



Quarterly Progress Report April 1 - June 30, 2015

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LIST OF ACRONYMS

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

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

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

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

ZPCT IIB supports the GRZ goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up elimination of mother-to-child transmission (eMTCT); HIV testing and counseling (HTC); expansion of male circumcision services; and clinical care services, including ART. The objectives of the ZPCT IIB project are:

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

During the quarter, ZPCT IIB provided support to all districts in Central, Copperbelt, Luapula, Muchinga, Northern and North-Western Provinces. ZPCT IIB is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. ZPCT IIB aims at strengthening the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. At the same time, ZPCT IIB is working to increase the GRZ (MOH and MCDMCH) capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT IIB quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT IIB will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

The ZPCT IIB quarterly report includes all activities from April to June 2015. During the reporting period, the following key activities were completed:

- District capacity assessments were conducted in nine districts and six PMOs, and capacity strengthening plans were developed.

- During the quarter, ZPCT IIB supported 470 health facilities (440 public and 30 private) across 57 districts. Key activities and achievements for this reporting period include the following:
- 216,561 individuals received HTC services in 470 supported facilities. Of these, 156,930 were served through the general HTC services while the rest were counseled and 59,631 tested through eMTCT services.
- 59,631 women received eMTCT services (counseled, tested for HIV and received results), out of which 3,176 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of eMTCT was 4,556
- 162 public and 23 private health facilities provided ART services and all 185 report their data independently. A total of 12,687 new clients (including 580 children) were initiated on antiretroviral therapy. Cumulatively 248,620 individuals are currently on antiretroviral therapy and of these 15,934 are children.
- MC services were provided in 58 public and 3 private health facilities this quarter. 27,826 men were circumcised across the ZPCT IIB supported provinces this quarter.
- 450 health care workers were trained by ZPCT IIB in Zambia Consolidated Guidelines for the Treatment and Prevention of HIV infection.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (July. – September. 2015)

The following activities are anticipated for next quarter (July – September 2015):

- Program unit meeting will be held in Lusaka from 14th -15th July, 2015
- The FHI 360 and CHAZ agreement will be finalized and signed.
- Engage GRZ stakeholders (MOH and MCDMCH) to agree on how to operationalise the Joint Transition Plan.
- Training of health care workers in integrated new guidelines and Option B+, ART/OI management, commodity management, equipment use and maintenance.
- DHIS2 training for health facility staff.
- Monitor PopART study in Kabwe, Kitwe and Ndola.
- Monitor SMGL activities in Mansa.
- Implementation of community based HTC pilot using door to door HIV testing as well as index client follow up in the community to reach other family members.
- Implementation of community based ARV dispensing.
- Validation of the viral load monitoring using DBS.
- Continue to respond to USAID feedback on transition milestones under Lab and Pharmacy
- Facilitate at the 2nd Pharmacy Research Conference
- Attend ARVs forecast and quantification annual workshop
- Engage consultant for delivery of pharmacy services in Northwestern province
- Implement MTP approach for trained healthcare workers in commodity management
- Implementation of Smart care Pharmacy integrated module
- Printing and dissemination of revised Pharmacy SOPs
- Facilitate equipment use and maintenance training for provincial medical equipment officers and provincial biomedical scientists
- Implementation of HIV viral load testing and early infant diagnosis at all provincial centres

- Assess performance of PIMA CD4 Point of care analyzers
- Monitor viral load testing at ADCH PCR Laboratory and scale up to catchment facilities.
- Training of health care workers in equipment use and maintenance
- Monitoring the functionality of laboratory equipment
- Routine servicing and maintenance of laboratory and pharmacy equipment

TECHNICAL SUPPORT NEXT QUARTER (July – September, 2015)

There is no technical support expected next quarter

ZPCT IIB Project Achievements September 1, 2014 to June 30, 2015

Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Apr–Jun 2015)		
	Targets (Sep 14 – Sep 15)	Achievements (Sep 14 – June 15)	Male	Female	Total
1.1 Counseling and Testing (CT) services					
Service outlets providing CT according to national or international standards	451	470 (440 Public, 30 Private)			470 (440 Public, 30 Private)
Individuals who received HIV/AIDS CT and received their test results	819,751	439,276	82,746	74,184	156,930
Individuals who received HIV/AIDS CT and received their test results (including PMTCT)	1,055,318	629,140	82,746	133,815	216,561
Individuals trained in CT according to national or international standards	110	69	4	11	15
1.2 Prevention of Mother To Child Transmission (eMTCT) services					
Health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site	437	457 (432 Public, 25 Private)			457 (432 Public, 25 Private)
Pregnant women with known HIV status (includes women who were tested for HIV and received their results)	235,567	189,864		59,631	59,631
HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission during pregnancy and delivery	15,974	13,397		4,556	4,556
Pregnant women Newly initiated on treatment during the current pregnancy (Option B+)	3,659	9,885		4,017	4,017
Family Planning					
Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	451	470 (440 Public, 30 Private)			470 (440 Public, 30 Private)
Number of clients attending HIV services (in HTC, eMTCT and ART) referred for FP services	74,292	68,621	4,322	17,141	21,463
Number of clients from HIV services (HTC, eMTCT and ART) who received at least one FP method	33,567	22,875	1,067	7,774	8,841
Health workers trained in the provision of PMTCT services according to national or international standards	25	74	23	51	74
1.3 Treatment Services and Basic Health Care and Support					
Service outlets providing HIV-related palliative care (excluding TB/HIV)	451	470 (440 Public, 30 Private)			470 (440 Public, 30 Private)
Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	401,927	354,005	132,455	213,150	345,605
Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	28,100	22,705	11,055	11,599	22,654
Individuals trained to provide HIV palliative care (excluding TB/HIV)	125	284	19	37	56
Service outlets providing ART	189	185 (162 Public, 23 Private)			185 (162 Public, 23 Private)
Individuals newly initiating on ART during the reporting period	37,752	39,453	3,980	8,707	12,687
Pediatrics newly initiating on ART during the reporting period	2,643	2,072	278	302	580
Individuals receiving ART at the end of the period	224,432	248,620	93,605	155,015	248,620
Pediatrics receiving ART at the end of the period	15,800	15,934	7,967	7,967	15,934
Health workers trained to deliver ART services according to national or international standards	125	284	19	37	56
TB/HIV services					
Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative	451	470 (440 Public, 30 Private)			470 (440 Public, 30 Private)

Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Apr–Jun 2015)		
	Targets (Sep 14 – Sep 15)	Achievements (Sep 14 – June 15)	Male	Female	Total
care setting					Private)
HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	4,332	2,880	472	676	1,148
Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	125	284	19	37	56
Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	12,695	9,524	1,717	1,114	2,831
1.4 Male Circumcision services					
Service outlets providing MC services	60	61 (58 Public, 3 Private)			61 (58 Public, 3 Private)
Individuals trained to provide MC services	52	15	11	4	15
Number of males circumcised as part of the minimum package of MC for HIV prevention services	48,054	44,724	27,826		27,826
2.1 Laboratory Support					
Laboratories with capacity to perform clinical laboratory tests	170	169 (144 Public, 25 Private)			169 (144 Public, 25 Private)
Individuals trained in the provision of laboratory-related activities	60	73	35	12	47
Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	N/A	1,297,372			421,447
2.2 Capacity Building for Community Volunteers					
Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	70	48	8	11	19
Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	390	99	24	19	43
3 Capacity Building for PMOs and DMOs					
Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	55	x			x
4 Public-Private Partnerships					
Private health facilities providing HIV/AIDS services	31	30			30
Gender					
Number of pregnant women receiving PMTCT services with partner	N/A	67,448		22,656	22,656
No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	144,934	17,930	26,743	44,673
Quality Assurance/Quality Improvement					
Number of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months	N/A	x			x

QUARTERLY PROGRESS UPDATE

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

1.1: HIV testing and counseling (HTC) services

This quarter, 440 public and 30 private facilities provided HTC services in the six ZPCT IIB supported provinces as well as through community based HTC services. This resulted in 156,930 clients being tested, counseled, and receiving their results (27,084 were children). Of all those tested, 12,257 were found to be HIV positive and were referred for enrollment into HIV care and assessment for eligibility for cART.

Project technical assistance focused on:

- Increasing access to HTC through community based HTC services: ZPCT IIB initiated the utilization of different models of community based testing and counseling such as door to door HTC as well as using an HIV positive index client as an entry point to family based HTC within their household. These additional community based HTC services were being piloted in selected communities of Chililabombwe, Solwezi, Ndola, Kapiri, Kabwe, Mansa and Kasama districts. The introduction of these HTC approaches are in line with the new national consolidated HIV prevention and treatment guidelines. To initiate these processes, stakeholders' meetings were held to discuss the importance of these additional approaches of community HTC. This was followed by orientation of HCWs, community lay counselors and DCMOs representative on the implementation of community based HTC services.

In addition, ZPCT IIB conducted the regular mobile/outreach HTC activities and reached a total of 21,110 tested out of which 625 tested HIV positive and were referred for HIV care, treatment and support. 11,924 uncircumcised HIV negative male were referred for VMMC.

- Couple targeted HTC: This continued to be prioritized and strengthened in ZPCT IIB supported health facilities. The importance of couple HTC was emphasized during joint technical support and mentorship of HCWs and lay counselors, with a focus on effective linkages to clinical care/ART services, family planning, and VMMC. Post-test counseling focusing on risk reduction behavior and safer sex practices was offered to discordant couples. A total of 21,561 HTC clients and 15,169 eMTCT clients received HTC as couples, out of which 673 were discordant couples, and all were referred for cART services in line with the current consolidated national HIV treatment and prevention guidelines. Uncircumcised male partners to HIV female negative clients were referred for VMMC.
- Integrating HTC into other clinical health services: During the period under review 17,072 FP clients were provided with HTC services. A total of 23,345 males received HTC services as part of a minimum package for VMMC; and 781 TB clients with unknown HIV status received HTC services. In the effort to broaden the HTC entry points and increase the HIV testing uptake, the provider initiated testing and counseling (PITC) opt out approach was used for FP clients, in patients, TB patients, STI patients and pediatric in-patients. HTC services have also been integrated as part of a minimum VMMC package.
- FP/HIV integration activities: This is a priority for ZPCT IIB. Joint technical assistance and mentorship of HCWs and community on FP/HIV integration was provided to the health facilities. During this quarter, a total of 10,759 HTC clients were referred for FP and 7,025 were provided with FP services. 18,498 clients seeking family planning services were referred for HTC services and 17,072 were offered HTC services with same day results and referred appropriately according to the results. If tested HIV positive, they are referred for cART. A total of 1,816 ART patients were

provided with FP services. The lay counselors continued to be involved in creating demand in the community for FP services.

- HTC services for children: During this reporting period, 934 children were tested for HIV in under-five clinics; 24 tested positive. A total of 6,088 children were tested for HIV in pediatric wards across the six supported provinces and 590 tested positive for HIV, and received their test results. The HIV positive children were linked to treatment, care and support services. 558 children were commenced on cART.
- Integration of screening for gender based violence (GBV) within HTC services: As part of the integration strategy, the screening for GBV in HTC service areas for HTC clients using the CHC checklists continues to be an ongoing priority. A total of 15,074 HTC clients were screened for GBV and those that needed further support were referred to other service areas such as counseling, medical treatment, emergency contraception and legal aid.

1.2: Elimination of mother-to-child transmission (eMTCT) services:

432 public and 32 private health facilities provided eMTCT services in the six ZPCT IIB supported provinces. ZPCT IIB technical staff provided technical assistance in eMTCT to HCWs and lay counselors in all the facilities visited this quarter.

- 59,631 ANC clients were provided with eMTCT services this quarter, with routine HTC services using the opt out strategy. 3,176 (5,3 %) tested HIV positive and 373 were re-tested positive during subsequent ANC visits. A total of 4,556 received ARVs for eMTCT. This high number of HIV positive women receiving ARVs is as a result of some women who were missed in the previous quarter being initiated during the period under review. ZPCT IIB technical staff have continued to support scaling up of Option B+ to the new facilities that had not yet implemented the services in collaboration with the DCMOs and MNCH coordinators. HIV positive pregnant and breastfeeding women, together with their HIV infected partners were initiated on cART within MNCH units in many of the health facilities and referrals made to ART clinics in those where this was not yet feasible.
 - 390 eMTCT sites are providing cART within MNCH while 42 are referring mothers to ART clinic for initiation of cART.
 - A total of 3,549 pregnant women tested HIV positive and were therefore eligible for cART and out of which 4017 (113%) were initiated on cART including those HIV positive women missed in the last quarter.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: Improving DBS collection at six weeks and six months remained the focus of the technical assistance and mentorship in this quarter, with results provided to the mother as soon as they are received at the facility, to enable prompt initiation on treatment. A total of 5,247 samples were collected from 244 facilities and sent to the PCR laboratory at ADCH. 266 out of those tested were reactive, and 151 clients that tested HIV positive were initiated on cART including those who were missed in the previous quarter.
- Re-testing of HIV negative pregnant women: In collaboration with the DCMOs, ZPCT IIB supported health facilities to strengthen retesting of HIV negative pregnant and breastfeeding women who test HIV negative early in pregnancy or before delivery, from 32 weeks and during postnatal period with emphasis on accurate documentation in the eMTCT registers. During this reporting period, 18,700 pregnant and breastfeeding women were re-tested and 373 tested HIV positive (sero-converted) which represents a 1.9 % sero-conversion rate. Those who sero-converted were initiated on cART according to the current national consolidated new guidelines.

Other TA areas of focus under eMTCT included:

- The 12 FP/HIV model sites continued integrating FP and ART services: FP counseling of clients seeking services in MNCH and ART has been strengthened at all the model sites with clients being offered FP services within ART Clinic with correct and accurate documentation in the FP registers.

Expansion of FP services including LARC to 120 facilities. FP equipment and instruments have been procured for distribution to the facilities as part of scale up support. Selection of trainers to facilitate 6 FP LARC trainings was done in this quarter. Planned follow up and mentorship visits to HCWs by ZPCT II B technical staff to all the 12 facilities has continued. Printing of Job Aids for Family Planning has started.

- During this quarter, a total of 1,106 Jadelle and 43 IUCDs were inserted in the 12 model sites. 841 clients received oral contraceptive pills and 7,271 received injectable contraceptives (6,665 DEPO and 606 Noristerat).
- Project Mwana to reduce turn-around time for HIV PCR results: The implementation is ongoing in many of the selected facilities, with clients receiving HIV results within two weeks through the mobile phone SMS from the reference laboratories for children below 18 months of age. Mothers and guardians are communicated to come to the clinic for their children's results in the shortest period of time and those testing HIV positive are initiated on treatment.

1.3: Antiretroviral Therapy (ART)

ART services

162 public and 23 private health facilities provided ART services in the six ZPCT IIB supported provinces. During this quarter, ART services were operationalized in one new site, Bwacha Health Centre. All the 185 ART facilities provide both paediatric and adult ART services and report their data independently.

During this quarter, 12,687 new clients (including 580 children) were initiated on antiretroviral therapy. 110 were HIV positive individuals in HIV discordant couples and 4,017 were HIV positive pregnant women that were identified through the eMTCT program. Cumulatively, there are now 239,579 patients that are receiving treatment through the ZPCT IIB supported sites, including 15,934 children. This quarter, 105 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 10,704 patients in care were referred for FP services.

During this quarter, the TA focused on the following:

- Operationalization of the new consolidated prevention and treatment guidelines: Orientation of health care workers (HCWs) in the Consolidated HIV Management guidelines has continued and 450 HCWs were orientated in the period under review. Further support in the recent past has been targeted towards other support staff such as the district managers and supervisors as well as laboratory and pharmacy providers. These guidelines will greatly assist end-users with updated treatment updates. To further support operationalization of the new guidelines, ZPCT IIB conducted Pediatric ART training to help support the implementation of the pediatric component of the new guidelines; a total of 28 health care workers were trained. Trainings are being followed up by on-site mentorship. Viral load testing for patients is also being done in Central and Copperbelt province to ensure that patients are properly monitored.
- Post exposure prophylaxis (PEP): PEP services were provided in 401 supported facilities. Technical support was provided to the facilities to ensure proper documentation of information in the PEP registers. A total of 212 clients received PEP services during the quarter under review as follows: exposure type I (sexual) 83 exposure type II (occupational) 88 and other exposure 41. PEP Job aids were distributed in all our supported sites in North-Western province to ensure that clinicians provided the service correctly.
- Usage of SmartCare Clinical Reports for Patient Management: Ongoing support is being provided to ensure Data Entry Clerks (DECs) update the electronic SmartCare and are able to generate facility clinical reports which are used to guide patient management. Examples of these reports include treatment failure reports, late for pharmacy pick up reports and late for clinical visit reports. Health care workers were oriented on the key aspects of the SmartCare reports and the importance of

generating and utilizing these reports. Late for pharmacy pick up reports generated were also passed on to ASWs to follow up patients in the community who missed appointments.

- Support use QA/QI tools and QI processes to improve HIV service delivery: QA/QI tools were administered in at least 70% of facilities in the supported districts on the Copperbelt province. Nchanga North Hospital has incorporated QA/QI activities into the Quarterly ART meetings

Pediatric ART activities

This quarter, ZPCT IIB supported the provision of quality pediatric HIV services in 185 ART sites. From these facilities, 580 children were initiated on antiretroviral therapy, out of which 151 were below two years of age. The focus of TA by ZPCT IIB for pediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: ZPCT IIB implemented different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This included fast tracking encrypted DBS results for HIV positive babies through email to provincial staff for onward submission to health facilities, web2sms and Mwana health project. The facilities that received positive results were followed up by our staff to ensure that the care-givers were contacted and children initiated on cART. Technical support was provided across the six supported provinces in the follow-up and initiation on ART of HIV positive babies. Pediatric ART continues to be monitored and is with time expected to improve in coming months because of enhanced eligibility criteria for all HIV positive children who are 15 years and below. 151 HIV positive babies less than two years of age were initiated on ART.
- Expanded eligibility criteria for children: Onsite mentorship was provided to staff trained in the consolidated guidelines to ensure that any child 15 years and below who test positive is commenced on cART. ASWs were also given names of children in the Pre-ART registers for follow-ups so that they are brought to the facilities for initiation. What remains to be operationalized is the indicators that capture uptake in the different age groups.
- Adolescent HIV services: ZPCT IIB supported adolescent HIV clinics. Adolescent meetings were held at New Masala health Centre, Thomson Hospital, Arthur Davison Children's Hospital, Mbala General Hospital, Nchanga North Hospital and Lubuto Health Centre were topics including reproductive health, disclosure and adherence were discussed. A total of 178 adolescents were involved in these meetings. Ronald Ross Hospital, and Lubengele Health Centre have completed the process of identifying and registering adolescents and caregivers, and are scheduled to begin having meetings. Adolescent HIV Support group outdoor activities were carried out at Solwezi Urban Clinic. Adolescent clinic days were also set at Kasempa Urban Clinic, Mwinilunga District Hospital, Zambezi District Hospital and Solwezi General Hospital.
- National level activities: ZPCT II B staff participated in the Pediatric ART TWG meetings. ZPCTIIB supported the Pediatric ART Review Conference which was held from 3rd to 4th June 2015 at the Intercontinental Hotel in Lusaka. Two presentations were made by ZPCTIIB. Dr Thomas Kapakala presented on "Pediatric Program at Arthur Davison Hospital in the Copperbelt Province" and Mangani Zulu presented on "Trends in mother to child transmission in the Northern parts of Zambia". At the same conference, an adolescent, Abraham belonging to one of the support groups supported by ZPCTIIB in Luapula Province shared his experiences as an adolescent Living with HIV and how the support group has been of great help to him personally.

1.4: Clinical palliative care services

440 public and 30 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 343,397 clients received care and support at ZPCT IIB supported sites which included provision of cotrimoxazole prophylaxis (septrin), nutrition assessment using body mass index (BMI), and screening for and management of TB, hypertension and diabetes as well as pain management.

- Screening for selected chronic conditions in patients accessing HIV services: As part of managing HIV as a chronic condition, PLHA attending HIV services were screened for diabetes. During this reporting period, 17,172 PLHA were screened using the chronic HIV checklist (CHC).
- Nutrition assessment and counseling: ZPCT IIB supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 20,780 assessed for nutritional status using BMI and the malnourished are referred accordingly.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 12,363 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed, such as further counseling, shelter, economic empowerment support, paralegal services, etc.
- Cotrimoxazole prophylaxis: This quarter, 7,447 clients were put on cotrimoxazole prophylaxis, and 2,822 exposed infants initiated on cotrimoxazole through the eMTCT program.

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

This quarter, ZPCT IIB supported VMMC service in 61 (58 public and 3 private) health facilities. There has been a significant increase in the number of clients reached with the service during this reporting period; 27,286 men were circumcised (16,965 in static sites and 10,861 through outreach MC services). Out of the total males circumcised this quarter, 15,301 males were in the age group 15-49 and 23,345 were counseled and tested for HIV before being circumcised (85.55% %). Of this number, 104 tested positive for HIV and were linked to care and treatment.

- Strengthening integrated service delivery: To increase entry points for VMMC service in static sites, an established linkage exists in ANC for couples where male partners who test negative are referred for MC. The referrals are documented in the respective registers as well as in the MC booking register in the operating rooms. Due to low numbers of males attending family planning service points, there has been little progress on this entry point into VMMC. During the quarter ZPCT IIB through provincial field officers worked on conducting onsite orientation meetings for lay counselors in basic VMMC counseling skills to equip them with knowledge on promoting VMMC with the right messages. Although there has been no placement of lay health promoters in VMMC sites, the trained lay counselors in the HTC departments has continued to promote the VMMC service to males as they come into contact with them.
- Support use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: During the reporting period, ZPCTIIB conducted internal QA/QI assessments in all VMMC sites. The data collected for Quarter 1 and 2 is due to be entered in the new data base for analysis. In addition ZPCTIIB participated in the national VMMC data audit in Muchinga, Central and Copperbelt provinces initiated by the national coordinating unit under the MCDMCH. During the quarter, follow up support supervision was undertaken in four sites (Bulangililo Clinic, Chawama Urban Health Centre, Kabushi Health Centre and Luangwa Urban Health Centre) to support the use and scale-up of facility QA/QI tools and processes to improve HIV service delivery. To ensure that the health facilities meet national quality standards, provincial field offices have been supplying national guidelines, and purchasing additional hand wash stations, filing box files, cupboards for the linen and filing of QA/QI assessment reports. Two of the facilities namely Bulangilo and Luangwa have severely limited space and it will be difficult to address the gap (space and infection prevention standards not being met) noted during the assessment.
- Capacity building: The Surgical Society of Zambia (SSZ) was identified as a local firm to conduct the male circumcision surgical skills training. During the quarter, one male circumcision surgical skills training was conducted in Kitwe on the Copperbelt province to cushion the high attrition levels of MC providers. A total of 15 HCWs drawn from Copperbelt and North-Western provinces attended the surgical skills training during the quarter.

- Interventions to improve VMMC reach (MC outreach): ZPCT IIB participated actively in the national school holiday national campaign in April in addition to the regular district based VMMC outreach activities. During the quarter, all 40 supported districts conducted outreaches using the district based budgeting in reaching 10,861 men with MC Service.
- Strengthening existing systems for coordinating MC programming: ZPCT IIB provincial offices participated in the national April campaign preparatory meeting and data review meetings at both provincial and district level. This activity has contributed to bring together implementing partners at provincial level where they share lessons and best practices. Additionally individual districts are given an opportunity to peer review each other's performance in data management, program planning, integration and HCWs allocation, and scale up plans.

1.6: TB/HIV services

ZPCT IIB supported 470 health facilities to implement TB/HIV services during this quarter. The focus for technical support included:

- Improving screening for TB: Because of continued low numbers of clients screened for TB in the HIV care clinics against the potential number of clients who pass through these clinics, technical assistance was strengthened and targets were given to the provincial offices on the number of clients to be screened for TB. Out of 18,646 patients seen in clinical care/ART clinics and screened for TB, 992 were found to be symptomatic, and were documented and referred for further management. 854 patients were diagnosed with active TB and were started on treatment. 774 patients receiving HIV care and treatment were also receiving TB treatment. 281 TB patients were started on ART. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.
- Initiation of all TB/HIV co-infected PLHA: ZPCT IIB mentored MOH staff and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated on ART this quarter. Trends showed that 236 of the clients were initiated on ART within 60 days of starting TB treatment compared with 112 initiated after 60 days, while 162 TB patients were initiated on ART within 30 days of commencing TB treatment. Work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.
- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts (Kabwe, Ndola, and Kitwe) on implementing the one-stop center for TB and HIV services. The next step is to identify TB facilities that do not have ART services and training health care workers to manage TB/HIV co-infection.

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

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

- Human resource: two positions fell vacant due to death of the study nurse and resignation of the Clinical Officer at Ndeke and Chipulukusu Health Centres respectively. Recruitment processes to replace the two staff were immediately initiated. At Makululu H.C, the position which was vacant following the CO's transfer to ZPCT IIB Ndola, was also replaced.
- Voluntary Medical Male Circumcision (VMMC) services: All the six PopART sites continued to provide MC services with the technical support of ZPCT IIB. Chimwemwe HC experienced staffing challenges as there was only one MC provider available. However, plans to train additional MC providers are under way. The table below highlights MC activities in the PopART sites:
- ZPCT IIB planned MC trainings.. The table below provides a summary of MC activities that were implemented:

Facility name	Number of MC clients pretest counselled, tested and received HIV results	Number of clients tested HIV negative	Number of clients tested HIV positive	Total number of males circumcised as part of the minimum package of MC
Chipulukusu	101	101	0	101
Ndeke	228	227	1	228
Makululu	206	204	2	206
Chimwemwe	30	30	0	30
Chipokota Mayamba	1032	1022	10	1032
Ngungu	410	409	1	410
Totals	2007	1993	14	2007

- Implementation of Option B+: ZPCT IIB has continued to include midwives in the ART/OIs trainings as a measure of strengthening the operationalization of Option B+ in the MCH departments. A total of 178 HIV positive pregnant women were initiated on cART in the PopART sites.
- Initiation of HIV positive clients based on PopART study criteria (“Test and Treat” irrespective of CD4 count): The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal HTC with clients who test positive for HIV and initiated them on ARVs irrespective of CD4 count/WHO Stage as per study protocol. Active mobilization and linkage to care in Arms A and B continued. Facilities falling in Arm B (Makululu and Chimwemwe) continued to implement universal HTC and initiated eligible clients on ARVs according to the current national ART Guidelines. The remaining two facilities falling in Arm C (Ngungu and Chipokota Mayamba) provided the standard of care as recommended by the current national ART Guidelines, but with no active mobilization or linkage.

April – June 2015 enrollment data in the Arm A facilities

Facility name	Total HIV + individuals enrolled in care	Total HIV + individuals initiated on cART	HIV+ individuals initiated outside the national guidelines	Clients enrolled due to CHiPs intervention
Ndeke	215	204	21	24
Chipulukusu	177	170	39	59
Totals	392	374	60	83

The table above shows that out of the total of 392 HIV positive individuals that were enrolled into care during this reporting period, only 83 had been enrolled after referral by the CHiPS (community health intervention providers) who conduct door to door HTC within the community.

1.8: Public-private partnerships

During the quarter, ZPCT IIB supported all the 30 private health facilities through onsite training for HCWs in the Zambia Consolidated guidelines and provision of new national ART guidelines (Consolidated ART Guidelines) to ensure adherence to national protocols. A total of 10 HCWs from ten (10) private health facilities attended the Zambian Consolidated ART Guideline orientation training in two provinces namely Central and Copperbelt provinces. All the supported sites under the MoUs have been reporting service statistics to district health offices alongside to what is reported to ZPCTIIB, based on their service capacity in HIV management.

1.9: Gender Integration

Mobilizing agents of socialization (religious and traditional leaders).

ZPCT IIB has continued engaging religious and traditional leaders in stimulating discussions around social determinants of HIV and harmful social norms, and in addressing negative norms that facilitate HIV transmission among men and women. During the reporting period, ZPCT IIB engaged 20 traditional and 5 religious leaders in dialogue to identify cultural norms that hinder service uptake by both men and women and develop interventions to address the identified negative cultural norms.

Train community volunteers in gender sensitive approaches to service delivery in eMTCT and HTC.

Training community volunteers in GBV screening and referral continued during the quarter under review. Luapula, Central and Northern provinces each trained 25 volunteers bringing the total of trained volunteers to 75. A total of 35 female and 40 male were trained during the quarter under review. The most common observed type of violence mentioned by participants during the training was physical and sexual assault. The most reported type of violence suffered by children especially girls is defilement and rape. The project through trainings and community mobilization is empowering people with information on how to identify a GBV survivor and the type of support to provide to GBV survivors. The participants were tasked to develop action plans that will be monitored by project staff.

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

During the quarter under review, ZPCT IIB continued to proactively screen clients for GBV in HIV/AIDS service settings using the Chronic HIV Care (CHC) checklist to facilitate disclosure and increased access to PEP and EC and other services like counseling and treatment. A total of 14,870 clients were screened for GBV while 57 victims of sexual assault were provided with PEP and 300 were provided with post GBV counseling.

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

Low male involvement in ANC and eMTCT continue to be an issue affecting most women's service uptake. When women test for HIV alone, they are most likely to fail to disclose their HIV status, to adhere to treatment or to access PMTCT services.

ZPCT IIB has continued promoting men's increased participation in perceived "women's" health services like antenatal and family planning and HIV/AIDS services through technical assistance on engaging couples and monitoring of male involvement and couple counseling indicators. During the quarter under review 9,410 pregnant women accessed PMTCT services with their male partners and the partners got tested for HIV and received test results.

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

In this quarter, ZPCT IIB partner Management Sciences for Health provided support to 170 laboratories which included three new laboratories as well as to 441 pharmacies. Two trainings on equipment use and maintenance were hosted, one involved training of provincial medical equipment officers and provincial biomedical scientists in order to begin addressing sustainability strategies. Three commodity management trainings were hosted during the quarter for MoH/MCDMCH staff. MSH also attended three national quantification planning meetings to prepare for HIV Test Kits, Laboratory commodities and Essential Medicines. Additionally, MSH conducted four Smart Care Essentials training with partner EGPAF at which 100 pharmacy HCWs were trained and roll out of the tool was commenced and fully implemented at 30 facilities in three (Northwestern, Central, Copperbelt) of the six ZPCTIIB supported provinces. Option B+ meetings at provincial level were attended by MSH pharmacy and laboratory staff during the quarter.

This quarterly report includes all activities conducted by from Management Sciences for Health (MSH) during the period April through June 2015. During the reporting period, the following key activities were completed:

1. Roll out of equipment data base
2. Equipment use and maintenance training
3. Roll out of Smart care Pharmacy integrated module
4. Support to typeset and print revised Pharmacy SOPs
5. Provision of Isoniazid for prophylaxis as per guidelines
6. Provision and orientation of Zambia Consolidated ART Guidelines
7. Strengthening of Inventory management and Abridged ARV logistic systems for Option B+
8. Commodity management training
9. Smart Care Training in the Pharmacy Module
10. Re working of draft protocols for localized and scaled up studies for dry spot suitability for VL assays.

2.1: Maintain, expand, and strengthen pharmacy services

This quarter MSH provided technical support in pharmaceutical services in 455 facilities of which 30 are in the private sector. Ongoing technical assistance and mentorship was provided mainly on strengthening the ARV logistic systems and the abridged eMTCT system for the Option B+ program, operationalizing of the smartcare integrated module in the pharmacy department, consolidating the pipeline and stock assessment of the VMCC program for the April school campaign and outreach activities. .

- **SmartCare Integrated pharmacy module database:** This quarter a total of four competence trainings were conducted in collaboration with EGPAF in Smartcare Essentials for 100 pharmacy personnel to enable them utilize the Smartcare database in the pharmacy. This exercise was followed up by actual facility visits to assess the readiness of the trained staff to use the tool in three (North-western, Central, Copperbelt) of the six ZPCTIIB supported provinces. Of the 46 ZPCTIIB supported sites visited only 30 (65%) were commissioned and are now fully operational, the remaining sites had a number of problems that need to be resolved. Some of the challenges encountered in the non-functioning sites included malfunctioning computer sets, corrupted smartcare databases, lack of smartcard readers, irregular antivirus updates and lack of user accounts. A number of these issues were resolved however recommendations include installation of drivers, biweekly antivirus updates and networking of the system at the facility. The remaining three provinces (Luapula, Northern and Muchinga) will be visited next quarter and a comprehensive report will be submitted. .
- **Pharmaceutical Management:** This component was well managed by MSH staff in the supported facilities with emphasis on patient-centered approach to enhance healthcare outcomes accomplished by provision of focused TA and mentorship to ZPCTIIB sites visited. Some of the areas that need improvement in the coming quarter include data quality and optimal storage capacity at facility level. There is also need to improve on communication and effective implementation of policy guidelines and standards of care. The number of reported nonfunctional air conditioners reduced this quarter and ideal storage conditions were maintained at majority of sites. In Luapula province it was noted that most facilities were not recording temperatures due to lack of room and refrigerator thermometers and the gap was identified, quantified and submitted to programs for consideration. .
- **Rational Medicine Use:** MSH worked with the clinical care unit on the ZPCTIIB project to scale up orientations and on the job trainings for healthcare workers in the Zambia Consolidated ART Guidelines which was at about 50%. This has slowly led to the transitioning of pediatric clients on Zidovudine based regimens to the recommended Abacavir based ones but a lot still needs to be done in this area such as on the job trainings and focused TA. The pharmacies were advised to stock up on

Abacavir/Lamivudine FDC which was overstocked at MSL and Kaletra in the beginning of the quarter and this was accomplished towards the end of the quarter. In Northern and Muchinga provinces, Isoniazid was distributed to all the districts and healthcare workers were oriented on how to use the drugs in line with the Zambia consolidated guidelines. .

- **Implementation of Option B+:** MSH worked with EMTCT unit on the ZPCTIIB project to roll out the use of HAART for HIV positive pregnant women in MCH department. This has been accomplished in 400 sites with only 17 that are outstanding with majority from Northwestern, All the recommended pharmaceutical commodities are in place at these sites and the MCH staff were oriented in inventory management and storage specifications for the ARV drugs. There is however need to prepare and plan for mitigation of possible congestion at the various sites as more numbers are added following implementation of interventions. This will be looked at critically and tabled next quarter as it has a potential to affect ART adherence and retention in care of ART clients. .
- **Male Circumcision Program:** This quarter the following items were received by ZPCTIIB from SCMS – Lignocaine 2%, Chromic cutgut and Chlorhexidine. These items together with Examination gloves were distributed to all the provinces in preparation for the April school holiday campaign and outreach activities. MC months of stock on hand and the consumption trends and patterns were compiled and aggregated for the quarter in preparation for the annual forecasting and quantification workshop and submission to the MC TWG next quarter. .
- **Supply Chain Management:** MSH participated in national-level activities focused on planning for various commodities in support of the ART, PMTCT, opportunistic infection and STI, MC, reproductive health, and other programs closely linked to HIV/AIDS services provision:
 - **ARV Logistics System Status:** During the quarter under review there were reports of low stocks of Efavirenz 600mg at MSL that were noted in April/May period and the emergency shipments by air had to be made at central level to mitigate any adverse effects at SDP. There was also overstock of Zidovudine 300mg tablets both at SDP and at MSL and further shipments had to be cancelled to avoid more overstocking and the possibility of expiry of some stock. A number of meetings were held and it was decided and agreed that facilities will not receive the AZT/3TC FDC but instead start receiving the single tablets in combination with Lamivudine 150mg to avoid any wastage. MSH assisted in disseminating this information to supported sites and ensuring smooth transition of the same.
- **Guidelines and Standard Operating Procedures:** Ministry of Health through the principal pharmacist for rational drug use requested ZPCTIIB to assist with the typesetting and printing of 10,000 copies of the revised pharmacy SOPs. MSH took the lead in this revision process and it is close to completion and will be finalized in the coming quarter

2.2: Maintain, expand, and strengthen laboratory services

This quarter MSH supported 144 laboratories in public health facilities and 25 laboratories in private health facilities, with 131 of these laboratories having the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. MSH provided support through technical assistance, equipment maintenance, training, and placement of equipment.

- **PCR laboratory at Arthur Davison Children’s Hospital:** During the quarter EID kits stocked out at the national level for about 3 weeks bringing testing operations to a complete halt towards the end of the three week period. As the last samples were being processed the analyzer broke down for about four weeks and affected testing operations of the laboratory resulting in a backlog of over three thousand (3000) samples. Upon repair staff had to work out how to clear the backlog in the shortest possible time as routine samples continued to come in. MSH advised on the rescheduling of staff, extension of hours of service and redistribution of supplies from other PCR laboratories. This had to be considered to facilitate for the clearing of samples as soon as stocks were replenished.
- **PCR Mansa:** During the quarter MSH advised on the power inconsistencies that had affected the sustained operations of the PCR Laboratory in Mansa which in due time were rectified through the

acquisition and placement of a GENSET. The laboratory has since been hooked-up to the power generator and it is expected that viral load testing will commence. Two experts from the PCR Laboratory in Ndola will join the team to assist with the adaptation and adoption of standard operating procedures (SOP's) and will further assist with testing operations in the start-up phase.

- Improving efficiencies in the PCR lab processes: During the quarter MSH followed up with MoH on the placement of one full time lab staff as part of the sustainability strategy. MoH confirmed the planned placement of a full time laboratory scientist at the PCR laboratory as part of the transitioning and sustainability strategy. The staff who is currently one of the rotational staff is scheduled to join at the end of August 2015 and will increase the complement of full time staff from two to three and will further reduce on the need for rotational staff required for routine testing. During the quarter the laboratory also completed the validation exercise for plasma viral load testing having received the full range of plasma samples and has since commenced viral load testing at the local institutional level. Plans are underway to have viral load plasma samples normally processed at Ndola Central Hospital (NCH) PCR lab be processed at ADCH PCR Laboratory. This is because the cobas ampliprep cobas taqman 48 at NCH has been down for the past five weeks. ADCH is working very closely with NCH to ensure that viral load test requests are referred to the lab. It is anticipated that the laboratory will be offering viral load testing to a much wider range of facilities as soon as the DBS validation study for viral load testing is approved and outcomes are shared.
- Internal quality control: During the quarter MSH interacted through an equipment use and maintenance training with equipment vendors, provincial medical equipment officers and provincial biomedical scientists and reinforced the need for internal quality control practices to be monitored closely. This would factor very positively into optimized use of analyzers as it would prolong the useful life of the equipment. The need to step up consistent use of the MoH approved logs from 40 to 60 % was identified and the combined team agreed to make this part of their routine monitoring as jointly planned preventive maintenance visits commence. MSH provincial laboratory staff continue to check on the use of the MoH approved logs and insist on entries as prescribed in the national standard operating procedures manual.
- External quality assurance: MSH supported the MoH approved external quality assurance programs as follows:
 - CD4 External Quality Assistance (EOA) Program: Performance analysis for CD4 EQA for the period January 2013 to December 2014 is still underway, MSH hopes to have a comprehensive report on facility performance before the end of next quarter. This will facilitate for focused technical assistance and mentorship. Monitoring of CD4 EQA continues and MSH monitors corrective actions to ensure that facilities learn from any deviations made in the past.
 - HIV EQA Program: During the quarter one hundred and thirty three (133) HIV EQA panels were received from the national reference laboratory for distribution to ZPCT IIB supported sites. MSH facilitated for their dispatch through provincial laboratory technical officers. Timely submission of results will be followed up as well as overall performance. It is hoped that the frequency of panels will be consistent as the previous years were not consistent.
 - Chemistry EQA Program: MoH and the Biomedical Society of Zambia advised on the discontinuation of the RANDOX Chemistry EQA program and assured that if sites were not re-enrolled on the same scheme later in the year they would be considered for a different scheme altogether in the very near future. MSH will explore other options and propose these to MoH.
 - 10th Sample Quality Control for HIV testing: This has been ongoing, although there have been a few challenges. Routine checks on the ground have shown that while 10th sample Quality Control for HIV testing was ongoing, it was not consistent, and there was a lack of documentation in support of its implementation. ZPCT IIB monitored this activity and provided mentorship to emphasize the need for proper and consistent implementation.

- EOA and TB diagnostic activities: TB External Quality Assessment provision by MoH provincial teams has been drastically reduced. Gene X-pert analyzers have been placed in ZPCT II supported sites by TB Care and performance of these continue to be monitored together with routine ziehl Nielsen microscopy..
- Commodity management: During the quarter ZPCT II procured 200 urine chemistry strips to meet the ever increasing need as option B+ roll out continues. Also procured were 250 X 50 micro cuvettes for the haemocue 201 point of care for haemoglobin estimation in MCH. National stocks at MSL confirmed receipt of haemocue 301 micro cuvettes, EDTA containers for CD4 Counts and hemoglobin estimation, rapid plasma reagin test kits and urine chemistry strips. On the whole the commodities required for option B+ were available. Monitoring of facilities was possible and accurate status of stocks was verifiable as all labs are using the bin card system and well over 90% of supported labs update the levels of stock on these cards.
- Equipment Maintenance: The quarter saw the first ZPCT IIB mediated repairs for support equipment through the provincial medical equipment officers (PMEO), this arose out of resolutions arrived at, at the second interactive meeting between vendors and PMEO's. The Copperbelt and Central provinces facilitated for repairs of air conditioners and centrifuges among other equipment. The general outlook on equipment functionality across ZPCT IIB supported sites has been average with Luapula province being the hardest hit due to power fluctuations that have had an adverse effect on the useful life of equipment. It is anticipated that when all PMEO's are trained equipment functionality will improve in the long term and less breakdowns will occur with only major issues being reported to vendor engineers. During the quarter the equipment database was finalized and rolled out and progressive tracking on each province is currently in place to make sure entries are being done promptly. More detail on the database and the reports generated will begin to assume shape in the next quarterly report.
- CD4 Point of Care testing - PIMA Functionality: During the quarter it was learnt that some PIMA point of care CD4 analyzers were unable to externalize quality control results via the modem to the national server. This challenge was escalated to the Alere Zambia representative who advised that Alere was in the process of replacing the modems due to challenges with SIM connectivity to local networks. Access to PIMA results via the Alere website was also demonstrated and advisors (ART, PMTCT and Lab) were given unique access through the assignment of user names and passwords. Remote tracking of CD4 testing activities is therefore being monitored on a regular basis.

2.3: Develop the capacity of facility HCWs and community volunteers

This quarter, ZPCT IIB supported the following trainings:

- Child CT training: A total of 30 HCWs were trained (15 HCWs in Luapula province and another 15 HCWs in Copperbelt province). In addition 15 lay counsellors were trained in Child CT on the Copperbelt province.
- Couple counselling: 20 lay counsellors were trained in Central province.
- ART Commodity Management: 53 HCWs we trained in Copperbelt, Central and North Western provinces.
- ASWs Refresher: 24 community volunteers were trained from Luapula province.
- Pediatric ART: 28 HCWs were trained in Northern Province.
- Male Circumcision trainings: 28 HCWs were trained from Copperbelt province.
- Gender Based Violence trainings: 50 Community cadres were trained in Central and Copperbelt provinces
- eMTCT: 100 HCWS were trained in Copperbelt, Northern and Luapula provinces.

In addition, in order to facilitate operationalization of the new GRZ consolidated prevention and treatment guidelines, ZPCT IIB supported the orientation of 450 HCWs in these guidelines in five provinces in three-day orientation sessions.

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

Training Course	Training Dates	Province	Number Trained
Male Circumcision	13-22 April and 22-01 June/ July 2015	Copperbelt	28
		Total	28
ASW Refresher	28-30 April 2015	Luapula	24
		Total	24
ART Commodity Management	08-12 June 2015	Central	09
	04-06 May 2015	Copperbelt	17
	20-24 April and 27-29 May 2015	North Western	27
		Totals	53
Gender Based Violence	31-5 June 2015	Central	25
	7-13 June 2015	Copperbelt	25
		Total	50
eMTCT for HCWs	31-7 June and 21-28 June 2015	Copperbelt	50
	10-17 May 2015	Northern	25
	21-24 April 2015	Luapula	25
		Total	100
Zambia Consolidated Guidelines	11-13 May 2015 and 1-3 June 2015	North Western	50
	5-7 May, 27-29 May & 14 -19 June 2015	Northern/Muchinga	109
	15-19 April, 10-14 May and 14-18 May 2015	Central	120
	4-6 May and 27-29 May 2015	Copperbelt	171
		Total	450
Paediatric ART	26-30 May 2015	Northern	28
		Total	28
Child CT Training for Lay counsellors	16-21 March 2015	Copperbelt	15
		Total	15
Couple Counselling for lay	26-02 May 2015	Central	20
		Total	28
Child CT for HCWs	02- 08 March 2015	Luapula	15
	17-23 May 2015	Copperbelt	15
		Total	30

2.4: Support for community volunteers

ZPCT IIB supported 1,372 community volunteers (399 ASWs, 483 HTC lay counselors, and 490 eMTCT lay counselors) this quarter. The volunteers participated in various community related activities such as adherence support to ART clients, demand creation for HTC, promotion of VMMC, eMTCT, safe motherhood and clinical care services. They also participated in commemorating the National VCT Day

which fell on June 30. The ZPCT II community volunteers referred clients to ZPCT IIB supported sites as follows:

- **HIV testing and counseling (HTC):** Lay counselors at the ZPCT IIB supported facilities mobilized and referred 28,992 (15,581 females and 13,411 males) for counseling and testing (CT). A total of 22,722 (11,918 females and 10,804 males) reached and accessed services at the facilities.
- **Elimination of mother-to-child transmission (eMTCT):** eMTCT volunteers referred clients to access eMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 17,028 expectant mothers were referred for eMTCT services and 13,449 accessed the services at the health facilities across the six supported provinces.
- **Clinical care:** The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 9,739 (4,715 females and 5,024 males) were referred for clinical care, and 7,614 (3,668 females and 3,946 males) reached the facility and accessed the services.
- **ART:** This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to return to the health facility. As a result, ASWs visited and counseled 3,874 HIV positive clients (1,850 females and 2,024 males), and were referred for further management at the supported facilities. A total of 2,758 clients (1,420 females and 1,338 male) reached the facility and accessed the services.
- **Voluntary Medical Male Circumcision (VMMC):** During this reporting period, 7,902 males were mobilized and referred for VMMC at Static sites and a total of 5, 263 males were circumcised. Mobile VMMC was also conducted in Luapula and Northern Provinces and a total of 9, 288 males (6,133 for Luapula and 3,155 for Northern) were circumcised. As a standard practice, all males were tested for HIV before being circumcised.

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

In the quarter under review, ZPCT IIB continued working with community-level stakeholders and structures to consolidate community involvement in service demand creation and delivery. The focus was on exploring sustainable partnerships, including through support for the following:

- **Neighborhood health committees (NHCs):** In collaboration with health facility staff, ZPCT IIB oriented and engaged 40 NHCs this quarter across all the six provinces, bringing the total oriented to 95 NHCs that have been oriented and engaged as part of efforts to expand their role in promoting HIV/AIDS services and referring to services, including VMMC, eMTCT (sensitizing communities to long-term ART under Option B+), ART and HTC. ZPCT IIB tracked the progress made by each NHCs towards agreed upon targets. A total of 24 out of 95 NHCs have already reached their targets.
- **Traditional/Religious Leaders:** ZPCT IIB continued to engage community leaders as advocates and promoters of HIV/AIDS services, positive gender norms and community dialogue on effects of negative gender norms on HIV and GBV vulnerability and access to services by women. In the quarter under review, the project identified and engaged a total of 19 traditional and 5 religious leaders as key advocates for HIV prevention, care and treatment in the selected provinces and districts. The following paragraphs give details of the traditional/religious leaders oriented in the selected provinces.
 - **Central:** The project had meetings with Chief Chitina of Mukushi District together with his headmen. During these meetings traditional leaders promised to take part in the mobilization of clients for different HIV/AIDS services. Chief Chintina of Nkumbi RHC catchment area participates actively in most health promotion meetings in his chiefdom and

has been collaborating with community volunteers. The chief suggested that ART services should not be provided on designated days noting this promotes stigma. However, the challenge of staff shortages makes this difficult.

- **Copperbelt:** A religious meeting was held with women leaders from Ndola's St Kizito Catholic church of Lubuto compound. During this meeting some of the topics discussed were as follows; HIV/AIDS prevalence around Lubuto catchment area, HIV/AIDS basics, ZPCT II B supported services, how to access the services, male involvement, traditional/Christian norms hindering the uptake of such services, gender based violence, new guidelines on ART including option B plus, eMTCT and voluntary male circumcision. Referral forms were shared and the leaders have since started sensitizing church mates during their small church section meetings.
- **Luapula:** The project engaged chieftainess Kanyembo (Nchelenge), Chief Mushota (Kawambwa district), Chief Puta (Chienge) Chief Kashiba (Mwense), Chief Chisunka (Mansa), Chief Kaoma Lwela (Chembe), Chief Kasoma Bangweulu (Samfya), Chief Mwata Kazembe (Mwansabombwe) and Chief Sonkontwe (Milenge).
- **Northern/Muchinga:** 13 Chiefs were identified and oriented in health services that included HTC, Antenatal care, VMMC, Family Planning, Couple Counseling and Gender Based Violence. The purpose of this orientation was to involve traditional leaders as advocates for improved uptake of HIV/AIDS services by their respective communities.
 1. Chief Chipalo from Luwingu District.
 2. Chief Chiwenengala from Chilubi District.
 3. Chief Mumporokoso from Mporokoso District.
 4. Senior Chief Nsama from Nsama District.
 5. Chieftainess Kaputa from Kaputa District.
 6. Chief Zombe from Mbala District.
 7. Chief Chikwanda's from Mpika District.
 8. Chief Mukwikile from Shiwangandu District.
 9. Senior Chief Nkula from Chinsali District.
 10. Chief Kafwimbi's from Isoka District.
 11. Chief Muyombe from Mafinga District.
 12. Chieftainess Nawaitwika's from Nakonde District.
 13. Chief Nondo from Mbala District.

All the chiefs had a calendar of general community meetings which they held either monthly or quarterly with all their village headmen. The headmen also held similar meetings with their community members. Community mobilization, sensitization and referrals of community members to health facilities, has been a top agenda during the community meetings. Chiefs Chikwanda's of Mpika, Mporokoso, of Mporokoso, Zombe of Mbala, Kafwimbi's of Isoka and Chieftainess Kaputa of Kaputa and Nawaitwika of Nakonde reported having demanded for reports from each headman on meetings held within communities that included issues on the access for health services at the meetings.

Results are starting to show. The combined effort of traditional leaders, NHCs and community volunteers, 444 people were circumcised in Kaputa in Luapula. In Chief Zombe's Chiefdom 134 people were circumcised; in Nawaitwika's Chiefdom, 413 people were circumcised; in Chief Kafwimbi's Chiefdom, 333 were circumcised; in Chief Chikwanda's Chiefdom, 237 people were circumcised; in the Chiefdom of Senior Chief Nkula of Chinsali, 252 people were circumcised while in Chief Mporokoso's Chiefdom, 220 people were circumcised. During mobile HTC in Mpika in the Chiefdom of Chief

Chikwanda, the Chief was informed well in advance of the activity. He held meetings with his village headmen to start mobilizing and sensitizing the communities for the activity and arranged for a live phone-in radio program with a local community radio in his Chiefdom where he discussed the activity with one of his village headmen and a health centre staff. As a result of the Chief's involvement as well as the NHCs, a total of 1,349 (males 536, females 813) people, accessed HTC service in Mpika at Chibansa, Tazara and ZCA Clinics.

In Nakonde also, Chieftainess Nawaitwika encouraged her subjects to go for mobile HTC services that the Project was conducting within her Chiefdom at Waitwika, Mwenzon and Nakonde health Centres. 343 (males 171, females 172) accessed mobile HTC. The tables below summarize the efforts of traditional leaders in demand creation for both mobile VMHC and HTC services during the quarter.

Table 1: Mobile VMHC mobilized by traditional leaders

S/N	Name of facility	April	May	Grand Total
1.	Chinsali District	252	110	362
2.	Isoka District Hospital	333	31	364
3.	Kaputa District Hospital	444	118	562
4.	Luwingu District hospital	26	44	70
5.	Mbala District hospital	134	20	154
6.	Mpika District hospital	237	28	265
7.	Mporokoso District hospital	220	14	234
8.	Mpulungu HC	404	250	654
9.	Mungwi HC	21	0	21
10.	Nakonde HC	413	56	469
Grand Total		2,484	671	3,155

Table 2: Mobile HTC conducted in Chiefdoms

S/N	Name of facility	June	Males	Females	GrandTotal
1	Chibansa RHC	464	240	224	464
2	Mpika Tazara Urban	528	121	407	528
3	ZCA RHC	357	175	182	357
4	Nondo RHC	132	91	41	132
5	Mwenzon RHC	139	67	72	139
6	Nawaitwika RHC	100	54	46	100
7	Nakonde HC	104	50	54	104
Grand Total		1,824	798	1,026	1,824

- **Northwestern:** Orientation meetings were held with 5 traditional leaders namely; Chief Kalilele and Chief Mulonga in Solwezi District, Chief Chizera in Mufumbwe District, Sub chief Kasongo in Kabompo District and Chief Kanyama in Mwinilunga District. The purpose of the meetings was to solicit for traditional leaders' support as advocate and promoters of HIV/AIDS services in the province. Plans have been made for similar meetings to take place in Chief Ingwe, Kasempa district, Chieftainess Ikelenge in Ikelenge district and Chief Nthambu in Mwinilunga district in the next quarter. A similar meeting with religious leaders was also held in Zambezi district at Our Lady of Fatima Catholic Church and was attended by 20 church members (10 Males and 10 females).
- **People living with HIV/AIDS support groups:** This quarter, ZPCT IIB worked to strengthen the HIV/AIDS support groups across all the six provinces as entry points for community models to increase ART adherence/retention in care and promote healthy behaviors and self-care through PHDP. The following was accomplished.

- **Central:** The project had meetings with three support groups namely; Tusungane support group at Mahatma Gandhi, Chichetekelo and Bwafwano support group both from Makululu Compound. The project has also planned to orient these support groups in savings and internal lending technique, a concept devised to motivate group members to attend safe motherhood meetings and remain in care. Members of the group who are interested in the concept, are encouraged to form Savings and Internal Lending Committees.
- **Copperbelt:** The ZPCT IIB provincial office has been compiling a list of NZP+ support groups in the province. The following chapters have submitted their member portfolio; Mpongwe, Ndola, Kitwe, Chingola, Chililabombwe and Kalulushi. The project has also been linking some of the support groups to districts networks to enable them interact and share with other HIV/AIDS stakeholders and also to enable them identify service providers for their members.
- **Northern:** Two support groups namely, Chichetekelo and Mulenga Hills support groups were oriented on positive living, SILC and IGAs. The Province has 119 active support groups of which 75 received training in Positive living in ZPCT II. Among these members, 55 (30 females and 25 males), are ART Adherence Support Workers (ASWs). The Project has got 75 Support groups in Northern and 44 in Muchinga Provinces. The Support groups meet on monthly basis to discuss adherence to medication, recruitment of new members, anti-stigma and IGA issues.
- **Northwestern:** Two support groups within Solwezi district were identified for orientation on community mobilization and SILC concept, these are Messengers' and Luketekelo support groups; members in these two support groups belong to the NZP+ Solwezi Chapter. They meet regularly to share challenges and encourage each other in adherence to ART.
- Mother support groups: ZPCT IIB continued to facilitate the establishment of Mother Support Groups to promote demand for and retention in eMTCT services among expectant/new mothers. This quarter, the project supported and facilitated the establishment of 18 Mother Support groups in Central, Copperbelt, Luapula, Northern and Northwestern provinces. Details are in the following paragraphs;
 - **Central:** The project facilitated the establishment of two mother support groups namely; Kamushanga support group and Taonga support group. These support groups have community based volunteers like SMAGs and growth monitoring promoters who give health education on various topics like nutrition options for HIV exposed babies. Both the support groups are under at Mahatma Gandhi clinic.
 - **Copperbelt:** The Province has also successfully identified and supported 5 mother support group groups all in Ndola District. The District was selected to make it easy for the Project to convene meetings and conduct support and follow-up visits. These are groups which were formed way back however due to various reasons and challenges they had become non-functional. With the Project intervention these groups are now active and functional. They are conducting peer support meetings, health talks, collecting medicines from the facilities for their friends who are unable to do so and conducting home visits.

The Province has commenced training mothers support groups in the SILC concept and two of them Twalubuka of Twapya and Exodus of Kabushi have since started saving. The objective of this program is (1) to empower members financially and this will assist improve their livelihood and (2) to motivate and creat cohesion among group members. The following are the mother support groups established and strengthened; Bridget Mother support group of Masala, Kaloko, Lubuto, Twikatane of Twapya and Exodus of Kabushi.
 - **Luapula:** The Province supported five (5) Mother support groups in the SILC concept in promoting sustainability of these groups. The support groups that were supported are;

Mabumba, Matumbusa, Bunda-Chusu, Kabuta and Bwafwilisho. These groups meet monthly in the community and their aim is to share their experiences and health education in family planning, eMTCT and adherence.

- **Northern:** In Kasama District, 13 mothers support groups were identified out of which 3 of them comprising 15 members each, were oriented on Safe motherhood and SILC. These support groups have an executive committee in place to organize and provide guidance to fellow members. There were two mother support groups that came from Kasama Urban and one from Lukasha Clinics. The groups agreed to be meeting monthly to share notes on safe motherhood and for SILC business.
- **Northwestern:** Three breast feeding mother support groups were identified (Luamala RHC, Kanuma, and St Dorothy RHC) for orientation and expansion of their role to include promotion of eMTCT, family planning and other issues related to safe mother-hood. The groups will also be oriented in SILC concept to motivate them to remain in care.

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

ZPCT IIB continued coordinating with the PMOs, DCMOs, District AIDS Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks and also in the commemorations of National VCT Day. This quarter the project supported a total of 29 district referral networks and committee meetings out of the 39 supported district referral networks. The meetings focused on strengthening of referral networks in locations where the networks were inactive, reporting, and reviewing HIV/AIDS activities. A rapid appraisal of DRN's functionality across all the six supported provinces was also conducted in this quarter.

The following paragraphs describes activities conducted across the provinces in strengthening DRNs.

- **Central:** The province conducted a rapid appraisal for the district referral networks functionality for all the seven (7) districts in the province namely Itezhi-Tezhi, Mumbwa, Chibombo, Kabwe, Kapiri Mposhi, Mukushi and Serenje. The findings were that the referral network system is in existence in all the seven districts as organizations such as CBOs and FBOs are providing HIV and related services.
- **Copperbelt:** The province supported two DRN meetings in Mpongwe and Mufulira. It was established that Mpongwe DRN is still active and referrals are happening. In Mufulira, referrals were happening using standard referrals forms, however the challenge was lack of documentation of the referrals. The project distributed fresh copies of the District manual and the chair took time to orient all the participants about the manual and how to use it. It was agreed that the DATF was going to take leadership of the DRN as a way of sustaining its activities. The project financially supported this meeting.
- **Luapula:** The province supported three districts, Mansa, Milenge and Samfya in the strengthening of DRNs in the province. A new coordinatin body was put in place. Milenge has no credible partners but a coordinating committee was put in place.
- **Northern:** The Project supported 13 districts with DRN meetings out of the 16 districts that are being supported by the Project. These districts are: Kasama, Mungwi, Mbala, Mpulungu, Mporokoso, Kaputa, Chilubi, Luwingu, Mpika, Chinsali, Isoka, Mafinga and Nakonde. The Project emphasized the need for DRNs, encouraged members to update their directories and provided out-going and in-coming referral registers, client referral slips and service codes. Furthermore, the Project shared soft copies of DRN–Operational Guidelines Manual as well as DRN tools for establishing district referral networks for comprehensive HIV Care in low-resource settings. The project supported each DRN with an amount of K1,

500 from which stationery was bought and photocopies of standard referral documents were also made and circulated.

- **Northwestern:** Four meetings were held with DACAs and DCMOs in Mufumbwe, Kabompo, Zambezi and Chavuma Districts to prepare for the DRN meetings scheduled for the next quarter. In Kasempa, Mwinilunga and Ikelenge the DRN focal persons were met for the same purpose.

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

3.1: Joint Assessment and Planning Process

ZPCT IIB conducted the district capacity assessment in nine pilot districts chosen on the basis of their ability to sustain the quality of services in the district. The assessments focused on the following areas: clinical mentorship, commodity management, integration of services, equipment maintenance and coordination of HIV services in the districts. It was clear from the assessment that the assessed DCMOs' capacity for critical management functions and systems needed to be built to be able to manage these services independently, particularly to manage the transitioned functions.

One important outcome of this exercise was the capacity strengthening plans developed based on findings on the capacity assessments. Implementation of these plans has begun and will be strengthened begin in third quarter. It is anticipated that the implementation of the capacity strengthening plans will result in an improvement in the planning, implementation and monitoring of decentralized HIV related services.

3.2: Provision of Capacity Strengthening TA and Related Support

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

- Integration of services: During this quarter ZPCT IIB worked with all PMOs and DCMOs in all the supported facilities to strengthen service integration. There were marked improvements in integration of Family Planning in all HIV service areas and other clinical areas including Voluntary Male Medical Circumcision (VMMC), eMTCT, HTC, ART, MNCH, and TB. Other areas of integration included HTC in TB and VMMC as well as GBV in HTC. ZPCT IIB supported PMOs and DCMOs to mentor health workers in service integration to ensure sustainability.
- Clinical mentoring: During this quarter, ZPCT IIB technical staff conducted mentorship focused on FP, VMMC, PEP, new guidelines, and Option B+. Joint mentorship were also done by the ZPCT IIB laboratory and pharmacy staff in Northern, Muchinga and Copperbelt provinces as part of implementation of the district capacity strengthening plans developed after the district assessment. The focus was on integration of the ZPCT IIB mentorship system with the GRZ system including the tools used for mentorship. In addition, emphasis was put on mentoring the GRZ mentors to be able to provide this mentorship with the use of the GRZ laboratory and pharmacy mentorship tools. It is hoped with this process that we will strengthen the GRZ mentorship system as well as build their capacity in aforementioned areas to mentor using their GRZ tools and thus prepare for transitioning this aspect of ZPCTIIB work to GRZ.
- Commodity management: mentorship was provided in this area as part of the joint mentorship conducted in the quarter under review.
- Equipment maintenance: Training was done in equipment maintenance by Scientific Group which included the users, Provincial Biomedical Scientists and the Provincial Medical Equipment Officers. This was to set the stage for capacity strengthening in equipment maintenance and supervision of the laboratory staff. This will assist with ensuring that the maintenance plans are developed and adhered to as well as SOPs developed for individual laboratories. For the transition, the involvement of the PMEOs in maintaining the bigger platform equipment (to get the experience) will assist with institutionalizing equipment maintenance at provincial level.

- District coordination of HIV services: meetings were held in Ndola to review status and performance of the District Referral Networks (DRN) as part of capacity strengthening. One outcome of this meeting was a plan to reactivate and support the Ndola DRN with a meeting and updating of the membership directory and use of standardized forms including referral feedback and tracking of referred clients.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and Evaluation (M&E)

During this quarter, routine M&E processes were conducted, including detailed cascade analysis of several ZPCTIIB program areas such as TB/HIV, eMTCT, Clinical Care and Male Circumcision. The M&E procedure manual was updated with new option B+ indicators and the project operationalized the collection of the data for these new indicators.

To ensure that all the new community HTC actives are being documented and reported correctly, training was conducted for selected staff where the pilot activities are being done. These included HCWs, lay counsellors as well as ZPCT IIB technical officers overseeing these activities.

ZPCTIIB collaborated with MOH, MCDMCH, EGPAF and other partners by participating in a workshop which discussed and reviewed the new version of SmartCare. ZPCTIIB M&E staff also attended a SmartCare assessment feedback meeting organized by the Ministry of Health.

The ZPCTIIB SI/M&E staff participated in a Global FHI360 SI/M&E workshop held in Addis Ababa, Ethiopia where data quality and data utilization was the emphasis. The ZPCTIIB SI unit also participated in the National VMMC data audit which was conducted in some selected facilities in the country.

Capacity building activities

DATIM training was conducted for key M&E staff and the SAPR data reported for the period October 2014 through March 2015. Training was conducted for 80 Pharmacy staff in Smartcare.

Quality assurance and quality improvement (QA/QI)

ZPCT IIB continued collaborating with MOH in supporting and monitoring the implementation of quality improvement activities across the six supported provinces. During the quarter, ZPCT IIB attended the quarterly quality improvement technical working group at the MOH.

During the quarter, ZPCT IIB conducted a QI training for 28 ZPCT IIB technical staff. This was a five day workshop targeting ZPCT IIB technical staff in the roll out of quality improvement training based on the performance improvement approach as recommended by the Ministry of Health.

RESEARCH

Manuscripts

During this period under review, ZPCT IIB received feedback on manuscripts after addressing the comments from peer reviewed journals. The following manuscripts were accepted for publication:

1. Identifying factors associated with graduation from intensive technical assistance of ZPCT I AND ZPCT II's PEPFAR-funded HIV/AIDS program, through use of QA/QI initiatives in 42 MOH districts. This paper was accepted and published in PLoS One. 2015 Jun 22;10 (6).
2. Is Male Involvement in ANC and PMTCT Associated with Increased Facility-Based Obstetric Delivery in Pregnant Women? This paper was accepted and will be published in Vol. 19 No. 2 (June 2015 Edition) of the African Journal of Reproductive Health.

In addition, ZPCT IIB staff are still addressing comments from peer reviewed journals to the following submitted manuscripts:

1. Family Planning and HIV Services Integration: Enhanced systems for tracking referrals to FP from HIV services - does it help increase uptake of FP services?

2. Assessing the retention in care for patients on antiretroviral therapy in rural Zambia.
3. Evaluating the effect of mobile health technology (program Mwana) on the rate of ART initiation in HIV infected children below 18 months.

Once the revisions are completed, these manuscripts will be re-submitted to the peer reviewed journals for further consideration and publication in the next quarter

Abstracts to regional and international conferences

The following abstracts were submitted for presentation at regional conferences:

1. Tuberculosis among HIV-positive patients at antiretroviral clinics in Zambia: clinical characteristics and timing of diagnosis.
 - An abstract entitled “Beyond IRIS TB, how common is tuberculosis among patients on ART?” was submitted to the 9th International Workshop on HIV Treatment, Pathogenesis and Prevention Research in Resource-poor Settings (9th INTEREST workshop) which was held in Harare, Zimbabwe from 5-8 May, 2015.
 - The abstract was accepted and presented as a poster presentation at this conference by a ZPCT IIB staff.
2. Categorizing the ART phase of starting TB treatment in a Zambian HIV program.
 - An abstract from this manuscript entitled “Characterizing Non-IRIS TB Treatment among cART Patients in Zambia” was submitted to the 46th Union World Conference on Lung Health to be held in Cape Town, South Africa from 2-6 December, 2015.
 - The notification on whether the abstract has been accepted or not is expected early in the next quarter.

In addition, the project made an oral presentation entitled “Evaluating trends in mother to child transmission in the Northern parts of Zambia” at the Pediatrics ART Review Conference held in Lusaka from 3-4 June, 2015.

Upcoming operational research study

The following protocols are currently being worked on;

1. Option B+ in Zambia: Uptake, retention in care, mother to child transmission rates and strategies to increase ART enrollment after the operationalization of Option B+.
2. Assessing the validity of dry blood spot specimens for routine HIV viral load testing in the northern part of Zambia.
3. Evaluating a pilot on integrating screening of chronic medical conditions in HIV services in the Zambia Prevention Care and Treatment Partnership II-supported health facilities.
4. Collaboration with University of Zambia School of Medicine (UNZA SOM)
The collaboration with UNZA SOM has continued in the ZPCT IIB. This partnership allows for ZPCT IIB to engage Master of Public Health (MPH) students from UNZA SOM as interns and provide them with information and financial resources needed to complete their research and dissertations. ZPCT IIB recruited two MPH students (interns). The interns submitted their research proposals to ERES Converge (local ethics committee) in June for approval.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: During this quarter, ZPCT IIB amended and signed 74 recipient agreements (56 DCMOs, 12 general hospitals and six Provincial Medical Offices).

Renovations: As a result of additional funds being available, ZPCT IIB has targeted renovations in an additional nine health facilities bringing the total to 25 health facility refurbishments. Works for all the original 16 health facilities are expected to be completed by the end of next quarter. Tender documents

compilation and tender advertising for the additional targeted nine facilities has commenced with contract signing and works completion expected by the third quarter of 2015.

Mitigation of environmental impact

ZPCT IIB continues to monitor management of medical waste and ensure environmental compliance in all of its supported health facilities as per USAID approved Environmental Mitigation and Monitoring Plan (EMMP), by ensuring waste is segregated in color code bins, ensuring availability and proper use of sharp boxes, ensuring burning pits and disposal sites are fenced off to prevent scavenging etc.

During the quarter, the project conducted mobile HTC and VMMC in various locations. During the mobile HTC and VMMC, the project ensured that the waste was managed according to the USAID approved Environmental Mitigation and Monitoring Plan (EMMP) by ensuring that at each of the sites, the team placed bio-hazard bags and sharp boxes for medical waste disposal. During the HTC implementation process, used needles, and other sharp implements were stored in sharp boxes while soiled cotton wool and used disposable gloves were kept in bio hazards bags. After the exercise, sharp boxes and the bio-waste bags were transported to the health facility for disposal under the supervision of a trained health facility staff.

Procurement

This quarter, ZPCT IIB procured the following: printing of various registers and job aids posters such as 900 community HTC screening tool booklets, 1500 of four kinds of family planning job aids, 12,000 of five kinds of job aids for male circumcision, 50,252 of 17 kinds of job aids under clinical care.

ZPCT IIB also procured the following medical furniture, equipment and supplies; 250 hemocue microcuvettes, 40,000 suspension files, 40,000 manila folders, 40,000 file fasteners, 278 toner cartridges, 240 pillows, 600 hand towels, 600 bedsheets, 120 lockable storage cabinets, 120 office desks, 360 swivel chairs, 120 hand-wash stations with basins, 24 hemocue analyzers, five television sets, five DVD/radio players, 48 BP machines, 100 accucheck glucometer strips, 200 urine chemistry strips, 1 RPR shaker, one beam balance, 240 plastic storage containers, 30 mattresses. The registers, medical furniture, equipment and supplies are for ZPCTIIB supported sites.

ZPCT IIB also procured six BP machines, two refrigerators, 12 four drawer filing cabinets for PopART supported sites.

ZPCT IIB will distribute the items to the provincial sites as and when deliveries are made from the vendors.

Human Resources

Training and Development: 5 ZPCT IIB staff attended training in this quarter.

- Project Design and performance measurement skills
- Accounting for Donor Funded Projects
- Purchasing and Stores Management
- Supervisory skills, Team Building and conflict Management
- Training in Sexual Reproductive Health

Information Technology

Through ZPCT II and IIB Procurement of computers for staff. A total of 63 new laptops for staff were procured and have been delivered. Three of these laptops are high end computers able to process large amounts of data in a significantly shorter periods. Working with large databases had become a challenge for the data managers. The other sixty computer will replace faulty and obsolete models at all ZPCT IIB offices.

Azure is a cloud based backup service provided by Microsoft and has been adopted for use at all FHI360 offices. Azure is a Unified solution for protecting data on premises and in the cloud and is 99.9%

availability guaranteed. It also provides reliable offsite backup. Implementation of this technology was successfully piloted at Lusaka office. It is now being rolled out to all provincial offices starting with Ndola where Azure is already fully functional. Azure will complement the already running cloud based technologies such as Office 365 SharePoint and One drive.

User data migrations to cloud based OneDrive is underway at all ZPCT IIB offices. Migrations are averaging at 40% complete. This process is being staged because of the large amounts of data that has to be migrated.

Implementation of openDNS is now complete at all sites. OpenDNS provides a cloud-delivered network security service that delivers automated protection against advanced attacks for any device, anywhere.

Facility networking continued at a slower pace due to material stock out. Arrangement are being made to order more materials including switches, PVC trunking, and UTP cable.

Airtel was engaged to provide a data circuit between ZPCT supported facilities and Lusaka office to ease data transfers and provide internet for Web2SMS notifications. The data circuit is now fully installed and will in the coming quarter become fully operational.

Finance

- **Pipeline report:** The cumulative obligated amount is \$24,900,000 out of which ZPCT IIB has spent US\$14,311,835 as of June 30, 2015. The total expenditure to date represents 57% of the cumulative obligation. Using the current burn rate of US\$1,301,076. This expenditure is expected to increase in the next quarter when we receive invoices from our subcontractors. Recently, all recipient agreements with the GRZ/MOH and MCDMCH have undergone amendment and are yet to be signed by the GRZ/MOH and MCDMCH. Trainings in the field have been increased in all six provinces.
- **Reports for April - June 2015:**

Submitted seven Invoices (SF1034), for the deliverables (two through eight) as per contract payment schedule.

- **Trainings and Financial reviews during the quarter**

The following trainings and financial reviews took place in the quarter under review:

- The finance and Compliance team conducted financial supervisory reviews for the central and Northwestern Provinces
- Two staff from our HQ traveled to Zambia to conduct a capacity building training in organization policies and implementation, for the Zambia Office.

KEY ISSUES AND CHALLENGES

National-level issues

- **Laboratory commodity stock-outs**

The quarter recorded stock outs of HIV EID kits and HIV viral load kits, this state of affairs has been quite persistent over the past two quarters resulting in testing backlogs. The ADCH PCR Laboratory is still processing samples from the last stock out which was coupled with equipment breakdown (an average of six weeks in all). Stock outs of commodities supporting ABX Micros analyzer were short-lived as within ten days supplies were replenished and testing continued as per normal. The general outlook indicated that stock levels for most routine laboratory reagents was somewhat stable. .

- **SmartCare Integrated Pharmacy Module:** It was noted that there are some sites at which another inventory tool has been implemented called the eLMIS and some concern has been raised over which tool to use. Both MoH and CDC were notified and will give an update next quarter.
- **ARV Stock Imbalances:** There were stock imbalances noted for Efavirenz 600mg, pediatric Abacavir/Lamivudine, Zidovudine 300mg tablets, Lamivudine 150mg tablets, Kaletra and

Atazanavir during the quarter under review. ZPCT IIB, in collaboration with MSL, ensured re-distribution to affected areas and the situation normalized at the end of quarter for some products.

▪ **Equipment functionality:**

- *Humalyzer 2000 chemistry analyzers:* Functionality of this platform was generally stable across all provinces and in some facilities is now acting as a backup analyzer. MoH have begun placing the Cobas C111 which is a fully automated chemistry platform designed for low throughput centres. This analyser is steadily replacing the humalyser as the main chemistry analyser in some district labs e.g. Mwense District Hospital.
- *FACSCount CD4 machines:* Luapula province still has a number of challenges with FACS Counts which are largely attributable to poor electricity supply Kawambwa District Hospital, Mansa General Hospital and Kabuta Rural Health Centre are still problematic and haven't been resolved by the vendor yet.
- *FACSCalibur:* This platform was generally functional except for Mansa and Solwezi General Hospitals (SGH & MGH), for MGH the vendor was unable to comprehensively address the problem due to power inconsistencies while for SGH there appears to have been a breakdown in communication on how the equipment can be used; however, this has been resolved. Assessments have revealed that users are not keen on using the platform because of the absence of sample loaders. This state of affairs reduces the equipment's throughput significantly, almost equating it to the FACS Count throughput.
- *ABX Micros hematology analyzers:* The performance of this robust platform across ZPCT IIB supported facilities has been stable, and breakdowns have been attended to within a three week time frame
- *ABX Pentra C200:* Generally stable performance experienced through the quarter across all provinces.
- *Sysmex poch 100-i:* No major incidents were reported during the quarter.

ZPCT IIB Programmatic Challenges

▪ **Specimen referral for CD4 count assessment**

Specimen referral activities continued at the usual rate in the last quarter with some sites now having capacity at the local level to perform their own CD4 testing. Therefore, a slight reduction in referral activities has been noted in facilities that have received the PIMA point of care CD4 analyzer. A total of sixty analyzers have been placed in ZPCT IIB supported facilities (against and well over 95% of these are functional. The broken down analyzers are being attended to by the vendor quite promptly.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (April – June 2015)	Travel plans for Next Quarter (July – September 2015)
<ul style="list-style-type: none"> ▪ Sarah Johnson, Bud Crandall and Alaine travelled to Zambia from May 1 to 17 to conduct capacity assessments in 10 districts focused on equipment maintenance, commodity management, integration of services and clinical mentoring. ▪ Catherine Mundy travelled to Zambia in May 2015 to provide routine support and assess the implementation of ZPCT IIB deliverables. ▪ Catherine Mwale, Patrick Katayamoyo, Patrick Makelele, and Bosco Mukanyimi, travelled to Harare in Zimbabwe to attend to the 9th International Workshop on HIV treatment, Pathogenesis and Prevention Research in Resource-Limited settings from 4th -8th May 2015. ▪ Nyirenda Lameck- Snr Strategic Information Advisor, Sitenge Gift- Snr Technical Officer-M&E, and Sinyangwe Victor- Snr Provincial M&E Officer attended a FHI360 Global SI/M&E workshop on data quality and data use from June 8 – 12, 2015, Addis Ababa – Ethiopia. 	

ANNEX B: Meetings and Workshops this Quarter (Apr. – Jun., 2015)

Technical Area	Meeting/Workshop/Trainings Attended
	<p>21st April 2015: CBD Task Force meeting held at SUFP The purpose of the meeting was to discuss CBD injectable contraceptive method, CBD strategy and CBD training package. On CBD injectable it was agreed that a team needs to seek audience with the PS Ministry of Health (Dr. Chikamata) and discuss on the way forward. CBD guidelines were to be followed up by one of the task force members. The training manuals were reviewed and were sent to MCDMCH for approval. Participants came from USAID, FHI360/ZPCT IIB, SFH and SUFP.</p>
	<p>5th May 2015:LARC trainings database workshop held at CHAI office in Kabulonga The objectives were that at the end of the workshop participants should be able to explain; 1) what the LARC Training Database is 2) How the LARC Training Database can be used, 3) To demonstrate competency in the actions required to update the LARC Training Database. The presenter discussed what the LARC Training Database is, how it can be used and what the process will be to update it, she walked the participants through the LARC Training Database Excel file. Participants practiced working with Excel file to update the LARC Training Database. The presenter also discussed the Secondary Analysis with HMIS data. The follow up meeting to be held with officers from MCDMCH.</p>
	<p>6th – 8th May and 8th – 10th June, 2015:Revision of HTC training curriculum held at Kariba inn in Siavonga The purpose of the meeting was to review the HTC training curriculum by key stakeholders such as ZCC, MOH, MCDMCH, Chainama college. The final draft document was presented to the MOH for approval.</p>
	<p>9th – 11th May, 2015: Revision and finalization of ART/OIs training manuals meeting held at Tecla Lodge, Lusaka The purpose of the meeting was to discuss and finalized the training manuals for ART/OIs training for HCWs. The draft document including PowerPoint presentations were submitted to the MOH.</p>
	<p>12th May 2015: CBD Task Force meeting which held at SUFP The purpose of the meeting was to follow up on the progress on the CBD guidelines, CBD Strategy, Validation of CBD Curriculum and Task shifting guidelines. Discussions went as follows;</p> <ul style="list-style-type: none"> ▪ CBD guidelines were sent to MoH but there had been no feedback – Chair for the Task Force to follow up with Dr Mwiche. ▪ CBD strategy: UNFPA has given MCDMCH funds to work on the strategy. ▪ Validation of CBD Curriculum: Childfund piloted the curriculum and noted some gaps which needed to be corrected before it can be a final document. ▪ Task shifting guidelines: One of the task force members had started developing the guidelines.
	<p>19th - 22nd May 2015:CC/PMTCT combined unit meeting held at FHI360 board room The purpose of meeting was to review the achievements in the past six months of ZPCT II B implementation of activities including priority areas as planned in ZPCT II B workplan, and to develop action points for meeting indicator targets.</p>
	<p>28th May 2015:FPTWG meeting held at MCDMCH The purpose was to discuss the M&E framework for FP-HIV integration, FP scale up plan accountability Framework (score card), Revised inception report for FP Communication strategy (MDCMCH/Ministry of Information/ZANIS), Supply chain update by MCDMCH, JSI and MSL and reports from sub committees and partners.</p>
	<p>June, 2015: FP/HIV integration meeting held at MCDMCH The purpose of the meeting was to give a brief vision on what integration was by MCDMCH. A review of what FP/HIV integration was done by both MCDMCH and partners that were presented. MCDMCH urged all partners to regularly share what they are doing with MCDMCH so that they know what is being done in the supported facilities. Tentative Road map towards FP/HIVC integration was also discussed</p>
	<p>3-4th June 2015: Annual National Pediatric ART review meeting held at Intercontinental Hotel in Lusaka. The theme was “Leaving No Child Behind; Raising a Healthy Generation”.</p>
	<p>18th June 2015: The 2015 National VCT day 5th preparatory meeting held at MCDMCH. It was discussed that the Ministry was still sourcing for partners to assist in meeting the required resources. The main event was to take place on the Copperbelt in Chililabombwe District.</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>23rd June 2015: Stakeholders Consultative Meeting on the Out of School Youth Comprehensive Sexuality Education (CSE) Curriculum held at Intercontinental Hotel. The opening remarks by the UNFPA representative included the importance of Comprehensive Sexuality Education and that Out of School Curriculum should provide adequate information on life skills, human rights and gender issues. The remarks by the NAC representative also emphasized on the importance of comprehensive sexuality education with the young people and that young people should not be left behind in issues of health through education. The Director of the Youth in the Ministry of Youth and Sport represented the PS. He thanked the stakeholders for coming to this important meeting and mentioned that it is important for the youth to have the necessary right knowledge and skills for them to make informed choice on issues of sex</p> <p>23rd June 2015: Adolescent Health Technical Working Group held at Intercontinental Hotel. The meeting was a follow up on from the CSE Consultative Meeting. It was emphasized that partners should be submitting reports to MCDMCH on the activities that they do in relation to adolescents. It was also mentioned that four organization (ZPCT IIB, CHAMP, PPAZ, Marrie Stops) were chosen to submit proposals and workplans on why young girls are getting pregnant despite what is being done concerning adolescent health.</p> <p>25th June 2015: Family Planning TWG held at MCDMCH. Partners were encouraged to submit their workplan on planned FP activities. All partners working on HIV/FP integration should submit what they are doing and their commitment. MCDMCH gave a presentation on Post-Partum Family Planning (PPFP) and other partners gave there activity presentations.</p> <p>28th June to 2nd July 2015: Review and Finalization of CBD Training Manuals held at Ndozo Lodge. Representation came from; MCDMCH, FHI 360, USAID, SUFP, PPAZ, Childfund, Chongwe MCDMCH and Freelancers. Facilitators and Participants manuals were reviewed; gaps identified and corrected. Way forward; to have the document cleaned and then share the document with the technical working group. MCDMCH to attach the appendices (pre and post test, tally sheet, supervision summary sheet, stock tracking form).</p>
MC	<p>April 16, 2015: M&E Technical Working Group Subcommittee meeting at CHAI Baobab boardroom, Lusaka. ZPCTIIB participated in this meeting that addressed the following agenda items: Data compilation for campaign in HMIS vs Partner data, Data submission by partners using the template and Data analysis for partner data vs HMIS (2014 – 2015 data). From the meeting presentation, evidently, there are still large discrepancies between HMIS and Partner Data. The recommendations for the partner data presentation were to find out the figures for CDC funded provinces (Western, and Lusaka provinces), Eastern provinces does submit their numbers independent of partner support and Southern provinces uses the CDC support for program coordination and governance and not actual service provision. Another recommendation was to provide baseline data for the HMIS presentation and national data audit.</p> <p>April 21, 2015: M&E Technical Working Group Subcommittee meeting at CHAI Baobab boardroom, Lusaka. ZPCTIIB participated in this meeting that conducted data analysis for VMMC implementing partner data vs HMIS 2014 and conducted sampling of provinces for M&E data audit and next steps.</p> <p>May 18-22, 2015: VMMC annual forecasting and quantification workshop at Moba hotel, Kitwe. ZPCTIIB attended and participated in workshop that had the following objectives: Review and document key forecast assumptions for MC commodities agreed upon in August 2014, Review and agree on the MC targets for the period 2015-2017, Document current commodity consumption trends from partners, Determine MC commodity and procurement funding requirements for the program for 2016 and 2017 and Discuss and document funding sources to address the forecast for 2016 and 2017. The workshop agreed on the following action points: All implementing partners need to share VMMC stock status data with MCDMCH (VMMC coordinator) on a monthly basis to better manage the MC pipeline. These reports are to be submitted by 15th of the next month. June 2015 is the first reporting month. Stock status data to include planned orders and distribution plans; a report template will be shared by MCDMCH and the MCDMCH to formally communicate to MSL regarding new MC Logistics management system.</p> <p>June 18, 2015: M&E Technical Working Group Sub-committee Meeting at SFH. ZPCT IIB attended and participated in the national VMMC data audit collection tools testing and</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>review. In April 2015, the VMMC M&E Technical Working Group (TWG) subcommittee¹ met to disseminate the 2014 annual compiled program data from partners and HMIS. The evidence from the dissemination was that of large discrepancies between the partner data and the HMIS VMMC data –a variance of approximately 115,000 overall. This presents a challenge in regards to analyzing the impact of program performance, therefore the ministry’s coordinating unit proposed a national data audit.</p> <p>June 23,2015: IPSOS Market Research Program Supporting Demand Generation for VMMC in Zambia Dissemination Meeting at Southern Sun Ridgeway Hotel, Lusaka. ZPCTIIB attended this meeting that was designed to disseminate systematic market research analyses conducted by IPSOS. The study objectives included the following: identifying market insights that guide development of key demand generation strategies and communications, develop market segmented strategies for effective demand creation activities and their scale up, develop tracking tools for measuring demand creation activities , identify the potential role of devices in demand creation, including forecasting uptake and assessing potential for sustainable infant and early adolescent MC.</p>
Laboratory	<p>May 15,2015 MSH attended consultative meeting with CDC Laboratory Infrastructure Chief to discuss accreditation preparedness training.</p> <p>June 10-12 2015: Laboratory Technical Working group meeting MSH attended the national laboratory technical working group meeting with other partners. The meeting was convened by MoH with support from CHAI. : MSH Senior</p>
Pharmacy	<p>June 21-27 2015 : Quality Improvement Training MSH attended the first Quality Improvement (QI) workshop based on the newly introduced Performance Improvement Approach model (PIA) and participated in one practical onsite QI activity</p> <p>April 20, 2015: 3DE Decongestion Study Meeting Clinton Health Aids Initiative invited MSH to discuss the decongestion study that was carried out in Lusaka province. The aim was to implement the 3 month supply concept as per guidelines and analyze this to see if it led to decongestion at service delivery point.</p> <p>May 18 – 22, 2015: National VMMC Forecasting and Quantification Meeting The Ministry of Community Development, Mother and Child Health in collaboration with cooperating partners held this workshop to review and document key forecast assumptions for MC Commodities, review forecast methodologies and agree on scale up plans to quantify the national needs for MC Commodities. In addition the MC Commodities funding commitments for 2016 and 2017 were identified.</p>
	<p>May 21, 2015: National Supply Chain Management Coordinating Meeting The Ministry of Health in collaboration with Cooperating Partners held a meeting to discuss significant investments made in the supply system to ensure increased access to essential medicines and medical supplies. Zambia has developed a National Supply Chain Strategy as part of health systems strengthening to improve the quality of Health Services</p> <p>June 22, 2015: Pharmacy Research Conference Committee Meeting The Ministry of Health with support from CIDRZ held this preparatory meeting to plan for the annual pharmacy research conference scheduled for August with the theme <i>Strengthening the role of pharmacy in providing quality health services through research</i>. The conference will focus on abstract presentations from pharmacists and other pharmacy personnel.</p> <p>Trainings: A number of HCWs and lay counsellor were integrated into ZPCT IIB planned trainings: five HCWs were trained in MC from (Chipulukusu,Chipokota Mayamba and Chimwemwe); one HCW was trained from Chimwemwe was trained in full basic ART /O.Is for Adults, one HCW from Chipulukusu was trained in Basic ART/O.I management for Paeds; two technical officers (Implementation Coordinator and the technical officer) were trained in Quality Improvement based on Performance Improvement Model (PIA); five HCWs were trained from Chipulukusu and Ndeke in Zambia Consolidated Guidelines; two HCWs from Ndeke were trained in eMTCT; two HCWs from Ngungu and Makululu were trained in ART commodity management; one lay counselor from Ndeke HC was trained in GBV for Lay counsellors.</p>
Capacity Strengthening	<p>June 16-17, 2015: Copperbelt Provincial Medical Office Integrated Technical Review Meeting (PIM) in Kitwe ZPCT IIB supported and attended the Copperbelt Provincial Medical Office Integrated Technical Review Meeting (PIM) which was held in Kitwe from 16th to 17th June, 2015. The main objectives of the meeting were: to review performance indicators for 2014 and the first quarter,</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>2015; to share best experiences among the health institutions and find solutions to the problematic areas and to solicit for support from partners.</p> <p>The meeting reviewed the performance of districts, second and third level hospitals, training institutions, statutory bodies, partners in health and the province as a whole in service delivery, training of health workers and health system strengthening interventions.</p> <p>June 16-17, 2015: Capacity Strengthening meeting with Ndola and Kitwe DCMOs ZPCT IIB attended a meeting with Kitwe and Ndola District Community Medical Offices (DCMO) to discuss the Capacity strengthening plans to be implemented in the districts which included focus on the joint implementation of activities with GRZ staff and use of GRZ mentorship and other tools. There was support for the activities by the acting District Community Medical Officer (DCMO) and a foundation was laid for the various ZPCTIIB officers to implement these activities jointly with DCMO staff.</p>
SI	<p>June 18, 2015 <i>National VMMC meeting at SFH Board Room:</i> ZPCTII participated in this meeting that addressed the following agenda items: National VMMC data audit. This was in preparation for the National VMMC data audit which was conducted in selected facilities.</p>

ANNEX C: Success Story

Treatment enables PLHA to participate in socio-economic life

Treatment for people living with HIV enables positive social and economic participation in society. Alice Chileya, a 36 year old divorcee and mother of three, who volunteers as an Adherence Support Worker (ASW) at Kasama General Hospital, is living testimony of this. Alice who was trained with PEPFAR support along with 268 other volunteers in Northern and Muchinga Province, has been volunteering for the past three years.

Using the monthly transport stipend she receives from the Zambia Prevention Care and Treatment Partnership IIB (ZPCT IIB), she completed a course in Secretarial and Office Management at Lukashya Trades Training Institute on part-time basis and is now employed with the Ministry of Works and Supply as a secretary.

Alice's life has turned around from the time she was first diagnosed with HIV in 2006 and observes: *“People think when you are HIV positive, it is the end of the world. However, one's positive attitude and adherence to treatment can change everything for the better.”*

When she was diagnosed HIV positive she was not deterred her from living a positive life. Soon after her diagnosis, she joined the Network of People Living with HIV and later formed a support group called ‘Chichetekelo’ (meaning Hope) in Location Township of Kasama district where she resides. The group has 25 members who are living positively. Despite being in full time employment, Alice has continued volunteering at Kasama General Hospital and in her support group.

“Adherence training, support and my exposure to the service has changed my life. My work as an ASW and the exposure to HIV and AIDS community services encouraged me not to give up hope and be where I am today. I thank ZPCT II for the support. Please continue supporting such life changing programs so that more people can benefit”, said Alice.

Alice is now able to better support her three children.

ANNEX D: Activities Planned for the Next Quarter (Jul. – Sep., 2015)

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).				
1.1: HIV testing and counseling (HTC) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and Lay counselors in HTC courses.	x	x	x
	Monitor the community based HTC activities that have been implemented (Door to door and patient index) in 14 selected sites, ensure escorted referral of all clients testing HIV positive to the health centre, with a written slip.	x	x	x
	Escort clients who tested HIV-positive from HTC corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for HTC clients testing HIV negative by giving them the review cards, and tell them the benefits of re-testing three months after the first test and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen HTC services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen routine child HTC in all under five clinics, and in the children's laying in wards	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing strengthening the use of HTC services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes.	x	x	x
	Strengthen implementation of PHDP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented HTC in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine HTC to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile HTC for hard to reach areas in collaboration with CARE international	x	x	x
Strengthen referral from mobile HTC for those				

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including eMTCT, ART, clinical care and prevention	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into HTC programming during HTC courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within HTC setting	x	x	x
1.2: Elimination of mother-to-child transmission (eMTCT) services	Strengthen the use of community eMTCT counselors to address staff shortages	x	x	x
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/eMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant three months after the initial test, and 32 weeks and thereafter (women in third trimester) with immediate provision of ARVs for those that sero convert	x	x	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x
	Train/orient HCWs and Lay counselors in Option B+ from selected sites		x	x
	Operationalize and strengthen the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies	x	x	x
	Orient facility staffs on B+ option and ensure implementation at all facilities.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Scale up support of FP equipment for LARCs services in 120 sites		x	x
	Training of more HCWs in provision of LARCs services		x	x
	Procure point of service hemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support the operationalization of the 8 year plan for FP	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted HTC and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
Expand nutrition messages on exclusive breastfeeding and appropriate weaning in	x	x	x	

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	collaboration with the IYCN program			
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PHDP within eMTCT services for those who test positive through training using the PHDP module in the eMTCT training as well as incorporating PHDP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen correct and accurate documentation of services in supported facilities	x	x	x
	Continue working with eMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote positive health dignity prevention with positives.	x	x	x
1.3: Antiretroviral Therapy	Conduct quarterly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to	x	x	x

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines			
	Conduct full ASW refresher training	x	x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	x
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which are already offering ART through onsite orientation and distribution of job aids and integrated ART guidelines.	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
1.4: Clinical palliative care services	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of Post Exposure Prophylaxis (PEP) activities in all supported facilities	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in	x	x	x

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	high volume ZPCT IIB supported sites			
1.5: Scale up voluntary medical male circumcision (VMMC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 56 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	x
	Train 56 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	x
	Develop plan for post-training follow up and on-site mentoring all 56 trained HCWs staff by SSZ in all six provinces for the	x	x	x
	Develop and print VMMC Standard Operational Procedure Manual & Job Aids for all 56 MC sites	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: Increase emphasis on MC as an HIV prevention tool as part of couple counseling in CT/eMTCT (with referrals for all HIV-negative male partners).	x	x	x
	Continue to enhance core VMMC services: Improve reach by tailoring interventions based on age group and geography (e.g., procuring tents for MC outreach activities in areas with inadequate infrastructure), improve demand creation for static service delivery through specialized volunteer educators to promote MC within health center catchment areas; strengthen existing systems for coordinating MC programming at provincial/district levels	x	x	x
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	x	x	
1.6: TB/HIV services	TB/HIV integration by supporting and improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Strengthen implementation of the “3 Is” approach	x	x	x
	Support TB Presumptive register post intensified case finding of TB	x	x	x
1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071	Monthly visitations by Implementation Coordinator and Data Manager to the six PopART sites to monitor implementation of activities.	x	x	x
	Weekly visitations by the PopART Technical Officer to the six health facilities to provide technical support and ensure that ART/MC/Option B+/TB/STI services run without interruptions.			
	Provide continued support for client enrollment/follow up activities and strengthen provision of quality HIV/AIDS services as recommended by the ART National Guidelines and PopART Study protocol.	x	x	x
	Continue to collaborate with ZAMBART and other implementing partners (MOH, MCDMCH)	x	x	x

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	to improve client linkages from communities to health facilities for care.			
	Continue to integrate HCWs and community volunteers to participate in the ZPCT IIB planned trainings	x	x	x
	To support the startup works for the implementation of one TB QI project at either Chipokota Mayamba or Chimwemwe H.Cs.	x	x	x
	With the coordination of the PopART technical officer, each of the six PopART sites will hold at least one clinical meeting in the coming quarter.			
1.8: Public-private partnerships	Scale up ART at current sites to implement new GRZ guidelines that expand eligibility	x	x	x
	Continue the roll-out of Option B+ in eMTCT services	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: CT in all clinical services; eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN] distribution); FP referrals		x	
	Continue to enhance core HIV/AIDS services: Improve adolescent HIV services by sensitizing and/or training HCWs, volunteers and parents on HIV-positive adolescents' special needs strengthen implementation of the "3 Is" approach	x	x	x
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery; administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	x	x	s
1.9: Gender Integration	Backstop the GBV training in NWP	X		
	Provide on-going technical support to provinces and monitor implementation of gender activities	X	X	X
	Prepare progress reports			X
Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.				
2.1: Maintain, expand and strengthen pharmacy services	Provide comprehensive technical assistance to pharmacy staff in forecasting, quantifying, ordering, and procuring ARVs and other HIV and AIDs related medicines and medical supplies to avert stock imbalances	x	x	x
	Support to the MoH pharmacy mentorship program and implementation of the model sites mentorship program		x	x
	Support commodity inventory management systems, storage specifications, and commodity security			x
	Provide ongoing technical oversight to provincial pharmacy technical officers including new staff	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on the eMTCT program	x	x	x
	Support roll out and implementation of SmartCare integrated pharmacy database for management of medicines and medical supplies and facilitate at the SmartCare essentials	x	x	x

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	trainings			
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	x
	Participate in the pharmacy components of the PopART pilot study in selected ZPCT IIB supported pilot sites	x	x	x
	Support the compilation of the reviewed commodity management training package	x	x	x
	Participate in national quarterly review for ARV drugs for ART and eMTCT programs	x	x	x
	Build capacity of community volunteers in dispensing practices to promote ART adherence and retention in care	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
2.2: Maintain, expand and strengthen laboratory services	Strengthen and expand the specimen referral system for dried blood spots, CD4, and other baseline tests in supported facilities	x	x	x
	Coordinate and support the installation of laboratory equipment procured by ZPCT IIB in selected sites	x	x	x
	Promote the use of new guidelines for both ART and PMTCT in line with MOH and MCDMCH guidance	x	x	x
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services	x	x	x
	Support the dissemination of guidelines for laboratory services.	x	x	x
	Monitor roll out of equipment and commodity database	x	x	x
	Monitor and strengthen the implementation of the CD4 and chemistry EQA testing program .	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities	x	x	x
	Finalisation and implementation of the viral load study using DBS (ADCH and Scaled up National)	x	x	x
	VL testing at ADCH PCR Laboratory	x	x	x
	Support roll out of VL & EID testing at provincial laboratories	x	x	x
	Roll out automated EID testing at ADCH	x	x	x
	Pilot and roll out the equipment database	x	x	x
	Monitor PIMA functionality and assess impact	x	x	x
	Provide laboratory based support for the Option B+ program	x	x	x
Support LIS implementation at NCH	x	x	x	
Attend National Quantification meetings	x	x	x	
2.3: Develop the capacity of facility HCWs and community volunteers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and	x	x	x

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	maintenance, and ART commodity management.			
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
	Train HCWS in the New Consolidated Guidelines	x	x	x
2.4: Support for community volunteers while laying the groundwork for increased sustainability	Payment of transport refunds for community volunteers	x	x	x
	Support community outreach by community volunteers to create demand for HTC, VMMC, eMTCT, safe motherhood and clinical care services	x	x	x
	Orient community volunteers in option B+ and community based ART dispensing		x	x
	Support volunteer in the implementation of door to door and patient index HTC		x	x
2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence	Work with NHCs to promote demand for HTC, VMMC, eMTCT, and ART	x	x	x
	Work with Traditional and religious leaders to promote uptake of HTC, VMMC, eMTCT	x	x	x
	Identify and work with groups of PLWHA to promote community ART dispensing .	x	x	x
	Facilitate the establishment of Mother Support groups to promote demand for and retention in eMTCT services among expectant mothers	x	x	x
2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care	work with MCDMCH and DATFS to promote strengthening of district referral network .	x	x	x
Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions				
3.2: Provision of Capacity Strengthening TA and Related Support	Meeting (3 days) for pre-service HIV related training involving both health ministries and some institutions of higher learning.		x	
	Share training data bases and for trainers with both ministries and all PMOs and DCMOs	x	x	x
	Orientation meetings to form, support and strengthen Muchinga Provincial Clinical Care Team (PCCT) and District Clinical Care Team (DCCTs)	x	x	x
	Provide financial support for integrated monthly mentorship/QI meetings (Nakonde and Mwinilunga) and TA in the effective planning, coordination of implementation, monitoring and evaluation of the existing GRZ clinical	x	x	x

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	mentoring and QI program			
	Strengthen and support integrated clinical mentorship/ QI visits in HIV related clinical areas (ART/Option B), Quality Improvement (QI), Lab, Pharmacy, Equipment maintenance and OrgCap elements (finance, Human Resources, governance and planning). These will be combined visits using GRZ materials, local - within the DCMO locality.	x	x	x
	Strengthen and support integration of mentorship in QI in 10 pilot districts (combined mentorship/QI meetings, combined visits using GRZ materials, local - within the DCMO locality)	x	x	x
	Hold monthly meetings with DCMO teams to discuss motorbike maintenance and share lessons learnt from northern province districts for replacement of Chinese motorbikes with stronger models.	x	x	x
	On Job Training for 3 days in Performance Improvement Approach Framework (PIA), 5S, GRZ mentorship and QI monitoring and reporting tools and ART QA/AI tool to use as ART quality self-assessment; problem identification tool for potential QI projects and project monitoring tools in one ART site in one pilot district/ province	x	x	x
	Orientation (OJT) and mentorship in Data Quality Assessments and Data use with emphasis on HIV services related data.	x	x	x
	Provide some financial support for the national QI TWG and conference.	x	x	x
	Develop training package for IT troubleshooting and maintenance for DHIOs in pilot districts.	x	x	x
	Conduct orientation training for District Health Information Officer (DHIOs) in all pilot districts to pilot IT maintenance training package	x	x	x
	Provide 3 day mentorship to GRZ DHIOs in new training package by Provincial ZPCT Helpdesk Officers (HDO). Conduct joint visits (ZPCT HDO with GRZ DHIOs) to facilities as part of mentorship visits.	x	x	x
	Support Kabwe and Ndola DRNs to strengthen capacity to coordinate HIV services at district level.	x	x	x
	Support action planning including data use for planning in pilot DCMOs to ensure Service integration and HIV activities (including QI and Mentorship) adequately planned for and included in the GRZ plans and budgets.	x	x	x
	Support initial PMO partners coordination meetings in each province (quarterly) with two DCMOs represented in each meeting.	x	x	x
	Cost Effectiveness Analysis for mentorship models: ZPCT IIB model sites and GRZ mentorship model.		x	x
Strategic Information - M&E and QA/QI				
SI	Conduct QI training for MCDMCH staff and ZPCT IIB technical Officers	x		x
	Conduct DHIS2 training for MCDMCH staff and ZPCT IIB technical Officers as well as Data Entry Clerks		x	

Objectives	Planned Activities	2015		
		Jul	Aug	Sep
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			x
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Provide on-site QA/QI technical support in two provinces	x	x	x
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities	x	x	x
	Conduct M&E Data quality Assessments in all six provinces			x
	Provide technical support to SmartCare in conjunction with MOH and other partners (Testing of new software)	x	x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade and rollout of the new version to all facilities.	x	x	x
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x
	Program unit meeting	x		
	Approval of contracts for new renovations for the ZPCT IIB	x	x	x
	Delivery of equipment and furniture to ZPCT IIB supported facilities		x	x
Finance	FHI 360 finance team will conduct financial reviews of ZPCT IIB field offices, and subcontracted local partners	x	x	x
	The Finance team will host HQ staff, Lori Mitchell and regional staff Wilas Amayamu, who will come to provide training to the team, including field office staff.		x	
	OCIA team will come to conduct internal audit for the period June 2014 to March 2015			x
HR	Team building activities for enhanced team functionality			x
	Facilitate leadership training for all staff in supervisory positions		x	x
	Recruitment of staff to fill vacant positions	x		
IT	IT Unit meeting	x		
	Facility Network Installations in five provinces	x	x	x
	Test and start using the Airtel link to facilities using dongles		x	x
	Conduct IT inventory updates	x	x	x
	Dismount old VSat and Radio equipment in Kasama Mansa Solwezi and Kabwe.	x	x	x
	Azure Backup implementation, Ndola Kabwe, Kasama, Mansa and Solwezi		x	

ANNEX E: ZPCT IIB Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	4. Bwacha HC	Urban		◆	◆	◆	◆		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwela HC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	18. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	⊙
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Nkumbi RHC	Rural		◆	◆	◆			
	24. Musofu RHC	Rural							
<i>Luano</i>	25. Chikupili HC	Rural		◆	◆	◆		◆	
	26. Coppermine RHC	Rural		◆	◆	◆			
	27. Old Mkushi RHC	Rural	◆	◆	◆	◆			
	28. Kaundula	Rural		◆	◆	◆			
<i>Serenje</i>	29. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	30. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	31. Chibale RHC	Rural		◆	◆	◆		◆	
	32. Muchinka RHC	Rural		◆	◆	◆		◆	
	33. Kabundi RHC	Rural		◆	◆	◆		◆	
	34. Chalilo RHC	Rural		◆	◆	◆		◆	
	35. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	36. Mulilima RHC	Rural		◆	◆	◆		◆	
	37. Gibson RHC	Rural		◆	◆	◆			
	38. Nchimishi RHC	Rural		◆	◆	◆			
	39. Kabamba RHC	Rural		◆	◆	◆			
	40. Mapepala RHC	Rural		◆	◆	◆		◆	
<i>Chibombo</i>	41. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	42. Chikobo RHC	Rural		◆	◆	◆		◆	
	43. Mwachisompola D Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Chibombo RHC	Rural		◆	◆	◆		◆	⊙
	45. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	46. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Muswishi RHC	Rural		◆	◆	◆		◆	
	48. Chitanda RHC	Rural		◆	◆	◆			
	49. Malambanyama RHC	Rural		◆	◆	◆		◆	
	50. Chipeso RHC	Rural		◆	◆	◆		◆	
	51. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	52. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	53. Malombe RHC	Rural		◆	◆	◆		◆	
	54. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	55. Shimukuni RHC	Rural		◆	◆	◆		◆	
	56. Keembe RHC	Rural							
57. Muntemba RHC	Rural								
<i>Kapiri Mposhi</i>	58. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	59. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	60. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	61. Chibwe RHC	Rural		◆	◆	◆		◆	
	62. Lusemfwu RHC	Rural		◆	◆	◆		◆	
	63. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64. Mulungushi RHC	Rural		◆	◆	◆		◆	
	65. Chawama UHC	Rural		◆	◆	◆		◆	
	66. Kawama HC	Urban		◆	◆	◆		◆	
	67. Tazara UHC	Rural		◆	◆	◆		◆	
	68. Ndeke UHC	Rural		◆	◆	◆		◆	
	69. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. Chankomo RHC	Rural		◆	◆	◆		◆	
	71. Luanshimba RHC	Rural		◆	◆	◆		◆	
	72. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	73. Chipepo RHC	Rural		◆	◆	◆		◆	
74. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆		
75. Chilumba RHC	Rural		◆	◆	◆		◆		
<i>Mumbwa</i>	76. Mumbwa DH	Urban		◆	◆	◆	◆ ³		⊙
	77. Myooye RHC	Rural		◆	◆	◆			
	78. Lutale RHC	Rural		◆	◆	◆			
	79. Nambala RHC	Rural		◆	◆	◆			
	80. Kamilambo RHC	Rural	◆	◆	◆	◆			
	81. Chiwena RHC	Rural		◆	◆	◆			
82. Kamilambo RHC	Rural								
<i>Itezhi Tezhi</i>	83. Itezhi Tezhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	84. Masemu UC	Rural		◆	◆	◆	◆		
	85. Kaanzwa RHC	Rural		◆	◆	◆		◆	
	86. Nasenga RHC	Rural		◆	◆	◆			
	87. Lubanda RHC	Rural							
<i>Ngaabwe</i>	88. Mukumbwe RHC	Rural		◆	◆	◆			
Totals			26	79	79	79	28	50	10

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

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

Note: Grey shaded are new ZPCT IIB sites

Copperbelt Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	48. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙
	49. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	50. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	51. Mwekera Clinic	Urban		◆	◆	◆		◆	
	52. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	53. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	54. Buchi Small	Urban							
<i>Luanshya</i>	55. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	56. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	57. Mikomfwa HC	Urban		◆	◆	◆		◆	
	58. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	59. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	60. Mikomfwa UC	Urban		◆	◆	◆		◆	
	61. Section 9 Clinic	Urban		◆	◆	◆		◆	
	62. New Town Clinic	Urban		◆	◆	◆		◆	
63. Fisenge UHC	Urban		◆	◆	◆		◆		
<i>Mufulira</i>	64. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	65. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	66. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	67. Kansunswa HC	Rural		◆	◆	◆		◆	
	68. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	69. Mokambo Clinic	Rural		◆	◆	◆		◆	
	70. Suburb Clinic	Urban		◆	◆	◆		◆	
	71. Murundu RHC	Rural		◆	◆	◆		◆	
72. Chibolya UHC	Urban		◆	◆	◆		◆		
73. Buteko Clinic	Urban								
<i>Kalulushi</i>	74. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	75. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	76. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	77. Chati RHC	Rural		◆	◆	◆			
	78. Ichimpe Clinic	Rural		◆	◆	◆			
	79. Kalulushi Township	Urban							
<i>Chitilabombwe</i>	80. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	81. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	82. Mushingashi RHC	Rural		◆	◆	◆		◆	
	83. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	84. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	85. Nkana RHC	Rural		◆	◆	◆		◆	
86. Lufwanyama DH	Urban	◆	◆	◆	◆				
<i>Mpongwe</i>	87. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙
	88. Mikata RHC	Rural		◆	◆	◆		◆	
	89. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	90. Kalweo RHC	Rural		◆	◆	◆		◆	◆
<i>Masaiti</i>	91. Kashitu RHC	Rural		◆	◆	◆		◆	
	92. Jelemanu RHC	Rural		◆	◆	◆		◆	
	93. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙
	94. Chikimbi HC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Totals			43	87	89	89	42	65	17

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

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

Luapula Province

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

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Samfya	89. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	90. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	91. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	92. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	93. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	94. Kabongo RHC	Rural		◆	◆	◆		◆	
	95. Katanshya RHC	Rural		◆	◆	◆			
96. Mundubi RHC	Rural								
Totals			30	81	87	87	20	52	8

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

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

Note: Grey shaded are new ZPCT IIB sites

Muchinga Province

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

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

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

Note: Grey shaded are new ZPCT IIB sites

Northern Province

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

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Kasongole RHC	Rural		◆	◆	◆			
<i>Nsama</i>	46. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	47. Kampinda RHC	Rural		◆	◆	◆			
	48. Nsama RHC	Rural	◆	◆	◆	◆			
<i>Mungwi</i>	49. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	50. Malole RHC	Rural		◆	◆	◆		◆	
	51. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	52. Chimba RHC	Rural		◆	◆	◆		◆	
	53. Kapolyo RHC	Rural		◆	◆	◆		◆	
	54. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		⊙
	55. Makasa RHC	Rural		◆	◆	◆			
	56. Ndasas RHC	Rural		◆	◆	◆			
<i>Chilubi Island</i>	57. Chaba RHC	Rural		◆	◆	◆			
	58. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		
	59. Matipa RHC	Rural		◆	◆	◆			
	60. Mofu RHC	Rural							
Totals			21	50	50	50	17	27	6

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

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

Note: Grey shaded are new ZPCT IIB sites

North-Western Province

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

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

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

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

Note: Grey shaded are new ZPCT IIB sites

ANNEX F: ZPCT IIB Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
<i>Mkushi</i>	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
<i>Ndola</i>	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
	13. Indeni Clinic	Urban		◆	◆	◆	◆	◆	
<i>Kitwe</i>	14. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆ ³		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	21. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	22. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
<i>Kalulushi</i>	23. CIMY Clinic	Urban	◆		◆	◆		◆	
<i>Chingola</i>	24. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
<i>Mpongwe</i>	25. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
<i>Mwense</i>	26. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
<i>Solwezi</i>	27. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
Totals			23	26	30	30	20	17	3

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

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