



# **Zambia Prevention, Care and Treatment Partnership II (ZPCT II)**

**(Public Sector HIV/AIDS Service Delivery  
Support Program in Zambia)**

**Work Plan for Year One**

**Period: June 1, 2009 – May 31, 2010**

**Submitted July 1, 2009**

This publication was produced for review by the United States Agency for International Development. It was prepared by Family Health International.

# **Zambia Prevention, Care and Treatment Partnership II (ZPCT II)**

**(Public Sector HIV/AIDS Service Delivery Support Program in Zambia)  
(ZPCT II)**

Work Plan for Year One (June 1, 2009 – May 31, 2010)

Task Order No.: GHS-I-01-07-00043-00

Under AIDSTAR Sector I IQC No.: GHH-I-00-07-00043-00

Prepared for  
USAID/Zambia  
United States Agency for International Development  
ATTN: Richard Osmanski, COTR  
Plot 351, Independence Avenue  
P.O. Box 32481  
Lusaka, 10101  
Zambia

Prepared by  
Family Health International Zambia  
2055 Nasser Road, Lusaka  
P.O. Box 320303  
Woodlands  
Lusaka, Zambia

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

# Table of Contents

	<b>Page</b>
Abbreviations .....	iv
I. Overview and Objectives .....	1
II. Work Plan (June 1, 2009 – May 31, 2010) .....	2
III. Project Year One Activities .....	4
IV. Program and Financial Management.....	24
V. Strategic Information (M&E and QA/QI).....	29
VI. Reports and Deliverables .....	32
Annex A. Year One Implementation Work Plan Matrix .....	A-1
Annex B. Short Term Technical Assistance/External Travel Schedule.....	B-1
Annex C. ZPCT II Organizational Chart.....	C-1
Annex D. Year One List of Agreements .....	D-1
Annex E. List of ZPCT II Facilities and Services .....	E-1

## Abbreviations

ADCH	Arthur Davison Children’s Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASAZA	A Safer Zambia
ASW	Adherence Support Worker
CARE	CARE International
CBO	Community-based Organization
CDC	Centers for Disease Control
CHAI	Clinton Foundation HIV/AIDS Initiative
CHAMP	Comprehensive HIV/AIDS Management Program
CHAZ	Churches Health Association of Zambia
COP	Chief of Party
CRS	Catholic Relief Services
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DHO	District Health Office
DHS	Demographic Health Survey
EMG	Emerging Markets Group
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GDA	Global Development Alliance
GRZ	Government of the Republic of Zambia
HAART	Highly Active Antiretroviral Therapy
HBC	Home-based Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
KCTT	Kara Counseling and Training Trust
MC	Male Circumcision
M&E	Monitoring and Evaluation
MIS	Management Information System

MNCH	Maternal 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
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PHO	Provincial Health Office
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
QA/QI	Quality Assurance/Quality Improvement
RAPIDS	Reaching AIDS-Affected People with Integrated Development and Support
RH	Reproductive Health
SAWSO	The Salvation Army World Service Office
SCMS	Supply Chain Management System
SI	Social Impact
SOP	Standard Operating Procedure
STAMPP	Strengthening TB, AIDS and Malaria Prevention Programs
STI	Sexually Transmitted Infection
STTA	Short-term Technical Assistance
SUCCESS	Scaling Up Community Care to Enhance Social Safety Nets TB Tuberculosis
TBA	Traditional Birth Attendant
TSA	The Salvation Army
TWG	Technical Working Group
UNICEF	United Nations Children's Education Fund
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
WHO	World Health Organization
ZPCT	Zambia Prevention, Care and Treatment Partnership



## I. Overview and Objectives

The Public Sector HIV/AIDS Service Delivery Support Program in Zambia (ZPCT II) is a five year (June 1, 2009 – May 31, 2014) Task Order between Family Health International (FHI) and the U.S. Agency for International Development (USAID) through the U.S. Presidents Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US \$124,099,097. This document is submitted as the work plan for the period of June 1, 2009 to May 31, 2010.

ZPCT II will work with the Government of the Republic of Zambia (GRZ) to strengthen Zambia's national health system over the next five years by maximizing access, equity, quality and sustainability in the delivery of comprehensive HIV/AIDS services. ZPCT II will both continue and build on Zambia Prevention, Care and Treatment Partnership's (ZPCT's) work to fulfill USAID/Zambia's objectives for the new program. Access, equity, quality, sustainability and health systems strengthening are ZPCT II's five strategic cornerstones. Zambia's National Health Strategic Plan 2006-2010 envisions "equity of access to assured-quality, cost-effective and affordable health services as close to the family as possible." We share this GRZ vision in which all Zambians – regardless of location, gender, age, race, and social, economic, cultural or political status – have equal access to HIV/AIDS services in the communities where they live. ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger overall health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are its foundation.

ZPCT already has helped the GRZ expand and strengthen its delivery of HIV/AIDS services to unprecedented levels of coverage and quality, even in isolated rural areas previously beyond the system's reach. ZPCT II now will maximize coverage by scaling up support from the current 35 districts to all 42 districts in the five target provinces of Central, Copperbelt, Luapula, Northern and North Western. In year one, 271 facilities across 39 districts will be covered. ZPCT II also will further diversify, consolidate and integrate services, in facilities and communities, to assure seamless delivery of a comprehensive package reaching to the household level, regardless of location.

At the same time, ZPCT II will increase the emphasis on quality of services in both public and private health facilities. The GRZ is in the process of adopting ZPCT's Quality Assurance/Quality Improvement (QA/QI) system for key HIV/AIDS services, which will be expanded to include male circumcision (MC). ZPCT II will increase the MoH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating these standardized tools into day-to-day operations at all levels. Sustainability was built into ZPCT from the start. All assistance has been and will continue to be provided in collaboration with the MoH within its existing structure and systems. New emphasis will be put on increasing the Ministry's capacity to manage and

maintain improved HIV/AIDS services. We will continue to implement ZPCT's quality- and performance-based plan to graduate districts from intensive technical assistance by the project's end.

Efforts to improve HIV/AIDS prevention, care and treatment services can only occur in the context of a good overall health system. ZPCT II will continue to strengthen the broader health sector by improving/upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory/pharmacy services and data management systems. As ART transforms HIV/AIDS into a chronic condition, we will help health facilities orient services toward long-term patient management through a strong health management information system (HMIS), effective patient tracking and increased patient capacity for self-care. We also will promote new levels of coordination between facilities and communities to provide a full range of complementary services essential to the well-being of those living with and affected by HIV/AIDS. Our goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

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

## **II. Work Plan (June 1, 2009 – May 31, 2010)**

This annual work plan covers the period from June 1, 2009 to May 31, 2010. The plan presents activities to be conducted during the first year of the project organized by the five project objectives, a description of ZPCT II's partners and their technical areas, and information on program and financial management project, coordination, reporting and performance milestones.

The funding requirement for the first year of the program is estimated at for a total of \$ 19,665,378 for the year.

The M&E indicators, including those mandated by PEPFAR and the MoH, are arranged below by technical area:

Objective	Indicator	Project Targets (LOP)	Year One Workplan Target
<b>1.1 Counseling and Testing (Projections from ZPCT service statistics)</b>			
1.	Service outlets providing CT according to national or international standards	370	271
2.	Individuals who received HIV/AIDS CT and received their test results (including TB)	728,000	118,333
3.	Individuals trained in CT according to national or international standards	2,316	520
<b>1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)</b>			
4.	Service outlets providing the minimum package of PMTCT services	359	262
5.	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	572,000	94,167
6.	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	72,000	11,214
7.	Health workers trained in the provision of PMTCT services according to national or international standards	5,325	1,150
<b>1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)</b>			
8.	Service outlets providing HIV-related palliative care (excluding TB/HIV)	370	271
9.	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	560,000	90,000
10.	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	60,000	10,000
11.	Individuals trained to provide HIV palliative care (excluding TB/HIV)	3,120	600
12.	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	370	271
13.	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	17,000	2,667
14.	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	3,120	600
15.	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	30,400	4,683
16.	Service outlets providing ART	130	121
17.	Individuals newly initiating on ART during the reporting period	115,250	19,167
18.	Pediatrics newly initiating on ART during the reporting period	11,250	1,667
19.	Individuals receiving ART at the end of the period	146,000	79,732
20.	Pediatrics receiving ART at the end of the period	11,700	5,726
21.	Health workers trained to deliver ART services according to national or international standards	3,120	600
<b>1.4 Male Circumcision (ZPCT II projections)</b>			
22.	Service outlets providing MC services	50	16
23.	Individuals trained to provide MC services	260	100
<b>2.1 Laboratory Support (Projections from ZPCT service statistics)</b>			
24.	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	111	96
25.	Individuals trained in the provision of laboratory-related activities	375	80
26.	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease	3,813,000	635,500

	monitoring		
<b>2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)</b>			
27.	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,506	506
28.	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	285
29.	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	600	120
<b>3 Capacity Building for PHOs and DHOs (ZPCT II projections)</b>			
30.	Local organizations (PHOs and DHOs) provided with technical assistance for HIV-related institutional capacity building	47	-
<b>4 Public-Private Partnerships (ZPCT II projections)</b>			
31.	Private health facilities providing HIV/AIDS services	30	6

Annexes to the work plan include Annex A, year one Implementation Plan Timeline; Annex B, Short Term Technical Assistance/External Travel Schedule; Annex C, Organizational Chart; Annex D, year one Agreements/Contracts; and Annex E, ZPCT II Supported Facilities.

### III. Project Year One Activities

In the first year of the project, ZPCT II will continue to strengthen its technical support to the existing 219 facilities in the 35 supported districts from the five target provinces and will expand services to 52 new sites, supporting a total of 271 facilities in 39 districts by the end of year one. ZPCT II activities for year one, organized by the five main objectives which are described below. Each program area will link to other USG programs as appropriate to leverage program synergies. This includes linkages to community programs, OVC and HBC programs which include food and nutrition support, as well as strengthening the referral networks within each district. Objective five outlines the support to the national program components.

The timeline for year one activities is outlined in Annex A: Year One Implementation Work Plan Matrix. The year one targets are presented in the table above adjacent to the Life of Project (LOP) targets.

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

**Objective 1 Key Results for Year One:**

- 271 health facilities providing CT in all clinical services, with 118,300 clients receiving HIV counseling and test results
- 262 facilities offering an integrated PMTCT package,\* serving 94,200 pregnant women and providing antiretroviral prophylaxis to 11,200 HIV-positive clients
- 121 facilities providing ART, initiating 19,200 new clients, 1,700 of them children, and supporting 79,700 currently on ART, including 5,700 children
- 271 facilities providing basic health care to 90,000 HIV-positive clients, including 10,000 children
- 16 facilities offering MC as part of the MOH’s comprehensive HIV/AIDS package

\*Services will be provided where possible based on availability of health care workers, both in static sites and through mobile services, to meet GRZ standards.

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

As the entry point for all other HIV/AIDS services, CT is a high priority for the GRZ, which has adopted a policy to make routine CT available in all clinical service areas. ZPCT II will continue its well-established collaboration with DHOs and PHOs to support ongoing CT services at existing ZPCT sites, as well as scale up services to 52 new facilities in the first year of the project. CT services will be strengthened and better integrated into the overall health system from the clinic to the community. Enhancements will be combined to current approaches and activities at all sites with a new focus on integration with male circumcision (MC) services, youth-friendly CT, better follow up for HIV-negative clients, comprehensive prevention for positives messages, and general health screening within the CT context.

ZPCT II will provide ongoing comprehensive technical assistance to current sites and expand to new sites with the innovative technical approaches as outlined below:

<i>Continued Support</i>	<i>Site Expansion</i>
<ul style="list-style-type: none"> <li>▪ ongoing training for health care workers and lay volunteers in basic counseling and testing, child counseling, couples counseling and counseling supervision;</li> </ul>	<ul style="list-style-type: none"> <li>▪ operationalize provider initiated opt-out testing with same-day results;</li> <li>▪ integration of CT into other clinical areas such as antenatal care (ANC), tuberculosis (TB),</li> </ul>

<ul style="list-style-type: none"> <li>▪ logistics and information management training and support to ensure an uninterrupted flow of test kits and other supplies from the MoH's central supplier;</li> <li>▪ mentoring and supportive supervision;</li> <li>▪ monitoring and evaluation;</li> <li>▪ support for facility use of ZPCT QA/QI tools adopted by the national MoH;</li> <li>▪ support for mobile CT services using an interdisciplinary team model</li> </ul>	<ul style="list-style-type: none"> <li>▪ family planning (FP), sexually transmitted infection (STI) and pediatric care (with child-friendly space and services);</li> <li>▪ establishment of designated CT rooms (in health facilities) and/or testing corners (in other clinical service areas) with infrastructure refurbishments as needed;</li> <li>▪ use of trained lay CT counselors to address staff shortages;</li> <li>▪ provision of comprehensive technical assistance</li> </ul>
--	--

**Enhancements and Innovations to All Program Sites:** ZPCT II will build on ZPCT's technical approaches/activities to:

- enhance counseling skills for those providing CT services to youth;
- further strengthen links to family planning (FP) by training HCWs involved in CT in FP counseling, enhanced referrals to FP services where needed, and offering CT in FP services where feasible;
- support for mobile CT services using an interdisciplinary team model that will include both community-based and health facility-based staff;
- strengthen referral from CT for those who test positive, through referral tracking and accompanied referral by lay counselors as needed, to appropriate services
- strengthen prevention for positives messages and interventions
- increase health facility staff capacity to ensure an uninterrupted flow of supplies through additional training in the new logistics system for HIV test kits;
- work with the MoH and other partners to pilot use of dried tube specimen (DTS) for quality control to strengthen quality of HIV tests done;
- support use of QA/QI tools for CT in MoH operations at all levels through orientation and training, integration into provincial performance assessments of facilities, and district-level capacity building in data management; and
- promote and strengthen couple-oriented CT by replicating the Luapula Province model for community mobilization (which emphasizes participation by traditional and other opinion leaders), along with improved couples-oriented CT training that addresses MC and concurrent partnerships.

**New Approaches:** Implement new, innovative approaches/activities to:

- integrate CT and MC services by referring uncircumcised male CT clients for MC and recommending CT for all MC clients in the 16 facilities planned to initiate MC services in the first year;
- Promote and implement youth-friendly CT by recruiting young people as lay counselors, providing youth-centered training for CT providers, creating youth-centered job aids and linking CT to existing facility youth-friendly corners;
- improve follow up for CT clients who test negative by encouraging a repeat test in three months, per national policy, and referring them, as appropriate, to FP, MC and community-based risk reduction and prevention services; and
- further integrate HIV/AIDS into other GRZ health services by expanding CT to a) include symptom screening and referral for testing for TB as part of World Health

Organization (WHO) recommended intensified case-finding efforts and b) include routine counseling and screening for general health and major chronic diseases, such as hypertension and diabetes, beginning with four facilities in one province. Blood pressure, weight and body mass index will be measured at each visit, with referrals made as appropriate.

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

Prevention of HIV transmission from mother-to-child is an essential component of the GRZ’s national ANC policy and service package. ZPCT has supported the rapid scale up of PMTCT to 210 facilities, with more than 270,000 pregnant women receiving comprehensive services, including CT and antiretroviral (ARV) prophylaxis, since 2004.

ZPCT II will continue to work with the MoH to support PMTCT at existing ZPCT sites, as well as scale up services to 52 new facilities in the first year reaching a total of 262 facilities. This will include severely understaffed clinics using an outreach approach developed in collaboration with UNICEF that allowed ZPCT to provide PMTCT services in 53 clinics, many without health care workers, in Luapula Province. PMTCT services will be strengthened and better integrated into the overall health system, as well as within the HIV/AIDS continuum of care. This will be accomplished through enhancements to current approaches and activities, including outreach PMTCT, support to increase the number of positive pregnant women delivering in the health facilities through provision of bicycle ambulances to the communities, combined with follow-up for pregnant women who test negative and more community-level involvement for traditional birth attendants (TBAs) and volunteers.

ZPCT II will provide ongoing comprehensive technical assistance to current sites and expand to new sites with innovative technical approaches as outlined below:

<b><i>Continued Support</i></b>	<b><i>Site Expansion</i></b>
<ul style="list-style-type: none"> <li>▪ ongoing training for health care workers (doctors, midwives, nurses, clinical officers, and laboratory and pharmacy staff), community volunteers and supervisors;</li> <li>▪ logistics and information management training and support to ensure an uninterrupted flow of test kits, PMTCT ARVs and other drugs, and DBS consumables;</li> <li>▪ mentoring and supportive supervision;</li> <li>▪ monitoring and evaluation;</li> <li>▪ support for facility use of ZPCT QA/QI tools being adopted by the national MoH;</li> <li>▪ continued documentation of the effectiveness of PMTCT interventions using DBS in program settings for monitoring and quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>▪ routine opt-out CT with same-day results for all pregnant women attending ANC;</li> <li>▪ creation of testing corners within maternal/child health (MNCH) clinics, along with refurbishment of PMTCT rooms as needed;</li> <li>▪ CD4 evaluations for HIV-positive pregnant women to facilitate triaging them for ARV regimens according to WHO national guidelines</li> <li>▪ procurement of point-of-service hemoglobin testing equipment (hemocues) to facilitate provision of more efficacious AZT-based ARVs;</li> <li>▪ utilization of community volunteers to address facility staff shortages and mobilize pregnant women to access PMTCT services;</li> <li>▪ systematic mother/baby follow-up and tracking through MNCH clinics, including early infant diagnosis through DBS, infant feeding counseling;</li> <li>▪ a courier service to transport DBS samples for</li> </ul>

	<p>EID and results to and from the ZPCT-supported polymerase chain reaction (PCR) lab at Arthur Davison Children’s Hospital (ADCH) in Ndola</p> <ul style="list-style-type: none"> <li>▪ provision of comprehensive technical assistance as outlined above</li> </ul>
--	---

**Enhancements and Innovations to All Program Sites:** ZPCT II will build on ZPCT’s technical approaches/activities to:

- assure that all pregnant HIV-positive women receive accurate CD4 testing by streamlining the sample referral system so blood is collected, transported to district labs and analyzed within the required eight-hour window
- support primary prevention of HIV in young people as part of PMTCT interventions by supporting youth-targeted CT and education on risk reduction, e.g. abstinence and consistent condom use;
- address the unmet need for FP among HIV-positive women by improving FP training for PMTCT providers and strengthening links to FP as part of the continuum of care;
- stimulate demand for PMTCT outreach in peri urban and remote areas and link to ART services and utilization of community volunteers to mobilize pregnant women and their partners to access PMTCT services;
- strengthen referrals and linkages to ART, clinical care and other appropriate facility- and community-based services through referral tracking and escorted referrals;
- strengthen prevention for positives education;
- increase male involvement by replicating effective models (e.g., the Luapula Province model) and providing incentives such as priority service at antenatal clinics for couples;
- scale up PMTCT, provided at all ART outreach sites, through ANC outreach and mobile PMTCT services to reach rural facilities without health workers; and
- Pilot the implementation of the PMTCT SmartCare system in 15 health facilities across the five provinces

**New Approaches:** Implement new, innovative approaches/activities to:

- improve follow up for pregnant women who test negative by referring them to community-based risk reduction and prevention services and conducting a study at selected facilities in Central Province to assess the value of repeat testing prior to delivery;
- sharpen the focus on integrating PMTCT with HIV prevention, malaria, MNCH, TB and FP services by a) strengthening primary prevention and TB case-finding activities, b) building the capacity of health care workers involved in CT and PMTCT to provide FP counseling and services, and c) emphasizing the importance of malaria prophylaxis interventions, such as treated bed nets and Intermittent Preventive Therapy for pregnant women, in ANC as part of PMTCT training and mentorship;
- expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program;
- recruit and train TBAs (who already work as lay or PMTCT counselors in some

districts) to provide prevention education, adherence support and mother/baby follow-up at the community level; and

- expand the role of PMTCT community counselors to include establishing and supporting HIV-positive mother support groups at the facility and community levels.

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

Access to antiretroviral therapy and clinical care are essential to the survival of PLHA. ZPCT has assisted the MoH to scale up ART services in 103 facilities (97 sites report directly and six report through static sites) and basic HIV/AIDS care in 219. As a result, more than 78,000 Zambians, 5,400 of them children, are receiving free ARVs with ZPCT support.

ZPCT II will continue to work with the MoH to support ART and clinical HIV/AIDS care including diagnosis, prevention and management of opportunistic infections (OIs) – at existing ZPCT sites, as well as scale up services to 18 new facilities in the first year for a total of 113 ART sites. We will continue to use ZPCT’s innovative outreach model, which has dramatically increased ART uptake and adherence by decentralizing services from hospitals to the health center level<sup>1</sup> through traveling medical teams. Increased focus will be placed on patients on long-term ART, retaining them in care and enhancing expertise in the management of treatment failure. Care and treatment services will also be strengthened and better integrated into the overall health system, as well as with available community-level services and support for PLHA. This will be accomplished through enhancements to current approaches and activities, combined with a new focus on condom education/distribution to strengthen prevention in the care setting, managing HIV/AIDS as a chronic condition, improving nutrition to improve health, use of cell phone technology to retain ART clients and investigating the option of nurse-prescribed ART.

<i>Continued Support</i>	<i>Site Expansion</i>
<ul style="list-style-type: none"> <li>▪ ongoing training for health care workers (doctors, midwives, nurses, clinical officers, and laboratory and pharmacy staff), supervisors and volunteer adherence support workers (ASWs);</li> <li>▪ logistics management training and support to ensure an uninterrupted flow of ARV drugs and other supplies;</li> <li>▪ mentoring and supportive supervision;</li> <li>▪ monitoring and evaluation;</li> <li>▪ support for facility use of ART and clinical care QA/QI tools developed by ZPCT and being adopted by the MOH</li> </ul>	<ul style="list-style-type: none"> <li>▪ use of the outreach model to bring ART services to remote facilities using traveling DHO and/or hospital teams of health workers, including lab/pharmacy staff;</li> <li>▪ refurbishment of space for ART clinics, including laboratories, as needed;</li> <li>▪ use of trained volunteer ASWs, ART clients drawn from the community to counsel other ARV recipients, to address facility staff shortages;<sup>2</sup></li> <li>▪ provision of motorcycles to facilitate transfer of blood samples to and from upgraded centralized labs to make state-of-the art lab services available to patients in all clinics and health centers, regardless of location;</li> </ul>

	<ul style="list-style-type: none"> <li>▪ implementation and support of the SmartCare ART patient-tracking system, including provision of computers and data entry clerks in ART sites; provision of comprehensive technical assistance</li> </ul>
--	---

***Enhancements and Innovations to All Program Sites:*** ZPCT II will build on ZPCT’s technical approaches/activities to:

- upgrade outreach ART sites to static sites where feasible, providing infrastructure refurbishment as needed;
- upgrade at least two high-functioning ART/clinical care sites per province to model sites and train staff to provide services for complicated cases, adverse drug reaction monitoring and management, and treatment failures;
- increase capacity to diagnose and manage treatment failure by creating access to viral load and drug resistance testing at ADCH and conducting training updates for clinical providers on second line and salvage regimens;
- strengthen and replicate the ADCH family-centered ART clinic model to provide comprehensive ART/clinical care services for children and their parents under one roof;
- scale up pediatric ART by a) developing systems to initiate ART treatment in pediatric wards and other settings outside of designated ART clinics and b) implementing new WHO guidelines recommending ART for all confirmed HIV-infected children under age one, regardless of CD4 status;
- improve HIV-positive client retention by increased use of ASWs and PLHA support groups to promote adherence and prevent further transmission, and to track patients;
- continue to refine the outreach model to increase the scope of ART services through collaboration with community-level providers, including the Catholic Diocese’s home-based care programs currently working with ZPCT in Copperbelt Province;
- continue to integrate HIV/AIDS and TB services to address the high rate of co-infection with the two diseases through a) intensified case finding through increased screening of HIV-positive clients for TB, b) scale up of CT for TB clients, including through mobile CT clinics, c) routine CD4 testing for TB patients who test HIV-positive at TB clinics, d) improved ART referral for TB patients, e) increased patient and health care worker education on HIV/TB co-infection, including education on TB infection control measures in ART sites, and f) improved surveillance of TB at ART clinics using the National TB Program’s reporting and recording tools that include TB suspect registers;
- support use of QA/QI tools for ART/clinical care in MoH operations at all levels through orientation and training, integration into provincial performance assessments of facilities, and district-level capacity building in data management;
- use existing tools, such as the SmartCare ART patient-tracking system, to support QA/QI at the clinical level by flagging early warning signs of treatment failure, missed visits and drug refills, as well as other information to improve patient care and retention.

***New Approaches:*** Implement new, innovative approaches/activities to:

- provide comprehensive prevention for positives interventions including support for facility- and community-based condom education and distribution, STI and TB screening, provision of FP services and promotion of healthy living practices;
- improve the health and nutritional status of PLHA by collaborating with a) the Office of the U.S. Global AIDS Coordinator (OGAC) and the U.S. Mission to Zambia to develop a food and nutrition strategy and technical approach and b) the MoH, Clinton Foundation HIV/AIDS Initiative (CHAI), Catholic Relief Services (CRS) and others to pilot approaches to providing therapeutic foods and “food by prescription” for children and adult HIV/AIDS clients;
- build capacity of both patients and health care staff to manage HIV as a chronic condition, including training in patient self-care skills, health facility delivery of longitudinal care and integration of routine hypertension/diabetes screening to identify and manage emerging drug adverse conditions among long-term ART patients;
- study the feasibility of using cell phone text-messaging technology to track and retain ART clients working with the ASWs and the community; and
- pilot task shifting on ART prescribing from doctors/clinical officers to nurses in collaboration with the MoH, statutory bodies such as the Medical Council of Zambia, General Nursing Council and Pharmaceutical Regulatory Authority, and professional organizations to assure quality of care is maintained.

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

Recent randomized clinical trials in Africa have shown that circumcision substantially lowers men’s risk of being infected with HIV through vaginal intercourse, making MC a powerful tool in preventing the spread of HIV/AIDS. The MoH has developed a draft national MC policy, while the NAC has established a MC task force and adopted guidelines that call for integrating MC into HIV/AIDS prevention and male reproductive health (RH) programs. The Male circumcision (MC) Unit in the University Teaching Hospital (UTH)’s surgical department is WHO accredited and has a team of dedicated clinicians skilled in the provision of MC services and will provide space at their site for training. They have a demonstrated track record of conducting regional and national trainings as well.

Within this context, ZPCT II will partner with the MC Unit at UTH to:

- initiate and scale up standardized, quality adult and neo-natal MC services at selected MoH facilities as part of its support for comprehensive HIV/AIDS services, with CT providing a major entry point;
- working with other stakeholders, support the MoH to develop a national strategy for safe, voluntary and affordable male circumcision services with the relevant monitoring and evaluation systems required to evaluate program effectiveness;
- enhance existing systems, e.g., logistics, health management information, quality assurance, and others, while UTH will be most active at the operational and service delivery level, e.g., adapting the existing JHPIEGO/WHO-developed surgical training guidelines to the local context; and
- ensure the availability of appropriate surgical equipments and supplies to enable

uninterrupted provision of services

In all this, FHI will collaborate with the other USG-funded and Gates Foundation-funded partners of Society for Family Health (SFH) and JHPIEGO to coordinate the scale up the MC services within the five provinces. And will work as part of the MoH MC Technical Working Group that also includes the Health Communication Partnership for educational materials.

ZPCT II will work in collaboration with the UTH MC Unit to scale up the male circumcision program to:

- take the lead in the planning and preparation of training materials
- conduct a training of trainers at UTH for FHI staff and MoH HCWs that will spearhead the provincial trainings
- support the provincial trainings of HCWs from selected facilities to carry out MC services in all five provinces
- provide on-site mentorship and supportive supervision to newly trained HCWs, in collaboration with the FHI technical officers responsible for MC activities

In year one, MC will be introduced at 16 MoH district hospitals and MoH staff will be trained and be responsible for providing the service within the facilities. The MC services will be linked to intra-facility HIV services such as CT, PMTCT and clinical care ART and will be included in the directory of services available within the referral networks to allow referral of clients. MC services will be scaled up to reach 50 facilities, including health centers where feasible, within three years in collaboration with the MC Partnership that includes JHPIEGO and is led by Population Services International (PSI)/Society for Family Health. FHI will work closely with these partners especially JHPIEGO which has received funding to support MC activities in the five provinces. With ZPCT II presence in 370 facilities coupled with scale up by JHPIEGO in the same provinces, it is envisaged that with our combined efforts, a minimum of 50 facilities within the target provinces will provide MC services.

The FHI approach is designed with sustainability in mind. By engaging DHOs/PHOs and other key stakeholders in the assessment and planning, leaders at all levels will have a vested interest in the success of MC to reduce HIV in Zambia. ZPCT II will design the MC services as part of the surgical services being provided within the facility but linked to other HIV services.

CARE will provide approved community education on MC as part of their community programming, working with opinion leaders to advocate for change in male norms and behaviors that hinder male involvement in reproductive health services. CARE will conduct MC advocacy and education activities in communities and make referrals to MC services as needed.

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

***Objective 2 Key Results for Year One:***

- 96 health facilities providing laboratory services that include HIV antibody tests and CD4 and/or lymphocyte tests
- 271 facilities providing essential pharmacy/dispensing services
- Training provided to health care workers and community volunteers in CT, PMTCT, ART, OI care, and laboratory and pharmacy services according to national and international standards
- 39 referral networks coordinating services between facilities and communities to provide a seamless continuum of care reaching the household level

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

Laboratory and pharmacy services are essential to the delivery of quality HIV/AIDS services. ZPCT supported establishment of a network of modern laboratories and pharmacies in coordination with its rapid scale up of CT, PMTCT, ART and clinical care services. Laboratories and pharmacies were refurbished to create adequate, secure work and storage space with standard state-of-the-art equipment, even in small rural health centers. All facilities gained access to a full range of ART-related blood tests, such as CD4, through a specimen referral system linking even the most remote health center to sophisticated centralized labs. Lab and pharmacy staff received ongoing technical and logistics management training and mentoring.

Led by partner MSH, ZPCT II will continue to assist ZPCT-supported labs and pharmacies, as well as expand lab and pharmacy services to selected new sites in connection with the further scale up of CT, PMTCT, ART, clinical care and MC services under Objective 1. Services also will be strengthened through enhancements to current approaches and activities. ZPCT currently supports 81 labs capable of performing HIV antibody tests and CD4 and/or lymphocyte tests and will expand to 15 more facilities in year one, to reach a total of 96 labs in year one and will reach 111 labs within the first three years in keeping with the proposed schedule for other services, to devote sufficient time to sustainability in the project's final years. All 271 project sites will have pharmacies or dispensaries.

ZPCT II will provide ongoing comprehensive technical assistance to current sites and expand to new sites with innovative technical approaches as outlined below:

<i>Continued Support</i>	<i>Site Expansion</i>
<ul style="list-style-type: none"> <li>▪ training for lab personnel in knowledge and technical skills such as HIV virology and immunology; HIV diagnosis and monitoring; specimen collection, handling and processing; laboratory safety and ethics; and equipment use and maintenance;</li> <li>▪ training for pharmacy personnel in dispensing practices, medication use and adherence counseling, adverse drug reaction monitoring and reporting, and rational drug use;</li> <li>▪ training and mentoring in logistics and information management, including forecasting, quantifying, ordering and storing ARVs, OI drugs, HIV test kits and other commodities procured through the MoH's central supplier;</li> <li>▪ support for roll out and implementation of the national logistics systems for ARVs, HIV test kits, and ART laboratory reagents and supplies;</li> <li>▪ support in the use of logistics and data management systems, including the ARTServ Dispensing Tool and the Laboratory Management Information System (MIS);</li> <li>▪ support for delivery of uninterrupted supplies of commodities in collaboration with SCMS and Medical Stores Limited (MSL);</li> <li>▪ provision of equipment, and support for equipment maintenance and repair (including procurement of spare parts and working with vendors to decrease turnaround time);</li> <li>▪ mentoring and supervision;</li> <li>▪ supervision of test quality at CT testing corners;</li> <li>▪ monitoring and evaluation;</li> <li>▪ support for facility-level implementation of the laboratory quality assurance program in collaboration with MoH, U.S. Centers for Disease Control (CDC) and other partners;</li> <li>▪ support for facility-level implementation of ZPCT-developed QA/QI tools for pharmacy and laboratory services being adopted by the MoH;</li> <li>▪ procurement of limited reagent supplies for critical tests, as needed and feasible;</li> </ul>	<ul style="list-style-type: none"> <li>▪ infrastructure refurbishment to improve work and storage space and conditions;</li> <li>▪ establishment of CT testing corners in all service areas;</li> <li>▪ provision of essential laboratory and pharmacy equipment and related accessories;</li> <li>▪ establishment, implementation and improvement of the sample referral and transport system for CD4 and other monitoring tests;</li> <li>▪ establishment, implementation and improvement of a courier system for sending DBS samples to the PCR lab at ADCH;</li> <li>▪ provision of comprehensive technical assistance as outlined above</li> </ul>

<ul style="list-style-type: none"> <li>▪ orientation in the use of guidelines and Standard Operating Procedures (SOPs)</li> </ul>	
---	--

***Enhancements and Innovations to All Program Sites:*** ZPCT II will build on ZPCT’s technical approaches/activities, in addition to lab and pharmacy related activities outlined in Objective/Task 1 to:

- procure additional CD4 machines to reach a minimum of at least two per district;
- expand the specimen referral system for other diseases such as TB and STIs;
- further strengthen systems for returning lab results to clinics from off-site laboratories;
- participate in the ongoing MoH process to integrate the three pharmacy-related information systems – SmartCare, ARTServ and the logistics system – into a compatible, user-friendly system;
- work toward integrating the three lab-related information tools – SmartCare, the lab MIS and the lab logistics system into a single, integrated, user-friendly system;
- collaborate with the MoH on the access of an additional viral load and drug resistance testing for complicated cases and conduct operational research on drug resistance and viral load testing. Procurement of equipment is subject to USAID approval. FHI has under the current ZPCT II program has set aside funds for equipment and study, pending USAID approval;
- strengthen health worker use of the rational drug use and reporting system that monitors adverse drug reactions, in collaboration with the National Pharmicovigilance unit;
- scale up use of the computerized ARTServ tool in ART pharmacies;
- in collaboration with the MoH, CDC and other partners, strengthen and scale-up the national laboratory quality assurance system; and
- support use of QA/QI tools for lab/pharmacy services in MoH operations at all levels through orientation and training, integration into provincial performance assessments of facilities, and district-level capacity building in data management.

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

Capacity building to address human resource weaknesses in Zambia’s national health system, including a chronic shortage of experienced health care workers, has been a major component of ZPCT. The program has provided training and mentoring to support rapid scale up of HIV/AIDS services in MoH facilities, and developed innovative ways to fill gaps and improve service delivery by utilizing community volunteers and specialized data entry clerks.

ZPCT has collaborated with the MoH to train more than 4,000 health care workers and 800 community volunteers in CT, PMTCT, ART, OI care, and laboratory and pharmacy services. ZPCT also assisted DHOs in hiring, training and placing nearly 100 data entry clerks at ART clinics, where they also support other HMIS needs. ZPCT II will continue to build on ZPCT’s human resources work at current and expansion sites, while also increasing capacity of district and provincial MoH officials to manage, supervise and mentor facility-level employees, discussed under Objective 3. ZPCT II will also increase the focus on training and supporting community-based HIV/AIDS workers.

**Training and Mentoring:** ZPCT II will collaborate with the MoH<sup>3</sup> to:

- provide performance-based technical training, including refresher training and training of trainers, to health care workers and community volunteers, using standardized MoH approved materials with a multidisciplinary team approach on site at health facilities to reduce costs and minimize the impact on clinic operations;
- strengthen training to emphasize prevention in all areas, managing HIV/AIDS as a chronic illness, client-centered approaches and safe working environments in health facilities (including adequate sterilization and waste disposal);
- train new data entry clerks hired for the ART clinic scale-up and continue to provide all clerks with HIV/AIDS technical updates twice a year at the provincial level;
- provide basic and refresher trainings for community volunteers, for lay counselors, and for adherence support workers;
- through partner KCTT, continue to train and certify health care workers as counselor supervisors at the district and facility levels, and expand supervisory training to experienced lay counselors;
- continue to reinforce training through mentoring of facility staff and volunteers in the workplace, as well as twice-yearly provincial meetings for lay workers and regular facility-level staff meetings to share experiences, challenges and best practices;
- continue to participate in ongoing review and revision of national training curriculum and materials in all technical areas, and work to integrate HIV/AIDS into professional schools curricula, which currently are under MoH review, in collaboration with JHPIEGO, the USAID partner for pre-service training; and
- develop two health facilities in each province as model sites to demonstrate best practices in operation.

**Task Shifting:** ZPCT II will continue and scale up task shifting to address staff shortages and improve sustainability. Specifically, ZPCT II will:

- expand the use of PMTCT community counselors from three provinces to five, expand the use of ASWs to all ART sites, train more pediatric lay CT counselors, work toward having lay CT counselors, who now can administer rapid HIV tests under a change in national guidelines, in all supported facilities, and pilot task shifting on ART prescribing from doctors/clinical officers to nurses;
- work with the MoH and CHAI on a proposed strategy on community health workers, currently in draft form, that could affect the use of task shifting by requiring longer training periods and higher compensation; and
- continue to support employment of data entry clerks at existing and expansion ART sites, and work with the MoH to backstop project supported clerks with MoH employees, who will receive training and mentoring with their project counterparts.

---

<sup>3</sup> ZPCT II will also collaborate with the Clinton Foundation HIV/AIDS Initiative (CHAI), the Ministry's human resource strategy implementation partner, where appropriate, including on HR issues at the province, district and facility levels.

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

Although ZPCT is primarily a facility-based program, it also provides financial and technical assistance to Zambian CBOs and FBOs for activities that support improved delivery of comprehensive HIV/AIDS services and generate demand for those services. ZPCT has worked with DHOs, DATFs, health facilities and community organizations to establish 33 district-level referral networks that coordinate a wide range of services and service providers to meet the multi-dimensional needs of PLHA. CARE will oversee ZPCT II's community component, leading a consortium of local organizations that includes partners NZP+ and TSA/Zambia and provide strong ongoing management and oversight of local partners and the consortium's community activities.

The consortium will have two major functions: 1) strengthening community involvement through existing structures to create awareness of HIV/AIDS and prevention methods, as well as increase demand for services (both facility and community based), and 2) strengthening the continuum of care by building, expanding and supporting district-based referral networks that link facilities and community-based service providers to increase access to care and treatment and home based care services such as prevention for negatives and positives), adherence, food and other support services. The referral networks are managed by the district health management team or the district AIDS task force. By the project's end, all 42 districts will have functioning referral networks built on the ZPCT model. ZPCT II also will increase community leadership on HIV/AIDS, strengthen community-level prevention through integration with FP/RH education and targeted interventions for both HIV-positive and HIV-negative individuals, improve ART client adherence and follow up, and increase supportive supervision for community volunteers.

ZPCT II will provide ongoing comprehensive technical assistance to current sites and expand to new sites with innovative technical approaches as outlined below:

<b><i>Continued Support</i></b>	<b><i>Site Expansion</i></b>
<ul style="list-style-type: none"> <li>▪ work with DHOs and other members of existing referral networks to optimize coordination of services and consistent use of standardized referral tools and procedures;</li> <li>▪ promote leadership to mobilize community demand for and utilization of mobile CT to support implementation of mobile CT activities in peri-urban and remote areas in conjunction with health facility staff;</li> <li>▪ support implementation of mobile CT activities in peri-urban and remote areas in conjunction with health facility staff;</li> <li>▪ build on community mobilization efforts to continue to create demand and links to services such as TB, PMTCT and ART;</li> <li>▪ mentor and provide ongoing supervision and support for volunteers working in the</li> </ul>	<ul style="list-style-type: none"> <li>▪ work with DHOs and local HIV/AIDS service providers to formalize service coordination by replicating standardized referral network mechanisms developed under ZPCT, including referral tracking, feedback and problem-solving;</li> <li>▪ identification of local CBOs/FBOs to receive community purchase orders to create demand for services;</li> <li>▪ provision of comprehensive technical assistance as outlined above</li> </ul>

community, such as ASWs, PMTCT motivators and TBAs	
--	--

***Enhancements and Innovations to All Program Districts:*** ZPCT II will build on ZPCT’s technical approaches/activities to:

- identify local CBOs/FBOs to receive capacity-building assistance and sub-grants to strengthen service provision
- stimulate demand for HIV/AIDS outreach services in hard-to-reach areas by working with home-based care and other community programs;
- conduct community mapping of HIV/AIDS services and contextual factors (including gender issues and HIV stigma) that make communities vulnerable to HIV/AIDS to identify gaps and challenges and improve communication strategies;
- support anti-stigma activities, including training for community leaders, PLWHA, youth groups and others;
- work with opinion leaders (political, religious, traditional healers and others) to advocate for change in male norms and behaviors that hinder male involvement in sexual/reproductive health services, including HIV/AIDS services; and
- develop standardized mechanisms for client feedback on HIV/AIDS services and referrals that lead to improved client-centered care.

***New Approaches:*** Implement new, innovative approaches/activities to:

- develop the capacity of community groups to plan, develop and implement positive prevention interventions (e.g., through TSA/Zambia), as well as prevention activities targeting HIV-negative individuals, including MC education, risk-reduction counseling and condom promotion;
- support organization and build capacity of PLWHA support groups (e.g., through NZP+), including through training of additional ASWs among their membership, to promote positive prevention and healthy living practices;
- promote systematic condom use and condom distribution in community prevention events and mobile CT outreach, using free condoms distributed through MSL;
- train and mentor TBAs to stimulate demand for PMTCT in peri-urban and remote areas and link to ART services;
- integrate screening for TB in CT mobile activities to include sputum collection and referral of symptomatic patients;
- build capacity of youth groups to provide youth-targeted HIV/AIDS activities;
- develop job aids for community leaders and volunteers, including aids on how to integrate FP and RH in HIV/AIDS activities; and
- conduct treatment literacy discussions to improve treatment-seeking behavior and adherence.

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

**Objective 3 Key Results for Year One:**

- 12 districts graduating from intensive assistance by meeting MoH approved minimum quality and performance criteria in technical service delivery areas (CT, PMTCT, ART, clinical care, laboratory and pharmacy services) and management of commodities, data and human resources
- Increase the capacity of PHOs and DHOs to manage improved HIV/AIDS services

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

Current MoH policy calls for routine CT in all clinical areas. PMTCT services are provided within the national ANC service package. ZPCT has increased HIV/AIDS service integration with TB, STI and pediatric care and ZPCT II will continue to collaborate with the MoH to integrate services with FP/RH and malaria, as well as other areas as outlined in Objective 1. In addition, ZPCT II will work with provincial and district health officials to continue to identify and implement new opportunities for integration, such as initiating ART in hospital wards and other non-ART clinic settings. This will include training for technical staff to support facilities in the delivery of integrated services, as well as training for managers to increase their capacity to provide supportive supervision on service integration to their own staff and facilities. PHOs and DHOs will be supported to expand service integration to facilities not supported by ZPCT or ZPCT II, using the UNICEF model that provides technical assistance to the district rather than facility level. This process will assist with the transition to graduation outlined under 3.4 and the strategic information section.

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

The spread of HIV/AIDS is closely linked to gender issues. Men are less likely to seek and utilize available RH and HIV/AIDS services. Women's vulnerability to infection is increased by inequalities in social and economic status that reduce their power in sexual relationships. Concurrent partnerships are a significant factor in the spread of HIV in Zambia, and sexual violence also plays a role. In Zambia, women are disproportionately infected. An estimated 16 percent of Zambian adults are HIV-positive, but 18 percent are women compared to 13 percent of men. Women also are disadvantaged in seeking health care and making informed health decisions. Zambia's Demographic Health Survey (DHS) shows that in the majority of married couples, husbands have the final say in their wives' health care.

ZPCT II will focus on understanding male behavior, targeting men for services and promoting women's health seeking capacity as essential approaches to reducing the

spread of HIV/AIDS. ZPCT successfully promoted male involvement in PMTCT in Luapula and North Western provinces in collaboration with the Health Communication Partnership (HCP), which mobilized communities and involved traditional leaders to promote health-seeking activities among men. ZPCT II will replicate this model in other provinces to increase the uptake of couples and men in CT and PMTCT. Increasing community participation in efforts to promote male utilization of HIV/AIDS services will be among the priority activities of the community consortium discussed in Section 2.3. We also will continue ZPCT's successful efforts to recruit both men and women as volunteers. Of community volunteers who received training under ZPCT, 54 percent were women and 46 percent were men. The addition of MC to the HIV/AIDS service package also provides an avenue to reach men through integration with RH and CT services.

Additional activities, including those targeted and tailored to men, will be identified and implemented as part of our strategic plan on gender, to be developed by partner Social Impact. The plan will identify gender biases that affect program implementation, and outline training and other mechanisms to increase MoH capacity to address gender inequities. Collection and reporting of sex-disaggregated data will continue as part of M&E. Sex disaggregated QA/QI data on couples counseling in CT and PMTCT will provide important feedback on service effectiveness.

CARE will work with other ZPCT II partners to develop strategies that promote men's and women's health seeking capacity including adopting healthy living practices and utilizing health services as essential approaches to reducing the spread of HIV/AIDS. Increasing community participation in efforts to promote male utilization of HIV/AIDS services will be among the priority activities of the community consortium discussed in Section 2.3. CARE will continue to recruit both men and women as volunteers. The addition of MC to the HIV/AIDS service package also provides an avenue to reach men through integration of RH and CT services.

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

ZPCT has supported the MoH in implementing an M&E system that monitors performance in achieving rapid scale-up of services, while also responding to the information needs of the GRZ, PEPFAR, USAID/Zambia and the NAC. Information is collected from the GRZ's HMIS, as well as QA/QI tools, which supplement HMIS data by measuring service quality according to MoH SOPs and guidelines and identifying areas that need to be strengthened. This activity is done with all partners including the Health Systems Strengthening Project.

Data collection quality has improved significantly with ZPCT support, which has included hiring of data entry clerks, provision and maintenance of computers, regular data audits, and training for health care workers and district health information staff. ZPCT II will continue to build MoH capacity at all levels to collect, compile, interpret and report data, as well as to expand its use as a tool for improving HIV/AIDS service delivery. Many of the building blocks are already in place. ZPCT and DHOs jointly hold

quarterly meetings with health facility staff to discuss the previous quarter's activities and share data to identify potential problem areas in service delivery and develop solutions. Province wide meetings to review project performance are done annually.

In addition, ZPCT II will 1) facilitate quarterly provincial level data review meetings to review district data; 2) support provincial data management specialists' participation in ZPCT data audits and district quarterly reviews; 3) train district health information officers in interpreting and using QA/QI information in M&E; 4) develop mechanisms to include HMIS data collected at the community level in national statistics; and 5) add data entry clerks at the district level to support implementation of the QA/QI system.

Joint ZPCT II/MoH operational research based on issues identified from the M&E system has been published and led to improvements in Zambia's HIV/AIDS services. Use of volunteer ASWs was increased after research confirmed that such task shifting reduces patient waiting times and increases retention, with no compromise on quality. Research based on information that as many as 50 percent of pregnant women do not return after their first antenatal visit led to giving single-dose nevirapine, an ARV drug that reduces transmission of HIV from mother to child at birth, on the first visit as a safety net, rather than waiting until later in the pregnancy. Opt-out CT and testing corners resulted from analyzing data on attrition from PMTCT services. ZPCT II will continue to support similar analysis with the MoH to increase the use of evidence-based responses to challenges in the field.

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

Successful completion of ZPCT's graduation plan, which uses QA/QI analysis to determine districts that no longer need intensive technical assistance, will help prepare the MoH to assume complete responsibility for managing, maintaining and continuing to improve its HIV/AIDS services. In addition, ZPCT II will improve the capacity of district and provincial MoH officials to provide technical mentoring and supervision for health facility workers. We will develop additional training modules to build capacity in these areas, along with leadership, program management and financial management. Joint ZPCT/MoH planning will be strengthened to include specific plans covering the eventual transfer of responsibilities.

ZPCT II has developed a graduation policy for supported health facilities to continue to provide good quality services in the absence of external technical support as part of its sustainability plans. The graduation policy aims to transition supervision and technical assistance of health facilities which have attained a consistently high level of technical quality from ZPCT II to GRZ support without compromising service delivery or quality. ZPCT II's technical strategies and QA/QI tools will be the basis to assess service quality in the health facility. Districts eligible for graduation must have facilities which maintain and sustain an acceptable standard in all technical areas namely CT, PMTCT, clinical care, ART and pharmacy/laboratory for a period from three to six months before they can be graduated.

Although the MoH is in the process of adopting ZPCT's QA/QI system, which is the graduation plan's foundation, additional effort is needed to maximize its full potential.

This includes integration of QA/QI standards into evaluation activities, such as provincial performance assessments, as well as coordination of PHO and project technical support in response to results of performance assessments. ZPCT II will provide QA/QI training, first targeting PHO staff, district health officers and hospital managers, to be followed by key facility staff.

ZPCT II will implement a post-graduation strategy to provide continued support at reduced levels for facilities that graduate under the plan. District and provincial health officials' capacities also will be built as part of the transition, so they can assume a larger role in overseeing graduated facilities. Districts will continue to receive project and PHO support to sustain quality standards under jointly developed post graduation management plans.

Partner EMG will assess the management capacity needs of PHOs and DHOs and provide appropriate training and other technical assistance and tools, such as job aids, in financial and program management to prepare them to assume complete responsibility.

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

***Objective 4 Key Results for Year One:***

- Public-private partnerships for HIV/AIDS service delivery established in target provinces through implementation of tested technical approaches from the public sector

Since Zambia began reforming its health sector in the 1990s, the GRZ has recognized the importance of private hospitals and clinics in helping the nation achieve its health goals on a sustainable basis. The private sector now plays an important and growing role in increasing access to quality health care. A variety of private-sector entities own and run accredited health facilities, including churches and companies that operate clinics and hospitals to serve employees and their families. The USG currently supports delivery of HIV/AIDS service in private health facilities through public-private partnerships with eight mining and agribusiness companies. Using Global Development Alliance (GDA) arrangements, USAID/Zambia has supported the scale-up of HIV/AIDS services in the companies' hospitals and clinics to benefit not only workers and their families, but also members of surrounding communities. ZPCT II seeks to expand public-private partnerships to further strengthen Zambia's delivery of HIV/AIDS services.

ZPCT II will partner with CHAMP, a PEPFAR funded organization that currently supports the GDA activities. CHAMP will continue to work through the Community Empowerment through Self Reliance (COMET) New Project Initiative grant and Global Fund mechanisms to manage its current GDA activities. FHI will ensure that MoH quality standards are met in the GDA facilities by providing technical assistance using

the ZPCT model and implementing the approaches outlined in Objectives/Tasks 1 and 2. This will include linking the private facilities to the MoH commodity supply chain. EMG will provide technical assistance on GDA management to CHAMP. In addition to the assistance being provided to the CHAMP GDA program, FHI will identify other private facilities to support, including ensuring their inclusion in district-based referral networks to increase access to comprehensive care and support services. At the end of CHAMP's GDA funding in 2011, FHI will explore adding the organization as a full partner to ensure GDA management proceeds according to USG regulations, while FHI continues to provide technical oversight.

This first year, ZPCT II, in consultation with CHAMP and other stakeholders, will identify private sector sites in the supported provinces and initiate support to six sites for the provision of HIV care and treatment services and male circumcision where feasible in line with national guidelines. ZPCT II will also support the development of monitoring and evaluation system to support HIV service delivery, in the private sector and will include private facilities in district-based referral networks to increase access.

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

***Objective 5 Key Results for Year One:***

- ZPCT II activities incorporated into all PHO and DHO action plans annually
- ZPCT II participating in all 12 TWGs with the MoH, NAC and other partners

As outlined throughout this proposal, collaboration and cooperation with the GRZ and a wide range of other partners are essential features of the ZPCT model. ZPCT II will continue and build on ZPCT's efforts to assure that Zambia's HIV/AIDS services are fully integrated and non-duplicative. Many of these areas and activities are discussed under Objectives/Tasks 1-4. In addition, ZPCT II will continue ZPCT's active role in the MoH's 12 HIV/AIDS related Technical Working Groups (TWGs).<sup>4</sup> These bring together the entire range of stakeholders, GRZ, USG entities, other donors and implementing partners, to guide and support development and coordination of policies, plans and strategies to combat HIV/AIDS and related diseases. Through the working groups, ZPCT has helped to develop and review guidelines, training packages, SOPs and technical updates across all technical areas. We also will continue to participate in other stakeholder groups such as the NAC's Treatment, Care and Support Theme Group and the DNA PCR Stakeholders Committee.

---

<sup>4</sup> TWG subjects are prevention/STI, CT, PMTCT/pediatric HIV, laboratory, commodity security, early infant diagnosis, quantification/procurement, clinical care/ART, ART accreditation, palliative care, M&E and TB/HIV.

ZPCT II will continue to look for opportunities to collaborate to avoid duplication of effort, optimize resources and expand the range of supported services in innovative ways, especially at the community level. District based referral networks will be strengthened and expanded. We will continue ZPCT's collaboration with CHAI on a pilot project to provide therapeutic foods for pediatric HIV/AIDS patients at 10 sites, an activity for which PEPFAR funds cannot be used. In addition, we will coordinate with the Japanese International Cooperation Agency (JICA) and Médicos Sin Fronteras (MSF) on the project's expansion into Mumbwa and Kapiri Mposhi districts, where they respectively provide assistance to health facilities. ZPCT II will collaborate with the PSI led consortium on MC (see Section 1.4). Other examples of collaborative partners include USAID's A Safer Zambia (ASAZA) project to reduce gender-based violence and the European Union-funded Strengthening TB, AIDS and Malaria Prevention Programs (STAMPP) to increase health-seeking behaviors and access to integrated health services for the poorest, most vulnerable populations. ZPCT II will continue to link USG and non-USG community programs to clinical services via the referral networks. These include RAPIDS, the CRS Scaling Up Community Care to Enhance Social Safety Nets (SUCCESS) home-based care program, and other community/church groups. Lastly, though this proposed program will not be providing any direct services to OVC, except for provision of treatment for HIV positive children, through the district referral networks all HIV/AIDS programs are represented and identified OVC will be referred to community programs for assistance, many through USG programs such as FABRIC, RAPIDS and CRS SUCCESS, to access the services available.

ZPCT II will play an active role in bringing stakeholders together to share technical information and lessons learned. ZPCT pioneered the first national ARV Update Seminar in 2006 in partnership with the MoH. The annual seminar brings together a wide range of stakeholders and providers to review progress made in ART provision in Zambia, share best practices and lessons learned, develop solutions to challenges and map future directions. ZPCT II will initiate a provincial-level update to share knowledge and best practices with provincial/district-level stakeholders and providers. ZPCT II will continue to participate in the district planning process so that all activities are integrated into district action plans.

## **IV. Program and Financial Management**

ZPCT II is continuing the management structure and relationships with the MoH and other partners developed under ZPCT. Collaboration with the MoH will continue to be governed by Memoranda of Understanding (MOU) at the national and provincial levels and implementation agreements with provinces, districts and hospital boards. ZPCT's current decentralized structure, with the main office in Lusaka and five provincial offices, will continue through ZPCT II. The new partners will place their staff within this structure to ensure the smooth operation of one project – ZPCT II – with employees from different organizations. Partner management will be as follows:

<b>Partner</b>	<b>Roles and Responsibilities</b>	<b>Reporting Structure</b>
<b>FHI – Prime</b>	Provide overall program, technical and financial leadership; be responsible for all program indicators and M&E system; liaise with USAID as agreed with the Cognizant Technical Officer; manage relationships with the MoH, NAC, and private and all project partners; coordinate with other USG partners to ensure uniformity of activities across the country; and provide oversight and guidance to all partners in the consortium. FHI is the lead implementer with the MoH in scaling up HIV/AIDS services in the five provinces. As with ZPCT, the ZPCT II team will be co-located to ensure coordination, ease of management and smooth implementation. FHI also will institute a biannual review with the MoH, NAC, USAID and partners to ensure program results are in line with MoH and NAC goals.	FHI headquarters (HQ) will provide financial, contractual and technical oversight. The HQ team also will manage contractual negotiations for the international partners. The Chief of Party (COP) and Deputy COP will manage USAID, USG, MoH, and international partner and direct local partner relationships. ZPCT II will utilize the structure of ZPCT.
<b><i>International Partners</i></b>		
<b>Management Sciences for Health (MSH)</b>	MSH, under the direction of the FHI Technical Director, is responsible for the laboratory and pharmacy objectives in the proposal, and will work with FHI on the PCR/viral load lab at ADCH.	The MSH lead is Gail Bryan, Senior Advisor/Pharmaceutical Management, who is responsible to the Technical Director for pharmacy and laboratory activities. In addition, she will represent MSH at budget and contractual negotiations in Zambia.
<b>CARE</b>	Under the direction of the Director of Programs, CARE will lead the activities to mobilize communities to access HIV/AIDS services, as well as continue to enhance existing referral networks and develop new ones to achieve full coverage. CARE also will manage ASWs and lay counselors, and work with CBOs and FBOs to build their capacity to coordinate volunteers and deliver community-level services.	CARE’s Assistant Country Director/ Regional Operations, Kathleen O’Brien, will coordinate with the COP on program, contract, staff and budget issues. The CARE team, led by the ZPCT II Community Program Manager, will report to the Director of Programs.
<b>Emerging Markets Group (EMG)</b>	The EMG team will work with the COP, the finance and program directors, and the provincial managers to increase the capacity of PHOs and DHOs to manage ZPCT II program activities at the project’s close. Two local staff will receive short-term technical assistance (STTA) from EMG/HQ.	EMG’s local employees will report to the Director of Programs, while contractual and budget issues will be coordinated by the COP and FHI/HQ team.
<b>Social Impact (SI)</b>	The SI team will provide STTA from their HQ to work with the MoH and other partners in Zambia to develop a gender strategy to be implemented by partners on the ground at all levels of the program.	SI will coordinate trips and activities with the COP and Deputy COP.

<b>Partner</b>	<b>Roles and Responsibilities</b>	<b>Reporting Structure</b>
<b>The Salvation Army World Service Office (SAWSO)</b>	SAWSO will provide STTA to their local TSA affiliate to continue to build their capacity in community mobilization and prevention activities.	The COP will manage this partner in collaboration with the program director and the CARE team.
<b>Local Partners</b>		
<b>Churches Health Association of Zambia (CHAZ)</b>	CHAZ will work with ZPCT II through mutually identified church-run facilities to provide strategic services to enhance MoH service delivery goals.	CHAZ will be managed by the Director of Programs with technical oversight by the technical team.
<b>Kara Counseling and Training Trust (KCTT)</b>	KCTT will continue to train CT supervisors under ZPCT II through contracts with FHI.	The program team will manage KCTT in consultation with the technical team.
<b>Network of Zambian People Living with HIV / AIDS (NZP+)</b>	NZP+ will work as part of the CARE local consortium to increase demand for services, mobilize communities and, where appropriate, identify candidates as ASW volunteers. As their capacity increases, they will take on the training program for ASWs.	CARE will manage this partner.
<b>The Salvation Army Zambia (TSA/Zambia)</b>	The local branch of TSA will work as part of the CARE local consortium to increase demand for services and mobilize communities.	CARE will manage this partner.
<b>Other CBOs/ FBOs</b>	CARE will identify additional CBOs/FBOs to receive sub-grants to mobilize communities, participate in the referral networks and, where appropriate, provide purchase orders to local groups.	CARE will manage these partners.
<b>University Teaching Hospital (UTH)</b>	The UTH Male Circumcision unit will assist FHI to scale up MC in facilities in the five provinces.	UTH will be managed by the Technical Director.
<b>Comprehensive HIV / AIDS Management Program (CHAMP)</b>	FHI will provide technical assistance to the CHAMP GDA program's HIV/AIDS clinical services.	CHAMP will be managed by the technical unit with COP support.

### **Program Management:**

ZPCT II has six offices with the central office in Lusaka and one field office in each of the five ZPCT II supported northern provinces. ZPCT II program is managed by the Chief of Party (COP), three Senior Directors, M&E Advisor and supported by the Regional Technical Advisor. The COP and directors will meet weekly and an extended senior management team will meet monthly to supervise and manage the overall program with support from the five Provincial Program Managers in the five provinces

ZPCT II will be providing programmatic, financial and technical support to 273 facilities across 39 districts of the five provinces in this year one through a recipient agreement mechanism with the District Health Offices, the Provincial Health Offices and UTH, and through additional contractual mechanisms for the international partners. The recipient agreement with the districts is a mechanism to provide the assistance agreed upon mutually without direct granting of funds to the districts or any government institution. Hence, FHI will manage these funds allocated to

the respective districts. The ZPCT II program management team will finalize at least 58 recipient agreements with the PHOs, DHOs and with the general hospitals between August and September 2009. In addition, subcontracts with the partners will also be completed. The list of all recipient agreements/contracts for year one is outline in Annex D.

The Program Management Unit in Lusaka will work to strengthen and decentralize the Provincial Offices and provide management support while the Technical Unit will oversee the overall implementation and roll out of all the technical strategies along with providing the technical backstop to the provincial technical staff to allow the provinces to effectively work with the districts and provinces to implement the program activities directly in the field. Program Management Unit will hold quarterly program review meetings with the provincial program teams and conduct regular field visits for overall program monitoring. Program staff will also participate in FHI regional meetings on program monitoring and leadership.

#### **Finance and Administration:**

ZPCT II will work on long-term strategies for financial management that incorporates internal and external audits. The incorporation of audits is meant to enhance accountability and transparency in ZPCT II operations. Ernst and Young USA will conduct audit of the Zambia FHI programs annually. ZPCT II will conduct on site quarterly financial reviews at the respective provincial and the sub recipient offices. The FHI/Zambia will continue to explore options meant to enhance cost control and efficiency. The ZPCT II finance staff will participate in the regional finance meetings held by FHI in the region. The ZPCT II finance team will conduct financial orientations and trainings to program and partner staff on subcontracts and sub-grants management.

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

In year one, the information technology (IT) team will carry out a review of all currently deployed computer equipment and replace all faulty and obsolete equipment across all ZPCT II offices as well as in the supported health facilities to ensure that only up-to-date equipment is in use. This equipment includes laptops, desktops, printers and UPS's. In addition to equipment replacements, ZPCT II will procure computer equipment for all new staff.

ZPCT II will inherit the network infrastructure that has been operational for under ZPCT. The LAN infrastructure will be reviewed in all offices and any required proactive maintenance and updates will be carried out to ensure that the LAN infrastructure will last the lifespan of ZPCT II.

#### **Human Resources:**

Two hundred and forty-four staff positions have been approved (excluding key personnel) under the ZPCT II Task Order. Of this number, two hundred and three positions were advertised in June 2009. In view of this large scale recruitment exercise, it is expected that the recruitment will be phased between July and September 2009. All positions will be hired by October 1, 2009, except for five QA/QI positions which will be hired in 2010. A comprehensive orientation program will be drawn-up for all new hires. This will include orientation to FHI human resource policies and in-depth orientation by respective technical areas and/or support functions. The

orientation program will be coordinated through the human resource office and supported through the respective functional directorate.

Standard operating procedures (SOPs) will be developed in consultation with the ZPCT II partners on human resource policy issues and other day-to-day ongoing administrative issues for the staff that will be attached to the ZPCT II program, including those with the three partner organizations – MSH, CARE and EMG.

Staff training and development activities will be implemented beginning November 2009. Activities include supervisory and leadership training for staff in supervisory positions, performance management training, records management training amongst other short-term job related courses that will be targeted at building capacity across staff in different functional areas.

### **Program Monitoring:**

Program monitoring includes program implementation design and on the job mentoring contributing to staff development.

- The program management unit in Lusaka with the provincial program teams will hold quarterly review meetings to review and monitor program implementation progress against results;
- The Lusaka program team will conduct regular field visits to provide program management and monitoring support to the provincial offices;
- Lusaka and provincial staff will participate in capacity building workshops as appropriate;
- Each of the technical teams - CT/PMTCT, CC/ART, pharmacy and laboratory, and SI/M&E from Lusaka and provinces will meet quarterly for updates, technical review and sharing of lessons learned, and practice in their respective technical areas;
- Technical unit staff will participate in technical update meetings and reviews;
- The IT unit will provide capacity building programs and trainings on Microsoft Office, mailbox management, information access, data protection and end user training to all ZPCT II staff to assist them to effectively use the IT systems. In addition, IT support will be extended to the health facility staff located at the ZPCT II supported sites to ensure accurate data gathering and emphasis on confidentiality of the collected data;
- IT staff will advance their core competencies in order to adequately support the users and the IT systems through SmartCare technical trainings and Cisco Certified Network Associate for Unified Communication (VoIP Telephony); and
- Data entry clerks will meet at least two times, in each province for updates and review of the data.

### **Procurement:**

Under this workplan, ZPCT II will procure 72 computers, 35 laptop computers, 13 heavy duty network printers, six heavy duty color printers, and seven stand alone printers and replace any faulty and obsolete equipment. ZPCT II will procure and install new servers in the Lusaka office and all the five field office to cater for the anticipated network and file storage capacity requirements and mitigate support requirements. In addition the current servers are out of warranty and have reached the end of life and will no longer be supported by the manufacturer.

ZPCT II plans to procure 10 BD FacsCount machines for CD4 analysis. The viral load and resistance testing equipment has been incorporated in the budget pending concurrence by USAID to proceed with the procurement. In addition FHI will procure additional laboratory equipment, furniture, generators, computers, printers, solar panels and supplies for the health facilities once assessments are undertaken to determine the needs of the government support health facilities. In an effort to strengthen laboratory and pharmacy support services and networks, ZPCT II will procure additional motorbikes for specimen referral system linking even the most remote health center to sophisticated centralized labs. In addition FHI will procure air conditioners for the health facilities pharmacies and laboratories to ensure equipment and drugs are stored within the allowable temperature ranges.

## V. Strategic Information (M&E and QA/QI)

Technical assistance and support in M&E

- strategic information unit will provide extensive TA and support to the ZPCT II new sites to bring them to the high level of proficiency achieved by all ZPCT supported sites in terms of data collection, management and reporting for all program areas while the other ZPCT supported sites will continue to be provided with technical assistance and support at levels commensurate with their ZPCT district graduation status (i.e. whether a district has been graduated or not);
- support for the continued and uninterrupted flow of information from ZPCT II supported sites to the national level (health facilities, district, province and national);
- facilitate the procurement and distribution of necessary computer equipment and accessories for both new and existing ART sites (for SmartCare and other electronic information systems);
- pilot implementation of the PMTCT smart care in 15 facilities across the 5 provinces in the first year with procurement and distribution of the required computer equipment and accessories, in collaboration with IT unit
- provide specific technical support for the PCR lab activities (database management and data processing) and at the sending health facilities (i.e. documentation, and data management);
- provide capacity building for SmartCare such as data entry and quality assurance and control (QA/QC); and
- provide technical support to all partners in M&E activities to ensure accurate and reliable data for program implementation is collected in a timely manner

In addition, M&E will support activities across the different technical areas, as described in the table below:

Technical Area	Activities
CT/PMTCT	<ul style="list-style-type: none"> <li>▪ maintain accuracy of records</li> <li>▪ timely record updates</li> <li>▪ pilot the use of SmartCare in ANC/CT/PMTCT at selected sites in preparation for widespread roll-out of the software</li> <li>▪ in collaboration with Pharm/Lab unit, ensure the smooth running of commodity management for the testing corners in the facilities and strengthen</li> </ul>

	<p>systems for accountability of commodities</p> <ul style="list-style-type: none"> <li>▪ conduct, as appropriate comprehensive training in use of appropriate data collection tools at new ZPCT II sites</li> </ul>
<b>ART/Clinical Care</b>	<ul style="list-style-type: none"> <li>▪ train and mentor facility staff to correctly fill in the SmartCare forms in collaboration with the Clinical Care unit in both existing and new sites</li> <li>▪ train and mentor appropriate facility staff to correctly enter data in to the SmartCare system</li> <li>▪ build capacity in the provincial M&amp;E officers, data management specialists and District Health Information Officers on QA/QC for electronic information systems such as SmartCare</li> <li>▪ schedule visits to check on the SmartCare deployment progress in new sites while strengthening the running of the system in existing sites.</li> <li>▪ provide support for ARTIS until all sites convert to SmartCare</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>▪ train and mentor facility staff to correctly fill in the PCR lab forms at the referring health facilities, in collaboration with the Pharm/Lab and CT/PMTCT units</li> <li>▪ train and mentor facility staff to correctly enter the data into applicable electronic databases or paper-based information system for the efficient management of the logistics system</li> <li>▪ build capacity in the provincial M&amp;E officers, data management specialists and District Health Information Officers on QA/QC for the PCR information system (referral forms and database)</li> <li>▪ train and mentor facility staff to correctly document the laboratory samples</li> <li>▪ train and mentor facility staff to correctly document the PCR samples during transport and processing</li> <li>▪ train lab staff to document and report back to health facilities on why samples have been rejected (if any) by the PCR lab</li> </ul>

### **Data Use and Management**

- monitor the SmartCare system for reliability in conjunction with CDC/MOH and other partners;
- periodically conduct SmartCare QA/QC for aggregated data from all ZPCT II supported health facilities to measure the levels of accuracy of the data entry;
- procure SmartCare forms for ZPCT II supported health facilities
- recruit additional data entry clerks for ZPCT II-supported health facilities as needed;
- continue to provide data and guidance for quarterly feedback meetings with the PHOs and DHMTs;
- conduct a semi-annual data audit in all provinces to ensure reliability of data reported and set up a system to amend reports, when needed;
- conduct statistical trend analysis for program feedback;
- conduct data analysis by technical area for documentation of results and problem solving;
- assist in documentation and dissemination/publication of ZPCT achievements in the specific program areas; and
- update the ARV dispensing tool or SmartCare dispensing software in all ART sites; and

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

Technical Assistance and Support in QA/QI

ZPCT II will provide technical assistance and support in all technical program areas to ensure high quality service delivery in all its supported sites. ZPCT is committed to improving the quality of care and services and ultimately the quality of life for people living with HIV and AIDS. Alongside HIV/AIDS care, quality ZPCT supported PMTCT, counseling and testing services for HIV also contributes greatly towards curbing the spread of HIV.

All ZPCT II technical programs (including M&E) are required to implement the QA/QI system to:

- assess the extent to which HIV health services are consistent with the most recent public health and policy guidelines for the treatment and prevention of HIV disease and related opportunistic infections; and
- develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

To this effect, in collaboration with the MoH ZPCT II will strengthen the QA/QI system across all the technical programs by undertaking the following activities:

- collaborate with technical staff to reinforce the dissemination and systematic use of QA/QI tools, job aids, standard operating procedures (SOPs) and related materials;
- regularly analyze, document and disseminate all QA/QI data collected to determine progress toward evidence based benchmarks that will be put into action for improving the quality of HIV health services offered by ZPCT supported health facilities;
- strengthen feedback and evaluation mechanisms into the process to ensure that QA/QI goals are accomplished and concurrent with standard outcomes;
- liaise with all ZPCT technical staff to document and disseminate QA/QI best practices, lessons learnt and operational research;
- develop a structured process of selection and prioritization of facility based QA/QI improvement initiatives and support needs.
- work to strengthen QA/QI capacity building activities through developing QA/QI orientation package and training materials;
- develop a practical QA/QI procedure manual and a procedure manual for graduation for use by ZPCT II and the districts for monitoring;

### **Applying Quality Improvement Strategies for Program Implementation**

The aim is to carry out operational research aimed at improving the quality of technical program implementation. This will include but will not be limited to the following activities:

- determine the effectiveness of PMTCT interventions in ZPCT supported sites;
- assess the importance and possible benefits of HIV retesting of sero-negative antenatal attendees at delivery within the PMTCT program
- establish a ZPCT QA/QI database;
- assess the Effectiveness of a Job Aid for Excluding Pregnancy among New ARV patients;
- conduct a Referral Network Study as a case study in Kabwe district, through interviews and analysis of secondary data on the effectiveness of coordination and communication between HIV related service providers and referral agencies;
- conduct a cost analysis of HIV care and treatment services;

## **Facility and District Sustainability Strategy**

When positive results from the QA/QI system are observed, ZPCT II has developed a graduation policy for ZPCT supported health facilities to continue to provide good quality services in the absence of external technical support as part of its sustainability plans. The graduation policy aims to transition supervision and technical assistance of health facilities which have attained a consistently high level of technical quality from ZPCT II to GRZ support without compromising service delivery or quality. ZPCT II's technical strategies and QA/QI tools will be the basis to assess service quality in the health facility. Districts eligible for graduation must have facilities which maintain and sustain an acceptable standard in all technical areas namely CT, PMTCT, clinical care, ART and pharmacy/laboratory for a period from three to six months before they can be graduated.

## **Performance Monitoring**

All ZPCT II partners (MoH and private-sector health facilities, CBOs, FBOs, etc.) will submit monthly service statistics based on OGAC/MoH/NAC indicators to the project's provincial M&E units. The data collection system is based on and supports the official MoH HMIS, in line with the "Three Ones" principle (one national coordinating authority, one strategic framework, one M&E system). Primary data is collected at the facility level using GRZ-approved tools and used to generate monthly service delivery reports for all technical areas. Reports provide immediate feedback on performance, and also are used to review progress and improve service delivery in quarterly feedback meetings with the partners. This process builds partners' capacity to 1) utilize data for decision-making, 2) measure progress toward reaching targets, and 3) use the findings of the QA/QI system (discussed below) to improve quality of care according to national standards. In the private sector, we will introduce MoH-approved tools and provide technical support to ensure data is reported into both the HMIS and project M&E system. ZPCT II also will disseminate program information and lessons learned through workshops, conferences and publications.

## **Evaluation**

Project data, combined with other data sources, will be compared with baseline findings to establish program outcomes and impacts. Baseline data for required indicators will be collected from service statistics and other sources at the end of the current ZPCT program. ZPCT II also will conduct ongoing program evaluation, including operational research with the MoH.

# **VI. Reports and Deliverables**

The terms of this Task Order between USAID and FHI describe the reporting requirements and deliverables as follows:

## **Annual Work Plan**

The annual work plan will detail the work to be accomplished during the upcoming year. The scope and format of the annual work plan will be agreed between the Contractor and the COTR during the first thirty days after the award of the contract. The work plan may be revised on an occasional basis, as needed, to reflect the changes on the ground and with the concurrence of the COTR.

The first work plan will be submitted one month after the effective award date within one month of the award of the Task Order. The work plan will also include the estimated funding requirements for the period of program implementation, necessary to meet all program objectives within the Task Order. USAID will respond to the work plan within five calendar days.

ZPCT II will submit its first year work plan on July 1st, 2009 and on an annual basis thereafter.

### **Performance Management Plan**

FHI will submit the Performance Management Plan to USAID during the first quarter to cover the entire period of the contract. The plan includes project performance indicators and detailed information about each, including: data sources, frequency and schedule of data collection, and organizations and individuals responsible for data collection and verification. In addition, the plan outlines how these data are analyzed and used by the project in order to continuously improve the program.

### **Quarterly Progress and Financial Reports**

The Task Order states that Quarterly Financial and Progress Reports shall be submitted no later than one month after the end of the quarter. Partners will be asked to submit their reports 15 days before the due date so that their inputs can be incorporated into the quarterly reports submitted by FHI. The scope and format of the quarterly reports will be determined in consultation with the COTR. In response to this, ZPCT II will submit its first quarterly program and financial report for the months of June through September 2009, at the end of October 2009 and thereafter will submit within 30 days after the end of each quarter. These reports will indicate the progress made in achieving results and the challenges being faced.

In addition, FHI will submit the monthly SF 1034 financial report on a monthly basis after the end of each month.

### **PEPFAR Semi-Annual and Annual Progress Reports**

ZPCT II will submit the PEPFAR country operational plan semi-annual and annual progress reports by the April 30th and October 30th of each calendar year during the life of the project.

### **Final Report**

It is required that the Contractor shall prepare a final report that matches accomplishments to the specific scope of work. The final report will be drafted to allow for incremental improvements in the process. The final report is due within 60 days after the task order completion date.

### **Other Deliverables**

FHI will conduct environmental assessments during the first quarter and utilize the Mitigation Plan and Marking and Branding Plan that have been submitted to USAID. FHI will seek approval on the Environmental Assessment, Mitigation Plan and Marking and Branding Plan that have already been submitted.

FHI will utilize the sustainability plan that has been submitted to plan activities to ensure activities continue after the project ends. Additionally, FHI will submit a grants manual for the sub-granting process during the first quarter.



---

---

# ***Annex A: Year One Implementation Work Plan Matrix***

---

## Annex A: Year One Implementation Work Plan Matrix

Activity	Responsible Unit	2009								2010				
		Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
<b>Project Start Up Activities:</b>														
Finalize and submit the Environmental Assessment and Mitigation Plan to USAID for approval	FHI	X												
Submit final Branding Strategy and Marketing Pan to USAID for approval	FHI	X												
Finalize contract shell for ZPCT II agreements	FHI	X												
Develop MOUs with the MoH and the PHOs	FHI		X	X										
ZPCT II partners planning meetings and launch of ZPCT II project	All ZPCT II partners			X										
Develop partner agreements with CARE, MSH, CHAZ, KCTT	FHI and partners	X	X	X										
Conduct environmental assessments for new sites	Program, Technical, Provincial Offices	X	X	X	X									
Recruitment of ZPCT II staff	FHI management, HR	X	X	X										
Transition ZPCT Provincial Offices to ZPCT II project offices	FHI Admin				X									
Develop recipient agreements with PHOs and DHOs	Program, Finance, Technical			X	X									
Handover of ZPCT lab and IT equipment for ZPCT II project	Administration; Finance				X									
<b>Project Ongoing Core Activities:</b>														
Plan and implement quarterly stakeholder meetings with USAID, MoH and partners	All teams; ZPCT II Management	X		X				X			X		X	
Assist MoH on policy and program issues	Technical	X	X	X	X	X	X	X	X	X	X	X	X	
Participate in MOH's HIV related Technical Working Groups	Technical	X	X	X	X	X	X	X	X	X	X	X	X	
Coordinate training plans at national, provincial and district levels with MoH	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X	
Facilitate dissemination of latest national guidelines and SOPs	Technical; Provincial Offices	X	X	X	X	X	X	X	X	X	X	X	X	
Collaborate in developing and rolling out a standardized national HIV services QA/QI strategy and system	Technical; QA/QI	X	X	X	X	X	X	X	X	X	X	X	X	

Activity	Responsible Unit	2009							2010				
		Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Continue collaborating with DHOs and PHOs to support services in existing and new sites in all technical areas (CT, PMTCT, clinical care, ART, laboratory/pharmacy, HMIS, M&E and community)	Technical, Program	X	X	X	X	X	X	X	X	X	X	X	X
Provide comprehensive TA and mentoring to both old and new project supported health facilities	Technical	X	X	X	X	X	X	X	X	X	X	X	X
Provide ongoing refresher training and technical updates to staff at all sites in relevant technical areas	Technical, Training	X	X	X	X	X	X	X	X	X	X	X	X
Provide TA and mentoring to ZPCT Provincial staff on workshop, training planning and implementation	Training, Programs			X			X			X			X
Conduct TOT/Clinical Skills trainings in HIV/AIDS	Training, Programs					X	X	X	X	X	X	X	X
Refurbish and upgrade space in new facility sites for quality HIV service delivery	Program					X	X	X	X	X	X	X	X
Support regular facility level meetings of HCWs, volunteers and management to share experiences, challenges and best practices	Provincial Offices, Community				X					X			
Ensure uninterrupted supply of HIV test kits, drugs, lab reagents and other essential commodities for all ZPCT supported facilities	CT/PMTCT, Pharm/Lab, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X
Strengthen and expand the specimen referral systems for DBS, CD4 and other tests	Pharm/Lab, CC, CT/PMTCT	X	X	X	X	X	X	X	X	X	X	X	X
Collaborate with MOH, JSI/Deliver/SCMS, CIRDZ, CRS, AIDS Relief, CDC and other partners on issues related to quantification, forecasting, procurement and security of reagents and HIV related commodities	ZPCT II Management; Technical	X	X	X	X	X	X	X	X	X	X	X	X
Support community mobilization in existing and new sites	Community; Programs; Provincial Offices	X	X	X	X	X	X	X	X	X	X	X	X
Provide ongoing supervision and support for lay volunteers in community	CT/PMTCT, CC/ART, Community; Provincial Offices	X	X	X	X	X	X	X	X	X	X	X	X
Provide ongoing support to referral networks to strengthen referrals and linkages between facilities and community services including HBC, food and nutrition, prevention and psychosocial support	CT/PMTCT, CC/, ART, Community, Program	X	X	X	X	X	X	X	X	X	X	X	X
Conduct the ART Seminar	Technical				X								
Ongoing technical support visits in all technical areas to all the provinces and facilities	Technical, Provincial offices	X	X	X	X	X	X	X	X	X	X	X	X

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

<b>1.1 Expand counseling and testing (CT) services</b>													
Train 1,176 HCWs and lay counsellors in CT courses as follows: 370 in basic CT; 96 experienced counsellors as counselor supervisors; 120 in couple counselling; 250 in child CT; 200 in youth CT & 140 in refresher CT	CT/PMTCT; Training; Provincial Offices			X	X	X	X	X	X	X	X		
Strengthen or initiate CT services in all 50 new sites including mentorship of HCWs in new or routine provider initiated counseling and testing for both adults and children				X	X	X	X	X	X	X	X	X	X
Creation of testing corners in all service points where CT services are offered				X	X	X	X	X	X	X	X	X	X
Integration of CT services in TB, FP, STI and male circumcision services within the health facilities				X	X	X	X	X	X	X	X	X	X
Develop and implement youth friendly CT including youth centered job aids	CT/PMTCT			X	X			X	X	X	X	X	X
Revise, produce and distribute CT job aids for use in new health facilities		X		X									
Conduct mobile CRT services to bring CT services to rural areas and closer to communities				X	X	X	X	X	X	X	X	X	X
Initiate routine symptom screening for TB, general health and other chronic diseases (e.g. Diabetes Mellitus & Hypertension) in 4 ZPCT supported facilities in Copperbelt Province	CT/PMTCT, CC					X	X	X	X	X	X	X	X
Promote and strengthen CT for couples through community mobilization	CT/PMTCT, Community			X	X	X	X	X	X	X	X	X	X
Integrate TB screening in mobile CT activities	CT, CC/ART, Community	X		X	X	X	X	X	X	X	X	X	X
<b>1.2. Expand prevention of mother-to-child transmission (PMTCT) services</b>													
Train 1,500 HCWs and lay counsellors as follows: 500 HCWs & 300 lay counsellors in PMTCT; 250 HCWs in DBS & 275 refresher; 175 HCWs in family planning.	CT/PMTCT, Training		X	X	X	X	X	X	X	X	X	X	X
Strengthen or initiate PMTCT services in all 50 new sites with mentorship on the implementation of the “opt-out” strategy	CT/PMTCT		X	X	X	X	X	X	X	X	X	X	X
Create testing corners in all new facilities within MCH and promote same-day testing and results using the “Opt out” strategy	CT/PMTCT			X	X	X	X	X	X	X	X	X	X
Strengthen timely CD4 count assessment for all HIV+ pregnant women at all sites				X	X	X	X	X	X	X	X	X	X
Orientation of the HCWs on the follow up on mother/baby pairs within the MCH for cotrimoxazole prophylaxis for all HIV exposed babies and HIV testing of exposed babies at six weeks of age	CT/PMTCT, Pharm/lab			X	X	X	X	X	X	X	X	X	X

Orientation of HCWs working on the provision of more efficacious ARV regimens for PMTCT (HAART, AZT &NVP) for PMTCT	CT/PMTCT, Pharm/ Lab			X	X	X	X	X	X	X	X	X	X	X
Strengthen provision of family planning (FP) counseling within ANC and referral to FP services in postnatal period	CT/PMTCT			X	X	X	X	X	X	X	X	X	X	X

Strengthen the use of community PMTCT counsellors to address staff shortages in PMTCT settings	CT/PMTCT, Community				X	X	X	X	X	X	X	X	X	X
Implement routine follow up of HIV negative pregnant women and repeat HIV testing, starting with a pilot in selected facilities in Central province					X	X	X	X	X	X	X	X	X	X
Promote integration of PMTCT with HIV prevention and malaria services through promotion of primary prevention of HIV and emphasizing the importance of malaria prevention strategies	CT/PMTCT			X	X	X	X	X	X	X	X	X	X	X
Recruit, train and mentor TBAs already working as lay PMTCT counsellors to provide prevention education, adherence support & mother baby pair follow up in the community	PMTCT, community, training					X	X	X	X	X				
Pilot implementation of the PMTCT smart care system in 15 facilities in the five provinces						X	X	X	X	X	X	X	X	X
<b>1.3. Expand treatment services and basic health care and support</b>														
Train 300 HCWs in ART/OI, 150 in ART/OI refresher courses (public and private), 150 HCWs in pediatric ART (public and private) and 120 HCWs and 150 lay cadres in adherence counseling services				X	X	X	X	X	X	X	X	X	X	X
Initiate ART services in all new sites						X	X	X	X	X	X	X	X	X
Scale up Paediatric ART through provision of ART in Paediatric wards for all infants < 12 months with confirmed HIV infection	CC/ART, CT/PMTCT			X	X	X	X	X	X	X	X	X	X	X
Produce and disseminate pediatric ART job aids on WHO recommendation of initiating HAART in infants and usage of FDCs	CC/Programs/Admin			X	X	X	X							
Support improved patient care and retention through SmartCare and other tracking tools	CC/ART, M&E			X	X	X	X	X	X	X	X	X	X	X
Orient ART teams to be able to start generating SmartCare clinical reports for reviewing and improving the quality care of patients.	CC/M&E			X	X	X	X	X	X					
Initiate new ART outreach sites, including collaboration with community level providers such as Catholic Diocese	Program, CC/CMR			X	X	X	X	X	X	X	X	X	X	X
Upgrade select outreach ART sites to static sites through capacity building to meet minimum requirements for Accreditation	Program, CC/ART					X	X	X			X	X	X	X
Upgrade 2 ART/clinical care sites in each province to model sites to manage complicated cases, adverse drug reaction monitoring and management and treatment failures	Program, CC/ART				X	X			X	X		X	X	X
Replicate family-centered ART clinic model to provide comprehensive ART and clinical care services for children and their parents in same site	Program, CC/ART					X	X		X	X		X	X	X

Support provision of therapeutic food and “food by prescription” for children and adult HIV/AIDS clients	CC/ART, Pharm, CT/PMTCT			X	X	X	X	X	X	X	X	X	X	X
Conduct training for patients and HCWs in management of HIV as a chronic illness	CC/ART, Training				X	X			X	X			X	X

Collaborate in ART Site Accreditation for all project supported ART site	ART/CC, QA/QI						X			X			X		
Pilot use of cell phone short message (SMS) technology to track and retain clients	CC/ART, M&E						X	X	X				X	X	X
Pilot task shifting on ART prescribing by nurses (10 nurses from 8 facilities in 5 provinces)	CC/ART						X	X	X	X				X	X
<b>1.4 Scale up male circumcision (MC) services</b>															
Working with other stakeholders, support the MoH and NAC to develop a national strategy for safe, voluntary and affordable male circumcision services and relevant policy documents.	CC/ART, CT, UTH MC Unit				X	X	X								
Working with the UTH MC unit to conduct a training of trainers at UTH for 20 FHI staff and MoH HCWs that will spearhead the provincial trainings	CC/ART, CT, Training, UTH MC Unit				X	X	X								
Working with the UTH MC unit to support the provincial trainings of 80 HCWs from selected facilities to carry out MC services in the five provinces						X	X	X	X	X	X	X	X	X	X
Initiate and scale up standardized, quality adult and neo-natal MC services at 16 selected MoH facilities across the five provinces						X	X	X	X	X	X	X	X	X	X
Provide on-site mentorship and supportive supervision to newly trained HCWs, in collaboration with the FHI technical officers responsible for MC activities							X	X	X	X	X	X	X	X	X
Develop/adapt adverse events reporting forms and link to national HMIS system	CC/ART, M&E					X	X								
Integrate MC into existing CT protocols and male reproductive health services	CC/ART, CT				X	X	X	X	X	X	X	X	X	X	X
Support community mobilization activities for MC	CC/ART, CT,CMR				X	X	X	X	X	X	X	X	X	X	X
Ensure ZPCT support facilities are linked to the supply chain for MC commodities to ensure an uninterrupted supply	Pharm/Lab, CC/ART	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC</b>															
<b>2.1. Strengthen laboratory and pharmacy support services and networks</b>															
Train 50 pharm & lab staff in ART Commodity Management A, and 80 in ART Commodity Management B; train 85 lab staff in equipment use and management; and, 60 lab staff in laboratory SOP and QA	Pharm/Lab, Training, Provincial Offices				X	X	X	X	X	X	X	X	X	X	X
Finalize review of ART pharmacy SOPs	Pharm/Lab		X	X	X										
Facilitate the pilot and implementation of the HIV Test EQA DTS	Pharm/lab, CT/PMTCT		X	X	X	X	X	X	X	X	X	X	X	X	X
Participate in MoH process to integrate pharmacy-related information systems (SmartCare, ARTServ and the logistics system) into a compatible, user-friendly system	Pharm/Lab, M&E		X	X	X	X	X								

Facilitate implementation and roll-out of the new pharmacy information system	Pharm/Lab, M&E			X		X		X		X			
Facilitate the implementation and roll-out of the National ARVs logistics system and the National PMTCT Drug Logistics System	Pharm/Lab, CT/PMTCT, CC, Training			X	X	X	X	X	X	X	X	X	X
Facilitate roll-out of the rational use and adverse drug reporting system in collaboration with the National Pharmacovigilance Unit	Pharm/Lab, CC			X	X	X	X	X	X	X	X	X	X
Support the Diagnostic Polymerase Chain Reaction (PCR) laboratory at Arthur Davison Children's Hospital	Pharm/Lab			X	X	X	X	X	X	X	X	X	X
Support new viral load and drug resistance testing facility for complicated cases at ADCH	Pharm/Lab			X	X	X	X	X	X	X	X	X	X

Finalize review of ART laboratory SOPs	Pharm/Lab			X	X								
Facilitate facility-level implementation of the laboratory quality assurance program in collaboration with the MoH, CDC and other partners	Pharm/Lab			X	X	X	X	X	X	X	X	X	X
Orient counselors conducting testing in all facilities on the IQC/EQA guidelines for HIV testing to and disseminate guidelines.	Pharm/Lab, CT/PMTCT								X	X	X	X	X
Improve skills and knowledge and increase capacity of pharmacy and laboratory staff through ongoing training and mentoring	Pharm/Lab, Training		X	X	X	X	X	X	X	X	X	X	X
Facilitate the implementation and roll-out of the National HIV test kits logistics system	Pharm/Lab			X	X	X	X	X	X	X	X	X	X
Facilitate the implementation and roll-out of the National Laboratory reagents and supplies logistics system	Pharm/Lab					X	X	X					
Facilitate process towards integration of three lab-related information tools (SmartCare, the Lab MIS and the lab logistics system) into a single, integrated, user-friendly system	Pharm/Lab, M&E						X	X	X				
<b>2.2 Develop the capacity of facility and community based health workers</b>													
Include prevention, managing HIV as a chronic condition and safe working environment in training for all technical areas (e.g., CT, PMTCT, CC, etc.)	CT/PMTCT, CC/ART, pharmacy and laboratory, M&E				X			X			X		
Conduct provincial meetings for lay workers to mentor and upgrade technical capacity	Community						X						X
Participate in integration of HIV/AIDS into professional school curricula	CT/PMTCT, CC/ART, Pharm/lab, M&E			X	X	X	X	X	X	X	X	X	X
Participate on proposed national strategy for community health workers	Community, CC/ART			X	X	X	X	X	X	X	X	X	X
Stimulate demand in communities for HIV services	Community			X	X	X	X	X	X	X	X	X	X
Conduct community grant assessments	Community, Program						X	X	X	X			
Build capacity of and provide sub-grants to CBOs and FBOs to strengthen service provision	Community, Program										X	X	X
Conduct anti-stigma activities in all ZPCT II-supported communities	Community				X	X	X	X	X	X	X	X	X
Build capacity of PLWHA support groups	Community					X	X	X	X	X	X	X	X
Promote condom use and distribution in community prevention activities	Community			X	X	X	X	X	X	X	X	X	X
Train and mentor TBAs on PMTCT	PMTCT, Community, Training					X	X	X	X	X	X	X	X
Integrate TB screening in CT mobile activities	CT, CC/ART, Community					X	X	X	X	X	X	X	X
Build capacity of youth groups on HIV activities	Community				X	X	X	X	X	X	X	X	X
Conduct treatment literacy discussion in communities	Community, CC/ART			X	X	X	X	X	X	X	X	X	X

<b>Objective 3: Increase the capacity of the PHOs and DHOs to perform technical and program management functions.</b>														
<b>3.1 Increase the capacity of PHOs and DHOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services</b>														
Follow-up new opportunities for service integration, e.g. ART initiation in hospital wards	CC/ART, CT/PMTCT				X	X	X	X	X	X	X	X	X	X
Train clinical and management facility staff on delivery and supervision of integrated services	CC/ART, CT/PMTCT					X						X		
Work with PHOs and DHOs in expanding district based model of service integration	Technical, Program											X	X	X
<b>3.2 Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness</b>														
Develop gender-based plan to define mechanisms to address gender inequities	Program				X	X								
Promote male involvement in PMTCT, male use of HIV services and reach to men through addition of MC to HIV services	CT/PMTCT, CC/ART, Community				X	X	X	X	X	X	X	X	X	X
Recruit both men and women as lay volunteers	Community				X	X	X	X	X	X	X	X	X	X
<b>3.3 Increase the problem solving capabilities to PHOs, DHOs and health facility managers to address critical HIV/AIDS program and service delivery needs</b>														
Facilitate quarterly provincial-level data review meetings to review district data	M&E, Program				X				X				X	
Support provincial data management specialists' participation in project data audits and district quarterly reviews	M&E, Program				X				X				X	
Train district health information officers in interpreting and using QA/QI information in M&E	M&E, QA/QI					X			X			X		
Develop mechanisms to include HMIS data collected at community level in national statistics	M&E, QA/QI				X	X	X							
Support MoH analysis of data to increase use of evidence-based responses to challenges	M&E				X	X	X	X	X	X	X	X	X	X
<b>3.4 Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities</b>														
Assess and build capacity of PHOs and DHOs to assume programmatic responsibility	Program, MOH capacity building				X	X	X	X	X	X	X	X	X	X
Develop training modules to build capacity in technical mentoring and supervision	Program, MOH capacity building, Training				X	X	X	X						
<b>Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities</b>														
Provide ongoing technical support for HIV services at GDA facilities	Technical, Program-Capacity Building				X	X	X	X	X	X	X	X	X	X
Identify additional private facilities to provide technical support and linkage to referral networks	Technical, Program, Capacity Building					X	X	X	X	X	X	X	X	X

<b>Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners</b>													
Continue pilot project to provide therapeutic foods for pediatric HIV patients	Technical			X	X	X	X	X	X	X	X	X	X
Collaborate on HIV service expansion	Technical				X	X	X	X	X	X	X	X	X
Collaborate with MC consortium to expand MC services	CC/ART/CT/M&E, UTH MC Unit			X	X	X	X	X	X	X	X	X	X
Participate in national and provincial level technical updates and sharing of best practices	Technical			X	X	X	X	X	X	X	X	X	X
<b>Monitoring and Evaluation</b>													
Conduct workshop to review and finalize ZPCT II M&E workplan	SI(M&E)						X						
Collect baseline data for ZPCT II supported health facilities	SI(M&E)				X								
Conduct national and provincial meetings with MoH and PHOs to share ZPCT II M&E system and plan	SI(M&E)			X									
Conduct site visits to supported health facilities for data collection and to ensure quality data collection (monthly first year; quarterly thereafter)	SI (M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct statistical trend analysis for program feedback and documentation of results	SI (M&E)			X	X	X	X	X	X	X	X	X	X
Compile and submit bi-annual and annual data reports	SI(M&E)					X						X	
Provide data for quarterly program/feedback meetings with the PHOs and DHOs	SI(M&E), Programs		X			X			X			X	
In conjunction with MoH M&E staff, conduct semi-annual data audits for sampled sites in all provinces	SI(M&E)						X					X	
Collaborate with MoH and partners to implement and support SmartCare in ART sites	SI(M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct ART data reconstruction in preparation for SmartCare system installation in new ZPCT II support sites	SI(M&E)					X							
Deploy ART SmartCare to new support facilities providing ART services and upgrade old sites	SI(M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Collect ART SmartCare Transport Databases from all supported ART sites-monthly	SI(M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Deploy ARV dispensing tool in the facilities providing ART services (SmartCare version with Dispensing Tool)	SI(M&E)					X							
Provide PCR database support	SI(M&E)			X			X			X			X
Facilitate the M&E training component for all technical areas, CT,PMTCT,ART, SmartCare forms, MC and Community	SI(M&E)	X	X	X	X	X	X	X	X	X	X	X	X
Conduct M&E/QA/QI unit meetings for unit staff	SI(M&E)						X						X
Conduct SmartCare forms and software training	SI(M&E)	X	X	X	X	X	X	X	X	X	X	X	X

Conduct training for newly recruited Data Entry Clerks and MoH Records Clerks in MOH data collection tools, and conduct ongoing technical updates	SI(M&E)								X				X	
Conduct SmartCare Training for HCWs for ANC/PMTCT	SI(M&E)							X						
<b>Strategic Information (QA/QI)</b>														
Data collection and entry for facility QA/QI and Graduation	Technical staff, SI	X	X	X	X	X	X	X	X	X	X	X	X	X
Data analysis and feedback for QA/QI and Graduation	SI(QA/QI)		X				X				X		X	
Hire consultant to update QA/QI data management software	SI(QA/QI)						X						X	
Ensure collected QA/QI data is analyzed, documented and disseminated on a quarterly basis to determine progress toward evidence based benchmarks	SI(QA/QI)				X				X			X		
Provide support for systematic and regular use of graduation QA/QI tools in targeted sites for graduation	SI(QA/QI)				X				X			X		
Conduct annual client exit surveys in supported sites	SI(QA/QI)		X	X	X									
Conduct workshop with MoH stakeholders to document lessons learned and best practices in implementation of QA/QI	SI(QA/QI)						X	X	X					
Follow up SmartCare QA/QI indicators/ reports with CDC	SI(QA/QI)			X	X	X							X	X
Conduct QA/QI orientation for ZPCT II technical and program staff	SI(QA/QI)						X							
<b>Information Technology</b>														
Computer equipment procurement and installation	IT/HR/Procurement	X	X	X								X	X	X
Change of Vsat provider from SDN to Intelsat in Mansa, Solwezi and Kasama	IT		X	X	X									
Staff training on End Users and capacity building for IT staff	IT/HR/Programs		X	X	X	X	X					X	X	X
Existing LAN infrastructure maintenance	IT		X	X	X	X	X							
Installation of new servers in all ZPCT II Offices	IT		X	X	X									
Installation of VoIP telephone equipment in all ZPCT II Offices	IT			X	X	X								
Quarterly travel by Lusaka IT staff to ZPCT II field offices	IT			X				X			X			X
Monthly visits to supported health facilities by field office IT staff	IT/M&E/Programs	X	X	X	X	X	X	X	X	X	X	X	X	X
Infrastructure migration to Global FHI WAN/Domain	IT					X	X	X						
SmartCare upgrade pilot and rollout	IT/M&E/JSI			X	X	X	X							
<b>Human Resources</b>														
Recruitment of ZPCT II staff	HR			X	X	X								
Training and development activities	HR							X	X	X	X	X	X	X
Orientation planning	HR			X	X	X	X	X						
Standard operating procedures (HR policies for staff from partner orgs )	FHI Management/HR/CARE/EMG			X										



---

---

***Annex B: Short Term Technical  
Assistance/External Travel  
Schedule***

---

## Annex B: Short-Term Technical Assistance/External Travel Schedule

Purpose	Number of Trips	Type (I=Int'l, R=Regional)	Tentative period Quarter (Q) 1 to Q4
Two persons attend the Good Clinical Laboratory Practice (GCLP) training conducted by DAIDS in Kampala, Uganda	1	R	Q2 (Sept. 7 – 11, 2009)
One person to attend the External Quality Assurance (EQA) training conducted by the National Health Laboratory Service of South Africa in Johannesburg, South Africa	1	R	Q2 (Oct. 2009 – 5 days)
FHI Global Strategic Information workshop Venue TBD	1	TBD	TBD
FHI QA/QI Training workshop Venue TBD	1	TBD	TBD
Two staff to attend Advanced HIV training in Kampala Uganda	2	R	TBA
Four staff to attend the Care and Treatment meeting (ART and PMTCT) Venue TBD	4	R	TBA
One staff to attend the Conference of Retroviruses and Opportunistic Infection Venue TBD	1	I	February 2010
Two staff to attend HIV implementers meeting Venue TBD	2	R	TBA
One person to attend the annual AIDS conference Venue TBD	1	I	TBA
One TA visit from Arlington (CC/ART)	1	I	TBA
One TA visit from Arlington (CT/PMTCT)	1	I	TBA
One TA visit from Arlington (Strategic Information)	1	I	I
Four staff to attend the FHI Finance, Program and HR Capacity Building/Management meeting (venue and date TBD)	3	R	TBD
Three staff to attend the USAID Regulations/ Finance Training Venue TBD	1	R	TBD
Three staff persons to attend program and leadership meetings in the region. Venue and date TBD	1	R	TBD
Two person to FHI Global Management Meeting in DC – TBD	1	I	TBD
<b>Rest and Recuperation (R&amp;R)</b>			
Chief of Party and dependant to Washington DC, USA	2	I	TBD
Deputy Chief of Party and dependant, Nepal	2	I	May
Education travel One dependent for COP WDC to Lusaka Zambia	1	I	TBA
Kwasi technical assistance trips (45days) from Ghana to Zambia	3	R	1 <sup>st</sup> trip in October/November
Two IT staff for IT systems training to Nairobi Kenya	2	R	TBA
Country Directors Conference for CARE (Lusaka-Ottawa)	1 (at 9% of total costs)	I	TBA
CARE Program Planning Meeting for CARE Country Director and Assistant Country Director (Lusaka-Johannesburg)	(at 9% and 25% of total costs)	I	TBA
Program Support Conference for 3 CARE staff (Lusaka – Ottawa)	3 (at 9% of total costs)	I	TBA

HIV/AIDS Regional Conferences for 2 CARE staff (location TBA)	(at 100% and 10% of total costs)	I	TBA
Regional Technical Advisor for CARE (Johannesburg-Lusaka)	2	R	TBA
Regional conference participation for MSH staff	3	R	TBA
Short-term technical assistance from MSH (Boston-Lusaka)	6	I	TBA
Program support from SAWSO for the Salvation Army/Zambia (DC-Lusaka)	1	I	TBA
Gender technical assistance from Social Impact (DC-Lusaka)	2	I	TBA
Project management start-up technical assistance from EMG (DC-Lusaka)	1	I	TBA
Organizational capacity building technical assistance from EMG (DC-Lusaka)	3	I	TBA



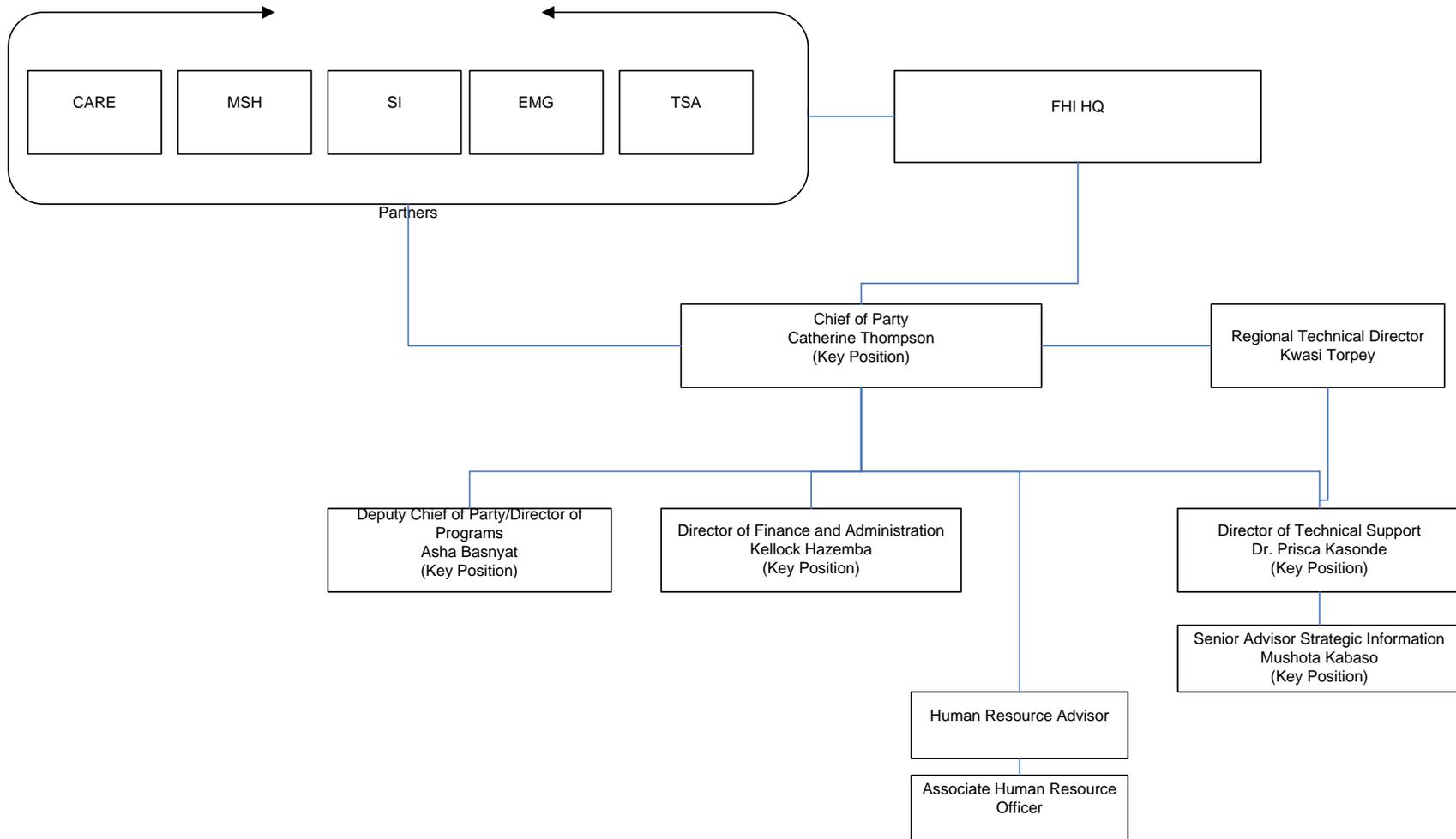
---

---

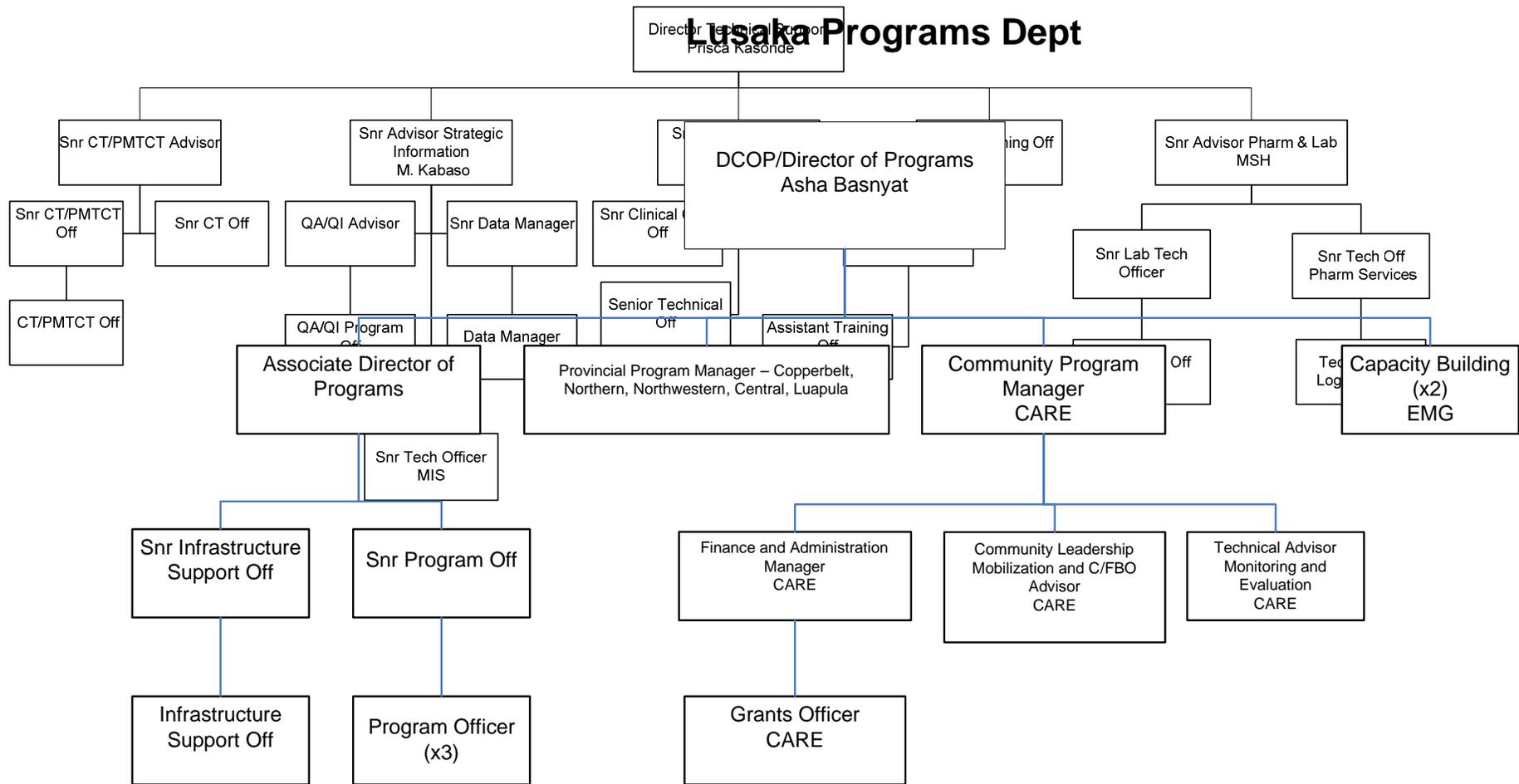
***Annex C: ZPCT II Organizational Chart***

---

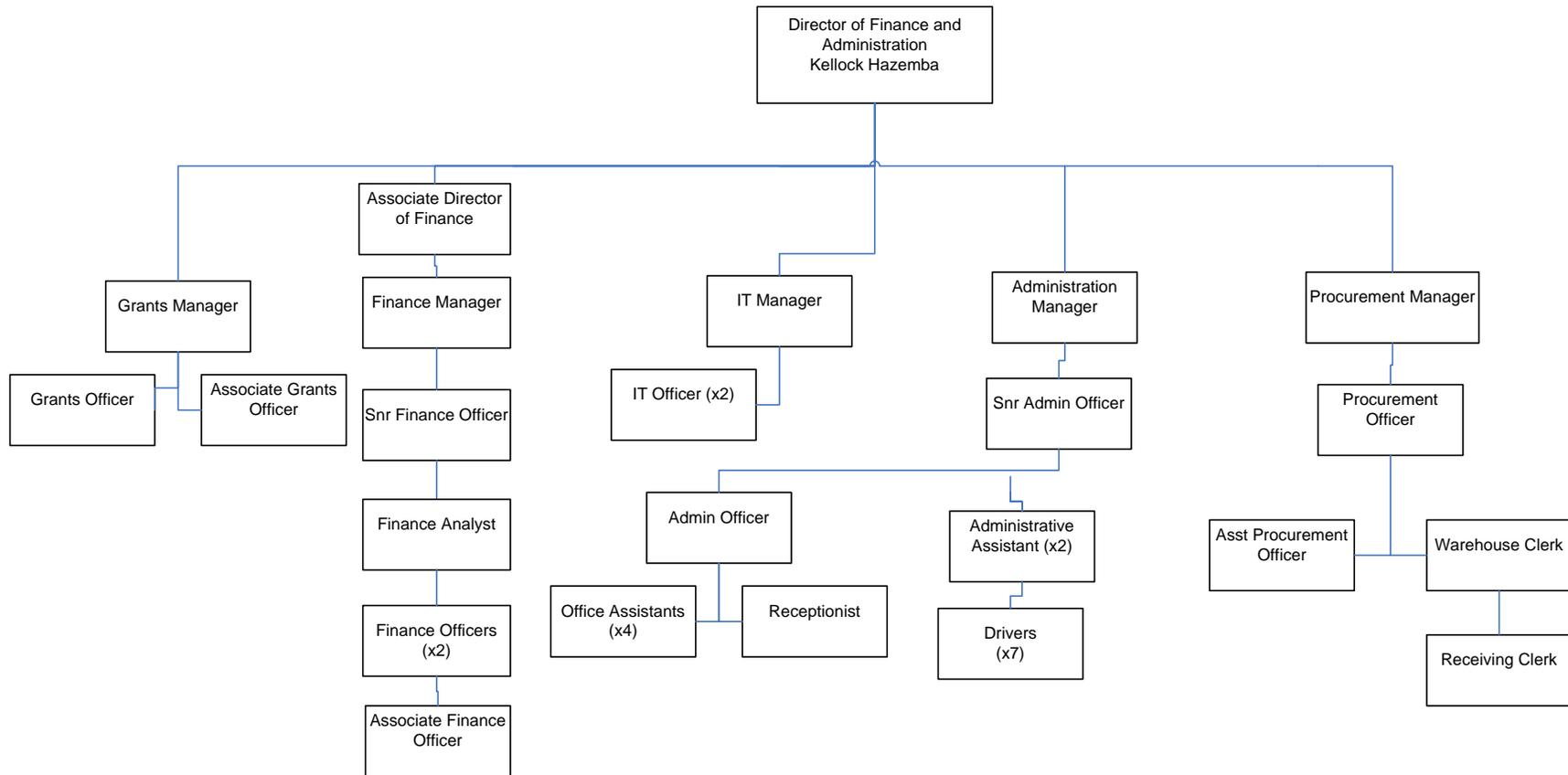
# Management



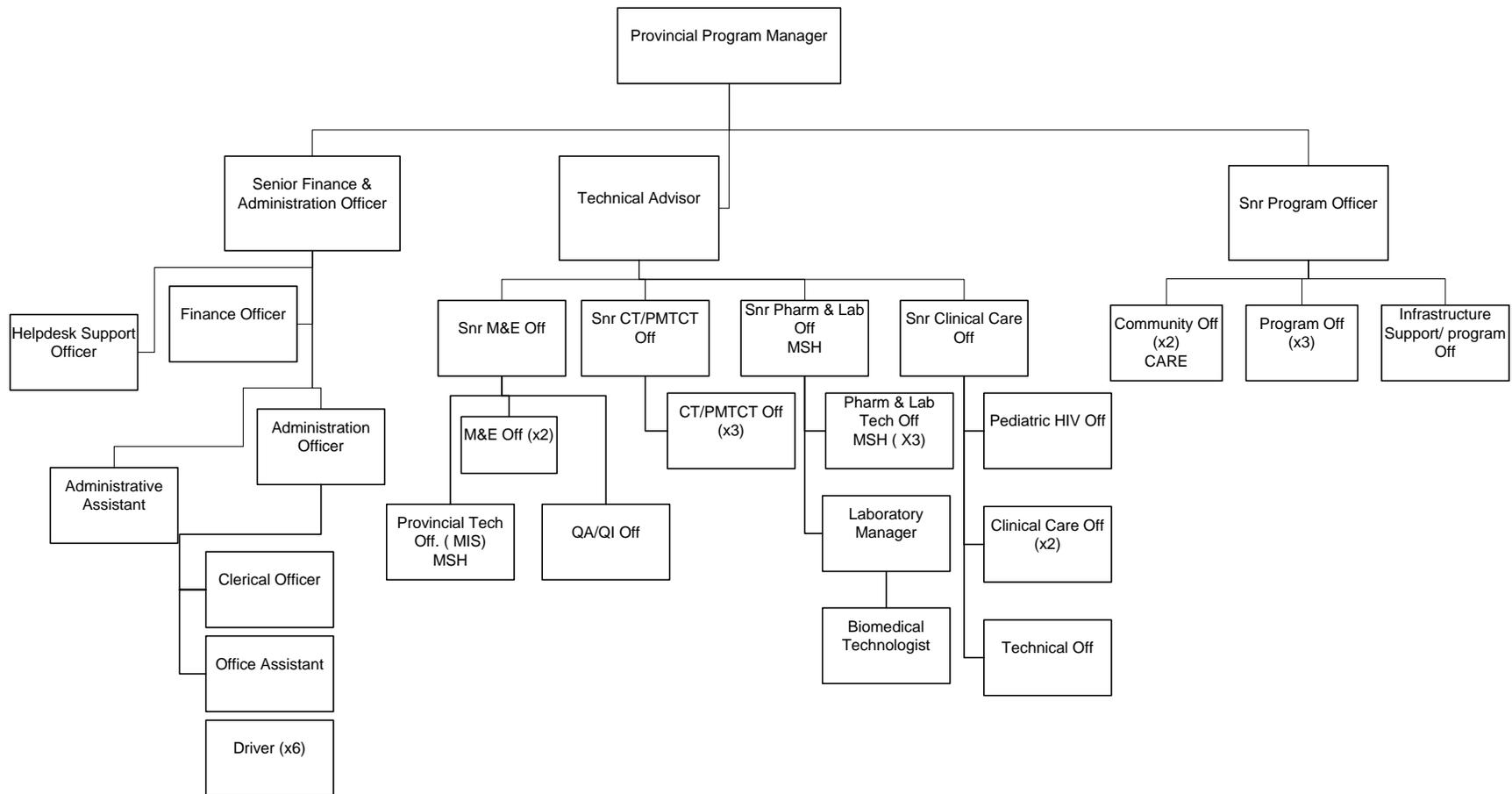
# Lusaka Technical Dept



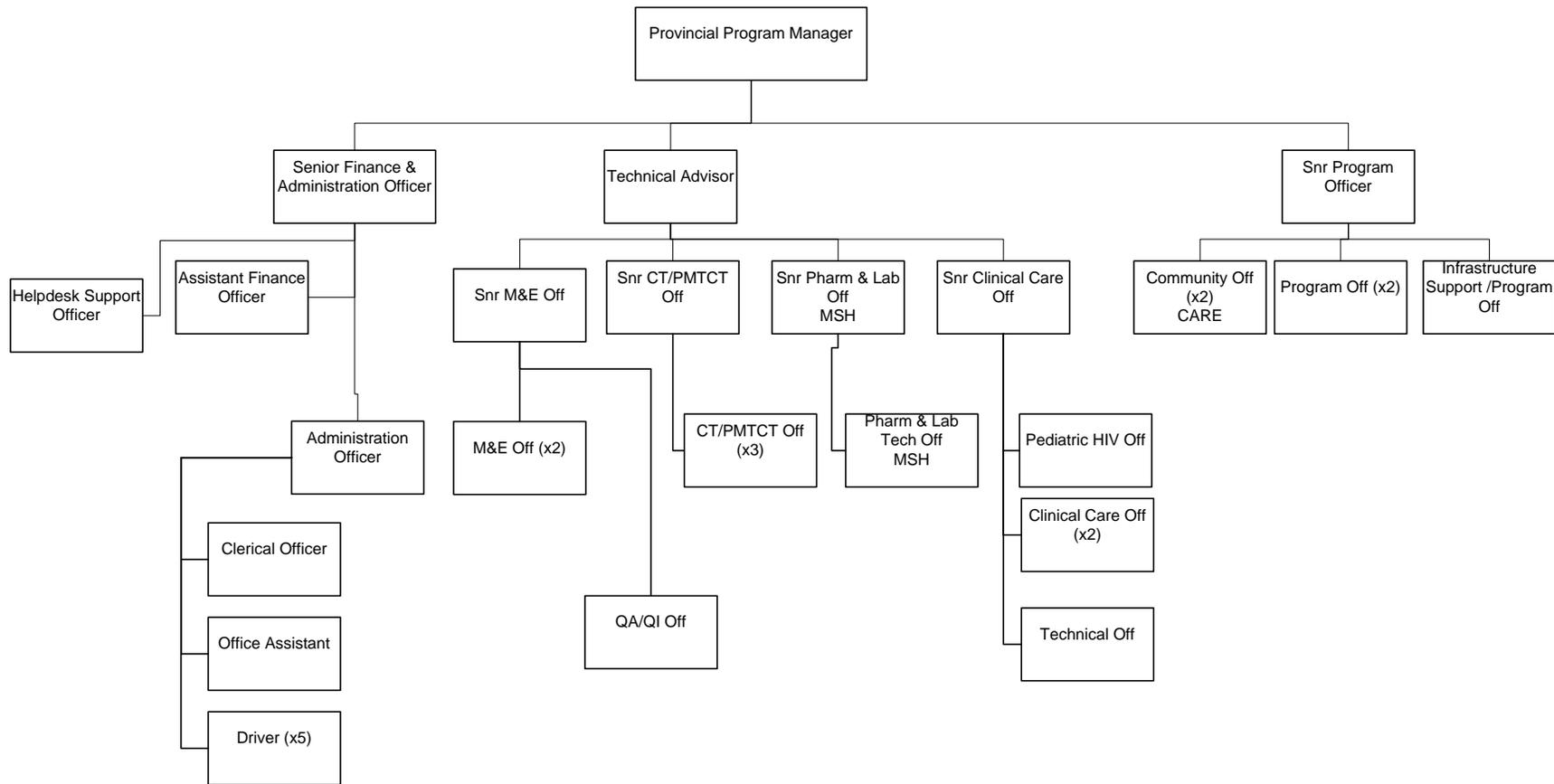
## Lusaka Finance and Administration Dept



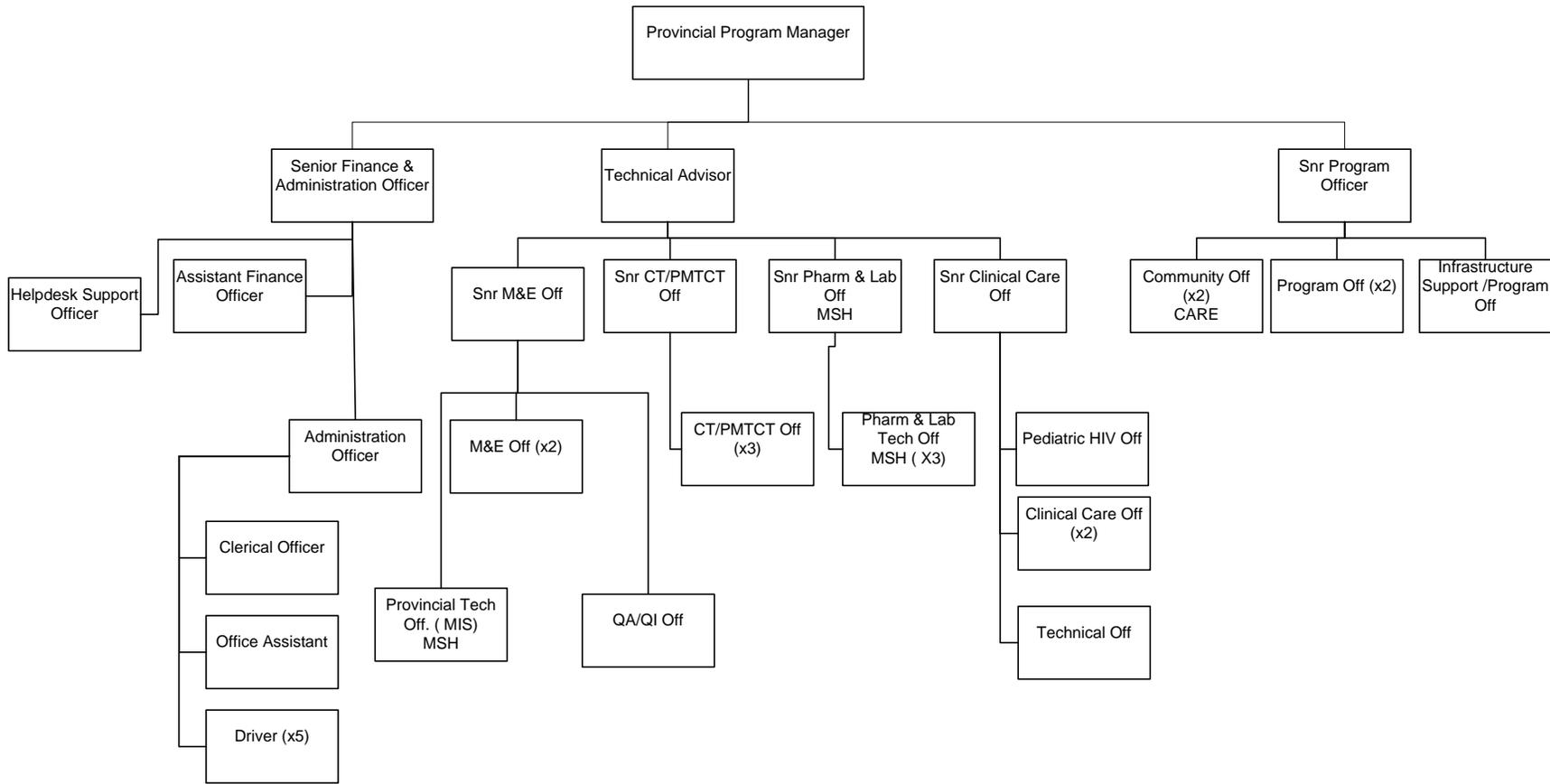
# Copperbelt Provincial Office



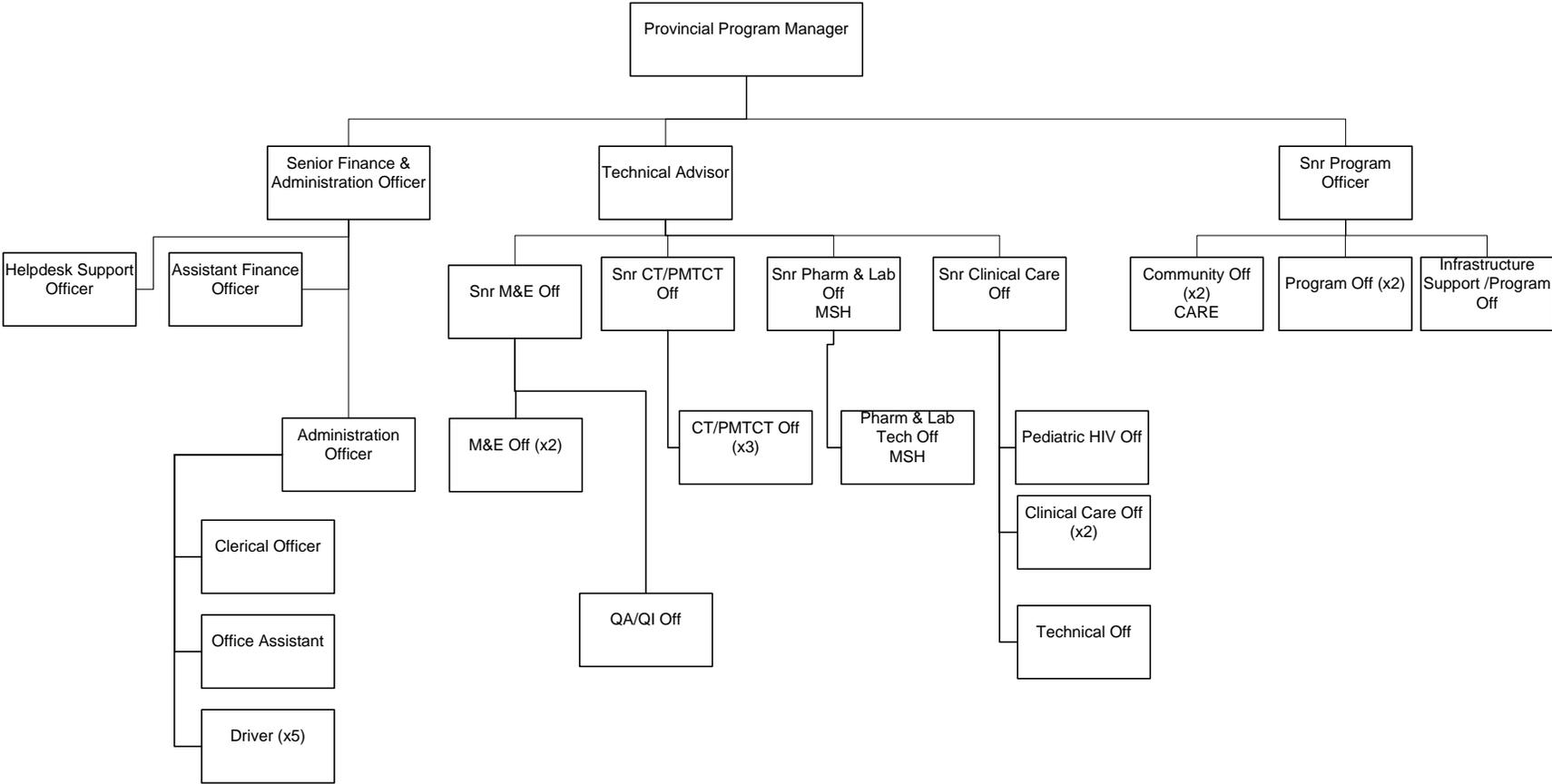
# Central Provincial Office



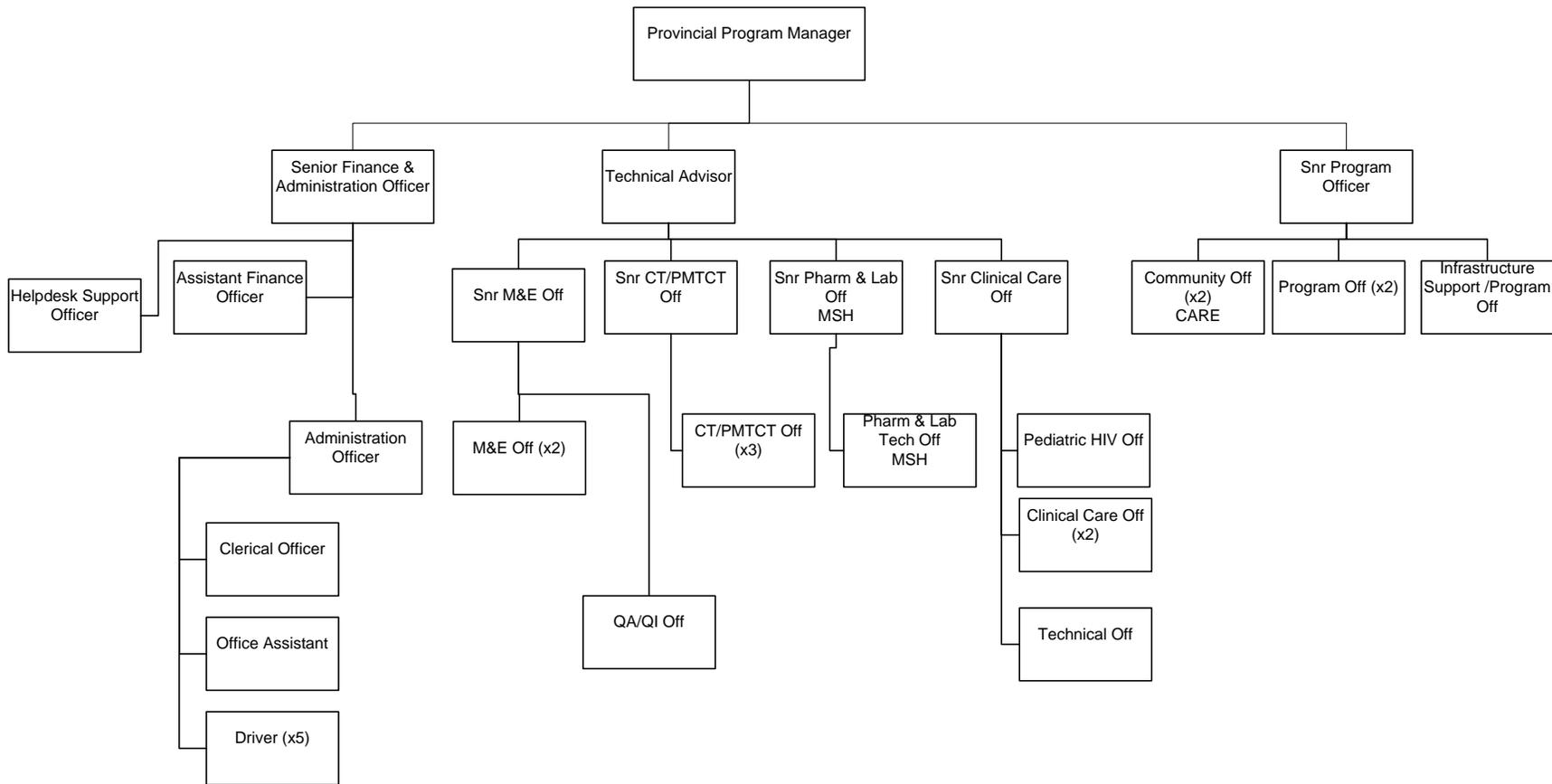
# Northern Provincial Office



# Northwestern Provincial Office



# Luapula Provincial Office





---

## ***Annex D: Year One List of Agreements***

---

## Annex D: Year One List of Agreements/Subcontracts/MOUs

Province	Institution/Organisation	Type of Agreement
<b>Government of the Republic of Zambia (GRZ)</b>		
Lusaka	Ministry of Health	MOU
Central	Provincial Health Office – Central	MOU
Copperbelt	Provincial Health Office – Copperbelt	MOU
Luapula	Provincial Health Office – Luapula	MOU
Northern	Provincial Health Office – Northern	MOU
North Western	Provincial Health Office – North Western	MOU
<b>Provincial Health Offices</b>		
Central	Provincial Health Office – Central	Recipient Agreement
Copperbelt	Provincial Health Office – Copperbelt	Recipient Agreement
Luapula	Provincial Health Office – Luapula	Recipient Agreement
Northern	Provincial Health Office – Northern	Recipient Agreement
North Western	Provincial Health Office – North Western	Recipient Agreement
<b>District Health Offices</b>		
Central	Chibombo DHO	Recipient Agreement
	Kabwe DHO	Recipient Agreement
	<b>Kapiri Mposhi DHO*</b>	Recipient Agreement
	Mkushi DHO	Recipient Agreement
	Serenje DHO	Recipient Agreement
Copperbelt	Chililabombwe DHO	Recipient Agreement
	Chingola DHO	Recipient Agreement
	Kalulushi DHO	Recipient Agreement
	Kitwe DHO	Recipient Agreement
	Luanshya DHO	Recipient Agreement
	Lufwanyama DHO	Recipient Agreement
	<b>Masaiti DHO*</b>	Recipient Agreement
	<b>Mpongwe DHO*</b>	Recipient Agreement
	Mufulira DHO	Recipient Agreement
	Ndola DHO	Recipient Agreement
Luapula	Chiengwe DHO	Recipient Agreement
	Kawambwa DHO	Recipient Agreement
	Mansa DHO	Recipient Agreement
	Milenge DHO	Recipient Agreement
	Mwense DHO	Recipient Agreement
	Nchelenge DHO	Recipient Agreement
	Samfya DHO	Recipient Agreement
Northern	Chinsali DHO	Recipient Agreement
	Isoka DHO	Recipient Agreement
	Kasama DHO	Recipient Agreement
	<b>Kaputa DHO*</b>	Recipient Agreement
	Luwingu DHO	Recipient Agreement
	Mbala DHO	Recipient Agreement
	Mpika DHO	Recipient Agreement
	Mpulungu DHO	Recipient Agreement
	Mporokoso DHO	Recipient Agreement
	Nakonde DHO	Recipient Agreement

\* New District Health Offices

<b>Province</b>	<b>Institution/Organisation</b>	<b>Type of Agreement</b>
North Western	Chavuma DHO	Recipient Agreement
	Kabompo DHO	Recipient Agreement
	Kasempa DHO	Recipient Agreement
	Mufumbwe DHO	Recipient Agreement
	Mwinilunga DHO	Recipient Agreement
	Solwezi DHO	Recipient Agreement
	Zambezi DHO	Recipient Agreement
<b>Hospitals</b>		
Central	Kabwe General	Recipient Agreement
Copperbelt	Nchanga North	Recipient Agreement
	Kitwe Central Hospital	Recipient Agreement
	Roan General Hospital	Recipient Agreement
	Ronald Ross	Recipient Agreement
	Arthur Davison Hospital	Recipient Agreement
	Ndola Central Hospital	Recipient Agreement
Luapula	Mansa General Hospital	Recipient Agreement
Northern	Kasama General Hospital	Recipient Agreement
	Mbala General Hospital	Recipient Agreement
North Western	Solwezi General Hospital	Recipient Agreement
<b>Partners</b>		
Lusaka	Management Sciences for Health	Subcontract
	CARE International	Subcontract
	Emerging Markets Group	Task Order
	Salvation Army	Task Order
	Social Impact	Task Order
	Churches Health Association of Zambia	Subcontract
	Kara Counseling and Training Trust	Subcontract
Ndola	Ndola Catholic Diocese	MOU
Luanshya	Mpatamatu HBC	MOU



---

***Annex E: List of ZPCT II Facilities/Sites and Service***

---



---

---

# ***Annex E: List of ZPCT II Facilities/Sites and Services***

---

## ANNEX E: ZPCT II Supported Facilities/Sites and Services

### Central Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe GH	◆	◆	◆	◆	◆ <sup>3</sup>		
	2. Mahatma Gandhi HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Kabwe Mine Hospital**	◆	◆	◆	◆	◆	◆	⊙
	4. Bwacha HC		◆	◆	◆	◆	◆	
	5. Makululu HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	6. Pollen HC	◆ <sup>1</sup>	◆	◆	◆		◆	
	7. Kasanda UHC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	8. Chowa HC		◆	◆	◆	◆	◆	
	9. Railway Surgery HC		◆	◆	◆	◆	◆	
	10. Katondo HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	11. Ngungu HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	12. Natuseko HC	◆ <sup>1</sup>	◆	◆	◆		◆	
	13. Mukobeko Township HC		◆	◆	◆		◆	
	14. Kawama HC		◆	◆	◆		◆	
	15. Kasavasa HC		◆	◆	◆		◆	
<i>Mkushi</i>	16. Mkushi DH**	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	17. Chibefwe HC		◆	◆	◆		◆	
	18. Chalata HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>2</sup>	◆	
	19. Masansa HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>2</sup>	◆	
	20. Nshinso HC		◆	◆	◆		◆	
21. Chikupili HC		◆	◆	◆		◆		
<i>Serenje</i>	22. Serenje DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	23. Chitambo Hospital	◆	◆	◆	◆	◆	◆	⊙
	24. Chibale RHC		◆	◆	◆		◆	
	25. Muchinka RHC		◆	◆	◆		◆	
	26. Kabundi RHC		◆	◆	◆		◆	
	27. Chalilo RHC							
	28. Mpelembe RHC							
	29. Mulilima RHC							
<i>Chibombo</i>	30. Liteta DH**	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	31. Chikobo RHC		◆	◆	◆		◆	
	32. Mwachisompola Health Demonstration Zone		◆	◆	◆	◆	◆	
	33. Chibombo RHC		◆	◆	◆		◆	
	34. Chisamba RHC	◆ <sup>1</sup>	◆	◆	◆		◆	
	35. Mungule RHC		◆	◆	◆		◆	
	36. Muswishi RHC		◆	◆	◆		◆	
	37. Chitanda RHC		◆	◆	◆		◆	

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kapiri Mposhi</i>	38. Kapiri Mposhi DH							①
	39. Mukonchi RHC							
	40. Chibwe RHC							
	41. Lusemfwa RHC							
	42. Kampumba RHC							
	43. Mulungushi RHC							
	44. Chawama UHC							
	45. Kawama HC							
	46. Tazara UHC							
	47. Ndeke UHC							
	48. Nkole RHC							
	49. Chankomo RHC							
	50. Luanshimba RHC							
	51. Mulungushi University HC							
	52. Chipepo RHC							
53. Waya RHC								
54. Chilumba RHC								
<b>Totals</b>		<b>16</b>	<b>34</b>	<b>34</b>	<b>34</b>	<b>34</b>	<b>29</b>	<b>6</b>

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

◆ ZPCT existing services	1 = ART Outreach Site
① Planned MC sites in ZPCT II	2 = Facility has a laboratory but not yet functional
	3 = Referral laboratory for CD4

**Note: The grey shaded facilities are proposed new sites for ZPCT II in Year One**

## Copperbelt Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ndola</i>	1. Ndola Central Hospital	◆	◆	◆	◆	◆ <sup>3</sup>		
	2. Arthur Davison Hospital	◆	◆	◆	◆	◆ <sup>3</sup>		
	3. Lubuto HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	4. Mahatma Ghandi HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	6. Mushili Clinic		◆	◆	◆		◆	
	7. Nkwazi Clinic		◆	◆	◆		◆	
	8. Kawama HC		◆	◆	◆	◆	◆	
	9. Ndeke HC		◆	◆	◆		◆	
	10. Dola Hill UC		◆	◆	◆		◆	
	11. Kabushi Clinic		◆	◆	◆	◆ <sup>2</sup>	◆	
	12. Kansenshi Prison Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	13. Kaloko Clinic		◆	◆	◆		◆	
	14. Kaniki Clinic	◆ <sup>1</sup>	◆	◆	◆		◆	
	15. Kavu Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	16. New Masala Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	17. Pamodzi-Sathiya Sai Clinic		◆	◆	◆		◆	
	18. Railway Surgery Clinic		◆	◆	◆		◆	
	19. Twapia Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Chingola</i>	20. Nchanga N. GH	◆	◆	◆	◆	◆ <sup>3</sup>		
	21. Chiwempala HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	22. Kabundi East Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	23. Chawama HC		◆	◆	◆	◆	◆	
	24. Clinic 1 HC	◆ <sup>1</sup>	◆	◆	◆	◆		
	25. Muchinshi Clinic	◆ <sup>1</sup>	◆	◆	◆		◆	
	26. Kasompe Clinic		◆	◆	◆			
	27. Mutenda HC							
<i>Kitwe</i>	28. Kitwe Central Hospital	◆	◆	◆	◆	◆ <sup>3</sup>		
	29. Ndeke HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	30. Chimwemwe Clinic	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	31. Buchi HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	32. Luangwa HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Ipusukilo HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>2</sup>	◆	
	34. Bulangililo Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	35. Twatasha Clinic		◆	◆	◆		◆	
	36. Garnatone Clinic			◆	◆		◆	
	37. Itimpi Clinic		◆	◆	◆		◆	
	38. Kamitondo Clinic		◆	◆	◆		◆	
	39. Kawama Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	40. Kwacha Clinic		◆	◆	◆		◆	
	41. Mindolo 1 Clinic		◆	◆	◆	◆	◆	
	42. Mulenga Clinic		◆	◆	◆		◆	
	43. Mwaiseni Clinic		◆	◆	◆		◆	
	44. Wusakile Government Clinic		◆	◆	◆	◆		
	45. ZAMTAN Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	46. Chavuma Clinic	◆ <sup>1</sup>	◆	◆	◆		◆	
	47. Kamfinsa Prison Camp Clinic	◆	◆	◆	◆		◆	
	48. Mwekera Clinic		◆	◆	◆		◆	
	49. ZNS Clinic	◆ <sup>1</sup>	◆	◆	◆			
<i>Luanshya</i>	50. Thompson DH	◆	◆	◆	◆	◆ <sup>3</sup>		
	51. Roan GH	◆	◆	◆	◆	◆	◆	
	52. Mikomfwa HC		◆	◆	◆		◆	
	53. Mpatamatu Sec 26 UC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Mufulira</i>	54. Kamuchanga DH	◆	◆	◆	◆	◆ <sup>3</sup>		
	55. Ronald Ross GH	◆	◆	◆	◆	◆ <sup>3</sup>		
	56. Clinic 3 Mine Clinic		◆	◆	◆		◆	
	57. Kansunswa HC		◆	◆	◆		◆	
	58. Clinic 5 Clinic		◆	◆	◆		◆	
	59. Mokambo Clinic		◆	◆	◆		◆	
	60. Suburb Clinic							
<i>Kalulushi</i>	61. Kalulushi Government Clinic	◆	◆	◆	◆	◆ <sup>3</sup>		
	62. Chambishi HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	63. Chibuluma Clinic		◆	◆	◆			
<i>Chillabombwe</i>	64. Kakoso District HC	◆	◆	◆	◆	◆ <sup>3</sup>		
	65. Lubengele UC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Lufwanyama</i>	66. Mushingashi RHC		◆	◆	◆		◆	
	67. Lumpuma RHC	◆ <sup>1</sup>	◆	◆	◆		◆	
	68. Shimukunami RHC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Mpongwe</i>	69. Kayenda RHC							
	70. Mikata RHC							
	71. Ipumba RHC							
<i>Masaiti</i>	72. Kashitu RHC							
	73. Jeleman RHC							

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	74. Masaiti Boma RHC							
<b>Totals</b>		<b>38</b>	<b>75</b>	<b>76</b>	<b>76</b>	<b>76</b>	<b>52</b>	

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

◆ ZPCT existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Facility has a laboratory but not yet functional
	3 = Referral laboratory for CD4

**Note: The grey shaded facilities are proposed new sites for ZPCT II in Year One**

## Luapula Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	◆	◆	◆	◆	◆	◆	
	2. Kabole RHC	◆	◆	◆	◆	◆	◆	
	3. Chipungu RHC							
<i>Kawambwa</i>	4. Kawambwa DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	5. Mbereshi Hospital	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	6. Kawambwa HC		◆	◆	◆		◆	
	7. Mushota RHC		◆	◆	◆		◆	
	8. Munkanta RHC							
<i>Mansa</i>	9. Mansa GH	◆	◆	◆	◆	◆ <sup>3</sup>		
	10. Senama HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	11. Central Clinic		◆	◆	◆	◆	◆	
	12. Matanda RHC		◆	◆	◆		◆	
	13. Chembe RHC	◆	◆	◆	◆	◆	◆	
	14. Buntungwa RHC		◆	◆	◆		◆	
	15. Chipete RHC		◆	◆	◆			
	16. Chisembe RHC		◆	◆	◆	◆	◆	

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	17. Chisunka RHC		◆	◆	◆			
	18. Fimpulu RHC		◆	◆	◆			
	19. Kabunda RHC		◆	◆	◆		◆	
	20. Kalaba RHC		◆	◆	◆		◆	
	21. Kalyongo RHC		◆	◆	◆			
	22. Kasoma Lwela RHC		◆	◆	◆		◆	
	23. Katangwe RHC		◆	◆	◆		◆	
	24. Kunda Mfumu RHC		◆	◆	◆			
	25. Luamfumu RHC		◆	◆	◆	◆	◆	
	26. Mabumba RHC		◆	◆	◆		◆	
	27. Mano RHC		◆	◆	◆		◆	
	28. Mantumbusa RHC		◆	◆	◆		◆	
	29. Mibenge RHC		◆	◆	◆		◆	
	30. Moloshi RHC		◆	◆	◆		◆	
	31. Mutiti RHC		◆	◆	◆			
	32. Muwang'uni RHC		◆	◆	◆		◆	
	33. Ndoba RHC		◆	◆	◆		◆	
	34. Nsonga RHC		◆	◆	◆		◆	
	35. Paul Mambilima RHC		◆	◆	◆			
<i>Milenge</i>	36. Mulumbi RHC		◆	◆	◆			
	37. Milenge East 7 RHC							
	38. Kapalala RHC							
<i>Mwense</i>	39. Mambilima HC (CHAZ)	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>	◆	
	40. Mwense Stage II HC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	41. Chibondo RHC			◆	◆		◆	
	42. Chipili RHC		◆	◆	◆		◆	
	43. Chisheta RHC			◆	◆		◆	
	44. Kalundu RHC			◆	◆		◆	
	45. Kaoma Makasa RHC		◆	◆	◆		◆	
	46. Kapamba RHC		◆	◆	◆		◆	
	47. Kashiba RHC		◆	◆	◆		◆	
	48. Katuta Kampemba RHC		◆	◆	◆		◆	
	49. Kawama RHC		◆	◆	◆		◆	
	50. Lubunda RHC		◆	◆	◆		◆	
	51. Lukwesa RHC		◆	◆	◆		◆	
	52. Luminu RHC			◆	◆			
	53. Lupososhi RHC			◆	◆			
	54. Mubende RHC		◆	◆	◆			
	55. Mukonshi RHC		◆	◆	◆			
	56. Mununshi RHC			◆	◆		◆	
	57. Mupeta RHC			◆	◆		◆	
	58. Musangu RHC		◆	◆	◆		◆	
	59. Mutipula RHC			◆	◆		◆	

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	60. Mwenda RHC	◆	◆	◆	◆	◆	◆	
<i>Nchelenge</i>	61. Nchelenge RHC	◆	◆	◆	◆	◆	◆	
	62. Kashikishi RHC	◆	◆	◆	◆	◆	◆	
	63. Chabilikila RHC	◆	◆	◆	◆		◆	
	64. Kabuta RHC	◆	◆	◆	◆	◆	◆	
	65. Kafutuma RHC	◆	◆	◆	◆	◆	◆	
	66. Kambwali RHC	◆	◆	◆	◆		◆	
	67. Kanyembo RHC	◆	◆	◆	◆	◆	◆	
	68. Chisenga RHC	◆ <sup>1</sup>	◆	◆	◆		◆	
	69. Kilwa RHC	◆ <sup>1</sup>	◆	◆	◆		◆	
	70. St. Paul's Hospital (CHAZ)	◆	◆	◆	◆	◆ <sup>3</sup>		
<i>Samfya</i>	71. Lubwe Mission Hospital (CHAZ)	◆	◆	◆	◆	◆ <sup>3</sup>		
	72. Samfya Stage 2 Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	73. Kasanka RHC							
<b>Totals</b>		<b>22</b>	<b>60</b>	<b>68</b>	<b>68</b>	<b>21</b>	<b>41</b>	

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

◆ ZPCT existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Facility has a laboratory but not yet functional
	3 = Referral laboratory for CD4

**Note: The grey shaded facilities are proposed new sites for ZPCT II in Year One**

## North Western Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	◆	◆	◆	◆	◆ <sup>3</sup>		
	2. Solwezi GH	◆	◆	◆	◆	◆ <sup>3</sup>		
	3. Mapunga RHC		◆	◆	◆		◆	
	4. St. Dorothy RHC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	5. Mutanda HC		◆	◆	◆		◆	
	6. Meheba D RHC		◆	◆	◆		◆	
	7. Mumena RHC		◆	◆	◆		◆	
	8. Kapigimpanga HC							
	9. Kanuma RHC							
	10. Kyafukuma RHC							
	11. Lwamala RHC							
<i>Kabompo</i>	12. Kabompo DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	13. St. Kalemba RHC (CHAZ)	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	14. Mumbeji RHC		◆	◆	◆		◆	
	15. Kasamba RHC		◆	◆	◆			
<i>Zambezi</i>	16. Zambezi DH	◆	◆	◆	◆	◆ <sup>3</sup>		
	17. Zambezi UHC			◆	◆		◆	
	18. Mize HC		◆	◆	◆		◆	
	19. Chitokoloki Mission (CHAZ)	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Mwinilunga</i>	20. Mwinilunga DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	21. Kanyihampa HC		◆	◆	◆		◆	
	22. Luwi Mission Hospital (CHAZ)	◆ <sup>1</sup>	◆	◆	◆	◆		
	23. Ikelenge RHC		◆	◆	◆			
	24. Lwawu RHC		◆	◆	◆			
<i>Mufumbwe</i>	25. Mufumbwe DH	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	26. Matushi RHC		◆	◆	◆			
	27. Kashima RHC							
	28. Mufumbwe Clinic							
<i>Chavuma</i>	29. Chiyeke RHC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>2</sup>	◆	
	30. Chivombo RHC							
	31. Chiingi RHC							
	32. Lukolwe RHC							
<i>Kasempa</i>	33. Kasempa UC	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>2</sup>	◆	
	34. Nselauke RHC		◆	◆	◆		❖	
<b>Totals (planned and active sites)</b>		<b>12</b>	<b>24</b>	<b>25</b>	<b>25</b>	<b>10</b>	<b>12</b>	

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

◆ ZPCT existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Facility has a laboratory but not yet functional
	3 = Referral laboratory for CD4

**Note: The grey shaded facilities are proposed new sites for ZPCT II in Year One**

## Northern Province

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kasama</i>	1. Kasama GH	◆	◆	◆	◆	◆ <sup>3</sup>		
	2. Kasama UHC		◆	◆	◆	◆	◆	
	3. Location UHC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	4. Chilubula Mission RHC (CHAZ)	◆	◆	◆	◆	◆ <sup>3</sup>		
	5. Lukupa RHC		◆	◆	◆	◆ <sup>2</sup>	◆	
	6. Lukashya RHC							
	7. Misengo RHC							
	8. Chiongo RHC							
	9. Chisanga RHC							
	10. Mulenga RHC							
	11. Musa RHC							
<i>Nakonde</i>	12. Nakonde RHC	◆	◆	◆	◆	◆ <sup>3</sup>		
	13. Chilolwa RHC		◆	◆	◆		◆	
	14. Waitwika RHC		◆	◆	◆		◆	
	15. Mwenzo RHC		◆	◆	◆	◆ <sup>2</sup>	◆	
	16. Ntatumbila RHC							
	17. Chozi RHC							
<i>Mpika</i>	18. Mpika DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	19. Mpika HC		◆	◆	◆		◆	
	20. Mpepo RHC		◆	◆	◆	◆ <sup>2</sup>		
<i>Chinsali</i>	21. Chinsali DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	22. Chinsali HC		◆	◆	◆		◆	
<i>Mbala</i>	23. Mbala GH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	24. Mbala UHC		◆	◆	◆	◆	◆	
	25. Tulemane UHC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	26. Senga Hills RHC	◆ <sup>1</sup>	◆	◆	◆			
<i>Mpulungu</i>	27. Mpulungu HC	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Isoka</i>	28. Isoka DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	29. Isoka UHC		◆	◆	◆			
	30. Muyombe		◆	◆				
<i>Mporokoso</i>	31. Mporokoso DH	◆	◆	◆	◆	◆ <sup>3</sup>		⊙
	32. Mporokoso UHC	◆ <sup>1</sup>	◆	◆	◆			
<i>Luwingu</i>	33. Luwingu DH	◆	◆	◆	◆	◆		⊙
	34. Namukolo Clinic		◆	❖	◆			
<i>Kaputa</i>	35. Kaputa RHC							
	36. Nsumbu RHC							
<b>Totals</b>		<b>14</b>	<b>26</b>	<b>25</b>	<b>25</b>	<b>14</b>	<b>11</b>	

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

◆ ZPCT existing services	1 = ART Outreach Site
⊙ Planned MC sites in ZPCT II	2 = Facility has a laboratory but not yet functional
	3 = Referral laboratory for CD4

**Note: *The grey shaded facilities are proposed new sites for ZPCT II in Year One***

**A total of 103 ART sites (57 outreach sites, and 46 static sites)**