



# ZPCT II

Zambia Prevention, Care and  
Treatment Partnership

## **Quarterly Progress Report April 1 - June 30, 2010**

**Task Order No.: GHS-I-01-07-00043-00  
Under AIDSTAR Sector I IQC No.: GHH-I-00-07-00043-00**

### **July 31, 2010**

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## LIST OF ACRONYMS

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

## EXECUTIVE SUMMARY

### MAJOR ACCOMPLISHMENTS OF THIS QUARTER:

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five year (June 01, 2009 to May 31, 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MoH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART and male circumcision (MC).

A memorandum of understanding (MOU) with the Ministry of Health (MoH) at the national level and with the PMOs in each province were signed were also signed this quarter.

This quarter, ZPCT II supported implementation of HIV/AIDS services in 271 health facilities across 39 districts in the five provinces. While one new district and 25 new facilities across the provinces were added this quarter in the recipient agreements, data will only be collected in the next quarter. Key activities and achievements for this reporting period include:

- CT services were provided in 271 health facilities. 145,093 individuals received CT services;
- PMTCT services were provided in 262 facilities. 43,964 women received PMTCT services and 5,773 were provided with a complete course of ARV prophylaxis;
- Ongoing technical assistance in all technical areas continues with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 271 health facilities. A cumulative number of 153,759 individuals received palliative care from these facilities;
- ART services were provided in 121 health facilities. A total of 7,644 new clients (including 706 children) were initiated on antiretroviral therapy. Cumulatively, 108,659 individuals have received antiretroviral therapy and of these 7,756 were children. Of the 121 ART sites 55 are static and 66 are outreach sites with 117 reporting independently and four sites reporting through larger facilities;
- 950 health care workers were trained in basic CT, couples counseling, counseling supervision, child counseling, youth CT, PMTCT, family planning, ART/OI management, adherence counseling, dry blood spot, ART commodity management for laboratory and pharmacy, male circumcision, and equipment maintenance;
- 382 community volunteers were trained in basic CT, couples counseling, counseling supervision, child counseling, youth CT, PMTCT and adherence counseling;
- MOUs were signed with six private sector facilities; five in Copperbelt and one in North Western Provinces; and
- 20 health facility renovations were completed from the planned 79 renovations for year one. The remaining works, which are at various stages of completion, were carried over in the recipients agreements amended for year two (June –Dec 2010).
- The CDC Division of Global AIDS awarded the laboratory its highest honor of a Certificate of Excellence. This was in acknowledgement of its outstanding cooperation, planning and performance in the 2009 proficiency testing program for the Qualitative HIV-1 DNA Diagnostic Testing using Dried Blood Spots.

This quarter also started the second work plan period which starts the second year (June –Dec 2010) and several additions were made to the agreements:

- Mungwi District was added as a new district for scale up for year two, bringing the total number of districts under ZPCT II to 40, out of the targeted 42;
- 25 new facilities were included in the current recipient agreements that were then amended for year two (June-Dec 2010) across the five provinces, bringing the total number of facilities to 296.

## ZPCT II Project Achievements: 1 August 2009 to 30 June 2010

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements Apr 10-Jun 10
		Targets Aug 09 - May 14	Achievements Aug 09 – Jun 10	Targets Jun -Dec 10	Achievements (June 10)	
<b>1.1 Counseling and Testing (Projections from ZPCT service statistics)</b>						
	Service outlets providing CT according to national or international standards	370	271	296	271	271
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000 <sup>1</sup>	457,398	84,581	57,964	145,093
	Individuals trained in CT according to national or international standards	2,316	519	301	13	201
<b>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</b>						
	Service outlets providing the minimum package of PMTCT services	359	262	287	262	262
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	147,269	66,500	15,865	43,964
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	20,719	8,183	1,858	5,773
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,128	840	20	289
<b>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</b>						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	296	271	271
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) <sup>2</sup>	560,000	158,423	96,412	152,346	153,759
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	12,194	10,581	11,840	11,907
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	593	364	21	202

<sup>1</sup> The CT target does not include the PMTCT numbers. Following the new guidelines the target should be 1,300,000.

<sup>2</sup> **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:  
**A. ART site** - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.  
**B. Non-ART site** - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

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

	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	296	271	271
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	5,621	2,009	1,401	2,291
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	593	364	21	202
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	5,151	3,479	458	1,351
	Service outlets providing ART	130	117	128	117	117
	Individuals newly initiating on ART during the reporting period	115,250	27,669	13,489	2,562	7,644
	Pediatrics newly initiating on ART during the reporting period	11,250	2,222	1,379	198	579
	Individuals receiving ART at the end of the period	146,000	108,659	90,148	108,659	108,659
	Pediatrics receiving ART at the end of the period	11,700	7,756	6,664	7,756	7,756
	Health workers trained to deliver ART services according to national or international standards	3,120	593	364	21	202
<b>1.4 Male Circumcision (ZPCT II projections)</b>						
	Service outlets providing MC services	50	15	22	15	15
	Individuals trained to provide MC services	260	104	60	0	0
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	446	N/A	89	233
<b>2.1 Laboratory Support (Projections from ZPCT service statistics)</b>						
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	85	103	85	85
	Individuals trained in the provision of laboratory-related activities	375	244	42	52	130
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	997,240	444,850	110,204	295,005
<b>2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)</b>						
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	505	287	21	112

	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	299	161	0	124
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	287	70	46	146
<b>3 Capacity Building for PHOs and DHOs (ZPCT II projections)</b>						
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	X	47	X	X
<b>4 Public-Private Partnerships (ZPCT II projections)</b>						
	Private health facilities providing HIV/AIDS services	30	6	12	6	6

## PROGRAM AND FINANCIAL MANAGEMENT

### Partner Collaboration:

ZPCT II collaborates with its sub partners through activities at national, district, community and health facility levels as follows:

Management Sciences for Health (MSH): MSH contributes towards strengthening the MoH health system focusing on laboratory and pharmaceutical systems at national, district and the health facility levels through training and technical support.

CARE International: CARE Zambia contributes to the provision of comprehensive HIV/AIDS services including prevention, care and treatment, through training and supporting community volunteers, and strengthening the continuum of care through referral networks.

Social Impact: (SI): SI contributes towards mainstreaming the gender dimension in health facility service delivery and community prevention, care and treatment activities.

Cardno Emerging Markets: Cardno (formerly EMG) contributes towards building the capacity of PMOs and DMOs to provide technical and program management oversight including enhanced problem solving, mentoring, supervision and monitoring of HIV/AIDS programs.

Churches Health Association of Zambia (CHAZ): CHAZ contributes towards expansion, and scaling up and integration of prevention, care and treatment services through seven mission health facilities in three provinces supported by ZPCT II

KARA Counseling and Training Trust (KCTT): KCTT contributes towards strengthening the MoH health system through training facility and community based health workers in counseling and testing (CT) services under ZPCT II.

University Teaching Hospital Male Circumcision Unit (UTH MC): UTH MC unit contributes towards implementation of male circumcision services in ZPCT II supported health facilities.

### Health Facility Support

Recipient agreements (RAs): This quarter, ZPCT II executed 55 recipient RA amendments with PMOs, DMOs and hospitals to include additional support for equipment and renovations critical to supporting the expansion of

HIV/AIDS services in 271 supported facilities across 39 districts of the five provinces. One RA was completed with Mungwi District in Northern Province bringing the total number of RAs to 56.

The amendment with UTH/MC Unit and subcontract amendments with CARE, Cardno, Social Impact, CHAZ and KCTT were also done to include year two activities.

Assessments were conducted in the last quarter to identify and include additional facilities for year two work plan period. With the addition of Mungwi District in Northern Province and 25 new facilities across the five provinces, ZPCT II support is now for 40 districts and 296 health facilities.

Renovations: Contracts have been signed for all 79 facilities planned for year one. This quarter, renovation works for 20 facilities out of the total 79 have been completed, while the remaining 59 renovations are at various stages of completion. This quarter, 25 new refurbishment plans have been added for year two and tender documents have been produced in readiness for advertisement.

### **Environmental Mitigation**

There are two areas of environmental concern within the ZPCT II activities: medical waste and renovations. The guidelines developed for the field offices to formalize and strengthen implementation and monitoring of medical waste management and disposal were shared this quarter with the provincial offices. ZPCT II provincial staff will monitor and document health facility practices and adherence to the Environmental Protection and Pollution Control Act in relation to medical waste, and provide technical and other appropriate support. Part of the renovation activity is an environment assessment plan. This is being completed in all renovation activities. As part of overall program implementation monitoring, Lusaka office will monitor and document implementation of the ZPCT II Environmental Mitigation and Monitoring plan by provincial offices.

### **Facility Graduation and Sustainability Plan**

This quarter ZPCT II graduated two districts having satisfied graduation criteria that was measured using graduation tools based quality assurance parameters. This brings the total of graduated districts to 12. ZPCT II continued to support the ten previously graduated districts with scaled back technical assistance, following the graduation process in line with the project sustainability plan.

### **Procurement**

Major equipment costing above \$5000, including CD4 facscount, ABX Pentra, ABX Micro, Sysmex Pochi, microplate reader, and microplate washer, have been procured, received and distributed to the provinces. Other major equipment as outlined in the procurement and distribution schedule will be received and distributed before the end of the next quarter.

### **Prevention**

Prevention activities focusing on both new and old strategies were carried out in communities and all the facilities across all the five provinces.. Among the strategies implemented included retesting negatives, scaling up male circumcision services including integration with counseling and testing, Prevention with Positives, and general counseling and testing. Mobile counseling and testing was conducted during the national VCT day in communities in all the five provinces.

### **Human Resources (HR)**

During this quarter, five positions were filled from the remaining 17 vacancies noted in the last quarter. The majority of vacancies were for medical officers, and these have been a challenge to fill. Therefore the positions are being opened up for clinical officers as well of medical doctors. Efforts continue to fill the remaining vacancies.

### **Information Technology (IT)**

The IT team installed a new cost effective telephone system using VoIP in Lusaka, Ndola and Kabwe offices this quarter. IT continued to conduct an inventory to establish the state of computers in all ZPCT II offices and supported health facilities with a view to replacing faulty and obsolete computers in year two. This quarter IT will commission an online inventory system to improve the efficiency and effectiveness of inventory systems

## Finance

The finance team conducted a review of the Kasama and Mansa field offices. In addition a financial review of Kara Counseling and Training Trust was conducted this quarter.

## KEY ISSUES AND CHALLENGES

### ➤ **Critical shortage of staff in health facilities**

Staff shortage, particularly in rural facilities, continue to negatively affect service provision in general. However, ZPCT II continues to support task shifting through the provision of limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services. Additional community cadres were trained across the five provinces during this quarter.

### ➤ **Renovations**

Shortages of cement, poor capacity by contractors to quickly mobilize (i.e. go on site), inaccessibility due to flooding in some areas, lack of credible contractors, and the need in some cases to re-advertise, were some of the challenges faced in the area of renovations. ZPCT II office continues to work with contractors, the Ministry of Works and Supplies, the PMOs and DMOs to resolve these recurring issues.

### ➤ **CD4 sample referral and laboratory maintenance**

ZPCT II has been making efforts to ensure CD4 count assessment is being done on all HIV positive women. During the reporting period, the following challenges were experienced:

- Limited availability or insufficient numbers of motorbike riders in some districts. To address this, 23 people will be trained in motorbike riding next quarter in all the five provinces.
- Breakdown of CD4 count machines coupled with delays in servicing the equipment by vendors continues to cause interruptions in service delivery. Lack of CD4 reagents also affected CD4 assessment at Kashikishi Rural Health Centre and St. Paul's Mission Hospital in Luapula province, and at Kamuchanga District Hospital in Mufulira. ZPCT II is working with the PMOs, MoH and SCMS to address these issues.
- Inability of MoH partners to access fuel for motorbikes because of inadequate completion of log sheets which is the basis and justification for fuel allocation. ZPCT II continues to emphasize the importance of proper logging of usage with DMOs and facility management where motorbikes have been allocated.

### ➤ **Early infant diagnosis**

- Shortage of DBS blood collection bundles: Challenges with the availability of DBS bundles were experienced during this quarter in some facilities despite stocks being available at MSL. Lack of DBS bundles in facilities hinders the collection of specimen from exposed babies, the implications being the failure to give diagnosis for HIV. ZPCT II will continue to follow up, both centrally with MoH and at district and facility levels and provide technical assistance and mentoring in the implementation of the new ordering system, to ensure improved and consistent supplies.

### ➤ **Commodity stock outs**

- Although stock outs of HIV test kits continue to recur, mainly because of delays in health facilities submitting orders to MSL, a general improvement in the supply of kits has been noted across all the five provinces. ZPCT continues to provide technical support to ensure full implementation of the new ordering system to ZPCT II supported health facilities.
- Inconsistencies in the transport system at MSL combined with delays in orders from the districts continued to pose challenges for timely delivery and availability of commodities. ZPCT II is assisting with follow up at MSL.

### ➤ **Poor male involvement**

- Male involvement remains a challenge in some facilities, while other facilities recording some improvements in the number of pregnant mothers escorted for PMTCT services by their partners. ZPCT II will begin implementing targeted activities based on the gender strategy from next quarter.

➤ **Male circumcision services**

Fifteen out of the sixteen MC sites were implementing MC services in varying degrees, with some sites more active than others. One site is not yet operational due to lack of MC surgical instruments. Some of the challenges noted included:

- Lack of equipment and MC consumables. With USAID approval given to purchase the consumables, demand creation will be given priority next quarter.
- The MOH is still in the process of integrating the MC program into the mainstream hospital services. ZPCT II will work on increasing MOH ownership as the program expands.
- Limited staff to provide MC services. In some cases medical providers are not motivated to provide MC services since other partners are providing incentives. This issue is being discussed at regular MC coordination meetings.

➤ **Chronic HIV care**

- Since a number of new clinical care staff in Northwestern, Northern and Central Provinces were still being oriented to the ZPCT II program, not all sites were able to implement chronic HIV care strategies as planned. This will be addressed next quarter.

➤ **Revision of Clinical Care/ART QA/QI tool:**

- The revision of the clinical care/ART QA/QI tool was not completed this quarter as planned. The completion of this activity is dependent on the MoH finalizing and endorsing the new 2010 national ART guidelines on which the tools are partially anchored. MoH is yet to release the new guidelines.

➤ **Accreditation of ART sites**

- ART sites that did not attain accreditation in the following areas: guidelines, standard operating procedures and QA systems, laboratory capacity, human resource and continuing professional development, pharmaceuticals and logistics management systems. Measures are in place to address the gaps from the last accreditation assessments in preparation for re-assessment.

➤ **Monitoring and evaluation**

- Clinicians in a number of facilities are not consistently completing SmartCare forms. The reasons most cited is the high client load which they report keeps them too busy to find time to complete the forms which they say are time consuming.. ZPCT II staff continue to work with them to resolve this problem.

➤ **Quality assurance and quality improvement**

- Delays in developing ART guidelines and national quality improvement materials by the MoH have affected the pace with which QA/QI activities are being implemented and may reverse significant gains made in the implementation of the QA/QI process across ZPCT II supported sites.
- The lack of proper guidelines for implementing mobile ART outreach and guidelines for accrediting ART outreach sites has been hindering implementation of quality assurance for these services. New guidelines were launched this quarter.

**DELIVERABLES FOR THIS QUARTER (April-June 2010)**

- SF1034 (Invoice)
- SF425 (quarterly financial report)
- ZPCT II second work plan to start year two (June-Dec 2010)
- April-June 2010 quarterly report

**ANTICIPATED ACTIVITIES FOR NEXT QUARTER (July-September 2010)**

ZPCT II partners with the MoH at national, provincial, district and facility levels and will also continue to collaborate with other non GRZ partner organizations at all levels.

The following activities are anticipated for the next quarter (July –Sept 2010):

- A national stakeholder's workshop on harmonization of management capacity assessment tools will take place under the leadership of the Department of Diagnostics and Clinical Services/MoH.
- The draft gender strategy will be shared and discussed with the MoH and the strategy launched.
- Field assessments will be conducted by the provinces to explore additional health facilities for year two and three.
- External technical assistance visits for the various components of the program – laboratory/pharmacy, gender, capacity building and community will take place
- Programmatic quarterly review meetings will be held
- HIV re-testing in PMTCT operational study to be initiated next quarter

#### **TRAVEL/TDY for this Quarter (April-June 2010)**

The regional/international travels for ZPCT II staff this quarter were as follows:

- Seven ZPCT II staff from program and finance departments attended the FHI Operations Support /International Program Management workshop from 17<sup>th</sup> to 21<sup>st</sup> May 2010, in Nairobi, Kenya
- One technical staff from PMTCT unit traveled to Tanzania for a meeting on "Testing and Counseling for PMTCT"
- Two technical staff attended the HIV INTEREST meeting in Mozambique
- Two technical staff attended an advanced ART training in Uganda at the Infectious Diseases Institute (IDI)
- One technical staff attended the Multi Drug Resistant TB training workshop in May 2010 in Namibia
- The COP attended the Regional Leadership Meeting in Senegal April 11- 16, 2010.
- The Director Technical Services attended the global and regional meetings on the Inter-Agency Task Force on PMTCT, one in the United States of America and in South Africa

#### **Technical support this quarter was received as follows:**

- Alben Godlove, Senior Manager from Cardno Emerging Markets, traveled to provide technical support to the ZPCT II capacity building team
- Zahra Hassanali, SI consultant provided technical support to ZPCT II in the development of the gender strategy, in May 2010
- Judith Robb-McCord, a local consultant, was hired to assist the ZPCT II program team and to work with the international consultants to finalize the gender strategy and to prioritize key areas for the implementation of the strategy within the ZPCT II programme. She also assisted with the review and editing of key program documents.

#### **TRAVEL /TDY for the NEXT QUARTER (July -September 2010)**

Travel to attend international and regional meetings, trainings and workshops:

- One technical staff to travel to Vietnam for annual FHI Strategic Information meeting in August
- Two technical staff to travel for leadership training in South Africa in August
- One laboratory staff to travel to South Africa for laboratory biosafety conference in July
- Two staff to attend the Pastel training to be conducted by Omni Africa Technologies
- Five finance staff to attend the USAID rules and regulation training in Pretoria South Africa.

#### **Technical support next quarter is as follows:**

- Dr Kwasi Torpey (FHI Regional Senior Technical Advisor) will provide technical support to the ZPCT II program.
- Alben Godlove, Senior Manager, and Mike Reeves, Senior Development Specialist from Cardno Emerging Markets will provide technical support to the capacity building team in August 2010.
- MSH technical officer, Hare Ram Bhattarai travelling from Nepal in July to provide assistance to the Management of Information Systems (MIS) for the laboratory/pharmacy component of the program.
- Visit by the MSH project support leader, John Pollock, from USA in August for overall support to the MSH team.

- Kellock Hazemba (FHI Regional Senior F&A Advisor) traveling to Lusaka to provide technical support to the ZPCT II program.

### **External Partner Coordination**

- This quarter, the ZPCT II North Western Province Office initiated the first USG partner coordination meeting in Solwezi. Partners represented then were JSI, SFH, and COH III. This group has decided to meet on a monthly rotational basis and other USG partners will be included.
- Discussions were held with CHAMP in Lusaka, regarding collaboration on the sites that CHAMP/COMET is planning to support in Solwezi. CHAMP is scaling up their GDA component. Issues of overlap in support and data collection and reporting challenges to USAID were discussed. CHAMP and ZPCT II met with USAID (SO7 and SO9) on April 8th, to discuss the overlap issues of data collection and reporting to USAID. It was then agreed that both M&E tams would review the detailed of the indicators collected in order to come up with an approach to not duplicate the indicators collected. A joint visit to Solwezi is planned for next quarter.
- ZPCT II initiated meetings on MC with the USG and on USG MC providers to ensure coordination of per diems and sites. The group is working with the MOH to launch a MC month in October. Next quarter ZPCT II will continue to be an active member of that group.

## QUARTERLY PROGRESS UPDATE

### I. PROGRAM OVERVIEW

The Zambia Prevention, Care and Treatment Partnership II ( ZPCT II) is a five year (June 1, 2009 – May 31, 2014) Task Order between Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. Presidents Emergency Plan for AIDS Relief (PEPFAR). ZPCT II is working with the Government of the Republic of Zambia (GRZ) to strengthen Zambia’s national health system by maximizing access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services. ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation.

ZPCT II is scaling up support from 35 to all 42 districts in the five target provinces of Central, Copperbelt, Luapula, Northern and North Western. 296 facilities across 40 districts will be covered by end of December 2010. ZPCT II is also further diversifying, consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH’s capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will continue to implement the quality and performance based plans to graduate districts from intensive technical assistance by the project’s end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

During this quarter, ZPCT II supported implementation of HIV/AIDS services in 271 health facilities in 39 districts in the five provinces. While one new district and 25 new facilities across the provinces were added this quarter in the recipient agreements, data will only be collect in the next quarter. Key activities and achievements include:

- CT services were provided in 271 health facilities. 145,093 individuals received CT services;
- PMTCT services were provided in 262 facilities. 43,964 women received PMTCT services and 5,773 were provided with a complete course of ARV prophylaxis;
- Ongoing technical assistance in all technical areas continues with a focus on new technical strategies and monitoring quality of services;
- Palliative care services were offered in all 271 health facilities. A cumulative number of 153,759 individuals received palliative care from these facilities;

- ART services were provided in 121 health facilities. A total of 7,644 new clients (including 706 children) were initiated on antiretroviral therapy. Cumulatively, 108,659 individuals have received antiretroviral therapy and of these 7,756 were children. Of the 121 ART sites 55 are static and 66 are outreach sites and, 117 report independently while four sites report through the bigger facilities;
- 950 health care workers were trained in basic CT, couples counseling, counseling supervision, child counseling, youth CT, PMTCT, family planning, ART/OI management, adherence counseling, dry blood spot, ART commodity management for laboratory and pharmacy, male circumcision, and equipment maintenance;
- 382 community volunteers were trained in basic CT, couples counseling, counseling supervision, child counseling, youth CT, PMTCT and adherence counseling;
- MOUs were signed with six private sector facilities. With five in Copperbelt and one in North Western provinces; and
- 20 health facility renovations were completed from the planned 79 renovations for year one while the remaining works at various stages of completion were carried over in the recipients agreements amended for year two (June –Dec 2010).
- The CDC Division of Global AIDS awarded the laboratory its highest honor of a Certificate of Excellence. This was in acknowledgement of its outstanding cooperation, planning and performance in the 2009 proficiency testing program for the Qualitative HIV-1 DNA Diagnostic Testing using Dried Blood Spots.

This quarter also started the second year with the work plan for June –Dec 2010 and several additions were made:

- Mungwi District was added as a new district for scale up for year two, bringing the total number of districts under ZPCT II to 40, out of the targeted 42;
- 25 new facilities were included in the current recipient agreements that were then amended for year two (June-Dec 2010) across the five provinces.

## **II. PROGRAM AND FINANCIAL MANAGEMENT**

During this quarter, the following program and financial management activities took place:

### **A) ZPCT II Partner Activities**

- MSH is the partner responsible for strengthening laboratory and pharmaceutical services at national and facility levels. This quarter MSH provided technical support to strengthen implementation of the DBS sample referral system, CD4 sample referral system, the laboratory services QA/QI tools, external quality assurance (EQA), internal quality assurance, EQA for CD4, inter-laboratory quality assurance for DBS testing, ART laboratory SOPs in facilities, Laboratory Commodities Logistics System, PMTCT/ARV drug logistics system for PMTCT. The partners also participated in piloting of the Short Message System (SMS) technology for sending HIV DNA PCR results to facilities, laboratory accreditation activities, follow up of equipment and reagents status.
- CARE Zambia is responsible for facilitating facility and community based prevention, care and treatment services, and strengthening the continuum of care. This quarter CARE Zambia facilitated training of volunteers in CT, counseling supervision and adherence counseling, as well as facilitating mobile CT during national VCT day and during launch of the Campaign on Accelerated Reduction on Maternal Mortality, as well as the district referral network meetings.
- Social Impact (SI) is responsible for providing support to mainstream gender into the ZPCT II program. A gender strategy was finalized this quarter and shared with USAID. Priority activities for gender have been identified across all technical strategies including community mobilization. ZPCT II will work with the MoH to synergize with the MOH's gender strategy as well and will then launch the gender strategy to key stakeholders.
- Cardno Emerging Markets (Cardno) is responsible for building the capacity of PMOs and DMOs to manage HIV/AIDS programs beyond ZPCT II. This quarter Cardno staff Senior Manager, Albena Godlove, worked with the capacity building team to finalize the assessment tools and draft the

training packages. A joint national harmonization workshop with MoH will be conducted to modify the organization capacity assessment tool next quarter.

- Churches Health Association of Zambia (CHAZ) is responsible for contributing to the expansion and scaling up of HIV/AIDS services in seven mission facilities. During this quarter, the Kavu health center, in Ndola, Copperbelt Province transition issues were resolved. Kavu clinic has been a ZPCT supported facility since 2007 under the Ndola Medical Office recipient agreement. Kavu expressed interest to be a fully mission supported facility under CHAZ and it was agreed that this clinic will be gradually weaned off of ZPCT II support, as a graduated facility. Renovations at three of the CHAZ health facilities supported by ZPCT II will be commenced next quarter. Procurement of new equipment and furniture was done this quarter and awaits delivery.
- Kara Counseling and Training Trust (KCTT) is responsible for strengthening technical capacity of facility staff to provide counseling and testing services through delivery of trainings. This quarter, KCTT conducted training courses for facility and community-based health workers in basic CT, couple counseling, and CT supervision. However, ZPCT II continued to experience a number of challenges with KCTT in the implementation of its subcontract and financial reporting. As part of efforts to assist the partner, a financial review was conducted and the sub contract was temporarily suspended while the issues were resolved. As a result the KCTT subcontract was amended for year two with a reduced scope of work.
- University Teaching Hospital (MC unit) provided support in the implementation of male circumcision services through trainings, and mentorship of trained providers.

#### **External Partner Coordination**

- This quarter, the ZPCT II North Western Province Office initiated the first USG partner coordination meeting in Solwezi. Partners represented then were JSI, SFH, and COH III. This group has decided to meet on a monthly rotational basis and other USG partners will be included.
- Discussions were held with CHAMP in Lusaka, regarding collaboration on the sites that CHAMP/COMET is planning to support in Solwezi. CHAMP is scaling up their GDA component. Issues of overlap in support and data collection and reporting challenges to USAID were discussed. CHAMP and ZPCT II met with USAID (SO7 and SO9) on April 8th, to discuss the overlap issues of data collection and reporting to USAID. It was then agreed that both M&E tams would review the detailed of the indicators collected in order to come up with an approach to not duplicate the indicators collected. A joint visit to Solwezi is planned for next quarter.
- ZPCT II initiated meetings on MC with the USG and on USG MC providers to ensure coordination of per diems and sites. The group is working with the MOH to launch a MC month in October. Next quarter ZPCT II will continue to be an active member of that group.

#### **B) Health Facility Support**

**Recipient agreements (RAs):** This quarter, ZPCT II executed 56 amendments with PMOs, DMOs and hospitals to include additional support for equipment and renovations critical to supporting the expansion of HIV/AIDS services in 271 supported facilities across 39 districts of the five provinces.

The amendment with UTH/MC Unit and subcontract amendments with CARE, Cardno, Social Impact, CHAZ and KCTT were also done to include year two activities.

Based on the assessments conducted in the last quarter, an additional 25 new health facilities have been included across the provinces. In addition, ZPCT II executed a new recipient agreement extending support to three facilities in Mungwi District in Northern Province with activities effective June 1, 2010. This brings the total of supported health facilities outlined in the 56 recipient agreements to 296 health facilities in 40 districts supported by ZPCT II.

A complete list of the current recipient agreements/subcontracts is listed under **Annex E**.

### **C) Renovations**

Contracts have been signed for all 79 facilities planned for year one. This quarter, renovation works for 20 facilities out of the total 79 have been completed, while the remaining 59 renovations are at various stages of completion. This quarter, 25 new refurbishment plans have been added for year two and tender documents have been produced in readiness for advertisement.

### **D) Environmental impact mitigation**

The guidelines developed for the field offices to formalize and strengthen implementation and monitoring of medical waste management and disposal at health facility level were shared this quarter with the provincial offices. ZPCT II program activities (PMTCT, CT, ART, laboratory and pharmacy, male circumcision) have increased the amount of medical waste, including needles, syringes and other contaminated and waste materials including waste from renovations such as cement debris, asbestos roofing and timber etc. ZPCT II has a mandate and obligation to apply environmentally sound designs to limit and mitigate the impact that refurbishments and expanded clinical services are having on the immediate and surrounding environment. Part of the renovation activity is an environment assessment plan. This is being completed in all renovation activities.

ZPCT II provincial offices started using the guidelines and are monitoring health practices and documenting compliance to the Environmental Protection and Pollution Control Act in relation to medical waste. As part of overall program implementation monitoring, Lusaka office will monitor and document implementation of the ZPCT II Environmental Mitigation and Monitoring plan by the provincial offices.

Verification of implementation and compliance will include regular audits by Lusaka office of provincial office documentation, including review of pre-renovation Environmental Site Assessment reports and post-renovation Environment Impact Assessment reports, as well as review of ZPCT II field visit trip reports and Technical Assistance Field visit forms.

### **E) Facility Graduation and Sustainability Plan**

This quarter, Kabwe and Mwinilunga Districts in Central and North Western Provinces respectively, were successfully graduated having satisfied the graduation criteria measured by the graduation tools. This meets the targeted twelve districts being graduated from intense technical support under ZPCT II in year one. ZPCT II continued to support the ten earlier graduated districts with scaled back technical assistance, following the graduation of the districts. Discussions are ongoing with the PMOs and DMOs on the need to develop post graduation management plans to ensure sustainability of and maintenance of quality of services in graduated health facilities.

### **F) Plan Procurement**

Major equipment costing above \$5000, including CD4 facscount, ABX Pentra, ABX Micro, Sysmex Pochi, microplate reader, and microplate washer, have been procured, received and distributed to the provinces. Other major equipment as outlined in the procurement and distribution schedule will be received and distributed before the end of the next. Of the ten facscount machines, five have been distributed to the provinces and the remaining will be distributed next quarter. Other major equipment such as ABX Pentra, ABX Micro, Sysmex Pochi, microplate reader, and microplate washer have been ordered and are expected to be received in the next quarter. Medical supplies, including thermometers, stethoscopes, nubaer chambers, counting trays, staining trough with jars, staining racks, etc have also been procured. Distribution will be completed next quarter.

### **G) Prevention**

Prevention activities undertaken this quarter included initiation, implementation and monitoring of the new technical strategies under ZPCT II which were scaling up male circumcision services, strengthening of prevention with positives activities within the CT, PMTCT and ART services, retesting of negative pregnant women and general counseling and testing clients, youth counseling and testing, and integration of HIV testing with male circumcision at ZPCT II supported facilities across the five provinces.

Mobile counseling and testing was conducted in communities across the five provinces during the national VCT day.

## **H) Human Resources**

This quarter, five positions were filled from the remaining 17 vacancies noted in the last quarter. The majority of vacancies are for medical officers which are a challenge to fill. Therefore, ZPCT II is opening up these positions to include clinical officers. Efforts continue to fill the remaining vacancies by the end of the next quarter.

Staff development training was utilized by twenty five staff this quarter:

- One program officer from the ZPCT II Solwezi office attended a two week training in financial accounting for non-finance managers.
- Two office assistants from the ZPCT II Solwezi and Mansa office's attended a two week training in front office management

Several staff attended a one week workshop on the USAID/CDC rules and regulations as follows:

- Eight finance and administrative staff from Lusaka and the provincial offices
- Six staff in program unit based in Lusaka and the provincial offices
- Two staff from the technical unit in Lusaka office
- Five administrative staff from Lusaka and the provincial offices

## **I) IT**

This quarter, IT continued assisting the Strategic Information (M&E and QA/QI) Unit with the rollout of the new version (V4.0.0.2) of SmartCare in supported health facilities. This new version addressed the outstanding reporting issues related to palliative care, treatment and the Data Quality Report.

During this reporting period, the MoH granted ZPCT II authority to run a pilot project to use SMS technology to contact clients in HIV service areas in order to reduce the dropout rate. IT conducted an orientation for data entry clerks and deployment of Web2SMS technology in participating facilities. The pilot started in 22 ZPCT II supported health facilities. The Web2SMS uses the General Packet Radio Service (GPRS) internet modems deployed in ZPCT II supported facilities.

The outstanding IT equipment for the completion of the telephone rollout was received this quarter and IT continued with the deployments in Ndola, Kabwe and Lusaka. This exercise will be completed in the next quarter.

The IT team started a review of facility computer equipment to identify replacements for year two of ZPCT II. Most of the computers in the older facilities are over three years old and do not perform optimally and hence do not meet the minimum requirements for SmartCare software. These will be replaced in a phased approach. The old computers will therefore either be repaired or replaced.

IT continued working on a comprehensive equipment inventory for disposition, and for year two requirements for ZPCT II. IT will continue working with the technical department to rollout and conduct orientation for the Web2SMS technology in participating health facilities. IT will also be sending three staff for Dell training in order to improve turnaround times for equipment repairs which will now be done in-house. IT will continue to build capacity for staff by conducting user training in Microsoft Office.

## **J) Finance**

A financial review of the ZPCT II Kasama office and Kara Counseling and Training Trust (KCTT) were conducted during this quarter. Additional financial orientation sessions were conducted with local partners namely CHAZ and KCTT. Three FHI finance staff attended the IPM/Finance capacity building workshop in Nairobi, Kenya.

### III. TECHNICAL ACTIVITIES

**Objective 1:** Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

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

During this quarter, comprehensive technical assistance was provided to 271 CT sites in the five supported provinces. A complete list of ZPCT II CT sites is available in *Annex B*.

##### *1.1.1. CT Services*

ZPCT II provides technical assistance to HCWs and lay counselors with the objective of increasing access to HIV testing, maintaining the high uptake of HIV testing, collection of same day results and improving linkages to clinical care/ART services for both adults and children.

Technical assistance during this period focused on the following:

- Youth CT activities: A total of 51 new youth friendly corners were created at the end of this quarter bringing the total of youth friendly corners to 88 – all of which are active across the five provinces. 167 young people have been trained in youth CT since the start of ZPCT II, with 51 having been trained during the reporting period.
- Retesting of HIV negative CT clients after three months: ZPCT II mentors HCWs on the need to re-test all clients testing negative after the three month window period, and how to correctly document the re-testing of HIV negative CT clients' results in the integrated CT registers. A total of 8,056 clients were re-tested during the April – June 2010 period compared to 4,930 retested during the January – March 2010 quarter. The sero conversion rate will be reported in the next quarter.
- CT and male circumcision (MC) integration: HCWs and lay counselors providing CT services were mentored to refer the uncircumcised HIV negative male CT clients for MC services as well as providing CT for those that are seen for male circumcision. 16 MC CT corners have been established in Northern, North Western and Central Provinces. During this reporting period, 293 CT clients were referred for MC across the five supported provinces. Data on number of uncircumcised CT clients referred for MC services started being collected from May 2010. The job aids on MC have been finalized and will be sent for printing next quarter.
- Symptom screening for chronic diseases (i.e. diabetes mellitus and hypertension) in CT corners: Implementation of the screening started this period in ten pilot CT sites in Central and Copperbelt Provinces. However, symptom screening is also being done in non pilot sites. Data on this was collected from May 2010 only. A total of 1,539 CT clients have been screened for chronic conditions across the five provinces.
- Prevention with Positives (PwP): As an ongoing activity, HCWs were mentored to provide prevention with positives (PwP) services to CT clients. PwP activities are being done during pre-test and post-test counseling for HIV sessions. This has now been incorporated into the CT trainings.
- CT services in TB, family planning (FP) and sexually transmitted infection (STI) clinics: ZPCT II provides technical support to facility staff working in the TB, STI and family planning services to strengthen linkages and integration of CT into TB, FP and STI clinics. This quarter, a total of 3,038 women were referred to family planning clinics across the five supported provinces. Data collection on this indicator started in May 2010. Technical assistance to the new sites is ongoing to ensure all women who come for CT are referred to family planning clinics.
- Administering QA/QI tools: QA/QI tools continued to be administered as an ongoing activity in the supported facilities. This is part of the ongoing monitoring of quality of CT services being provided in supported facilities. In addition, already graduated districts/facilities get QA/QI tools administered on a quarterly basis to ensure continuation of provision of quality HIV services after graduation.

- Routine CT for children: This remained a priority focus for technical assistance during this period to ensure a high CT uptake for paediatrics. This was being done in both paediatric wards and under five clinics. During this quarter, 19,571 paediatric clients were counseled, tested and received their HIV test results. Of this 1,672 clients tested positive for HIV.

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

PMTCT services were being provided in 262 of the 271 ZPCT II supported facilities.

#### **1.2.1. PMTCT Services:**

ZPCT II works closely with the MoH to support PMTCT services, including routine testing and counseling done in antenatal care (ANC) settings and implementation of the “opt out” strategy. A high PMTCT uptake continued to be maintained in all the 262 supported facilities. As an on going activity, ZPCT II mentored PMTCT providers (i.e. both HCWs and lay counselors) in provision of quality PMTCT services. Prevention for positives (PwP) messages is being incorporated in counseling for ANC clients. During this period, ZPCT II focused its mentorship on the implementation of quality PMTCT services through strengthening provision of more efficacious ARV regimen, same day testing for HIV and giving of test results, DBS and CD4 sample referral networks, hemoglobin monitoring for HIV positive mothers and implementation of new ZPCT II PMTCT strategies (including improved follow-up of pregnant women who test HIV negative and sharpening the focus of integrating PMTCT services with HIV prevention, malaria, maternal, neonatal and child health (MNCH), TB and FP services, as well as paediatric HIV services).

The areas of TA focus in PMTCT during this reporting period included:

- Strengthening CD4 sample referral: As an ongoing priority activity, ZPCT II worked in collaboration with the district laboratory and MNCH coordinators to ensure that CD4 count access for HIV positive pregnant women was improved in the supported facilities.
- Re-testing of HIV negative pregnant women: This quarter, a total of 225 out of the 262 PMTCT sites conducted retesting for HIV negative women before delivery. The remaining facilities will be supported to initiate this activity and strengthen documentation during the next quarter. A total of 6,376 HIV negative mothers were re-tested during this reporting period. This is an increase from the 3,263 retested during the previous quarter. Data collection on women sero-converting as part of the routine monthly data collection started only from May. A total of 201 sero-converted from May to June, 2010. ZPCT II mentors PMTCT providers on documentation of women retested in HIV.
- Strengthening provision of more efficacious regimes for PMTCT: The WHO three tiered approach is emphasized in all the ZPCT II supported facilities in order to provide more efficacious ARVs for PMTCT. This is done through triaging HIV positive pregnant women by CD4 count facilitated through the specimen referral. HIV positive pregnant women who are eligible for HAART are referred to ART clinics for initiation of HAART. Pregnant women are considered a priority in the ART clinics and initiation on HAART from MNCH is being considered where feasible. HIV positive women not eligible for HAART are provided with short course prophylaxis according to the national PMTCT protocol guidelines.
- Mother baby pair follow-up: Initiation of cotrimoxazole prophylaxis to prevent Pneumocystis Jiroveci (Carinii) Pneumonia (PCP), and DBS collection on HIV exposed infants at six weeks continues to be strengthened. During this reporting period, 3,709 DBS samples were collected from HIV exposed infants and 3,601 were tested from 161 ZPCT II and 58 non ZPCT II supported sites. 390 tested positive. In addition, 3,205 HIV exposed infants were initiated on cotrimoxazole prophylaxis during this period. Eight facilities from Central and Luapula Provinces started DBS sample collection during this reporting period. Mentorship of trained HCWs on quality of DBS samples collected is an ongoing activity. Infants with positive DNA PCR results are being referred to ART clinics for further management and initiation of HAART.
- Pilot of SMS technology: This quarter, ZPCT II finalized its plans to pilot the SMS technology to call back clients to the facilities to pick up HIV DNA PCR results when the results are ready for collection. This is in an attempt to ensure that parents/guardians get the HIV DNA PCR results promptly once they have been received at the health facilities from the PCR laboratory. Through this technology, PCR

results will be sent from the health facilities to the care givers/parents on their mobile phones. The pilot will be implemented in 22 sites across the five ZPCT II provinces next quarter.

- Family planning integration into PMTCT: ZPCT II continues to provide technical assistance and mentorship to PMTCT providers to ensure that HIV positive and negative pregnant women are provided with quality FP counseling as part of the PMTCT services in MNCH clinics. Clients accessing family planning services are routinely being offered with counseling and testing for HIV, using the opt-out strategy, and are informed of MTCT and PMTCT services. Condom distribution has been made routine as a way of promoting dual protection to FP clients. Capacity building of HCWs in family planning is also on going.
- Male involvement: Strengthening male involvement in PMTCT is an ongoing activity. Facilities are encouraged to make efforts to involve men in PMTCT services. ZPCT II is working in collaboration with DMOs, facilities and communities to strengthen mobilization for male involvement in PMTCT. Luapula Province continues to lead the other five provinces with 59% of the pregnant women receiving PMTCT services with their partners during this period. Efforts will be made to improve male involvement in the Copperbelt and North Western Provinces where it is estimated to be 10% and 16% respectively.
- Strengthening documentation: The need to document PMTCT services provided accurately in PMTCT integrated registers continues to be emphasized. This was made possible with the distribution of 2,520 integrated PMTCT and mother-baby follow-up registers to the supported facilities. The registers were printed during the previous quarter. Mentorship on the use of integrated registers was extended to data entry clerks so that accurate and correct data is collected.
- Initiation of mother support groups: Formation of mother support groups has been ongoing. Luapula Province has 35 mother support groups formed to date, with the other provinces still requiring improvements on the numbers. Northern and North Western Provinces have five each, while Copperbelt and Central Provinces have eight and six respectively.

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

#### ***ART Services***

This quarter, 121 health facilities were providing ART services at the ZPCT II supported facilities. However, the number of sites reporting data independently is 117 while four of the ART sites are reporting through the static ART sites. A complete list of ZPCT II ART sites is available in *Annex C*.

7,644 new clients (including 579 children) were initiated on antiretroviral therapy this quarter. Cumulatively, 108,659 are currently receiving treatment out of which 7,756 are children.

#### ***ART on-going activities***

ZPCT II provides technical assistance, mentorship and support supervision to HCWs in all health facilities providing ART services to ensure provision of quality services. Technical assistance during this period focused on:

- Accreditation of ART sites: ZPCT II supports facilities with the accreditation process conducted by the Medical Council of Zambia (MCZ). This quarter, no assessments were conducted. However, support was provided to the remaining facilities through the provision of the requisite mandatory national HIV/AIDS and ART guidelines, SOPs, and providing orientation sessions to facility and DMO staff on the process of site assessment and requirements for accreditation. This quarter, MCZ formally requested ZPCT II to assist in sponsoring a re-orientation training for ART sites accreditation assessors planned for next quarter in order to improve effectiveness of the program.
- HIV Nurse Prescriber (HNP) Program: The trainee nurse prescribers who had been in training from June 2009 had their final exams in May 2010, and their results are still being awaited from General Nursing Council (GNC) and MoH as well as the next steps for this group. ZPCT II works in collaboration with GNC, MoH, CIDRZ, AIDSRelief, and the University of Alabama at Birmingham in the implementation of this program. This quarter, ZPCT II selected ten new nurses from five provinces for enrollment in the program for the 2010-2011 in-take which will commence in July 2010.

- Pilot Short Message System (SMS) technology application for defaulting clients: ZPCT II has finalized measures to apply the SMS mobile phone technology in the recall of defaulting clients in various HIV service areas i.e. fast-tracking of uncollected HIV DNA PCR results to respective mothers/guardians and children, missed appointments in the ART clinic/pharmacy and clients with abnormal laboratory results. This quarter, MoH approved ZPCT II's request to start piloting this activity in some selected supported facilities. ZPCT II staff from the provincial offices commenced orienting PMOs, DMOs and respective health care workers on how to operationalize this activity using a developed standard operating procedure (SOP) guide and an approved consent form. The strategy is expected to be fully operational by next quarter.
- Public Private Partnerships: This quarter, the MOUs were signed with six selected private sector facilities in the Copperbelt and North Western Provinces. Technical support in the provision of clinical care and ART services commenced, including providing data collection tools in these sites. In the next quarter, ZPCT II plans to provide on-site orientation on the use of these data collection tools and SmartCare, as well as conduct trainings in the different technical areas.
- ART QA/QI tools: The revision of current ART QA/QI tools continued this quarter, and this process will be finalized upon release of new MoH revised ART national guidelines.
- Post Exposure Prophylaxis (PEP) register: ZPCT II developed a register for PEP to ensure a standardized approach to recording of data in all ART sites where it is being implemented. This tool has been discussed with MoH who have added their input and is currently being finalized. It will be made available in the sites next quarter.
- ART model sites: Two sites per province have been identified which will be developed and recognized as model sites or centers of excellence. These sites will have the capacity to manage complicated HIV/ART cases, adverse drug reaction monitoring and management as well as client management of HIV treatment failure. These model sites will also provide resource services to other health facilities mainly through mentorship and advanced training of HCWs. The framework consisting of the minimum package for these sites (developed by ZPCT II) was subjected to in-depth internal discussion and consultation and this will be finalized next quarter.
- ART reference materials: Next quarter, ZPCT II will distribute ART reference materials obtained from the MoH to supported facilities and participants attending ART/OI trainings, ART and the revised OI training materials and reference manuals sourced from the MoH.
- Job aids: ZPCT II participated in discussions on reviewing and revising national guidelines based on the new WHO recommendations for management of HIV/AIDS and ART released in November 2009. The MoH has yet to finalize the 2010 national ART guidelines. Until then, the revision of those guidelines which will be affected by the new recommendations will be on hold. However, some job aids will not be affected by the new recommendation and these were isolated will be printed and distributed next quarter.

### ***Clinical Palliative Care Services***

Currently, ZPCT II is working in 271 health facilities providing clinical palliative care services for PLHAs. This quarter, 153,759 clients received care and support at ZPCT II supported sites. The following activities were undertaken during this reporting period:

- Updating ASW training package: The training schedule/timetable was adjusted to include a practical/demonstration and role play session on how ASWs will appropriately administer the ***HIV chronic care checklist*** to provide them with appropriate and clear insight on how this strategy should be implemented.
- Managing HIV as a chronic condition: HIV clinical teams were equipped with adequate knowledge and skills to improve client screening for and management of co-morbidities in HIV clients' particularly chronic conditions such as diabetes mellitus and hypertension. Various tools including SOPs and job aids, a symptom screening checklist for diabetes mellitus and hypertension and which also incorporates a

minimum package for PwP, were developed and placed. In addition, glucometers (for measuring blood sugar) to assist in the pilot screening of Diabetes Mellitus in the ART clinic were placed in ten sites and implementation was initiated last quarter. Data for this activity has started being reported and uptake should improve by next quarter.

- **TB-HIV:** This quarter, a TB symptom screening tool was implemented and administered by ASWs and HCWs at facility level (particularly the ART clinic), to enhance and expand intensified TB case finding (ICF). In the next quarter, these tools will be administered in the community by adherence support workers. ICF is an activity where TB is actively looked for by HCWs and ASWs through proactively screening for TB symptoms in clients coming in the clinic or in the community and making timely referrals for further client evaluation and management. This strategy is intended to maximize TB diagnosis in HIV clients who are undergoing evaluation for initiation of ART. In addition, 20 x-ray viewing boxes have been placed in selected sites, aiding clinicians in clinical decision making in the diagnosis of TB.
- **Cotrimoxazole prophylaxis:** ZPCT II supports the provision of cotrimoxazole for prophylaxis to PLHA both adults and children who need this treatment in accordance with the national guidelines. During this reporting period, 5,850 clients were put on CTX (including 514 children).

#### ***1.4: Scale up male circumcision (MC) services***

Technical assistance, mentorship and supportive supervision was provided to MC providers in all the supported MC sites. Refurbishments for implementation of the MC services continued this quarter. Mukonchi Rural Health Centre in Kapiri Mposhi District has not yet initiated services due to lack of MC instruments and consumables. ZPCT II is working to resolve this challenge.

- **MC services:** This quarter, 233 circumcisions were performed from the 15 sites that are currently providing MC services. This gives a cumulative total of 446 circumcisions performed.
- **Mentorship and Supervision:** ZPCT II and the UTH MC unit conducted post-training mentorship and supervisory visits to the MC sites, as an on-going activity. During these visits, UTH MC unit staff as well as ZPCT II MC technical staff provided hands-on mentorship and supervision to the health care workers who have received training and are providing MC services.
- **MC QA/QI:** The MC QA/QI and mentorship tool drafted jointly by ZPCT II and UTH MC unit and adapted from WHO manuals were piloted during the last quarter. One of the recommendations included, assessment of (i) operating room and (ii) MC equipment and supplies on the facility QA/QI checklist. The next steps will include finalizing the consolidated *MC Site Evaluation and Provider Mentorship* tool. In the next quarter, this tool will be presented to the national MC Technical Working Group for consideration and adoption as a national tool.
- **Job aids and IEC materials for MC:** the clinical care/ART unit and CT/PMTCT worked together to develop the following MC/CT reference materials: MC client Flow Chart, MC Counseling Protocol and the MC Counseling Information Guide.
- **Shang Ring Study:** FHI working with UTH, SFH has submitted a research protocol for a randomized controlled trial to address the question: “How does the Shang Ring compare with the conventional adult male circumcision surgical method?”. This is FHI’s response to WHO’s advice to African countries to evaluate new circumcision devices. The Shang Ring is a novel MC device developed in China.
- **National level MC activities:** ZPCT II has been an active member of the MC Technical Working Group and participated in the different subcommittee meetings this quarter. The subcommittees included; service delivery, training and research, M&E and QA/QI.

**Objective 2:** Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.

## ***2.1: Strengthen laboratory and pharmacy support services and networks***

### ***Laboratory Services***

114 facilities are being strengthened for laboratory services through technical assistance, renovations, equipment maintenance, training and procurement of equipment. 84 of these laboratories are now fully operational with an additional 28 performing minimal laboratory support. Technical assistance is routinely provided to support laboratory needs including additional ART sites (both static and outreach).

- **PCR laboratory:** The DNA/PCR laboratory at Arthur Davison Children's Hospital (ADCH) which was developed with the aim of increasing access to early infant diagnosis of HIV continues to function well. The laboratory serves as a referral center for the five ZPCT II supported provinces. The ADCH PCR laboratory continued to access DNA PCR laboratory consumables through the national system.

This quarter, a total of 3,709 DBS specimens were received from 219 facilities in 38 districts in the five provinces. A total of 3,059 were from ZPCT II supported facilities in the five provinces, and the rest from non-ZPCT II supported health facilities. A total of 3,601 were tested of which 390 were positive.

A major challenge during the quarter was delays in the supply of PCR Amplicor kits from MSL to the PCR laboratory at ADCH. The delays would have adversely affected turnaround times but prompt intervention by the ZPCT II office in Lusaka facilitated a quick draw of supplies from MSL and subsequent dispatch via DHL.

The CDC Division of Global AIDS awarded the PCR laboratory its highest honor of a Certificate of Excellence. This was in acknowledgement of its outstanding cooperation, planning and performance in the 2009 proficiency testing program for the Qualitative HIV-1 DNA Diagnostic Testing using Dried Blood Spots.

The biannual decontamination and certification of the two Class II biosafety cabinets (BSC) in the laboratory was successfully done by Air Filter Maintenance of South Africa. Both pieces of equipment are in compliance with the required specifications to perform quality testing.

- **Strengthening early infant diagnosis of HIV– improving turn around time for DBS results:** ZPCT II provides technical assistance to focal persons to ensure proper DBS collection, packaging and transportation of the specimens to the PCR laboratory. To address the challenge of long turn around time for PCR results, ZPCT II in collaboration with the MoH, CHAI and UNICEF, has continued using the Short Message System (SMS) technology for sending HIV DNA PCR results to facilities. The first SMS printer technology pilot program was successfully launched in February 2010 by CHAI, through MoH, at five ZPCT II supported facilities and is being closely monitored for performance; turn around time has been reduced to less than three days. The pilot program has not been extended to other facilities as originally planned, pending further assessment and improvements of the first phase. The second SMS technology initiative commenced this quarter with support from UNICEF. This SMS pilot involves sending DBS result to a centralized rapid SMS server at the Ministry of Health in Lusaka, routing results to facility staff cellular phones at selected facilities.
- **Specimen referral:** Technical assistance in laboratory services was provided to all ZPCT II supported health facilities. The system is functional with 174 health facilities referring specimens to 60 facilities with CD4 equipment across 35 districts. This number increased during this quarter with an additional three CD4 instruments being commissioned in three sites. The users received on-site training in the use of the instruments. ZPCT II continued to monitor the usefulness and quality, as well as to strengthen the specimen referral systems. ART sites without CD4 equipment, as well as the outreach sites, also refer specimens to the nearest facility with CD4 equipment. Specimens for baseline and monitoring investigations, chemistry and hematology analysis, are also being referred.
- **Internal quality control:** This quarter, ZPCT II provided technical assistance with significant emphasis on supporting internal quality control (IQC) procedures. This quarter, one ZPCT II staff was trained as a National SLMTA trainer. This has increased the pool of trainers to three from ZPCT II. In the next

quarter, two SLMTA trainings have been planned, and ZPCT II will participate as facilitator, and support staff to attend as participants to these trainings.

To strengthen the use of the internal quality control forms, priority has been given to the JICA/MoH model for IQC documentation by the Strengthening Laboratory Management Toward Accreditation (SLMTA) Zambia training team. During the quarter under review, improvement projects designed to enforce the use of these internal quality control forms were initiated and the major focus was to ensure that data is entered, supervisor and manager review is indicated and that all corrective actions are documented. This weakness has been identified across all facilities nationwide and ZPCT II will continue to provide focused technical assistance in this area. However, specific focus has been given to the two ZPCT II sites that have been earmarked for the first round of accreditation i.e. Ndola and Kitwe Central Hospitals in the Copperbelt Province. Technical staff have started monitoring the use of internal quality control forms and some successes have been recorded. Ndola Central Hospital has demonstrated proficient use of the forms with clear indications of supervisor and manager review. Kitwe Central Hospital has however not demonstrated proficient use and regular follow-up have been scheduled for next quarter. To verify adherence to the emphasized practices, the SLMTA team have conducted site visits and the co-operating partners in the provinces will also provide some form of monitoring to ensure the new practices are adhered to. The second site visit to determine how far the two institutions have progressed began at the end of the quarter and a report on the findings will be obtained. The ZPCT II laboratory team on the Copperbelt will also extend technical assistance to Nchanga North General Hospital which may be in the next phase of accreditation improvement projects.

- External quality assurance: The HIV external quality assurance (EQA) program which was piloted recently is ready for roll-out. Following guidance from MoH, the initial challenge on the reconstitution of vials has been addressed as follows; Quality Rapid HIV Testing Training took place at the end of the quarter, and ZPCT II staff providing technical assistance in HIV testing were oriented on the reconstitution of the panels. They will subsequently train other HCWs and lay counselors on how to reconstitute the vials. The second round of the HIV EQA proficiency testing will be implemented early next quarter
- Commodity management: ZPCT II provided technical assistance to improve commodity management systems for laboratory services in all its supported health facilities. The new national approved Laboratory Commodities Logistics System is being implemented across the country. ZPCT II continues to support the implementation of the system in its sites. It has however been noted that stock outs of laboratory commodities in the last quarter were reported, more noted in Copperbelt Province, few sites in Central and Northern Provinces. While there are many reasons for stock outs, the most notable are differences in the information reflected in the stock status update provided by MSL/LMU in relation to what was physically available at MSL, and MSL/LMU not resupplying adequate quantities of supplies to fill the two month buffer requirement. These and other issues will be discussed at a meeting with ZPCT II and SCMS early next quarter with the hope of resolving these gaps.
- Guidelines and SOPs: As part of its support, ZPCT II continues to promote and monitor the use of the Zambia ART laboratory SOPs in facilities. The reviewed SOPs, together with the revised safety manual, QA guidelines and the SOP for the use of IQC documentation which were printed by MoH/CDC and distributed nationwide during last quarter are now in use in the facilities.

Last quarter, the laboratory QA/QI tools were revised and streamlined to accreditation requirements. Key areas were adapted and adopted from the WHO-AFRO SLMTA check list and have deliberately been incorporated to align all ZPCT II supported facilities to five star accreditation. The tools therefore have a more refined and focused emphasis. The revised tool has been submitted for review and approval and will be adopted for administration in ZPCT II supported facilities next quarter.

- Equipment and reagents: As an ongoing activity, ZPCT II actively follows up on the status of laboratory equipment in its supported sites and the focus is generally on the status of CD4, chemistry and haematology analyzers. An outline of the follow-ups and the status of laboratory equipment can be found in *Annex I*.

### ***Pharmacy Services***

This quarter, ZPCT II continued to provide technical support to pharmaceutical services in all the supported health facilities, including; provision of basic pharmacy equipment, furniture, and renovations to enhance pharmaceutical service delivery, training and technical assistance.

- ARTServ dispensing tool: ZPCT II provided technical support to 74 ART sites on the use of the updated ARTServ dispensing tool. This tool is used by pharmacy staff to record data of clients on ART, including drug regimens, side effects and drug dispensing dates. During this quarter, ZPCT II continued to participate in the pilot exercise to test the SmartCare integrated ARTServ dispensing tool. Seven sites including three ZPCT II supported sites in Central Province (Liteta, Kabwe Mine and Kabwe General Hospitals) participated in the pilot. ZPCT II took part in assessing the seven pilot facilities. The final detailed report has still not yet been provided by USAID Deliver. However, during preliminary discussions, concerns have been raised on the lack of communication between USAID Deliver in its plans for the roll-out of the system. Further meetings will be held during next quarter to address these issues. Three trainings were conducted this quarter to train staff from the districts and this exercise continues to be implemented in collaboration with the MoH, CDC and UDAID/Deliver.
- Commodity management: Technical assistance visits continue to strengthen commodity management systems in facilities offering ART services. Guidance continues to be provided on improving stores management including stock status update, storage space and conditions, timely ordering and collection, aggregation and proper use of commodity consumption data.

In addition, all facilities offering ART and PMTCT services are encouraged to adhere to ordering procedures as defined by the national ARV logistics management system and the PMTCT/ARV drug logistics system for PMTCT only sites. Another trainer of trainers (TOT) in essential drugs logistics system is scheduled for next quarter and it is anticipated that a re-design of the system will follow to address outcomes from the evaluation, and then with plans for national roll-out will be put in action.

During this reporting period, ZPCT II actively participated in discussions, meetings, and activities centered on planning for various supplies including male circumcision supplies, and reproductive health and HIV/AIDS commodities security.

- Good pharmacy practice: Routine technical assistance visits were conducted this quarter focusing on mentoring facility staff on good pharmacy practices, including dispensing, medication use and enforcing adherence counseling to ensure better patient outcomes. ZPCT II collaborates with the pharmacovigilance unit of the pharmaceutical regulatory authority (PRA) to ensure that the pharmacovigilance program is implemented in its support sites. Final guidance has been received from the PRA on recipient facilities of these materials. ZPCT II will support the distribution of the materials and orientation of facility staff in ZPCT II supported ART sites. This will be done next quarter.
- Data management and supply chain: Technical assistance continued to address non submission of returns and data which contribute to shortages of critical supplies and stock-outs. The concept of the report and requisition (R&R) continues to be emphasized at the facilities. ZPCT II continued to explore innovative ways to address these problems and to put measures in place to ensure that affected facilities do not continue to experience these stock-outs which adversely affect service delivery.
- RUTF program: As an ongoing activity, ZPCT II coordinated with the MoH/CHAI program to provide nutritional support in the form of RUTF (Plumpy Nut) to infants and children with HIV/AIDS in ten sites in the five provinces. This quarter, MSL distributed the Plumpy Nut to eight of the ten ZPCT II supported sites implementing the program. During this quarter, 1,260 children were enrolled on the program, bringing the cumulative figure of children benefitting from nutrition supplementation to 6408.

Progress on the Integrated Management of Acute Malnutrition/Community Management of Malnutrition guidelines as of the May 2010 TWG meeting is still being drafted. However the draft advocacy paper on inclusion of RUTF in the national supply chain was developed in the last quarter and awaits submission to MoH.

- **Guidelines and SOPs:** ZPCT II continued to promote the use of the Zambia ART pharmacy SOPs in the facilities, providing technical assistance to ensure that services are provided according to the guidelines and SOPs. The final review of the proposed changes and consolidation of all inputs from the team was being finalized. The final draft will be compiled for submission to the MoH for approval next quarter. Once the SOPs are approved, ZPCT II will support the MoH with the printing and dissemination of the documents.

The pharmacy services QA/QI tools continue to be administered at ZPCT II supported sites. These were revised during the quarter and submitted for further review and approval for use in ZPCT II supported sites.

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

### **Trainings**

This quarter, the following training courses were conducted for health care workers and community cadres from ZPCT II supported health facilities:

- 59 HCWs were trained in basic CT, and 66 HCWs already trained in CT underwent a CT refresher course
- 17 HCWs and 27 lay counselors already trained in basic CT were trained in child counseling
- 25 HCWs and 13 lay counselors were trained in counseling supervision through a two-week course
- 10 HCWs and 21 lay counselors were trained in couple counseling
- 24 HCWs and 51 lay counselors were trained in youth CT
- 55 HCWs and 124 lay counselors were trained in the provision of PMTCT services, while, 234 HCWs already trained in PMTCT underwent a refresher course
- 77 HCWs were trained in ART and OI management, and 97 already trained in ART/OI attended a refresher course
- 28 HCWs were trained in pediatric ART and opportunistic infection (OI) management
- 35 HCWs were trained in family planning
- 30 HCWs were trained in DBS collection, storage and transportation
- 66 HCWs were trained in ART commodity management for laboratory and pharmacy, and 107 HCWs were trained in equipment use and maintenance in the supported facilities
- 20 health care workers were trained in adherence counseling, and 146 community cadres attended refresher courses in adherence counseling from Central, Northern, North-Western and Copperbelt Provinces.

A one-day module on monitoring and evaluation was included in CT, PMTCT and ART/OI courses, 315 HCWs participated in this one day orientation. A complete list of all training courses conducted this quarter is outlined in *Annex F*

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

This quarter, ZPCT II delivered the remaining 20 Zambulances to the supported health facilities. From the facilities the Zambulances will be given to the beneficiary communities identified. The 80 Zambulances that were earlier delivered to the communities were well received and are already being used. This quarter, 103 expectant mothers accessed the Zambulance service to the nearest delivery centers. This is part of PMTCT strategy to promote and encourage supervised deliveries at the health facilities.

As part of ZPCT II's comprehensive HIV/AIDS prevention strategy, communities were mobilized to promote male circumcision. This quarter a total of 232 community members were reached with information on the benefits of male circumcision. Of the people reached, 202 were men while 29 were women. A total of 33 men were motivated and circumcised on the same day of getting the information.

### **Mobile CT**

This quarter, the National VCT Day and the Campaign for Accelerated Reduction of Maternal Mortality in Zambia (CARMMZ) were supported by ZPCT II in the five provinces. ZPCT II collaborated with community groups and health facilities in conducting mobile CT activities in various locations of the supported facilities. The mobilization focused on encouraging communities to access CT and other HIV/AIDS services.

A total of 4,429 adults (2,039 males and 2,390 females), and 324 children counseled and tested. All the clients received their results on the same day, and those testing positive (208 adults and 8 children) were referred for CD4 testing and further care.

A list of community mobile CT services conducted is provided in *Annex H*

#### Community-based Health Workers

ZPCT II provides support to community based volunteers in the five provinces who complement the work of HCWs in the health facilities by providing counseling and testing, PMTCT and adherence counseling services. Currently, there are a total number of 1,383 community-based volunteers (581 lay counselors, 323 PMTCT counselors, and 479 adherence support workers) deployed and active in the five provinces.

The community team completed the review of different mechanisms of making payments to the volunteers. The automated mechanism was considered a better option and will be implemented next quarter.

During this reporting period, 30 lay counselors (12 males and 18 females) were trained in youth CT, 13 lay counselors (10 males and 3 females) already trained in basic CT were trained in CT supervision, and 120 adherence support workers (59 males and 61 females) were reoriented in adherence counseling.

#### Referral Networks

Collaboration with the PMOs, DMOs, District Aids Task Force (DATFs), and other partners continues in all the five provinces to strengthen and establish district-wide referral networks where they are non-existent. Currently, there are 34 fully functional referral networks. During this reporting period, mapping and stakeholders meetings were completed to expand the referral network activities to five new districts. It is expected that by the next quarter, that the five new districts will also be operational with a referral network. The networks will facilitate the systematic and formal link of HIV/AIDS related support services and ensure that clients access available services. A total of 12 district referral meetings were conducted during the reporting period. Commitment among referral network members remains a challenge in some districts and hence the low number of meetings.

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

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

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

This quarter, a gender consultant from Social Impact and paired with a local consultant on the ground developed and finalized the gender strategy for ZPCT II. After inputs on this draft strategy from USAID and MoH, it will be shared with a wider stakeholder group for further inputs. Priority areas for integrating gender into ZPCT II have been identified and some activities have been incorporated into the June – December work plan. Plans for next quarter include a national stakeholders meeting where the strategy will be launched to a wider audience under the leadership of the MoH. In the meantime, ZPCT II will roll out key activities that have been prioritized in the current work plan for year two.

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

During this quarter, the capacity building team worked with Albena Godlove, Senior Manager from Cardno Emerging Markets in organizing a capacity building coordination meeting between MoH and ZPCT II. The meeting took place on 27<sup>th</sup> May 2010 at ZPCT II, and MoH was represented by staff from Human Resources, Accounts, Technical Support and Planning Directorates.

During the meeting it was resolved that a two to three day National-level Capacity Building Workshop which will bring together other stakeholders implementing capacity building activities in the MoH should

be held during July/August 2010. The workshop planned for next quarter will provide a forum through which stakeholders will interact, share information and experiences which will culminate in the harmonization and development of the capacity building tools for implementing the capacity building program.

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

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

FHI signed six MOUs with private sector health facilities in the Copperbelt and North Western Provinces. Implementation of identified technical support commenced. This quarter, technical support focused on counseling and testing, PMTCT and provision of clinical care and ART services. Data collection tools were also provided in these sites.

**Objective 5:** Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II continues to provide technical support towards service integration with Ndola Diocese in Ndola and Kitwe Districts and with Mpatamatu Home Based Care for ART community outreach in Luanshya District, through a MOU mechanism and support to the outreach from the DMOs. .

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

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

This quarter, the Strategic Information (SI) unit, which includes M&E and QA/QI, provided increased technical support to build the capacity of staff in the various data management and reporting systems. Through the use of a data quality reporting tool (DQR), the SI team assisted supported sites to make updates and/or make corrections on clinical care data already entered into the SmartCare system which facilitated the final decision to officially migrate from using the paper-based ARTIS to SmartCare as the reporting tool. As at end of June 2010, a total of 19 out of the 36 SmartCare commissioned sites were using it for reporting their service statistics.

The SI unit developed and deployed data collection tools for selected next generation indicators in response to current PEPFAR reporting requirements. Site orientations were done and related TA was provided in the quarter to specifically address and build HCWs ability to record and report on the NGIs.

To support data management for the six private health facilities in Ndola, Kitwe, and Solwezi Districts, ZPCT II deployed data collection tools to these sites. Plans are underway to conduct on-site orientations for the HCWs in these private facilities in SmartCare once the computers have been deployed. ZPCT II will also provide orientation in the use of CT and PMTCT registers and MC data collection tools where applicable.

### **Summary of M&E Activities in the Quarter:**

- SmartCare: This quarter, out of the 117 ZPCT II supported ART sites that independently report results, 98 have SmartCare installed and running. Of the 98, 87 have since sent databases to Lusaka office for merging, and 36 sites have been validated and commissioned to start using the system for reporting.
- Next generation PEPFAR indicators: ZPCT II rolled out these indicators to the field for commencement of data collection. In addition, ZPCT II SI unit has finalized the indicators for the new program elements whose data collection tools have been sent to the field for use.
- Commenced preliminary tracking of patients switched or started on the 3TC/TDF based regimen as per MOH request to assess patient outcomes

## **Quality Assurance and Quality Improvement (QA/QI)**

ZPCT II offers technical support to the MoH in the area of quality improvement of the national HIV program. The ZPCT II concept document for establishing a standardized data collection system for monitoring quality of HIV services was shared with the ART Technical Working Group (TWG) this quarter. The panel is spearheaded by the MoH and draws members across key organizations vested in HIV programs countrywide. Resulting from this meeting, ZPCT II was requested by the MoH to participate in designing a national strategy to implement the concept.

ZPCT II QA/QI procedures manual has been updated. It remains in draft form awaiting inputs from the national MoH revision of the HIV guidelines that will reflect the latest WHO recommendations released in November 2009.

The SI unit is designing a QA/QI MS Access database to enhance effective storage, management and analysis of QA/QI data across all technical areas. This quarter, the QA/QI team in collaboration with the ART/ clinical care unit devised a PEP data collection form, register and package which addresses both occupational and non-occupational HIV exposure. The draft register has been presented to the MoH for their review and recommendations with a vision for adopting as a national PEP tool.

Technical support was also provided to the Medical Council of Zambia (MCZ) National ART Accreditation Program as a member of the consultative panel.

### **Administration of QA/QI Tools**

The quality of ZPCT II supported HIV prevention, care and treatment program is monitored quarterly using QA/QI data collection tools. These tools are divided into the technical areas of ART/clinical care, PMTCT, HIV counseling and testing (CT), laboratory support, pharmacy support, monitoring and evaluation. This includes a reflection session where ZPCT II technical officers assist facility health care workers to develop quarterly quality improvement action plans targeting priority problems identified. Sites must have received a minimum of six months ZPCT II technical support in a particular technical area to be eligible for quality monitoring activities to be commenced.

ART/clinical care tools: ART provider and facility checklists were administered in 100 ART sites and on going mentorship was focused on the deficiencies. The roll out to the remaining 21 sites will be completed next quarter. The availability of baseline kidney function (creatinine) and liver function tests (ALT, AST) results in patients files was a challenge in some sites due to delays in receiving laboratory results, poor filing of laboratory results, equipment breakdown and reagent stock outs. Long term six monthly immunological monitoring (CD4) continues to pose challenges, mostly in high volume sites across the five provinces, where the rapidly growing numbers of patients newly initiating ART were given priority access to limited CD4 facilities. Examples include Kitwe and Ndola Central hospitals, Kabwe, Solwezi, Mansa and Kasama General Hospitals. The health care workers had not formed QA/QI committees and had not commenced regular ART clinical case review meetings in some sites, both breaching requirements for Medical Council of Zambia ART Site Accreditation. ZPCT II is collaborating with District Medical Offices to institute and sustain these requirements. ART site health care workers have been mentored to form PEP corners where these are lacking.

PMTCT/CT: The CT provider tool, PMTCT provider tool, CT/PMTCT facility checklist and counselor reflection were administered in 288 CT sites and 218 PMTCT sites. Limited stock outs of selected ARV tablets and syrup formulations occurred across the five provinces. Further, HIV test kits ran out of stock in limited facilities. Plans to mentor facility HCWs on appropriate commodity management and logistics procedures were instituted. Appropriate triaging of HIV positive pregnant women to receive the most efficacious ARV regimen guided by their CD4 immunological status was hampered by erratic transport availability for CD4 sample referral across the five provinces. As a result, health care workers would not routinely collect blood samples for CD4 assessment. Conducting external quality control for HIV testing remained a challenge in many sites owing to increasing patient burden, HCW attrition and transport constraints in ferrying samples to designated reference laboratories. Peer-to-peer quality control has been encouraged in affected sites as an interim measure while transport logistics are being addressed. A shortage of counselor supervisors continued. This resulted in monthly supervision meetings not being routinely held. Plans to train more counselor supervisors have been designed. Integration of CT into TB, Under-5 and STI

clinics was not being routinely practiced. ZPCT II technical officers continue to mentor facility health workers to integrate CT into these services.

Laboratory infrastructure: The laboratory QA tool was used for quality monitoring in 68 sites. Constraints included inability to consistently perform immunological (CD4), liver function (ALT, AST) and kidney function (creatinine) tests due to equipment breakdown and reagent stock outs mainly experienced in Copperbelt, Central and Northern Provinces. Technical officers resolved to offer technical support on ordering reagents to facility staff. Laboratories did not routinely participate in external quality assessment (EQA) and internal quality control (IQC) activities. Technical officers provided support towards rolling out these systems in affected laboratories. Other areas identified which have begun receiving remedial attention from technical and programs staff are creation of secure rooms in facilities to store laboratory reagents, improvising first aid kits, facilitating supply of laboratory safety and ethics manuals where they were not available.

Pharmacy: The pharmacy QA tool was used for quality monitoring in 76 sites. Stock outs of selected ARV drugs occurred in few facilities in Luapula and Northwestern Provinces resulting from facility staff ordering supplies late. Provincial technical officers mentored affected health care workers in logistics ordering and management systems. Products were being incorrectly stored on the floor in some sites due to lack of pallets which are now included in the recipient agreements. Drug utilization studies were not routinely conducted necessitating capacity building for pharmacy staff in affected sites. Adverse drug reaction reporting forms continue to be in short supply and inconsistent use. In addition, Drug and Therapeutic Committees still need to be formed in many facilities. Technical officers have resolved to collaborate with provincial pharmacists to jointly address this gap. Some sites inconsistently used the electronic ARV Dispensing Tool due to attrition of trained staff and breakdown of some computers. Affected sites were taken note of for intensified technical support, repairs and possible replacement of damaged computers. Some pharmacies lacked functioning air conditioners creating a non-conducive storage environment for drugs. Plans for repairs, maintenance work and procurement of air conditioners have been discussed in affected provinces. Reference materials such as ART guidelines and drug dispensing checklists were missing from some sites. These will be sourced and distributed as required.

Monitoring and Evaluation (M&E): The M&E QA tool, which assesses record keeping and information management, was administered in 239 facilities. The clinical care/ ART program has been steadily expanding with space to securely store patient files and registers consequently running out. Acquiring more lockable cabinets for affected sites has thus been planned for under recipient agreement amendments. Lack of data entry clerks stationed in several sites coupled with health care workers not updating patient registers on time resulted in pre-ART and CT registers not being up to date. Remedial actions included increased mentorship for HCWs in accurate documentation and placement of data entry clerks in some sites.

### **District Graduation and Sustainability Plan**

Kabwe and Mwinilunga Districts in Central and North Western Provinces respectively were successfully graduated this quarter having satisfied graduation criteria measured using graduation tools. Formal graduation ceremonies were held in each district officiated by the District Medical Office dignitaries. With these graduations, ZPCT II has achieved the target to graduate twelve districts from intensive technical support in year one.

A complete list of the graduated districts is available in *Annex D*.

## **KEY ISSUES AND CHALLENGES**

### ➤ **Critical shortage of staff in health facilities**

Staff shortages, particularly in rural facilities, continue to negatively affect service in general. HIV/AIDS services are particular affected due to the shortage of both nursing and clinical staff to adequately provide services to the growing numbers of people accessing these services. To cushion the shortage, ZPCT II continues to support task shifting through the provision of limited support for transport reimbursements for off-duty facility staff who work extra shifts to provide services. Additional community cadres were trained across the five provinces during this quarter.

➤ **Renovations**

Shortages of cement for two months in North Western Province affected the pace of renovations. Chavuma District was flooded and inaccessible to the contractors to undertake works. This meant that contractors had to wait for the water to recede before going on site. In Mansa, the works at Mansa General Hospital had to be re-advertised because the first bids were over the budget estimates, and some of the contractors did not meet the required criteria to participate in the tendering process. In some instances as in the case of Luapula Province, one contractor failed to go on site to commence work, despite signing the contract. ZPCT II office is working to resolve the issue with the contractor

➤ **CD4 sample referral and laboratory maintenance**

ZPCT II has been making efforts to ensure CD4 count assessment is being done on all HIV positive pregnant women. During the reporting period, the following challenges were experienced:

- Limited number of motorbike riders in some districts. About 25 MoH staff will be trained in motorbike riding in the next quarter in all the five provinces. ZPCT will also continue to lobby PMOs and DMOs to proactively address the issue of motorbike riders.
- Breakdown of CD4 count machines and other laboratory equipment coupled with delays in servicing the equipment by vendors continues to cause interruptions in service delivery. Lack of CD4 and other lab reagents also affected patient assessment in a few facilities. ZPCT II intervention both at Lusaka and provincial level has helped to address these issues, but ongoing coordination with SCMS, MSL and MOH continues. In addition, ZPCT II continues to support correct forecasting and quantification to ensure uninterrupted supplies of reagents in majority of facilities. Facilities are also encouraged to verify stock status with MSL.
- There were some facilities that did not have access to fuel due to incomplete and incorrect filing of log sheets by motorbike riders. ZPCT II continues to sensitize and mentor motorbike riders on how to document and complete the log sheets.
- Reagent shortages were experienced in some facilities. In order to address the reagent stock-outs, facilities have been encouraged to communicate with the laboratory commodities focal person at MSL for verification of stock status. In addition ZPCT II continues to provide mentoring on forecasting and quantification to ensure uninterrupted supplies of reagents. Follow ups with SCMS indicate that the reagent supply will be replenished early next quarter. However ZPCT II facilitated the facility to facility re-distribution process from those that had excess stock to alleviate this problem

➤ **Early infant diagnosis**

- Shortage of DBS blood collection bundles: Challenges with availability of DBS bundles were experienced during this quarter in some facilities despite stocks being available at MSL. Lack of DBS bundles in facilities hinders the collection of specimen from exposed babies, the implication being the failure to give diagnosis for HIV. The newly revised ordering system for the kits has been implemented but still remains a challenge. ZPCT II continues to follow up, both centrally with MoH and at district and facility levels and to provide technical assistance and mentoring in the implementation of this new system. During this quarter, DBS blood collection bundles that were wrongly supplied to the PCR lab at Arthur Davidson Children's Hospital were redistributed to the five provinces for redistribution to affected facilities. Of note during this quarter, North Western Province facilities were hard hit, but the situation was alleviated towards the end of the quarter through this redistribution. ZPCT II continues to work in collaboration with the DMOs and laboratory coordinators to facilitate ordering of DBS bundles from MSL

➤ **Commodity stock outs**

- Few facilities experienced stock outs of HIV test kits this quarter in all provinces mainly resulting from lapses on the part of the facility staff in submission of orders to MSL. However, overall, a general improvement in the supply of test kits was noted. ZPCT II staff continued working closely with facility staff and conducted onsite training in logistics management in order to provide staff with skills in forecasting and ordering of commodities to avoid stock outs.

- Inconsistencies in the transport system at MSL combined with delays in orders from the districts continued to pose challenges for timely delivery and availability of commodities. In order to address these issues, facility staff continue to be encouraged to advise the Lusaka office on order status and possibly send a copy of the order to facilitate follow-up with MSL. In addition, in order to ensure uninterrupted supply of commodities and uninterrupted service delivery, ZPCT II continued to actively participate in national level forecasting and quantification activities.
- **Poor male involvement**
  - Male involvement in PMTCT has remained a challenge in some of the facilities despite some facilities recording some improvements. ZPCT II continued working in collaboration with community partners to sensitize the communities on male involvement.
- **Male circumcision services**

All 15 sites are implementing MC services in varying degrees, with some sites more active than others. Some of challenges noted included:

  - Slow progress of refurbishments in relation to capacity building of health care providers resulting in facility performing below expected capacity.
  - Lack of equipment and/or availability of MC consumables. With USAID approval given to purchase the consumables, demand creation will be given priority next quarter.
  - The MOH is still in the process of integrating the MC program into the mainstream hospital services. ZPCT II will work on increasing MOH ownership as the program expands.
  - Limited staff to provide MC services. In some cases medical providers are not motivated to provide MC services since other partners are providing incentives. This issue is being discussed at regular MC coordination meetings.
- **Chronic HIV care**
  - Since a number of new clinical care staff in Northwestern, Northern and Central Provinces were still being oriented to the ZPCT II program, not all sites were able to implement chronic HIV care strategies as planned. This will be addressed next quarter.
- **Revision of QA/QI tool:**
  - The revision of the clinical care/ART QA/QI tool was not completed this quarter as planned. The completion of this activity is dependent on the MoH finalizing and endorsing the new 2010 national ART guidelines on which the tools are partially anchored. MoH is yet to release the new guidelines.
- **Accreditation of ART sites**
  - ART sites that did not attain accreditation in the following areas: guidelines, standard operating procedures and QA systems, laboratory capacity, human resource and continuing professional development, pharmaceuticals and logistics management systems. Measures are in place to address the gaps from the last accreditation assessments in preparation for re-assessment. In addressing these challenges, ZPCT II distributed printed copies of all the required mandatory documents (i.e. guidelines) to all ART sites.
- **Monitoring and evaluation**
  - Some clinicians are not completing SmartCare forms. The reasons most cited are that they are too busy to spend more time completing the forms rather than attending too many clients. ZPCT II M&E and clinical care staff continue to train/orient and mentor health personnel in SmartCare use to ensure complete data capture and recording.
- **Quality assurance and quality improvement**
  - The MOH is still finalizing tools necessary to expand the quality improvement process across ZPCT II supported sites. These include the revision of national HIV prevention and ART guidelines to match new WHO recommendations released in November 2009; and finalizing the national quality improvement materials.
  - The MoH has launched new guidelines for implementing ART mobile outreach. A component on quality assurance has been included which is expected to alleviate challenges in quality assurance faced hindering accreditation of ART outreach sites.

**V. TRAVEL/TDY FOR THIS QUARTER (April-June 2010)**

This quarter, there were regional/international travels as follows:

- One technical staff traveled to Tanzania for a "Testing and Counseling for PMTCT" meeting
- Two staff travelled to attend the HIV INTEREST meeting in Mozambique
- Seven program and finance staff travelled to attend the FHI Operational International Program Management workshop in Nairobi, Kenya
- The COP traveled to Senegal in April for the FHI Regional Leadership Meeting
- Albena Godlove, Senior Manager from Cardno Emerging Markets HQ traveled to provide technical support to the ZPCT II capacity building team in May 2010
- Zahra Hassanali, consultant from Social Impact travelled to provide technical support to the ZPCT II gender component , in May 2010

**DELIVERABLES FOR THIS QUARTER (April-June 2010)**

- SF1034 (Invoice)
- SF425 (quarterly financial report)
- Year two (June-December 2010) work plan
- April-June 2010 quarterly report

**VI. ANTICIPATED ACTIVITIES FOR NEXT QUARTER (July-September, 2010)**

- A national stakeholder’s workshop on harmonization of management capacity assessment tools will take place under the leadership of the Department of Diagnostics and Clinical Services/MoH.
- The draft gender strategy will be shared and discussed with the MoH and the strategy launched.
- Field assessments will be conducted by the provinces to explore additional health facilities for year two and three.
- External technical assistance visits for the various components of the program – laboratory/pharmacy, gender, capacity building and community will take place
- Various programmatic quarterly review meetings will be held
- HIV re-testing in PMTCT operational study to be initiated next quarter

A summary of the plans for the next quarter (July – September, 2010) is provided in *Annex J*.

**VII. TRAVEL /TDY for this quarter (April –June 2010) and next quarter (July-Sept., 2010)**

Travel this Quarter (April-June 2010)	Travel plans for Next Quarter (July-September)
<ul style="list-style-type: none"> <li>▪ One technical staff traveled to Tanzania for a "Testing and Counseling for PMTCT" meeting</li> <li>▪ Two staff attended the HIV INTEREST meeting in Mozambique</li> <li>▪ Seven program and finance staff attended the Operations Support/International Program Management Training in Nairobi</li> <li>▪ Deputy COP and dependent on R&amp;R to the US, in May</li> <li>▪ COP in USA on R&amp;R in June to July</li> <li>▪ The Director Technical Services attended the global and regional meetings on the</li> </ul>	<ul style="list-style-type: none"> <li>▪ One technical staff to travel to Vietnam for annual FHI Strategic Information meeting in August</li> <li>▪ Two technical staff to travel for leadership training in South Africa in August</li> <li>▪ One lab staff to travel to South Africa for GSLP training in July</li> <li>▪ Five F&amp;A staff to attend USAID rules and regulations training in Pretoria</li> <li>▪ One program staff to attend USAID rules and regulations training in Pretoria</li> <li>▪ One admin staff and two technical staff to attend leadership training in Pretoria</li> </ul>

<p>InterAgency Task Force on PMTCT, one in the United States of America and in South Africa</p> <ul style="list-style-type: none"> <li>▪ The COP attended the Regional Leadership Meeting in Senegal April 11-16.</li> </ul>	<ul style="list-style-type: none"> <li>▪ IT and procurement staff to attend Inventory mgt training in Pretoria</li> <li>▪ Regional F&amp;A Advisor to travel to Zambia for technical support</li> <li>▪ Three IT staff to attend Dell training</li> </ul>
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**Planned TDYs next quarter is as follows:**

- Dr Kwasi Torpey (FHI Regional Senior Technical Advisor) travelling to provide technical support to the ZPCT II program
- Albena Godlove (Senior Manager ) and Mike Reeves (Senior Development Specialist) from Cardno Emerging Markets travelling to Zambia in August to provide technical support to the capacity building team in ZPCT II
- MSH technical officer, Hare Ram Bhattarai travelling from Nepal in July to provide assistance to the Management of Information Systems (MIS) for the laboratory/pharmacy component of the program.
- Visit by the MSH project support leader, John Pollock, from USA in August for overall support to the MSH team.
- Kellock Hazemba (FHI Regional Senior F&A Advisor) traveling to Lusaka to provide technical support to the ZPCT II program.

## **VIII. ANNEXES**

Annex A: Achievements Towards Targets/Indicator Table

Annex B: List of ZPCT II Supported Facilities and Services

Annex C: ZPCT II ART Sites

Annex D: ZPCT II Graduated Districts

Annex E: List of Recipient Agreement/Subcontracts

Annex F: ZPCT II Trainings Courses

Annex G: Meetings and Workshops

Annex H: Mobile CT Data

Annex I: Status of Laboratory Equipment

Annex J: Plans for the Next Quarter

## ANNEX A: ZPCT II Project Achievements 1 August 2009 to 30 June 2010

Objective	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements Apr 10-Jun 10
		Targets Aug 09 - May 14	Achievements Aug 09 – Jun 10	Targets Jun -Dec 10	Achievements (June 10)	
<b>1.1 Counseling and Testing (Projections from ZPCT service statistics)</b>						
	Service outlets providing CT according to national or international standards	370	271	296	271	271
	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000 <sup>3</sup>	457,398	84,581	57,964	145,093
	Individuals trained in CT according to national or international standards	2,316	519	301	13	201
<b>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</b>						
	Service outlets providing the minimum package of PMTCT services	359	262	287	262	262
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	147,269	66,500	15,865	43,964
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	20,719	8,183	1,858	5,773
	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,128	840	20	289
<b>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</b>						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271	296	271	271
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) <sup>4</sup>	560,000	158,423	96,412	152,346	153,759
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	12,194	10,581	11,840	11,907
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	593	364	21	202

<sup>3</sup> The CT target does not include the PMTCT numbers. Following the new guidelines the target should be 1,300,000.

<sup>4</sup> **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:  
**A. ART site** - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.  
**B. Non-ART site** - This is a count of HIV positive clients who received HIV-related care in Out Patient Departments (OPD) of the site during the reporting period (non-cumulative)

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

	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271	296	271	271
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	5,621	2,009	1,401	2,291
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	593	364	21	202
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	5,151	3,479	458	1,351
	Service outlets providing ART	130	117	128	117	117
	Individuals newly initiating on ART during the reporting period	115,250	27,669	13,489	2,562	7,644
	Pediatrics newly initiating on ART during the reporting period	11,250	2,222	1,379	198	579
	Individuals receiving ART at the end of the period	146,000	108,659	90,148	108,659	108,659
	Pediatrics receiving ART at the end of the period	11,700	7,756	6,664	7,756	7,756
	Health workers trained to deliver ART services according to national or international standards	3,120	593	364	21	202
<b>1.4 Male Circumcision (ZPCT II projections)</b>						
	Service outlets providing MC services	50	15	22	15	15
	Individuals trained to provide MC services	260	104	60	0	0
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	N/A	446	N/A	89	233
<b>2.1 Laboratory Support (Projections from ZPCT service statistics)</b>						
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	85	103	85	85
	Individuals trained in the provision of laboratory-related activities	375	244	42	52	130
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	3,813,000	997,240	444,850	110,204	295,005
<b>2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)</b>						
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	505	287	21	112

	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	299	161	0	124
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	287	70	46	146
<b>3 Capacity Building for PMOs and DMOs (ZPCT II projections)</b>						
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	47	X	47	X	X
<b>4 Public-Private Partnerships (ZPCT II projections)</b>						
	Private health facilities providing HIV/AIDS services	30	6	12	6	6

## ANNEX B: ZPCT II Supported Facilities and Services

### Central Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ <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>1</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>	◆	◆	◆	◆	◆	
	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		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	17. Chibefwe HC	Rural		◆	◆	◆		◆	
	18. Chalata HC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	19. Masansa HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	20. Nshinso HC	Rural		◆	◆	◆		◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
<i>Serenje</i>	22. Serenje DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	23. Chitambo Hospital	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	24. Chibale RHC	Rural		◆	◆	◆		◆	
	25. Muchinka RHC	Rural		◆	◆	◆			
	26. Kabundi RHC	Rural		◆	◆	◆		◆	
	27. Chalilo RHC	Rural		◆	◆	◆			
	28. Mpelembe RHC	Rural	◆ <sup>1</sup>	◆	◆	◆			
	29. Mulilima RHC	Rural		◆	◆	◆			
<i>Chibombo</i>	30. Liteta DH	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	31. Chikobo RHC	Rural		◆	◆	◆		◆	
	32. Mwachisompola Demo Zone	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Chibombo RHC	Rural		◆	◆	◆			
	34. Chisamba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	35. Mungule RHC	Rural		◆	◆	◆		◆	
	36. Muswishi RHC	Rural		◆	◆	◆		◆	
	37. Chitanda RHC	Rural		◆	◆	◆		◆	
	38. Malambanyama RHC	Rural							
	39. Chipeso RHC	Rural							
	40. Kayosha RHC	Rural							
	41. Mulungushi Agro RHC	Rural							
	42. Kapiri Mposhi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	43. Mukonchi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	⊙
	44. Chibwe RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kapiri Mposhi</i>	45. Lusemfwa RHC	Rural		◆	◆	◆			
	46. Kampumba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	47. Mulungushi RHC	Rural		◆	◆	◆			
	48. Chawama UHC	Rural		◆	◆	◆		◆	
	49. Kawama HC	Urban		◆	◆	◆		◆	
	50. Tazara UHC	Rural		◆	◆	◆		◆	
	51. Ndeke UHC	Rural		◆	◆	◆		◆	
	52. Nkole RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	53. Chankomo RHC	Rural		◆	◆	◆		◆	
	54. Luanshimba RHC	Rural		◆	◆	◆			
	55. Mulungushi University HC	Rural		◆	◆	◆			
	56. Chipepo RHC	Rural		◆	◆	◆			
	57. Waya RHC	Rural	◆ <sup>1</sup>	◆	◆	◆			
	58. Chilumba RHC	Rural		◆	◆	◆			
<b>Totals</b>			<b>23</b>	<b>54</b>	<b>54</b>	<b>54</b>	<b>19</b>	<b>32</b>	<b>6</b>

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

◆ ZPCT II existing services (18 urban & 36 rural facilities)	1 = ART Outreach Site (15)
◎ MC sites	2 = ART Static Site (8)
◎ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: New sites are shaded in grey

## Copperbelt Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	47. Kamfinsa Prison Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆		◆	
	48. Mwekera Clinic	Urban		◆	◆	◆		◆	
	49. ZNS Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	50. Riverside Clinic	Urban							
Luanshya	51. Thompson DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	52. Roan GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	53. Mikomfwa HC	Urban		◆	◆	◆		◆	
	54. Mpatamatu Sec 26 UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
Mufulira	55. Kamuchanga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	56. Ronald Ross GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	57. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	58. Kansunswa HC	Rural		◆	◆	◆		◆	
	59. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	60. Mokambo Clinic	Rural		◆	◆	◆		◆	
	61. Suburb Clinic	Urban		◆	◆	◆		◆	
Kalulushi	62. Kalulushi GRZ Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	63. Chambishi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	64. Chibuluma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
Chililabombwe	65. Kakoso District HC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	66. Lubengele UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
Lufwanyama	67. Mushingashi RHC	Rural		◆	◆	◆		◆	
	68. Lumpuma RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	69. Shimukunami RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
Mpongwe	70. Kayenda RHC	Rural		◆	◆	◆	◆		
	71. Mikata RHC	Rural		◆	◆	◆		◆	
	72. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
Masaiti	73. Kashitu RHC	Rural		◆	◆	◆		◆	
	74. Jelemani RHC	Rural		◆	◆	◆		◆	
	75. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	
<b>Totals</b>			<b>42</b>	<b>72</b>	<b>74</b>	<b>74</b>	<b>37</b>	<b>52</b>	

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

◆ ZPCT II existing services (61 urban & 13 rural facilities)	1 = ART Outreach Site (29)
⊙ MC sites	2 = ART Static Site (13)
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: New sites are shaded in grey

## Luapula Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	48. Kapamba RHC	Rural		◆	◆	◆			
	49. Kashiba RHC	Rural		◆	◆	◆		◆	
	50. Katuta Kampemba RHC	Rural		◆	◆	◆			
	51. Kawama RHC	Rural		◆	◆	◆		◆	
	52. Lubunda RHC	Rural		◆	◆	◆		◆	
	53. Lukwesa RHC	Rural		◆	◆	◆		◆	
	54. Luminu RHC	Rural			◆	◆		◆	
	55. Lupososhi RHC	Rural			◆	◆		◆	
	56. Mubende RHC	Rural		◆	◆	◆		◆	
	57. Mukonshi RHC	Rural		◆	◆	◆		◆	
	58. Mununshi RHC	Rural			◆	◆			
	59. Mupeta RHC	Rural			◆	◆		◆	
	60. Musangu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	61. Mutipula RHC	Rural			◆	◆			
62. Mwenda RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆		
<i>Nchelenge</i>	63. Nchelenge RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	64. Kashikishi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	65. Chabilikila RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	66. Kabuta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	67. Kafutuma RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	68. Kambwali RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	69. Kanyembo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	70. Chisenga RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	71. Kilwa RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	72. St. Paul's Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Samfya</i>	73. Lubwe Mission Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	74. Samfya Stage 2 Clinic	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	75. Kasanka RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	76. Kabongo RHC	Rural							
	77. Kapata East 7 RHC	Rural							
	78. Shikamushile RHC	Rural							
<b>Totals</b>			<b>26</b>	<b>66</b>	<b>73</b>	<b>73</b>	<b>23</b>	<b>47</b>	<b>2</b>

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

◆ ZPCT II existing services (4 urban & 69 rural facilities)	1 = ART Outreach Site (8)
◎ MC sites	2 = ART Static Site (18)
◎ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: New sites are shaded in grey

## Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kasama UHC	Urban		◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ <sup>1</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		◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama TAZARA	Rural							
	13. Lubushi RHC (CHAZ)	Rural							
<i>Nakonde</i>	14. Nakonde RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	15. Chilolwa RHC	Rural		◆	◆	◆		◆	
	16. Waitwika RHC	Rural		◆	◆	◆		◆	
	17. Mwenzo RHC	Rural		◆	◆	◆	◆	◆	
	18. Ntatumbila RHC	Rural	◆ <sup>1</sup>	◆	◆	◆			
<i>Mpika</i>	19. Chozi RHC	Rural		◆	◆	◆			
	20. Mpika DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	21. Mpika HC	Urban		◆	◆	◆		◆	
	22. Mpepo RHC	Rural		◆	◆	◆		◆	
	23. Chibansa RHC	Rural							
	24. Mpumba RHC	Rural							
<i>Chinsali</i>	25. Mukungule RHC	Rural							
	26. Mpika TAZARA	Rural							
	27. Chinsali DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
<i>Chinsali</i>	28. Chinsali HC	Urban		◆	◆	◆		◆	
	29. Matumbo RHC	Rural							
<i>Mbala</i>	30. Mbala GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	31. Mbala UHC	Urban		◆	◆	◆		◆	
	32. Tulemane UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Senga Hills RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	34. Chozi Mbala TAZARA	Rural							
<i>Mpungu</i>	35. Mambwe RHC (CHAZ)	Rural							
	36. Mpungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Isoka</i>	37. Isoka DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	38. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	39. Muyombe	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Mporokoso</i>	40. Kalungu RHC	Rural							
	41. Mporokoso DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
<i>Mporokoso</i>	42. Mporokoso UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	43. Luwingu DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
<i>Luwingu</i>	44. Namukolo Clinic	Urban		◆	◆	◆		◆	
	45. Kaputa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Kaputa</i>	46. Nsumbu RHC	Rural		◆	◆	◆		◆	
	47. Chitimukulu RHC								

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	48. Malole RHC								
	49. Nseluka RHC								
<b>Totals</b>			<b>18</b>	<b>35</b>	<b>35</b>	<b>35</b>	<b>19</b>	<b>23</b>	<b>6</b>

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

◆ ZPCT II existing services (17 urban & 19 rural facilities)	1 = ART Outreach Site (6)
⊙ MC sites	2 = ART Static Site (11)
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

**Note:** New sites are shaded in grey

## North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ <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. Meheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapigimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	12. Kabompo DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	13. St. Kalemba (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	14. Mumbeji RHC	Rural		◆	◆	◆		◆	
	15. Kasamba RHC	Rural		◆	◆	◆	◆	◆	
<i>Zambezi</i>	16. Zambezi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	17. Zambezi UHC	Urban			◆	◆		◆	
	18. Mize HC	Rural		◆	◆	◆		◆	
	19. Chitokoloki (CHAZ)	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	20. Mukandakunda RHC	Rural							
	21. Chilenga RHC	Rural							
<i>Mwinilunga</i>	22. Nyakulenga RHC	Rural							
	23. Mwinilunga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	24. Kanyihampa HC	Rural		◆	◆	◆		◆	
	25. Luwi (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆		
	26. Ikelenge RHC	Rural		◆	◆	◆			
	27. Lwawu RHC	Rural		◆	◆	◆			
<i>Mufumbwe</i>	28. Nyangombe RHC	Rural							
	29. Mufumbwe DH	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	30. Matushi RHC	Rural		◆	◆	◆		◆	
	31. Kashima RHC	Rural		◆	◆	◆			
<i>Chavuma</i>	32. Mufumbwe Clinic	Rural		◆	◆	◆	◆	◆	
	33. Chiyeke RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	34. Chivombo RHC	Rural		◆	◆	◆	◆	◆	
	35. Chiingi RHC	Rural		◆	◆	◆		◆	
<i>Kasempa</i>	36. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	37. Kasempa UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	38. Nselauke RHC	Rural		◆	◆	◆		◆	
<b>Totals</b>			<b>12</b>	<b>33</b>	<b>34</b>	<b>34</b>	<b>16</b>	<b>20</b>	<b>2</b>

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

◆ ZPCT II existing services (8 urban & 26 rural facilities)

⊙ MC sites

⊙<sup>1</sup> MC services initiated

1 = ART Outreach Site (7)

2 = ART Static Site (5)

3 = Referral laboratory for CD4

Note: New sites are shaded in grey

**ANNEX C: ZPCT II ART Sites (As of June 30, 2010)**

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Central	Chibombo	1. Chisamba		Outreach	
		2. Liteta Hospital	Static		
		3. Mwachisompola Demo Zone		Outreach	
	Kabwe	4. Kabwe General Hospital	Static		
		5. Kabwe Mine Hospital	Static		
		6. Kasanda		Outreach	
		7. Katondo		Outreach	
		8. Mahatma Gandhi Memorial		Outreach	
		9. Makululu		Outreach	
		10. Ngungu		Outreach	
		11. Pollen		Outreach	
		12. Natuseko		Outreach	
		Kapiri Mposhi	13. Kapiri Mposhi DH	Static	
	14. Kampumba RHC			Outreach	
	15. Mukonchi RHC		Static		
	16. Nkole RHC			Outreach	
	17. Waya RHC			Outreach	
	Mkushi	18. Masansa		Outreach	
		19. Mkushi District Hospital	Static		
		20. Chalata		Outreach	Mkushi District Hospital
	Serenje	21. Chitambo Hospital	Static		
		22. Mpelembe RHC		Outreach	
		23. Serenje Hospital	Static		
Copperbelt	Chililabombwe	24. Kakoso	Static		
		25. Lubengele Clinic		Outreach	
	Chingola	26. Chawama	Static		
		27. Chiwempala		Outreach	
		28. Kabundi East		Outreach	
		29. Nchanga North Hospital	Static		
		30. Clinic 1		Outreach	
	Kalulushi	31. Muchinshi		Outreach	
		32. Chambishi Govt Clinic		Outreach	
		33. Chilubuma		Outreach	
	Kitwe	34. Kalulushi Govt Clinic	Static		
		35. Buchi Main		Outreach	
		36. Bulangililo		Outreach	
		37. Chavuma		Outreach	
		38. Chimwemwe		Outreach	
		39. Ipusukilo		Outreach	
		40. Kamfinsa	Static		
		41. Kawama		Outreach	
		42. Kitwe Central Hospital	Static		
		43. Luangwa		Outreach	
44. Mindolo 1 Clinic		Static			
45. Mulenga			Outreach		
46. Ndeke			Outreach		
47. Zamtan			Outreach		
48. ZNS			Outreach		

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Copperbelt	Luanshya	49. Mpatamatu Clinic		Outreach	
		50. Roan Antelope Hospital	Static		
		51. Thomson Hospital	Static		
	Lufwanyama	52. Lumpuma		Outreach	
		53. Shimukunami		Outreach	
	Mufulira	54. Kamuchanga District Hospital	Static		
		55. Ronald Ross General Hospital	Static		
	Ndola	56. Arthur Davison Hospital	Static		
		57. Chipokota Mayamba		Outreach	
		58. Kansenshi Prison		Outreach	
		59. Kavu		Outreach	
		60. Kaniki		Outreach	
		61. Lubuto		Outreach	
		62. Mahatma Gandhi		Outreach	
		63. New Masala		Outreach	
64. Ndola Central Hospital		Static			
65. Twapia			Outreach		
Luapula	Chienge	66. Kabole RHC	Static		
		67. Puta RHC	Static		
	Kawambwa	68. Kawambwa District Hospital	Static		
		69. Mbereshi Mission Hospital	Static		
		70. Munkanta RHC		Outreach	
	Mansa	71. Central Clinic	Static		
		72. Chembe RHC	Static		
		73. Mansa General Hospital	Static		
		74. Senama		Outreach	
	Mwense	75. Mambilima		Outreach	
		76. Musangu	Static		
		77. Mwense		Outreach	
		78. Mwenda	Static		
	Nchelenge	79. Chabilikila	Static		
		80. Chisenga Island		Outreach	
		81. Kabuta	Static		
		82. Kafutuma	Static		
		83. Kambwali	Static		
		84. Kanyembo	Static		
		85. Kashikishi	Static		
		86. Kilwa Island		Outreach	
87. Nchelenge HC		Static			
88. St. Paul's Hospital		Static			
Samfya	89. Kasanka RHC		Outreach		
	90. Lubwe Mission Hospital	Static			
	91. Samfya Stage II		Outreach		
Northern	Chinsali	92. Chinsali District Hospital	Static		
		93. Isoka District Hospital	Static		
	Isoka	94. Muyombe		Outreach	
	Kaputa	95. Kaputa	Static		
	Kasama	96. Chilubula	Static		
		97. Kasama General Hospital	Static		
		98. Location		Outreach	
		99. Lukupa RHC	Static		

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
	Luwingu	100. Luwingu Hospital	Static		
	Mbala	101. Mbala Hospital	Static		
		102. Tulemane		Outreach	
		103. Senga Hill		Outreach	
	Mpika	104. Mpika DH	Static		
	Mporokoso	105. Mporokoso District Hospital	Static		
		106. Mporokoso UHC		Outreach	Mporokoso DH
	Mpulungu	107. Mpulungu HC		Outreach	
	Nakonde	108. Nakonde HC	Static		
109. Nthatumbila			Outreach		
North-Western	Chavuma	110. Chiyeke	Static		
	Kabompo	111. Kabompo District Hospital	Static		
		112. St Kalemba		Outreach	Kabompo DH
	Kasempa	113. Kasempa		Outreach	
	Mufumbwe	114. Mufumbwe Hospital		Outreach	
	Mwinilunga	115. Mwinilunga District Hospital	Static		
		116. Luwi Mission		Outreach	
	Solwezi	117. Solwezi General Hospital	Static		
		118. Solwezi Urban		Outreach	
		119. St. Dorothy		Outreach	Solwezi Urban Clinic
	Zambezi	120. Chitokoloki Mission Hospital		Outreach	
121. Zambezi District Hospital		Static			

- ART services available in 36 of the 39 supported districts
- 121ART sites of which 117 report independently and four report under bigger facilities
- 55 are static and 66 are outreach sites

**ANNEX D: ZPCT II Graduated Districts (As of June 30, 2010)**

<b>Province</b>	<b>District</b>	<b>Health Facility</b>
<b>Central</b>	1. Mkushi	Chalata
		Chibefwe
		Chikupili
		Masansa
		Mkushi District Hospital
		Nshinso
	2. Kabwe	Kabwe General Hospital
		Kabwe Mine Hospital
		Mahatma Gandhi HC
		Bwacha
		Chowa
		Kasanda
		Kasavasa
		Katondo
		Kawama
		Mahatma Gandhi Memorial
		Makululu
		Mukobeko Township
		Natuseko
		Ngungu
Pollen		
Railway Surgery		
<b>Copperbelt</b>	3. Kalulushi	Chambishi Govt Clinic
		Chibuluma
		Kalulushi Govt. Clinic
	4. Luanshya	Mikomfwa
		Mpatamatu Clinic
		Roan Antelope Hospital
		Thomson Hospital
<b>Luapula</b>	5. Samfya	Kasanka RHC
		Lubwe Mission Hospital
		Samfya Stage II
<b>Northern</b>	6. Chinsali	Chinsali District Hospital
		Chinsali UHC
	7. Kasama	Chiongo
		Chisanga
		Chilubula
		Kasama General Hospital
		Kasama UHC
		Location
		Lukashya
		Lukup RHC
		Misengo
		Mulenga
	Musa	
	8. Mpika	Mpepo RHC
		Mpika DH
		Mpika UHC
	9. Nakonde	Chilolwa RHC
		Chozi
		Mwenzu
		Nakonde HC
Ntatumbila		
Waitwika		
<b>North-Western</b>	10. Kabompo	Kasamba RHC
		Kabompo District Hospital
		Mumbeji RHC
		St Kalembe

	11. Mufumbwe	Kashima RHC
		Matushi RHC
		Mufumbwe Clinic
		Mufumbwe District Hospital
	12. Mwinilunga	Mwinilunga District Hospital
		Mwinilunga District Hospital HAHC
		Lwawu RHC
		Luwi Mission Hospital
		Ikelenge RHC

**ANNEX E: List of ZPCT II Signed Recipient Agreements/Subcontracts/MOUs for Year Two**

Province	District	Implementing Agency (IA)	Amended Period	Budget Amendment	New Total Budget
Central	Chibombo	1. Chibombo DMO	May – Dec 10	\$104,909	\$165,209
	Kabwe	2. Central PMO	May – Dec 10	\$336,810	\$999,815
		3. Kabwe DMO	May – Dec 10	\$71,151	\$154,721
		4. Kabwe GH	May 10 – Apr 11	\$45,805	\$112,501
		5. Kapiri Mposhi DMO	May – Dec 10	\$247,023	\$595,013
	Mkushi	6. Mkushi DMO	May – Dec 10	\$27,232	\$66,276
	Serenje	7. Serenje DMO	May – Dec 10	\$65,080	\$178,860
Copperbelt	Chililabombwe	8. Chililabombwe DMO	May – Dec 10	\$7,801	\$50,623
	Chingola	9. Chingola DMO	May – Dec 10	\$32,806	\$153,262
		10. Nchanga North	May 10 – Apr 11	\$31,938	\$44,597
	Kalulushi	11. Kalulushi DMO	May – Dec 10	\$23,296	\$60,013
	Kitwe	12. Kitwe Central Hospital	May 10 – Apr 11	\$34,249	\$65,296
		13. Kitwe DMO	May – Dec 10	\$121,663	\$335,646
	Luanshya	14. Luanshya DMO	May – Dec 10	\$39,668	\$90,203
		15. Roan GH	May 10 – Apr 11	\$25,945	\$47,783
	Lufwanyama	16. Lufwanyama DMO	May – Dec 10	\$9,207	\$23,796
	Masaiti	17. Masaiti DMO	May – Dec 10	(\$3,225)	\$68,977
	Mpongwe	18. Mpongwe DMO	May – Dec 10	(\$1,336)	\$47,771
	Mufulira	19. Mufulira DMO	May – Dec 10	\$19,642	\$84,987
		20. Ronald Ross	May 10 – Apr 11	\$37,630	\$79,172
	Ndola	21. Arthur Davison CH	May 10 – Apr 11	\$60,936	\$161,280
		22. Copperbelt PMO	May – Dec 10	(\$38)	\$996,798
		23. Ndola Central Hospital	May 10 – Apr 11	\$45,964	\$65,207
24. Ndola DMO		May – Dec 10	\$71,112	\$229,226	
Luapula	Chienge	25. Chienge DMO	May – Dec 10	(\$38,911)	\$59,584
	Kawambwa	26. Kawambwa DMO	May – Dec 10	\$96,851	\$180,680
	Mansa	27. Luapula PMO	May – Dec 10	\$315,487	\$886,336
		28. Mansa DMO	May – Dec 10	\$73,173	\$175,866
		29. Mansa GH	May 10 – Apr 11	\$23,448	\$103,673
	Milenge	30. Milenge DMO	May – Dec 10	\$65,867	\$122,395
	Mwense	31. Mwense DMO	May – Dec 10	\$64,608	\$129,437
	Nchelenge	32. Nchelenge DMO	May – Dec 10	\$1,606	\$97,530
Samfya	33. Samfya DMO	May – Dec 10	\$32,055	\$89,886	
Northern	Chinsali	34. Chinsali DMO	May – Dec 10	\$14,525	\$24,286
	Isoka	35. Isoka DMO	May – Dec 10	\$42,858	\$78,366
	Kasama	36. Kasama DMO	May – Dec 10	\$68,484	\$216,381
		37. Kasama GH	May 10 – Apr 11	\$34,317	\$54,350
		38. Northern PMO	May – Dec 10	\$359,009	\$786,425
	Kaputa	39. Kaputa DMO	May – Dec 10	\$14,560	\$80,154
	Luwingu	40. Luwingu DMO	May – Dec 10	\$25,670	\$42,399
	Mbala	41. Mbala DMO	May – Dec 10	\$7,444	\$47,251
		42. Mbala GH	May 10 – Apr 11	\$17,351	\$71,837
	Mpika	43. Mpika DMO	May – Dec 10	\$76,053	\$89,597
	Mpulungu	44. Mpulungu DMO	May – Dec 10	\$35,815	\$42,260
	Mporokoso	45. Mporokoso DMO	May – Dec 10	\$11,861	\$47,087
	<b>Mungwi</b>	<b>46. Mungwi DMO*</b>	<b>Jun – Dec 10</b>	<b>\$0</b>	<b>\$57,269</b>
Nakonde	47. Nakonde DMO	May – Dec 10	\$32,053	\$117,175	
North-Western	Chavuma	48. Chavuma DMO	May – Dec 10	\$35,080	\$229,138
	Kabompo	49. Kabompo DMO	May – Dec 10	\$2,639	\$25,322
	Kasempa	50. Kasempa DMO	May – Dec 10	\$2,555	\$25,402
	Mufumbwe	51. Mufumbwe DMO	May – Dec 10	\$5,161	\$138,208
	Mwinilunga	52. Mwinilunga DMO	May – Dec 10	\$68,237	\$87,899
	Solwezi	53. Solwezi DMO	May – Dec 10	\$6,978	\$160,290
		54. Solwezi GH	May 10 – Apr 11	\$23,592	\$77,842
55. North-Western PMO		May – Dec 10	\$288,228	\$698,052	

	Zambezi	56. Zambezi DMO	May – Dec 10	\$94,130	\$105,671
Lusaka	Lusaka	57. University Teaching Hospital	May 10 – Apr 11	\$47,943	\$108,998
	Lusaka/FHI HQ	58. Management Science for Health			
	Lusaka/FHI HQ	59. CARE International			
	Lusaka/FHI HQ	60. Emerging Markets Group			
	Lusaka/FHI HQ	61. Social Impact			
	Lusaka/FHI HQ	62. Salvation Army			
	Lusaka	63. CHAZ	May 10 – Apr 11	\$252,162	\$446,926
	Lusaka	64. KCTT	May – Dec 10	\$146,512	\$556,485
Copperbelt	Memorandum of Understanding	65. Mpatamatu HBC MOU	May – Dec 10	\$0	\$0
		66. Ndola Catholic Diocese MOU	May – Dec 10	\$0	\$0

\* **New District added for year two**

## ANNEX F: ZPCT II Training Courses and Numbers Trained (April-June 2010)

Training Course	Training Dates	Province	Number Trained
Basic CT HCWs	May 3,- 15, 2010	North-Western	19
	May 10, -22, 2010	Copperbelt	20
	May 10, -22, 2010	Copperbelt	20
		<b>Total</b>	<b>59</b>
Basic CT HCWs Refresher	May 10,- 14, 2010	N/Western /Luapula	21
	May 17,- 22, 2010	Copperbelt/ N/Western	23
	May 24,- 29, 2010	Central/ N/Western	22
			<b>66</b>
Basic Child CT HCWs	April 26,- 30, 2010	N/Western /Luapula	17
		<b>Total</b>	<b>17</b>
Basic Child CT Lay	April 12,- 17, 2010	Northern/Central	17
	May 24,- 29, 2010	Central	10
		<b>Total</b>	<b>27</b>
Couple CT HCWs	May 3,- 8, 2010	Luapula	10
		<b>Total</b>	<b>10</b>
Couple CT Lay	June 14 - 19, 2009	Copperbelt	21
		<b>Total</b>	<b>21</b>
CT Supervision HCWs	April 22,- May 3, 2010	Northern	12
	June 21-30, 2010	North-Western	13
		<b>Total</b>	<b>25</b>
CT Supervision Lay	May 17,-27, 2010	North-Western	13
		<b>Total</b>	<b>13</b>
Youth CT HCWs	March 29,-April 2, 2010	Northern	8
	May 17,-22, 2010	Copperbelt	8
	May 24,-28, 2010	Central	8
		<b>Total</b>	<b>24</b>
Youth CT Lay	March 29,-April 2, 2010	Central	21
	April 19,- 23, 2010	Luapula	13
	May 10,-14, 2010	Copperbelt	17
		<b>Total</b>	<b>51</b>
PMTCT Refresher HCWs	April 12,- 17, 2010	North-Western	23
	April 12,- 17, 2010	Copperbelt	24
	April 19,- 24, 2010	Copperbelt	25
	April 19,- 24, 2010	Northern	25
	May 10,-15, 2010	Luapula	15
	May 10,-15, 2010	North-Western	20
	May 10,-15, 2010	Northern	24
	May 24,-29, 2010	Northern	30
	May 24,-29, 2010	Central	28
May 14,-19, 2010	Luapula	20	
		<b>Total</b>	<b>234</b>
PMTCT Lay	April 12,- 17, 2010	Luapula	25
	April 19,- 24, 2010	North-Western	24
	April 19,- 24, 2010	Northern	25
	April 26,- May 1, 2010	Copperbelt	25
	May 10,-15, 2010	Central	25
		<b>Total</b>	<b>124</b>
PMTCT HCWs	April 12,- 17, 2010	Central	25
	April 19,- 24, 2010	Luapula	30
		<b>Total</b>	<b>55</b>
ART/OIs	April 12,- 24, 2010	North-Western	21
	May 10,-22, 2010	Copperbelt/ N/Western	29
	May 10,-22, 2010	Northern/Central/ Luapula	27
		<b>Total</b>	<b>77</b>
ART/OIs Refresher	March 29 - April 1, 2010	Northern	25
	April 20,- 22, 2010	Copperbelt	26

	April 27,- 29, 2010	Copperbelt	25
	June 21 - 25, 2009	North-Western	21
		<b>Total</b>	<b>97</b>
<b>ART/OIs Paediatrics</b>	April 19,- 23, 2010	Northern	28
		<b>Total</b>	<b>28</b>
<b>Adherence Counseling HCWs</b>	April 19,- 23, 2010	Luapula	20
		<b>Total</b>	<b>20</b>
<b>Adherence Support Workers Refresher</b>	April 7,- 9, 2010	North-Western	25
	April 19,- 21, 2010	Northern	25
	April 20,- 22, 2010	Central	25
	April 25,- 29, 2010	Luapula	25
	May 3 -7, 2010	Copperbelt	23
	May 10 -14, 2010	Copperbelt	23
		<b>Total</b>	<b>146</b>
<b>Dry Blood Spot (DBS) Collection</b>	April 29,- 29, 2010	Copperbelt	9
	May 4 -4, 2010	Copperbelt	6
	May 5 -5, 2010	Copperbelt	5
	May 17 -17, 2010	North-Western	10
		<b>Total</b>	<b>30</b>
<b>Family Planning</b>	May 10 -15, 2010	Copperbelt	25
	June 14-18, 2010	Copperbelt/Central/ N/Western	10
		<b>Total</b>	<b>35</b>
<b>Equipment Use and Maintenance</b>	April 12-13, 2010	Copperbelt/Central/ N/Western	14
	April 14-15, 2010	Copperbelt/Central/ N/Western	13
	April 16-17, 2010	Copperbelt/Central/ N/Western	10
	April 19-20, 2010	Copperbelt/Central/ Luapula	14
	April 21-22, 2010	Copperbelt/Central/ Northern	11
	June 7-9, 2010	Copperbelt/Central/ N/Western	20
	June 10-12, 2010	Copperbelt/ N/Western	25
		<b>Total</b>	<b>107</b>
<b>ART Commodity Management B for Lab and Pharmacy</b>	April 26-28, 2010	Copperbelt/ N/Western	19
	April 29- May 1, 2010	Copperbelt/Central	18
	June 7-11, 2010	Luapula	29
		<b>Total</b>	<b>66</b>

## ANNEX G: Meetings and Workshops this Quarter (April - June 2010)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT	<p><b>May 17 – 18, 2010</b> TC in PMTCT regional meeting: This meeting was for MOH, USG and key implementing partners and agency staff working in testing and counseling (TC) for PMTCT. The meeting was held at Naura Springs Hotel, Arusha. The main objectives for the meeting were: 1) To discuss major challenges in TC in PMTCT settings (including issues of disclosure, discordance, sero-conversion, partner testing, prevention with positive (PwP), and HIV testing quality) and 2) Discuss models, tools &amp; best practices available to address the issues from the global and country perspectives. The meeting was organized by the United States Government PMTCT/ Pediatric Technical Working Group.</p> <p><b>May 18 – 20, 2010</b> UNFPA orientation workshop on sexual and reproductive health (SRH) / HIV integration: This meeting was organized by UNFPA and was held at the Great Rift Valley Lodge in Naivasha district, Kenya ZPCT staff participation was also funded by UNFPA The main objective for this meeting was to build capacity of country teams to have a good understanding of SRH/HIV integration in preparation for the Global Fund Rounds 9 &amp; 10 proposals.</p> <p><b>June 1 – 4, 2010</b> PMTCT/CT unit meeting held at ZPCT office in Lusaka. The meeting brought together all CT/PMTCT officers to discuss and review the achievements made since the last meeting, challenges experienced in the field, new technical strategies, share new ideas and plan the way forward</p> <p><b>June 8 – 12, 2010</b> National PMTCT Scale up workshop planning meeting: MoH/NAC PMTCT meeting: This meeting was organized by MoH and NAC and was held in Chisamba at Protea hotel to develop the 2011-2015 comprehensive scale-up plan for virtual elimination of paediatric HIV by the year 2015. Emphasis was put on addressing all the four prongs of PMTCT and provision of paediatric ART.</p>
CT	<p><b>June 28 – 29, 2010</b> 13 PMTCT/CT provincial officers attended the HIV testing training held at UTH Virology laboratory in Lusaka. This workshop was held to re-train the officers so that they gain competence in HIV testing and quality assurance</p>
MC	<p><b>April 25 – May 22, 2010</b> Country visit on the Voluntary Medical Male Circumcision program: A country visit to Kenya was undertaken for purposes of learning lessons from the Voluntary Medical Male Circumcision program; Kenya being a success story. ZPCT II supported one member of staff (Snr. Technical Officer - MC and PPP) and another from MoH to undertake this visit. lessons. observed included: strong government commitment; engagement of local authorities; Sound policy guidelines; task shifting; mobilization of funds from cooperating partners; use of mobile and outreach models; adequate MC logistics, equipment, consumables and transportation; active community sensitization and involvement; passionate and motivated staff.</p>
ART/CC	<p><b>April 8, 2010</b> <b>ART Technical Working Groups TWG Meeting (combined adult and pediatric):</b> ZPCT II participated in this meeting at MoH whose agenda was to look at SmartCare updates, ART Resistance Surveillance plan and Mobile ART services. In addition to all this ZPCT presented a concept paper on Quality Assurance whose consideration MoH promised to give feedback in due course.</p> <p><b>April 12 – 23, 2010</b> <b>Advanced ART training in Kampala, Uganda:</b> ZPCT II sponsored two Provincial Technical Advisors (Luapula and Northwestern) for this training program. They were oriented and updated in various emerging issues related to advanced ART and they managed to come back with the relevant certificates.</p> <p><b>April 22, 2010</b> <b>TB-HIV collaboration:</b> ZPCT II is participating in the process of development of TB Intensified Care Finding (ICF) guidelines. This meeting took place at ZPCT II, as part of the on-going discussions towards the development of these guidelines. Stakeholders present during this meeting include TB CAP, MoH, CDC, CIDRZ, and ZAMBART.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p><b>April 30 – May 2, 2010</b>  <b>Revised 2010 ART National Guidelines Meeting:</b> ZPCT II was among the five institutions led by MoH that participated in the initial review of the 2009 WHO rapid advice in order to adapt adopt this advice for possible recommendations into the national guidelines. Other institutions who participated in this review meeting include WHO Country office, Center for Infectious Diseases Research in Zambia (CIDRZ) and AIDSRelief. This is still work in progress and MoH will guide all other stakeholders on the way forward.</p>
	<p><b>May 4 – 6, 2010</b>  <b>Orientation Workshop for National Mobile HIV Services Guidelines:</b> ZPCT II participated in this meeting organized by MoH and NAC to launch these mobile guidelines. The 3 day workshop included partners (ZPCT, CIDRZ, AIDSRelief and JICA) together with MoH sharing their experiences. On the 2<sup>nd</sup> day, there was field trip to Kabwe supported by ZPCT and Mumbwa supported by JICA followed by the actual launch on the 3<sup>rd</sup> day.</p>
	<p><b>May 13, 2010</b>  <b>ART SmartCare revisions:</b> During this quarter, MoH together with various implementing partners had a review meeting on the, regarding SmartCare. The main objective was to discuss ways in which various partners can easily access the SmartCare database and be able to analyze the data in order to improve program evaluation. Additionally, it was resolved that the clinical (data collection) tools needed to be revised to make them more user friendly. ZPCT II is consolidating the suggested revisions (submitted internally) as are the other partners and later a national meeting will deliberate on the same next quarter.</p>
	<p><b>May 17 – 21, 2010</b>  <b>Capacity Building Meeting for CC/ART Unit:</b> The Clinical Care/ART unit held its second capacity building meeting in Lusaka under ZPCT II. Up to 12 relatively new officers were attending this meeting for the first time and various field experiences, innovations, challenges, and lessons learned were shared. Staff were also oriented on various cross cutting issues in addition to several emerging technical issues.</p>
	<p><b>May 18 – 21, 2010</b>  <b>International Course on Clinical Management of Drug Resistant TB:</b> ZPCT II participated in this meeting which was held in Windhoek, Namibia. One technical officer was in attendance. As per the title of the meeting, the focus was on clinical aspects of managing drug resistant tuberculosis.</p>
	<p><b>May 26, 2010</b>  <b>ART Accreditation Monthly consultative meeting:</b> ZPCT II is a member of this committee and participation during this meeting. The purpose was to discuss way forward for refresher trainings for assessors who conduct assessment of sites for accreditation. MCZ made a request for financial and logistical support from partners, including ZPCT II. And ZPCT will support this exercise due next quarter.</p>
	<p><b>June 15, 2010</b>  <b>National ARV and Cotrimoxazole Forecast and Quantification Meeting;</b> ZPCT II participated in the national review meeting in Chisamba. This is part of the regular quarterly meetings to discuss and review the forecast and quantification plan that runs up to 2015.</p>
	<p><b>June 16 – 26, 2010</b>  <b>Training Workshop for Shang Ring MC procedure:</b> ZPCT II sponsored a member of staff and surgeons from UTH to attend this training in Ningbo, in China. This was to prepare the Doctors for the forthcoming RCT on the Shang Ring procedure for MC in comparison with the conventional adult male MC procedure. The goal of the study is to help identify a simple, low cost device that is easy and safe to use for adult male circumcision in low resource setting where the HIV prevalence is high (such as Zambia).</p>
	<p><b>June 18, 2010</b>  <b>Pediatric ART Subcommittee Meeting:</b> ZPCT II participated in this national meeting whose main aim was to look at the WHO 2010 recommendations for adaptation and adoption by Zambia. The meeting made adopted several key recommendations and these will be consolidated and circulated in due course. In addition, the meeting also looked t the newly introduced Fixed drug combinations (FDC) for children which is meant to improve adherence.</p>
	<p><b>June 30, 2010</b>  <b>ART Accreditation Monthly consultative meeting:</b> ZPCT II is a member of this committee and participation during this meeting. The purpose was to get feedback on request to partners (ZPCT and CIDRZ) regarding refresher trainings for ART sites' accreditation assessors. In addition the meeting looked at the implications of the mobile ART outreach guidelines in relation to the core business of accreditation of ART sites. Members were requested to study the guidelines for deliberation in the next meeting.</p>

Technical Area	Meeting/Workshop/Trainings Attended
Laboratory	<p><b>May 14, 2010</b>  <i>Planning meeting with CDC Laboratory team for Quality Rapid HIV Testing Training:</i> ZPCT II attended this meeting to discuss with CDC the way forward for the upcoming Quality Rapid HIV testing Training. Training topics and other content for the training were identified and agreed upon, as were the target participants for the training.</p>
	<p><b>June 14 – 15, 2010</b>  <i>Quarterly HIV test kits Quantification Review Meeting:</i> ZPCT II attended the quarterly review meeting of the HIV test kits forecast and quantification. The meeting was held at JSI offices. The meeting was convened by MoH to review the annual quantification and forecast figures, assessing the current consumption trends, and to address any issues raised around the supply chain for the commodities.</p>
	<p><b>June 15 2010</b>  <i>JICA Laboratory Support Close-down Dissemination Meeting:</i> ZPCT II attended this meeting held in the MoH boardroom. Information was shared on the full complement of support provided by JICA to the MoH during their tenure and partners in attendance offered support in continuation of their efforts. The focus was mainly on Internal Quality Control which ZPCT II Laboratory services is already in full support of.</p>
	<p><b>June 19, 2010</b>  <i>Annual Laboratory Commodities Quantification Review Meeting:</i> ZPCT II attended the annual laboratory commodities quantification review meeting convened by MoH, held at JSI offices. JSI's SCMS project facilitated the workshop and stakeholders were present. <i>This meeting was designed to review procurement plans, to assess current consumption trends, and to incorporate any changes in line with new and planned procurements of equipment by MoH and partners.</i></p>
	<p><b>June 28-29 2010</b>  <i>Quality Rapid HIV Testing Training Workshop:</i> ZPCT II, in collaboration with the MoH and CDC, supported this training for ZPCT II Laboratory and PMTCT/CT technical staff held at the University Teaching Hospital Reference Laboratory. The main focus of this workshop was to strengthen ZPCT II's technical staff capacity to support the MOH HIV testing EQA program.</p>
Pharmacy	<p><b>April 8, 2010</b>  <i>ARV Logistics Management System Review Meeting:</i> ZPCT II attended this meeting held at JSI offices to review the results of the evaluation of the ARV logistics management system. The meeting was convened by MoH and co-facilitated with SCMS. Among the issues noted as challenges in the implementation of the system, the main issues were the lack of adequately trained staff in the facilities, and the system design not being able to address the needs for satellite ART sites. Plans for way forward included a follow up meeting to discuss the redesign of certain aspects of the system, and additional training to be provided to facility staff.</p>
	<p><b>April 10, 2010</b>  <i>National Pharmacovigilance Program Support Meeting:</i> ZPCT II attended this meeting held at the Pharmaceutical Regulatory Authority to discuss ZPCT II's further support of the National Pharmacovigilance Program. It was agreed that ZPCT II would distribute the registers and IEC materials to its supported ART sites once final go ahead was given by the Director General, in addition, further support of the program by ZPCT II was discussed, including probable provincial meetings to review the implementation of the program.</p>
	<p><b>April 15, 2010</b>  <i>HIV/AIDS Commodity Security (HACS) Committee meeting:</i> ZPCT II attended this meeting hosted by MoH with support from USAID Deliver project, held at JSI offices. In attendance were NAC, USAID, PEPFAR, CHAI and partner representatives. The main purpose of the meeting was to review the roadmap for the HACS strategy launch process. Inclusion of the strategy in the 6<sup>th</sup> National Strategic Plan, and presentation of the strategy at the highest levels, was issues noted as cardinal for the successful implementation of the strategy. Follow-up issues include a final review of the strategy to update it with current information and presentation of the strategy to the PS for adoption by the MOH.</p>
	<p><b>May 20, 2010</b>  <i>HIV/AIDS Commodity Security (HACS) Secretariat meeting:</i> ZPCT II attended this meeting hosted by the Deputy Director for Pharmaceutical Services at the MoH. This meeting was held as a follow up to the HACS Committee meeting and the main purpose of the meeting was to discuss plans for the strategy review meeting and further finalization of the strategy for presentation to the MOH PS.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p><b>May 20, 2010</b>  <i>Focused group study on supply chain managers in developing countries:</i> ZPCT II attended this meeting hosted by USAID Deliver project to identify the essential competencies that are inherent in best-practice supply chain management. This entailed identifying the skills, knowledge, abilities and qualifications necessary to complete the full range of logistics activities that cause the system to function optimally. The results of this study will be shared with USAID and other global partners in an effort to strengthen the performance of supply chain managers/logisticians.</p> <p><b>June 15 – 17, 2010</b>  <i>2010 National Annual ARV Forecast and Quantification Workshop:</i> ZPCT II attended this meeting convened by MoH and facilitated by the USAID Deliver Project at Ibis Gardens in Chisamba. The meeting was convened to conduct the 2010 annual quantification for ARV drugs and Cotrimoxazole for use in the National ART and PMTCT programs for the period 2010 – 2015. The exercise took into consideration the new guidelines for initiating clients on ART with a higher threshold for CD4, thus increasing the quantity of drugs required, and in turn, expanding the funding gap for procurements.</p>
General	<p><b>May 10 – 14, 2010</b>  <i>ZPCT II Pharmacy and Laboratory Unit Quarterly Review Meeting:</i> This meeting was held in Ndola at the Nsobe Game Lodge at which all Pharmacy and Laboratory Unit staff participated. A review of the unit's activities was conducted and successes and challenges encountered were shared as well as lessons learnt to be applied for way forward in implementation. Presentations and interactions with MoH, PRA, and other ZPCT II units formed part of the program to ensure all cross-cutting issues in program implementation were addressed.</p>

## ANNEX H: Mobile CT Data April-June 2010

District	Males Counseled and Tested			Females Counseled and Tested			Children Counseled and Tested		
	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>
Kasama	445	18	4.0%	385	22	5.7%	27	3	11.1%
Kapiri Mposhi	131	8	6.1%	52	4	7.6%	2	0	0%
Serenje	282	7	2.48%	390	24	6.1%	60	0	0%
Mkushi	79	0	0%	225	9	4%	27	2	7.4%
Kabwe	323	8	2.4%	163	18	10.7	0	0	0%
Mufumbwe	87	2	2.3%	132	7	6.3%	37	0	0%
Kabompo	30	0	0%	276	5	1.8%	147	1	0.7%
Kasempa	208	3	1.4%	321	24	7.4%	23	1	4.3%
Mansa	50	3	6.0%	49	4	8.1%	0	0	0%
Mwense	135	0	0%	107	0	0%	0	0	0%
Chienge	106	2	1.8%	83	10	12%	0	0	0%
Ndola	163	11	11.1%	207	19	20.5%	1	1	100
<b>Grand Total</b>	2039	62	3.0%	2390	146	6.1%	324	8	2.5%

## ANNEX I: Status of Laboratory Equipment (April-June 2010)

Item	Facility	Instrument	Condition	Action	Current Status
<b>CD4</b>	Mpika District Hospital	FacsCount	Non-functional; Mother-board needed replacement	Vendor replaced the mother board unit.	Equipment fully functional and in use.
	Mbala District Hospital	FacsCount	Non functional for a week in May misaligned laser.	ZPCT II technical staff provided troubleshooting on site; vendor provided guidance remotely.	Functional and in use.
	Mporokoso DH Hospital	FacsCount	Non functional from April to May needed major part replacement	Vendor Replaced parts	Functional and in use.
	Nakonde Rural Health Center	FacsCount	Non functional for 3 weeks in May had blocked probe	BD replaced Probe	Functional and in use.
	New Masala Clinic	FacsCount	New equipment procured and delivered to facility	Vendor installed and provided onsite training	UPS unable to install giving error to assess electrical wiring within the facility
	Kawama Clinic Kitwe	FacsCount	New equipment procured and delivered to facility	Vendor installed and provided onsite training	UPS unable to install giving error to assess electrical wiring within the facility
	Kamuchanga hospital	FacsCount	Non functional blocked probe	Vendor repaired	Functional and in use.
	Ronald Ross	FacsCount	New equipment procured and delivered to facility	Vendor installed and provide onsite training	Functional and in use.
	Kabundi East Clinic Chingola	FacsCount	New equipment procured and delivered to facility	Vendor installed and provide onsite training	Functional and in use.
	Puta health center	FacsCount	Laser power	Vendor informed	Pending repairs
	St Paul's	FacsCount	The screen not coming on	Vendor informed	Pending repairs
	Liteta D hospital	FacsCount	Non functional	Vendor repaired	Equipment fully functional.
	Mufumbwe Health Centre	FacsCount	Non functional	Quality control samples not passing.	Non functional
	Kakoso Chililabombwe	Vortex Mixer for FacsCount	Non functional due to power surge	Equipment damaged by power fluctuations	Non functional pending way forward with programs unit
	Kasempa UC	FacsCount	New equipment procured and delivered to facility	Vendor installed and provide onsite training	Functional and in use.
<b>Chemistry Analyzer</b>	Kawama clinic	Humalyser 2000	Non functional	Vendor repaired	Fully functional
	Mkushi District Hospital	Humalyser 2000	Non functional	Vendor informed	Non functional
	Solwezi GH	Cobas Integra	Non functional broken probe	Biogroup replaced the probe	Fully functional and in use
	Mansa GH	Cobas Integra	Non functional	Biogroup worked on the equipment	Functional and in use
	St Paul's Mission Hospital	Cobas Integra	CPU now its totally damaged it needs to be replaced	Vendor tried to work on the equipment , CPU needs replacement	Non functional pending CPU replacement

	ADH	Olympus AU 400	Several parts to be replaced	Parts to be Shipped from SA	Non functional
<b>Haematology Analyzer</b>	Kakoso Chililabombwe	EPSON Printer for ABX Micros	Non functional due to power surge	power fluctuations vendor informed	Printer worked on and is fully functional.
	Kakoso Clinic Chililabombwe	ABX Micros 60	Broken probe	Vendor replaced	Functional and in use.
	Mahatma Gandhi MC	ABX Micros 60	Equipment procured and delivered on site Pending installation.	Vendor installed and onsite training done	Fully functional and in use
	Kawama Clinic	Sysmex pocH 100i	Faulty probe.	Vendor repaired and services the equipment	Fully functional
	Nakonde RHC	Sysmex pocH 100i	Non-functional due to crystallization in tubes.	Vendor repaired and transported instrument back to Nakonde HC	fully functional and in use
	Kawambwa DMO	ABX Micros	Leaking tubes	Vendor notified and repairs scheduled	Not functional
	Putu RHC	ABX Micros	Non Functional	Vendor notified and repairs scheduled	Not functional
	Senama	Sysmex Pochii	Replacement of Pochii 65	Vendor repaired.	functional
	Mambilima	Sysmex Pochii	Fault not clear	Vendor notified and repairs scheduled	Not functional
	ADH	ABX Pentra printer.	Printer challenge, not printing results	Vendor repaired the printer.	Functional and in use
	Mbala General Hospital	ABX Micros 60	Nonfunctional .Old instrument with frequent breakdowns.	Vendor assessed instrument. Needs Replacement facility currently using Pochii for hematology tests as back up.	Pending repairs. ZPCT to consider procuring high throughput instrument to replace the old.
<b>General equipment</b>	Kakoso Clinic Chililabombwe	Centrifuge	Non functional due to power surge	Equipment damaged by power fluctuations	Non functional pending way forward with programs unit
	Kakoso Clinic Chililabombwe	Olympus Microscope	Non functional due to power surge	Equipment damaged by power fluctuations	Non functional.

## ANNEX J: Activities Planned for the Next Quarter (July – September, 2010)

Objectives	Planned Activities	2010		
		Jul	Aug	Sept
<b>Objective 1:</b> Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Provide improved follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen CT services in old sites and initiate in new sites	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen youth friendly CT and provide youth centered job aids	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests.			
	Refer uncircumcised male clients for MC in all ZPCT II supported sites	x	x	x
	Conduct mobile CT for hard to reach areas	x	x	x
1.2: Expand prevention of mother-to-child transmission (PMTCT) services	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	x
	Mentor TBAs already working as lay PMTCT counselors to provide prevention education, adherence support and mother-baby pair follow up in the community	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester	x	x	x
	Conduct a study on HIV retesting among HIV negative pregnant women in 10 sites across the five supported provinces		X	X
	Strengthen male involvement in PMTCT	x	x	x
	Strengthen family planning integration in HIV/AIDS services			
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for PMTCT	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis and DBS sample collection at six weeks for HIV exposed babies	x	x	x
	Strengthen documentation of services in supported facilities	x	x	x
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement in PMTCT service	x	x	x
	Continue to strengthen DBS sample collection	x	x	x
Continue to strengthen implementation of new elements	x	x	x	
Implement the SMS technology pilot in 22 ZPCT II supported sites	X	X	X	
Conduct an in-depth evaluation study of HIV retesting among HIV negative pregnant women in selected supported health facilities.			x	
1.3: Expand treatment services and basic health care and support	Scale-up ART to new health facilities and districts	x	x	x
	Strengthen MC services in existing sites and expand to new sites	x	x	x
	Support ART/CC and MC services in existing PPP sites; and select new/year II PPP sites	x	x	x
	Conduct scheduled trainings in ART/OI, Adherence for HCWs, and Adherence for ASWs.	x	x	x
	Initiate implementation of new technical activities including Prevention With Positives ,	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x

	<u>Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID</u>	X	X	X
	<u>Print and distribute job aids; distribute ART and OI reference manuals</u>	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Support enhancement of TB/HIV collaboration activities including Intensified TB case findings	X	X	X
	Roll out new Post Exposure Prophylaxis (PEP) Register	X	X	X
	Roll out revised Pharmaco-vigilance registers to all ART sites	X	X	X
	Continue working with facility and DHMT/PMO staff to prepare ART sites for Accreditation	X	X	X
	Initiate implementation of activities in Private Sector and finalize plans for model sites	X	X	X
	Participation at provincial level in the mentorship of HIV Nurse practitioners.	X	X	X
	Support holding of clinical meetings with HCWs	X	X	X
	Continue working with MoH and other partners in the planning and implementation of national level activities in ART, CC and MC	X	X	X
1.4: Scale up male circumcision (MC) services	Technical support visits in male circumcision in relation to implementation of service delivery activities	X	X	X
<b>Objective 2:</b> Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Hold stakeholders' meeting to finalise the ongoing review of the ART pharmacy SOPs	X	X	X
	Provide support for the printing and dissemination of the reviewed ART pharmacy SOPs	X	X	X
	Provide ongoing technical assistance to all the supported sites	X	X	X
	Strengthen and expand the specimen referral system for DBS, CD4 and other tests	X	X	X
	Train HCWs in equipment use and maintenance, and ART commodity management	X	X	X
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	X	X	X
	Support the roll out of the MoH policy to improve the usage of Tenofovir based regimens in ZPCT II supported ART facilities	X	X	X
	Strengthen sample referral for CD4, DBS, and baseline tests in supported facilities	X	X	X
	Administer QA/QI tools as part of technical support to improve quality of services	X	X	X
	Support the dissemination of guidelines and SOPs for laboratory services.	X	X	X
	Participate in the SLMTA national training in support of the national laboratory accreditation program.	X		
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	X	X	X
	Monitor and strengthen the implementation of the CD4 testing EQA program .	X	X	X
	Support the second round of the HIV Testing DTS EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities	X	X	
	Hold quarterly unit review meeting for all unit staff		X	
Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities		X	X	
Support the dissemination of ADR registers and IEC materials, and the orientation of facility staff in support of the national pharmacovigilance program.	X	X	X	
2.2:	Trainings for healthcare workers in ART/OI, pediatric ART, adherence	X	X	X

Develop the capacity of facility and community-based health workers	counseling and an orientation on prevention for positives			
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
<b>Objective 3:</b> Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for management personnel at PMO, DMO and facility level in Annual performance appraisal system (APAS) and Financial Management Systems (FMS)	x		
	Develop assessment tools for assessing capacity building needs	x	x	
	Conduct assessments in the rest of the PMOs and DMOs and determine capacity building interventions	x	x	
	Develop training modules		x	x
<b>Objective 4:</b> Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
	Continue provision of technical support to the six private sector facilities for year one		x	x
<b>Objective 5:</b> Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
<b>M&amp;E and QA/QI</b>				
	Conduct semi annual data audit		x	x
	Conduct orientation for new ZPCT II staff in QA/QI	x	x	x
	Conduct DEC QA/QI orientations in two provinces	x	x	x
	Update QA/QI procedure manual	x	x	x
	Update graduation and sustainability strategy	x	x	x
<b>Program Management</b>				
<b>Program</b>	Complete program management tools for ZPCT II including monitoring plan and tools for Lusaka and field offices		x	x
	Development of tender documents, advertising and signing of contracts for new renovations for year two and completion of remaining year one renovations	x	x	x
	Launch the ZPCT II Gender strategy	x		
	Refurbishment of the mission health facilities, including; Lubwe, Mambilima, St. Kalemba, Mambwe, Chilubula, Lubushi,		x	x
	Procurement of equipment and furniture for the new CHAZ health facilities	x	x	x
	A national stakeholders workshop on harmonization of management capacity assessment tools			
<b>Finance</b>	FHI finance team will conduct financial reviews of FHI field offices and sub partners.		x	x
	In addition the Finance team will be rolling out the revised USAID VAT guidelines.		x	x
	Five finance staff will attend the USAID rules and regulations in Pretoria South Africa.			
<b>HR</b>		x	x	x
	Staff orientations for new staff	x	x	
	Develop generic training programs for each ZPCT II position and stage training on a quarterly basis	x	x	x
	Team building activities for all ZPCT staff by location	x	x	x