



## **Quarterly Progress Report January 1 - March 31, 2015**

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## TABLE OF CONTENTS

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<b>EXECUTIVE SUMMARY</b> .....	<b>v</b>
<b>QUARTERLY PROGRESS UPDATE</b> .....	<b>9</b>
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).....	9
1.1: <i>HIV testing and counseling (HTC) services</i> .....	9
1.2: <i>Elimination of mother-to-child transmission (eMTCT) services</i> : .....	10
1.3: <i>Antiretroviral Therapy (ART)</i> .....	11
1.4: <i>Clinical palliative care services</i> .....	12
1.5: <i>Scale up Voluntary Medical Male Circumcision (VMMC) services</i> .....	13
1.6: <i>TB/HIV services</i> .....	13
1.7: <i>Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071</i> .....	14
1.8: <i>Public-private partnerships</i> .....	15
1.9: <i>Gender Integration</i> .....	15
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.....	16
2.1: <i>Maintain, expand, and strengthen pharmacy services</i> .....	16
2.2: <i>Maintain, expand, and strengthen laboratory services</i> .....	17
2.3: <i>Develop the capacity of facility HCWs and community volunteers</i> .....	20
2.4: <i>Support for community volunteers while laying the groundwork for increased sustainability</i> .....	21
2.5: <i>Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence</i> .....	21
2.6: <i>Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care</i> .....	23
Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions .....	23
3.1: <i>Joint Assessment and Planning Process</i> .....	23
3.2: <i>Provision of Capacity Strengthening TA and Related Support</i> .....	23
<b>STRATEGIC INFORMATION (M&amp;E and QA/QI)</b> .....	<b>24</b>
<b>RESEARCH</b> .....	<b>25</b>
<b>PROGRAM AND FINANCIAL MANAGEMENT</b> .....	<b>26</b>
<b>KEY ISSUES AND CHALLENGES</b> .....	<b>28</b>
<b>ANNEX A: Travel/Temporary Duty (TDY)</b> .....	<b>30</b>
<b>ANNEX B: Meetings and Workshops this Quarter (Jan. – Mar., 2015)</b> .....	<b>31</b>
<b>ANNEX C: Success Story</b> .....	<b>33</b>
<b>ANNEX D: Activities Planned for the Next Quarter (Apr. – Jun., 2015)</b> .....	<b>34</b>
<b>ANNEX E: ZPCT IIB Supported Facilities and Services</b> .....	<b>44</b>
<b>ANNEX F: ZPCT IIB Private Sector Facilities and Services</b> .....	<b>56</b>

## 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 GRZ (MOH and MCDMCH) 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 quarterly report includes all activities from January to March 2015. During the reporting period, the following key activities were completed:

- A joint planning meeting was held with both MOH and MCDMCH where a draft Joint Transition Plan was developed and submitted to USAID for approval
- The ZPCT IIB Monitoring and Evaluation Plan was submitted to USAID for approval

During the quarter, ZPCT IIB supported 450 health facilities (420 public and 30 private) across 56 districts. Key activities and achievements for this reporting period include the following:

- 174,723 individuals received HTC services in 450 supported facilities. Of these, 118,309 were served through the general HTC services while the rest were counseled and tested through eMTCT services.
- 56,414 women received eMTCT services (counseled, tested for HIV and received results), out of which 4,243 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of eMTCT was 4,243
- 161 public and 23 private health facilities provided ART services and all 184 report their data independently. A total of 12,716 new clients (including 620 children) were initiated on antiretroviral therapy. Cumulatively, 236,329 individuals are currently on antiretroviral therapy and of these 15,560 are children.
- MC services were provided in 57 public and 3 private health facilities this quarter. 6351 men were circumcised across the ZPCT IIB supported provinces this quarter.
- 164 health care workers were trained by ZPCT IIB in ART/OIs.

### **KEY ACTIVITIES ANTICIPATED NEXT QUARTER (April. – June. 2015)**

The following activities are anticipated for next quarter (April – June 2015):

- Conduct district capacity assessments in ten districts and six PMOs and develop capacity strengthening plans
- Additional renovations will be considered due to excess funds resulting from a difference in the exchange rate. Assessments are expected to be conducted between April and June
- The IT unit meeting will be held in Ndola from 20<sup>th</sup> – 24<sup>th</sup> April 29, 2015
- The FHI 360 and CHAZ agreement will be finalized and signed
- Submit the Joint Transition Plan to MOH and MCDMCH for their review and approval
- Engage GRZ stakeholders (MOH, MCDMCH) to agree on how to operationalise the Joint Transition Plan
- Training of health care workers in integrated new guidelines and Option B+, ART/OI management, commodity management, equipment use and maintenance
- Monitor PopART study in Kabwe, Kitwe and Ndola
- Monitor SMGL activities in Mansa
- Implementation of community based HTC pilot using door to door HIV testing as well as index client follow up in the community to reach other family members
- Validation of the viral load monitoring using DBS
- Four staff to attend the HIV INTEREST workshop that will be held in Harare in May
- Three staff to attend the FHI 360 Global Strategic Information meeting to be held in Ethiopia in June 2015

### **TECHNICAL SUPPORT NEXT QUARTER (April. – June. 2015)**

- A team from MSH comprising Sarah Johnson, Senior Director for Project Quality Assurance & Coordination, Alaine Nyaruhiria, Senior Technical Advisor and Bud Vrandall, Project Director will travel to Zambia from 1st May to 17th May 2015, to provide support in planning for and conducting capacity assessments in ten districts and developing capacity strengthening plans.

## ZPCT IIB Project Achievements January 1, 2015 to March 31, 2015

Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Jan–Mar 2015)		
	Targets (Sep 14 – Sep 15)	Achievements (Sep 14 – March 15)	Male	Female	Total
<b>1.1 Counseling and Testing (CT) services</b>					
Service outlets providing CT according to national or international standards	451	450 (420 Public, 30 Private)			450 (420 Public, 30 Private)
Individuals who received HIV/AIDS CT and received their test results	819,751	282,711	59,642	58,667	118,309
Individuals who received HIV/AIDS CT and received their test results (including PMTCT)	1,055,318	412,143	59,642	115,081	174,723
Individuals trained in CT according to national or international standards	110	39	13	26	39
<b>1.2 Prevention of Mother To Child Transmission (eMTCT) services</b>					
Health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site	437	436 (411 Public, 25 Private)			436 (411 Public, 25 Private)
Pregnant women with known HIV status (includes women who were tested for HIV and received their results)	235,567	129,432		56,414	56,414
HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	15,974	9,033		4,243	4,243
Pregnant women Newly initiated on treatment during the current pregnancy (Option B+)	3,659	3,794		2,398	2,398
<b>Family Planning</b>					
Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	451	450 (420 Public, 30 Private)			450 (420 Public, 30 Private)
Number of clients attending HIV services (in HTC, eMTCT and ART) referred for FP services	74,292	47,291	4,536	15,423	19,959
Number of clients from HIV services (HTC, eMTCT and ART) who received at least one FP method	33,567	14,079	627	4,888	5,515
Health workers trained in the provision of PMTCT services according to national or international standards	25	0	0	0	0
<b>1.3 Treatment Services and Basic Health Care and Support</b>					
Service outlets providing HIV-related palliative care (excluding TB/HIV)	451	450 (420 Public, 30 Private)			450 (420 Public, 30 Private)
Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	401,927	338,386	127,112	206,222	333,334
Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	28,100	22,032	10,898	11,097	22,012
Individuals trained to provide HIV palliative care (excluding TB/HIV)	125	164	55	109	164
Service outlets providing ART	189	184 (161 Public, 23 Private)			184 (161 Public, 23 Private)
Individuals newly initiating on ART during the reporting period	37,752	27,816	3,702	8,394	12,096
Pediatrics newly initiating on ART during the reporting period	2,643	1,491	299	321	620
Individuals receiving ART at the end of the period	224,432	236,329	89,859	146,470	236,329
Pediatrics receiving ART at the end of the period	15,800	15,560	1,981	7,678	15,560
Health workers trained to deliver ART services according to national or international standards	125	164	55	109	164
<b>TB/HIV services</b>					
Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative	451	450 (420 Public, 30 Private)			450 (420 Public, 30 Private)

Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Jan–Mar 2015)		
	Targets (Sep 14 – Sep 15)	Achievements (Sep 14 – March 15)	Male	Female	Total
care setting					Private)
HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	4,332	1,734	422	318	740
Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	125	164	55	109	164
Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	12,695	6,018	1,477	991	2,468
<b>1.4 Male Circumcision services</b>					
Service outlets providing MC services	60	60 (57 Public, 3 Private)			60 (57 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	15,481	6,351		6,351
<b>2.1 Laboratory Support</b>					
Laboratories with capacity to perform clinical laboratory tests	170	169 (144 Public, 25 Private)			169 (144 Public, 25 Private)
Individuals trained in the provision of laboratory-related activities	60	26	14	12	26
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	867,545			358,315
<b>2.2 Capacity Building for Community Volunteers</b>					
Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	70	15	7	8	15
Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	390	50	13	37	50
<b>3 Capacity Building for PHOs and DHOs</b>					
Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	55	xx			xx
<b>4 Public-Private Partnerships</b>					
Private health facilities providing HIV/AIDS services	31	30			30
<b>Gender</b>					
Number of pregnant women receiving PMTCT services with partner	N/A	44,806		20,282	20,282
No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	100,114	17,475	25,212	42,687
<b>Quality Assurance/Quality Improvement</b>					
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*

420 public and 30 private facilities provided HTC services in the six ZPCT IIB supported provinces. This reporting period, a total of 118,310 clients were tested, counseled, and received same day results, (19,144 were children). Of these, 12,498 clients were HIV positive and were referred for assessment for cART.

In addition, ZPCT IIB technical staff working with PMOs and DCMOs provided technical assistance to HCWs and lay counselors to ensure high uptake of HIV testing, emphasizing same day results and effective linkages to clinical care for ART services, family planning and VMMC. Technical assistance focused on:

- Couple targeted HTC: The importance of couple HTC was emphasized during mentorship of HCWs and lay counselors, with effective 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. Male partners to HIV negative clients were referred for VMMC. A total of 20,362 HTC clients and 15,355 eMTCT clients received HTC as couples, out of which 747 were discordant couples, and 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: 13,158 FP clients were provided with HTC services. A total of 7,838 males received HTC services as part of a minimum package for VMMC; and 962 TB clients with unknown HIV status received HTC services. In order to broaden the HTC entry points and increase the HIV testing uptake, the provider initiated testing and counseling (PITC) opt out approach was used..
- Other FP/HIV integration activities: A total of 19,959 HTC clients were referred for FP and 5515 were provided with FP services. A total of 13,991 clients seeking family planning services were referred for HTC services and 13,158 were offered HTC services with same day results and referred appropriately according to the results. If tested HIV positive, they are referred for cART. A total of 879 ART patients were provided with FP services. The community eMTCT and HTC counsellors are oriented in FP messages as well as counseling. The lay counselors are involved in creating demand in the community for FP services.
- Retesting of HIV negative HTC clients: ZPCT IIB technical staff in collaboration with the DCMOs have continued to emphasize the importance of re-testing after the three month window period. As a result, a total of 44,293 clients were re-tested for HIV during this reporting period and 4,995 (11,2%) sero converted, and were linked to treatment, care, and support services. Risk reduction counseling was offered to both HIV negative and positive clients.
- HTC services for children: 913 children were tested for HIV in under-five clinics; 43 tested positive. A total of 18,231 children were tested for HIV in pediatric wards across the six supported provinces and 978 tested positive for HIV, and received their test results. The HIV positive children were linked to treatment, care and support services. 580 children were commenced on cART.
- 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 continue to be an ongoing priority. A total of 6,132 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:***

411 public and 26 private health facilities provided eMTCT services in the six ZPCT IIB supported provinces. ZPCT IIB technical staff provided technical assistance in eMTCT to HCWs and lay counselors in all the facilities visited this quarter.

- 56,486 ANC clients were provided with eMTCT services this quarter, with routine HTC services using the opt out strategy. 3384 (5.9 %) tested HIV positive and 4355 received ARVs for eMTCT. During this quarter, ZPCT IIB technical staff focused on operationalization and scaling up of Option B+ as the package for ARVs for eMTCT in collaboration with the DCMOs and MNCH coordinators. HIV positive pregnant and breastfeeding women, together with their HIV positive partners were initiated on cART within MNCH units in many of the health facilities and referrals made to ART clinics in those where this was not yet feasible.
  - 351 eMTCT sites are providing cART within MNCH while 49 are referring mothers to ART clinic for initiation of cART.
  - A total of 3384 pregnant and breastfeeding women tested HIV positive and were therefore eligible for cART and out of which 3289 (97%) were initiated on cART.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: As part of ongoing pediatric HIV efforts, the focus for this quarter was to improve DBS collection at six weeks and six months, with results provided to the mother in the shortest possible period to enable prompt initiation on treatment., A total of 5151 samples were collected from 245 facilities and sent to the PCR laboratory at ADCH out of which 163 were reactive and 198 initiated on cART including those who were missed in the previous quarter.
- Re-testing of HIV negative pregnant women: In collaboration with the DCMOs, ZPCT IIB supported health facilities to strengthen retesting of HIV negative pregnant and breastfeeding women who test HIV negative early in pregnancy or before delivery, from 32 weeks and during postnatal period with emphasis on accurate documentation in the eMTCT registers. During this reporting period, 15,775 pregnant and breastfeeding women were re-tested and 327 tested HIV positive (sero-converted) which represents a 2% sero-conversion rate. Those who sero-converted were initiated on cART according to the current national consolidated new guidelines.

Other TA areas of focus under eMTCT included:

- Integrating family planning within ANC/eMTCT and ART services: The 12 FP/HIV model sites continued integrating FP and ART services. FP counseling of clients seeking services in MNCH and ART has been strengthened at all the model sites with clients being offered FP services within ART. The providers were mentored in the correct and accurate documentation in the FP registers after being offered a service. ZPCT IIB supported the distribution of FP equipment and other items to facilitate provision of long acting reversible contraceptive methods (LARC). During this quarter, USAID conducted monitoring visits to three of the six provinces to assess the status of implementation of FP/HIV integration activities and to assess Compliance to the USG Family Planning compliance regulations in the sites supported by the ZPCT IIB. In the six visited model sites, all FP providers are complying with the USG FP compliance regulations. Clients are being counselled and provision of FP services was noted to be done on a voluntary and non-coercive basis.

During this quarter, a total of 885 Jadelle and 43 IUCDs were inserted in the 12 model sites. 1097 clients received oral contraceptive pills and 3149 received injectable contraceptives.
- Project Mwana to reduce turnaround time for HIV PCR results: The implementation is ongoing in many of the selected facilities. 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***

161 public and 23 private health facilities provided ART services in the six ZPCT IIB supported provinces. During this quarter, six new ART sites started providing ART services. The facilities include, Kazomba (Solwezi), Katanshya (Samfya), Nsama (Kaputa), Kabushi (Ndola), Chama and Lufwanyama district hospitals. The 184 ART facilities report their data independently.

12,716 new clients (including 620 children) were initiated on antiretroviral therapy this quarter. 114 were HIV positive individuals in HIV discordant couples and 1,322 were HIV positive pregnant women that were identified through the eMTCT program. There are 236,329 patients that are receiving treatment through the ZPCT IIB supported sites, including 15,560 children. This quarter, 83 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 11,590 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 (HCWs) in the Consolidated HIV Management guidelines was done reaching 301 HCWs in this period under review. These guidelines will greatly assist end-users with updated treatment updates. Currently, many facilities with health care workers trained in the new guidelines are implementing the guidelines and this has led to an increase in the number of clients being initiated on cART. To further support operationalization of the new guidelines, ZPCT IIB conducted Adult ART/OI trainings in three provinces with focus on MCH nurses to support implementation of option B+ which is part of the new guidelines. A total of 164 health care workers were trained in ART/OI and this is being followed up by on-site mentorship
- Post exposure prophylaxis (PEP): PEP services were provided in 401 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 340 clients received PEP services during the quarter under review as follows: exposure type I (sexual 98, exposure type II (occupational) 152 and other exposure 90.
- Model sites: Activities have continued and work to streamline some core activities for model sites during this workplan year is ongoing; the focus includes crosscutting issues such as option B+ implementation, SmartCare records integrity and mentorship of frontline HCWs in managing complicated HIV cases. These refined steps and activities will be discussed further and finalized with all provincial technical staff during planned unit meetings next quarter. Family planning and ART integration activities are currently being implemented at all 12 model sites.
- Usage of SmartCare Clinical Reports for Patient Management: Ongoing support is being provided to ensure Data Entry Clerks (DECs) are able to generate facility clinical reports to use for patient management. Examples of these reports include treatment failure reports, late for pharmacy pick up reports and late for clinical visit reports. Health care workers were oriented on the key aspects of the smart care reports and the importance of generating and utilizing these reports.

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

This quarter, ZPCT IIB supported the provision of quality pediatric HIV services in 184 ART sites. From these facilities, 580 children were initiated on antiretroviral therapy, out of which 98 were below two years of age. Of all the children on treatment during the quarter, 476 children remain active/alive on treatment.

The focus of TA by ZPCT IIB for pediatric ART included:

- Strengthening 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. Higher uptake of pediatric ART is expected next quarter because of enhanced eligibility criteria for all HIV positive children who are 15 years and below. 198 HIV positive babies less than two years of age were initiated on ART.
- Expanded eligibility criteria for children: Onsite mentorship was provided to staff trained in the consolidated guidelines to ensure that any child 15 years and below who test positive be commenced on cART. What remains to be operationalized is the indicators that capture uptake in the different age groups.
- Adolescent HIV services: ZPCT IIB supported adolescent HIV clinics. Adolescent meetings were held at Arthur Davison Children's Hospital, Nchanga North Hospital and Lubuto Health Centre were topics including reproductive health, disclosure and adherence were discussed. A total of 94 adolescents were involved in these meetings. Adolescent HIV Support group outdoor activities were carried out at Solwezi Urban Clinic. Adolescent clinic days were also set at Kasempa Urban Clinic, Mwinilunga District Hospital, Zambezi District Hospital and Solwezi General Hospital. 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 II B staff participated in the Pediatric ART TWG meetings and have been involved in organizing the upcoming Pediatric ART review Conference scheduled for 27<sup>th</sup> -28<sup>th</sup> May 2015.

#### ***1.4: Clinical palliative care services***

420 public and 30 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 333,334 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 6,762 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 12,282 were assessed for nutritional status using BMI.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 2,329 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 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. 7,178 clients were put on cotrimoxazole prophylaxis, including 2,287 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 60 (57 public sites and 3 private health facilities). During the reporting period, 6,351 men were circumcised (4,953 in static sites and 1,398 through outreach MC services). Out of the total males circumcised this quarter, 4,345 males were in the age group 15-49 and 4,023 were counseled and tested for HIV before being circumcised (92.5 %).

- Strengthening integrated service delivery: ZPCT IIB is working on finalizing modalities of placing volunteers in HCT units as health promoters or agents for linking eligible males from internal and external entry points to MC program unit. Currently only PopART study sites have active lay volunteers under VMMC, therefore only four out of 57 public MC sites have community health promoters known as CHiPs. The placement of lay health promoters will be pursued to increase referral for VMMC service within the next reporting period.
- Support use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: ZPCT IIB at both national and provincial levels participated in the national MC accreditation and QA/QI assessment activities led by HPCZ with various provincial regional offices. Among the facilities assessed eight out of 12 ZPCT IIB supported sites have been accredited as meeting the set standards of service delivery. ZPCT IIB Using the internal QA/QI tools will be effected next quarter.
- Capacity building: Due to challenges in identifying the consultants to conduct the MC trainings under the UTH recipient agreement there were no trainings conducted in the period under review.
- Interventions to improve VMMC reach (MC outreach): ZPCT IIB has continued to implement a district based outreach model to improve VMMC reach in all supported 39 districts. During the quarter 18 outreaches were carried out based on the district plans. This intervention has assisted DCMOs to plan and monitor outreach activities.
- Strengthening existing systems for coordinating MC programming: At national level, ZPCT IIB participated in all monthly national TWG meetings and its subcommittee meetings.

### ***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 13,096 patients seen in clinical care/ART clinics screened for TB of which 401 were found to be symptomatic and documented. In the next quarter, ZPCT IIB intends to set cascading provincial, district and facility targets in order to improve TB screening numbers. 740 patients receiving HIV care and treatment were also receiving TB treatment. 233 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 158 (67.8%) of clients were initiated on ART within 60 days of starting TB treatment compared with 75 initiated after 60 days, while 135 (57.9%) 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 (Kabwe, Ndola, Kitwe) on implementing the one stop center for TB and HIV services. The 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 health facilities 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 support the orientation of health care workers in the revised TB/HIV guidelines .

### **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 implementing activities. The ZPCT IIB’s PopART activities focused on the following:

- Human resource: Interviews for the position of PopART Technical Officer were successfully conducted and a suitable candidate was identified. The successful candidate is an FHI360 employee who was working at Makululu as a clinical officer.
- Voluntary Medical Male Circumcision (VMMC) services: All the six PopART sites continued to provide MC services with the technical support of ZPCT IIB. Chimwemwe HC experienced staffing challenges as there was only one MC provider available. However, plans to train additional MC providers are under way. The table below highlights MC activities in the PopART sites:

Facility name	Number of MC clients pretest counselled, tested and received HIV results	Number of clients tested HIV negative	Number of clients tested HIV positive	Total number of males circumcised as part of the minimum package of MC
Chipulukusu	176	176	0	176
Ndeke	103	103	0	103
Makululu	42	41	1	46
Chimwemwe	47	47	0	56
Chipokota Mayamba	236	233	3	236
Ngungu	115	114	1	115
<b>Totals</b>	<b>719</b>	<b>714</b>	<b>5</b>	<b>732</b>

- Implementation of Option B+: ZPCT IIB has continued to include midwives in the ART/OIs trainings as a measure of strengthening the operationalization of Option B+ in the MCH departments. A total of 212 HIV positive pregnant women were initiated on cART in the PopART sites.
- Initiation of HIV positive clients based on PopART study criteria (“Test and Treat” irrespective of CD4 count): The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal HTC with ARVs initiated to clients who test positive for HIV irrespective of CD4 count/WHO Stage as per study protocol. There continued to be active mobilization and linkage to care in Arms A and B but facilities falling in Arm B (Makululu and Chimwemwe) continued to implement universal HTC and initiated ARVs to clients eligible according to the current 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, but with no active mobilization or linkage. Out of a total of 306 HIV positive individuals that were enrolled into care during this reporting period, only 86 had been enrolled after referral by the CHiPS (the community health workers) conducting door to door HTC within the community

January – March 2015 enrollment data in the Arm A facilities

Facility name	Total HIV + individuals enrolled and initiated on cART	HIV+ individuals initiated outside the national guidelines	Clients enrolled due to CHiPs intervention
Ndeke	174	32	75
Chipulukusu	132	23	11
<b>Totals</b>	<b>306</b>	<b>55</b>	<b>86</b>

As seen from the above table, there are limited numbers of clients from the community that are linking to care at the health facilities. ZPCT IIB, ZAMBART and other implementing partners are working out strategies to improve client linkages for care. A taskforce has been formed to strengthen client linkages to care but awaits formal approval from MOH

### ***1.8: Public-private partnerships***

This quarter, ZPCT IIB signed MoUs for all 30 private sites that were supported under ZPCT II. During this reporting period, their technical support activities were focused on training of HCWs in new consolidated guidelines and option B+.

### ***1.9: Gender Integration***

#### **Mobilizing agents of socialization (religious and traditional leaders).**

Agents of socialization like religious and traditional leaders play a critical role in reinforcing or addressing negative norms that facilitate vulnerability to HIV by men and women. 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 addressing negative norms that facilitate HIV transmission. Guidelines for engaging traditional and religious leaders were finalized and selected traditional leaders were engaged in dialogue using the statistics from facilities within their catchment areas to identify cultural norms that hinder service uptake by both men and women and develop interventions to address some of the negative cultural norms.

#### **Train community volunteers in gender sensitive approaches to service delivery in PMTCT, HTC, Treatment and MC.**

Community volunteers engage in community sensitization aimed at changing behavior and eradicating harmful cultural and social norms that increase vulnerability to HIV/AIDS for men and women. At the health facility, the volunteers use the CHC to screen clients for GBV. Equipping these volunteers with skills in GBV screening and referral was the main focus of ZPCT IIB gender activities. Following the printing of training manuals and development of the training program for training community volunteers in GBV screening and referral, three of the six ZPCT IIB supported provinces conducted GBV trainings. A total of 69 (35F and 34M) were trained during the quarter under review. The most common observed type of violence mentioned by participants during the training was physical and sexual assault. The most reported type of violence suffered by children especially girls is defilement and rape. The project through trainings and community mobilization is empowering people with information on how to identify a GBV survivor and the type of support to provide to GBV survivors. The project is also engaging traditional (chiefs & headmen) and religious leaders to facilitate community dialogue to challenge religious and

cultural norms that perpetrate GBV and to develop specific strategies. Action plans have been developed and will be monitored by project staff.

### **Enhance facility-based HIV/AIDS services to include GBV screening**

Most survivors of GBV report at the health facility after 72 hours. DHS (2013-2014) statistics indicate that 42% of survivors of GBV never seek help or tell anyone and less than 1% GBV survivors go to a doctor or medical personnel to seek help (2013-14 & 2007 ZDHS). This lack of disclosure of GBV has resulted in delayed or late access to PEP and Emergency Contraceptives (EC) by victims of sexual assault. ZPCT IIB has continued to proactively screen clients for GBV in HIV/AIDS service settings using the Chronic HIV Care (CHC) checklist to facilitate disclosure and increased access to PEP and EC. During the quarter under review a total of 2,329 clients were screened for GBV.

### **Enhance facility-based services to improve male access to HIV and other RH services**

Low male involvement in ANC and eMTCT continue to be an issue affecting uptake among most women. Women through their gender and sex roles (taking children to the clinic or attending ante natal clinics) continue to have a higher interface with health facilities compared to men. Further, men's poor health seeking behavior, coupled with the perception that ante natal and family planning services are a preserve of women reduces further men's access to health facilities. This low access to health and HIV/AIDS services by men affects women's service up-take. When women test for HIV they are most likely to fail to disclose their HIV status or to adhere to treatment or eMTCT services.

ZPCT IIB has continued promoting men's increased participation in perceived "women's" health services like antenatal and family planning and HIV/AIDS services through promotion of male involvement and couple counseling. During the quarter under review 20,282 pregnant women accessed eMTCT services with their male partners while 17,475 male partners got tested for HIV.

## **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***

This quarter MSH provided technical support in pharmaceutical services in 441 facilities of which 30 are in the private sector. The focus of the technical support was on monitoring, implementation and performance of commodity management systems, FP/HIV prevention integration, strengthening logistic systems for Option B+, rational medicine use and Medicines safety monitoring including Pharmacovigilance activities and adverse drug reporting system and building pharmacy staff capacity in medication use counseling and patient monitoring. The areas covered included stock assessments, management information systems, and the male circumcision (MC) program.

- SmartCare pharmacy module and the ARTServ dispensing tool: As reported last quarter, most sites had been networked and were awaiting a competence training in the SmartCare integrated pharmacy module to enable the sites to start using the tool in the pharmacies. A total of four SmartCare essentials trainings have been planned in collaboration with EGPAF for next quarter to train about 100 pharmacy staff to enable them start using this tool. There were challenges noted at some service delivery points such as non functional computers, inadequate staffing levels, and low voltage electricity, issues that need further deliberation and will be solved on a case by case basis. ZPCT IIB Pharmacy staff were oriented and were able to provide on-site technical support to some staff at selected sites.
- Pharmaceutical Management: During the quarter, when reviewing the standard pharmaceutical storage conditions that assure the quality of medicines, it was noted that a number of air conditioners were not functioning at most of the facilities. This issue was reported to the programs unit and vendors were notified to rectify this. The provincial technician was also engaged in discussion to go around and assess the situation as well as repair the units.

- Rational Medicine Use: As a result of a delay in the orientation of staff on the consolidated 2013 ART guidelines, a number of facilities were still using Zidovudine based regimens for paediatric patients. Most of the pharmacies had the Abacavir based products in stock but these were not being prescribed by clinicians despite sharing this information with relevant staff. In addition, there was low stock of Isoniazid, Pyridoxine for TB prevention in PLHIV due to knowledge gap by pharmacy personnel on the new ART guidelines. On-the-job orientations were conducted and staff were asked to order drugs using the prescribed channels. The pharmacy staff will work with the clinical care unit to set up a number of orientation sessions for the coming quarter to further address this issue.
- Implementation of Option B+: During this quarter a number of staff were trained in ART management and the abridged ARV logistics system which led to the increase in the number of facilities implementing Option B+ in the MCH department. After a number of orientation sessions with pharmacy staff, these staff took the responsibility of drug management and the lead in supply chain coordination at this facility level. This ensured availability of ARVs for EMTCT and proper inventory management tools to manage the medicines and supplies in the MCH department. There was still some confusion on how to order the ARV drugs by non accredited sites and it was resolved that they order via static ART sites until these issues have been ironed out and resolved. Some of the other challenges noted last quarter such as inadequate storage of ARV drugs at MCH departments were not resolved but plans are underway to provide medicines cabinets for storage. In addition, the manual tools that were lacking in MCH were distributed and orientation on use was done by pharmacy personnel.
- Male Circumcision Program: A consignment of MC instrument kits was received in the beginning of the quarter and some of the stock was distributed to the sites. The facilities that had insufficient transaction records for MC commodities, as noted last quarter, were visited and this situation was corrected in the quarter.
- 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: As a result of the low demand of PEP drugs, most of the PEP corners did not replenish their stock and this led to a number of facilities not conforming to prescribed standards. ZPCT IIB pharmacy staff worked with the clinical care team to reorient health facility staff to ensure this was resolved and normalized.
  - ARV Logistics System Status: This quarter stock imbalances were noted for Atripla and Efavirenz tablets both 600 mg and 200mg by a number of facilities in the provinces and also at national level. Redistribution of stock within the provinces was instituted to address the situation while waiting for the situation to be normalized.
  - Essential Medicines: The Pharmacy unit worked with staff from service delivery points to order emergency contraceptives to be stored at PEP corners to enhance family planning activities in support of gender sensitization. The Pharmacy unit held discussions with Gender Specialist to sensitize communities on the availability of EC drugs and the importance of referral and timely access to the drugs. This issue will be included in Health Education talks at facilities so that the community is aware of the services being offered. A lot more will have to be done to ensure increased demand and accessibility to the commodities by all clients.
- Guidelines and Standard Operating Procedures: ZPCT IIB worked with MOH/MCDMCH and other cooperating partners to finalize these. The new principal pharmacist in charge of rational drug use was tasked to identify partners to assist with type setting and printing of this document. This process will be finalized next quarter.

## ***2.2: Maintain, expand, and strengthen laboratory services***

This quarter MSH supported 141 laboratories in public health facilities and 25 laboratories in private health facilities, with 129 of these laboratories having the capacity to provide HIV testing and CD4 count

analysis or total lymphocyte count analysis. MSH provided support through technical assistance, equipment maintenance, training, and placement of equipment.

- PCR laboratory at Arthur Davison Children's Hospital: The final use of manual kits and the introduction of the automated kits occurred during this quarter. The transition to automated PCR kits was not smooth as national stores were not able to fully identify the automated kits procured through MoH/Global Fund. MSH assisted with the identification of the automated kits through a physical visit to the National Stores with local MSL staff. A clear distinction between viral load kits and EID kits was made and although packaging appears identical, MSH helped with identification of unique features. The quarter was also characterized by the receipt of consumables and other accessories critical for the full operations of the CAP/CTM platforms across the country. ADCH has benefitted from these supplies as well and continues to lead the way with transitioned testing operations for the northern aspect of the country. MSH advised on the unavailability of PCR requisition books at the national and facility levels, adhoc procurements were initiated and books will be supplied to needy facilities in the second quarter.
- Improving efficiencies in the PCR lab processes: There was a break in testing operations for about ten days due to the inability of national stores to identify automated EID kits. This resulted in some backlog which has steadily been dealt with during the quarter. However, validation of the platform for EID proceeded normally and outcomes indicated concordance to manual methods, results are yet to be fully documented. The second validation for viral load testing also took place during the quarter although the full range of samples was not received from CIDRZ which acts as a back-up laboratory. The necessary substitutions of samples have since been discussed with CIDRZ and the validation should be completed in the next few weeks. To ensure the necessary skills for handling the platform, five rotational staff and two full time staff were trained in the use of the CAP/CTM 96 during the quarter. This complement of staff is in contrast to the larger number of rotational staff that was necessary for processing EID samples using the manual methods. The laboratory also received feedback from CDC GAP Proficiency program for 2014 on which it scored 100% and participated in the first round for 2015. Staff from the lab are also scheduled for formalized SLIPTA training in the upcoming quarter which will help them address quality gaps identified in the recently concluded performance analysis study. MSH also engaged the MoH for placement of a full time technologist at the PCR Lab with immediate effect which will go a long way in preparing the lab for transitioning.
- Internal quality control: In this quarter, MSH continued with the monitoring process with a focus on ensuring that mechanisms were put in place to step-up regular and consistent use of MoH approved quality logs. Across the levels of care about 40% of ZPCT IIB supported labs are consistently using these logs while others do not, citing challenges with time and excessive workload. 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 on file. MSH, therefore, continued emphasizing the practices and the verification of these quality practices.
- External quality assurance: MSH supported the MoH approved external quality assurance programs as follows:
  - CD4 External Quality Assistance (EOA) Program: Mechanisms to manage CD4 EQA are being explored. MSH is currently examining feedback reports from 131 laboratories from January 2013 to December 2014 to isolate variables/pitfalls and introduce structured corrective actions. For optimal equipment performance, regular servicing of CD4 platforms is critical and for enhanced performance on CD4 EQA program this cannot be overstated. MSH engaged the MoH on the need for comprehensive coverage of equipment servicing. The MoH indicated that all vendors had a 10% mark-up on reagents that facilitated servicing and that this arrangement would continue.
  - HIV EQA Program: MSH was engaged by the national reference laboratory during the quarter to discuss the full range of facilities enrolled in the program. A total of 243 facilities from the

northern region of the country have been enrolled. Follow up on performance is seriously lacking and the reference lab requested MSH/ZPCT to assist with corrective actions. ZPCT IIB has the largest number of facilities in this program. MSH also attended a training of trainers for quality HIV testing organized by CDC .

- Chemistry EQA Program: During the quarter, ZPCT IIB/MSH was advised by Ministry of Health/Biomedical Society of Zambia that an International Consultant overseeing the RANDOX EQA program would be in Zamnia to address the various challenges experienced by enrolled facilities. MSH hopes to fully understand the challenges and obtain expert advice on how to provide focused technical assistance to defaulting sites. Meanwhile MSH continued providing technical assistance to these facilities, some of which noted equipment breakdown and stock outs as some of the reasons hampering consistent participation. Cycle 51 finished its round during the last month of the quarter, the next cycle is expected soon.
- 10th Sample Quality Control for HIV testing: This has been ongoing, although there have been a few challenges. 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 and documentation.
- EQA and TB diagnostic activities: TB External Quality Assessment provision by MoH provincial teams has been drastically reduced. ZPCT IIB had raised this issue with TB CARE as the quality of smears and Ziehl Nielsen staining were not being regularly appraised. Smear testing, however, continued with facilities only facing challenges with sputum collection containers; this was somewhat resolved through the use of universal containers.
- Commodity management: Urine stix critical for the implementation of Option B+ were unavailable at central stores with most facilities opting to procure these from local budgets. Rapid plasma reagin (RPR) and pregnancy test kits were also stocked out during the quarter. Pentra C 200 supplies ALT and AST were stocked out during the quarter and the situation worsened with the unavailability of plain and EDTA containers. ABX Micros supplies in particular MinDil was stocked out which was unusual because ABX supplies have been relatively stable over the past two years.
- Equipment: MSH staff have minimized breakdowns telephonically and also be performing joint on-site trouble shooting. During the quarter Luapula province reported a number of breakdowns most likely arising from the absence of an MSH provincial laboratory technical officer on the ground to facilitate onsite trouble shooting and escalation to the appropriate vendor. Facs Count and Pentra C 200 breakdowns were evident while long standing issues around the Cobas Integras remained outstanding at Roan, Ronald Ross, Mansa and Kabwe General Hospitals among others. The cost of repairing these platforms is colossal, for example the Cobas Integra at St. Pauls was quoted at K82,000. However, government through its other partners commenced replacement at St. Pauls/Kashikishi and Kabwe General Hospital. MSH is in the process of creating an equipment database as an improvement to the equipment tracking tool used in the past to help track equipment functionality, breakdowns, repairs and scheduled servicing. The database will provide valuable information on defaulting equipment vendors, excessive equipment down time and poor user maintenance practices. The database should be completed before the end of April and should be rolled out immediately. Reports generated from the database will provide insights into user practices, equipment functionality trends, reagent availability and its relationship to equipment use and vendor responses over a period of time.

PIMA Installation & Training: Sixty PIMA CD4 point of care analysers were installed by Alere during the quarter and on-site training was conducted for end users and for district staff. Installations in the Northern Province could not be completed as incorrect cables were sent, a situation that was resolved within the quarter. Provincial MSH and ZPCT IIB PMTCT staff are tracking the roll out and are monitoring performance of the analyser. It is expected that CD4 access will improve and CD4 referral activities will somewhat reduce in the receipt facilities.

### 2.3: Develop the capacity of facility HCWs and community volunteers

This quarter, ZPCT IIB supported the following trainings:

- 164 HCWs were trained in Adult ART/OI in the following four provinces: Copperbelt 66, Central 54, Northern 27 and Luapula Provinces 27.
- CT trainings: 39 HCWs and 15 community volunteers were trained in basic, couple and youth CT from Central province
- ART Commodity Management: 26 HCWs trained in Copperbelt and Northern provinces.
- ASWs Refresher: 77 community volunteers trained from Northern, Copperbelt and North Western provinces
- Adherence Counselling for eMTCT: 50 community volunteers trained in Northern and Muchinga provinces

In addition, in order to facilitate operationalization of the new GRZ consolidated prevention and treatment guidelines, ZPCT IIB supported the orientation of HCWs to these guidelines in five provinces; a total of 301 HCWs were reached in these three-day orientation sessions.

All the trained staff will receive post-training on-site mentorship to ensure that the knowledge and skills learned are utilized in service delivery in the different technical areas.

Training Course	Training Dates	Province	Number Trained
Basic CT-HCWs	15-22 March 2015	Central	19
	15-27 February 2015	Central	20
	22-28 March 2015	Central	15
		<b>Total</b>	<b>54</b>
Adherence Counselling for eMTCT lay Counsellors	9-12 February 2015	Muchinga	25
	1-5 March 2015	Northern	25
		<b>Total</b>	<b>25</b>
ART/OIs (Standard 12days-Inhouse 6 days)	16-26 February 2015 and 16-26 March 2015	Copperbelt	56
	16-26 January 2015 and 26-5 February 2015	Central	54
	2-13 February 2015	Northern	27
	16-26 February 2015	Luapula	27
		<b>Total</b>	<b>164</b>
Adherence Support Worker Refresher	18-20 March 2015	Northern	25
	23-26 March 2015	Copperbelt	32
	30-3 April 2015	North Western	20
		<b>Total</b>	<b>38</b>
ART Commodity Management	23-27 March 2015	Northern	11
	16-20 March 2015	Copperbelt	15
		<b>Totals</b>	<b>26</b>
Zambia Consolidated Guidelines	23-27 March 2015	Northern	75
	26-31 January 2015	Muchinga	52
	2-4 February 2015 and 17-19 February 2015	North Western	63
	27-29 January 2015 and 18-20 March 2015	Luapula	101
	18-22 March 2015	Central	15
		<b>Totals</b>	<b>301</b>

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

1,398 community volunteers were supported by ZPCT IIB (377 ASWs, 513 HTC Lay counselors, and 508 eMTCT lay counselors) this quarter. The volunteers supported had participated in various community mobilization activities such as adherence support to ART clients, demand creation for HTC, VMMC, eMTCT, safe motherhood and clinical care services and participated in national commemoration events such as Women's and Youth Day. The ZPCT IIB supported 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 43,111 (22,580 females and 20,531 males) for counseling and testing (CT). A total of 31,251 (17,212 females and 14,039 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, 27,486 expectant mothers were referred for eMTCT services and 22,775 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 13,556 (8,221 females and 5,335 males) were referred for clinical care, and 11,772 (7,103 females and 4,669 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 7,962 HIV positive clients (4,214 females and 3,748 males), and were referred for further management at the supported facilities.
- **Voluntary Medical Male Circumcision (VMMC):** During this reporting period, 7,647 males were mobilized and booked for both mobile and static VMMC, and a total 4,374 males were circumcised. 950 males were circumcised through mobile VMMC while 3,424 were circumcised through static centers. As a standard practice, all males were tested for HIV before being circumcised. Some of the mobilized clients opted to stay away and others were referred for further medical attention. These MC activities were conducted at outreach and static sites.

#### ***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 works with community-level stakeholders and structures to consolidate community involvement in service demand creation and delivery. The focus has been on exploring sustainable partnerships, including through support for the following entities:

- **Neighborhood health committees (NHCs):** ZPCT IIB mapped NHCs –which are MOH-created structures for community participation in public health – in the catchment areas of ZPCT IIB-supported facilities. NHCs were involved in promoting MC under ZPCT IIB. In collaboration with health facility staff, ZPCT IIB has oriented 55 NHCs this quarter across all the six provinces to expand their role 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. ZPCT IIB intends to orient 100 NHCs (20 in each province) before the project close out.
- **Traditional/Religious Leaders:** In rural areas, ZPCT IIB has been engaging community leaders as advocates and promoters of HIV/AIDS services, building on ZPCT II's work with traditional leaders on gender norms and their effect on HIV/GBV vulnerability and access to services. In the quarter under review, the project identified and engaged 23 traditional and two religious leaders in selected districts and engage them as key advocates for HIV prevention, care and treatment, in line with the new Consolidated Guidelines.

- **Central:** The project engaged Chief Mukonchi(Kapiri), Mungule(Chibombo), Kaingu (Itezhi Tezhi), Chibuluma (Mumbwa), Chibale (Serenje) and Chikupili (Mkushi). During the follow up meetings with village headmen in Kapiri, two headmens from Chief Mukonchi accepted to undergo VMMC immediately after the meeting which was an indication of acceptance of the interventions.
  - **Copperbelt:** The project engaged Chief Chiwala and Chieftainess Shimukunami of Masaiti District and Chief Lumpuma of Lufwanyama District. The traditional leaders agreed to include gender based violence discussions during their meetings and in particular, Chieftainess Shimukunami vowed to take keen interest in gender based cases and option B+. It was also noted that the chieftdom had developed a five year strategic plan where issues of health and gender were a priority.
  - **Luapula:** The project engaged chieftness Kanyembo (Nchelenge), Chief Mushota (Kawambwa district), Chief Puta (Chienge) Chief Kashiba (Mwense), Chief Chisunka (Mansa), Chief Kaoma Lwela (Chembe), Chief Kasoma bangweulu (Samfya), Chief Mwata Kazembe (Mwansabombwe) and Chief Sonkontwe (Milenge).
  - **Northern/Muchinga:** The project managed to orient Chief Mpepo of Mpika District and 14 of his headmen. The Chief has since held one community meeting with his village headmen to strategize how to best conduct community sensitization meetings in the communities. The Project also oriented religious leaders from two churches namely; Baptist Church in Mungwi District and the Salvation Army in Kasama District. The Salvation Army held 2 sensitization meetings; one at Central Town and another one at Location Community within Kasama. The Salvation Army has four Clinics where they are making referrals namely Tazara, Lukasha, Mulenga and Kasama Urban Clinics
  - **Northwestern:** The project organized meetings with Chieftainess Ikelenge of Solwezi and Chief Kalilele of Ikelenge to explore ways of engaging them as advocates and promoters of uptake of HIV/AIDS services. Arrangements were made to meet and orient headmen in the two chiefdoms next quarter.
- **People living with HIV/AIDS support groups:** The project has trained PLHIV support groups on stigma reduction and PHDP under ZPCT II. In the quarter under review a mapping process of these groups was conducted across all the provinces and in the next quarter, ZPCT IIB will work to strengthen them as entry points for community models to increase ART adherence/retention in care and promote healthy behaviors and self-care through PHDP. Some members of these Support groups are also ASWs who are working in ZPCT IIB supported facilities
  - **Mother support groups:** In the quarter under review, ZPCT IIB continued to facilitate the establishment of Mother Support Groups to promote demand for and retention in eMTCT services among expectant/new mothers.

In North-Western province, four breastfeeding mother support groups were identified; Kanuma, Luamala and St. Kalembe in Solwezi district and Kimasala in Kabompo district. The groups were linked to the CBVs and staff at the facilities with a view to work with them in demand creation for retention in eMTCT services among expectant and new mothers.

One of the trained eMTCT promoter at Kanuma health facility has since organized the SMAG and involved it in the educational talks to promote institutional deliveries.

In Copperbelt province, five Mother support groups were formed at New Masala, Lubuto and Kaloko in Ndola one mother support group was formed at Kasombe in Chingola and one in Bulangililo, Kitwe.

The project will also link the mothers support groups to Safe Motherhood Action Groups 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 continued coordinating with the PMOs, DMOs, District AIDS Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks. 14 district referral networks and committee meetings were held out of the 39 supported district referral networks. The meetings focused on, strengthening of referral networks in locations where the networks were inactive, reporting, and reviewing HIV/AIDS activities. The districts that managed to have the district referral network meetings were; Kabwe, Kitwe, Chingola, Mpongwe, Luanshya, Kasama, Mansa, Samfya, Mwense, Nchelenge, Chiengi, Kawambwa, Kabompo and Mufumbwe.

ZPCT IIB participated in the commemoration of International Women's day and Youth day. The Project supported Mobile HTC at both events where people were mobilized, counselled and tested. A total of 272 (130 females and 142 males) tested for HIV during Women's day commemorations in the following provinces, Copperbelt (66), Luapula and Northern each tested (103). 188 (42 females and 146 females) youths were counseled and tested during Youth day celebrations in Northern Province.

### **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 supported a joint planning meeting with both Ministry of Health and Ministry of Community Development Mother and Child officials to assess and plan for transitioning of project work to GRZ. It was clear at the meeting that some aspects of the HIV/AIDS program were already being spearheaded by GRZ; it was also clear that other aspects such as funding for project financed activities would take a much longer to be realized. One important outcome of this meeting was a general transition strategy obliging the project to work through the existing GRZ structures and procedures. A joint transition plan was also developed and submitted to USAID on March 31, 2015.

It is anticipated that this plan will result in a smooth and orderly transition of project supported activities to GRZ. However, it was also evident that capacity strengthening is a prerequisite for a successful transition to occur. Critical management functions and systems as well certain procedures may need to change to accommodate the transition. A number of activities have also been outlined that will be implemented during the Bridge project while the majority of activities are anticipated to be implemented in the follow on project.

#### ***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 worked with all PMOs and DCMOs in all the supported facilities making significant progress in strengthening service integration. Family Planning integration in all HIV service areas and other clinical areas including Voluntary Male Medical Circumcision (VMMC), eMTCT, HTC, ART, MNCH, and TB was prioritized. Other areas of integration included HTC in TB and VMMC as well as GBV in HTC. In order to strengthen and ensure sustainability of integrated services, ZPCT IIB worked with PMOs and DCMOs to mentor staff in the integration of services in line with existing GRZ policies and guidelines.
- **Clinical mentoring:** During this quarter, ZPCT IIB technical staff focused on operationalization and scaling up of Option B+ as the package for ARVs for eMTCT in collaboration with the DCMOs and MNCH coordinators in all facilities. PMOs and DCMOs capacity was strengthened to coordinate and implement clinical mentorship in the various ZPCTIIB supported districts and provinces. ZPCT IIB staff supported the PMOs, DCMOs and facilities in the following areas: HTC, eMTCT particularly

strengthening retesting of HIV negative women, PEP, new consolidated ART guidelines, VMMC and the 3I's in TB. Another important area of support included mentorship in service integration and strengthening referrals.

## **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 updated the M&E procedure manual with new option B+ indicators and implemented collection of the indicators. During the quarter, the unit conducted backdated data collection for newly introduced PEPFAR MER indicators for the period October 2014 through March 2015. A detailed cascade analysis of several ZPCTII program areas was also conducted including: TB/HIV, eMTCT, Clinical Care and Male Circumcision.

The SI unit continued collaborating with MOH/MCDMCH, other FHI360 partners and technical units during the quarter. The unit collaborated with MOH, MCDMCH, EGPAF and other partners by participating in a workshop which discussed and reviewed the new version of SmartCare. ZPCTIIB M&E staff also attended a SmartCare assessment feedback meeting organized by the Ministry of Health.

The SI unit further conducted training for 80 newly employed Data Entry Clerks in Smartcare data entry and other MOH and ZPCTIIB M&E systems. During the quarter, the unit developed a QA/QI Microsoft access database for data entry and data analysis. This was in conformity with the updated quality assurance & quality improvement tools.

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

ZPCT IIB continued collaborating with MOH in supporting and monitoring the implementation of quality improvement activities across the six supported provinces. During the quarter, ZPCT IIB attended the quarterly quality improvement technical working group at the MOH. ZPCT IIB technical staff attended a quality improvement stakeholders meeting for a national quality improvement effort. The national quality improvement initiative is aimed at increasing the proportion of HIV exposed infants accessing early infant diagnosis in Western and Lusaka provinces.

During the quarter, ZPCT IIB continued supporting MOH in monitoring of two quality improvement projects aimed at improving clinical services. The following are the two QI projects still being implemented:

- Mungwi District's QI project is aimed at increasing the number of men seeking voluntary male medical circumcision (VMMC) through Mungwi Baptist site from 8 clients to 40 clients per month by the end of April 2015; 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 plans to conduct a detailed system analysis, conduct a root-cause analysis and ensure that an improvement measurement system is well established.

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

During the quarter, revision of all QA/QI tools for each technical unit were finalized to conform to the updated HIV guidelines and standard operating procedures. Additionally, a QA/QI Microsoft Access database was developed for data entry and data analysis to conformity with the updated quality assurance & quality improvement tools.

## RESEARCH

During this period under review, ZPCT IIB received comments from peer reviewed journals where manuscripts were submitted and the authors focused on addressing these comments for the following manuscripts:

1. 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.
2. The effect of male involvement in ANC/PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia.
3. Family Planning and HIV Services Integration: Enhanced systems for tracking referrals to FP from HIV services - does it increase uptake of FP services.
4. Assessing the retention in care for patients on antiretroviral therapy in rural Zambia.
5. Evaluating the effect of mobile health technology (Program Mwana) on the rate of ART initiation in HIV infected children below 18 months.

### *Abstracts to regional and international conferences*

The following manuscript was submitted for presentation at a regional conference:

1. Tuberculosis among HIV-positive patients at antiretroviral clinics in Zambia: clinical characteristics and timing of diagnosis.

An abstract from this manuscript entitled "Beyond IRIS TB, how common is tuberculosis among patients on ART," was submitted to the 9th International Workshop on HIV Treatment, Pathogenesis and Prevention Research in Resource-poor Settings (9th INTEREST workshop) to be held in Harare, Zimbabwe from 5-8 May 2015.

The notification on whether the abstract has been accepted or not is expected early in the next quarter.

In addition, the project is working on a number of abstracts that will be submitted to an upcoming Paediatric ART Review Conference to be held in Lusaka in the next quarter:

2. Assessing factors associated with second line ART among Zambian adolescents
3. Accelerating children in ART services in northern part of Zambia
4. Evaluating trends in mother to child transmission in the northern parts of Zambia.

### *Upcoming operational research study*

The following protocols are currently being worked on;

1. Option B+ in Zambia: Uptake, retention in care, mother to child transmission rates and strategies to increase ART enrollment after the operationalization of Option B+.
2. Assessing the validity of dry blood spot specimens for routine HIV viral load testing in the northern part of Zambia.
3. Evaluating a pilot on integrating screening of chronic medical conditions in HIV services in the Zambia Prevention Care and Treatment Partnership II-supported health facilities.

Collaboration with University of Zambia School of Medicine (UNZA SOM) has continued in the ZPCT IIB. This partnership allows for ZPCT IIB to engage Master of Public Health (MPH) students from UNZA SOM as interns and provide them with information and financial resources needed to complete their research and dissertations. ZPCT IIB recruited two MPH students (interns). These interns have been working with their mentors from ZPCT IIB in writing their research proposals.

## **PROGRAM AND FINANCIAL MANAGEMENT**

*Renovations:* ZPCT IIB targeted renovations in 16 health facilities. Tender documents compilation and tender advertising have been completed for all 16 health facilities with contracts signed for six of the targeted 16 renovations. Works for all 16 health facilities are expected to be completed by the end of this quarter.

### **Mitigation of environmental impact**

ZPCT IIB still awaits formal approval of the submitted Environmental Mitigation and Monitoring Plan (EMMP) by USAID. However, ZPCT IIB continues 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 various registers including 900 delivery registers, 900 Family Planning, 900 Post Natal, EID transport network logbook and 435 PCR examination books. Medical equipment furniture and supplies were also procured including 90 hemocue Microcuvettes, 1750 povidine iodine, 2500 savlon antiseptic solution, 1660 bleach, 30 stainless steel scissors, 30 stainless steel forceps, three surgical tray, 74 hand towels, 64 bicycles, 64 diaries, 80 examination gloves, 50 rolls of cotton wool, 144 hand sanitizer, 64 portable sharp boxes, 160 dettol soap, 32 timers, 1000 biohazard bags, 160 methylated spirit, 2000 lancets, 64 bicycles, 79 airtel modems, 74 toner cartridges. The registers, medical furniture, equipment and supplies are for ZPCT IIB supported sites.

ZPCT IIB also procured four humalyzer 2000 halogen lamps and various types of reagents for PopART supported sites.

ZPCT IIB procured two UPS, two printers, two Dell laptops, one canon photocopier, two office desks, six high back swivel chairs and microsoft office package for Chainama College of Health Sciences.

The items procured will be delivered to the provincial sites when deliveries are made from the vendors.

### **Human Resources**

*Recruitment:* ZPCT IIB filled 176 positions. Two positions have since fallen vacant attributed from one resignation and one demise. These positions will be replaced in the following quarter.

*Training and Development:* ZPCT IIB staff did not attend training in this quarter.

### **Information Technology**

Last 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 and 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. Servers at all ZPCT IIB sites were moved to VMWare platform. To enhance support for the VMWare platform two IT staff were trained in VMWare Vsphere 5.5 configuration and management.

FHI360 has already started adopting cloud based services as a way of reducing its hardware footprint hence reducing IT costs. Cloud based Office 365 has been in use in the organization for some time now and more features are now being tried and will be implemented in the next quarter. They include OneDrive for business and SharePoint.

Servers upgrades were completed last quarter and all servers are running server 2012 for file servers and Server 2008. IT is now considering cloud backups as an option to replace traditional tape backups. Azure online backup has been identified and plans are underway to begin implementation at ZPCT IIB offices. Azure will provide secure online and offsite backups for easy backup and restore. 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. The next step in this direction is to provide training in managing these devices in order to give access to local IT staff to manage them from their sites.

As more applications are moved to the cloud efficient use of bandwidth is necessary for optimum performance. To manage bandwidth at ZPCT IIB offices OpenDNS services will be used to provide web filtering for none work related and policy violating sites. OpenDNS provides a cloud-delivered network security service that delivers automated protection against advanced attacks for any device, anywhere. Implementation of OpenDNS will begin in the second quarter of 2015.

Airtel has been engaged to provide a data circuit between ZPCT supported facilities and Lusaka office to ease data transfers and provide internet for Web2SMS notifications.

Local area installations at facilities have continued. On the Copperbelt for 12 sites (mostly model sites) remain to be networked. Northern and Muchinga have six facilities to be networked, four in central province and 2 in North Western province. Delays are due to networking materials running out.

## **Finance**

- Pipeline report: The cumulative obligated amount is \$24,900,000 out of which ZPCT IIB has spent US\$8,138,445 as of March 31, 2015. The total expenditure to date represents 33% of the cumulative obligation. Using the current burn rate of US\$1,017,306. 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 GRZ/MOH and MCDMCH have been signed, trainings in the field will also be increased in the six provinces.
- Reports for Jan - Mar 2015:  
Submitted five Invoices (SF1034), for the deliverables (two through six) as per contract payment schedule.
- Trainings and Financial reviews during the quarter  
The following trainings and financial reviews took place in the quarter under review:
  - Conducted quarterly supervisory visits and financial reviews in Luapula and Northern Provinces
  - A team of finance staff attended the regional financial training in Pretoria
  - Contract Management Services unit attended a Regional Contract & Grants training in Pretoria
  - A team from the Office of Compliance and Internal Audit – HQ (OCIA), conducted compliance training for FHI360 staff in the Zambian office
  - A team from the USG - Office of the Inspector General conducted a Fraud Awareness training for FHI360 staff in the Zambian office; and
  - Two staff from IT attended VM ware training in Johannesburg and a regional conference in Nairobi.

## KEY ISSUES AND CHALLENGES

### National-level issues

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

During the quarter MSH was notified about the first prequantification meeting for laboratory commodities for 2015 and attended the first HIV Test Kits quantification meeting for 2015. It is anticipated that at the national quantification meeting all issues surrounding laboratory commodities will be addressed and particular focus will be placed on successful support for Option B+. The unavailability of RPR, pregnancy, urine dipstix and microcuvettes has negatively impacted the implementation of the program, however during the quarter, microcuvettes were procured by ZPCT IIB. It is hoped that haemocue microcuvettes will be included on the laboratory commodities list and will be considered for national quantification going forward. The unavailability of AST and ALT pentra reagents affected the ART program although in some cases testing could still be done on back-up humalysers which are considered labour intensive by many lab practitioners. EDTA and Plain container stock outs in some facilities have fortunately prompted inclusion into facility budgets as pricing is not considered excessively prohibitive. Hepatitis kits continued to be a challenge and have affected the PopArt Study. In house procurements of EDTA, Plain and humalyser supplies helped prevent interruptions in PopArt testing. PopArt supplies continue to be diligently tracked. The foregoing issues have been raised with JSI and it is expected that meaningful solutions will be found soon.

- **ARV Stock Imbalances:** There were reports of low stocks of Atripla, Efavirenz and some paediatric formulations during the quarter under review. ZPCT IIB, in collaboration with MSL, ensured distribution to affected areas and the situation normalized at the end of quarter.

- **SmartCare Integrated Pharmacy Module:** Following the roll out and implementation of this tool in ZPCT IIB supported sites, it is important to ensure that all pharmacy personnel are able to utilize the database. This represents an effort to improve on data management (including quantification data) and allow for the linkages to other departments, such as clinical care which will ultimately improve upon the patient-centered approach to treatment and care.

#### ▪ **Equipment functionality:**

- *Humalyzer 2000 chemistry analyzers:* The general status for this is mostly stable with the bulk of analysers that were non functional being 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 C 200. The Cobas Integra series continue to pose challenges as they are expensive to repair. Regarding *FACSCount CD4 machines*, the FACSCount range was not very stable with Luapula province experiencing six breakdowns at Shikamushile, Kabuta and four analysers down in Chiengi and Kawambwa. Mahatma Gandhi, a high density hub, and Rail Surgery all experienced breakdowns with outstanding issues to be attended to by the vendor
- *FACSCalibur:* While the platform was functional during the quarter, the unavailability of Trucount tubes at National Level 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, Mahatma Gandhi Clinic reported an uncalibrated analyser which was brought to the attention of the vendor. The performance of this robust platform across ZPCT IIB supported facilities has been stable.
- *Sysmex poch 100-i:* No major incidents were reported during the quarter.

- **Staff shortage in health facilities**

Shortage of staff in health facilities has remained an ongoing challenge 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.

#### **ZPCT IIB Programmatic Challenges**

- **Specimen referral for CD4 count assessment**

Specimen referral activities continued at the usual rate even though there was a national stock out of EDTA and Lithium Heparin containers. Facilities that experienced breakdowns particularly in Luapula and Central provinces redirected their referral efforts to other testing laboratories. MSH has proposed the introduction of an indicator to track specimen referral activities. MSH continues to encourage facility based EDTA container procurements to prevent total disruption of CD4 testing during national stock outs.

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

Travel this Quarter (January – March 2015)	Travel plans for Next Quarter (April – June 2015 )
<ul style="list-style-type: none"> <li>▪ Kennedy Chilufya, IT Officer and Aka Musole, IT Manager attended the training in VMWare VSphere 5.5 from February 15 – 21, 2015 Johannesburg – South Africa</li> <li>▪ Dr. Prisca Kasonde, Director Technical Support and Dr. Thierry Malebe Senior Advisor CT/PMTCT participated in a design meeting on treatment held from January 18 – 22, 2015, Pretoria – South Africa</li> <li>▪ Mutinta Namasiku Chaambwa Itwi, CMS Manager and Amukena Mukumbuta, CMS Officer travelled to participate in the grants management and administration training for ESABU staff in Johannesburg, South Africa from March 1 – 7, 2015</li> <li>▪ Akamuunwa Musole, IT Manager and Mutale Kazilimani Moyo attended the 2015 Annual ISS Conference from March 27 – 31, 2015 Nairobi – Kenya</li> <li>▪ Margaret Mwanza PopART Coordinator attended the HPTN 071/PopART Face to Face Intervention meeting in Johannesburg, South Africa from March 18 – 21, 2015</li> <li>▪ Sarah Johnson, Senior Director for Project Quality Assurance &amp; Coordination, and Catherine Mundy, Principal Technical Advisor for Laboratory Services, travelled to Lusaka from 23rd January to 3rd February, 2015 for MSH technical support and overall review of the ZPCT IIB project.</li> <li>▪ Veronique Mestdagh, MSH Human Resources Partner, travelled to Lusaka from Feb 8 – 14, 2015 to conduct orientation for all staff and assist with personnel issues.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sarah Johnson, Bud Crandall and Alaine Nyaruhiria will travel to Zambia at the beginning of May 1 to 17 to conduct capacity assessments in 10 districts focused on equipment maintenance, commodity management, integration of services and clinical mentoring.</li> <li>▪ Catherine Mundy will travel to Zambia in May 2015 to provide routine support and assess the implementation of ZPCT IIB deliverables.</li> </ul>

## ANNEX B: Meetings and Workshops this Quarter (Jan. – Mar., 2015)

Technical Area	Meeting/Workshop/Trainings Attended
	<p><b>February 18.02.015:</b> <i>HTC/eMTCT Unit meeting with Senior EMTC/HTC Officers</i> The meeting was held at the FHI360 Offices. The objectives were to facilitate the implementation of community based HTC services and to strategize the effect technical support by use of data with special attention to facilities with high yielding numbers</p> <p><b>February 19 – 20, 2015:</b> <i>Annual Review Meeting on Family Planning held at MIKA Convention Center in Lusaka</i> The purpose of the meeting was to review the implementation status of the National FP 2020 scale up plan from the different provinces. Each province made presentations updates on the level of implementation of the national scale plan in 2014 and plan activities for 2015. The meeting also reviewed the structure of FP 2020 Globally and in Zambia-Update on national-Level 2014 plans and progress.</p> <p><b>February 22, 2015:</b> <i>ADH TWG meeting held at MCDHMCH Board room</i> The purpose was to look at the updates on the statement of the adolescents and contraceptive use which was sent to the media to be published, and to look at the report of teenage pregnancies which has not reached PPAZ. The meeting also looked at what has been done to sensitize the community on teenage pregnancy through radio, drama peer to peer information giving , meetings with in the communities with parents and community leaders, mapping to be done in order to choose a centre to work with in the reduction of teenage pregnancy</p> <p><b>March 10 – 2015:</b> <i>FP TWG Sub-committee meeting held at FHI360 offices</i> FP TWG sub-committee in charge of service delivery met to review the facilitators and trainers manuals for mentors and mentees; gaps, additions and subtractions were made to the documents, and were recommended to be the larger group in the FP TWG and MCDMCH.</p> <p><b>March 11, 2015:</b> <i>FP TWG Meeting held at MCDMCH offices</i> The SFH gave a presentation about the study done on use of contraceptive methods. The presenter highlighted on the myths and misconceptions people have towards using FP. SFH has launched a new brand of condom called maximum combat. MCDMCH shared the Family Planning Plan for 2015. It was suggested that the plan is shared to partners so that they can pick what activities they can do.</p> <p><b>March, 26, 2015:</b> <i>SMGL Meeting held at MCDMCH offices.</i> During the meeting partners discussed activities being done in districts that they support. Some activities mentioned were; EmONC trainings, data management trainings, printing of registers and partographs. It was observed that there is need to harmonize job aids used by different partners.</p>
MC	<p><b>February 5, 2015.</b> <i>National VMMC meeting at MCDMCH Board Room:</i> ZPCTII participated in this meeting that addressed the following agenda items: National VMMC commodity management system(Hybrid –EMLIP),PrePex device end of study presentation, U Report end of study report presentation and reviewing of the terms of reference for the National VMMC coordination unit.</p> <p><b>February 23, 2015:</b> <i>PrePex Study Dissemination Meeting at Cresta Golf view Hotel.</i> ZPCTIIB attended the dissemination presentation for the PrePex Study that was lead by Society for Family Health. The dissemination meeting was designed to share the result of the study with the various stakeholders.</p>
Laboratory	<p><b>March 13, 2015:</b> <i>National VMMC campaign preparatory meeting at MCDMCH Board Room:</i> ZPCT IIB participated in this TWG meeting that was designed to set out campaign targets for provinces to guide the scale up activity in the field as well to assess the partner support (funding gap).</p> <p><b>January 28-29 2015:</b> <i>MSH Senior Management Meeting in Copperbelt</i> MSH facilitated a joint meeting for all staff located in the provinces.The meeting was convened in Ndola at the ZPCT offices.Participants from Lusaka,Copperbelt and Central provinces were in attendance.Catherine Mundy and Sarah Johnson from MSH were also available for this meeting.</p> <p><b>March 19, 2015:</b> <i>HIV Test Kit Quantificatiom Meeting</i> MSH attended the National HIV Test Kit quantification meeting held in Lusaka in collaboration with MoH and partner JSI. The meeting was held at Sunset Villa's.</p>

Technical Area	Meeting/Workshop/Trainings Attended
Pharmacy	<p><b>March 18, 2015: ARV Drugs Quantification and Forecasting Review Meeting</b> The Ministry of Health with support from Supply Chain Management System (SCMS) held this meeting to assess and make adjustments to the annual forecast and planned procurements to ensure adequate supplies of ARV drugs.</p>
	<p><b>March 24, 2015: National Supply Chain Management Coordinating Meeting</b> The Ministry of Health in collaboration with Cooperating Partners held a meeting to discuss significant investments made in the supply system to ensure increased access to essential medicines and medical supplies. Zambia has developed a National Supply Chain Strategy as part of health systems strengthening to improve the quality of Health Services</p>
	<p><b>March 31, 2015: Pharmacy Research Conference Committee Meeting</b> The Ministry of Health with support from CIDRZ held this preparatory meeting to plan for the annual pharmacy research conference with the theme Strengthening the role of pharmacy in providing quality health services through research. The conference will focus on abstract presentations from pharmacists and other pharmacy personnel.</p>
PopART	<p><b>January – March 2015: Monthly intervention monitoring team meetings</b> These meetings aim at monitoring the implementation of the activities at both the national and district levels. However, all the partners agreed that the ZIMT meetings should take place every quarter and not monthly. District Intervention Monitoring Team (DIMT) meetings were held monthly at the district levels (Kabwe, Ndola and Kitwe).</p>
	<p><b>February 3-6 2015: Annual PopART meeting</b> The gathering was held at the Pamodzi Hotel in Lusaka from. Participants were drawn from HTPN 071, London School of Hygiene and Tropical Medicine, Imperial College, OGAC, Desmond Tutu TB Center, MOH (Zambia) and local/international stakeholders. ZPCT IIB was represented by PopART Implementation Coordinator, PopART Data Manager and a representative from Finance Unit. The purpose of the meeting was to provide study updates by South Africa and Zambia.</p>
	<p><b>March 11, 2015 Linkages meeting to improve client referrals for ART/VMMC/PMTCT/TB/STI services</b> The meeting was held at ZAMBART House, ZPCTIIB was represented by the Implementation Coordinator and the Data Manager.</p>
	<p><i>Trainings:</i> Copper belt province undertook trainings which include one ASW in refresher for ASWs (Chipulukusu) and ART/OIs - three HCWs participated (Chipulukusu, Chipokota Mayamba, and Ndeke). Additionally, one Laboratory Technician from Chipulukusu was trained in refresher laboratory equipment use and maintenance for Pentra C 200 which was organized by Scientific Group.</p>
Capacity Strengthening	<p><b>March 18-20, 2015</b> A joint planning meeting was held with both MOH and MCDMCH where a draft joint transition plan was developed.</p>

## ANNEX C: Success Story

Alfred Bunda's life was given a new lease in 2006 when he accessed clinical care and ART services supported by PEPFAR through the Zambia Prevention Care and Treatment project (ZPCT) at Mansa General Hospital.

“When my wife died in 2005 leaving me with five children in my care, I felt as though my life had ended. I had no hope as my health had deteriorated, and I had no income nor energy to sustain myself and my five children”, recounts Bunda. When he recovered from certain death, Bunda was recruited as an Adherence Support Worker (ASW) and has been giving hope to hundreds of people living with HIV for over seven years.

A living testimony that one can live a normal and productive life with HIV Bunda explains: “My life has greatly improved. I have continued to take care of my children. I have remarried and with an effective Elimination of Mother to Child Transmission (EMTCT) program, I have two healthy negative children. I have regained my confidence, energy and I proudly have 1,000 stations of bananas, sugarcane field, piggery, and I grow a variety of vegetables.”

Through ZPCT, Bunda has received training and mentoring over the years, earning himself the respect of his peers and community as a role model. He continues to work at the Mansa General Hospital ART clinic conducting adherence counseling, defaulter tracing, community follow-ups as well as giving motivational talks at schools and in the community. In addition to his responsibilities as an ASW, Bunda is a national board member of NZP+ (network of people living with HIV/AIDS in Zambia). He regularly interacts with PLHA support groups in Luapula province.

*Mr. Bunda conducting counselling session at Mansa General Hospital*



## ANNEX D: Activities Planned for the Next Quarter (Apr. – Jun., 2015)

Objectives	Planned Activities	2015		
		Apr	May	Jun
<b>Task 1:</b> 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
	Orientation of community lay counselors and HCWs in community based HTC services ( Door to door and patient index) in 14 selected sites	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				

Objectives	Planned Activities	2015		
		Apr	May	Jun
	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
1.2: Elimination of mother-to-child transmission (eMTCT) services	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 counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert	x	x	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x
	Train/orient HCWs and Lay counselors in Option B+ from selected 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
	Scale up support of FP equipment for LARCs services in 120 sites		x	x
	Training of more HCWs in provision of LARCs services		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	x	x	x

Objectives	Planned Activities	2015		
		Apr	May	Jun
	ARV regimens for eMTCT			
	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 involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Strengthen eMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women 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

Objectives	Planned Activities	2015		
		Apr	May	Jun
	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	
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

Objectives	Planned Activities	2015		
		Apr	May	Jun
	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), 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 TB Presumptive 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. Additionally, the PopART Technical Officer will visit the six facilities to provide technical support and ensure that all services run without interruption.	x	x	x
	Continue to support client enrollment/follow up activities and strengthen provision of quality	x	x	x

Objectives	Planned Activities	2015		
		Apr	May	Jun
	HIV/AIDS services as required by the ART National Guidelines and PopART Study protocol. Work with ZAMBART and other implementing partners to improve client linkages to care.			
	HCWs including midwives will be integrated in ZPCT IIB ART/O.Is for CB and CP provinces. Facility based FHI360 staff working on the PopART study sites will also be integrated into all ZPCT IIB planned trained trainings.	x	x	x
	To implement a TB QI project at Ngungu, Chipokota Mayamba and Chimwemwe clinics to follow up HIV infected clients on ART care, had TB detected with Gene –Xpert but were not started on ATT. The findings were shared by TB Care and were discovered during the implementation of 3Is TB project.	x	x	x
	With the coordination of the PopART technical officer, each of the six PopART sites will hold at least one clinical meeting in the coming quarter.	x	x	x
	Scale up ART at current sites to implement new GRZ guidelines that expand eligibility	x	x	x
1.8: Public-private partnerships	Continue the roll-out of Option B+ in eMTCT services	x	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] distribution); FP referrals		x	
	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	
1.9: Gender Integration	Backstop GBV trainings in all the four ZPCT IIB supported provinces (Copper belt, NWP, Central & Muchinga)	x	x	x
	Prepare for the country lead gender initiative (one day dissemination workshop)	x	x	x
	Participate in the provincial meetings with chiefs and religious leaders.	x	x	x
<b>Task 2:</b> 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
	Support commodity inventory management systems, storage specifications, and commodity			x

Objectives	Planned Activities	2015		
		Apr	May	Jun
	security			
	Provide ongoing technical oversight to provincial pharmacy technical officers including new staff	x	x	x
	Train healthcare workers in commodity management		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
	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
	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
	Finalisation and implementation of the viral load study (ADCH and Scaled up National)	x	x	x
	Support roll out of VL & EID testing at provincial laboratories	x	x	x
	Roll out automated EID testing at ADCH	x	x	x

Objectives	Planned Activities	2015		
		Apr	May	Jun
	Pilot and roll out the equipment database	x	x	x
	Monitor PIMA functionality and assess impact	x	x	x
	Provide laboratory based support for the Option B+ program	x	x	x
	Support LIS implementation at NCH	x	x	x
	Attend National Quantification meetings	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
	Train HCWS in the New Consolidated Guidelines	x	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
	Collect and analyse data on demographic characteristics of community volunteers		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	Work with NHCs to promote demand for HTC, VMMC, eMTCT, and ART	x	x	x
	Work with Traditional and religious leaders to promote uptake of HTC, VMMC, eMTCT	x	x	x
	Identify and work with groups of PLWHA to promote community ART dispensing .	x	x	x
	Facilitate the establishment of Mother Support groups to promote demand for and retention in eMTCT services among expectant mothers	x	x	x
2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care	work with MCDMCH and DATFS to promote strengthening of district referral network .		x	x
	Work with MCDMCH and DATFS to conduct publicity and mobilization activities during VCT Day		x	x
<b>Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions</b>				

Objectives	Planned Activities	2015		
		Apr	May	Jun
3.1: Joint Assessment and Planning Process	Design/adapt and test district capacity assessment tools to assess capacity of 10 districts and 6 provinces, including the OrgCap domains plus more in depth assessments of clinical mentoring, commodity management, equipment maintenance, integration of HIV with other health services, and multi-sector coordination by the Provincial AIDS Task Forces (PATF) and District AIDS Task Forces (DATF).	x		x
	Train/orient ZPCT II staff in the capacity assessment tools to assess capacity of 10 districts and 6 provinces,		x	x
	Conduct assessment of GRZ capacities, resources and systems that are critical for effective and sustainable management of integrated delivery of HIV/AIDS and other health service		x	x
	Identification of barriers to delivery of integrated services and other bottlenecks		x	x
	Use of QA/QI data and OrgCap data to determine factors that are critical to sustaining quality in graduated districts		x	x
	Identify steps and strategies for increasing GRZ allocation of resources		x	x
	Develop provincial and district (in the 10 districts) capacity strengthening plans with activities to be completed during the Bridge period, including clear metrics, responsibilities and a timeline, to support the transition plan. The plans will also contain priorities and strategies for the longer term.		x	x
	Implementation of Routine Efficiency Measurement (REMs)	x	x	x
	National and provincial level meetings with GRZ		x	x
	Adaptation of FHI 360 Rapid Health System Tools	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
	Provide TA to the GRZ planning process to prioritize integration		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
	Provide TA and financial support in developing equipment maintenance plans at DCMO level with functionality tracking metrics		x	x
	Provide TA to institutionalize commodity management through ongoing training, learning, effective monitoring and supervision		x	x
<b>Strategic Information - M&amp;E and QA/QI</b>				
	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

Objectives	Planned Activities	2015		
		Apr	May	Jun
	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
<b>Program Management</b>				
<b>Program</b>	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Approval of contracts for new renovations for the ZPCT IIB	x	x	x
	Delivery of equipment and furniture to ZPCT IIB supported facilities		x	x
<b>Finance</b>	FHI 360 finance team will conduct financial reviews of ZPCT IIB field offices, and subcontracted local partners	x	x	x
	The Finance team will host HQ staff, Lori Mitchell and regional staff Wilas Amayamu, who will come to provide training to the team, including field office staff.		x	
	OCIA team will come to conduct internal audit for the period June 2014 to March 2015			x
<b>HR</b>	Team building activities for enhanced team functionality			x
	Facilitate leadership training for all staff in supervisory positions		x	x
	Recruitment of staff to fill vacant positions	x		
<b>IT</b>	IT Unit meeting	x		
	Facility Network Installations in five provinces	x	x	x
	Test and start using the Airtel link to facilities using dongles		x	x
	Conduct IT inventory updates	x	x	x
	Dismount old VSat and Radio equipment in Kasama Mansa Solwezi and Kabwe.	x	x	x
	Azure Backup implementation, Ndola Kabwe, Kasama, Mansa and Solezi		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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Mahatma Gandhi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Kabwe Mine Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	4. Bwacha HC	Urban		◆	◆	◆	◆		
	5. Makululu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆		
	6. Pollen HC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	11. Ngungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	12. Natuseko HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwela HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	18. Mkushi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	⊙
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	29. Chitambo Hospital	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	30. Chibale RHC	Rural		◆	◆	◆		◆	
	31. Muchinka RHC	Rural		◆	◆	◆		◆	
	32. Kabundi RHC	Rural		◆	◆	◆		◆	
	33. Chalilo RHC	Rural		◆	◆	◆		◆	
	34. Mpelembe RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	41. Chikobo RHC	Rural		◆	◆	◆		◆	
	42. Mwachisompola Demo Zone	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	43. Chibombo RHC	Rural		◆	◆	◆		◆	⊙
	44. Chisamba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		

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	◆ <sup>2</sup>	◆	◆	◆		◆	
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	56. Kapiri Mposhi UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	57. Mukonchi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	58. Chibwe RHC	Rural		◆	◆	◆		◆	
	59. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	60. Kampumba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	61. Mulungushi RHC	Rural		◆	◆	◆		◆	
	62. Chawama UHC	Rural		◆	◆	◆		◆	
	63. Kawama HC	Urban		◆	◆	◆		◆	
	64. Tazara UHC	Rural		◆	◆	◆		◆	
	65. Ndeke UHC	Rural		◆	◆	◆		◆	
	66. Nkole RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	67. Chankomo RHC	Rural		◆	◆	◆		◆	
	68. Luanshimba RHC	Rural		◆	◆	◆		◆	
	69. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	70. Chipepo RHC	Rural		◆	◆	◆		◆	
	71. Waya RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	72. Chilumba RHC	Rural		◆	◆	◆		◆	
<i>Mumbwa</i>	73. Mumbwa DH	Urban		◆	◆	◆	◆ <sup>3</sup>		⊙
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	80. Masemu UC	Rural		◆	◆	◆	◆		
	81. Kaanzwa RHC	Rural		◆	◆	◆		◆	
	82. Nasenga RHC			◆	◆	◆			
<i>Ngaabwe</i>	83. Mukumbwe RHC			◆	◆	◆			
<b>Totals</b>			<b>26</b>	<b>79</b>	<b>79</b>	<b>79</b>	<b>28</b>	<b>50</b>	<b>10</b>

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

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

## Copperbelt Province

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

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

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

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

## Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kabole RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>	◆	
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	9. Kawambwa HC	Rural		◆	◆	◆		◆	
	10. Mushota RHC	Rural		◆	◆	◆		◆	
	11. Munkanta RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	12. Kawambwa Tea Co RHC	Urban		◆	◆	◆		◆	
	13. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mwansabombwe</i>	14. Mbereshi Mission Hospital	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	15. Kazembe RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	16. Lubufu RHC	Rural							
<i>Chembe</i>	17. Chembe RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	23. Senama HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	24. Central Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	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	◆ <sup>2</sup>	◆	◆	◆	◆		
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	61. Mambilima HC (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	62. Mwense Stage II RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	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	◆ <sup>2</sup>	◆	◆	◆		◆	
	71. Mubende RHC	Rural		◆	◆	◆		◆	
	72. Mununshi RHC	Rural		◆	◆	◆		◆	
	73. Musangu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>	◆	
74. Musonda RHC	Rural		◆	◆	◆				
<i>Nchelenge</i>	75. Nchelenge RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	76. Kashikishi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	77. Chabilikila RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	78. Kabuta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	⊙
	79. Kafutuma RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	80. Kambwali RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	81. Kanyembo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	82. Chisenga RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	83. Kilwa RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	84. St. Paul's Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	85. Kabalenge RHC	Rural		◆	◆	◆			
<i>Samfya</i>	86. Lubwe Mission Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	87. Samfya Stage 2 Clinic	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙

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

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

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

## Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzu RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
	9. Nakonde DH	Rural	◆	◆	◆	◆	◆	◆	⊙
<i>Mpika</i>	10. Mpika DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	11. Mpika HC	Urban		◆	◆	◆		◆	
	12. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	13. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	14. Mpumba RHC	Rural		◆	◆	◆		◆	
	15. Mukungule RHC	Rural		◆	◆	◆		◆	
	16. Mpika TAZARA	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	17. Muwele RHC	Rural		◆	◆	◆			
	18. Lukulu RHC	Rural		◆	◆	◆			
	19. ZCA Clinic	Rural		◆	◆	◆			
<i>Shiwa Ng'andu</i>	20. Chikakala RHC	Rural		◆	◆	◆			
	21. Matumbo RHC	Rural		◆	◆	◆		◆	
	22. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	23. Mwika RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	24. Kabanda RHC	Rural		◆	◆	◆			
	25. Chinsali DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	26. Chinsali HC	Urban		◆	◆	◆		◆	
	27. Lubwa RHC	Rural		◆	◆	◆	◆		
<i>Isoka</i>	28. Mundu RHC	Rural		◆	◆	◆			
	29. Isoka DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	30. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	31. Kalungu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	32. Kampumbu RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	33. Kafwimbi RHC	Rural		◆	◆	◆			
	34. Muyombe	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Chama</i>	35. Thendere RHC	Rural		◆	◆	◆			
	36. Chama DH	Rural	◆	◆	◆	◆	◆	◆	
	37. Chikwa RHC	Rural		◆	◆	◆			
	38. Tembwe RHC	Rural		◆	◆	◆			
<b>Totals</b>			<b>9</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>9</b>	<b>16</b>	<b>4</b>

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

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

### Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kasama</i>	1. Kasama GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kasama UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	4. Chilubula (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	5. Lukupa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
	14. Mumbi Mfumu RHC	Rural		◆	◆	◆			
	15. Nkole Mfumu RHC	Rural		◆	◆	◆			
<i>Mbala</i>	16. Mbala GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	17. Mbala UHC	Urban		◆	◆	◆		◆	
	18. Tulemane UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	19. Senga Hills RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	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	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	28. Isoko RHC	Rural		◆	◆	◆			
	29. Chinakila RHC	Rural		◆	◆	◆		◆	
	30. Mpulungu DH	Rural	◆	◆	◆	◆			
<i>Mporokoso</i>	31. Mporokoso DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	32. Mporokoso UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Chishamwamba RHC	Rural		◆	◆	◆			
	34. Mukupa Kaoma RHC	Rural		◆	◆	◆			
	35. Shibwalya Kapila RHC	Rural	◆ <sup>2</sup>	◆	◆	◆			
<i>Luwingu</i>	36. Luwingu DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	37. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	38. Kaputa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	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	◆ <sup>2</sup>	◆	◆	◆		◆	
	47. Chimba RHC	Rural		◆	◆	◆		◆	
	48. Kapolyo RHC	Rural		◆	◆	◆		◆	
	49. Mungwi RHC (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		⊙
	50. Makasa RHC	Rural		◆	◆	◆			
	51. Ndasas RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	52. Chaba RHC	Rural		◆	◆	◆			
	53. Chilubi Island RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆		
	54. Matipa RHC	Rural		◆	◆	◆			
<b>Totals</b>			<b>21</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>17</b>	<b>27</b>	<b>6</b>

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

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

### North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Solwezi GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
	19. Kakombe RHC	Rural		◆	◆	◆			
	20. Kamisenga RHC	Rural		◆	◆	◆			
	21. Solwezi Training College	Urban			◆	◆	◆		◆
<i>Kabompo</i>	22. Kabompo DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	23. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙
	24. Kabulamema RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	26. Zambezi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	27. Zambezi UHC	Urban			◆	◆		◆	
	28. Mize HC	Rural		◆	◆	◆		◆	
	29. Chitokoloki (CHAZ)	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	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	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	36. Kanyihampa HC	Rural		◆	◆	◆		◆	
	37. Luwi (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	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		◆	◆	◆		◆	⊙

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	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	48. Matushi RHC	Rural		◆	◆	◆		◆	
	49. Kashima RHC	Rural		◆	◆	◆			
	50. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	51. Chiyeke RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	52. Chivombo RHC	Rural		◆	◆	◆		◆	
	53. Chiingi RHC	Rural		◆	◆	◆		◆	
	54. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	55. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	56. Kasempa UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	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	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	63. Kasamba RHC	Rural		◆	◆	◆		◆	
	64. Kashinakazhi RHC	Rural		◆	◆	◆			
	65. Dyambombola RHC	Rural		◆	◆	◆			
<b>Totals</b>			<b>12</b>	<b>62</b>	<b>63</b>	<b>63</b>	<b>14</b>	<b>20</b>	<b>8</b>

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

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

## ANNEX 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	◆	◆	◆	◆	◆ <sup>3</sup>		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆ <sup>3</sup>		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆ <sup>3</sup>		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	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	◆	◆	◆	◆	◆		⊙
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
<b>Totals</b>			<b>23</b>	<b>26</b>	<b>30</b>	<b>30</b>	<b>20</b>	<b>17</b>	<b>3</b>

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

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