current pregnancy(Option B+) | 3,659 | 2,712 | | 2,156 | 2,156 |
| Family Planning | | | | | |
| Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services | 451 | 441 (411 Public,30 Private) | | | 441 (411 Public,30 Private) |
| Number of clients attending HIV services (in HTC, eMTCT and ART) referred for FP services | 74,292 | 24,720 | 3,533 | 14,760 | 18,293 |
| Number of clients from HIV services (HTC, eMTCT and ART) who received at least one FP method | 33,567 | 10,858 | 933 | 7,277 | 8,210 |
| Health workers trained in the provision of PMTCT services according to national or international standards | 25 | 0 | 0 | 0 | 0 |
| 1.3 Treatment Services and Basic Health Care and Support | | | | | |
| Service outlets providing HIV-related palliative care (excluding TB/HIV) | 451 | 441 (411 Public,30 Private) | | | 441 (411 Public,30 Private) |
| Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) | 401,927 | 321,574 | 122,392 | 197,630 | 320,022 |
| Pediatrics provided with HIV-related palliative care (excluding TB/HIV) | 28,100 | 21,415 | 10,340 | 11,060 | 21,400 |
| Individuals trained to provide HIV palliative care (excluding TB/HIV) | 125 | 99 | 41 | 58 | 99 |
| Service outlets providing ART | 189 | 182 (159 Public, 23 Private) | | | 182 (159 Public, 23 Private) |
| Individuals newly initiating on ART during the reporting period | 37,752 | 14,772 | 3,846 | 7,143 | 10,989 |
| Pediatrics newly initiating on ART during the reporting period | 2,643 | 886 | 320 | 344 | 664 |
| Individuals receiving ART at the end of the period | 224,432 | 223,580 | 86,996 | 136,584 | 223,580 |
| Pediatrics receiving ART at the end of the period | 15,800 | 15,233 | 7,502 | 7,731 | 15,233 |
| Health workers trained to deliver ART services according to national or international standards | 125 | 99 | 41 | 58 | 99 |
| TB/HIV services | | | | | |
| Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative | 451 | 441 (411 Public,30 Private) | | | 441 (411 Public,30 Private) |

| Indicator | Life of project (LOP)/Work Plan | | Quarterly Achievements (Oct-Dec 2014) | | |
|--|---------------------------------|--------------------------------|---------------------------------------|--------|------------------------------|
| | Targets (Sep 14 – Sep 15) | Achievements (Sep 14 – Dec 14) | Male | Female | Total |
| care setting | | | | | Private) |
| HIV+ clients attending HIV care/treatment services that are receiving treatment for TB | 4,332 | 1,083 | 418 | 336 | 754 |
| Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed) | 125 | 99 | 41 | 58 | 99 |
| Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet | 12,695 | 3,475 | 1,566 | 966 | 2,532 |
| 1.4 Male Circumcision services | | | | | |
| Service outlets providing MC services | 60 | 59 (56 Public, 3 Private) | | | 59 (56 Public, 3 Private) |
| Individuals trained to provide MC services | 52 | 0 | 0 | 0 | 0 |
| Number of males circumcised as part of the minimum package of MC for HIV prevention services | 48,054 | 9,986 | 7,471 | | 7,471 |
| 2.1 Laboratory Support | | | | | |
| Laboratories with capacity to perform clinical laboratory tests | 170 | 166 (141 Public, 25 Private) | | | 166 (141 Public, 25 Private) |
| Individuals trained in the provision of laboratory-related activities | 60 | 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 | N/A | 506,988 | | | 370,202 |
| 2.2 Capacity Building for Community Volunteers | | | | | |
| Community/lay persons trained in counseling and testing according to national or international standards (excluding TB) | 70 | 0 | 0 | 0 | 0 |
| Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards | 390 | 0 | 0 | 0 | 0 |
| 3 Capacity Building for PHOs and DHOs | | | | | |
| Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building | 55 | 55 | | | 55 |
| 4 Public-Private Partnerships | | | | | |
| Private health facilities providing HIV/AIDS services | 31 | 30 | | | 30 |
| Gender | | | | | |
| Number of pregnant women receiving PMTCT services with partner | N/A | 26,314 | | 19,990 | 19,990 |
| No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples) | N/A | 55,477 | 17,253 | 24,564 | 41,817 |
| Quality Assurance/Quality Improvement | | | | | |
| Number of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months | N/A | 2 | 0 | 0 | 2 |

QUARTERLY PROGRESS UPDATE

Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).

1.1: HIV testing and counseling (HTC) services

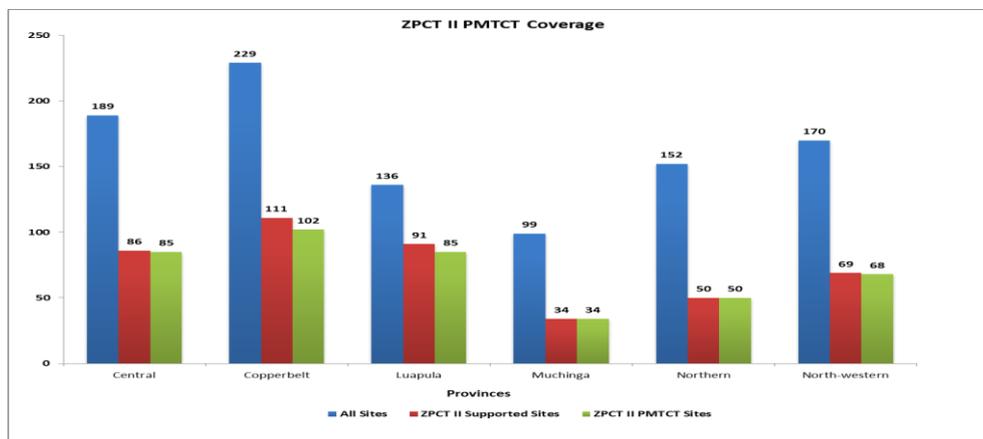
HTC services were provided in 411 public and 30 private facilities in the six ZPCT IIB supported provinces. This reporting period, a total of 117,352 clients were tested, counseled, and received same day results (18,343 were children). Of these, 12,734 clients were HIV positive and were referred for assessment for cART. Follow up supervision assessment 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, ZPCT IIB technical staff working with PMOs and DCMOs provided 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 VMMC. TA focused on:

- Couple targeted HTC: The importance of couple HTC was emphasized during mentorship of HCWs and lay counselors, with emphasis on linkages to clinical care/ART services, family planning, and VMMC. Counseling on risk reduction behavior and safer sex practices was offered to clients that tested both HIV negative and positive. Partners to HIV negative clients were referred for VMMC. A total of 21,571 HTC clients and 15,412 eMTCT clients received HTC as couples, out of which 794 were discordant couples: all were referred for cART services in line with the current consolidated national HIV treatment and prevention guidelines.
- Integrating HTC into other clinical health services: During this reporting period, 12,378 FP clients were provided with HTC services; 3,691 males received HTC services as part of a minimum package for VMMC; and 939 TB clients with unknown HIV status received HTC services. In order to broaden the HTC entry point and increase the HIV testing uptake, the provider initiated testing and counseling (PITC) opt out approach was used in all these clinical areas.
- Other FP/HIV integration activities: 13,712 HTC clients were referred for FP and 6,095 of them were provided with FP services.
- Retesting of HIV negative HTC clients: ZPCT IIB technical staff in collaboration with the DCMOs mentored HCWs and lay counselors to support re-testing of all HIV negative HTC 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 45,501 clients were re-tested for HIV during this reporting period and 5,144 (11.3 %) sero converted. Those who sero converted were linked to care, treatment and support services and risk reduction counseling.
- Pediatric HTC services: ZPCT IIB technical staff provided quarterly hands on mentorship to HCWs and lay counselors on routine child HTC in under-five clinics and pediatric wards. During the reporting period, 9,061 children were tested for HIV in under-five clinics and 9,282 in pediatric wards across the six supported provinces. Of these, 1,036 tested positive for HIV, received their test results and 745 were linked to care and treatment services and entered on Pre-ART. Six hundred and four (664) children were commenced on cART.
- Screening for selected chronic conditions within HTC services: This quarter under review, a total of 6,715 clients were screened. The number of clients screened in the reporting period remained low due to stock out of CHC checklist forms in some supported facilities. The Lusaka office is already working on having more forms printed.
- Integration of screening for gender based violence (GBV) within HTC services: As part of the integration strategy, the screening for GBV in HTC service areas for HTC clients using the CHC checklists remained a priority this quarter. A total of 5,096 HTC 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: Elimination of mother-to-child transmission (eMTCT) services:

402 public and 22 private health facilities provided eMTCT services in the six ZPCT IIB supported provinces. ZPCT IIB technical staff provided TA in eMTCT to HCWs and lay counselors in all the facilities visited this quarter.



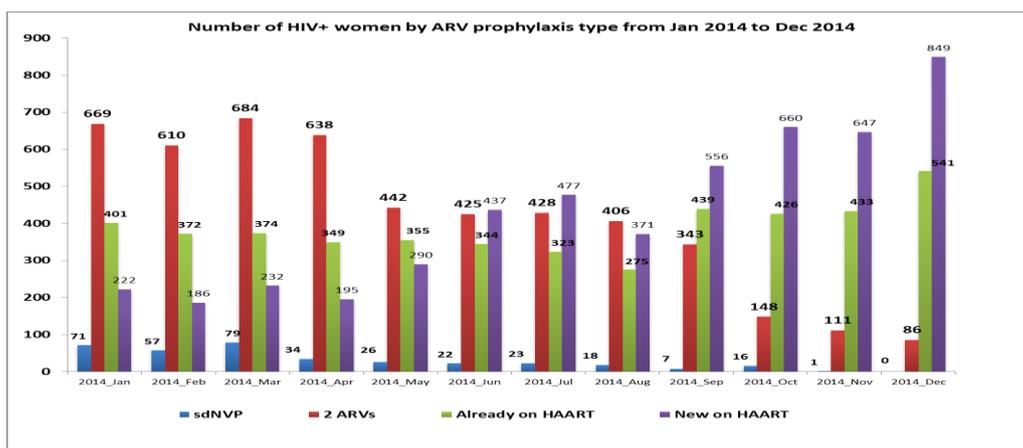
54,336 ANC clients were provided with eMTCT services this quarter. Of these, 3,301 tested HIV positive and 2,518 received ARVs for eMTCT. Routine HIV testing in eMTCT services is ongoing using the Opt out strategy.

ZPCT IIB 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 IIB 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:

- Provision of combination ARV regimens for HIV positive pregnant women:** Option B+ is being operationalized and the process is ongoing. As part of the efforts to operationalize Option B+ for eMTCT as per GRZ guidance, ZPCT IIB has been conducting joint site assessments based on the set MOH standards and tools. So far, ZPCT IIB has supported the initiation of option B+ in 250 health facilities as follows: 144 sites are providing cART within MNCH while 106 are referring mothers to ART clinic. This is being done in collaboration with the respective DCMOs. ZPCT IIB supported the provision of combination ARVs to all HIV positive pregnant and breastfeeding women based on the 2013 consolidated new guidelines. A total of 2,284 HIV positive pregnant and breastfeeding women were eligible for cART; 1749 (76.5%) were initiated on cART.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies:** As part of ongoing paediatric HIV efforts, ZPCT IIB technical staff and community volunteers in coordination and collaboration with the DCMOs made follow-up on HIV exposed infants and HIV positive mothers through MNCH services at the facility and in the community. 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 6,058 samples were collected and sent to the PCR laboratory at ADCH from 367 health facilities providing EID services and 339 were reactive.
- Re-testing of HIV negative pregnant women:** In collaboration with the DCMOs, ZPCT IIB 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, 15,225 pregnant women were re-tested and 453 tested HIV positive (sero-converted) which

represent 2.9% of sero-conversion rate. Those who sero-converted were initiated on cART according to the current national consolidated 2013 new guidelines.



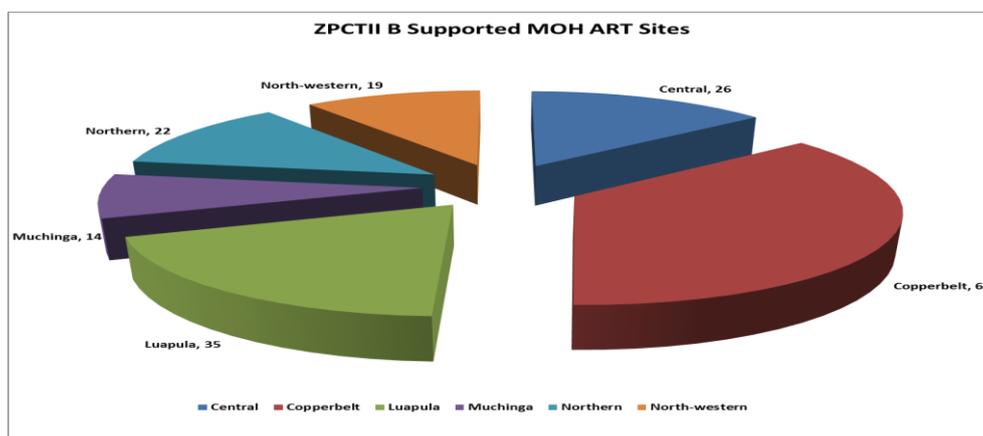
Other TA areas of focus under eMTCT included:

- Integrating family planning within ANC/eMTCT and ART services: ZPCT IIB technical staff supported the 12 FP/HIV model sites activities in the six supported provinces. Monthly mentorship and supervision of trained FP providers to ensure provision of services using an integrated approach within HIV and FP services is ongoing. The mentorship focused 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 IIB supported the procurement of FP equipment and other items to facilitate provision of long acting reversible contraceptive methods (LARC).
- Project Mwana to reduce turnaround time for HIV PCR results: The implementation is ongoing in selected facilities and the majority of sites. ZPCT IIB in collaboration with UNICEF is currently evaluating the effect of mHealth (Program Mwana) on the rate of ART initiation. Clients receive HIV results through mobile phone SMS from the reference laboratories for children below 18 months of age in all the six provinces.

1.3: Antiretroviral Therapy (ART)

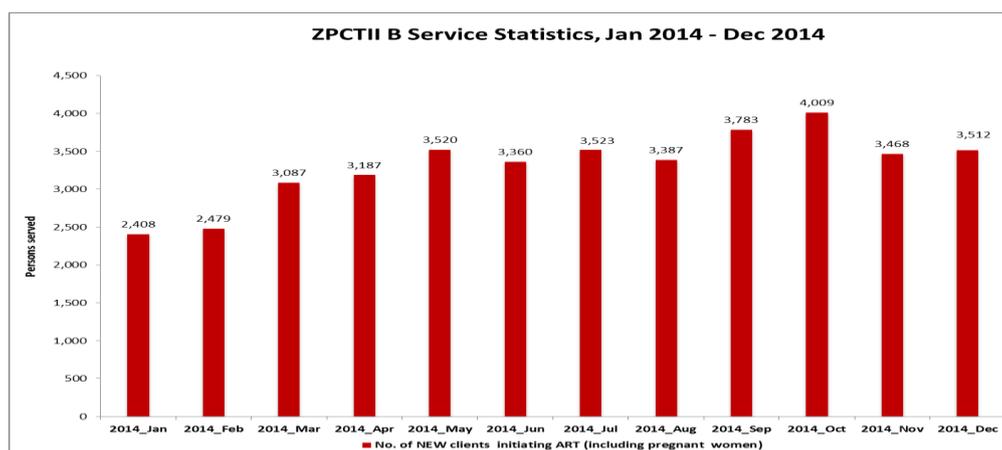
ART services

159 public and 23 private health facilities provided ART services in the six ZPCT II supported provinces. All the 182 ART facilities report their data independently.



10,989 new clients (including 664 children) were initiated on antiretroviral therapy this quarter, out of which were HIV positive individuals in HIV discordant couples and 2,156 HIV positive pregnant women that were identified through the eMTCT program. There are 223,580 patients that are receiving

treatment through the ZPCT II supported sites, including 15,233 children. This quarter, 146 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 10,485 patients in care were referred for FP services.



During this quarter, the TA focused on the following:

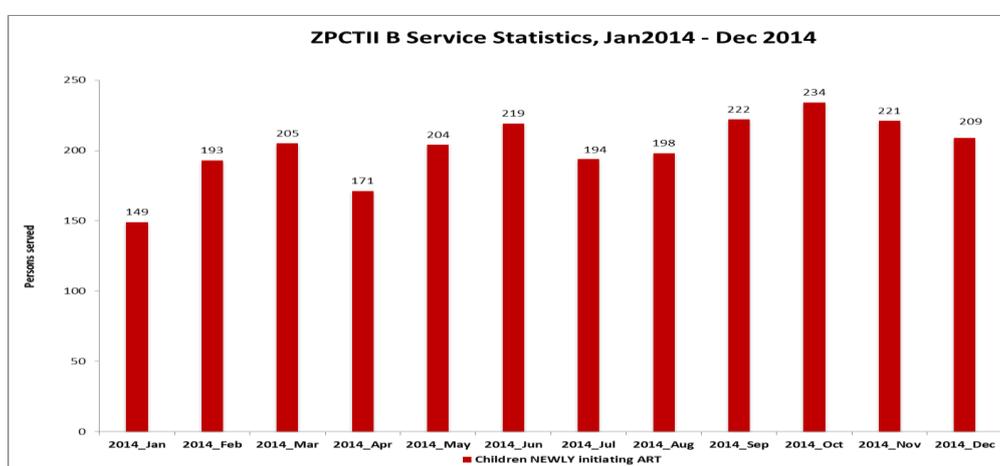
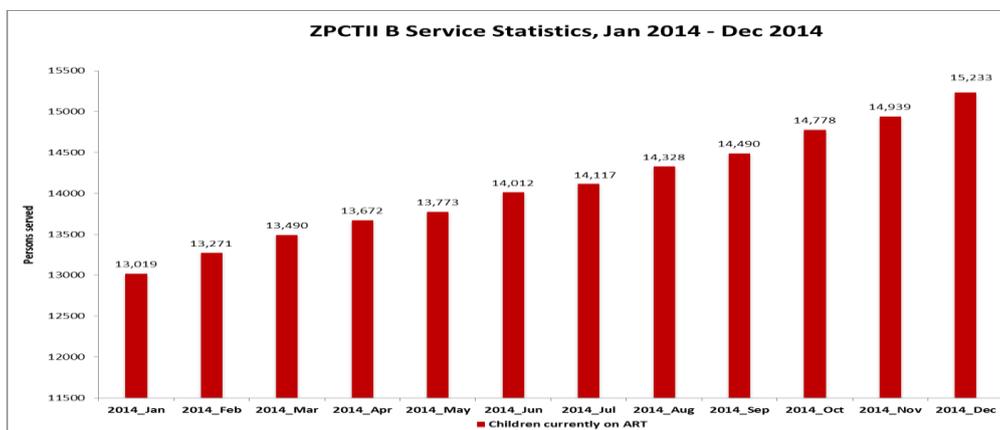
- **Operationalization of the new consolidated prevention and treatment guidelines:** Orientation of health care workers in the Consolidated HIV Management guidelines reaching 360 in this period under review. Further, distribution of these new guidelines to all supported health facilities is currently ongoing. These guidelines will greatly assist end users with updated treatment updates. To further support operationalization of the new guidelines, ZPCTII conducted Adult ART/OI trainings in three provinces and a total of 99 health care workers were trained and this is being followed up by on-site mentorship
- **Web2SMS initiative:** The ZPCT IIB IT team is considering new ways of internet access to facilitate the sending of SMS. In the next quarter, it is hoped that the mechanisms will be in place to facilitate these changes. Once DEC's based at ZPCT IIB supported facilities across the provinces have access to internet services, they will be able to send SMSs to clients with minimal challenges. 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 were provided in 182 supported facilities. Documentation of these services is being done using the standard national PEP registers. ZPCT IIB supported the implementation of infection prevention procedures in the facilities following infection prevention guidelines (IPGs). A total of 186 clients received PEP services during the quarter under review as follows: : exposure type I (sexual) 69, exposure type II (occupational) 81 and other exposure 36.
- **Model sites:** ZPCT IIB having evaluated the model site activities report itemizing key achievements and lessons learned intends to streamline some core activities for model sites during this workplan year starting next quarter. These are likely to be focused on crosscutting issues such option B+ implementation, SmartCare records integrity and mentorship of frontline HCWs in managing complicated HIV cases.

Pediatric ART activities

This quarter, ZPCT IIB supported the provision of quality pediatric HIV services in 182 ART sites. From these facilities, 664 children were initiated on antiretroviral therapy, out of which 230 were below two years of age. Of all the children on treatment during the quarter, 15,233 children remain active/alive on treatment.

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

- **Strengthening of early infant diagnosis of HIV and enrollment into HIV care and treatment:** ZPCT IIB 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. This time we expect higher uptake of pediatric ART because of enhanced eligibility criteria for all HIV positive children who are 15 years and below. 230 HIV positive babies less than two years of age were initiated on ART.
- **Adolescent HIV services:** ZPCT IIB supported adolescent HIV clinics. During this period, ZPCT IIB participated in the International Conference on AIDS and STDs (ICASA) regional workshop which was hosted in Zambia and was focusing on adolescent HIV care. ZPCT IIB sponsored two staff from Ndola Central Hospital for this meeting and they made an oral presentation at this meeting.
- **National level activities:** ZPCT IIB sponsored the national ART TWG to convene a meeting that started the review of the national ART training package to accommodate emerging issues and 2014 Consolidated HIV management guidelines. The training package was last reviewed in 2007. The meeting concluded the review of the package (power point materials) subject to review by the larger TWG. The follow up bit will be the review of the ART training reference manual which will be done next quarter.



1.4: Clinical palliative care services

411 public and 30 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 320,022 clients received care and support at ZPCT IIB supported sites. The clinical palliative care package consisted of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI), and screening for TB and pain management. In addition, ZPCT IIB also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Screening for selected chronic conditions in patients accessing HIV services: As part of managing HIV as a chronic condition, ZPCT IIB supported screening for diabetes, in patients accessing HIV services and a total of 5,557 patients were screened using the chronic HIV checklist.
- Nutrition assessment and counseling: ZPCT IIB supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 11,069 were assessed for nutritional status using BMI.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 2,105 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 IIB supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children, in accordance with the national guidelines. 7,932 clients were put on cotrimoxazole prophylaxis, including 2,670 initiated on cotrimoxazole through the eMTCT program.

1.5: Scale up Voluntary Medical Male Circumcision (VMMC) services

This quarter, ZPCT IIB supported VMMC service in 59 (56 public sites and 3 private health facilities). During the reporting period, 7,471 men were circumcised (5,241 in static sites and 2,230 through outreach MC services). Out of the total males circumcised this quarter, 4,450 males were in the age group 15-49 and 3,637 were counseled and tested for HIV before being circumcised (82%).

- Strengthening integrated service delivery: ZPCT IIB began using the revised HTC training package for lay volunteers that has incorporated VMMC education and counseling module. Additionally job aids have been developed and distributed to all available entry points such as MCH/HTC, OPD and labour delivery departments. Informal referrals are already taking place from these departments for eligible males but improving written documentation by use of referral forms will ensure support for tracking efforts. Demand creation for static service delivery to enhance core VMMC services. During the quarter, provincial technical officers worked with the Community Mobilisation and Referral Officers to identify lay volunteers that can be engaged to mobilize for static sites. Currently this is being done by general lay counselors in HTC department, and this has had little impact on increasing the numbers of clients linked to VMMC unit.
- Support use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: ZPCT IIB has been reviewing the male circumcision QA/QI tools so to ensure integrated implementation approach with the national QA/QI PA tools. Currently field teams are working on identifying QI projects that will be evaluated during the period on implementation.
- Capacity building: ZPCT IIB has planned to train a total of 56 HCWs as way of dealing with attrition and staff movement in the supported VMMC sites. Additionally ZPCT IIB has developed job aids that will augment the onsite orientation that is focused on for strengthening the management, monitoring and reporting of AEs in the health facility. All these trainings are planned to commence next quarter.
- Interventions to improve VMMC reach (MC outreach): ZPCT IIB participated in the December national VMMC campaign activities. All supported district community medical offices received logistical and monetary support to participate in the expanded coverage. As a result of outreach activities 37 district medical offices received logistical and monetary support to participate in the expanded coverage to take services as close to the target population as possible.
- Strengthening existing systems for coordinating MC programming: At national level, ZPCT IIB participated in monthly national TWG meetings that focused on developing the national VMMC commodity logistic system and planning for the national campaign for Dec 2014. ZPCT IIB participated in the field survey for the design of the VMMC commodity logistic system in collaboration with JSI/SCMS. This system will strengthen the national procurement system of all

VMMC commodities and disruptions of program when implementing partners close their programs. ZPCT IIB was represented at provincial and district level during the following provincial technical VMMC coordinating body meetings. This meeting focused on strengthening equitable coverage by partners and preparation for the national VMMC campaign for December 2014 school holidays.

1.6: TB/HIV services

ZPCT IIB 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 provided in the supported health facilities with 11,889 patients seen in Clinical Care/ART clinics screened for TB. In the next quarter, ZPCT IIB intends to set cascading provincial-district-facility targets to improve TB screening numbers. 563 patients receiving HIV care and treatment were also receiving TB treatment. 167 TB patients were started on ART. 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 IIB 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 426 (61%) of clients were initiated on ART within 60 days of starting TB treatment compared with initiated after 60 days while 167 (24%) 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. Revised TB/HIV guidelines have been finalized by MOH including orientation package for frontline workers. ZPCT IIB will work with MOH to access this package and plan how to support these orientations starting next quarter.

1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071

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 ZPCT IIB's PopART activities focused on the following:

- Expansion of space for patient waiting areas in four facilities: The new buildings were constructed to provide additional space for ART activities under PopART have inadequate patient waiting areas to accommodate the increased patient load. ZPCT IIB initiated discussions to expand patient waiting areas at Chipulukusu, Makululu, Ndeke and Chimwemwe.
- Human resource: ZPCT IIB advertised for the position of technical officer to be focused on providing technical assistance in the six study sites in these districts (Kitwe, Ndola and Kabwe). The officer will be based in the ZPCT IIB Ndola provincial office.
- Voluntary Medical Male Circumcision (VMMC) services: Chipulukusu, Chipokota Mayamba, Makululu and Ngungu facilities provided MC services with the support of ZPCT IIB. Two MC mini theatre beds that were bought towards the close out of ZPCT IIB were delivered to Chipulukusu and Chipokota Mayamba. During the quarter ZPCT IIB did undertake MC site assessments for Ndeke and Chimwemwe health facilities in order to ascertain the feasibilities of providing technical support to the two sites. The two sites were previously under the support of SFH which closed out activities in quarter three of 2014.

- Implementation of Option B+: ZPCT IIB embarked on training midwives stationed in MNCH in basic adult ART/O.I management in order to strengthen the operationalization of Option B+ in the MCH departments. All the six PopART sites are implementing Option B+ with no major challenges besides untrained Midwives requiring training in basic Adult ART/O.I management. However, this is being addressed as training activities have been initiated.
- 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 617 clients were enrolled into care at Ndeke and Chipulukusu (both Arm A facilities). Out of the 617 clients enrolled from both arm A facilities, 91 clients were screened outside the national ART Guidelines and 58 consented and were initiated on ARVs. The 58 clients who consented and started ART represents 64% of the total clients screened outside national guidelines. This is a low turnout compared to the other reporting periods where we record at least 90% of those clients who are screened outside national guidelines to consent and initiate on ARVs. The low number of clients screened and consented may be attributed to the period ZAMBART staff had closed for two weeks. The other contributing factors were the resignation of the research nurse at Chipulukusu and the bereavement the research at Ndeke had. The clients that did not consent will be followed up in the next quarter.

1.8: Public-private partnerships

This quarter, ZPCT IIB started the process of renewing MoUs for all 30 private sites that were supported under ZPCT II. The MoUs will be completed and signed at the start of next quarter. During this reporting period, there was no technical support activities conducted in the PPP sites.

1.9: Gender Integration

During the reporting period, ZPCT IIB got buy-in from the technical working group on ART to integrate gender into the national ART training package. Gender has so far been integrated in the draft national ART training package. This will enhance our efforts of gender integration at health facility level.

Additionally, ZPCT IIB has put in place interventions aimed at engaging religious and traditional leaders and stimulating discussions around social determinants and harmful social norms and address negative norms that facilitate HIV transmission. Draft guidelines for engaging traditional and religious leaders was done during the reporting period.

ZPCT IIB in the supported health facilities proactively screened clients for gender based violence (GBV) in HIV/AIDS service settings using the Chronic HIV Care (CHC) checklist to facilitate disclosure and increased access to post-exposure prophylaxis (PEP) and emergency contraception (EC). It has been noted that lack of disclosure of GBV has resulted in delayed or late access to PEP and EC by victims of sexual assault. This quarter, 10,336 clients were screened for GBV and 82 victims of sexual assault were provided with PEP.

The ZPCT IIB promoted men's increased participation in perceived "women's" health services like antenatal and family planning and HIV/AIDS services through promotion of couple counseling this quarter. 7,334 pregnant women accessed eMTCT services with their male partners while 5,452 male partners got tested for HIV.

The quarter under review was used to print training manuals and develop the training program for training at least 100 community volunteers in GBV screening and referral in the next quarter.

Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.

2.1: Maintain, expand and strengthen pharmacy services

Technical support to pharmaceutical services was provided in 441 facilities of which 30 are in the private sector. This quarter, the main focus was on ZPCT IIB requirements and any new innovations as such, the Option B+ implementation, issues involving ART adherence and retention in care in collaboration with the clinical care/ART unit. The team also reviewed ZPCT II close out activities as a basis for developing a continuous action plan for the ZPCT IIB project. The areas covered included stock assessments, management information systems, and the male circumcision (MC) program.

- SmartCare pharmacy module and the ARTServ dispensing tool: ZPCT IIB conducted a review of the current status of the SmartCare integrated pharmacy module at supported ART pharmacies. The majority of ART facilities had been deployed with the new version of SmartCare v4.5.0.5 from ZPCT II, and only a few were operational in the pharmacy. Despite networking and deployment of the tool, it was not in use due to a number of reasons including; the inability to conduct training and orientation for pharmacy staff towards the end of ZPCT II, the lack of computers or non-functional computers at some ART sites, inadequate staffing, and electricity related issues such as low voltage and frequent power outages. Next quarter, there a number of SmartCare essentials trainings that have been planned to ensure at least one pharmacy staff is trained, and to provide intensive technical support to roll out the use of the tool. In addition, routine servicing and maintenance schedules will be instituted and the team will work with the IT and Programs unit to repair all nonfunctional computers.
- At the time of ZPCT II close out, there was a transition from using the antiretroviral (ARV) dispensing tool to the SmartCare intergrated pharmacy module and a number of sites had both tools installed on the available computers. During this first quarter of ZPCT IIB, it was noted that most pharmacies were not using the ARV dispensing tool despite the SmartCare tool not being in use and this was attributed to the fact that it was thought that the ARV dispensing tool was going to be phased out. Though this phase out is the ultimate intention, it was done prematurely by the pharmacies. A major issue that will arise from this moving forward is the lack of quantification data for purposes of national forecasting and quantification required from partners on an annual basis. One of the solutions proposed to address this challenge next quarter is to plan for a series of on-the-job trainings of staff at sites that are ready to use the SmartCare tool. ZPCT IIB will also try to reintroduce the ARV dispensing tool at some sites that do not have the other tool and also strengthen the use of manual tools currently in use.
- Pharmaceutical Management: This quarter, ZPCT IIB reviewed the implementation of the National Pharmacy Mentorship program aimed at improving pharmaceutical services in the public health system that has now been rolled out to selected facilities in Lusaka, Eastern, Western, Central, Southern, and Copperbelt provinces. The provinces yet to be incorporated include Northern, Muchinga, North-Western, and Luapula. One of the recommendations was to decentralize this exercise to the provincial and district pharmacists to take it up as part of their action plans. The role of pharmacy personnel at the central level and cooperating partners will remain that of being overseers and assisting with the monitoring of activities and supervision of mentors. This quarter, ZPCT IIB participated in the initial development of a concept paper spearheaded by MOH and other cooperating partners to highlight major achievements since the roll out of the program, to review operations and submit to relevant stakeholders to solicit for funding and enhance sustainability of the program.
- Rational Medicine Use: There was inadequate stock of pediatric Nevirapine suspension for eMTCT at Medical Stores Limited (MSL) this quarter. In an effort to ensure equitable distribution of the low stock, it was decided that the stock be distributed with the help of the provincial pharmacist at the PMO to all districts until the situation normalized. The stock levels were varied across the six

provinces and districts were resupplying the system on a monthly basis as a stop gap measure to mitigate any stock outs and ensure continuity of services. Unfortunately, by the end of the quarter the situation had not normalized.

- **Implementation of Option B+:** There was some progress made this quarter in terms of accessing drugs for HAART especially at ART facilities. Most of these sites had qualified pharmacy staff to oversee management of drug commodities in MCH departments but coordination of supply chain still remains a challenge. The facility staff at non-ART sites have not yet been trained in ART management nor the abridged ARV logistics system. There was no well-defined logistics system in place to enable non-ART sites access to Option B+ commodities due to the transition from using the PMTCT logistics system to ARV logistics system. There were challenges with storage of commodities due to a lack of medicine storage cabinets in both the pharmacies and MCH as well as insufficient knowledge about ARV drugs management among some staff in MCH. The team distributed lockable storage cabinets to some facilities and provided systems strengthening assistance regarding commodity management and logistics systems in line with option B+. Another problem noted was the lack of manual tools such as daily activity registers and stock control cards for inventory management in MCH. The pharmacy staff were advised to supply MCH supplies, and this activity will be on-going to ensure the management information system (MIS) is strengthened by next quarter.
- **Male Circumcision Program:** This quarter, ZPCT IIB received and distributed the MC kits and Lignocaine to the six supported provinces for the MC December campaigns. Next quarter, a consignment of MC instruments is expected to arrive. Some facilities had insufficient transaction records for MC commodities at the service delivery points and the pharmacy staff were asked to assume responsibility and take a lead in ensuring this was rectified. ZPCT IIB pharmacy and MC units will work closely to ensure this aspect is strengthened.
- **Supply Chain Management:** MSH participated in national-level activities focused on planning for various commodities in support of the ART, eMTCT, opportunistic infection and STI, MC, reproductive health, and other programs closely linked to HIV/AIDS services provision:
 - **Post-Exposure Prophylaxis:** ZPCT IIB provided focused technical assistance and mentoring on the availability and use of the commodities required for post-exposure prophylaxis (PEP) and assisted in providing solutions aimed at increasing access to the PEP products. It was noted that some non-ART facilities in Central and Copperbelt provinces were referring PEP cases to the nearest ART facility instead of offering these services on site as per the guidelines. The pharmacy unit will work in collaboration with the clinical care unit to orient staff on the PEP program, deliver the PEP registers, and re-orient the staff on how to order PEP drugs and how to use the PEP register.
 - **ARV Logistics System Status:** Some of the ZPCT IIB supported facilities had recorded stock imbalances of the pediatric combinations AZT/3TC/NVP and AZT/3TC tablets. The stock out was attributed to a national stock out of the products at the national level. The AZT/3TC pediatric combination arrived in country in the middle of the quarter and MSL were instrumental in distributing the stock to affected areas and the situation began to normalize as the quarter drew to a close.
 - **Essential Medicines:** A number of service delivery points visited were not stocked with emergency contraceptive pills due to low demand and/or lack of awareness on availability despite the commodity being stocked in almost all of the districts. Facility staff, such as family planning nurses, facility in-charges, and pharmacy in-charges were advised to order emergency contraceptives as part of family planning activities in support of gender based violence campaigns. Next quarter, the pharmacy unit, in collaboration with the gender specialist, will work to increase sensitization and awareness at facility level and in the community respectively.
- **Guidelines and Standard Operating Procedures:** At the end of this quarter, the MOH was in the final stages of producing the final updated standard operating procedures for pharmacy services. ZPCT IIB worked with MOH/MCDMCH and other cooperating partners to finalize this.

2.2: *Maintain, expand and strengthen laboratory services*

ZPCT IIB supported 141 laboratories in public health facilities and 25 laboratories in private health facilities this quarter, with 129 of these laboratories having the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. This quarter, ZPCT IIB provided support through technical assistance, equipment maintenance, training, and procurement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital: This quarter, the PCR lab received the new automated PCR machine procured by the project that will be installed in the next quarter. MOH advocated for further stocks of manual kits even though manufacturers had already phased out production. This was to prevent testing operations from grinding to a halt before installation of the automated platforms. The PCR laboratory at the hospital, therefore, did not experience any disruptions or interruptions in its testing activities and was able to operate normally. During the reporting period, ZPCT IIB team was able to display a poster on quality improvement in relation to data handling at the laboratory at the African Society of Laboratory Medicine (ASLM) Congress in Cape Town, South Africa in December 2014. Furthermore, ZPCT IIB has identified structured quality improvement projects for the PCR laboratory that will be implemented going forward based on ISO 15189 and the Step Wise Laboratory Improvement Process Toward Accreditation (SLIPTA) checklist and will cover areas such as information management, process control, documents and records, equipment, process improvement, inventory, and safety, among others. The successful implementation of improvement activities will finally lead to the laboratory receiving recognition as a fully accredited laboratory.
- Improving efficiencies in the PCR lab processes: The Cobas Ampliprep and Cobas Taqman (CAP/CTM 96) instruments were received during the quarter. These instruments will allow for a transformation in the testing process from the manual techniques currently in use to a fully automated process of PCR HIV early infant diagnosis. The procurement was timely as manual kits have finally been phased out. Installation, training, and validation are planned for next quarter, with the validation process to be performed for the manual methods. It is expected that the rotational staff necessary for routine PCR testing will be reduced by between 60% and 70% as the automated platform requires less human input. At a national level, reagents and consumables necessary to support the platform have already been procured; the hope is that the transition from manual to automated will be seamless.
- Internal quality control (IQC): ZPCT IIB monitored the process with a focus on ensuring that mechanisms were put in place to step-up regular and consistent use of MOH approved quality logs. Generally, facilities have become conscious of the need to document quality practices on the MOH-approved logs and the practice is slowly becoming integrated into their daily, weekly, and monthly routine, as evidenced by the documentation that is being put on file. Therefore, ZPCT IIB will continue emphasizing the practices and the verification to assure quality.
- External quality assurance: ZPCT IIB supported the MOH approved external quality assurance programs as follows:
 - CD4 External Quality Assistance (EQA) Program: The program is still challenged with the need for equipment servicing contracts and servicing by approved vendors. While user maintenance actions are being performed, the absence of specialized expert service may compromise the quality of results in the long term as the performance of the equipment begins to be ineffective. The MOH laboratory services unit is fully aware of the need to introduce service contracts and are in the process of securing them. In the meantime, ZPCT IIB continues to prompt the responsible vendor to service the CD4 enumeration platforms as regularly as possible. However, some facilities are performing above average in the program with feedback reports indicating results with one and two standard deviations. ZPCT IIB will pursue the status of the service contracts.
 - HIV EQA Program: Proficiency panels for the HIV EQA program are scheduled twice a year. Feedback reports for ZPCT IIB supported sites for the testing period January to December 2014

have not been made available by the National Reference Laboratory but are being followed up. During this quarter, ZPCT IIB provided technical assistance to HIV testing corners and encouraged laboratory oversight for testing activities, particularly at sites with laboratories. Additionally, ZPCT IIB provided corrective action for facilities unable to score 100% pass on all five samples.

- Chemistry EQA Program: Six ZPCT IIB supported facilities have been enrolled in the recently introduced Chemistry RANDOX EQA. The program is still in its infancy and a number of challenges have been noted, ranging from inconsistent participation due to breakdown of equipment and commodity stockouts to laxity on the part of staff. ZPCT IIB is in the process of providing technical assistance with a focus on documenting corrective actions. So far, 11 cycles have been received by participating sites and submission of results is ranging between 1 to 9 cycles. ZPCT IIB is also looking into the possibility of having Kabwe and Kasama General Hospital laboratories enrolled on the program. ZPCT IIB will prioritize oversight until facilities stabilize with regular submissions of results, as is the case with the other two EQA programs.
- 10th Sample QC for HIV testing: This has been ongoing, although there have been a few challenges noted. Routine checks on the ground have shown that while 10th sample Quality Control for HIV testing was ongoing, it was not consistent, and there was a lack of documentation in support of its implementation. ZPCT IIB monitored this activity and provided mentorship to emphasize the need for proper and consistent implementation.
- EQA and TB diagnostic activities: TB External Quality Assessment provision by MOH provincial teams have drastically reduced. ZPCT IIB had raised this issue with TB CARE I as the quality of smears and Ziehl Nielsen staining was not being regularly appraised. However, smear testing continued with facilities only facing challenges with sputum collection containers; this was somewhat resolved through the use of universal containers. It is anticipated that ZPCT IIB laboratory staff will be trained on the use of the GeneXpert.
- Commodity management: The quarter was very stable with supplies for the FACSCount system consistently available at central stores and some facilities actually experiencing pushed supplies. However, supplies for the higher throughput CD4 analyser, the FACSCalibur, were challenged with Trucount tubes being out of stock at the national stores. There was a general challenge with blood collection tubes across all provinces, i.e. Lithium Heparin for chemistry, plain tubes for chemistry and serology and Ethylene Diamine Tetraacetic Acid (EDTA) tubes for hematology and CD4. It is worthwhile noting, however, that many facilities have now started including the procurement of these tubes with funds accessed from facility budgets on an adhoc basis to prevent disruption of services, though facility funding does not meet the complete needs. Reagents and consumables for the Cobas C 111 and the Pentra C 200 were relatively stable while sufficient stocks for the humalyzer were available at Central Stores.
- Equipment: All the laboratory equipment were functioning well during this quarter as there were less than three break downs officially noted in Luapula, Muchinga and Northern Provinces of the FACSCount, while the FACSCaliburs in provincial centres were all operational lacking only in Trucount tubes. The general picture for hematology analysers, whose range is comprised of the Sysmex XT, XS Poch 100i, ABX Micros, and the ABX Micros ES series, was also without major incidence. The humalyzer, Cobas C111, and the Pentra C200 chemistry platforms also demonstrated reasonable stability during the quarter except for the Cobas Integra that has become a problematic platform across all provincial centres. A more detailed inventory of function will be provided in the next report as laboratory staff assume office in the respective provincial offices.

2.3: Develop the capacity of facility HCWs and community volunteers

This quarter, ZPCT IIB supported the following training:

- Clinical care/ART: 102 HCWs underwent training in ART/OI management.

| Province | Female | Male | Total |
|---------------|-----------|-----------|-----------|
| Copperbelt | 4 | 22 | 27 |
| Luapula | 10 | 15 | 25 |
| Muchinga | 10 | 15 | 25 |
| North-Western | 14 | 9 | 25 |
| | 38 | 61 | 99 |

2.4: Support for community volunteers while laying the groundwork for increased sustainability

A verification exercise of community volunteers currently working at the ZPCT IIB supported health facilities was carried out in all the six provinces in the quarter under review. A total of 1,345 community volunteers (333 ASWs, 511 lay counselors, and 501 eMTCT lay counselors) were confirmed to have been working on the ZPCT IIB supported facilities this quarter. The volunteers participated in various community mobilization activities such as adherence support to ART clients, demand creation for HIV testing and counseling (HTC), voluntary medical male circumcision (VMMC), elimination of mother-to-child transmission of HIV (eMTCT), safe motherhood and clinical care services, and organizing national commemoration events such World AIDS Day. In addition, the ZPCT IIB community volunteers referred clients to the supported sites as follows:

- **HIV testing and counseling (HTC):** Lay counselors at the ZPCT IIB supported facilities mobilized and referred 22,525 (11,275 females and 11,250 males) for HIV Testing and counseling (HTC). A total of 15,502 (7,831 females and 7,671 males) reached the facilities.
- **Elimination of mother-to-child transmission (eMTCT):** eMTCT volunteers referred clients to access eMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 17,735 expectant mothers were referred for eMTCT services and 11,531 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 4,513 (2,486 females and 2,027 males) were referred for clinical care, and 3,624 (2,031 females and 1,593 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 2,338 HIV positive clients (1,210 females and 1,128 males), and were referred for further management at the supported facilities.
- **Voluntary Medical Male Circumcision (VMMC):** During this reporting period, 5,632 males were mobilized and booked for both mobile and static VMMC, and a total 2,770 males were circumcised through mobile VMMC. 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 sites.

2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence

ZPCT IIB worked with community-level stakeholders and structures to consolidate community involvement in service demand creation and delivery. The focus was included:

- **Neighborhood health committees (NHCs):** This quarter, ZPCT IIB started the process of identifying NHCs established under the supported health facilities. NHCs have been involved in promoting VMMC under ZPCT IIB. In collaboration with health facility staff, ZPCT IIB will in the next quarter orient 20 NHCs in each of the six provinces in promoting and referring to services, including VMMC, eMTCT (sensitizing to long-term ART under Option B+), ART and HTC, with agreed-upon referral targets.

- Traditional/Religious Leaders: ZPCT IIB has started the identification of the chiefs and religious leaders to work with as advocates and promoters of HIV/AIDS services, building on ZPCT II's work on gender norms and their effect on HIV/GBV vulnerability and access to services. In collaboration with the the Ministry of Chiefs and Traditional Affairs, the project in the next quarter will engage these community leaders as key advocates for HIV prevention, care and treatment, in line with the new Consolidated Guidelines.
- Network of Zambian people living with HIV/AIDS (NZP+) support groups: ZPCT II had trained PLHIV support groups on stigma reduction and PHDP. During the reporting period, ZPCT IIB started the process of contacting and mapping these groups in preparation for expanding their role. ZPCT IIB will strengthen them as entry points for community models to increase ART adherence/retention in care and promote healthy behaviors and self-care through positive health dignity and prevention (PHDP). To decongest ART clinics, the ZPCT IIB project will in the next quarter train selected members to dispense ART medication to self-selected ART clients in the community. This would enable one person to go to the ART site to pick up ARVs for a group.
- Mother support groups: ZPCT IIB through community volunteers facilitated and supported the functioning of mother support groups at health facilities to promote demand for and retention in eMTCT services among expectant/new mothers. This activity is also linked to Safe Motherhood Action Groups (supported by ZISSP and M-CHIP) as promoters of facility delivery and eMTCT.

2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care

ZPCT IIB 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. In the quarter under review, ZPCT IIB conducted a verification exercises to find out the status of the referral networks. Based on this verification exercise, no district conducted any referral network meetings this quarter. In the next quarter, ZPCT IIB plans to restore the status in ensuring that the referral networks begin functioning. However, there is still a challenge in most provinces as there are few or no organisations to support referral network meetings.

Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions

3.1: Joint Assessment and Planning Process

During the reporting period, ZPCT IIB met with the Permanent Secretary MOH and his senior management team. The meeting discussed a joint participatory assessment and planning process to define program elements that can be transitioned to government during the Bridge period, as well as during the anticipated *Next Generation* follow-on project. The deliverable from this planning process is a joint decentralization plan due to USAID March 31, 2015.

It is anticipated that the process will result in transition (i.e., sustainability/decentralization) and capacity strengthening plans in all six provinces and selected districts. In line with the project objectives the plans will address both what can be accomplished in the short term – during the Bridge period – and longer-term objectives for GRZ ownership of critical management functions and systems.

3.2: Provision of Capacity Strengthening TA and Related Support

ZPCT IIB provided capacity strengthening (CS) TA as follows:

- Integration of services: During this quarter ZPCT IIB supported the 451 facilities to make significant progress in integrating HIV/AIDS with other health services, namely HTC in all clinical areas including voluntary male medical circumcision, eMTCT by integrating option B+ in MNCH in 250 sites, integration of family planning services along all HIV services in supported sites. In order to strengthen and ensure sustainability of integrated services, ZPCT IIB worked with PMOs and

DCMOs to align currently integrated services with existing GRZ guidelines by training 99 healthcare staff in ART/OI based on the new integrated guidelines recommendations and provided onsite technical support in line with the Option B+ and the expanded eligibility criteria for 2014; b) adapt and/or develop integration SOPs and other job aids; and c) prioritize integration in the annual planning process.

- **Clinical mentoring:** ZPCT IIB worked with the PMOs and DCMOs to strengthen planning, coordination, implementation and evaluation of the existing GRZ clinical mentoring program. Multi-disciplinary clinical care teams at provincial and district levels held regular meetings to identify performance gaps in health service delivery, including HIV/AIDS, and assign appropriate trained mentors to conduct needs-based mentoring to address them to improve service quality. ZPCT IIB staff supported the PMOs, DCMOs and facilities in the following areas:
 - Continuous mentorship on QA/QI tools Oriented and mentorship of HCW on the importance of HTC for MC clients
 - Orientation and mentorships in Option B+
 - Completion of registers such as FANC registers
 - Mentoring in family planning for the model sites

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

The ZPCT IIB Strategic Information (SI) unit coordinated monthly compilation and analysis of service statistics for the period under review. The unit further provided adhoc data reports for program monitoring. The unit update the M&E procedure manual with new option B+ indicators and implemented collection of the indicators.

The SI unit continued collaborating with MOH/MCDMCH, other FHI 360 partners and technical units during the quarter. The unit collaborated with MOH, MCDMCH, EGPAF and other partners by participating in a workshop which discussed, finalization and adopt standard operating procedures for Option B+, finalization of the M&E framework for Option B+, mapping of Option B+ indicators to source documents, review current data collection tools and suggest how Option B+ services will be documented and reported, and documentation using electronic system (SmartCare). The outputs of the workshop were three sets of M&E standard operating procedures for Option B+.

The SI unit further continued participation in program implementation evaluations related to ZPCT IIB work in the area of using SMS technology to improve retention, using QA/QI to measure sustainability and FP/HIV Integration evaluation studies. The Male Involvement and QA/QI studies were submitted for possible publication in health journals.

During the quarter, the unit updated technical strategies for both monitoring & evaluation (M&E) and quality assurance & quality improvement (QA/QI).

SI unit worked with human resources unit to finalization recruitment of provincial M&E officers for the ZPCT II Bridge project.

Quality assurance and quality improvement (QA/QI)

ZPCT IIB collaborated with MOH in monitoring the implementation of quality improvement (QI) projects across the six supported provinces. During the quarter, one QI project supported by ZPCT IIB that address clinical HIV program accomplished its objective. Currently, two QI projects are being implemented and supported by ZPCT IIB.

The following are the QI projects still being implemented:

- 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 third quarter 2014; resolving this problem will contribute positively to the HIV prevention strategies.

- Mpulungu QI project is aimed at establishing a reliable logistics system for satellite ARV dispensaries. The team desires to implement a requisition & report (R&R) system for the satellite ARV dispensaries. The QI team plan to conduct a detailed system analysis, conduct a root-cause analysis and ensure that improvement measurement system is well established.

Quality Assurance/Quality Improvement Assessments

During the quarter, all QA/QI tools for each technical unit were revised to conform to the updated HIV guidelines and standard operating procedures. Administration of QA/QI tools will begin in the next quarter in all ZPCT IIB supported sites.

RESEARCH

ZPCT IIB developed manuscripts for publication during this period under review. The following were submitted to peer reviewed journals for consideration:

- 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. Submitted to Plos One. Received comments from the reviewers.
- Evaluating the effectiveness of the ZPCT II specimen referral system for CD4 assessment.
- The effect of male involvement in ANC on PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia. Submitted to The Journal of Public Health and Plos One. Manuscripts was not accepted by both journals
- Family Planning and HIV Services Integration: Enhanced systems for tracking referrals to FP from HIV services - does it help increase uptake of FP services? Submitted to Global Health Journal and was not accepted.
- Assessing the retention in care for patients on antiretroviral therapy in rural Zambia. Submitted to Plos One and awaiting feed back.
- Evaluating the effect of mobile health technology (program Mwana) on the rate of ART initiation in HIV infected children below 18 months. Submitted to BMC and awaiting feedback

In addition, ZPCT IIB worked on a few operational research projects that will be conducted during the 14-months contract period.

Collaboration with University of Zambia School of Medicine (UNZA SOM) continued under the ZPCT IIB. This partnership allows for ZPCT IIB to take on MPH students from UNZA SOM and provides them with information and financial resources needed to complete their research and dissertations. ZPCT IIB interviewed the second intake of interns in this quarter and selected two students who will be taken on as interns during this fiscal year. Mentors have already been identified to start developing their research protocols.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: During this quarter, ZPCT IIB developed and signed 76 recipient agreements (56 DCMOs, 12 general hospitals, six PMOs, one UTH and one CCHS). In addition, the CHAZ subcontract was completed and will be signed next quarter.

Renovations: ZPCT IIB has embarked on limited construction in facilities where the space is non-existent. Discussions with PMOs and DCMOs to help them prioritize infrastructure development were carried out, but because of limited funding from government little has changed. 16 facilities have been

targeted for refurbishment in ZPCT IIB service areas and tender documents are currently being finalized in preparation for advertisement and contract signing during this quarter.

Mitigation of environmental impact

ZPCT IIB submitted the Environmental Mitigation and Monitoring Plan (EMMP) to USAID for approval. The approved EMMP will be used to monitor management of medical waste and ensure environmental compliance in all of its supported health facilities.

Procurement

This quarter, ZPCT IIB procured the following: printing of 4,269,255 smartcare forms, 449,657 CHC forms, 150,539 refill forms, 72,452 male circumcision forms, 3,312 (ART, Pre-ART, ANC, HIV testing & counselling, HIV exposed infants & baby mother registers); procured 42,372 susepsnion files, file fasteners and manila folders. The forms and registers are for ZPCT IIB supported sites. In addition, ZPCT IIB procured 150 vaccutainers for PopART supported sites. Also, 1000 printed materials (illustration and facilitation guide manuals) for gender based violence (GBV) trainings were procured. The ZPCT IIB will distribute the items to the provincial sites as and when deliveries are made from the vendors.

Human Resources

Recruitment: ZPCT IIB had a total of 166 positions filled out of the 173 budgeted positions this quarter. Six staff members have been hired to fill the remaining positions. One position remains to be filled and will be concluded in the next few weeks.

Training and Development: ZPCT IIB staff attended training in the following areas during the reporting period:

- Best Practice Spreadsheet Modelling Training : Associate Finance Officer from Kabwe was sponsored for this program

Information Technology

This quarter, FHI 360 embarked on virtualization of all its main servers at all sites including the Zambia office. Virtualization is the single most effective way to reduce IT expenses while boosting efficiency and agility—not just for large enterprises, but for small and midsize businesses too. VMware was the chosen platform and can run multiple operating systems and applications on a single computer, consolidate hardware to get higher productivity from fewer servers and Save 50 percent or more on overall IT costs. VMware can also speed up and simplify IT management, maintenance, and the deployment of new applications. All servers at all ZPCT IIB sites were moved to VMWare platform.

During the reporting period, all servers at the ZPCT IIB provincial offices were upgraded and now run Server 2008 for Domain controllers and Server 2012 for file servers. This has enhanced server management and improved security as the older server 2003 will no longer be supported by Microsoft effective July 2014.

Wireless access has become a major way staff and other users connect to the FHI360 network. With an increase in wireless capable mobile devices and tablets there is need to have highest grade access points that are carefully optimized for a seamless user experience and security. For this reason Cisco Meraki Access Points were deployed at all ZPCT IIB offices. These are 100% cloud managed for faster deployment, simplified administration, and richer visibility. This was completed successfully during the last quarter.

74 desktop computers, uninterruptible power supplies (UPS) and some printers procured in ZPCT II were distributed 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 distribution of this equipment was completed during the quarter and most facilities will now be able to run upgraded versions of the SmartCare patient tracking program.

Also, ZPCT IIB continued the installation of local area networks in with a focus on model sites that was started in the ZPCT II project.

Finance

- Pipeline report: The cumulative obligated amount is \$24,900,000 out of which ZPCT IIB has spent \$2,918,833 as of December 31, 2014. The total expenditure to date represents 11% of the cumulative obligation. Using the current burn rate of \$972,950. This expenditure is expected to increase in the next quarter when we receive invoices from our Subcontractors. Now that all the Recipient Agreements with the Government of Zambia – MOH and MCDMCH, trainings in the field will also be increased in the six provinces.
- Reports for Oct - Dec 2014:
 - SF1034 (Invoice) for the first deliverable submitted
- Orientation Meeting: During this quarter, we had two orientation meetings for Administration Officers and Field Finance staff from the ZPCT IIB provinces. These meetings were designed to disseminate information regarding the new project ZPCT IIB and also orient new staff on the financial and administration roles expected from them.

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 IIB supported task shifting in the supported health facilities, through training and placement of community volunteers and supporting their monthly allowances.

▪ **Laboratory commodity stock-outs**

The quarter was characterized with stock outs of blood collection tubes which include Ethylene Diamine Tetra Acetic Acid (EDTA) for hematology and CD4 analyses, Lithium Heparin for chemistry analyses, and plain tubes for chemistry, immunochemistry, and serology. It was generally noted that some facilities were able to procure these tubes through facility budgets and this sustained services at some facilities. Facilities that were unable to procure these tubes referred samples to nearby testing centres, while in some instances ZPCT IIB cushioned the impact of stock outs by facilitating redistributions of supplies from sites that had some to spare. Pregnancy, hepatitis, and rapid plasma reagin (RPR) kits were also out of stock throughout the quarter affecting option B+ implementation. These stock challenges have been escalated to John Snow Incorporated (JSI) and the Ministry of Health. The inconsistent nature of the status of blood collection tubes and test kits for RPR, hepatitis, and pregnancy prompted ZPCT IIB to procure these deficient items on an adhoc basis for sustaining PopART testing activities, as the national stocks status would have disrupted study progress adversely. ZPCT IIB will attend the next quantification when MoH and JSI are ready for the national exercise; this will allow ZPCT IIB to have a better appreciation of what is in the pipeline. The quarter was also characterized with the receipt of official notification from the MoH that the manual kits used for DNA extraction at the PCR laboratory for HIV early infant diagnosis would be permanently out of stock. ZPCT IIB therefore prepared for the transition of testing from manual to automated kits by ordering the necessary supplies for automation.

▪ **ARV Stock Imbalances**

There was a stock out of the pediatric combinations AZT/3TC/NVP during the quarter, and AZT/3TC tablets were also low in stock at MSL and had run out at some facilities. The AZT/3TC pediatric combination arrived in country in the middle of the quarter and MSL was instrumental in distributing to affected areas and the situation normalized at the end of quarter.

▪ **Equipment functionality**

- *Humalyzer 2000 chemistry analyzers:* The general status for this is mostly stable with the bulk of analysers that were non functional repaired. The equipment continues though to be a challenge due to its labour intensive requirements and the MOH has prioritized replacements with higher throughput analysers as has ZPCT IIB. One notable recent replacement was at the Kabompo District Hospital which received the Pentra C200. The Cobas Integra chemistry analyzers have experienced significant challenges with breakdowns at Roan General Hospital and St.Pauls still outstanding, while the Solwezi General Hospital analyser was repaired during the quarter. Analysers at Roan General, Ronald Ross, Kabwe General, and St. Pauls are still not functional with the major deterrent to repairs being the cost associated to the spare parts. However, Ronald Ross General Hospital received a Pentra C200 chemistry analyser through MOH Global Funds, and Roan General Hospital was able to procure the low throughput Humalyte chemistry analyser. It is hoped that the MoH will continue with the replacement exercise and it is hoped that high volume centres will be given priority for either the Cobas C111 or the Pentra C 00.
- *FACSCount CD4 machines:* The FACSCount range was very stable, due to the vendor who has a very responsive service team.No major challenges were recorded during the quarter.
- *FACSCalibur:* While the platform was functional during the quarter, the unavailability of Trucount tubes adversely affected the running of this high throughput platform during the

quarter. Most of the CD4 enumerations in the provincial centres were therefore done on the FACSCount.

- *ABX Micros haematology analyzers*: During the quarter, Kabwe Mine Hospital reported a broken analyser which was brought to the attention of the vendor. The performance of this robust platform across ZPCT IIB supported facilities has been good with some high throughput facilities such as Nchanga North and Ndola Central having two hematology platforms working at the same time i.e. Sysmex XT, XS series and the ABX Micros. This has eased the sample load from the Micros and somewhat prolonged its useful life.
- *Sysmex poch 100-i*: No major incidents were reported during the quarter; it is worthwhile to note though the uneconomical volume of reagents that the platform requires to run one sample. This status has been escalated to the MoH for review.

ZPCT II programmatic challenges

▪ Specimen referral for CD4 count assessment

The quarter was characterized with a major national stock out of Ethylene Diamine Tetraacetic Acid (EDTA) blood collection tubes. These are used for CD4 enumerations and full blood counts. The effect of this national stock out was a reduction in specimen referral activities across all ZPCT IIB supported facilities, except those facilities that were able to procure supplies from facility budgets and those that were able to arrange for stocks from nearby sites. With the stability of functionality of the FACSCount platform it was unfortunate for ART clients not to have blood drawn for routine follow up. The status of stocks, however, is being looked into by MoH and JSI. Going forward, access to CD4 testing should improve with the introduction of the PIMA CD4 Point-of-Care analysers. These platforms will be installed in the next quarter.

ANNEX A: Travel/Temporary Duty (TDY)

| Travel this Quarter (September – December 2014) | Travel plans for Next Quarter (January – March 2015) |
|---|--|
| <ul style="list-style-type: none"> ▪ Hilary Lumano, Senior Technical Advisor, Laboratory Services attended and made a poster presentation at the African Society of LAB Medicine Congress held from November 29 – December 5, 2014 in Cape Town – South Africa ▪ Monica Mulunda Sichilima, Associate Director of Finance and Administration and Claire Chihili, Finance Manager attended the expenditure analysis and WCAMENA workshop from September 8 – 17, 2014, Pretoria – South Africa | <ul style="list-style-type: none"> ▪ Sarah Johnson, Senior Director for Project Quality Assurance & Coordination, and Catherine Mundy, Principal Technical Advisor for Laboratory Services, will travel to Lusaka from 23rd January to 3rd February, 2015 for technical support and overall review of the project. ▪ Veronique Mestdagh, Human Resources Partner, will travel to Lusaka from Feb 8 – 14, 2015 to conduct orientation for all staff and assist with personnel issues. |

ANNEX B: Meetings and Workshops this Quarter (Sept. – Dec., 2014)

| Technical Area | Meeting/Workshop/Trainings Attended |
|--|---|
| eMTCT/HTC | <p>October 22, 2014 <i>Saving Mothers Giving Life TWG held at MCDMCH:</i> The TWG partner represented made presentations on different activities being done in health facilities/communities they support. ZPCT presented on the 15 mothers shelters, 12 Zamblances and 3 ambulances as support given in Mansa</p> |
| | <p>October 30, 2014 <i>eMTCT technical working group (TWG) meeting:</i> The focus of this meeting was on partner support to implementation of Option B+. Six partners were in attendance and presented on their effort concerning PMTCT and Option B+. The meeting was held at MCDMCH Board Room.</p> |
| | <p>November 19, 2014 <i>CBD strategy meeting:</i> Stakeholders meeting held at SUFP offices to discuss the CBD strategy document. It was proposed that a one and a half days meeting to be held in wich the document should be reviewed</p> |
| MC | <p>October 22, 2014 <i>VMMC commodity Logistic design Assessment feedback Meeting at JSI/SCMS Office:</i> ZPCT IIB attended and participated in this field assessment that was designed to develop a national logistic system of VMMC commodity procurement by Ministry of Health..</p> |
| | <p>December 2, 2014 <i>National VMMC December campaign preparatory meeting at MCDMCH Board Room:</i> ZPCT IIB participated in this TWG meeting that was designed to review campaign preparedness by implementing Partners and the Ministry of Health (MCDMCH) as well to set national targets to guide the scale up activity in the field..</p> |
| Laboratory | <p>November 26, 2014 <i>PopArt Partner Meeting:</i> ZPCT IIB attended the joint partner platform for monitoring activities under PopArt. Others in attendance included representatives from CIDRZ and ZAMBART.</p> |
| Pharmacy | <p>October 20, 2014 <i>Family Planning and Emergency Contraceptives Meeting:</i> Pharmacy and gender units had a meeting to deliberate on availability of emergency contraceptives at all levels of the supply chain system.</p> |
| | <p>October 28, 2014 <i>Pharmacy Mentorship Manuscript Meeting:</i> The ZPCT IIB pharmacy unit attended this meeting organized by the World Health Organization (WHO) to begin preliminary work towards writing a manuscript for the national mentorship program</p> |
| | <p>October 20, 2014 <i>Family Planning and Emergency Contraceptives Meeting:</i> Pharmacy and gender units had a meeting to deliberate on availability of emergency contraceptives at all levels of the supply chain system.</p> |
| PopART | <p>September – December, 2014</p> <ul style="list-style-type: none"> ▪ <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 (DIMT) meetings were held at the district levels (Kabwe, Ndola and Kitwe). ▪ <i>Technical meeting:</i> Six PopART staff (implementation Coordinator, Data Manager, and four Clinical Officers) participated in the all technical meeting that was coordinated by ZPCT IIB. ▪ <i>Trainings:</i> Copperbelt province undertook a training which included three midwives from Chipokota Mayamba, Chipulukusu and Ndeke the ZPCT IIB PopART sites. |
| Community Mobilization and Referral Networks | <p>November 17 – 20, 2014 <i>The unit planning meeting:</i> The purpose of the meeting was to clarify the role of the community mobilization and referral strengthening team in the ZPCT II Bridge project in the CARE ZPCT IIB Team. The specific objectives of the meeting were: to build a common understanding of the objectives, strategies, and deliverables of each activity in the ZPCT II Bridge work plan; develop clarity for each provincial team on how each planned activity will be implemented; Develop provincial level work plans and budgets</p> |
| Technical Staff | <p>November 3 – 6, 2014 <i>Technical Staff Meeting:</i> ZPCT IIB conducted this workshop for all technical staff in order to familiarize everyone with innovations and new strategies under the Bridge project and what is expected of all staff.</p> |

ANNEX C: Success Story

Mother saves her Children's Life through HIV treatment

“It all started during our first antenatal care (ANC) visit to Makululu Clinic with my husband Mr. Chipingo when we learned about the elimination of mother-to-child transmission (eMTCT) services and the health benefits these services could provide for our unborn child”, recounts Prudence Chipingo. The couple were counseled and tested and they were both found HIV-positive. Mr. Chipingo did not accept the HIV-positive test results and opted not to access treatment but convinced his wife Prudence too. A few months later, Prudence gave birth to a child who passed away after one year due to HIV related illnesses.

When Prudence got pregnant the second time, her husband felt it was time to prove to the health care workers and lay counselors that their initial HIV-positive results were wrong. The couple went back to Makululu Clinic for antenatal care and underwent HIV testing and counseling for the second time. The couple did not disclose their known HIV status and presented themselves as negative. True to the first results, both were again found to be HIV-positive. Mr. Chipingo still refused to accept the results and shunned treatment for the second time. It was during this visit to the clinic that Prudence decided to save her unborn child and any other children yet to come. With the help of Vera Kaputa a nurse at Makululu Clinic, she was assessed and put on highly active anti-retroviral therapy (HAART) without consent from the husband.

“All medications received from the health facility were hidden from my husband for fear of victimization” said Prudence. She tried to convince the husband to use condoms which they did though not consistently because the husband did not see the need.

After participating in the eMTCT program, Prudence gave birth to two infants in 2010 and 2014 that were confirmed HIV-negative through the early infant HIV diagnosis, a service that is supported by USAID/PEPFAR through the ZPCT IIB Project. Prudence was delighted that the decision that she had made to participate in the eMTCT program for both her second and third pregnancies helped to prevent her children from contracting HIV. Mr. Chipingo is now on HIV treatment from another clinic outside Makululu community since the birth of their daughters.

“Mwandi tuletotela abatuletelako uyu muti, batwalilile, epeshili pakuleka” (we are grateful to the organization that brought the eMTCT program and medicine, may they continue to do so), said Prudence. Prudence is now a champion of eMTCT who encourages expectant mothers to access eMTCT services so that they can have HIV-negative children.

Makululu Clinic is one of the 430 health facilities being supported by Zambia Prevention Care and Treatment Partnership II Bridge (ZPCT IIB), a project implemented by FHI 360 and made possible by funding from the U.S. Agency for International Development (USAID).

ZPCT IIB supports implementation of routine HIV counselling and testing in ANC using an “opt out” strategy to ensure that pregnant women are aware of their HIV status and can then take the necessary steps to prevent transmission to their child. Additionally, health care workers are trained in the provision of eMTCT and family planning services as well as strengthening referral systems for clients to ART, clinical care and other appropriate services. ZPCT IIB works to ensure that expecting women have regular access to quality care.

Prudence's story is an illustration of how interventions like eMTCT can go a long way in making families healthier and happier.

ANNEX D: Activities Planned for the Next Quarter (Jan. – Mar., 2015)

| Objectives | Planned Activities | 2015 | | |
|--|---|------|-----|-----|
| | | Jan | Feb | Mar |
| Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC). | | | | |
| 1.1: HIV testing and counseling (HTC) services | Provide ongoing technical assistance to all supported sites | x | x | x |
| | Train HCWs and Lay counselors in HTC courses. | x | x | x |
| | Escort clients who tested HIV-positive from HTC 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 HTC 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 HTC 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 HTC 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 HTC 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 PHDP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies | x | x | x |
| | Strengthen couple-oriented HTC 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 HTC 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 HTC for hard to reach areas in collaboration with CARE international | x | x | x |
| | Strengthen referral from mobile HTC for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including eMTCT, 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 HTC programming during HTC courses in collaboration with ZPCT II Gender unit | x | x | x |
| | Screening for gender based violence (GBV) within HTC setting | x | x | x |
| | Strengthen the use of community eMTCT counselors to address staff shortages | x | x | x |
| | Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/eMTCT lay | x | x | x |

| Objectives | Planned Activities | 2015 | | |
|---|---|------|-----|-----|
| | | Jan | Feb | Mar |
| 1.2: Elimination of mother-to- child transmission (eMTCT) services | counselors. | | | |
| | 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 sites | | X | X |
| | 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 HTC 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 PHDP within eMTCT services for those who test positive through training using the PHDP module in the eMTCT training as well as incorporating PHDP 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 eMTCT 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 | X | X | X | |

| Objectives | Planned Activities | 2015 | | |
|--|---|------|-----|-----|
| | | Jan | Feb | Mar |
| | involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement | | | |
| | Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT | x | x | x |
| | Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities | x | x | x |
| | Strengthen eMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access eMTCT services | x | x | x |
| | 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 positive health dignity prevention with positives. | x | x | x |
| 1.3: Antiretroviral Therapy | 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 | |

| Objectives | Planned Activities | 2015 | | |
|---|---|------|-----|-----|
| | | Jan | Feb | Mar |
| 1.4: Clinical palliative care services | Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension | x | x | x |
| | Administer QA/QI tools as part of technical support to improve quality of services | x | x | x |
| | Strengthen implementation of Post Exposure Prophylaxis (PEP) activities 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 ZPCT IIB supported sites | x | x | x |
| 1.5: Scale up voluntary medical male circumcision (VMMC) services | Conduct monthly, comprehensive technical assistance (TA) visits to 56 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 56 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services. | x | x | x |
| | Develop plan for post-training follow up and on-site mentoring all 56 trained HCWs staff by SSZ in all six provinces for the | x | x | x |
| | Develop and print VMMC Standard Operational Procedure Manual & Job Aids for all 56 MC sites | x | x | x |
| | Strengthen integrated service delivery and measure integration outcomes: Increase emphasis on MC as an HIV prevention tool as part of couple counseling in CT/eMTCT (with referrals for all HIV-negative male partners). | x | x | x |
| | Continue to enhance core VMMC services: Improve reach by tailoring interventions based on age group and geography (e.g., procuring tents for MC outreach activities in areas with inadequate infrastructure), and improve demand creation for static service delivery through specialized volunteer educators to promote MC within health center catchment areas; strengthen existing systems for coordinating MC programming at provincial/district levels | x | x | x |
| | Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process | x | x | |
| 1.6: TB/HIV services | TB/HIV integration by supporting and improving documentation in all MOH register as well as collaborative facility meeting | x | x | x |
| | Strengthen implementation of the “3 Is” approach | x | x | x |
| | Support us TB suspect register post intensified case finding of TB | x | x | x |
| 1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 | Monthly visitations by Implementation Coordinator and Data Manager to the six PopART sites to monitor implementation of activities. | x | x | x |
| | HCWs including midwives will be integrated in ZPCT IIB ART/O.Is for CB and CP provinces. | x | x | x |
| | Implementation Coordinator and Data Manager will participate in the annual PopART meeting that will take place at Taj Pamodzi Hotel | | x | |
| 1.8: Public-private partnerships | Scale up ART at current sites to implement new GRZ guidelines that expand eligibility | x | x | x |
| | Continue the roll-out of Option B+ in eMTCT services | x | x | |
| | Strengthen integrated service delivery and measure integration outcomes: CT in all clinical services; eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN]) | x | x | x |

| Objectives | Planned Activities | 2015 | | |
|---|--|------|-----|-----|
| | | Jan | Feb | Mar |
| | distribution); FP referrals | | | |
| | Continue to enhance core HIV/AIDS services: Improve adolescent HIV services by sensitizing and/or training HCWs, volunteers and parents on HIV-positive adolescents' special needs strengthen implementation of the "3 Is" approach | x | x | x |
| | Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery; administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process | x | x | x |
| 1.9: Gender Integration | Backstop GBV trainings in all the six ZPCT IIB supported provinces | x | x | x |
| | Provide input into the guideline for engaging traditional and religious leaders in addressing negative gender norms | x | x | |
| | Participate in preparatory meetings for commemorating International women's day. | x | x | x |
| Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC. | | | | |
| 2.1: Maintain, expand and strengthen pharmacy services | Provide comprehensive technical assistance to pharmacy staff in forecasting, quantifying, ordering, and procuring ARVs and other HIV and AIDs related medicines and medical supplies to avert stock imbalances | x | x | x |
| | Support to the MoH pharmacy mentorship program and implementation of the model sites mentorship program | x | x | x |
| | Support commodity inventory management systems, storage specifications, and commodity security | x | x | x |
| | Provide ongoing technical oversight to provincial pharmacy technical officers including new staff | x | x | x |
| | Train healthcare workers in commodity management | x | x | x |
| | Support the provision of and promoting the use of more efficacious regimens for mothers on the eMTCT program | x | x | x |
| | Support roll out and implementation of SmartCare integrated pharmacy database for management of medicines and medical supplies and facilitate at the SmartCare essentials trainings | x | x | x |
| | Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites | x | x | x |
| | Participate in the pharmacy components of the PopART pilot study in selected ZPCT IIB supported pilot sites | x | x | x |
| | Support the compilation of the reviewed commodity management training package | x | x | x |
| | Participate in national quarterly review for ARV drugs for ART and eMTCT programs | x | x | x |
| | Build capacity of community volunteers in dispensing practices to promote ART adherence and retention in care | x | x | x |
| | ZPCT IIB will work with MSL on roll out and implementation of the hub and last mile delivery concept to strengthen the supply chain management system | x | x | x |
| Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners. | x | x | x | |
| 2.2: Maintain, expand and strengthen laboratory services | Strengthen and expand the specimen referral system for dried blood spots, CD4, and other baseline tests in supported facilities | x | x | x |
| | Coordinate and support the installation of laboratory equipment procured by ZPCT IIB in selected sites | x | x | x |
| | Promote the use of new guidelines for both ART and PMTCT in line with MOH and MCDMCH guidance | x | x | x |
| | Administer QA/QI tools and address matters arising as part of technical support to improve quality of services | x | x | x |

| Objectives | Planned Activities | 2015 | | |
|--|---|------|-----|-----|
| | | Jan | Feb | Mar |
| | Support the dissemination of guidelines for laboratory services. | x | x | x |
| | Support the improvement of laboratory services in preparation for WHO AFRO accreditation in ZPCT II supported sites. | x | x | x |
| | Monitor and strengthen the implementation of the CD4 and chemistry EQA testing program . | x | x | x |
| | Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities | x | x | x |
| | | | | |
| 2.3: Develop the capacity of facility HCWs and community volunteers | 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 |
| 2.4: Support for community volunteers while laying the groundwork for increased sustainability | Payment of transport refunds for community volunteers | x | x | x |
| | Support community outreach by community volunteers to create demand for HTC, VMMC, eMTCT, safe motherhood and clinical care services | x | x | x |
| | Orient community volunteers in option B+ and community based ART dispensing | x | x | x |
| | Provide stationery for supervisory and M&E records at health facilities | x | x | x |
| 2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence | Engage with NHCs to promote demand for HTC, VMMC, eMTCT, and ART | x | x | x |
| | Engage with Traditional and religious leaders to promote uptake of HTC, VMMC, eMTCT, and ART | x | x | x |
| | Identify and work with groups of PLWHA to promote community ART dispensing . | x | x | x |
| | | x | x | x |
| 2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care | Promote strengthening of district referral network with the DCMOs and DATFs | x | x | x |
| | Conduct publicity and mobilization activities during Youth and Women's Day in collaboration with DCMOs and DATF | x | x | x |
| Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions | | | | |
| 3.1: Joint Assessment and Planning Process | Develop a transition plan to move from the current level of GRZ capacities, resources and systems to complete programmatic responsibility | x | x | x |
| | Implementation of Routine Efficiency Measurement (REMs) | x | x | x |
| | National and provincial level meetings with GRZ | x | x | x |

| Objectives | Planned Activities | 2015 | | |
|---|---|------|-----|-----|
| | | Jan | Feb | Mar |
| | Adaptation of FHI 360 Rapid Health System Tools | x | x | x |
| 3.2: Provision of Capacity Strengthening TA and Related Support | Provide TA support in the integration of services to ensure alignment with GRZ guidelines | x | x | x |
| | Support adaptation or development of integration SOPs and job aids | x | x | x |
| | Provide TA to the GRZ planning process to prioritize integration | x | x | x |
| | Provide financial supports and TA in the effective planning, coordination, and implementation. monitoring and evaluation of the existing GRZ clinical mentoring program | x | x | x |
| | Provide TA and financial support in developing equipment maintenance plans at DCMO level with functionality tracking metrics | x | x | x |
| | Provide TA to institutionalize commodity management through ongoing training, learning, effective monitoring and supervision | x | x | x |
| Strategic Information - M&E and QA/QI | | | | |
| | Conduct Smartcare orientation training for all newly recruited Data Entry clerks | | x | |
| | 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 |
| | Conduct M&E Data quality Assessments in all six provinces | | | x |
| | Provide technical support to SmartCare in conjunction with MOH and other partners (Testing of new software) | x | 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 |
| Program Management | | | | |
| Program | Monitor implementation of monitoring plan and tools by provincial offices | x | x | x |
| | Approval of contracts for new renovations for the ZPCT IIB | x | x | |
| | Signing of recipient agreements and subcontracts | x | x | |
| | Delivery of equipment and furniture to ZPCT IIB supported facilities | | x | x |
| Finance | FHI 360 finance team will conduct financial reviews of ZPCT IIB field offices, and subcontracted local partners | x | x | x |
| | FHI 360 Office of Compliance and Internal Audit will conduct compliance training for the Zambia Office staff and subcontractors | | x | |
| | FHI 360 Contract Management Services will hold a regional meeting for all Contracts and Grants staff. | | | x |
| | FHI 360 Africa Regional Office will hold a meeting for finance and operations staff. | | | x |
| HR | Team building activities for enhanced team functionality | | x | x |
| | Facilitate leadership training for all staff in supervisory positions | x | x | x |
| | Recruitment of staff to fill vacant positions | x | | |
| IT | Training for IT personnel in VMWare | x | x | x |
| | Complete disposal of obsolete IT equipment at all sites by donation | x | x | x |
| | Find a workable solution to improve web2sms services in the facilities | | x | |
| | Conduct IT inventory updates | x | x | x |

ANNEX E: ZPCT IIB 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 | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 2. Mahatma Gandhi HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 3. Kabwe Mine Hospital | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 4. Bwacha HC | Urban | | ◆ | ◆ | ◆ | ◆ | | |
| | 5. Makululu HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | | |
| | 6. Pollen HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 7. Kasanda UHC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | | |
| | 8. Chowa HC | Urban | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 9. Railway Surgery HC | Urban | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 10. Katondo HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 11. Ngungu HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ |
| | 12. Natuseko HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 13. Mukobeko Township HC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 14. Kawama HC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 15. Kasavasa HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 16. Nakoli UHC | Urban | | ◆ | ◆ | ◆ | | | |
| | 17. Kalwela HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Mkushi</i> | 18. Mkushi DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 19. Chibefwe HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 20. Chalata HC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 21. Masansa HC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | ⊙ ¹ |
| | 22. Nshinso HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 23. Nkumbi RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Luano</i> | 24. Chikupili HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 25. Coppermine RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 26. Old Mkushi RHC | Rural | | | | | | | |
| | 27. Kaundula | Rural | | | | | | | |
| <i>Serenje</i> | 28. Serenje DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 29. Chitambo Hospital | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 30. Chibale RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 31. Muchinka RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 32. Kabundi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 33. Chalilo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 34. Mpelembe RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 35. Mulilima RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 36. Gibson RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 37. Nchimishi RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 38. Kabamba RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 39. Mapepala RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Chibombo</i> | 40. Liteta DH | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 41. Chikobo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 42. Mwachisompola Demo Zone | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 43. Chibombo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | ⊙ ¹ |
| | 44. Chisamba RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|----------------------|------------------------------|--------------------------------|----------------|-----------|-----------|-----------|----------------|---------------------------|----------------|
| | 45. Mungule RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 46. Muswishi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 47. Chitanda RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 48. Malambanyama RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 49. Chipeso RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 50. Kayosha RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 51. Mulungushi Agro RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 52. Malombe RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 53. Mwachisompola RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 54. Shimukuni RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Kapiri Mposhi</i> | 55. Kapiri Mposhi DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 56. Kapiri Mposhi UHC | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 57. Mukonchi RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 58. Chibwe RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 59. Lusemfwa RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 60. Kampumba RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 61. Mulungushi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 62. Chawama UHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 63. Kawama HC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 64. Tazara UHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 65. Ndeke UHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 66. Nkole RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 67. Chankomo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 68. Luanshimba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 69. Mulungushi University HC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 70. Chipepo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 71. Waya RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 72. Chilumba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Mumbwa</i> | 73. Mumbwa DH | Urban | | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 74. Myooye RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 75. Lutale RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 76. Nambala RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 77. Kamilambo RHC | Rural | | | | | | | |
| | 78. Chiwena RHC | Rural | | | | | | | |
| <i>Itezhi Tezhi</i> | 79. Itezhi Tezhi DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 80. Masemu UC | Rural | | ◆ | ◆ | ◆ | ◆ | | |
| | 81. Kanza RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 82. Nasenga RHC | | | | | | | | |
| <i>Ngaabwe</i> | 83. Mukumbwe RHC | | | | | | | | |
| Totals | | | 26 | 79 | 79 | 79 | 28 | 50 | 10 |

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

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

Note: Grey shaded are new ZPCT IIB sites

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

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|--------------------------|----------------------------|--------------------------------|----------------|----------------|-----------|-----------|----------------|---------------------------|----------------|
| | 48. Chavuma Clinic | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 49. Kamfinsa Prison Clinic | Urban | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 50. Mwekera Clinic | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 51. ZNS Clinic | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 52. Riverside Clinic | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ | ◆ | |
| <i>Luanshya</i> | 53. Thompson DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 54. Roan GH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 55. Mikomfwa HC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 56. Mpatamatu Sec 26 UC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 57. Luanshya Main UC | Urban | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 58. Mikomfwa UC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 59. Section 9 Clinic | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 60. New Town Clinic | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 61. Fisenge UHC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | <i>Mufulira</i> | 62. Kamuchanga DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | |
| 63. Ronald Ross GH | | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| 64. Clinic 3 Mine Clinic | | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| 65. Kansunswa HC | | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| 66. Clinic 5 Clinic | | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| 67. Mokambo Clinic | | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| 68. Suburb Clinic | | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| 69. Murundu RHC | | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Kalulushi</i> | 70. Chibolya UHC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 71. Kalulushi GRZ Clinic | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 72. Chambeshi HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 73. Chibuluma Clinic | Urban | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 74. Chati RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Chililabombwe</i> | 75. Ichimpe Clinic | Rural | | ◆ | ◆ | ◆ | | | |
| | 76. Kakoso District HC | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| <i>Lufwanyama</i> | 77. Lubengele UC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 78. Mushingashi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 79. Lumpuma RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 80. Shimukunami RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 81. Nkana RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Mpongwe</i> | 82. Lufwanyama DH | Urban | | | | | | | |
| | 83. Kayenda RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | ⊙ ¹ |
| | 84. Mikata RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 85. Ipumba RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| <i>Masaiti</i> | 86. Kalweo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | ◆ |
| | 87. Kashitu RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 88. Jeleman RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 89. Masaiti Boma RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | ⊙ ¹ |
| | 90. Chikimbi HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| Totals | | | 43 | 87 | 89 | 89 | 42 | 65 | 17 |

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

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

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 | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 2. Kabole RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | ◆ | ⊙ ¹ |
| | 3. Chipungu RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 4. Munkunta RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 5. Lunchinda RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 6. Sambula RHC | Rural | | | | | | | |
| | 7. Chienge DH | Rural | | | | | | | |
| <i>Kawambwa</i> | 8. Kawambwa DH | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 9. Kawambwa HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 10. Mushota RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 11. Munkanta RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 12. Kawambwa Tea Co RHC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 13. Mufwaya RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Mwansabombwe</i> | 14. Mbereshi Mission Hospital | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 15. Kazembe RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 16. Lubufu RHC | Rural | | | | | | | |
| <i>Chembe</i> | 17. Chembe RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 18. Chipete RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 19. Kasoma Lwela RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 20. Kunda Mfumu RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 21. Lukola RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Mansa</i> | 22. Mansa GH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 23. Senama HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 24. Central Clinic | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 25. Matanda RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 26. Buntungwa RHC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 27. Chisembe RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 28. Chisunka RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 29. Fimpulu RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 30. Kabunda RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 31. Kalaba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 32. Kalyongo RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 33. Katangwe RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 34. Luamfumu RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 35. Mabumba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 36. Mano RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 37. Mantumbusa RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 38. Mibenge RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 39. Moloshi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 40. Mutiti RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 41. Muwang'uni RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 42. Ndoba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 43. Nsonga RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 44. Paul Mambilima | Rural | | ◆ | ◆ | ◆ | | ◆ | |

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|------------------|-----------------------------------|--------------------------------|----------------|-------|----|----|----------------|---------------------------|----------------|
| | RHC | | | | | | | | |
| | 45. Lubende RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 46. Kansenga RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Milenge</i> | 47. Mulumbi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 48. Milenge East 7 | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ | | |
| | 49. Kapalala RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 50. Sokontwe RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 51. Lwela RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Chipili</i> | 52. Chipili RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 53. Mupeta RHC | Rural | | | ◆ | ◆ | | ◆ | |
| | 54. Kalundu RHC | Rural | | | ◆ | ◆ | | | |
| | 55. Kaoma Makasa RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 56. Luminu RHC | Rural | | | ◆ | ◆ | | ◆ | |
| | 57. Lupososhi RHC | Rural | | | ◆ | ◆ | | ◆ | |
| | 58. Mukonshi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 59. Mutipula RHC | Rural | | | ◆ | ◆ | | | |
| <i>Mwense</i> | 60. Mwenda RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 61. Mambilima HC (CHAZ) | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 62. Mwense Stage II RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 63. Chibondo RHC | Rural | | | ◆ | ◆ | | ◆ | |
| | 64. Chisheta RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 65. Kapamba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 66. Kashiba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 67. Katuta Kampemba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 68. Kawama RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 69. Lubunda RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 70. Lukwesa RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 71. Mubende RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 72. Mununshi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 73. Musangu RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | ◆ | |
| 74. Musonda RHC | | | | | | | | | |
| <i>Nchelenge</i> | 75. Nchelenge RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 76. Kashikishi RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 77. Chabilikila RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 78. Kabuta RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | ⊙ ¹ |
| | 79. Kafutuma RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 80. Kambwali RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 81. Kanyembo RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 82. Chisenga RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 83. Kilwa RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 84. St. Paul's Hospital (CHAZ) | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 85. Kabalenge RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Samfya</i> | 86. Lubwe Mission Hospital (CHAZ) | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 87. Samfya Stage 2 Clinic | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|---------------|-----------------------|--------------------------------|----------------|-----------|-----------|-----------|----------------|---------------------------|----------|
| | 88. Kasanka RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 89. Shikamushile RHC | Rural | | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 90. Kapata East 7 RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 91. Kabongo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 92. Katanshya RHC | Rural | | | | | | | |
| Totals | | | 30 | 81 | 87 | 87 | 20 | 52 | 8 |

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

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

Note: Grey shaded are new ZPCT IIB sites

Muchinga Province

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|----------------------|-----------------------|--------------------------------|----------------|-----------|-----------|-----------|----------------|---------------------------|----------------|
| <i>Nakonde</i> | 1. Nakonde RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 2. Chilolwa RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 3. Waitwika RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 4. Mwenzu RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 5. Ntatumbila RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | | ◆ | |
| | 6. Chozi RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 7. Chanka RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 8. Shem RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 9. Nakonde DH | Rural | | | | | | | |
| <i>Mpika</i> | 10. Mpika DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 11. Mpika HC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 12. Mpepo RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 13. Chibansa RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 14. Mpumba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 15. Mukungule RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 16. Mpika TAZARA | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 17. Muwele RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 18. Lukulu RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 19. ZCA Clinic | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Shiwa Ng'andu</i> | 21. Matumbo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 22. Shiwa Ng'andu RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 23. Mwika RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 24. Kabanda RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Chinsali</i> | 25. Chinsali DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 26. Chinsali HC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 27. Lubwa RHC | Rural | | ◆ | ◆ | ◆ | ◆ | | |
| | 28. Mundu RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Isoka</i> | 29. Isoka DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 30. Isoka UHC | Urban | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 31. Kalungu RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 32. Kampumbu RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 33. Kafwimbi RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Mafinga</i> | 34. Muyombe | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 35. Thendere RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Chama</i> | 36. Chama DH | Rural | | | | | | | |
| | 37. Chikwa RHC | Rural | | | | | | | |
| | 38. Tembwe RHC | Rural | | | | | | | |
| Totals | | | 9 | 32 | 32 | 32 | 9 | 16 | 4 |

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

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

Note: Grey shaded are new ZPCT IIB sites

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 | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 2. Kasama UHC | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 3. Location UHC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 4. Chilubula (CHAZ) | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 5. Lukupa RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 6. Lukashya RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 7. Misengo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 8. Chiongo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 9. Chisanga RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 10. Mulenga RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 11. Musa RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 12. Kasama Tazara | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 13. Lubushi RHC (CHAZ) | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 14. Mumbi Mfumu RHC | Rural | | | | | | | |
| | 15. Nkole Mfumu RHC | Rural | | | | | | | |
| <i>Mbala</i> | 16. Mbala GH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 17. Mbala UHC | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| | 18. Tulemane UHC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 19. Senga Hills RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 20. Chozi Mbala Tazara RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 21. Mambwe RHC (CHAZ) | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 22. Mpande RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 23. Mwamba RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 24. Nondo RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 25. Nsokolo RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 26. Kawimbe RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Mpulungu</i> | 27. Mpulungu HC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 28. Isoko RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 29. Chinakila RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 30. Mpulungu DH | Rural | | | | | | | |
| <i>Mporokoso</i> | 31. Mporokoso DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 32. Mporokoso UHC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 33. Chishamwamba RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 34. Mukupa Kaoma RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 35. Shibwalya Kapila RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | | |
| <i>Luwingu</i> | 36. Luwingu DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 37. Namukolo Clinic | Urban | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Kaputa</i> | 38. Kaputa RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 39. Kalaba RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 40. Kasongole RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Nsama</i> | 41. Nsumbu RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 42. Kampinda RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 43. Nsama RHC | Rural | | | | | | | |
| <i>Mungwi</i> | 44. Chitimukulu RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|-----------------------|------------------------|--------------------------------|----------------|-----------|-----------|-----------|-----------|---------------------------|----------------|
| | 45. Malole RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 46. Nseluka RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | | ◆ | |
| | 47. Chimba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 48. Kapolyo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 49. Mungwi RHC (CHAZ) | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ | | ⊙ ¹ |
| | 50. Makasa RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 51. Ndasas RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Chilubi Island</i> | 52. Chaba RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 53. Chilubi Island RHC | Rural | ◆ ² | ◆ | ◆ | ◆ | ◆ | | |
| | 54. Matipa RHC | Rural | | ◆ | ◆ | ◆ | | | |
| Totals | | | 21 | 50 | 50 | 50 | 17 | 27 | 6 |

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

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

Note: Grey shaded are new ZPCT IIB sites

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 | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 2. Solwezi GH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 3. Mapunga RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 4. St. Dorothy RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 5. Mutanda HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 6. Maheba D RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 7. Mumena RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 8. Kapijimpanga HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 9. Kanuma RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 10. Kyafukuma RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 11. Lwamala RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 12. Kimasala RHC | 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 | | ◆ | ◆ | ◆ | | | |
| | 19. Kakombe RHC | Rural | | | | | | | |
| | 20. Kamisenga RHC | Rural | | | | | | | |
| | 21. Solwezi Training College | Urban | | | | | | | |
| <i>Kabompo</i> | 22. Kabompo DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 23. Mumbeji RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | ⊙ ¹ |
| | 24. Kabulamema RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 25. Kayombo RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Zambezi</i> | 26. Zambezi DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 27. Zambezi UHC | Urban | | | ◆ | ◆ | | ◆ | |
| | 28. Mize HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 29. Chitokoloki (CHAZ) | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 30. Mukandakunda RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 31. Nyakulenga RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 32. Chilenga RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 33. Kucheka RHC | Rural | | ◆ | ◆ | ◆ | | | |
| 34. Mpidi RHC | Rural | | ◆ | ◆ | ◆ | | | | |
| <i>Mwinilunga</i> | 35. Mwinilunga DH | Urban | ◆ ² | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 36. Kanyihampa HC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 37. Luwi (CHAZ) | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 38. Lwawu RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 39. Nyangombe RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 40. Sailunga RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 41. Katyola RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 42. Chiwoma RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 43. Lumwana West RHC | Rural | | ◆ | ◆ | ◆ | | | |
| 44. Kanyama RHC | Rural | | ◆ | ◆ | ◆ | | | | |
| <i>Ikelenge</i> | 45. Ikelenge RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | ⊙ ¹ |

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|-----------------|------------------------|--------------------------------|----------------|-----------|-----------|-----------|----------------|---------------------------|----------------|
| | 46. Kafweku RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Mufumbwe</i> | 47. Mufumbwe DH | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 48. Matushi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 49. Kashima RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 50. Mufumbwe Clinic | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Chavuma</i> | 51. Chiyeke RHC | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 52. Chivombo RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 53. Chiingi RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 54. Lukolwe RHC | Rural | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 55. Nyatanda RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Kasempa</i> | 56. Kasempa UC | Urban | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | ⊙ ¹ |
| | 57. Nselauke RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 58. Kankolonkolo RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 59. Lunga RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 60. Dengwe RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 61. Kamakechi RHC | Rural | | ◆ | ◆ | ◆ | | | |
| <i>Manyinga</i> | 62. St. Kalemba (CHAZ) | Rural | ◆ ¹ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 63. Kasamba RHC | Rural | | ◆ | ◆ | ◆ | | ◆ | |
| | 64. Kashinakazhi RHC | Rural | | ◆ | ◆ | ◆ | | | |
| | 65. Dyambombola RHC | Rural | | ◆ | ◆ | ◆ | | | |
| Totals | | | 12 | 62 | 63 | 63 | 14 | 20 | 8 |

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

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

Note: Grey shaded are new ZPCT IIB sites

ANNEX F: ZPCT IIB Private Sector Facilities and Services

| District | Health Facility | Type of Facility (Urban/Rural) | ART | PMTCT | CT | CC | Lab | Specimen Referral for CD4 | MC |
|------------------|------------------------------|--------------------------------|-----------|-----------|-----------|-----------|----------------|---------------------------|----------------|
| <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 | ◆ | ◆ | ◆ | ◆ | ◆ | | |
| <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 | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 13. Indeni Clinic | Urban | | ◆ | ◆ | ◆ | ◆ | ◆ | |
| <i>Kitwe</i> | 14. Company Clinic | Urban | ◆ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 15. Hillview Clinic | Urban | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 16. Kitwe Surgery | Urban | ◆ | ◆ | ◆ | ◆ | | ◆ | |
| | 17. CBU Clinic | Urban | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 18. SOS Medical Centre | Urban | ◆ | | ◆ | ◆ | ◆ ³ | | |
| | 19. Tina Medical Center | Urban | ◆ | ◆ | ◆ | ◆ | ◆ ³ | | |
| | 20. Carewell Oasis clinic | Urban | ◆ | ◆ | ◆ | ◆ | ◆ | ◆ | |
| | 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 | | ◆ | ◆ | ◆ | | ◆ | |
| <i>Mwense</i> | 26. ZESCO Musonda Falls | Rural | ◆ | ◆ | ◆ | ◆ | | | |
| <i>Solwezi</i> | 27. Hilltop Hospital | Urban | ◆ | ◆ | ◆ | ◆ | ◆ | | ⊙ ¹ |
| | 28. Solwezi Medical Centre | Urban | ◆ | ◆ | ◆ | ◆ | ◆ | | ⊙ ¹ |
| | 29. St. Johns Hospital | Urban | ◆ | ◆ | ◆ | ◆ | ◆ | | ⊙ ¹ |
| | 30. Chikwa Medics | Urban | ◆ | ◆ | ◆ | ◆ | | ◆ | |
| Totals | | | 23 | 26 | 30 | 30 | 20 | 17 | 3 |

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